

WINK *What I Need to Know about*

COVID-19 (Novel Coronavirus) Guidance for Hospitals

Facts about Coronavirus:

- Coronaviruses (Co V) are a large family of viruses that cause illness ranging from the common cold to more severe diseases. A novel coronavirus (n Co V) now called COVID-19 is a new strain that has not been previously identified in humans.
- **The new corona virus has emerged in the Wuhan City, China. This virus is not to be confused with the common corona viruses that are included in the respiratory panel test we run.**

TRIAGE: If a patient meets the suspected criteria for COVID-19 (see below) the patient should be asked to wear a **surgical mask** as soon as they are identified and be evaluated in a room with negative pressure (airborne isolation room).

- Healthcare personnel entering the room should use **Standard Precautions, Contact Precautions (i.e., gown), Droplet precautions (wear FACE MASK-SURGICAL MASK), and use eye protection (e.g., goggles or a face shield).**
- Clean hands with soap and water or alcohol-based hand rubs after contact with patient.
- **Immediately** contact assigned **Infection Control Practitioner (ICP) for patients under investigation** and they will contact the local health department for approval of testing if patient meets criteria.
ICP-(Name and Phone)

Minimizing Exposure Potential: Personal Protective Equipment



PPE needs are based on the level of hazard

- **Typical patient interactions from 6 feet away or greater do NOT require PPE.**
- **Level 1 PPE:** For routine patient interactions requiring close contact (<6 feet away) use Standard, Contact and Droplet precautions.
 - For tasks not expected to produce aerosols or splash hazards. Direct patient care activities, physical assessments, vital signs, auscultation, medication administration, and other routine (non-aerosol producing) patient care procedures.
 - PPE: Isolation gown, gloves, mask, and face & eye protection (face shield and/or goggles)
- **Level 2 PPE:** For higher risk patient interactions requiring close contact.
 - For tasks that are **known to produce** aerosols or significant splash hazards (e.g., sputum induction, positive pressure ventilation (BiPAP and CPAP), airway suction, bronchoscopy, intubation, tracheostomy, invasive procedures, management of respiratory or cardiac arrest etc.)
 - PPE: Full body splash suit ("non-sterile splash suit") with hood and shoe covers, gloves, N-95 respirator and face & eye protection (face shield and goggles)

- It is Important to **document in Cerner** the following information:

○ Isolation precautions implemented	○ Date of onset
○ Enter the affected area name, exact travel dates and time spent in affected area. Date of arrival in US.	○ Signs and symptoms
○ Any close contact with person under investigation/laboratory confirmed case	○ Healthcare worker or being in healthcare facility

Criteria to Guide Evaluation of Patients Under Investigation (PUI) COVID-19:

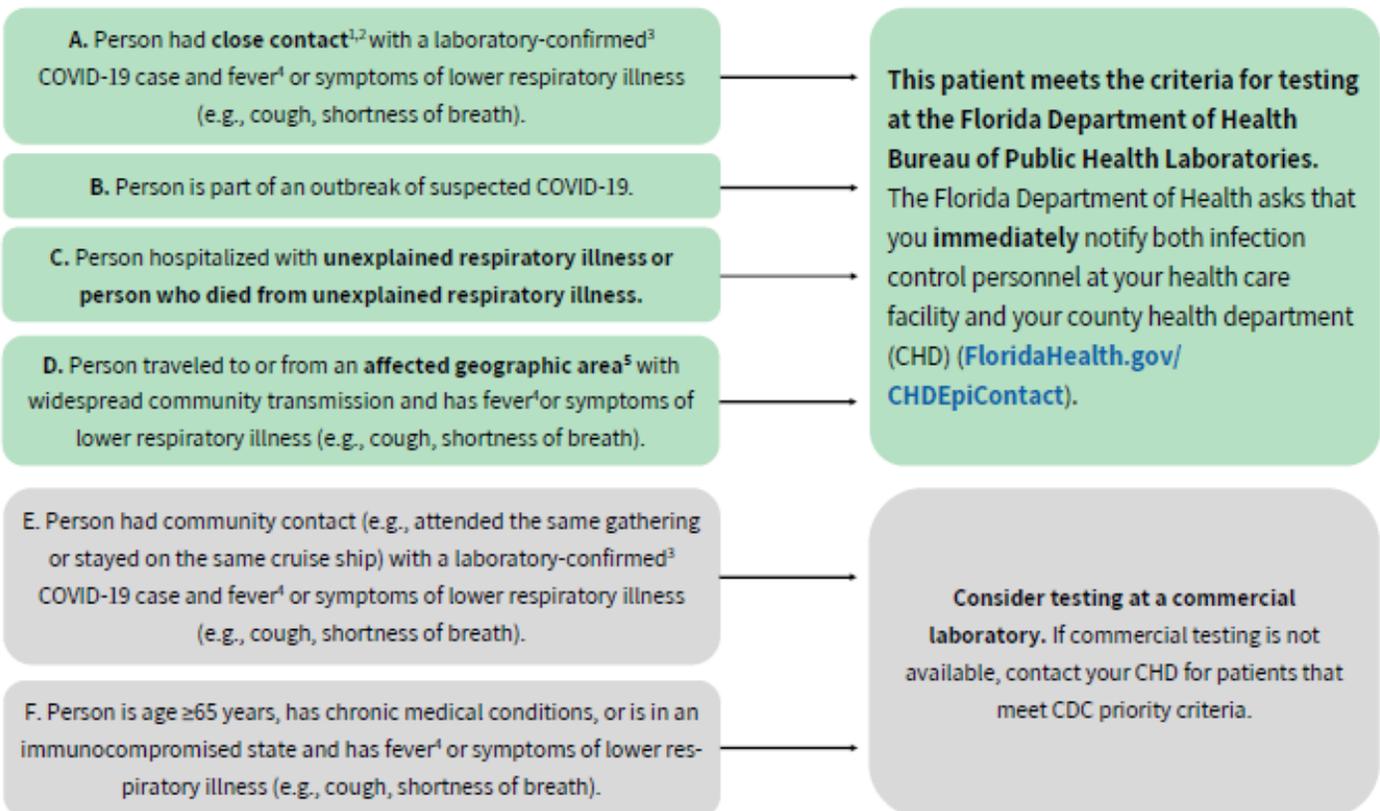


Clinician Screening Tool for Identifying Persons Under Investigation for Coronavirus Disease 2019 (COVID-19)

Version 4.1 | March 10, 2020

The Florida Department of Health (Department) is prioritizing testing of symptomatic individuals who had close contact^{1,2} with a laboratory-confirmed³ COVID-19 case, are part of an outbreak, or have unexplained respiratory illness. Please see the Centers for Disease Control and Prevention (CDC) Health Alert Network 429 <https://emergency.cdc.gov/han/2020/han00429.asp> for additional guidance on prioritization of testing. The Department recommends other individuals be tested at a commercial laboratory (e.g., LabCorp and Quest). For all persons under investigation for COVID-19, take the following precautions:

- Ask the patient to wear a surgical mask.
- Evaluate the patient in a private room with the door closed, ideally an airborne isolation room, if available.
- Initiate contact and airborne precautions, including use of eye protection (e.g., goggles or a face shield) for all health care professionals and other staff entering the room.
- Visit www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html for additional recommendations on infection control recommendations for patients under investigation for COVID-19 in health care settings.



¹Close contact is defined as a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case– or –b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings.

²For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel.

³Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries.

⁴Fever may be subjective or confirmed.

⁵Affected areas are defined as geographic regions where sustained community transmission has been identified. For a list of relevant affected areas, see Coronavirus Disease 2019 Information for Travel (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>)

Content source: CDC

Specimen Collection:

Collection of two specimen types, lower respiratory and upper respiratory specimens for testing is recommended.

I. Respiratory Specimens

A. Lower respiratory tract

Broncho-alveolar lavage, tracheal aspirate- (IF PERFORMED)

Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate specimen at 2-8°C and ship overnight to CDC on ice pack.

Sputum

Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate specimen at 2-8°C and ship overnight to CDC on ice pack.

B. Upper respiratory tract

Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab)

Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. NP and OP specimens should be kept in separate vials. Refrigerate specimen at 2-8°C and ship overnight to CDC on ice pack.

Nasopharyngeal swab: Insert a swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions. Swab both nasopharyngeal areas with the same swab.

Oropharyngeal swab (e.g., throat swab): Swab the posterior pharynx, avoiding the tongue.

Nasopharyngeal wash/aspirate or nasal aspirate

Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate specimen at 2-8°C and ship overnight to CDC on ice pack.

Shipping:

Specimens PUI's must be packaged, shipped, and transported according to the current edition of the [International Air Transport Association \(IATA\) Dangerous Goods Regulations external icon](#). Store specimens at 2-8°C and ship overnight to CDC on ice pack. If a specimen is frozen at -70°C ship overnight to CDC on dry ice. Additional useful and detailed information on packing, shipping, and transporting specimens can be found at [Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 \(COVID-19\)](#).

For additional information, consultation, or the CDC shipping address, contact the CDC Emergency Operations Center (EOC) at 770-488-7100

Additional Consideration:

Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Fever maybe subjective or confirmed.

- Clinical judgment should be used to guide testing of patients in such situations.
- Close contact with a person who is under investigation for COVID-19 is defined as:
 - Being within approximately 6 feet (2 meters), or within the room or care area, of a COVID-19 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)
 - Close contact can include caring for, living with, visiting, or sharing a healthcare waiting area or room with a novel coronavirus case.
 - *or* –
 - Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.

Disinfection: Use a product that has a claim against emerging viral pathogens -Add list of approved disinfectants

Clorox/bleach should be use to disinfect the equipment and environment. In addition, Oxycide™ used by many Environmental Services Departments is effective.



References:

<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>