

**\*\*\*REVISED 9/3/2021\*\*\***

## **INPATIENT & EMERGENCY ROOM (ER)**

### **Check List for Managing Suspect Patients or Patients Under Investigation (PUI) for COVID-19 (novel coronavirus)**

#### **Step 1. ASSESSMENT: Identify who to test**

- 1a. Hospital admissions from ER or current inpatients with signs and symptoms compatible with COVID-19 (fever<sup>1</sup>, cough, SOB, myalgias, fatigue, new loss of taste or smell, nausea, vomiting, diarrhea, etc.) with symptom onset in last 14 days (**VCMC = BioFire test / SPH = Cepheid test**)
  - 1b. Patients requiring urgent surgery, urgent procedure, or results would aid in decisions related to infection control cohorting, and/or where significant PPE could be conserved if test is negative (**VCMC/SPH**)
  - 1c. Residents of long-term care facilities, correctional facilities, psychiatric facilities, homeless/homeless shelter, and patients on hemodialysis (HD), with signs and symptoms compatible with COVID-19, who are not being admitted but facility **DOES NOT** have ability to isolate patient while awaiting results (**VCMC/SPH**)
  - 1d. All women in labor admitted to Labor and Delivery (**VCMC/SPH**)
  - 1e. Residents and staff of long-term care facilities, correctional facilities, psychiatric facilities, homeless/homeless shelter, and patients on HD, with signs and symptoms compatible with COVID-19, who are not being admitted and facility **DOES** have ability to isolate patient while awaiting results or who are being admitted and results needed for return to facility (**PH test**)
  - 1f. Patient who is stable for discharge home with cough, shortness of breath, fever, chills, muscle pain, headache, sore throat, new loss of taste or smell, diarrhea, nausea, vomiting, or congestion/runny nose and clinical suspicion for COVID-19 (**PH test**)
  - 1g. Patient who is asymptomatic **AND** meets any one of the following criteria
    - o Close contact<sup>2</sup> of person with lab-confirmed COVID-19+, healthy partner or support person of COVID-19+ mother who has chosen to separate from infant while inpatient (**VCMC/SPH**)
  - 1h. All patients with planned non-elective surgery (**PH test**)
  - 1i. Healthcare personnel and first responders with signs and symptoms compatible with COVID-19 (**VCMC/SPH**)
- \*\*\*If testing indication unclear, then the ER attending and admitting attending to discuss whether or not to test patient\*\*\***

#### **Step 2. ISOLATION**

- 2a. Immediately place surgical mask on patient and move to separate room/area, separated by 6 feet from others
  - Airborne isolation rooms should be reserved for patients undergoing procedures that are likely to generate respiratory aerosols (see AGP document on med staff website for full list)
- 2b. If patient is being sent from clinic or Public Health (PH) to the Emergency Room (ER):
  - Place surgical mask on patient and call (805) 652-6168 (VCMC) or (805) 933-8663 (SPH) to notify physician on duty.
  - Instruct patient to go directly to the ED and call above numbers from ED parking lot.
- 2c. All staff entering room must use:
  - **Enhanced Respiratory Precautions [N95 mask or Powered Air-Purifying Respirator (PAPR)] required in addition to face shield or goggles, gown and gloves**
- 2d. Limit staff entering room: Assign 1 physician, 1 resident, 1 nurse, for 1 PUI or COVID-positive patient.
  - Place sign on door: STOP BEFORE ENTERING ROOM
  - Instruct patient to go directly to the ED and call above numbers from ED parking lot.

<sup>1</sup> Fever may be subjective or confirmed (100.4 F)

<sup>2</sup> Close contact is defined as spending >15 minutes over a 24 hour period within 6 feet of an infected person not wearing a mask, and includes household contacts, visitors, and healthcare workers (not wearing a mask or eye protection while in contact with the patient), or having been in direct contact with infectious secretions (i.e. was coughed on, shared utensils with, was provided care by, or was cared for) of a patient with COVID-19

### Step 3. COLLECT SPECIMENS & ORDER TEST

- 3a. Obtain swabs for testing and place in viral (universal) transport media.  
**Healthcare providers should collect specimens using respirator/N95 + eye goggles or face shield + contact precautions**
  - 1 Nasopharyngeal (NP) swab in 1 vial (**this will be shared for BOTH Influenza and COVID testing**)
    - **Nasopharyngeal:** Insert swab into single nare parallel to palate and leave in place for 10 seconds to absorb secretions. See video on medical staff website.
    - Place swab immediately into a single sterile tube containing 2-3 mL of viral (universal) transport media (media should be pink, not yellow. If yellow, discard tube and obtain new vial of transport media)
    - **If NP swab is positive, please do not obtain further testing.**
- 3b. If patient has productive cough AND going to ICU, is intubated/trached in ICU, undergoing bronchoscopy or physician has high suspicion for false negative NP test, **ALSO** collect lower respiratory specimen:
  - **Lower respiratory (if possible):** NOTE: **do not** induce sputum to collect sample
    - **Bronchoalveolar lavage or tracheal aspirate:** Collect 2-3 mL into a sterile cup **OR**
    - **Sputum:** Patient to rinse mouth with water, then expectorate sputum from a deep cough into a sterile cup
      - Lower respiratory samples are only run at Public Health (not VCMC/SPH or Quest)
- 3c. Place order for testing utilizing Cerner Powerplan: **LAB EMER/MED SARS-CoV-2 (COVID-19)** Coronavirus testing
  - **VCMC/SPH Cepheid: SARS CoV-2 VCMC.** Can only test NP swab
  - **VCMC BioFire: VCMC Respiratory Panel.** Can only test NP swab
  - **PH test: SARS Cov-2 PCR-PH Lab (Coronavirus PCR).** Test NP swab, and if obtained, lower respiratory specimen
  - If during influenza season, order both influenza and COVID (**Mini-Respiratory Panel**); both run on **one NP Swab**
- 3d. Clinician or designee caring for the patient will notify the laboratory that a specimen has been obtained.
  - Specimens **should not** be submitted to the laboratory via the pneumatic tube system (**HAND DELIVERED**).

### Step 4. DETERMINE DISPOSITION

- 4a. **Disposition:**
  - Need clearance from Infection Prevention for isolation removal while inpatient (see Policy on Discontinuation of Transmission-Based Precautions for details)
  - Obtain Public health for clearance for discharge or transfer if patient is confirmed positive COVID **still under isolation precautions**
    - COVID suspect patients with unknown results can be discharged without PH clearance
  - PH phone: Monday - Friday, 8:00 am - 5:00 pm: **(805) 981-5201**, After-hours, weekends, and holidays: **(805) 214-7057**
  - Discharged PUIs may be told to self-isolate and follow home isolation instructions until they are cleared.
  - Give patients discharge instructions under Patient Education on Cerner and on Med Staff website.
- 4b. **Cleaning:** Notify Environmental services for proper cleaning of room/equipment
  - If no aerosol generating procedure (AGP) was performed, and only NP swab collected for testing, rooms at both campuses can be cleaned immediately after patient exits without waiting.
  - If AGP performed, will need to wait the following amount of time after the procedure prior to cleaning:
    - VCMC, SPH negative pressure room: 45-minute wait time prior to cleaning
    - VCMC standard room: 3.5 hour wait time prior to cleaning
    - SPH standard room: 1.5 hour wait time prior to cleaning
  - Portable equipment should be cleaned according to the disinfection guidelines from infection control
  - See [http://hospitals.vchca.org/images/COVID\\_Isolation\\_and\\_Disinfection\\_2020\\_3\\_25.pdf](http://hospitals.vchca.org/images/COVID_Isolation_and_Disinfection_2020_3_25.pdf)
- 4c. **Employee monitoring:**
  - If you become ill with fever, cough, shortness of breath, myalgias, lack of smell or taste, or sore throat, contact your direct supervisor and do not come to work until cleared
  - Employees call employee hotline: 805-981-5166. Physicians/NP/PA/Residents contact Dr. Leah Kory via Tiger Text or hospital operator