

COVID-19

Working Policy- Origination date: 3/12/2020



Information will be updated as this continues to evolve. Please try to stay informed and do not hesitate to ask questions.

At this time we are requesting No Visitors. Unless it is for the patient's wellbeing, send visitors home. If a visitor is warranted (parent of an underage child) keep a mask on the visitor.

ED

- During sick season while patients are in the ED the doors should remain closed.
- If a patient comes to the ED with any respiratory symptoms, **ask patient to place a mask on and to keep the mask on throughout their stay (or otherwise told)**. If time allows, ask the travel screening questions during triage. Shut doors of other ED rooms while bringing patient into ED.
 - **If a patient has respiratory symptoms and warrants a mask at the start of their visit, best to have the patient keep mask on throughout their entire ED stay to protect others. If the patient takes mask off, remind them to keep mask on. If patient refuses then protect yourself by wearing a mask.**
- If a patient comes via EMS, EMS should indicate to staff about the travel history and symptoms of patient. Isolate the same as an ambulatory patient.
 - Dispatch will reference #19 if the sick patient may meet qualifications for isolation precautions. This will alert EMS to wear proper PPE.
 - EMS will then call the hospital to give report. Patient will arrive at the hospital with a mask on (unless the mask affects the care of the patient).
 - ED nurse will meet EMS in bay to assist bringing in the patient.

The following *italicized information* is straight from KDHE and will be updated as KDHE is updated.

- ***Current Screening and recommendation for 14 day home quarantine for Kansas: Current travel states with known widespread community transmission (currently California, New York and Washington State) on or after March 15th (this is subject to change). Visited Eagle, Summit, Pitkin and Gunnison Counties in Colorado within the past week. Traveled on a cruise ship on or after March 15th. Traveled internationally on or after March 15th. Received notification from public health officials (state or local) that you are a close contact of a laboratory-confirmed case of COVID-19 (You should quarantine at home for 14 days since your last contact with the case). (Close contact is defined as someone who has been closer than 6 feet for more than 10 minutes while the patient is symptomatic).***
- ***Home Quarantine Guidelines***
 - *Those who are under home quarantine should not attend school, work or any other setting where they are not able to maintain at about a 6ft distance from other people.*
 - *If a person under quarantine develops symptoms of COVID-19 during their 14 day quarantine period, including a measured fever of 100.4 (F) or higher and lower*

respiratory symptoms like coughing or shortness of breath, they should contact their healthcare provider and tell them about their recent travel or other COVID-19 exposure.

- **Testing for COVID-19**

- *Healthcare providers should evaluate exposure history and symptoms and call KDHE if COVID-19 is suspected. COVID-19 testing requests can only be made by healthcare providers and local health departments.*
- *In counties with known community transmission, currently Johnson county, testing will be limited to people hospitalized with symptoms consistent with COVID-19. Johnson county residents with mild symptoms should isolate at home and away from others for at least seven days after symptoms started or for 72 hours after fever is gone without the use of fever reducing medications and symptoms have significantly improved, whichever is longer. Anyone with more severe symptoms should call their healthcare provider. Individuals who have mild symptoms should not expect to be tested at this time. Testing needs to be prioritized to the sickest patients who are seriously ill and require admission to the hospital. Excessive testing of patients with minor symptoms may put too much strain on laboratories and hospital resources. Since there is no treatment currently for COVID-19 testing patients with mild illness needs to be a lower priority.*
- *People who are currently being tested for COVID-19 should remain in home isolation, or hospital isolation if symptoms are severe enough to be hospitalized, until test results are available. If the test result is negative, isolation is no longer required. If test results are positive for COVID-19, the person must remain in isolation until release by public health.*

Patients who present with symptoms

- To improve the efficiency of COVID-19 testing at the KHEL, testing approval is no longer required. Healthcare providers must ensure that patients being tested for COVID-19 meet the current PUI definitions. Providers will need to complete the KDHE Coronavirus Disease 2019 Testing form (see below) form available at: www.kdheks.gov/coronavirus. Fax the completed forms to KDHE Epidemiology at 1-877-427-7318 and send a copy with the specimen to KHEL for testing. If the criteria is not met or the form is incomplete the specimen will NOT be tested for COVID-19. **AGAIN patients with mild symptoms should not be tested.**
 - Please follow the attached PUI guidelines. Patients must meet the criteria outlined in the form or specimen will not be tested. KDHE is encouraging healthcare providers to use commercial labs if they are able to do so.
 - If patients PUI screen is positive **Contact KDHE Epidemiology Hotline at 1-877-427-7317 immediately (open 24 hours a day)**, also notify Dickinson County Health Department at 785-263-4179.
 - Keep patient isolated; preferably in ED 1. ED1 door should remain shut. Entering the room through ED 1 dressing room entrance to don PPE and going through curtain into ED 1. (If more than one patient, isolate patient into a room without them going to waiting room. If patients come in together keep them in the same room,
 - **Staff should be kept to a minimum in the room (i.e. ED staff RN should be collecting labs and lab staff not enter room).**

- AGAIN Restrict visitors. Unless it is for the patient's wellbeing, send visitors home. Keep mask on visitor as well.
- People who are currently being tested for COVID-19 should remain in home isolation, or hospital isolation if symptoms are severe enough to be hospitalized, until test results are available. If the test result is negative, isolation is no longer required. If test results are positive for COVID-19, the person must remain in isolation until released by public health.
 - If patient has a positive COVID-19 complete the Dickinson County Health Department: Potential Contact exposure information form.
 - If patient is determined stable to go home Notify KDHE and follow CDC guidelines for home isolation (see below) visit; www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html for printer friendly copy.
 - If patient is needing hospitalization, notify IP/CNO and place patient in Negative air isolation room 122. (See inpatient information below) if 122 is being occupied room 112 and 113 will also be set up for negative air.
 - If patient is needing high level of care, make transfer arrangements and communicate that patient is a PUI with receiving facility as well as transport.
- If there is a surge of patients, the hospital incident command center will be activated and staff will follow their direction on triage and isolation.
- Remember to protect yourself with proper PPE.
- **MASKING THE PATIENT AND GOOD HAND HYGIENE IS KEY TO HELPING PREVENT THE SPREAD!!!**
- Once patient is out of the room(s); Room will be cleaned with approved cleaning product.

Herington Area Health Clinic:

- **During the Flu and cold season patients will be screened for respiratory symptoms and directed to the Flu and cold clinic waiting area.**
- If a screening is positive (see below table), unless patient is stable follow above directions for calling KDHE for testing while keeping the patient isolated in the clinic. Keep a mask on the patient. Clinic staff to remain at a minimum in the room and proper PPE is to be used.
- If patient is unstable and needing to go to ED for treatment, please isolate patient in clinic and call ED staff to allow them to prepare room. Escort patient with a mask on directly to room once ED staff lets clinic staff know when room is ready.

Current PPE guidelines are:

Gown, Gloves, Goggles and Respiratory (Fit tested N95 or a PAPR hood)

Please contact IP if questions on Donning and Doffing of PPE

Inpatient Unit:

- If a patient is needing to be admitted who has met testing criteria for the COVID-19 virus the patient will be taken into room 122 negative air isolation room. Room 122 door will remain closed, minimizing staff exposure. Staff will enter room 122 through the isolation room (Donning of PPE will happen here).

- If the test comes back negative the patient will be moved to a regular room on the inpatient floor and placed in proper precautions for illness.
- If test comes back positive patient will remain in room 122 until patient is well enough to be discharged home. Patient will be provided with instructions for home isolation www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html
- During the isolation of a patient in room 122 another room will be set up as negative air to accommodate another potential patient. Rooms 112 and 113 are designated for Negative Air.

Go to website below for more information from KDHE: PUI and Public Health Management link

<http://www.kdheks.gov/coronavirus/index.htm>

Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19) *Updated February 12, 2020*

This interim guidance is for staff at local and state health departments, infection prevention and control professionals, and healthcare personnel who are coordinating the home care and isolation¹ of people with confirmed or suspected COVID-19 infection, including persons under investigation (see **Criteria to Guide Evaluation of Persons Under Investigation (PUI) for COVID-19**, in referenced resources). This includes patients evaluated in an outpatient setting who do not require hospitalization (i.e., patients who are medically stable and can receive care at home) or patients who are discharged home following a hospitalization with confirmed COVID-19.




In general, people should adhere to appropriate transmission-based isolation precautions until the risk of secondary transmission is thought to be low. Current information on COVID-19 is limited, thus home precautions should be conservative based on general recommendations for other coronaviruses, like Middle Eastern Respiratory Syndrome (MERS), and may last up to 14 days. This document does not apply to patients in healthcare settings. For interim healthcare infection prevention and control recommendations, see **Interim Infection Prevention and Control Recommendations for Patients with Known or Persons Under Investigation for Coronavirus Disease 2019 (COVID-19) in a Healthcare Setting** (in referenced resources). CDC will update this interim guidance as needed and as more information becomes available.

Assess the suitability of the residential setting for home care




In consultation with state or local health department staff, a healthcare professional should assess whether the residential setting is appropriate for home care. Considerations for care at home include whether:

- ☐ The patient is stable enough to receive care at home.
- ☐ Appropriate caregivers are available at home.
- ☐ There is a separate bedroom where the patient can recover without sharing immediate space with others.
- ☐ Resources for access to food and other necessities are available.
- ☐ The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene);
- ☐ There are household members who may be at increased risk of complications from COVID-19 infection (e.g., older people and people with severe chronic health conditions, such as heart disease, lung disease, and diabetes).

Provide guidance for precautions to implement during home care

A healthcare professional should  Provide CDC's **Interim Guidance for Preventing Coronavirus Disease 2019 (COVID-19) from Spreading to Others in Homes and Communities** (in referenced resources) to the patient, caregiver, and household members; and  Contact their state or local health department to discuss criteria for discontinuing any such measures. **Footnotes**  Isolation is defined as the separation or restriction of activities of an ill person with a contagious disease from those who are well.

Referenced resources

 Criteria to Guide Evaluation of Patients Under Investigation (PUI) for Coronavirus Disease 2019 (COVID-19): www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html  Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for Coronavirus Disease 2019 (COVID-19) in a Healthcare Setting: www.cdc.gov/coronavirus/2019-nCoV/infection-control.html  Interim Guidance for Preventing Coronavirus Disease 2019 (COVID-19) from Spreading to Others in Homes and Communities: www.cdc.gov/coronavirus/2019-ncov/guidance-prevent-spread.html Additional information on Interim Guidance for Healthcare Professionals on human infections with COVID-19 is available online at www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html