



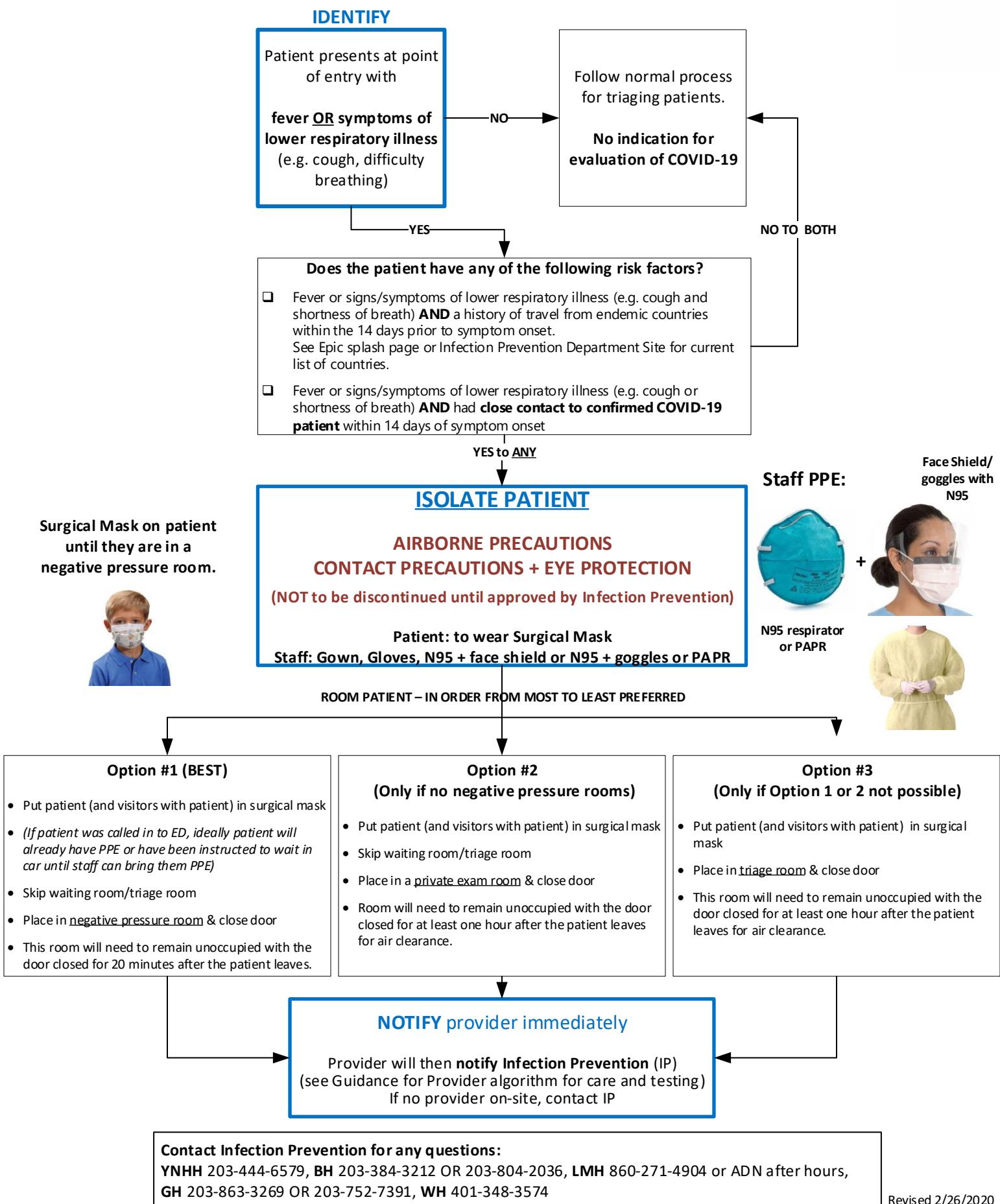
COVID-19 Tool Kit

February 27, 2020

Point of Entry Guidance for Identifying Novel Coronavirus (COVID-19):

Scope: Emergency Departments. RN to perform Epic travel screening at Triage.

Yale
New Haven
Health



Novel Coronavirus (COVID-19) Testing Guidance for Providers

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Patient has already been identified at point of entry (see Point of Entry algorithm) as symptomatic and at risk for COVID-19

(Patient is already on Airborne + Contact Precautions + eye protection)

Follow steps below for testing

Provide supportive care

- 1. Hospital licensed sites are to notify Infection Prevention. See contact numbers below.
Patient's are NOT to be removed from isolation until approved by Infection Prevention. DPH's recommendations to test or isolate does NOT dictate isolation protocols within our facilities.
- 2. Please call the Department of Health for testing approval. CT: 860-509-7994, after hours 860-509-8000, RI: 401-222-2577 NY: 914-813-5159, after hours 914-813-5000
- 3. Complete a COVID-19 patient under investigation (PUI) form. Available on Infection Prevention's departmental intranet site, Epic splash page, link in order panel or CDC Website: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf>
- 4. In Epic order the panel for: COVID-19
- 5. Specimens are only to be collected in an airborne infection isolation room (negative pressure). Collect the following specimens:
 - **3 red top viral media tubes** (pictured below) will be collected.
 1. Use the **thin swab for nasopharyngeal swab** for Rapid Influenza and Respiratory Virus PCR Panel. Place EPIC generated label on vial.
 2. Use the **thin swab for nasopharyngeal swab** for 2019-nCoV testing. Place EPIC generated label on vial.
 3. Use the **thick swab for throat/oropharyngeal swab** for 2019-nCoV testing. Place EPIC generated label on vial.
 - Sputum (BAL, tracheal aspirate or sputum) – if able to obtain be sure to check the box in the order panel.
- 6. **Hand carry ALL respiratory specimens (even if testing for other viruses, i.e. rapid flu)** to the Virology/Microbiology lab to prevent leaking in the pneumatic tube system.
- 7. Disposition:
Patient is admitted to an airborne infection isolation room (negative pressure) OR discharge as coordinated with DPH.

YNHH Virology Collection Swabs

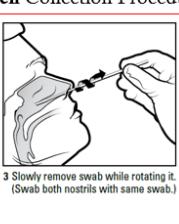
Universal Viral Transport Media (UTM) kit

Only 1 swab is required per collection site.

Rigid shaft regular tip flocked swab is intended for sites such as throat, saliva or skin lesions



Flexible shaft minitip flocked swabs intended for nasopharynx



Microbiology e-swabs are not acceptable for viral testing.

Contact Infection Prevention for any questions:

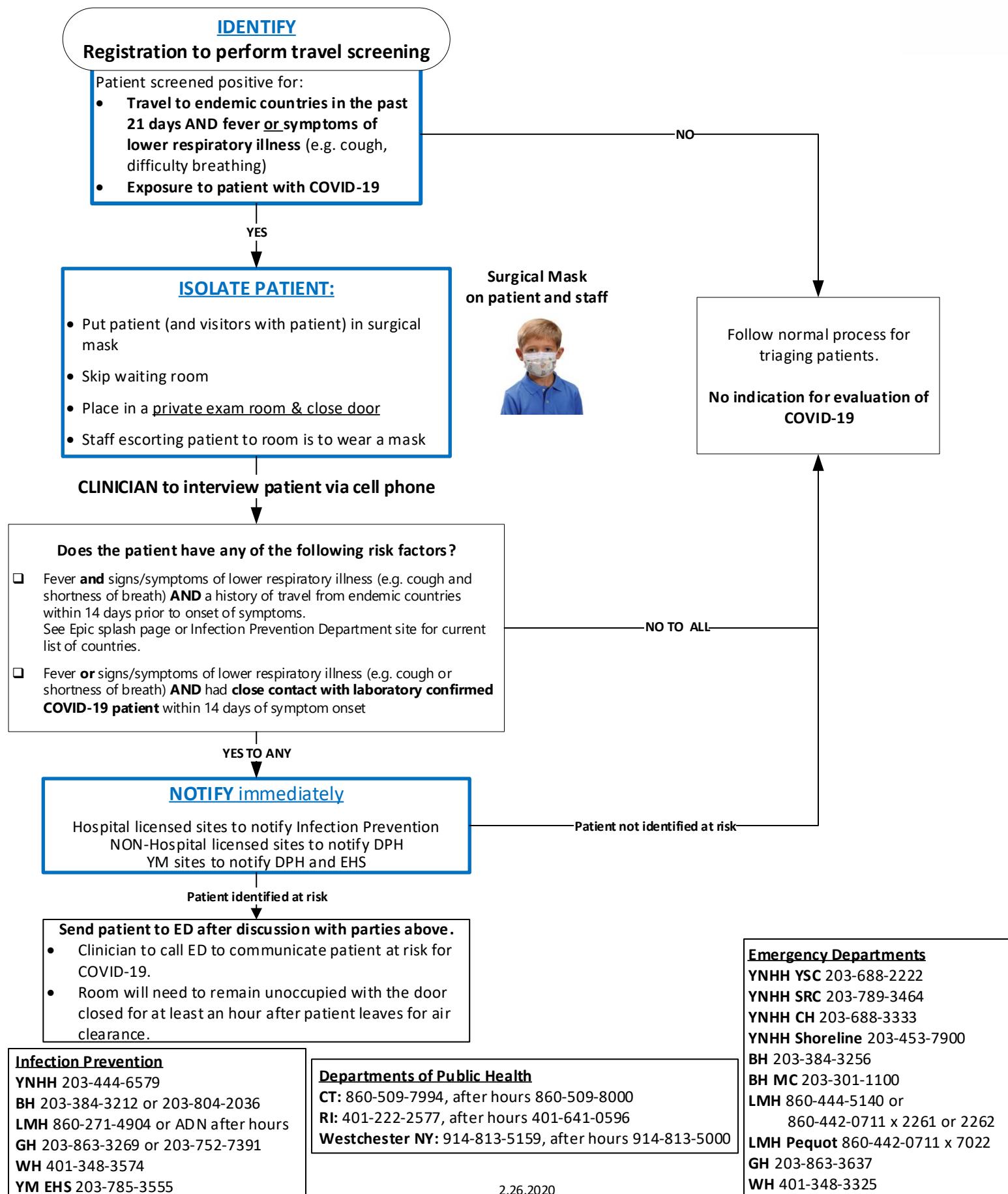
YNHH 203-444-6579
BH 475-248-6263 OR 203-804-2036
LMH 860-271-4904 or ADN after hours
GH 203-863-3269 OR 203-752-7391
WH 401-348-3574
YM EHS 203-785-3555

Point of Entry Guidance for 2019 Coronavirus Disease (COVID-19) Management

Scope: Outpatient locations that DO NOT have a Negative Pressure (AIIR) room

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Ensure signage is posted at the main entrance: Universal Respiratory Etiquette sign along with Travel Signage



What are Coronaviruses?

Coronaviruses are a group of viruses that are common in both humans and animals that usually cause mild to moderate respiratory illnesses.

The source of the COVID-19 is suspected to be animals in an open air market and is possibly a previously unrecognized bat coronavirus. It appears to cause a more severe illness progressing to pneumonia.

This is a rapidly evolving situation. More is being learned about this new virus every day and updates are available on the CDC website.

What are the symptoms of Coronavirus infection?

Common human coronaviruses usually cause mild to moderate upper-respiratory tract illnesses, like the common cold. Zoonotic coronaviruses, originally from bats (e.g., MERS-CoV, SARS-CoV), can cause more severe and often progress to pneumonia and have a high mortality rate.

How is the COVID-19 diagnosed?

CDC will make testing available if patient has symptoms and meets their criteria for travel to an endemic area or the patient has had contact with someone who has laboratory confirmed COVID-19 disease.

If a patient has travelled to internationally to endemic area and has symptoms of acute respiratory tract infection, immediately mask patient and those accompanying the patient, place in an airborne isolation room (AIIR), and contact Infection Prevention (IP). If an AIIR is not available, place patient in an exam room with the door closed and the patient is to remain masked. IP will provide guidance on the safe care, testing and disposition of the patient.

A list of endemic countries is listed on the Epic splash page and Infection Prevention (IP) departmental site.

Order:

In Epic order the panel for: **COVID-19**

Samples are to be **collected in an AIIR only** and the **respiratory specimens are to be hand carried to the lab**. Off-site locations can use their current courier service to send specimens to the hospital based laboratories.

Specimens to be collected are:

- 3 red top viral media tubes
 - Use the *thin swab for nasopharyngeal swab* for Rapid Influenza and Respiratory Virus PCR Panel. Place EPIC generated label on vial.
 - Use the *thin swab for nasopharyngeal swab* for 2019-nCoV testing. Place EPIC label on vial.
 - Use the *thick swab for throat/oropharyngeal swab* for 2019-nCoV testing. Place EPIC label on vial.
- Sputum (BAL, tracheal aspirate or sputum) in a culture collection container. If able to obtain be sure to check the box in the order panel.
- Additional specimens may be necessary if the patient is a New York state resident.

The Virology/Microbiology Lab will send the specimens to the CDC for testing until the CT DPH/ RI DOH can institute on-site testing.

Note: The coronavirus testing performed at local laboratories does NOT identify the outbreak strain of coronavirus. The local labs cannot identify high pathogenicity coronaviruses (SARS, MERS, COVID-19) which are of zoonotic origin.

What if an asymptomatic patient presents for evaluation?

The DPH and CDC will only test patients who meet the defined criteria based on travel history and symptoms. Asymptomatic patients do not need to be isolated.

Infection Prevention may choose to isolate patients beyond DPH recommendations. Please contact IP before removing patients from isolation.

How can I protect myself in caring for these patients?

If a patient screens positive for respiratory symptoms and travel, they should be masked immediately and placed in a negative pressure, airborne infection isolation room (AIIR). The patient should be cared for using airborne and contact precautions. Staff are to wear a gown, gloves, N95 respirator (or PAPR) and eye protection. Careful hand hygiene is a must.

If an AIIR is not available, place the patient in a private room, keep the patient masked and the door closed. It is preferred that clinicians interview the patient via phone to assess if the patient is truly at risk. If the patient may be suspicious for COVID-19, they should be transferred to a site with an AIIR for care and testing.

What additional measures should be taken?

This is a newly identified virus we need to be extra cautious in precautions until we know more about this virus.

- As above, institute airborne and contact precautions, plus use of eye protection.
- Use strict hand hygiene practices.
- Use disposable patient equipment whenever possible.
- Disinfect reusable medical equipment with the hospital approved disinfectant wipes.
- Limit movement of the patient outside the patient's room.
- Testing, beyond blood work and respiratory testing, should be performed portably if possible or postponed until the patient is no longer infectious. If the patient must be transported, contact the receiving department and notify them of the precautions needed.
- Limit staff and visitors. Maintain a list of all persons entering the patient's room.

What should I do if I develop symptoms after caring for a patient with 2019-nCoV?

- Keep yourself at home. Do **NOT** report to work.
- Notify Occupational Health.
- If you need to seek care, you will need to be seen in a YNHHS Emergency Department (ED) where you will be evaluated in a negative pressure room. Call ahead to notify the ED that you are coming in to be evaluated for 2019-novel coronavirus. Don a mask and perform hand hygiene immediately upon arrival to the ED and inform them you have been exposed to 2019-novel coronavirus.

Where do I find the current documents and resources?

On the intranet Infection Prevention departmental site.

<http://dept.ynhh.org/infectionprevention/SitePages/Home.aspx>

How do I reach Infection Prevention?

YNHH	203-688-4634, after hours 203-444-6579
BH	203-384-3212
GH	203-863-3275
LMH	860-271-4904 or ADN after hours
WH	401-348-3574

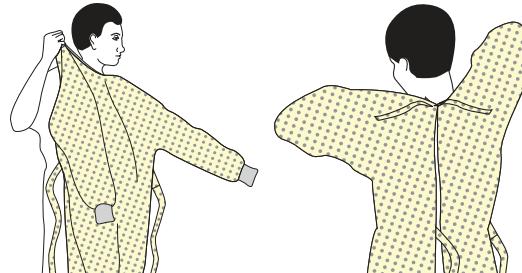
Revised 2/26/2020

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



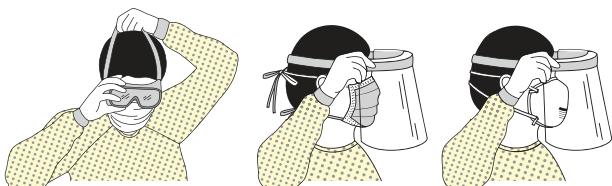
2. MASK OR RESPIRATOR

- 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



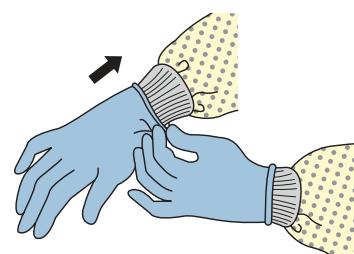
3. GOOGLES OR FACE SHIELD

- 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

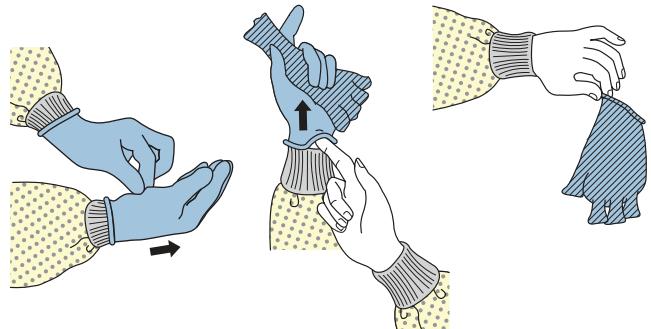


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



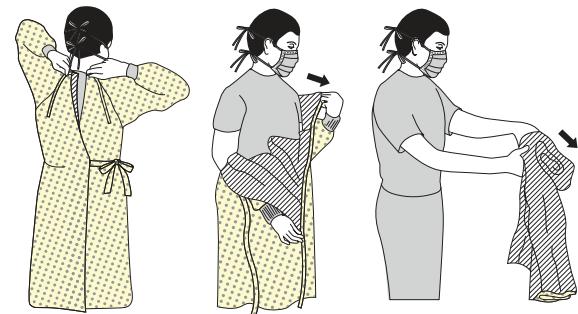
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



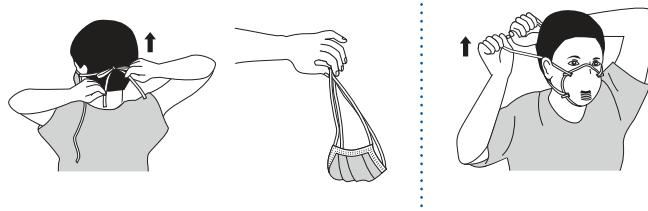
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

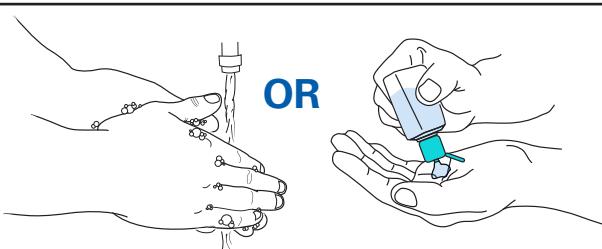


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**

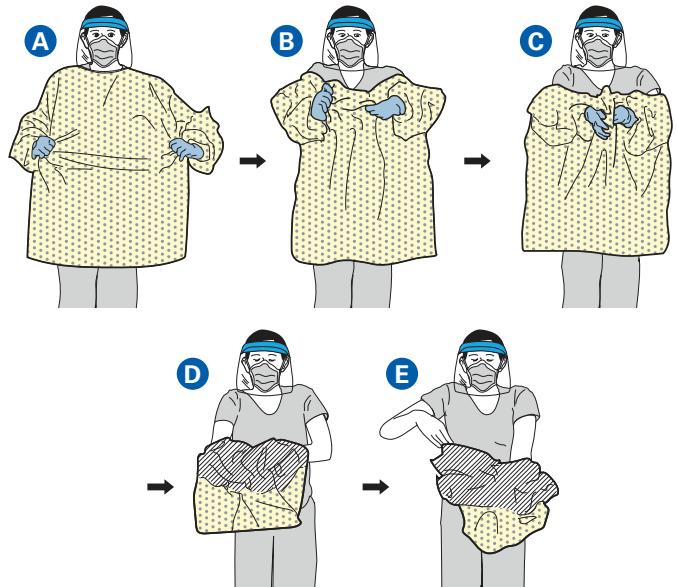


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



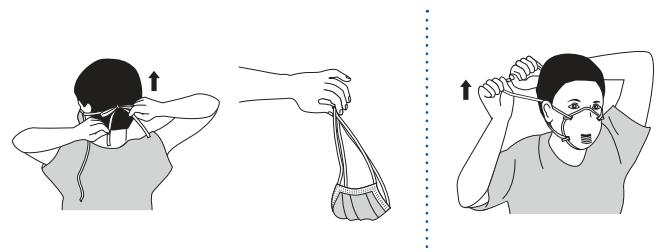
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

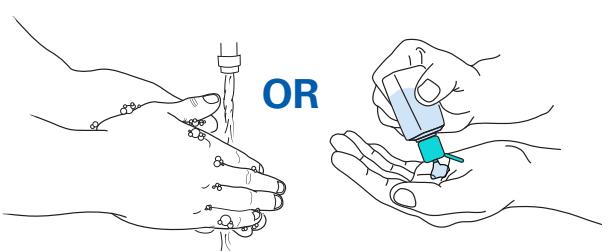


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**

