Montefiore COVID19 Clinical Evaluation, Management, Isolation Guidance

v. 7/9/20
COVID-19 PUI Definition

- Fever (measured or subjective), chills, rigors, cough, chest tightness, sore throat, malaise, myalgia, persistent headache, unexplained diarrhea, nausea/vomiting, 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, nausea/vomiting, 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, nausea/vomiting, 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, nausea/vomiting, 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 or been to another state with high COVID-19 activity in the last 14 days?
MHS Adult ED/Inpatient/OB COVID-19 Screening Algorithm

**Known COVID19 Positive Test/Diagnosis in last 4 weeks?**

- **YES**
  - **STOP COVID HIGH Risk**
  - Mask patient, Issue Orange tag Isolate, Inform
  - Provider evaluates the patient in recommended PPE
  - Stable for discharge home?
    - **YES**
      - 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
    - **NO**
      - Send SARS-CoV-2 nasopharyngeal PCR (ED/inpatient-standard to virology; OB-RLL/micro) if not done previously

- **NO**
  - **STOP COVID-19 Intermediate Risk**
  - Mask patient, Isolate
  - 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, nausea, vomiting, anosmia, ageusia, shortness of breath
  - **YES**
    - 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
  - **NO**
    - Consult ID for possible additional testing and maintain COVID-like Illness (CLI) isolation

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

- **YES**
  - **STOP COVID-19 Intermediate Risk**
  - Mask patient, Isolate
  - Known COVID19 Positive Test/Diagnosis in last 4 weeks?
    - **YES**
      - **STOP COVID HIGH Risk**
      - Mask patient, Issue Orange tag Isolate, Inform
    - **NO**
      - **STOP COVID Low Risk**, droplet and standard COVID-NEGATIVE flag monitor for new symptoms

**Strong Clinical Suspicion for COVID19?**

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

**NO**

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)
MHS Pediatric ED/Inpatient COVID-19 Screening Algorithm

**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

**Known COVID19 Positive Test?**
- **YES**
  - STOP COVID-19
  - High Risk
  - Isolate, Inform.
  - Consider if patient has features of MIS-C and add appropriate labs to work-up

**Known Exposure to COVID-19 within the last 30 days?**
- **NO**
- Low Risk
- droplet and standard COVID-NEGATIVE flag monitor for new symptoms
- **YES**
  - COVID-19
  - Intermediate Risk, consider if patient has features of MIS-C and add appropriate labs to work-up

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

**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
  - Single room when possible or cohort with another positive patient
  - Isolation maintained until cleared by hospital epidemiology or ID
  - Notify DOH if cluster or congregate setting
- **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 the last 4 weeks and symptomatic?
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, nausea, vomiting, anosmia, ageusia, shortness of breath)
3. Known COVID Exposure or exposure with symptoms above in the last 14 days?
4. International Travel or domestic travel to high-risk area in the last 14 days?

   - YES
   - NO

   Can the procedure safely be delayed by 2 weeks?

   - YES
   - NO

   Refer to Emergent Procedure Pathways

   Reschedule procedure when patient at least 14 days have passed AND patient is afebrile x 72h AND symptoms resolved

   - YES
   - NO

   Enter COVID-like illness infection flag and isolation orders, repeat COVID test, if positive care delivery in COVID+ unit/area, only cohort with other positive patients if needed

   - POSITIVE
   - NEGATIVE

   Can the procedure safely be delayed by 2 weeks?

   - YES
   - NO

   Repeat clinical screening questions the night prior and day of procedure

   - POSITIVE
   - NEGATIVE

   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

   - Order SARS-CoV-2 PCR (virology) and schedule 2-3 days prior to procedure

*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

**Is the procedure emergent?**
- **NO**
  - Refer to Elective Procedure Pathways
  - Strong Clinical Suspicion for COVID-19 or symptoms in last 14 days?
    - **YES**
      - COVID LOW RISK
        - COVID-NEGATIVE infection flag, universal droplet /standard precautions, care delivered in COVID negative designated area, only cohort with other negative patients
      - COVID-LIKE ILLNESS (CLI) infection flag
        - care delivered in COVID+ area, only cohort with other CLI patients if needed
    - **NO**
      - COVID-NEGATIVE infection flag, universal droplet /standard precautions, care delivered in COVID negative designated area, only cohort with other negative patients

**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
  - Enter COVID-POSITIVE infection flag and isolation orders, procedure done in COVID+ designated area and pre/post-procedure care done in COVID+ unit/are, only cohort with other positive patients if needed
- **NO**
  - 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)

**Strong Clinical Suspicion for COVID19 or COVID19 symptoms in last 14 days?**
- **YES**
  - Enter COVID-POSITIVE infection flag and isolation orders, procedure done in COVID+ designated area and pre/post-procedure care done in COVID+ unit/are, only cohort with other positive patients if needed
  - Procedure done in COVID+ designated area and pre/post-procedure care done in COVID+ unit/are, only cohort with other positive patients if needed
- **NO**
  - 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)

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*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:
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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
- **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)
Ambulatory MHS COVID-19 Algorithm

**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, N/V, Sick contact or Exposure or travel in the last 14 days

**Positive**

Mask patient and visitor, escort in gloves/mask

Transfer to designated room & close door

**Negative**

Mask patient and visitor, Continue with check-in

Visit proceeds

**Visit proceeds**

Is patient stable for home isolation?**

YES

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

NO

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

Does patient have COVID symptoms or other concern for COVID?

**NO**

Provider dons PPE, evaluates the patient*

**YES**

Patient Arrives at Registration

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

*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></td>
<td>Fever/Chills/Rigors</td>
<td>Blood culture</td>
<td>CXR with bilateral infiltrates</td>
<td>Leukopenia/lymphopenia</td>
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<td>Cough</td>
<td>Respiratory culture</td>
<td>Pulmonary ultrasound with bilateral infiltrates</td>
<td>Thrombocytopenia</td>
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<td>Sore Throat</td>
<td>S. Pneumoniae &amp; Legionella urine antigens</td>
<td>CT with bilateral ground glass opacities</td>
<td>Elevated PT</td>
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<tr>
<td>Specific Findings</td>
<td>Chest Tightness</td>
<td>Strong clinical suspicion for or witnessed aspiration</td>
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<td>Elevated D-dimer</td>
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<td></td>
<td>Shortness of breath</td>
<td>If done, Flu and/or RPP negative</td>
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<td>Elevated LDH</td>
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<td></td>
<td>Headache</td>
<td>Positive SARS-CoV-2 PCR or Antigen</td>
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<td>Elevated IL-6</td>
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<td>Myalgia/Fatigue</td>
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<td>Elevated CRP</td>
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<td>Anosmia/Ageusia</td>
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<td>Unexplained Diarrhea</td>
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<td>Nausea/Vomiting</td>
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<td>New hypoxia or need for supplemental oxygen</td>
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<td>Need for non-invasive or invasive mechanical ventilation</td>
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<td></td>
<td>Shock</td>
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<td>Cytokine storm</td>
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<td>PMIS-C in children</td>
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<tr>
<td></td>
<td>Chilblains</td>
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</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#

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

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

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

*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.
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, eye protection, and Gloves
- If an in-office procedure with potential splashing will occur, add gown and eye protection

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
  - 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

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>
</tbody>
</table>

<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>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>YES</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</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

- **Discontinue COVID-19 isolation precautions:**
  - Immuno-competent + asymptomatic: 14 days after first positive SARS-CoV-2 PCR test
  - Immuno-competent with symptoms: 14 days after first positive SARS-CoV-2 PCR **AND** 72 hours after resolution of fever **AND** improving respiratory symptoms **AND** IPC approval
  - Immuno-compromised with symptoms: 14 days after first positive SARS-CoV-2 PCR **AND** 72 hours after resolution of fever **AND** improving respiratory symptoms **AND** 2 negative NP SARS-CoV-2 PCR 24 hours apart **AND** IPC approval

- **COVID POS infection flag** will remain in place for **30 days** from first positive NP swab (can only be removed by infection control physicians, may be removed earlier at the discretion or as deemed safe by IPC).
- **COVID-Like Illness (CLI) flag** will remain in place for **14 days** from admission or onset of symptoms.
- **Re-testing NP PCR** – can repeat at least **72 hours after last POSITIVE**. (If two negative results are required – they should be performed 24 hours apart)

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

<table>
<thead>
<tr>
<th>SARS-CoV-2 PCR</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</td>
<td>Special Pathogen Precautions</td>
<td>COVID POS</td>
<td>&gt;= 10 days from Symptoms onset</td>
<td>• 14 days from onset of symptoms or positive PCR test</td>
</tr>
<tr>
<td></td>
<td>Screening</td>
<td>(Autoexpires at 30 days)</td>
<td>(Contact + Droplet or Contact + Airborne if AGP)</td>
<td></td>
<td>Symptoms IMPROVING &gt;72 hours no fever (off antipyretics)</td>
<td>• Afebrile for at least 72 hours</td>
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<td></td>
<td>&gt;=10 days from onset of symptoms. or No symptoms</td>
<td>• Improvement of respiratory symptoms</td>
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<td>• Requires approval of infection control</td>
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<td></td>
<td>• Immuno-compromised pts also need 2 negative NP swabs 24 hours apart</td>
</tr>
<tr>
<td>Negative</td>
<td>Symptoms</td>
<td>COVID-Like Illness (CLI)</td>
<td>Any consideration of cohorting with COVID-19 pts patient has to be discussed with infection control</td>
<td>CLI</td>
<td>Second test to be done within 24 hours of admission</td>
<td>• 14 days from onset of symptoms</td>
</tr>
<tr>
<td></td>
<td>(obtain COVID Ab testing)</td>
<td>(Autoexpires at 14 days)</td>
<td></td>
<td></td>
<td>=&gt; 10 days from Symptoms onset</td>
<td>• Afebrile for at least 72 hours</td>
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<td></td>
<td>Symptoms IMPROVING &gt;72 hours no fever (off antipyretics)</td>
<td>• Improvement of respiratory symptoms</td>
</tr>
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</tr>
<tr>
<td>Negative</td>
<td>Screening</td>
<td>None</td>
<td>Standard and as needed for other infections</td>
<td>As per Infection Control isolation guidelines</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Direct admissions or transfers</td>
<td>New admission (direct admit or transfer)</td>
<td>COVID test in progress or COVID test pending</td>
<td>Full Empiric Special Pathogens Contact and Droplet precautions</td>
<td>Private room – cannot cohort while results are pending</td>
<td>• If POS past 14 days – no need to retest</td>
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</tr>
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<td></td>
<td>Otherwise repeat testing on admission/transfer</td>
<td>• If not able to do pre-admission testing, and pt is already admitted, while pending test result – curtains drawn and full Empiric Special Pathogens Contact and Droplet precautions</td>
</tr>
</tbody>
</table>

1 Nasopharyngeal or stool 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

NP COVID PCR test is ordered
- COVID Symptoms +
- Screening (COVID Symptoms - and unrelated reason for presentation)

Special Pathogen Precautions
(Contact +Droplet, or Contact +Airborne if AGP)

Previously
COVID POS result in
MMC EMR?

< 14 days since last
POSITIVE result
COVID POS flag

> 14 days since last
POSITIVE result
+/- COVID POS flag (Exp at 30 d)

COVID PCR

Clinical suspicion for
COVID?

YES
Can d/c Special
Pathogen
Precautions, further
management as per
team

NO

Infection flag based on ordered lab
- COVID lab pending
- COVID lab in process

POS

Isolation: Special Pathogen Precautions
Infection flag: COVID POS
Infection flag auto-activated (for 30 days)
PPE: Mask, face shield, gown, gloves
Cohorting: With COVID POS only
- COVID POS infection flag remains for 30 day
- Does not impact discharges
- Allows cohorting with COVID POS
- Can be removed by INFECTION CONTROL only

When can isolation be d/c?

Prolonged hospitalization or readmission
Disposition and Discharge planning

D/c isolation in a pt hospitalized for >
14 days since last POS result (same
admission or readmission)
1. At least 14 days from first positive NP
test
2. Afebrile for at least 72 hours
3. Improved respiratory symptoms,
4. Immunocompromised patients -
ALSO 2 neg NP PCR 24 hours apart

Negative result required for d/c
disposition and < 14 days since
last POS result:
1. NP PCR testing as per dispo
guidelines
2. COVID POS flag remains for 30
day - can be d/c by Infection control
3. Isolation remains for 14 days
from last POS

Retesting and Removal of isolation:
1. Repeat COVID NP PCR within 24 hours after
admission to confirm negative
2. Can repeat NP PCR test, and if neg d/c isolation
if:
- > 10 days from onset of symptoms,
- clinically improving
- > 72 hours of no fever without antipyretics

COVID related INFECTION FLAG
- COVID POS - active based on test results,
Removed by Infection control only, autorexpires at
30 days
- COVID-Like Illness - Activated by physician based
on clinical assessment, active for 14 days
<table>
<thead>
<tr>
<th>Type of procedure</th>
<th>ELIGIBILITY SCREEN</th>
<th>PROCEDURE PLANNING</th>
<th>DAY OF PROCEDURE</th>
</tr>
</thead>
</table>
| Emergent no delays | Screen #1 – Symptoms & Exposure  
1. Hx COVID < 4 wks  
2. SI/Sx suggestive ≤ 14 days  
3. Known/Suspected Exposure ≤14 days  
4. Travel internationally or high-prevalence areas domestically ≤14 days | Screen #2 – Symptoms & Exposure  
Testing - NP swab SARS-CoV-2 PCR  
2-3 days prior to procedure | 1. Intraoperative by anesthesia  
2. EXPEDITED order  
3. Hand deliver to lab  
4. Proceed with surgery – full PPE  
5. Recover in the OR if test not back or if test positive or suspected/confirmed COVID disease |
| Emergent few (<4) hr delay possible | If POS screen - consider CLI even if neg testing | N/A | 1. Preoperative and await results  
2. EXPEDITED order  
3. Hand deliver to lab  
4. If POS – use COVID+ designated areas.  
*If Neg result but strong clinical suspicion – CLI and proceed in COVID+ areas  
** For Emergent Inpatient procedures – call COVID-19 Provider Hotline 914-457-4136 to help order EXPEDITED test, collect NP swab and hand deliver to lab. |
| Elective | Yes  
If POS screen – defer/reschedule | Outpatient – follow outpatient testing performed 2-3 days prior to procedure to ensure result available at the time of procedure  
Inpatients – STANDARD Virology testing SARS-CoV-2 NP PCR – deliver to lab by 2 pm for results same day. Testing MUST BE performed within 2-3 days prior to procedure to ensure result available at the time of procedure  
- POS – defer/reschedule  
- Neg – proceed | NO TESTING REQUIRED ON DAY OF SURGERY UNLESS CLINICAL SUSPICION OF COVID  
DAY OF PROCEDURE:  
1. Review PCR results from 2-3 days prior to surgery to confirm they are negative  
2. If POS* – recommend delaying and rescheduling procedure  
* Patients who tested positive for COVID in the past 90 days or had clinical COVID and have now recovered (and are >14 days from positive result and onset of symptoms, afebrile for > 72 hours and asymptomatic) – do not require repeat testing prior to procedure  
**In rare cases where testing prior to procedure was not possible – perform expedited COVID NP testing and await results prior to initiating the procedure. |

Patients who tested POS in the last 14 days should remain on isolation, considered COVID POS for procedure purposes and procedure performed in COVID+ designated area.