Montefiore COVID19 Clinical Evaluation, Management, Isolation Guidance

v. 6/2/20
COVID-19 PUI Definition

- Fever (measured or subjective), chills, rigors, cough, chest tightness, sore throat, malaise, myalgia, persistent headache, unexplained diarrhea, anosmia, ageusia, shortness of breath with clinical suspicion based on clinical data and patient presentation
- Known COVID-19 PCR+ in the last 4 weeks currently symptomatic, or with symptoms within the last 14 days
- Known exposure AND fever (measured or subjective), chills, rigors, cough, chest tightness, sore throat, malaise, myalgia, persistent headache, unexplained diarrhea, anosmia, ageusia, shortness of breath OR other clinical suspicion
- Travel to or residence in a high-risk area AND fever (measured or subjective), chills, rigors, cough, chest tightness, sore throat, malaise, myalgia, persistent headache, unexplained diarrhea, anosmia, ageusia, shortness of breath or other clinical suspicion
COVID-19 Screening Questions

1. Have you been diagnosed with COVID-19 or had a positive test for COVID-19 in the last 4 weeks?
2. Have you been in contact with someone who has known or suspected COVID-19 in the last 14 days?
3. Have you had fever, chills, shaking, cough, sore throat, diarrhea, muscle aches, persistent headache, loss of taste or smell, chest tightness, or shortness of breath in the last 14 days, or been in contact with someone with one of these symptoms?
4. Have you traveled internationally in the last 14 days?
Known COVID19 Positive Test/Diagnosis in last 4 weeks?

STOP COVID HIGH Risk

Mask patient, Issue Orange tag
Isolate, Inform

Provider evaluates the patient in recommended PPE

STOP COVID-19 Intermediate Risk: Mask patient, Isolate

Stable for discharge home?

If no prior test, send SARS-CoV-2 nasopharyngeal PCR (standard to virology), discharge with home isolation instructions and call in 24h to follow up

Isolation and Personal Protective Equipment (PPE) for Orange Pathway:

Droplet/Contact/Standard with Eye Protection recommended, and placement in private room with door closed if safe to do so (or cohort 2 confirmed cases together). IF aerosol-generating procedure required or anticipated, Airborne/Contact/Standard with Eye protection recommended in negative pressure room

- Contact/droplet/standard PPE=Surgical mask with fluid shield, Contact isolation gown, gloves
- Airborne/droplet/standard PPE=N95 mask, face shield, Contact Isolation gown, gloves

Aerosol generating procedures=Sputum induction, Open suctioning of Airways, Bipap/CPAP (limit to only OSA or HFNC unavailable), HFNC, Nebulizer Treatment (try to substitute MDI), Bag-Mask ventilation, Cardiopulmonary resuscitation, Bronchoscopy, Active Intubation/Extubation, ongoing ventilation with a device that does not have a closed circuit such as LTV (Servo ventilators are closed and are NOT considered aerosol generating)

Signs and Symptoms in the last 14 days?

Subjective or measured fever ≥38.0°C (100.4°F)

OR

Chills, rigors, cough, chest tightness, sore throat, malaise, myalgia, persistent headache, unexplained diarrhea, anosmia, ageusia, shortness of breath

Known Exposure or Travel to High Risk Area for COVID19 in last 14 days?

STOP COVID Low Risk, droplet and standard COVID-NEGATIVE flag
monitor for new symptoms

STOP COVID-19

Intermediate Risk: Mask patient, Isolate

Send SARS-CoV-2 nasopharyngeal PCR (ED/inpatient-standard to virology; OB-RLL/micro) if not done previously

NEGATIVE

POSITIVE

Cohort with another positive patient when possible, COVID-POSITIVE Isolation maintained until cleared by hospital epidemiology or ID, notify DOH if cluster or congregate setting

Strong Clinical Suspicion for COVID19?

Consult ID for possible additional testing and maintain COVID-like Illness (CLI) isolation

Strong Clinical Suspicion for COVID19?
**MHS Pediatric ED/Inpatient COVID-19 Screening Algorithm**

**Known COVID19 Positive Test?**
- **NO**
  - STOP COVID-19 High Risk
  - Isolate, Inform. Consider if patient has features of MIS-C and add appropriate labs to work-up

- **YES**
  - **STOP COVID-19**

**Known Exposure to COVID-19 within the last 30 days?**
- **NO**
  - **Low Risk**
  - Send SARS-CoV-2 PCR (standard to virology) prior to admit, alert Peds ID/Infection Control

- **YES**
  - **Intermediate Risk**
  - Consider if patient has features of MIS-C and add appropriate labs to work-up

**Signs and Symptoms to Look Out For**
- Cough, shortness of breath, rhinorrhea, sore throat (mask patient if possible)
- **AND/OR**
  - Subjective or measured fever ≥38.0°C (100.4°F), and/or nausea/vomiting, diarrhea, fatigue, headache, myalgia, poor feeding/appetite, rash

**MHS Pediatric ED/Inpatient COVID-19 Screening Algorithm**

- **Positive SARS-CoV-2 PCR or clinical syndrome suggestive of COVID?**
  - **NO**
    - **Stable for discharge home?**
      - **YES**
        - If no prior test, consider sending SARS-CoV-2 PCR to (standard to virology) prior to discharge home, call with results
      - **NO**
        - Send SARS-CoV-2 PCR (standard to virology) prior to admit, alert Peds ID/Infection Control

**Isolation and Personal Protective Equipment (PPE) for Orange and Blue Pathway:**
- **Droplet/Contact/Standard with Eye Protection** recommended in private room with door closed. IF aerosol-generating procedure required or anticipated, **Airborne/Contact/Standard with Eye protection** recommended in negative pressure room if available
- **Contact/droplet/standard PPE**= Surgical mask with fluid shield, Contact isolation gown, gloves
- **Airborne/droplet/standard PPE**= N95 mask, face shield, Contact Isolation gown, gloves
- **Aerosol generating procedures**= Sputum induction, Open suctioning of airways, Bipap/CPAP (limit to only OSA or HFNC unavailable), HFNC, Nebulizer Treatment (try to substitute MDI), Bag-Mask ventilation, Bronchoscopy, Active Intubation/Extubation, LTV vents (Servo ventilators are closed and are NOT considered aerosol generating)
**MHS Elective Procedure COVID-19 Screening Algorithm**

1. **Known COVID19 Positive Test/Diagnosis in last 4 weeks?**
2. **Signs and Symptoms in the last 14 days?**
   - (Subjective or measured fever ≥38.0°C (100.4°F), chills, rigors, cough, chest tightness, sore throat, malaise, myalgia, persistent headache, unexplained diarrhea, anosmia, ageusia, shortness of breath)
3. **Known COVID Exposure or exposure with symptoms above in last 14 days?**
4. **International COVID Travel in the last 14 days?**

**COVID LOW RISK**
- **COVID-NEGATIVE infection flag, universal droplet /standard precautions, care delivery in COVID free unit/area, only cohort with other negative patients only**

**COVID NEGATIVE infection flag, universal droplet /standard precautions, care delivery in COVID free unit/area, only cohort with other negative patients only**

**Order SARS-CoV-2 PCR (virology) and schedule 24-48h prior to procedure**

**YES**
- **POSTIVE**
- **ENT, Dental, Thoracic?**

**NO**
- **NEGATIVE**

**RESCHEDULE PROCEDURE, RE-SCREEN FOR SYMPTOMS PRIOR TO NEW PROCEDURE DATE AND ENSURE PCR DONE 24-48H PRIOR**

**YES**
- **POSITIVE**
  - **Obtain nasopharyngeal swab pre-procedure for SARS-CoV-2 PCR (order STAT for RLL/micro) in a private room, provider in full PPE, hand deliver to laboratory**

**NEGATIVE**
- **YES**
  - **Proceed with procedure; anesthesia obtains nasopharyngeal SARS-CoV-2 PCR 24-48h (routine for virology) in PPE in the OR prior to procedure start**

**NEGATIVE**
- **NO**
  - **Refer to Emergent Procedure Pathways**

*During all invasive procedures and during SARS-CoV-2 nasopharyngeal swab acquisition, N95, eye protection, gown, gloves should be worn regardless of COVID status*

For COVID-negative patients: Universal droplet is in place for all patients. Patients and all associates should be wearing surgical masks (or N95 for aerosol generating procedures) and standard precautions should be taken including strict handwashing and glove use. Gowns and eye protection should be used if splashing/spraying are anticipated.

For COVID+, COVID-like illness, and COVID unknown patients before and after an emergent procedure:
- No aerosol-generating procedure ongoing: Droplet/Contact/Standard with Eye Protection=Surgical mask or N95 mask with face shield/goggles, isolation gown, gloves. Placement in private room with door closed if safe to do so. It is permitted to cohort positive patients together, and COVID-like-illness/suspect patients together in single room if necessary.
- Aerosol-generating procedure required: Airborne/Contact/Standard with Eye protection=N95 mask, face shield, isolation gown, gloves. Placement in a negative pressure room or area.
- Aerosol generating procedures=Sputum induction, Open suctioning of airways, Bipap/CPAP (limit to only OSA or HFNC unavailable), HFNC, Nebulizer Treatment (try to substitute MDI), Bag-Mask ventilation, Bronchoscopy, Active Intubation/Extubation, cardiopulmonary resuscitation, ongoing ventilation with a device that does not have a closed circuit such as LTV (Servo ventilators are closed and are NOT considered aerosol generating)
**MHS Emergent Procedure COVID-19 Screening Algorithm**

1. **Is the procedure emergent?**
   - **YES**
     - Proceed with surgery:
       - All OR staff in PPE* and Anesthesia obtains STAT nasopharyngeal swab for SARS-CoV-2 PCR in the OR, runner takes to the on-site laboratory (order RLL/micro)
   - **NO**
     - Can the procedure be delayed by 2-4h
       - **YES**
         - Obtain nasopharyngeal swab pre-procedure for SARS-CoV-2 PCR (order STAT for RLL/micro) in a private room, provider in full PPE, hand deliver to laboratory isolate patient from others pending result
       - **NO**
         - **Strong Clinical Suspicion for COVID19 or COVID19 symptoms in last 14 days?**
           - **NO**
             - **COVID LOW RISK**
               - COVID-NEGATIVE infection flag, universal droplet/standard precautions, care delivered in COVID negative designated area, only cohort with other negative patients
           - **YES**
             - **Can the procedure be delayed by 2-4h?**
               - **YES**
                 - Enter COVID-POSITIVE infection flag and isolation orders, procedure done in COVID+ designated area and pre/post-procedure care done in COVID+ unit/area, only cohort with other positive patients if needed
               - **NO**
                 - **Strong Clinical Suspicion for COVID19 or COVID19 symptoms in last 14 days?**
                   - **NO**
                     - **POSITIVE PCR**
                   - **YES**
                     - **NEGATIVE PCR**

*During all invasive procedures and during SARS-CoV-2 nasopharyngeal swab acquisition, N95, eye protection, gown, gloves should be worn regardless of COVID status*

For COVID-negative patients: Universal droplet is in place for all patients. Patients and all associates should be wearing surgical masks (or N95 for aerosol generating procedures) and standard precautions should be taken including strict handwashing and glove use. Gowns and eye protection should be used if splashing/spraying are anticipated.

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- Aerosol-generating procedure required: Airborne/Contact/Standard with Eye protection=N95 mask, face shield, isolation gown, gloves. Placement in a negative pressure room or area
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Ambulatory MHS COVID-19 Algorithm

Patient Arrives at Registration

Reg performs screening for any:
- COVID+ diagnosis last 4 weeks
- Symptoms of COVID in the last 14 days: Fever, Chills, Rigors, Cough, Sore Throat, Shortness of breath, Headache
- Myalgia/Fatigue, Anosmia, Ageusia, Unexplained diarrhea,
- Sick contact or Exposure in the last 14 days

Mask patient and visitor, Continue with check-in

Negative

Capture patient and visitor, escort in gloves/mask

Visit proceeds

Positive

Mask patient and visitor, escort in gloves/mask

Transfer to designated room & close door

Notify the ED and EMS if patient requires transfer to a hospital

Is patient stable for home isolation?**

Does patient have COVID symptoms or other concern for COVID?

Refer for testing (855-662-8160), patient should self-quarantine at home until 10 days after symptom onset, afebrile x72h, and symptoms improving, give home care handout ** and directions to call provider for worsening symptoms

Provider dons PPE, evaluates the patient*

*Ambulatory PPE for possible COVID is N95 (or surgical mask if unavailable), eye protection, gown, gloves. N95’s should be worn for AGP in all pts

Clinical Profile of COVID19

<table>
<thead>
<tr>
<th>Major Features</th>
<th>Clinical Symptoms and Syndromes</th>
<th>Negative Infectious Workup for Other Pathogens</th>
<th>Imaging Consistent with Viral Pneumonitis</th>
<th>Laboratory Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific Findings</td>
<td>• Fever/Chills/Rigors • Cough • Sore Throat • Chest Tightness • Shortness of breath • Headache • Myalgia/Fatigue • Anosmia/Ageusia • Unexplained Diarrhea • New hypoxia or need for supplemental oxygen • Need for non-invasive or invasive mechanical ventilation • Shock • Cytokine storm • PMIS-C in children • Chilblains</td>
<td>• Blood culture • Respiratory culture • S. Pneumoniae &amp; Legionella urine antigens • Strong clinical suspicion for or witnessed aspiration • If done, Flu and/or RPP negative • Positive SARS-CoV-2 PCR or Antigen</td>
<td>• CXR with bilateral infiltrates • Pulmonary ultrasound with bilateral infiltrates • CT with bilateral ground glass opacities</td>
<td>• Leukopenia/lymphopenia • Thrombocytopenia • Elevated PT • Elevated D-dimer • Elevated LDH • Elevated IL-6 • Elevated CRP</td>
</tr>
</tbody>
</table>

If a patient develops a clinical profile or features consistent with possible COVID19 convert to ORANGE:
1. Mask the patient
2. Isolate (droplet/contact/standard in a private room with door closed, OR airborne/contact/standard in a negative pressure room ONLY IF aerosol-generating procedure required*) with order in Epic and signs up for isolation
3. Infectious Diseases and Critical Care Consult (if unstable)

* Aerosol-generating procedures: BiPAP/CPAP, NFNC, Bag-Mask ventilation, nebulizer, intubation/extubation, ongoing ventilation with a device that does not have a closed circuit such as LTV (Servo ventilators are closed and are NOT considered aerosol generating), bronchoscopy, sputum induction, or open airway suctioning
Admission Guidelines for COVID-19

O2 Sat

< 90%
- Strongly consider admission in the setting of acute respiratory and ILI symptoms regardless of co-morbidities. Order full w/u with in-house SARS CoV 2 test and contact/droplet isolation.
- Consider discharge for patients who are home O2-dependent or having a recurrent CHF exacerbation if no other symptoms of Covid-19 are present.
- Send in-house SARS CoV 2 test on all discharged patients and arrange a follow-up call within 24 hours.

91-94%
- Consider admission for patients with acute respiratory and ILI symptoms who are over 65 years old and/or with significant co-morbidities such as IDDM, chronic lung, kidney or liver disease, active immune suppressive chemotherapy, etc. Order full w/u with in-house SARS CoV 2 test and contact/droplet isolation.
- Consider admission for younger patients without chronic comorbidities only if persistent GI losses that cannot be corrected in ED over 10 hours or unable to care for self/no home support. Very few patients should meet this criteria.
- SNF patient or those in congregate settings need admission until PCR negative
- Consider discharge for patients who are home O2-dependent or having a recurrent CHF exacerbation if no other symptoms of Covid-19 are present.
- CXR with viral pneumonia, by itself, does not require admission.
- Send SARS CoV 2 test on all discharged patients and arrange a follow-up call within 24 hours.

≥95%
- ILI symptoms do not require any testing or admission unless significant additional stressor such as known Covid+ and living in SNF, shelter or other uncontrolled congregate setting.
- CXR with viral pneumonia, by itself, does not require admission.
- Address other chief complaints (Neuro, GI, etc.) as required. Strongly consider outpatient management for patients who do not require prolonged telemetry monitoring and have stable vital signs. Provide trial of PO abx in lieu of IV abx with follow up call within 24 hours.
- Children with PMIS-C should be admitted
- Send SARS CoV 2 test on all discharged patients and arrange a follow-up call within 24 hours.
INPATIENT ISOLATION, PLACEMENT, AND PPE

Patient admitted with COVID or COVID-Like Illness

No aerosol generating procedure needed

Contact + Droplet
Private room with door closed if safe to do so

Intermittent aerosol generating procedure needed

Contact + Droplet
N95 mask and face shield during aerosol generating procedures*

Frequent or continuous aerosol generating procedure needed

Airborne + Contact
Patient in negative pressure isolation room#

* Aerosol Generating procedures (please also refer to COVID-19 Respiratory Guideline):
  - Sputum induction
  - Open suctioning of airways (including trach collar trials)
  - BiPAP, CPAP (should be limited to only OSA or HFNC unavailable)
  - HFNC
  - Nebulizer Tx (avoid if possible, substitute MDI)
  - Bag-Mask ventilation
  - Bronchoscopy
  - Cardiopulmonary Resuscitation
  - Active Intubation/Extubation
  - Ongoing ventilation with a device that does not have a closed circuit such as LTV; Servo vents have a closed circuit and are NOT aerosol generating

# If all negative pressure rooms in the facility are unavailable, a private room should be used with HEPA filter; if neither negative pressure nor private room are available, patient can be placed in a semi-private room cohorted with another patient with the same COVID isolation status who also requires frequent/continuous aerosol generating procedure

Contact + Droplet PPE: Surgical mask or N95 with eye shield, gown and gloves

Airborne + Contact PPE: N95, face shield, gown and gloves

DOOR SIGN:
STOP: CHECK IF AEROSOL GENERATING PROCEDURE* IS IN PROGRESS OR IN THE PAST TWO HOURS. IF YES=N95
OUTPATIENT ISOLATION, PLACEMENT, AND PPE

Ambulatory Encounter

Low Risk Patient for COVID
- Surgical mask, eye protection, and Gloves
- If an in-office procedure with potential splashing will occur, add gown and eye protection

COVID Positive or Suspected COVID
- Surgical mask or N95 with eye shield, gown and gloves
- Separate from others in waiting area immediately
- Designated private exam room

Aerosol generating procedure needed
- N95, face shield, gown and gloves
- Patient in negative pressure isolation room or designated private room
- Minimize HCW in the room
- Rest the room after patient leaves for 2 hours

**DOOR SIGN:**
STOP: CHECK IF AEROSOL GENERATING PROCEDURE* IS IN PROGRESS OR IN THE PAST TWO HOURS. IF YES=N95

* Aerosol Generating procedures (please also refer to COVID-19 Respiratory Guideline):
- Sputum induction
- Open suctioning of airways (including trach collar trials)
- BiPAP, CPAP (should be limited to only OSA or HFNC unavailable)
- HFNC
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Contact + Droplet PPE: Surgical mask or N95 with eye shield, gown and gloves
Airborne + Contact PPE: N95, face shield, gown and gloves
# PPE for Ambulatory Practices

<table>
<thead>
<tr>
<th>Role</th>
<th>Surgical Mask</th>
<th>N95 Mask</th>
<th>Eye Protection</th>
<th>Gloves</th>
<th>Gown‡</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ADMINISTRATIVE STAFF:</strong> PSR, Front Desk and Scheduling Coordinators, Navigators, Social Worker, Care Management, Practice Management, etc.</td>
<td>YES</td>
<td>NO</td>
<td>YES (if within 6 feet of a patient)</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td><strong>CLINICAL STAFF:</strong> Nursing Assistant, RN, LPN, NP, PA, Physician, Dentist, Dental Hygienist, Phlebotomist, etc. (Provides face to face clinical care to patients)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-negative/low risk</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>COVID+ or Suspected</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Inside a room during an aerosol generating procedure*</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

‡Gowns should be worn if significant splashing or when in contact with bodily fluids/wounds

*Aerosol-generating procedures = nebulizer treatments/substances, sputum induction, open suctioning of airways, dental procedures, endoscopic procedures (other than those limited to the nasopharynx) including GI
COLLECT BOTH NP AND OP
(Same process for inpatient or ambulatory collection)

PREP WORK:
Don N95 or surgical mask, eye protection, gown, gloves
PLACE LABELS VERTICALLY FOR SCANNING, PLACE ORANGE DOT/LABEL ON SPECIMEN AND BAG (do all this before entering room)

1. OBTAIN KIT WITH 2 SWABS IF POSSIBLE (ONE SKINNY ONE FAT)
2. STICK THE FAT ONE IN THE BASE OF THE THROAT AND OBTAIN A GOOD SPECIMEN
3. STICK THE SKINNY ONE IN THE DEEP NAres, HOLD FOR 3 SECONDS, THEN SWIRL AROUND FOR 15 SECONDS; REPEAT ON EACH SIDE! (This is for adults, do the best you can for peds patients)
4. IF KIT HAS ONLY 1 SWAB, FIRST STICK IN THE THROAT, THEN STICK THE SAME SWAB IN BILATERAL NAres AS ABOVE
Ordering COVID-19 Testing

OB, Emergency Surgery ONLY

ED/Inpatient/other
Montefiore Guide to COVID-19 Isolation and Infection Status

- To discontinue COVID-19 isolation precautions at MMC – has to be 30 days from last positive NP swab AND 2 negative SARS-CoV-2 PCR tests 24 hours apart.
- COVID POS infection flag will remain in place for 30 days from last positive NP swab (and can only be removed by infection control physicians).
- COVID-LIKE ILLNESS (CLI) flag will remain in place for 14 days from admission or onset of symptoms.
- When retesting for discharge or disposition planning – positive NP PCR can be repeated at least 72 hours after last POSITIVE. (If two negative results are required – they should be performed 24 hours apart)
- Patients reporting positive results from outside hospital or ambulatory testing site – should only be used if confirmatory supporting documentation is available either in CareEverywhere, Bronx Rho or scanned transfer paperwork.

### New Admission or New Symptoms / exposure in a hospitalized patient

<table>
<thead>
<tr>
<th>SARS-CoV-2 PCR 1</th>
<th>Reason for testing</th>
<th>Infection Flag</th>
<th>Isolation</th>
<th>Cohorting</th>
<th>Repeat testing if needed for discharge or disposition*</th>
<th>Removal of isolation and Infection Flag</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>Symptoms</td>
<td>COVID POS (Remains for 30 days)</td>
<td>Special Pathogen Precautions</td>
<td>COVID POS</td>
<td>&gt;= 10 days from Sx onset Symptoms IMPROVING &gt;72 hours no fever (off antipyretics) &gt;=10 days from onset of symptoms, or No symptoms</td>
<td>BOTH: 30 days from onset of symptoms or positive PCR test 2 negative NP swabs 24 hours apart</td>
</tr>
<tr>
<td></td>
<td>Screening (admit, procedure, OR)</td>
<td>COVID-Like Illness (CLI) (Remains for 14 days)</td>
<td>Contact + Droplet or Contact + Airborne</td>
<td>CLI</td>
<td>Second test to be done within 24 hours of admission &gt;= 10 days from Sx onset Symptoms IMPROVING &gt;72 hours no fever (off antipyretics)</td>
<td>BOTH: 14 days from onset of symptoms 1 negative NP swab</td>
</tr>
<tr>
<td>Negative (consider COVID Ab testing)</td>
<td>Symptoms</td>
<td>COVID POS (Remains for 30 days)</td>
<td>Special Pathogen Precautions</td>
<td>CLI</td>
<td>As per Infection Control isolation guidelines</td>
<td>N/A</td>
</tr>
<tr>
<td>Negative</td>
<td>Screening</td>
<td>None</td>
<td>Stamdard and as needed for other infections</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

### Readmission of patients previously known to be SARS-CoV-2 POSITIVE within prior 4 weeks

<table>
<thead>
<tr>
<th>SARS-CoV-2 PCR 1</th>
<th>Reason for admission</th>
<th>Infection Flag</th>
<th>Isolation</th>
<th>Cohorting</th>
<th>Repeat testing if needed for discharge or disposition*</th>
<th>Removal of isolation and Infection Flag</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>Symptoms (new, persistent or worse)</td>
<td>COVID POS</td>
<td>Special Pathogen Precautions</td>
<td>COVID POS</td>
<td>&gt;=10 days symptom onset: repeat &gt;72 hours if POS repeat &gt;24 hours if NEG</td>
<td>BOTH: 30 days from onset of symptoms or positive PCR test 2 negative NP swabs 24 hours apart</td>
</tr>
<tr>
<td></td>
<td>Screening Unrelated to COVID-19</td>
<td>COVID POS from prior admission (30 days)</td>
<td>Any consideration of cohorting with COVID-pos patient has to be discussed with Infection Control</td>
<td>COVID POS</td>
<td>&gt;= 7 days if no symptoms (screening): repeat &gt;72 hours if POS repeat &gt;24 hours if NEG</td>
<td><strong>Infection flag and isolation remain in place for 30 days</strong></td>
</tr>
<tr>
<td>Negative (consider COVID Ab testing)</td>
<td>COVID related</td>
<td>COVID POS</td>
<td>Special Pathogen Precautions</td>
<td>COVID POS</td>
<td>&gt;=10 days symptom onset: repeat &gt;72 hours if POS repeat &gt;24 hours if NEG</td>
<td>BOTH: 30 days from onset of symptoms or positive PCR test 2 negative NP swabs 24 hours apart</td>
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1 Nasopharyngeal SARS-CoV-2 PCR

* Immunocompromised patients may have prolonged viral shedding and repeat testing may need to be delayed.
Pathway for COVID-19 Flag and Isolation