

Policy and Procedure

Title:	Guidance For Managing a Patient with Suspected or Confirmed COVID19	Date of Origin:	03/20	Policy:	IP27		
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Affiliate(s):	<input checked="" type="checkbox"/> Hospital: <input checked="" type="checkbox"/> Clifton Springs <input checked="" type="checkbox"/> NWCH <input checked="" type="checkbox"/> RGH <input checked="" type="checkbox"/> UMMC <input checked="" type="checkbox"/> Unity <input checked="" type="checkbox"/> Unity Specialty Hospital <input checked="" type="checkbox"/> Hospital Subcategories: <input checked="" type="checkbox"/> Inpatient Services <input checked="" type="checkbox"/> Outpatient Services <input checked="" type="checkbox"/> ElderOne (ext. clinics) <input checked="" type="checkbox"/> PCASI <input checked="" type="checkbox"/> SMS <input checked="" type="checkbox"/> Behavioral Health <input type="checkbox"/> Rochester Regional Health Home Care <input type="checkbox"/> Rochester Regional Health Hospice Care <input type="checkbox"/> Rochester Regional Health Home Infusion Pharmacy <input type="checkbox"/> Rochester Regional Health Hospice Care (Hildebrandt Campus) <input type="checkbox"/> CompassionNet <input type="checkbox"/> Genesee Region Home Care of Ontario County, Inc.	<input checked="" type="checkbox"/> Long Term Care <input checked="" type="checkbox"/> Clifton Springs <input checked="" type="checkbox"/> DeMay Living Center <input checked="" type="checkbox"/> Edna Tina <input checked="" type="checkbox"/> Park Ridge <input checked="" type="checkbox"/> Unity Living Center <input checked="" type="checkbox"/> ACM Laboratory <input checked="" type="checkbox"/> Ambulatory Surgery Center <input checked="" type="checkbox"/> ElderOne - PACE <input checked="" type="checkbox"/> PRCD, Inc. <input checked="" type="checkbox"/> RMHC
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For purposes of this policy, "Rochester Regional Health" shall collectively refer to the affiliates identified in the header of the policy except those outside the U.S.

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Policy Statement:

The purpose of this policy is to standardize the risk assessment, triage, transportation, management and treatment of patients with possible/confirmed Corona Virus Disease 2019 (COVID19) throughout Rochester Regional Health.

Healthcare providers must be prepared to address pathogens that are new in the United States. The COVID19 virus:

- Can be easily disseminated or transmitted from person to person.
- Has caused major public health impact.
- Might cause public panic and social disruption.
- Will require special action for public health preparedness.
- Vaccines have been approved

The Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) have developed and issued infection prevention and control recommendations for patients with known or suspected COVID19, which are designed and intended to minimize the risks from treating these patients and limit transmission of COVID19.

These recommendations are outlined in the following guidance document and COVID19 related policies, procedures and flow maps, references and appendices.

Procedure:

Screening:
All patients are screened at presentation for recent travel outside of the United States. Patients reporting travel to areas of interest and/or reporting symptoms consistent with COVID19 are diverted for additional assessment. Screening is done in compliance with New York State Department of Health (NYSDOH) requirement. *Screening should be initiated at first point of interaction (i.e: phone or registration). Screening protocol is located in CareConnect and as a paper form for practices that do no utilize CareConnect for documentation.* This protocol requires registration staff to obtain travel history and symptoms from all patients. This also requires designated staff to provide medical evaluation and other care for patients under investigation for COVID19. Infection Prevention will conduct surveillance to identify lab confirmed COVID19 patients and the local Department of Health will be notified daily.

Patient Placement:
All registration areas conducting screening will designate an isolation room where patients who screen positive for travel history or report symptoms consistent with COVID19 may be placed for medical screening.

- Designated patient airborne isolation room (containing a private bathroom) with the door closed.
- If airborne isolation room is not available, patients may go into a single private room with door closed.
- Patient will be placed on **Enhanced Isolation precautions, which requires all healthcare personnel to wear an N95 or PAPR and eye protection, along with**

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gown and gloves. See IP5 transmission Based Precautions for details on Enhanced Isolation Precautions.

- Dedicated healthcare personnel to limit possible contact exposures
- Traffic should be restricted to avoid exposure of other persons.
- For patients with high risk for fall and injury, please see Guidance for Managing a Patient with Suspected or Confirmed COVID19 Attachment I.

Asymptomatic screening

- Asymptomatic patients are tested for COVID-19.
- Asymptomatic patients tested at time of admission are placed on STANDARD PRECAUTIONS pending results. Aerosol generating procedures should be avoided until results are finalized.
- Asymptomatic patients in house >1 day may remain on STANDARD PRECAUTIONS pending results. Aerosol generating procedures should be avoided until results are finalized.
- Patients tested as part of screening are placed on Enhanced Isolation precautions if: (a) positive test result or (b) develop signs or symptoms consistent with COVID-19.

Personal Protective Equipment (PPE) and Supplies:

All PPE has been standardized across RRH system for outpatient areas or hospital inpatient settings. COVID19 PPE should be stored in a consistent place identified by each department required to perform screening. During times of decreased availability of N95s, the CDC has issued interim guidance for managing patients requiring Enhanced Isolation Precautions. [See Attachment 4: Interim Guidance for Managing Enhanced Isolation Precautions During Period of Reduced Supply of Personal Protective Equipment within the IP5 Transmission Based Precautions policy](#)

- Supplies will be replenished by each hospital distribution department.
- Within the hospital only: persons fit tested for N-95 respirator or trained for use of a Purified Air Personal Respirator (PAPR) may enter the patient's room when the patient is on Enhanced Isolation Precautions. Note that during periods of limited PPE availability, facemasks may be used in place of N95s EXCEPT for aerosol-generating procedures.
- In outpatient areas patients who screen positive should be evaluated using a fit tested N-95 respirator. If not possible screen using a mask.
- Rochester Regional Health PPE must be donned and doffed according to CDC recommended procedures. See [CDC PPE donning doffing](#) .
- Prior to exiting the patient room or care area, gloves and gown must be carefully removed. Staff member may then exit the room or care area and hand hygiene must be performed. Face shield or goggles may then be removed carefully to ensure front not to be touched. PPE removal should be done carefully to ensure

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no contamination one's eyes, mucous membranes, or clothing with potentially infectious materials, and discarded in accordance with discard criteria. See [RRH policy for extended use, reuse, and discard criteria](#) for masks and N95s.

- Hand hygiene must be performed during PPE removal and immediately after PPE removal per CDC donning/doffing procedures.
- Patients must wear a facemask whenever staff enter their room, ambulating in the hallways, and during transport for procedures. (Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone unconscious, incapacitated, or otherwise unable to remove their mask without assistance).

Patient Care Equipment:

- Dedicated and/or disposable medical equipment and supplies should be used for the provision of patient care.
- All non-dedicated, non-disposable medical equipment used for patient care must be cleaned and disinfected according to manufacturer's instructions and hospital policies. Items that must be used but cannot be properly cleaned to prevent contamination must be discarded.

Obtaining and Handling Specimens:

Laboratory testing for known COVID19 patients or patients under investigation for COVID19 is available. Testing for other pathogens should not delay specimen shipping to lab.

A nasopharyngeal or nasal swab is collected for testing. Samples will be collected by members of the patient's immediate care team.

- All diagnostic specimen containers must be securely closed and double bagged, with both bags clearly labelled as biohazard, per standard clinical labs policy.
- For NP swab: room doors must be kept closed during the procedure except when entering or leaving the room, and entry and exit must be minimized during and shortly after the procedure.
- When re-usable equipment or PPE (e.g. powered air purifying respirator, elastomeric respirator, etc.) are used, they must be cleaned and disinfected according to manufacturer instructions and hospital policies.

Hand Hygiene:

Health care providers must perform hand hygiene frequently, including before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves.

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Hand hygiene in healthcare settings can be performed by washing with soap and water or using alcohol-based hand rubs. If hands are visibly soiled, use soap and water, not alcohol-based hand rubs.

Environmental Infection Control:

The Environmental services team performing environmental cleaning and disinfection must wear same Rochester Regional Health approved and recommended PPE (gown, N95 mask or PAPR or face mask, face shield or goggles and gloves) as required for clinical care of the COVID19 case. The use of a mask and eye protection is required. PPE should be removed upon leaving the room, immediately followed by performance of hand hygiene.

- Use Environmental Protection Agency (EPA) registered hospital disinfectants to thoroughly clean/disinfect hard non-porous surfaces, allowing surfaces to remain wet for appropriate contact time. Follow disinfectant label for use.
- Follow standard procedures, per hospital policy and manufacturers' instructions, for cleaning and/or disinfection of environmental surfaces and equipment
- All regulated medical waste must be disposed of in labeled, covered waste disposal containers provided by EVS.
- Meticulous hand hygiene with alcohol-based hand sanitizer or soap and water.
- If available, UV light treatment is done following terminal room cleaning for inpatient rooms.

Patient Transport:

- Patients should only leave the room for medically necessary procedures. If at all possible, procedures should be done in the patient room.
- If the patient needs to leave the room, the receiving department should be notified about the need for Enhanced Isolation Precautions.
- The patient should wear a facemask to contain secretions and be covered with a clean sheet.
- If staff must prepare the patient for transport (e.g., transfer them to the wheelchair or gurney), they should wear all recommended PPE, remove gloves and gown once transfer to bed or gurney is completed, and perform hand hygiene. Transporter should wear the appropriate facemask during transport. For convenience, if the transporter was involved in transferring the patient to the wheelchair or gurney as described above, the transporter could continue to wear their facemask (after removing all other PPE). Additional PPE should not be required unless there is an anticipated need to provide medical assistance during transport (e.g., helping the patient replace a dislodged facemask).
- The number of personnel involved in the transfer process will be kept to the absolute minimum and all will wear appropriate PPE.

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- A facemask should be placed over the patients mouth and nose securely when staff enter room and during transport
- For areas such as LTC, where transport out of the building or use of mobile services may be required, staff should consult Infection Prevention to develop an appropriate plan based on the situation.
[Guidelines for Imaging have been created as an attachment within policy IP5: Transmission Based Precautions.](#)

Visitors:

- Visitors may be restricted based on hospital and community prevalence. Refer to [COVID Visitor Restriction policy](#).
- Exceptions may be considered on a case-by-case basis for those who are essential for the patient's wellbeing.
- Visitors may be restricted from movement within the facility based on the hospital and community transmission.

Monitoring and Management of Potentially Exposed Personnel and Patients:

Monitoring and Management of Potentially Exposed Personnel and Patients:

- Patients with exposure to COVID19 will be identified by Infection Prevention. They are placed on Quarantine Isolation Precautions, which includes N95, face shield or goggles, and gloves for staff entering room.
- **In LTC setting only: Residents who are capable of complying with masking requirements may be permitted to leave isolation room during Quarantine isolation. Decision to modify Quarantine precautions is made in conjunction with Infection Prevention.**
- Patient is monitored for 10 days from last date of exposure for signs or symptoms of COVID19.
- **Time period for Quarantine isolation is impacted by patient COVID19 history and testing status. See Table 1.**

Table 1. Determining testing and isolation periods for patients EXPOSED to COVID19.

Exposed Pt Status	Testing	Discontinue Quarantine Isolation

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Asymptomatic, no previous infection within 30 days OR >91 days since last infection	Yes: Days 1,3, 5 post exposure	Day 8 after exposure
Asymptomatic	Refuses test	Day 11 after exposure
Asymptomatic, previous infection within 30 days	None needed	None needed
Asymptomatic, previous infection within 31-90 days	Consider antigen test, retest after 48h	Following 2 nd negative antigen
Symptomatic	Test on day of symptoms, retest 48h following negative test	Enhanced Isolation until COVID19 status confirmed

- Healthcare workers with a high-risk exposure as defined by CDC criteria will notify the WorkReady COVID -19 hotline. Guidance regarding employee quarantine and/or return to work will be per the Employee and Occupational Health COVID-19 algorithm.

Immediate Actions in case of exposure:

- Persons with percutaneous or mucocutaneous exposures to blood, body fluids, secretions, or excretions from a PUI/COVID19 patient must:
 - Stop working, immediately wash affected skin surfaces with soap and water.
 - Mucous membranes (e.g., conjunctiva) must be irrigated with copious amounts of water or eyewash solution.
 - Avoid applying hospital disinfectants directly to skin or mucous membranes.
 - Immediately contact Infection Prevention for assessment and Infectious Disease on-call for evaluation and access to post exposure management.


Guidelines in the case of limited PPE availability:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

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References:	<p>CDC COVID19 Interim Guidance for Healthcare Professionals Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) CDC</p> <p>NYSDOH regulations 1/4/22: https://coronavirus.health.ny.gov/system/files/documents/2022/01/nys_updated_isolation_quarantine_guidance_01042022.pdf</p> <p>CDC Updates and Shortens Recommended Isolation and Quarantine Period for General Population. 12/27/21. https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html</p> <p>Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) CDC Updated 9/23/2022</p>
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	<u>Signature</u>	<u>Name</u>	<u>Title</u>	<u>Date</u>
Approvals		Robert Mayo, MD	EVP, Chief Medical Officer	11/1/2022