

2019 Novel Coronavirus (2019-nCoV) Frequently Asked Question (FAQ) - For Internal Use Only

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Will be updated as needed.

Contents

Signs, Symptoms, and Spread	2
1. What is the 2019 Novel Coronavirus (2019-nCoV)?	2
2. What are the signs and symptoms of the 2019-nCoV?	2
3. When do symptoms appear after exposure?	2
4. How does the virus spread?	2
5. What does “close contact” mean?	2
6. What is the incubation period for 2019-nCoV?	2
Cleaning and Infectious Waste	3
7. How should infectious waste from 2019-nCoV patients be disposed of?	3
8. What are recommendations for cleaning 2019-nCoV patient rooms?	3
Healthcare/Employee Workers	3
9. What is the protocol for healthcare workers returning from China?	3
Isolation Precautions and Personal Protective Equipment (PPE)	3
10. What isolation precautions are recommended for suspected or confirmed 2019-nCoV patients?	3
11. How should an employee dispose of personal protective equipment?	4
12. Does an airborne infection isolation room (AIIR) need to have an anteroom? ...	4
13. How long should a patient stay under isolation precautions?	4
Specimens, Visitation, and Discharge	4
14. What are the guidelines for specimen collection and handling?	4
15. Is patient visitation permitted?	4
16. When can a 2019-nCoV patient be discharged?	4
References	5
CDC Information for Healthcare Professionals	5
CDC Sequence for Donning/Doffing PPE	5
Patient Safety National Office – Contacts	5

Signs, Symptoms, and Spread

1. What is the 2019 Novel Coronavirus (2019-nCoV)?

The 2019 Novel Coronavirus, or 2019-nCoV, is a new respiratory virus first identified in Wuhan, Hubei Province, China. Coronaviruses are a large family of viruses. Some cause illness in people; numerous other coronaviruses circulate among animals. Similarly, Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV) and Middle Eastern Respiratory Syndrome Coronavirus (MERS-CoV) have evolved and caused transmission from animal to humans in previous years.

2. What are the signs and symptoms of the 2019-nCoV?

Current symptoms reported for patients with 2019-nCoV have included mild to severe respiratory illness with fever, cough, and difficulty breathing.

3. When do symptoms appear after exposure?

The Centers for Disease Control and Prevention (CDC) currently believes that symptoms may appear in as few as 2 days or as long as 14 after exposure.

4. How does the virus spread?

Currently, the virus is presumed to spread by close person-to-person contact. It is believed that respiratory droplet and contact is the main route of transmission similar to how influenza and other respiratory pathogens spread.

5. What does “close contact” mean?

Close contact is defined as:

- a) Being within approximately 6 feet (2 meters), or within the room or care area, of a novel coronavirus case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection);
- b) Caring for, living with, visiting with a novel coronavirus case; or
- c) Having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

6. What is the incubation period for 2019-nCoV?

The time between exposure to and the onset of symptoms for 2019-nCoV may be 2 to 7 days, although in some cases it may be as long as 14 days. For this reason, patients are monitored for symptoms for 14 days after exposure.

Cleaning and Infectious Waste

7. **How should infectious waste from 2019-nCoV patients be disposed of?**
Follow facility policy on infectious waste disposal. There are no additional recommendations on handling of linen, trash or food trays. Whenever possible, use disposable patient use items (e.g. stethoscope, blood pressure cuff).
8. **What are recommendations for cleaning 2019-nCoV patient rooms?**
Follow facility protocol for cleaning airborne isolation rooms. Maintain the room vacant post discharge for one hour prior to terminal clean.

Healthcare/Employee Workers

9. **What is the protocol for healthcare workers returning from China?**
If healthcare workers returning from China are identified, collaboration with the local health department to assess fitness for duty is recommended.

Isolation Precautions and Personal Protective Equipment (PPE)

10. **What isolation precautions are recommended for suspected or confirmed 2019-nCoV patients?**
An airborne infection isolation room (AIIR) is preferred. In addition, contact and standard precautions are required. If an AIIR is not available, then place the patient in a private room with the door closed.

Upon patient identification, **immediately** provide a mask to the patient and notify your healthcare facility's infection prevention personnel as well as the local health department.

Healthcare personnel **entering the room** should wear the following Personal Protective Equipment (PPE):

- Gloves
- Gown
- Fit tested N-95 respirator or PAPR (powered air purifying respirator)
- Goggles or face shield

During transport, the patient should wear a surgical mask. Do not use N95 respirators on patients.

11. How should an employee dispose of personal protective equipment?

Disposal of personal protective equipment (PPE) does not require any special condition or process. Utilizing the same process and receptacle as currently established for PPE is appropriate.

12. Does an airborne infection isolation room (AIIR) need to have an anteroom?

The AIIR does not require an anteroom. However, if an AIIR room with a built-in anteroom is available then placing a suspect patient in that location is preferred.

13. How long should a patient stay under isolation precautions?

Suspected or confirmed 2019-nCoV cases should remain under isolation precautions until cleared by local health department.

Specimens, Visitation, and Discharge

14. What are the guidelines for specimen collection and handling?

Health care providers should contact their local health department to determine if the patient meets criteria for a patient under investigation (PUI) and requires laboratory testing for confirmation. Clinical specimens should be collected from PUIs under the guidance of the local public health department. Typical specimens required include but not limited to: nasopharyngeal swab, urine and stool cultures.

15. Is patient visitation permitted?

The local health department will provide direction on whether visitation is allowed. In the absence of permission, visitors should be excluded from patient rooms.

16. When can a 2019-nCoV patient be discharged?

Patients should not be discharged without approval from the local health department.

References

CDC Information for Healthcare Professionals

<https://www.cdc.gov/coronavirus/2019-ncov/guidance-hcp.html>

CDC Sequence for Donning/Doffing PPE

<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

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