USER GUIDE FOR COVID-19
PATIENT UNDER INVESTIGATION

Massey, June
LIFESPAN
MAXIMUM ISOLATION

Visitors - Report to Nurses’ Station Before Entering Room
The following PPE is required to enter room:

- Gloves
- Disposable Gown
- N95 Respirator with Face Shield
- Negative Pressure Room

In Addition to Standard Precautions:

Private Negative Pressure Room is REQUIRED. Keep door closed.
Respirator Required: N95 respirator or PAPR/CAPR
Clean Hands with an alcohol hand gel or an antimicrobial soap before leaving the room.
Dedicate non-critical items
Clean and Disinfect All Equipment before it leaves room with a bleach product
Visitors are restricted
Restrict Movement of Patient: Transport only if absolutely necessary after consultation with Infection Control Department

DO NOT REMOVE SIGN UNTIL ROOM HAS BEEN CLEANED

Room should be cleaned with a bleach product daily and at discharge
SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN
   - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
   - Fasten in back of neck and waist

2. MASK OR RESPIRATOR
   - Secure ties or elastic bands at middle of head and neck
   - Fit flexible band to nose bridge
   - Fit snug to face and below chin
   - Fit-check respirator

3. GOGGLES OR FACE SHIELD
   - Place over face and eyes and adjust to fit

4. GLOVES
   - Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene
Per Lifespan N95 respirator re-use policy, do not discard N-95 unless visibly soiled. Face shield protects the N-95 from contamination.
Lifespan PUI version 4 3/16/2020

Conservation of Lifespan Masks

General
- Limit non-essential entry into rooms of patients on Isolation Precautions.
- Do not wear a mask if you do not have symptoms suggestive of a respiratory viral infection unless you did not get a flu vaccine this season.
- Follow the Lifespan HR work restrictions policy if you have symptoms of a respiratory viral infection.
- Only use an N95 respirator to enter the room of a patient in:
  1. Airborne Isolation Precautions
  2. Maximum Isolation Precautions
  3. Patient with influenza on Contact & Droplet Precautions who is undergoing an aerosol-generating procedure.
- We have discontinued annual N95 fit testing until further notice.

<table>
<thead>
<tr>
<th>Regular Masks</th>
<th>N95 Masks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prolonged/Continued Use</td>
<td>N95 Removal</td>
</tr>
</tbody>
</table>
| Prolonged/Continued use means once the mask is on, it must be worn appropriately and used throughout the day. | - Adjust N95 respirator before entering a patient room to avoid touching the mask.
| • Do not touch the mask when you are out of the room. | - If respirator required adjustment during use, then discard.
| • Do not remove mask until it is no longer needed by the healthcare provider. | - Avoid touching the inside of the N95 respirator. If inadvertent contact is made with inside surface of the respirator, then discard.
| • Prolong mask use when caring for one or more patients if the mask is not damaged. | - After use of an N95 respirator:
| 1. Not damaged | 1. Remove gloves if gloved hands.
| 2. Not contaminated by touch during use | 2. Clean hands with Purell or soap and water.
| 3. Not hard to breathe through | 3. Remove the N95 respirator.
| 4. Not contaminated with salvia or any bodily fluids or secretions | 4. Place it in a labeled paper bag with your name and date.
| AND is not used during an aerosol-generating procedure (see list below) | 5. Pack the paper bag containing the N95 respirator so it does not become damaged or deformed.
| Remove mask when in public areas (e.g., cafeteria, main hospital hallway, etc.) | The N95 respirator can be reused, performing hand hygiene before and after use of the respirator as long as original good seal of the respirator remains.
| DO NOT have mask hanging on door. | Discard any respirator that is damaged or becomes hard to breathe through or contaminated with any bodily fluids or secretions.
| Prolong mask use when caring for one or more patients if the mask is not damaged. | - Follow these instructions if used with ear loops:
| 1. Assemble the battery onto the belt, place the belt comfortably around the waist with the battery near the side/back of the right hip. |
| 2. Loosen knob of the headband. | - Avoid touching the mask when on your face.
| 3. Attach the disposable lens cuff (DLC). | - Before removing your mask:
| a. Attach the DLC at the rim of the helmet using the tabs on the helmet. |
| | - Clean your hands with Purell or soap & water (after removing gloves, if worn)
| | - Remove mask.
| | - Place the mask in a labeled paper bag with your name and date.
| | - Pack the paper bag containing the mask so it does not become damaged.
| | - For masks with attached eye shield, use a larger paper bag.
| | - For reuse:
| | 1. Clean your hands with Purell or soap & water before and after putting on a mask that was stored in the bag.
| | 2. Discard mask if damaged, contaminated by touch during use, becomes hard to breathe through, or contaminated with salvia or any bodily fluids or secretions. |

Aerosol-Generating Procedures
- Nebulized medication administration
- Manual ventilation before intubation
- Endotracheal intubation
- Exhumation
- High-flow oxygen
- BIPAP
- High-frequency oscillating ventilation
- Open bronchoscopy
- Suction induction
- Bronchoscopy
- CPR
- Autopsy

*Maximum Isolation requires CAPR for aerosol-generating procedures. Cover N95 respirator with a full-face shield or regular mask if patient needing an aerosol-generating procedure who is in Airborne Isolation Precautions or is in Contact & Droplet Precautions for influenza. If unable to cover the N95 respirator during an aerosol-generating procedure, then discard.

**Powered Air Purifying Respirator (PAPR)**

Indications for PAPR use:
When performing an aerosol-generating procedure (including all types of suctioning).
If you are unable to use a N95 respirator for routine care.

PAPR units are available from the Central Services Department (CSD); phone # 4-5531. A sign out process is in place to ensure equipment is returned to CSD as soon as it is no longer required by the healthcare provider to provide patient care.
The PAPR in use at RIH/HCH/TMH/NPT is the Max-Air CAPR system. The step-by-step donning / doffing is below. At Newport, please contact respiratory therapy (51178 is the Max-Air CAPR system. The step-by-step donning / doffing is below. You will need the helmet, a battery pack, belt, and a disposable lens cuff (DLC).

To don the CAPR:
Have an observer instruct you and watch the don and doff procedure in order to maximize provider safety
1. Assemble the battery onto the belt, place the belt comfortably around the waist with the battery near the side/back of the right hip.
2. Loosen knob of the headband.
3. Attach the disposable lens cuff (DLC).
   a. Attach the DLC at the rim of the helmet using the tabs on the helmet.
b. Pull the DLC peel tab up, over, and to the left to remove the protective cover.

4. Turn on the power. Initially 5 indicator lights should show on the inner side of the helmet; 3 green; one yellow; one red.
   a. After 30 seconds only 3 lights should remain and should be green.
   b. A red light indicates low battery, a yellow light indicates filter issues.
   c. Do not use if a red or yellow light remains on after 30 seconds – obtain another helmet.
5. With the power on, place the helmet on your head – the rim of the helmet sits about ½ inch above the eyebrows.
6. Ensure the 3 green indicator lights are visible.
7. Locate the cuff of the DLC and lower that over your chin, run fingers along the chin to ensure it fits with tension.
8. Ratchet the helmet for a secure fit.

To doff the CAPR:
1. Outside of the room, remove gloves, perform hand hygiene, and don clean gloves
2. With clean gloves and the system still mounted on head, remove the DLC from the helmet by unclipping. Dispose of the DLC in appropriate waste.
3. Remove gloves, perform hand hygiene, and don new gloves.
4. Loosen the rear headband adjustment knob by turning it counterclockwise.
5. Hold the front top of the helmet in one hand and with the other hand on the adjustment knob; lift the helmet up and off the head. Disconnect the power source. Place the helmet on a chucks pad on the isolation cart for cleaning.
6. Doff remaining PPE, placing remaining CAPR elements on the chucks. Perform hand hygiene.
7. With clean gloves, wipe the helmet with a bleach PDI wipe both inside and outside wait 4 minutes, then use purple PDI wipes, including the power cord, belt, and battery pack. After cleaning, place all equipment on the isolation cart in a clean bag labeled for that worker to be used for that shift. Discard the chucks. Remove gloves and perform hand hygiene. • The helmet should be used for the same individual throughout the shift prior to sending back to CSD; new DLC should be replaced every patient encounter.

To return CAPR to CSD: after cleaning helmet with PDI wipe as instructed above, place in a biohazard bag and return with all components (battery pack and belt) to CSD as soon as possible. The biohazard bag is to indicate to CSD that it has been used; once it is placed on the CSD decontamination cart, please fill out all fields on CAPR return tracking form to ensure your unit is removed from the list of CAPRs in use.

Please watch this 5-minute video if you have questions:
http://www.maxair-systems.net/ProductTrainingVideos/Helmet_Basics/Helmet_Basics_A.html
**ROOM PREPARATION for Patient Under Investigation (PUI)**

<table>
<thead>
<tr>
<th>Please complete the following before placing the patient in a room</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Turn on Negative Pressure in the room</td>
<td></td>
</tr>
<tr>
<td>***** Call Maintenance to check negative pressure is working properly: 444-8000</td>
<td></td>
</tr>
<tr>
<td>(This does not have to be done before the patient is placed) *****</td>
<td></td>
</tr>
<tr>
<td>Remove Supply Cart or Empty Cabinets/Drawers</td>
<td></td>
</tr>
<tr>
<td>Remove all unnecessary equipment</td>
<td></td>
</tr>
<tr>
<td>Place COVID-19 PPE Cart outside of the room</td>
<td></td>
</tr>
<tr>
<td>Place Maximum Precaution sign outside of the room</td>
<td></td>
</tr>
<tr>
<td>Place Large Biohazard Garbage can in room</td>
<td></td>
</tr>
<tr>
<td>Please call housekeeping if you need a large biohazard bin</td>
<td></td>
</tr>
<tr>
<td>Place Staff Log on PPE Cart</td>
<td></td>
</tr>
</tbody>
</table>
# PPE Supply Cart

<table>
<thead>
<tr>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face shields</td>
</tr>
<tr>
<td>N-95 respirator (for providers)</td>
</tr>
<tr>
<td>Regular surgical mask: For the patient</td>
</tr>
<tr>
<td>Disposable yellow gown</td>
</tr>
<tr>
<td>Gloves</td>
</tr>
<tr>
<td>Paper bag for N-95 respirator re-use</td>
</tr>
<tr>
<td>Sharpie to label paper bag with name</td>
</tr>
<tr>
<td>Collection Corna Virus 2019-nCOV- This kit includes Universal Viral Transport (RPP), Nasopharyngeal swab</td>
</tr>
<tr>
<td>Provider COVID-19: Biohazard bags, disposable stethoscope,</td>
</tr>
<tr>
<td>disposable BP cuff both sizes, small rainbow tubes, Universal Viral Transport (RPP), Sterile Polyester Tipped Application (throat swab) IV setup, butterfly needle, digital thermometer, pen, paper pad</td>
</tr>
</tbody>
</table>
Any Patients arriving with Influenzas Illness will follow the following pathways:

RIH ED Work Flow for Placement of Patients with Fever, Cough, Sore Throat, Shortness of Breath

- Determine if possible PUI based on High Risk Features. **High Risk**: Contact with confirmed or suspected COVID19 (+) patient or hospital admission likely, then initiate Maximum Isolation Precautions (N95 respirator, eye protection, disposable gown & gloves).
- Determine Room Placement Based on Mild, Moderate or Severe Symptoms as Outlined Below. **Once Negative Pressure Rooms Are No Longer Available**.
  - Place on Infectious Respiratory Side of Waiting Room** (if treatment room is not immediately available)
- If patient is a PUI in any location, wear Maximum Precaution PPE and order Maximum Isolation Status.
- If patient has ILL in any location, but is not a PUI, precautions are Contact/Droplet.

<table>
<thead>
<tr>
<th>Mild Symptoms</th>
<th>Moderately Ill</th>
<th>Severely Ill/May Require Aerosol-Generating Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Normal pulse Ox</td>
<td>- Oxygen requirement</td>
<td>- Persistent Hypoxia</td>
</tr>
<tr>
<td>- Mild Cough</td>
<td>- Actively coughing in ED</td>
<td>- Aerosol Generating Procedure</td>
</tr>
<tr>
<td>- Normal Work Of Breathing</td>
<td>- Mild Increased Work of Breathing</td>
<td>- Moderate-Severe Work of Breathing</td>
</tr>
<tr>
<td>- May go to the vertical model</td>
<td>- C pad</td>
<td>Critical patient CC 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Negative Pressure Room***</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Maximum Isolation</td>
</tr>
</tbody>
</table>

**High-Risk Features**
1. International or overnight domestic travel within past 14 days
2. Contact with confirmed or suspect COVID 19 patient within past 14 days
3. Any concerning historical, physical exam or imaging findings.

**Negative Pressure Rooms**
- C pod if we need a 4th room, preference is for A side B side

Patients who arrive via EMS will follow the same placement. There should be NO ILL patients waiting in Ambulance, they will go direct to bed or the respiratory section of the main waiting room.
**TMH ED Work Flow for Placement of Patients with Fever, Cough, Sore Throat, Shortness of Breath**

**Place Surgical Mask On Patient Immediately**

- Determine if possible PUI based on High Risk Features*
- Determine Room Placement Based on Mild, Moderate or Severe Symptoms as Outlined Below Once Negative Pressure Rooms Are No Longer Available:
  - Place on Infectious Respiratory Side of Waiting Room** (if treatment room is not immediately available)
- If patient is a PUI, in any location, wear Maximum Precaution PPE and order Maximum Isolation Status.
- If patient has ILI, in any location, but is not a PUI, precautions are Contact/Droplet.

**Mild Symptoms**
- Normal pulse Ox
- Mild Cough
- Normal Work Of Breathing
- Cohort in Team 4, rooms 41 & 44
  - If PUI, move to room 45.

**Moderately Ill**
- Oxygen requirement
- Actively coughing in ED
- Mild increased Work of Breathing
- Room w/ Closed Door in Teams 1, 2 and 5

**Severely Ill/May Require Aerosol-Generating Procedure**
- Persistent Hypoxia
- Aerosol Generating Procedure
- Moderate-Severe Work of Breathing
- Negative Pressure Room***
  - Maximum Isolation

**High-Risk Features**
1. International or overnight domestic travel within past 14 days
2. Contact with confirmed or suspect COVID 19 patient within past 14 days
3. Any concerning historical, physical exam or imaging findings.

**Waiting Rooms**
- Walk-In: Resp pts to side with no bathroom; Non-Resp pts to side with BR
- EMS: As you enter through the double doors, Resp pts go to the left, Non-Resp pts to the right

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**Arrival of PUI**

**Pre-notified**

Note: Family members will be asked to leave upon arrival. If the patient is a child, family members will be allowed to go into the negative pressure room with the patient. Any family wishing to stay with the patient should be cohorted in the room with the patient. That family member should be notified that he/she will not be able to use other hospital resources – bathroom, water, cafeteria – and not be able to travel with the patient to tests.

The Lifespan affiliate that will be caring for the patient will be notified by Express Care/Infectious Disease/DOH that a PUI is coming to the hospital. Express Care/DOH will instruct them to mask the patient and have the patient perform hand hygiene. Express Care/DOH will notify the Charge RN in the Emergency Department that a PUI is coming to their department (HCH 4-4900) (RIH 4-9291) (TMH 793-2500) (NPT 845-1120) and to have a negative-pressure room empty and ready to receive the patient. Express care will give direction to the patient or outside facility to have the patient arrive at the front entrance of the Emergency Department, where they will be greeted by an RN who will make sure the patient is masked, and escort them to an appropriate room for isolation. If room is not ready, the patient will wait in the car or ambulance. The Charge RN will meet the patient upon arrival at the entry...
point and confirm the patient's identity and apply a regular surgical mask to the patient. The RN will wear PPE gown, gloves, and mask.

The Emergency Department RN will notify the Attending, who will be caring for the patient in the Emergency Department.

Preferably the patient will be escorted through the ambulance entrance and placed directly into a prepared negative-pressure room.

When MedCom is notified by EMS that a suspected PUI is coming into the emergency department, they must ask for a recent travel history on the patient. It is important that EMS notifies the receiving department PRIOR to arrival if patient is receiving any aerosol-generating procedure. If so and if required (e.g., high flow O2, should be discussed with the ED doc to give permission to d/c aerosol-generating procedure before the patient leaves the ambulance and during transport into the ED).

*Each affiliate should have a designated holding area for unannounced patients and or patients who cannot stay in their car.

Once the patient has arrived in the room, the staff will apply PPE and arrive the patient in LifeChat (another staff member will hand the bracelet to RN in the room), place an ID bracelet on the patient, obtain VS and complete the triage assessment.

Best practice: Nurses and Physicians should try to enter the room together.

If interpreter services needed, use the interpreter on wheels exclusively.

The RN will place the patient on the monitor to get constant vital signs (to reduce in/out of the room).

Patient’s temperature will be taken by oral digital thermometer that is given to the patient to keep upon discharge. If the patient is capable, they can take their own temperature.

For now, we are restricting care of these patients to Attendings and Fellows. This may change if the number of patients significantly increase.

After the physician evaluation of the patient, a call to the RI DOH: 222-2577 (after hours call 276-8046) AND a call to Infection Control at 444-4773 (RIH) Newport 845-1557 (NPT) TMH infection control 3-4625 needs to be complete.

**Unexpected Arrival of a PUI**

When a walk-in patient arrives at the greeter's desk, and a travel history is positive; a mask is immediately provided to the patient and they are instructed to perform hand hygiene. It is the role of the greeter to place the patient in a negative pressure room.

The patient is brought immediately to a negative pressure room. If they are already occupied by other PUIs or other patients requiring airborne precautions, then mask the patient, place them in an exam room with a door and obtain a portable HEPA filter. To retrieve a HEPA filter, contact Central Services Department (CSD); RIH phone # 4-5531, at Newport 5-1622) TMH 3-2400.

The greeter notifies the Charge RN immediately.

The Charge RN will mobilize the team that will be caring for the patient. The team will put their PPE on.

The Charge RN preps the room and checks the cart by utilizing the checklist in this guide.

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The Emergency Department RN will notify the Attending, who will be caring for the patient in the Emergency Department.

Preferably the patient will be escorted through the ambulance entrance and placed directly into a prepared negative pressure room. There should be a 6-foot invisible bubble around the patient as they travel through the department.

Once the patient has arrived in the room, the staff will apply PPE and arrive the patient in LifeChat (another staff member will hand the bracelet to RN in the room), place an ID bracelet on the patient, obtain VS and complete the triage assessment.

Best practice: Nurses and Physicians should try to enter the room- together.

The RN will place the patient on the monitor to get constant vital signs (to reduce in/out of the room)

Ensure that you have a correct parent/patient phone number so that additional communication can take place over the phone while in the ED.

Registration of Patients

Registration of the patient will be done remotely; registration is not fitted for N-95 respirator. Registration can call the patient's cell phone, or the RN can relay information.

Lab Specimens

All Lab collections are a two-person job. One person obtains the sample wearing PPE. A second person stands outside the room with a biohazard bag, wearing gloves.

The staff member with the specimen will drop it into the open bag held by the second provider. The second provider seals the bag, and hand delivers the specimen to the microbiology lab at their hospital. The microbiology lab will coordinate the specimen getting to the Department of Health.

NO LABS COLLECTED ON A PUI CAN GO IN THE PNEUMATIC TUBE

Sample to COVID-19 test:
Swab the nasopharynx and place it in a viral culture tube. Universal Viral Transport (RPP)
Send the PUI/order form put out by the DOH, included in the COVID-19 testing kit. The lab will place the order appropriately.
## COVID-19 Testing for Symptomatic People

**Most common symptoms:** Fever, Cough, Shortness of breath  
**Others possible symptoms:** Runny nose, Sore throat, Body aches, Diarrhea

**YOU DO NOT NEED RIDOH PERMISSION TO ORDER A COVID 19 TEST**

<table>
<thead>
<tr>
<th>RI State Lab Testing</th>
<th>Hospital Lab or Commercial Lab Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax COVID-19 Order Form</td>
<td></td>
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</tbody>
</table>

### COVID-19 Risk Factors

<table>
<thead>
<tr>
<th>Symptoms + ANY:</th>
<th>Anyone with symptoms, including (but not limited to) those with:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Hospitalized patient</td>
<td>• Chronic illness (e.g. heart, lungs, diabetes)</td>
</tr>
<tr>
<td>• Healthcare Worker, EMS</td>
<td>• Immunocompromised</td>
</tr>
<tr>
<td>• Nursing home resident, congregate living setting</td>
<td>• Travel within 14 days prior to symptom onset</td>
</tr>
<tr>
<td></td>
<td>• International travel/cruise</td>
</tr>
<tr>
<td></td>
<td>• Any domestic air travel</td>
</tr>
<tr>
<td></td>
<td>• Any domestic travel (i.e. by car) to communities with widespread transmission</td>
</tr>
<tr>
<td></td>
<td>• Close contact of positive COVID-19 case (14 days prior to symptom onset)</td>
</tr>
<tr>
<td></td>
<td>• Attendee of mass gathering with positive COVID-19 case(s) (14 days prior to symptom onset)</td>
</tr>
</tbody>
</table>

### How to Order

<table>
<thead>
<tr>
<th>For ED or Hospital patient</th>
<th>For ED or Hospital patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Obtain nasopharyngeal (NP) specimen</td>
<td>• Obtain nasopharyngeal (NP) specimen</td>
</tr>
<tr>
<td>• Send specimen Stat to RI State Lab (RISL)</td>
<td>• Send specimen to hospital or commercial lab of choice</td>
</tr>
<tr>
<td>• Fax COVID19 Test Order Form to: 401-222-4572</td>
<td></td>
</tr>
</tbody>
</table>

**GIVE PUI INSTRUCTIONS. PATIENT MUST ISOLATE PENDING TEST RESULT.**

### Lab

| Rhode Island State Lab | Hospital Lab, Commercial Lab |

### COVID-19 Positive Results

| RI State Lab will report results to ordering provider and RI Department of Health will inform patient of positive results | Providers and laboratories must report COVID-19 positive results to RIDOH immediately: 401-222-2577 8:30 am to 4:30 pm 401-276-8046 after hours |

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Transport of PUI

***************************Only transport a patient if necessary***************************

Transport to Radiology

X-Ray: Obtain portable film if necessary

CT-scan: Please notify CT that a PUI is coming

(CT has an operating procedure for patients requiring negative pressure)

Transport for admitted patients

Patients on aerosolizing respiratory treatments (High-Flow Nasal Cannula, BIPAP, CPAP, non-rebreather O2) CANNOT be transported on these interventions. If you can safely stop this intervention for transport, then the patient can be transported. If not, consider a higher level of respiratory management and contact infection control.

Intubated patients can travel to the receiving unit with the appropriate filter on the ventilator.

Discharge process

Keep the mask on the patient.

Minimize their touching of surfaces (doors, wall, lights).

Travel through the least congested space (ambulance entrance preferred) Staff should wear their N95 respirator

Provide patient with school/work note

Provide patient/parent with RI DOH phone contact number: 222-2577

Proper cleaning of patient care rooms post discharge

Environmental Services: All rooms that have had a patient on Maximum Precautions need to be terminally cleaned. In the Emergency Department after discharge, the Housekeeping team cleans the entirety of the items in the room with exception of patient equipment and machines. Staff will thoroughly clean the stretcher, high-touch surface areas and wires coming from the head wall. All other items will be wiped down with Bleach wipes per policy.

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Lifespan Algorithm to Assess Adult & Pediatric Patients in the ED with any symptoms suggestive of respiratory viral infection (cough, or fever, or sore throat, or shortness of breath [they may have associated nausea, vomiting, or diarrhea])

Patient should put on mask, if unable to do so ask to cover their mouth with facial tissue, then clean hands with Purell if outpatient setting, see outpatient algorithm link below


High Risk Contact with confirmed or suspected COVID19 (+) patient or hospital admission likely, then Initiate Maximum Isolation Precautions (N95 respirator, eye protection, disposable gown & gloves)

Anyone Else with symptoms of respiratory viral infection

Initiate Droplet & Contact Precautions (regular mask, eye protection, gown & gloves)

Aerosol-generating procedure for any patient requires negative-pressure room with Maximum Isolation Precautions

CAPR if available (N95/face shield if CAPR not available), gown, gloves

Wear N95 respirator, eye protection, gown/gloves to obtain NP swab specimen

If hospital admission highly likely

Initiate Maximum Precautions

Use NP swab, fill out PUI form, NP swab to micro lab. If testing done by micro lab then order RPP & COVID19 testing; if testing done at DOH, call DOH 222-2577 (after hrs 276-8046) for COVID19 testing authorization (not required for HCH ED at this time)

RPP negative, COVID-19 results negative

Known contact with confirmed COVID-19 patient in last 14 days

No

Discontinue Maximum Precautions, initiate Contact & Droplet Isolation Precautions (noted below)*

Yes

RPP positive, COVID-19 results negative

COVID-19 results positive

RPP positive, COVID-19 results pending

RPP negative, COVID-19 results pending

Continue Maximum Isolation Precautions

Maximum Isolation Precautions until discontinued by Infection Control

*For IPD: Patients with symptoms suggestive of respiratory viral infection who require hospitalization and who have positive testing for influenza (e.g., positive rapid flu testing or positive RPP for flu) should be in a private room; if cohorting necessary, cohort with a patient who has positive testing for influenza. Patients with influenza or other human respiratory viruses detected on positive RPP should remain an isolation precautions until 7 days after onset of symptoms or until 24 hours after fever and respiratory symptoms have resolved, whichever is longer. For discontinuing precautions in patients with influenza or human respiratory viruses detected on positive RPP in whom it is difficult to determine if symptoms due to viral infection have resolved (e.g., concomitant reactive airway disease or who remain intubated), obtain an RPP (or rapid influenza testing if had influenza), if negative, remove from isolation, if positive, contact infection control dept to discuss discontinuation of isolation precautions.
Additional information and resources

- If you are a Lifespan or community provider with a COVID-19 related question, call the Lifespan 24-hour hotline and staff can help find you the answer.

  **COVID-19 hotline: 401-606-2245**

- If you are a staff member with an urgent operational question in need of leadership decision-making, call the Incident Command Center hotline: 444-9041.