

POLICY & PROCEDURE

BLYTHEDALE CHILDREN'S HOSPITAL

SUBJECT: Coronavirus: COVID-19	
DEPARTMENT: INFECTION PREVENTION	CODE #: IC 2.9
EFFECTIVE DATE: March 4, 2020	PAGE 1 OF 5
REVISED DATE: September 3, 2020	APPROVED BY: AnnMarie Vigorito, CIC Scott Klein, MD, CMO
SUPERSEDES: June 4, 2020	TITLE: Director Infection Prevention

POLICY:

Surveillance is conducted to identify community patterns and patients/residents who may have been exposed to or are symptomatic with Coronavirus: COVID-19.

SCOPE:

This policy applies to both Blythedale Children's Hospital and the Steven and Alexandra Cohen Pediatric Long Term Care Pavilion.

DEFINITION:

Person Under Investigation (PUI): an individual who has traveled from a country with a COVID-19 travel restriction within 14 days of presenting to the hospital with symptoms of a lower respiratory infection (cough, fever, Shortness of breath), a person who has been in contact with a known case of COVID-19 or any individual with severe lower respiratory illness without another diagnosis.

PROCEDURE:

NYS DOH COVID-19 Hotline: 1-888-364-3065

Westchester County DOH COVID-19 Hotline: 1-866-588-0195

Symptoms of Coronavirus (COVID-19) include:

- Cough
- Shortness of breath (SOB) or difficulty breathing

Or at least two of the following:

- Fever
- Chills / repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste and/or smell

Symptoms may appear 2-14 days after exposure to the virus.

1. The Director of Infection Prevention will report a suspected case / outbreak or exposure to the Chief Operating Officer / Chief Medical Officer.
2. The Director of Infection Prevention / Designee will notify via telephone the NYS Department of Health and the Westchester County DOH to report a suspected case / exposure:
 - **WCDOH: 914-813-5159 (Monday to Friday 8:30 – 4:30)**
 - **WCDOH: 914-813-5000 (After hours / weekends)**
3. Exposed patients / residents will be identified and monitored for symptoms.
4. Testing and specimen collection at a clinically appropriate time is required for all patients/residents identified as exposed. All Health Department recommendations/regulations are followed.
5. All staff must adhere to Hand Hygiene policy
6. Standard Precautions apply to the care of all patients / residents regardless of their diagnosis / infection. Droplet / Contact Precautions with eye protection are required for COVID-19.
7. Employee Health will identify and monitor employees with possible exposure. Any employee who has had an exposure will be instructed to self-monitor for symptoms and may be furloughed for the incubation period (14 days).
8. DOH regulations regarding quarantine of employees will be followed.
 - a. Hospital employees with laboratory confirmed COVID-19 or with symptoms consistent with COVID-19 may return to work, at a minimum, ten days after the onset of symptoms and must be afebrile for 24 hours without the use of anti-pyretic medication. Masks are required upon return to work.
 - b. On the LTC Unit employees with symptoms consistent with COVID-19 and/or a positive COVID-19 PCR test are furloughed for 14 days. This includes those individuals without symptoms. A negative test is required prior to returning to duty.

Visitor access / movement in facility:

1. Visitor restriction may be implemented to minimize external access to patients and residents.
2. Visitor screening for symptoms of respiratory illness at building entrance may be implemented.
3. Screening of all staff for symptoms of respiratory illness at building entrance may be implemented.
4. Group activities may be cancelled in the event of widespread community illness.

Identification / Evaluation of PUI:

Patients / Residents with fever and/or symptoms consistent with a respiratory illness will be tested for respiratory viruses. If any one of these tests are positive routine procedures for Droplet or Droplet / Contact Precautions are followed. If no other source of infection can be identified testing for COVID-19 is warranted.

The recommendations for evaluating a person under investigation (PUI) are:

1. Any person who has had close contact with a laboratory confirmed COVID-19 patient within 14 days of symptom onset.
2. Any HCW who was not wearing appropriate PPE in contact with a confirmed COVID-19 patient within 14 days of symptom onset.
3. Travel history from any country/state under a COVID-19 travel advisory and becomes symptomatic within 14 days of return.

4. Any person with symptoms of respiratory infection where all other diagnoses have been ruled out.

Transmission Based Precautions:

1. Contact and Droplet Precautions with eye protection and an N95 mask is required. (refer to Transmission Based Precautions policy)
2. Access to rooms with patient/residents with suspected/exposed/confirmed COVID-19 is limited to Nursing Staff, Respiratory Therapy and Medical Staff.
3. All equipment must be dedicated or disposable.

Hand Hygiene (soap & water):

1. Standard Precautions apply to all patient / resident activity
 - Gloves: worn when touching blood / body fluids
 - Gowns: worn if there is the potential to splatter clothing with blood/ body fluids
 - Masks / face / eye protection: masks with face shield or mask and eye protection is worn if there is the potential to splatter face with blood / body fluids.
2. Hand Hygiene with soap and water before and after care.

Personal Protective Equipment (PPE)

Refer to procedure for donning and doffing PPE

All PPE is patient specific and must be changed between patients.

Donning PPE

Gowns:

- Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled.
- Remove and discard the gown in a dedicated container for waste or before leaving the patient room or care area.
- Gowns should be discarded after use.

Mask / Eye protection:

- Put on mask / eye protection (i.e., goggles or a disposable mask / face shield that covers the front and sides of the face) upon entry to the patient room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- Masks may need to be changed frequently if there is an extended period of time in the room.
- Remove mask / eye protection before leaving the patient room or care area.
- Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.

Gloves:

- Put on clean, non-sterile gloves upon entry into the patient room or care area.
- Change gloves if they become torn or heavily contaminated.
- Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene

Doffing PPE

- Gloves are removed first
- After gloves removed, peel off gown rolling inside out and discard.
- After leaving room remove mask using ties. (do not touch front of mask)

Patient Placement / Disposition:

1. Patients or residents suspected to be infected may require transfer to an acute care facility and a higher level of care.

If transfer is not necessary or possible:

2. A patient/resident with known or suspected COVID-19 is placed in an available single-person room with the **door closed**. The patient/resident should have a dedicated bathroom.
3. Visiting will be limited.
4. Patients / Residents with confirmed COVID-19 can be cohorted in the same room.
5. Staff designated to care for patients/residents with COVID-19 are not assigned to care for other patients as staffing permits. If staff cohorting cannot be accomplished, then cares should be bundled to prevent cross contamination (care for non-infected before infected).
6. Staff entry to room will be limited to essential caregivers.
7. Do not cohort patients/residents with other respiratory illness with a patient/resident who is positive for COVID-19
This would include diagnosis with the 4 common strains of coronavirus.
8. Testing / procedures to the extent possible are performed in the room.
9. Patients / Residents are dedicated to their room for the duration of illness. Transport and movement outside the room is limited. Medically necessary movement outside the room would require the patient / resident to wear a mask.
10. Once discharged or precautions discontinued the room is left vacant for 2 hours. After which Environmental Service Personnel can perform the terminal cleaning process as per EVS procedures including use of ultraviolet disinfection.

Roommate of Confirmed Patient with COVID-19

1. The roommate of a confirmed positive child is considered exposed and will remain on Droplet / Contact Precautions for a 14-day period of time.
2. Should this patient become symptomatic, all procedures for Patients with confirmed COVID will be followed.

Aerosol Generating Procedures:

Aerosol generating procedures at the hospital include: open suctioning and cough assist

1. Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., open suctioning of airways) should be performed cautiously and avoided if possible.
2. Closed suction should be used for all patients on ventilators who are confirmed positive.

If performed, the following should occur:

1. Health Care Worker(s) in the room wear an N95 mask, eye protection, gloves, and a gown.
2. The number of HCW present during the procedure should be limited to only those essential for patient care and procedure support.
3. Visitors should not be present for the procedure.
4. Clean and disinfect room surfaces as per EVS procedures.

Specimen Collection:

1. A nasal-pharyngeal swab in the viral transport medium or sterile saline is required. Refrigerate specimen (35 to 46 degrees).
2. Appropriate PPE is donned: facemask, eye protection, gown and gloves.
3. Only essential personnel should be present in the room for specimen collection.

NP Swab Collection:

- Insert the flocked swab with through the nostril parallel to the palate (not upwards) until resistance is encountered or the distance is equivalent to that from the ear to the nostril of the patient, indicating contact with the nasopharynx. (Swab should reach depth equal to distance from nostrils to outer opening of the ear).
- Gently rub and roll the swab. Leave swab in place for several seconds to absorb secretions.
- Slowly remove swab while rotating it.
- Specimens can be collected from both sides using the same swab if the swab is not saturated with fluid from the first collection.
- If a deviated septum or blockage create difficulty in obtaining the specimen from one nostril, use the same swab to obtain the specimen from the other nostril.

Discontinuation of Precautions for Patients Exposed / Confirmed COVID-19:

The following criteria are used to discontinue precautions for patients/residents with mild to moderate COVID-19 infection who are not severely immunocompromised:

1. It must be at least 10 days from the initial positive test.
2. Resolution of fever for 24 hours without the use of antipyretic medication.
3. Improvement in other symptoms (cough, pneumonia resolution).
4. Re-testing is not recommended for asymptomatic individuals within 3 months of initial infection.
5. The above criteria apply to those individuals with positive COVID tests who are asymptomatic.

The following criteria are used to discontinue precautions for patients/residents with severe to critical COVID-19 infection who are severely immunocompromised:

6. It must be at least 10 days and up to 20 days from the initial positive test.
7. Resolution of fever for 24 hours without the use of antipyretic medication.
8. Improvement in other symptoms (cough, pneumonia resolution).

The following criteria are used to discontinue precautions for patients/residents with COVID-19 exposure:

1. It must be 14 days from the date of the identified exposure.
2. They must be asymptomatic.
3. COVID testing was completed at a clinically appropriate time after the exposure.
4. Collected COVID test is documented and negative.

REFERENCE: www.cdc.gov/coronavirus