Hi all,

As you are likely aware, a new virus was recently identified in Wuhan City, China. This novel coronavirus causes respiratory infections that can be severe in some patients. Because of the ongoing risk of new cases emerging in other parts of the United States, Los Angeles International Airport has instituted screening of travelers for signs & symptoms. PSJH Epic epidemic screen utilizing specific questions to identify patients traveling from affected regions have been turned on. For additional questions regarding this new virus, please reach out to your infection prevention department.

**Novel Coronavirus (2019 nCoV from Wuhan, China) FAQ FOR CAREGIVERS**

Updated 23-Jan-2020

**Q. What type of isolation should I use?**

- **Ambulatory / Outpatient:**
  - Ask the patient to don a mask
  - Don gloves, gown, and a surgical mask with eye protection
  - Use a fit-tested N95 respirator/PAPR for aerosol-generating procedures (e.g., collection of respiratory specimens, intubation, etc.)
  - Place patient in a private room immediately and follow clinic response plan. If a negative pressure rooms is available, it is preferred.

- **Inpatient/ ED:**
  - Ask the patient to don a mask
  - Initiate contact and airborne precautions (gloves, gown, respirator, eye protection).
  - Immediately place patient in an airborne isolation room (preferred) or private room with HEPA and door closed. Place order for isolation precautions
  - Notify House Nursing Supervisor. House supervisor to notify Infection Prevention

**Q. Which type of respiratory PPE is correct for caregivers, a mask or a respirator?**

A. Like all decisions regarding PPE, it depends on the setting and the care provided. Coronavirus is typically spread through droplets, and the risk of transmission exists when you are within 6 feet of an infected person without wearing a surgical mask. Placing a surgical mask on the patient reduces this risk, and a surgical mask should be placed on all patients presenting with symptoms of respiratory infection, regardless of travel history. When the virus is aerosolized (like during intubation and collection of nasopharyngeal swabs), there is a risk that the virus can be spread further than six feet, though for a shorter period of time than most diseases that are transmitted via the airborne route. Below is a bit more information on the guidelines that were previously provided regarding PPE selection.
Ambulatory Clinic Settings:

- In clinics where patients may present with a history of travel and symptoms of infection, the goal is to isolate the patient and contact the local health department for assistance with determining next steps. Clinics that do not have fit-tested N95 or PAPR/CAPR respirators should not perform any aerosol-generating procedures on patients, including collecting respiratory samples to send for lab testing. In these care settings, droplet and contact precautions are appropriate – including gloves, gown, a standard surgical mask, and eye protection.

- Clinics that have caregivers whom are fit tested for N-95s or trained to utilize PAPRs are able to wear this PPE and conduct respiratory sample collection. Respiratory samples should ONLY be collected at the request of the local department of health.
  - A regular room with the door closed is sufficient. An airborne isolation room is not required as the patient is wearing a mask and in the room for a short period of time.
  - For clinics that are collecting samples, the room will need to remain out of service for a minimum of 2 hours to ensure the room is aired out of potential airborne contaminants from the procedure.
  - Standard health care-approved disinfectants and room cleaning procedures are effective and appropriate.

Hospital Settings:

- Because higher levels of care are provided in hospitals, select clinicians are routinely trained to utilize respirators as part of standard work. A patient hospitalized for novel coronavirus will be placed in airborne precautions out of an abundance of precaution, and all staff will wear respirators N95 or PAPR when entering the patient’s room. This is because the patient is no longer masked, is sick, and staying in the room for an extended period of time where aerosolization cannot always be planned.

Q. What about our regular respiratory panel tests that show a result of positive for “coronavirus”?

A. Our regular respiratory panel tests pick up the traditional coronavirus strains that are common during influenza-like illness season, but it does NOT pick up the novel coronavirus strain. The lab is working on modifying the coronavirus result on our regular respiratory panel to indicate that it is not the Novel Wuhan strain (language may vary depending on the lab).

Q. Where can I find more information about the novel Coronavirus and how to care for patients?

- Center for Disease Control and Prevention-Coronavirus Information
- Information for Healthcare Professionals
- Guidelines for Clinical Specimen collection
- Cover your Cough-sign
- Coronavirus Travel Health Advisory Poster
- CDC Wuhan Travel Health Alert Poster
- PSJH High Consequence Disease Site

Q. Who should I call if I have more questions or have a suspect patient?
A. In the event of a suspected case of 2019-nCoV, immediately notify the local Infection Prevention team (NOT Infectious Disease). If after hours contact the house supervisor to reach the Infection Preventionist on call.

Q. What else can I do to protect myself and other patients?
   - Per standard precautions, all patient with respiratory like illness (cough, runny nose, sore throat) should be given a mask to wear and offered hand gel.
   - If possible separate these patients with respiratory symptoms from others while waiting for evaluation.
   - Post “Cover Your Cough” signs at entry ways.

Q. What should I do if the media reaches out to me as a caregiver?

Please have them direct their questions to the local communication team.
Thank you

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