



Coronavirus 19 (COVID-19)

Infection Prevention Guidelines

As of March 18, 2020

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Useful Definitions

- Exposure means Close Contact with a laboratory confirmed case of COVID-19.
- PUI means patient under investigation for COVID-19. PUI are people who are sick and need testing for the virus OR are not sick and need close follow-up to see if they develop symptoms.
- Person with COVID-19 infection – person with COVID-19 virus detected in respiratory tract.

CLOSE CONTACT (EXPOSURE)

HOUSEHOLD CLOSE CONTACT:

Living in the same house (household contacts) or visiting with person with confirmed or suspected COVID-19.

OTHER CLOSE CONTACT:

Being within 6 feet (2 meters) of a confirmed or suspected COVID-19 case for a prolonged period of time (CDC). Examples of such close contact include kissing or hugging, sharing eating or drinking utensils, carpooling, close conversation, or performing a physical examination (relevant to health care providers). A prolonged close conversation is probably at least 10 minutes.

OR having direct contact with infectious secretions of a confirmed COVID-19 case (e.g., being coughed on) (CDC)

NOT CLOSE CONTACT (LOW RISK EXPOSURE):

Living in or travel from a city, country or other geographic area where there is documented person- to-person transmission (community spread) of confirmed COVID-19 carries a small risk.

This risk increases in areas of major community spread as listed by the CDC at www.cdc.gov/coronavirus. This is due to the increased chance of unknowingly experiencing close contact with a COVID-19 sick patient.

Being in the same school, church, workplace or building as one person with COVID-19 carries a small risk and depends on duration of contact and distance from person. This risk increases once sustained community spread occurs.

Procedures That Generate Aerosols

Intubation, cardiopulmonary resuscitation, aerosolized treatments, NP swab, nasal swabs, high flow nasal cannula oxygen, sputum induction, bronchoscopy, open tracheal suctioning, nasal tracheal suctioning, non-invasive ventilation, NG tube placement, mechanical ventilation by endotracheal tube.

Low or Widespread Infections in Community

General guidelines for ED, Placement Management, Hospital Clinics, and Hospital Practices

- **Triage questions**
 - Fever and/or respiratory symptoms
 - International or travel out of state? Where?
 - Contact with person with diagnosed or suspected COVID-19 infection
- With community spread, patients may not have history of travel or contact with person with COVID-19 or person being investigated for COVID-19 but this history should be obtained.
- PPE
- Measures will likely begin to limit patient ED and clinic visits for patients with mild respiratory symptoms. (See below for Hospital Clinics and Practices)
 - As diagnoses are made, the hospital will begin to limit visitors except for caregivers.
- Similar measures are recommended for Hospital Practices.
- Care instructions that may be helpful to parents (caregivers) for children with respiratory symptoms who are discharged see attached.

Low or Widespread Community Spread

Guidelines for the Emergency Department

- Triage for respiratory symptoms at guard station by trained staff member.
 - If patient has respiratory symptoms, patient and family member will be provided masks prior to ED entry.
 - Masks to be worn at all times while patient is in ED.
- If ED has prior communication with family or referring physician before coming to clinic, ED will ask family to limit those with patient to 1-2 family members only.
- Patient with respiratory symptoms and with history of contact others with diagnosed COVID-19 or severe symptoms, will be placed immediately in negative pressure room along with family members. Door to be kept closed at all times
- Patient with respiratory symptoms not requiring immediate care and family will be in separate waiting area in ED.
- Registration to be done by telephone for those placed in negative pressure room. (consider)
- Any health care personnel providing care to patient at with risk factor will wear PPE to include gown, gloves, face shields or goggles, and masks.
- Limit health care personnel entering room of patient at risk to those essential for patient care.
- Unless patient critically ill and requires procedures that generate aerosol, a procedural mask is recommended.
- For procedures that generate aerosols including intubation, suctioning, cardio-pulmonary resuscitation, using aerosolized medications, N-95 masks to be worn.
- All personnel participating in emergent procedures should wear full PPE. Limit those participating to those necessary.
- Keep log of all personnel entering room or participating in emergent procedure.
- Infection Prevention should be notified when patient with risk factors are identified.
- Obtain rapid influenza.
 - If rapid influenza is negative, obtain VRP.
 - If VRP is negative, COVID-19 assay may be indicated based on clinical symptoms and risk factors. If COVID-19 testing is available and performed at COA, the same specimen can be used.

- For testing done at Alabama Department of Health (ADPH), the ADPH online form is completed, specimen obtained (same method as for VRP but separate tube), place order (<https://epiweb.adph.state.al.us/redcap/surveys/?s=TATDDJ8Y88>) and complete the online automated consultation form. Will need to order using miscellaneous form (COVID-19 test) and send to main lab. The lab will send to ADPH.-At discharge, patient and family to wear masks until they exit the building.
 - If patient is discharged, provide instructions to patients at discharge based on ADPH instructions.
 - Results of tests to be provided to family by ED when available – usually within 24 hours for VRP).
 - Use usual disinfectants to clean exam room after patient discharged.
 - If rapid tests negative and VRP pending, person cleaning room to wear PPE.
 - No one should enter room after patient and family leave without PPE for at least 30 minutes.

Low or Widespread Community Spread

Guidelines for Hospital Clinics

- To limit patients with scheduled elective clinic visits with respiratory symptoms, the hospital is working on a process to send phone calls or text messages to all patients with scheduled appointments to reschedule visits when they are well.
- Telemedicine visits are also being utilized by some divisions or disciplines for patient visits.
- For patients who have respiratory symptoms but require scheduled clinic visit, the clinic will notify the family that patient and family member they will need to wear a mask on entry to the hospital. Patient and family member accompanying patient will wear mask while in the hospital.
- Family members accompanying patient should be kept to minimum.
- **If patients are seen in clinic please follow the below steps:**
 - If the patient is known as a possible COVID-19 test
 - The patient should be instructed to wear a mask into the facility.
 - If they do not have one the staff should meet them at the front door and provide the patient and family with a medical mask.
 - If the patient presents to clinic and based on travel questions and symptoms becomes a possible COVID-19 candidate, the patient should immediately be placed in a room and provided medical masks. **A negative pressure room is not required.**
- **At the time the decision is made to test:**
 - The physician will need to go to the Alabama Department of Health web site <http://www.alabamapublichealth.gov/>
 - Click: Request testing for COVID-19 if I am a healthcare provider
 - Next complete the consultation web form, the ADPH will send a confirmation email.
 - [Specimen collection and shipping guidance document](#)
 - This document will direct staff on collection.
 - The sample must be walked to lab and Lab staff notified that this is a possible COVID-19 sample.
 - The lab will process and send sample to ADPH.

Patient with respiratory symptoms arrives in clinic despite presumed cancelled visit

- Admitting clerk will ask about respiratory symptoms or travel by any family member at desk.
- If symptoms are present, masks will be placed immediately on patient and family member(s)
- Admitting clerk will notify clinic director immediately so the patient can be placed in a room and not allowed to wait in waiting room.
- Patient and family will be placed in a room with door closed.
- Clinician provider will be notified who will assess patient from door – remaining 6 feet from patient and limited time with door open.
- Limit hospital personnel entering room and all should wear PPE.

- Notify IP immediately.
- Consider testing including rapid influenza followed by VRP if negative.
- Results to be provided to be provided by provider to family.
- Family to wear mask until they have exited the hospital.

Low or Widespread Community Spread

Guidelines for Hospital General Pediatric Practices

- For scheduled appointments, call patients to reschedule if patient or accompanying caregiver (parent) has respiratory symptoms or recent exposure to person with COVID-19.
- If symptoms do not require medical care, reschedule patient.
- Consider scheduling well- child visits and patients without respiratory symptoms on different days from those with respiratory symptoms and/or fever.
- If unable to schedule on different days, patients with respiratory symptoms should wait in different waiting areas or well child visit could be scheduled in morning and sick child in evening.
- Consider if possible different entrances for patients with respiratory symptoms.
- Patients with respiratory symptoms should wear masks while in waiting rooms.
- Care providers should wear PPE for patients with respiratory symptoms while caring for patients with respiratory symptoms.
- Frequent hand washing for all personnel caring for patients.
- Evaluation – consider testing with rapid influenza and rapid RSV. If negative, consider VRP.
- Patients who are discharged should remain at home until results are provided.
- Instructions for care that may be helpful for parents can be found on the attachment (Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for COVID-19).

Inpatient Care COVID-19 Guidelines

- Place patient with diagnosed or suspected COVID-19 should be placed in negative pressure rooms if available. If there are no negative pressure rooms can be placed in a single room.
- N95 should be worn for aerosol generating procedures.
- Keep door closed at all times in either room.
- Patients with diagnosed or suspected COVID-19 should not be admitted to 8QB, SCTU, 8H, 9H, 10QB, or 4H. (Units with immunosuppressed patients) unless absolutely necessary. In the event of an influx decisions will be made on a cases by case basis.
- All staff providing care to patient with diagnosed or suspected COVID-19 should wear gown, gloves, medical masks, and eye shield during patient contact. For critically ill patients and those requiring procedures in which aerosols are generated, N-95 masks should be worn.
- Any procedure generating aerosols should be performed in negative pressure rooms.
- Limit hospital personnel providing care to those essential to both limit exposure and conserve PPE. In general, only the attending and one other clinician at most should see patients daily.
- Hand hygiene is essential and KEY to disrupting transmission.
- Soap and water or alcohol based solutions can be used for hand hygiene.
- Unit to keep log of all staff entering room of patient with COVID-19.
- Disposal or dedicated equipment to be used for patient.
- Transport of patient should be limited to essential purposes only.
- If patients are transported out of room, they should wear a mask.



- If transport personnel assist in moving patient to stretcher or wheelchair, they should wear PPE. If they do not assist with moving patient, PPE is not indicated.
- Visitors for patients are to be limited to immediate caregivers only, no siblings or extended family.
- Care givers should remain in patient room at all times except when entering or exiting the hospital. Then they will wear a mask.
- Dietary personnel will not enter rooms of patients. Meals for patient with diagnosed or suspected COVID-19 and their parent or caregiver will be delivered to unit.
- Blue phone or iPad to be used for all interpreter needs for suspected or diagnosed COVID-19 patients.
- Procedures that generate aerosols should be avoided. If necessary, they should be performed with extreme caution and in a negative pressure room. N-95 masks to be worn by persons performing or assisting with procedure
- For discontinuation of Isolation, Infection Prevention must be contacted.
- After discharge, EVS cleaning room must wear PPE including a mask.
- Any personnel entering patient room within 30 minutes after discharge must wear mask.
- All rooms with patient with COVID-19 must be cleaned with TRU-D after discharge.
- Staff should clean high touch areas in room once per shift.

Personal Protective Equipment (PPE)

[CDC Recommended Guidance on N95 Respirator Reuse and Extended Use During Outbreaks Document](#)

Please see grid below for recommended PPE for healthcare workers providing care to patients with COVID-19 or at risk for this infection because of fever and/or respiratory symptoms or contact with someone who has been diagnosed.

As of 3/17/20: the below is the most current recommendations for PPE in caring for COVID-19 patients

As stated above: if there is a negative pressure room available, admit patient to a negative pressure. If there is no negative pressure room or the patient is currently an inpatient a single room acceptable.

Healthcare workers	Providing direct care	Medical masks Gown Gloves Eye precautions
Respiratory, nurses, physicians	Aerosol -generating procedures I.E. intubation, bronchoscopy, treatments, collecting viral samples	N-95 Gown Gloves Eye precautions
EVS	Entering the room of COVID-19	Medical masks Gown Gloves Closed shoes
Visitors	Will be limited to immediate caregiver(s). No siblings or other visitors will be allowed	Medical masks when outside of patient room.
Laboratory	Manipulation of respiratory samples	Medical masks Gown Gloves Eye precautions (if risk of splash)

Adapted from WHO Rational Use of PPE for COVID-19.

Conservation of PPE

Because of shortages of PPE, including facemasks, gowns, and especially N-95 masks, it is critical that the hospital conserve use of these PPE. ALL hospitals receive only limited amounts of PPE now and this shortage is likely to continue. Hospital has not been able to obtain N-95 masks recently.

- N-95 masks are available in the ED and critical care areas but have been removed from other units.
- As needed on other units, please request N-95 masks from unit director.
- N-95 fit testing for healthcare personnel providing care for patient with COVID-19 can be requested from unit educator or at night from nursing supervisor if needed.
- Limit healthcare personnel in isolation rooms to essential staff only to conserve PPE and limit personnel exposure.
- Frequent hand washing is essential for protection.

Personal Protective Equipment



Gown



Gloves



N-95
Respirator



Face Shield



Procedural
Mask

PPE (continued)

Reuse or extended use of N-95 masks is recommended with depletion of stock. An explanation of these terms is provided below.

Extended use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several patients, without removing the respirator between patient encounters. Extended use may be implemented when multiple patients are infected with the same respiratory pathogen and patients are placed together in dedicated waiting rooms or hospital wards. Extended use has been recommended as an option for conserving respirators during previous respiratory pathogen outbreaks and pandemics

Reuse¹ refers to the practice of using the same N95 respirator for multiple encounters with patients but removing it ('doffing') after each encounter. The respirator is stored in between encounters to be put on again ('donned') prior to the next encounter with a patient. For pathogens in which contact transmission (e.g., fomites) is not a concern, non-emergency reuse has been practiced for decades.⁽⁷⁾ For example, for tuberculosis prevention, CDC recommends that a respirator classified as disposable can be reused by the same worker as long as it remains functional² and is used in accordance with local infection control procedures.⁽⁹⁾ Even when N95 respirator reuse is practiced or recommended, restrictions are in place which limit the number of times the same FFR is reused.



COVID-19 Infection Prevention Guidelines for Other Personnel.

- **Respiratory Therapy**
 - Should wear PPE to include gown, gloves, N-95 mask, and eye shield while obtaining nasal swab or oral swab for COVID-19 test or providing aerosol therapy.
 - Procedure for obtaining specimens for PPE is described elsewhere.
- **Laboratory personnel**
 - Labwork for patients at significant risk for COVID-19 (PUI or diagnosed) should generally be obtained by nursing or physicians providing care. If laboratory personnel obtain blood, they should wear PPE including gown, gloves, eye shield and masks.
 - Procedures for handling specimens in laboratory are shown under procedures for obtaining specimens for testing.
- **Environmental Staff**
 - EVS should wear PPE to include gown, gloves, mask, and eye shield while cleaning patient rooms.
 - Cleaning will continue as per normal protocol.
 - Trash is disposed in regular trash bins.
 - Linen should be handled in the same manner as other patients on isolation precautions.
 - High touch areas in hospital, including elevator buttons, stair railings, public bathrooms, door knobs should be cleaned with once each shift.
- **Dietary**
 - Meals and menus should be delivered to units for distribution to patients and their care providers on isolation for COVID-19.
 - Units will notify dietary workers which rooms they should not enter.
 - Gloves should be worn by dietary when picking up used trays.
- **Radiology**
 - Unless imaging requiring radiology suite is required, routine CXR and US should be performed in patient with COVID-19 or suspected COVID-19 room.
 - Radiology tech should wear PPE to include gown, glove, medical mask, and eye protection while in room.
 - X-ray equipment should be thoroughly cleaned after use and if possible, a dedicated unit should be available for patients with COVID-19.
- **Security**
 - Security guards in ED entrance should wear gloves when handling purses and other personal patient or family items.



Algorithms for Identification

**2020 Coronavirus (COVID-19) Algorithm
for identifying potential patients for testing
ED, Clinics, practices**

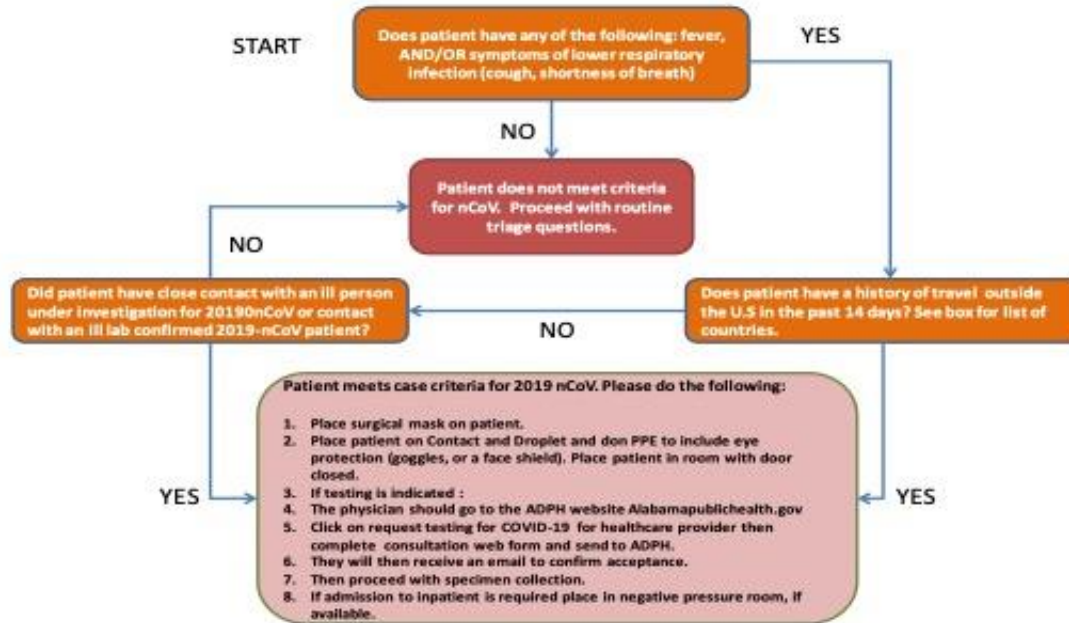


3/18/20
The list can change as other countries are added. Please check web site for updates
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/alter-travel-precautions.html>



Algorithms for Process for a Suspected Case

**2019 Coronavirus (COVID-19) Algorithm
ED, Clinics, practices**



3/18/20
Countries that have a Level 3 Travel Health Notice:
China
Iran
South Korea
United Kingdom Ireland
Europe (Schengen Area): Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City

The list can change as other countries are added. Please check web site for updates
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>