



INFECTION CONTROL POLICIES AND PROCEDURES

POLICY TITLE: Plan for Handling of Patients with Suspect/confirmed COVID-19 Infections

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DEPARTMENT:
Infection Control

POLICY #: I-25

ORIGINAL DATE: 2/2020

REVISED DATE: 2/24/2020

REVIEWED & APPROVED BY:

APPROVED DATE:

PURPOSE: To provide a plan to identify, isolate and manage a potential case of COVID-19 (formerly 2019 novel coronavirus) that presents to our facility.

NOTE: Due to the novel nature of the disease and the rapidly changing information and guidance, this plan will be updated based on changes in recommendations. Specific instructions and general guidelines from the Department of Public Health or the CDC will supersede the guidance in this plan.

PLAN:

I. Patient Assessment and testing

A. Patient Identification and Initial Placement

1. In order to quickly prevent the potential exposure of COVID-19 in our facility, signage indicating the risk factors and notifying patients to mask and inform staff will be posted in all of our major entrances. Masks will also be made available on dispensers at the public entrances, or will be available at the reception desk (i.e. main lobby reception desk and security desk outside of the Emergency Department).
2. All patients registering in the hospital, whether in-patient or out-patient, will be asked regarding travel and exposure history by the admitting department.
3. If the patient has had recent travel or exposure history and is presenting with any respiratory symptoms (e.g. fever, sore throat, cough, shortness of breath, etc.), they will be immediately handed a mask and the triage nurse or nursing supervisor will be immediately notified.
4. The patient will be placed in the HEPA filtered room in the Emergency Department for further evaluation.
5. If the patient is identified in the main lobby admitting, the Admitting rep is to notify the Nursing supervisor who will escort the patient to either the HEPA filtered room in the ED or , if unavailable, to another Airborne Isolation Room in the facility.
6. If the patient presents in the ED and the isolation room in the ED is occupied, the patient will then be taken to the GI Lab 2, if it is available. If not, the patient will be taken to one of the available Airborne Isolation Rooms on the nursing unit for evaluation. If none of the rooms are readily available, the Fast Track area in the ED will be evacuated and the patient placed there with the door closed until arrangements can be made for movement.
7. The Patient will be placed in Airborne, Contact and Standard Precautions.

B. Patient Assessment

1. Once the patient is placed in an isolation room, the L.A. Department of Public Health Physician Checklist will be used to determine if the patient meets further criteria. The checklist is available in the ED and in the Nursing Supervisor's office in the COVID-19 (Coronavirus) Resource Book.

2. The patient will be managed under Airborne, contact and standard precautions and staff will use all of the appropriate PPE when examining this patient, including eye protection, N-95 respirator or PAPR, isolation gown and gloves. A limited/minimum number of staff should be used to provide patient care and only essential staff should enter the patient room (e.g. nursing to draw blood; patient registration to be completed over the phone rather than in person with the admitting rep, etc.). Dedicated HCW will be used when possible.
3. If a patient meets the initial criteria, the L. A. County Department of Public Health (LACDPH) will be contacted for further guidance. Contact number is 213-240-7941 for Monday-Friday from 8 am to 5 pm. The after-hours number is 213-974-1234. The numbers are also available on the checklist
4. If LACDPH indicates the patient does not meet criteria as a PUI (Person Under Investigation), the patient will be released from isolation and care will proceed as usual.
5. If LACDPH indicates the patient does meet criteria, the patient will remain in isolation and will be managed as such.
 - a. A Person Under Investigation (PUI) form will be completed by the nurse assigned to the patient (a copy of the PUI form is located in the COVID-19 resource book).
 - b. Appropriate lab specimens will be obtained on the patient per the LACDPH recommendations and the instructions on the LACDPH checklist (e.g. nasopharyngeal swab, oropharyngeal swab, sputum specimen (if patient is producing) and serum specimen). These labs will only be collected per LACDPH approval.
 - c. Lab collection materials for COVID-19 testing are pre-bagged and available in the lab (lab lead desk area).
 - d. Notify the lab of any specimens submitted for a patient with suspect COVID-19, whether for COVID-19 testing or for other routine testing. Lab will handle all specimens with great caution and use the Biosafety hood and appropriate PPE (e.g. N-95 and eye protection) when performing any tests that may potentially result in aerosolization of particles.
 - e. Continue to evaluate the patient for other alternate diagnoses as clinically indicated.
 - f. Prepare to admit the patient unless otherwise indicated by LACDPH. Ensure airborne infection isolation room is available.
6. Once patient is determined as a PUI, the nursing supervisor shall initiate a contact investigation of all who came in close contact with the PUI. The “Suspect Coronavirus Case Initial Contact Log” will be used for tracking (located in the COVID-19 resource book). Close contact includes anyone within 6 feet of the PUI for more than 1 minute or potential contact with a PUI’s secretions, dirty hands or tissues.
7. All care givers and contacts of the PUI will be tracked using the Coronavirus PUI Care Log (located in the COVID-19 resource book).

C. Patient Management

1. If admission is necessary or recommended by LACDPH, patient will be masked and transferred to an Airborne Infection Isolation Room.
2. Patient will be placed in Airborne, Contact, and Standard Precautions with eye protection.
3. All care givers and contacts of the PUI will be tracked using the Coronavirus PUI Care Log (located in the COVID-19 resource book). Only essential staff should enter the patient room (e.g. nursing to draw blood; patient registration to be completed over the phone rather than in person with the admitting rep, etc.). Dedicated HCW will be used when possible.
4. Visitors will be restricted and may be allowed on a case by case basis based on the patient’s immediate needs, the recommendations of LACDPH, the clearance of visitor from signs or symptoms of infection, and the visitor’s ability to comply with hospital PPE policies, hand hygiene policies, respiratory etiquette and a limitation of movement throughout the facility.
5. Patient is not to be discharged nor isolation discontinued without the prior approval of LACDPH

II. Personal Protective Equipment

- A. All Patients suspected of having COVID-19 will be asked to wear a surgical or isolation mask at all times, except when they are in an airborne infection isolation room with the door closed.

- B. Staff that interact with the patient should wear all PPE appropriate for Standard, Airborne and Contact Precautions, including:
 - 1. N-95 mask or PAPR. PAPR's are recommended for high-risk procedures (e.g. intubation, sputum induction, etc.) and are available in the purchasing department for staff use (nursing supervisor to provide access after hours). If PAPR is used, they must be thoroughly disinfected after each use.
 - 2. Eye protection (e.g. face shield or safety goggles).
 - 3. Gloves
 - 4. Isolation Gown
- C. All necessary PPE (N-95, eye protection, isolation gowns and gloves) will be made available outside of the patient room for ease of access for all caregivers.
- D. Posters regarding the proper donning and doffing of PPE for use for just-in-time training will be made available as needed (copies available in the COVID-19 resource book).

III. Infection Prevention

- A. Hand Hygiene: Hand hygiene policies are to be strictly adhered to in the care of a PUI. (Including, but not limited to, before patient contact, after patient contact, after removal of PPE and before and after removal and discarding of N-95 mask.) Hand Hygiene may be performed with either soap and water, or with the hospital approved Alcohol-based hand rub.
- B. Precautions: Standard precautions as well as Airborne and Contact Precautions are to be strictly adhered to.
- C. Equipment: Dedicated medical equipment should be used for a PUI. In cases where equipment cannot be dedicated for a PUI, the equipment will be thoroughly cleaned with the Germicidal or bleach wipes available on the unit. Strict adherence to germicidal wet contact time is to be adhered to.
- D. Cleaning: Environmental cleaning and disinfection procedures will be followed carefully. Cleaning will be done either with the Germicidal or bleach wipes, or with the cleaning agent that has an EPA claim for emerging viral pathogens (e.g. our hospital-approved germicidal).
- E. Terminal Cleaning: If patient is transferred or discharged from an isolation room, the room is to be terminally cleaned. The room is first to remain closed for the appropriate air exchange to elapse (e.g. 1-2 hours) prior to cleaning. During cleaning procedures, the Housekeeper is to don full PPE (N-95, eye protection, gloves and isolation gown) and to clean the room with the door closed. After terminally cleaning is complete, the door may be opened and the room returned to service.
- F. Laundry, Medical waste, and food service will be performed routinely in accordance with hospital policy for Contact and Airborne precautions. Soiled linen and medical waste will be carefully bagged and closed while inside the isolation room to prevent environmental contamination and placed immediately into an appropriate collection container.

IV. Healthcare Worker (HCW) Monitoring

- A. All Healthcare workers caring for or with exposure to a PUI will be tracked using the Coronavirus PUI care Log (in COVID-19 Resource Book). This will also monitor that appropriate PPE was used for the healthcare worker.
- B. Healthcare workers with exposure to a PUI will be managed according to the "CDC Interim Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus."
 - 1. If the PUI is confirmed as positive, or if test results are not expected within 48 hours of exposure, the Healthcare worker will be managed based on level of exposure and may require either active monitoring or self-monitoring.
 - 2. For HCW with medium or high level exposures (refer to guidance document or attached table), they will be placed off of work for 14 days from last exposure and will be reported to the LACDPH. The employee will be called daily by the employee health nurse or designee for monitoring of fever and symptoms. If a healthcare worker reports symptoms, they will be reported to LACDPH for further instructions.
 - 3. For HCW with low risk exposures, they will undergo self-monitoring in which the HCW will check for fever or any respiratory symptoms twice daily with no work restrictions. The HCW will also have their temperature checked by either the employee health nurse or the triage nurse upon

reporting to work, prior to starting their assignment. If HCW develops any fever or symptoms, they are to seek prompt medical care.

4. A workers compensation packet will be completed on all employees with a medium to high risk exposure and on HCW with low exposures that develop symptoms. Non-employees (contract personnel, physicians, etc.) will be referred to their employers for follow-up.

Definitions and Acronyms:

1. COVID-19: The coronavirus formerly referred to as the 2019 novel coronavirus.
2. LACDPH: Los Angeles County Department of Public Health
3. CDC: Centers for Disease Control and Prevention
4. PUI: Person Under Investigation (for COVID-19)
5. PAPR: Powered Air Purifying Respirator
6. PPE: Personal Protective Equipment
7. HCW: Healthcare worker (includes all paid, contracted and un-paid workers in the facility)

References:

1. Los Angeles County Department of Public Health 2019 Novel Coronavirus Physician Checklist (v.2-4-20)
2. Interim Infection Prevention and Control Recommendations for Patients with Confirmed 2019 Novel Coronavirus (2019-nCoV) or Persons Under Investigation for 2019-nCoV in Healthcare Settings. Centers for Disease Control and Prevention, 2-3-2020.
3. Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus (2019-nCoV). Centers for Disease Control and Prevention, 2/9/2020.

Attachments:

- A. Epidemiologic Risk Classification¹ for Asymptomatic Healthcare Personnel Following Exposure to Patients with 2019 Novel Coronavirus (2019-nCoV) Infection or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations. Centers for Disease Control and Prevention, 2/9/2020.