**COVID-19 Screening**
- See Appendix B: COVID-19 Screening and Retesting Guidelines for specific recommendations.
- All patients requiring hospital admission need a COVID-19 PCR test (with routine q2week screening on Mondays, if prolonged admission).
- Exceptions to testing:
  - Patient received within the prior 24 hours
  - Postive test in the prior 90 days
- Patients transferred, or admitted directly to inpatient units will have COVID-19 test sent by inpatient staff (patient to be on Special Precautions until result returns)
- Patient and caregivers must remain confined to room until COVID-19 PCR test results negative (caregivers may leave the hospital but must avoid use of shared spaces until test negative).
- If screening COVID-19 PCR test is positive (or test is negative but with high clinical suspicion of COVID-19), patient should be placed on Special Precautions.

**COVID-19 PPE**
- Please follow specific PPE recommendations for specialized areas:
  - See COVID-19 PPE policy on Intranet
  - If patient in ICU, see ICU specific COVID-19 policy
  - Caregivers must wear mask when leaving patient room, or when team member enters room
  - For quarantined patients (COVID-negative, exposed): Special precautions x14 days; consider discontinuing if asymptomatic and no new risk factors
  - For COVID positive patients: consider discontinuing special precautions (while still wearing surgical mask, eye protection, gloves per COVID-19 PPE policy) when following criteria met:
    - If never symptomatic (and remains asymptomatic): 10 days from first positive test (20 days if immunocompromised)
    - If symptomatic: still have for 24 hours without fever-reducing medications, AND symptom improvement AND 10 days since symptoms first appeared (20 days if immunocompromised or was severely ill with COVID-19).

**Respiratory Considerations**
- Must don N95 when caring for a patient with a trach, unless COVID-19 PCR negative in prior 2 weeks with no new symptoms/risk factors - see Aerosolized Procedures (Appendix E)
- See specific instructions for Respiratory Treatments

**If patient requires CODE or MET**
- Use designated code cart
- Keep door closed if possible
- Use electronic communication devices as able (code cart RN and Recorder RN)
- Only key personnel in room
- All personnel in room must wear full COVID-19 PPE

**DISCHARGE CRITERIA/INSTRUCTIONS**
- Clinically stable without supplemental O2 requirement, well hydrated without need for IVF
- Offer telemedicine visit with CT Children’s Infectious Disease and Immunology (call CT Children’s One Call 833-226-2362)
- Refer to COVID-19 Cardiology Return to Play Algorithm
- Ensure appropriate follow up with PCP arranged
- Ensure patient and family is quarantined at home per CDC/DPH recommendations
- CDC’s Guidance for Preventing Spread of COVID-19
- CDC’s Guidance for Discontinuing Home Quarantine
- CDC’s Guidance for Discontinuing Home Quarantine for Immunocompromised Individuals
INSTRUCTIONS FOR SENDING COVID-19 SPECIMEN

Hartford Hospital Specimen

- Specimens must be collected in a viral transport tube
  - Both BIOFIRE and COVID-19 specimens may be sent with 1 single swab (reserve respiratory BIOFIRE for critically ill patients)
- Place COVID-19 sample in a green irreplaceable biohazard bag
- Patient’s COVID-19 test requisition form (will have printed when COVID-19 test was ordered)
- Must hand carry sample to the HH Lab; DO NOT use the tube system
- When walking samples to Hartford Hospital, the staff member will only need to wear gloves for PPE. There is no need to don full PPE for sample transport.

LIAT Specimen

- Specimen must be collected in viral transport medium
- Label sample with barcoded patient demographic label that includes: the initials of the person collecting the sample, date and time of collection
- Patient sample should be placed in a green irreplaceable biohazard bag
- Must hand carry sample to COVID-19 specimen drop-off room (1C, room #1693) and fill out the log
- When walking samples to COVID-19 specimen drop-off room, the staff member will only need to wear gloves for PPE. There is no need to don full PPE for sample transport.
Screening for Admissions, Inpatients, and direct-to-OR from ED/Inpatient Units:

- **ALL** patients requiring hospital admission and urgent surgical procedures need a screening COVID-19 PCR test
  - If LIAT is available, utilize Appendix C: COVID-19 LIAT Testing Workflow
- **Exceptions to testing:**
  - Patient already tested within the prior 72 hours
    - **EXCEPTION:** if patient is newly symptomatic since the test, must retest
  - Positive test result in the patient in the prior 90 days to admission
    - Patient is no longer infectious (standard precautions; does not need Special Precautions) when the following timelines are met:
      - If never symptomatic: 10 days from first positive test (20 days if immunocompromised)
      - If initially symptomatic: afebrile for 24 hours without fever-reducing medications, AND symptom improvement, AND 10 days since symptoms first appeared (20 days if immunocompromised or was severely ill with COVID-19)
    - **EXCEPTION:** if patient is newly symptomatic within this 90 day period, must retest
- For ED patients requiring admission:
  - Screening test to be ordered and sent in the ED prior to transfer to floors or surgery
  - If LIAT is available, utilize Appendix C: COVID-19 LIAT Testing Workflow
    - Patient to stay in the ED until LIAT results
- For patients transferred or admitted directly to inpatient units:
  - Screening test to be sent by inpatient floor staff
  - Patient will be on Special Precautions Isolation until COVID-19 PCR test results negative
  - Patients and caregivers must remain confined in room until COVID-19 PCR test results negative (caregivers may leave the hospital but must avoid use of shared spaces until test is negative)
- If requiring surgical procedure:
  - Screening test sent by ED or inpatient floor staff prior to procedure
- For long-term patients requiring prolonged hospitalization:
  - Send repeat COVID-19 PCR screening every other Monday
  - See Appendix F: Aerosol Generating Procedures
- If initial COVID-19 PCR screen is POSITIVE (or test is negative but with high clinical suspicion of COVID-19):
  - Place patient on Special Precautions
  - Will require full utilization of COVID-19 PPE
Recommendations for repeat COVID-19 testing:

- If initial COVID-19 screening test is positive:
  - There is no indication to retest within the following 90 days from first positive test unless the patient becomes newly symptomatic
    - Patient is no longer infectious (standard precautions; does not need Special Precautions) when the following timelines are met:
      - *If never symptomatic:* 10 days from first positive test (20 days if immunocompromised or was severely ill with COVID-19)
      - *If symptomatic:* afebrile for 24 hours without fever-reducing medications, AND symptom improvement, AND 10 days since symptoms first appeared (20 days if immunocompromised or was severely ill with COVID-19)

- If initial COVID-19 screening test is negative:
  - If symptomatic with high clinical suspicion for COVID-19:
    - Consider repeat COVID-19 testing (must have ≥24 hours between initial and repeat test)
    - Continue isolation/COVID-19 PPE until repeat testing returns
    - If repeat testing is negative, patient likely negative for COVID-19 and no further testing is required. Consider sending respiratory BIOFIRE
  - If asymptomatic/respiratory BIOFIRE is negative, with low clinical suspicion for COVID-19:
    - Likely negative for COVID-19 infection; repeat testing is not indicated

- For long-term patients requiring prolonged hospitalization:
  - Send repeat COVID-19 PCR screening every other Monday

- Special Circumstances:
  - May consider sending repeat COVID-19 PCR if:
    - Needing transfer to another facility that requires a COVID-19 test within a certain time frame
    - Patient is transferred to inpatient units without a prior COVID-19 test
    - Patient is needing COVID-19 testing pre-procedure
    - *Consider use of more rapid LIAT COVID-19 test when faster turn around time is necessary
Arrival to ED

Admit as Inpatient OR sent directly to OR OR imminent inpatient psych admission?

Order: Rapid COVID/Flu (LIAT)
If clinically indicated: Rapid Flu/RSV (LIAT)
*select whom to route the result in the LIAT test order

Discharge to home

Patient has COVID-19 symptoms?

If clinically indicated, order: COVID/Flu (HHC)

Is the patient to return to the OR within 48 hours?

Order: COVID-19 (HHC)
Order: Rapid COVID/Flu (LIAT)
*select whom to route the result in the LIAT test order

A COVID-19 LIAT test may be ordered from the inpatient units in unique situations (e.g., patient transferred without prior COVID-19 test, for psychiatric hospital placement, pre-procedure)
Process for Transferring a COVID-19 Patient

Patients with known or suspected COVID-19 can be transported safely between patient units by adhering to the following steps:

1. The receiving unit will indicate to the sending unit when the room and staff are ready to accept the patient.
2. ED RN will give report to the receiving unit by phone.
3. ED RN will sanitize stretcher handrails and any other area with visible soil, with disinfectant wipes prior to leaving the ED.
4. Upon leaving the room, the patient will don a surgical mask and a clean sheet will be placed over the patient (to the chin) for transport.
5. If the ED RN is accompanying the patient to the new location, they must remove their gloves and gown, wash their hands, and don clean gown and gloves. They may leave their N95 and eye protection on without change. If another team member is transporting the patient they must wear appropriate PPE.
6. The patient must be transported directly to the receiving unit. Do not allow any visitors or other staff in the elevator with the patient. Only family members may accompany.
7. Receiving unit will be ready with PPE donned to receive the patient in a negative pressure room, or a standard room if no negative pressure room is available.
8. A Special Precautions isolation sign must be placed on the door of the negative pressure room.
9. Once the patient is moved from the stretcher to the bed, remove the linens from the ED stretcher and place in the linen hamper in the room. The stretcher should be moved to the anteroom or hallway.
10. The team member will remove gown, gloves, and eye protection in the room. The respirator/mask must be removed in the ante room or the hallway if there is no ante room. Perform hand hygiene.
11. A new pair of clean gloves will be donned. Wipe the mattress and handrails with a disinfectant wipe. Then transport the stretcher back to the original room in the ED for terminal cleaning of the entire room.
Aerosol Generating Procedures:

Updated 9/25/2020

Some procedures performed on patients who are potential or known positive for COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible.

Respiratory modalities in this category would include:

- IPPB
- IPV
- Cough assist
- Vest
- Nebulized medications
- High flow nasal cannula (HFNC)
- Non-invasive ventilation (BiPAP/CPAP) devices
- Tracheostomy tube changes, floor patient with tracheostomy and open airway, etc (see PPE – High Risk Scenarios) – Exception: if a patient with a tracheostomy has been admitted and has had a negative COVID-19 PCR test in the prior 2 weeks with no new symptoms or other COVID-19 risk factors, an N-95 mask is not required

Though higher risk, health care providers may still need to perform these procedures if it is clinically required. It is imperative to take the necessary PPE precautions when performing these aerosolizing procedures (PPE policy High Risk Scenarios). In addition:

- If performed, these procedures should take place in a negative pressure room when possible
- Limit the number of health care providers present during these aerosol generating procedures to only those essential for patient care and procedural support
- Clean and disinfect procedure room surfaces promptly per CDC recommendations