

Screening Protocol for COVID-19 in Emergency Department Patients who are suspected to have COVID-19

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Patient Registration and Triage: IDENTIFY

Symptoms of COVID-19 include:

- Fever or chills
- Cough
- Shortness of breath/difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, vomiting, or abdominal pain
- Diarrhea

See "Testing Guidance" for further guidance

- Provide patient and anyone accompanying patient with a standard facemask to cover mouth and nose
- Notify appropriate clinical staff that there is a patient with a COVID-19 compatible illness requiring expedited rooming as available
- Negative airflow (AIIR) preferred especially if anticipating a high-risk aerosol generating procedure otherwise private room with door closed is acceptable

PPE Requirements

Patient/Family:
Standard facemask

(If patient cannot be masked, cover head and face with a light blanket)

ED Room and Patient Evaluation: ISOLATE

- Clear negative-airflow room (AIIR), if available, for expedited rooming
- Private non-AIIR room (door closed) acceptable if AIIR unavailable
- Put on a standard facemask and escort patient and anyone accompanying patient to designated room and close door(s)
- Contact Facilities at 7-4098 to validate negative airflow
- Only essential personnel should enter the room, wearing appropriate PPE, for exam and specimen collection

PPE Requirements

Escort from triage: Standard facemask and eye protection

Escort from ambulance bay/HCWs entering room: Standard facemask*, gown, gloves, eye protection
*N95/PAPR if anticipating high-risk aerosol generating procedures (see below)

Testing: Need for COVID-19 Testing

- Testing is required for all patients requiring inpatient admission, regardless of symptoms
- Testing is recommended for a child with a COVID-19 compatible illness who presents to the Emergency Department and is subsequently discharged

Specimen Collection: PROTECT YOURSELF

Only 1 swab specimen needs to be collected for both of the following tests:

- 1) COVID-19: Refer to COVID-19 Testing Guidance
 - Insert swab deeply into **nostril parallel to palate**, allow swab to absorb secretions, and gently rub and roll the swab. Both nasopharyngeal areas can be swabbed, but, is not necessary if swab is saturated with patient secretions after swabbing one nasopharyngeal side.
 - Video of NP swab technique: <https://www.youtube.com/watch?v=mzs9c37N9RY>
- 2) RVP: RVP testing should be performed at the discretion of the physician
 - Tightly seal viral transport media, double bag specimen with requisition in outer bag. The specimen no longer needs to be hand-delivered to the laboratory but rather can be transported via the pneumatic tube system.
 - Instruct family to wear standard facemask during patient specimen collection

PPE Requirements

Perform in private room with door closed

Patient/Family: Standard facemask

HCWs entering room: Standard facemask*, gown, gloves, eye protection
*N95/PAPR if anticipating high-risk aerosol generating procedures (see below)

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Patient Transfer/Discharge

If patient is to be discharged:

- Instruct patient and family to wear a standard facemask
- Patient and family should be instructed to exit facility straight to vehicle and home isolation
- Dot phrase in epic for discharge instructions

If patient is to be admitted:

- Patient will be transported by ED HCW up to unit per routine protocol
- Instruct patient and family to wear a standard facemask

PPE Requirements

Patient/Family: Standard facemask
(If patient cannot be masked, cover head and face with a light blanket)

Escort: Standard facemask*, eye protection
If contact with body fluids anticipated, add:
Gown, gloves

*N95/PAPR if anticipating high-risk aerosol generating procedures (see below)

Room Turnover

- If high-risk aerosol generating procedures were performed, close the door and keep vacant for time required for sufficient air changes to occur. Do not room another patient during this timeframe.

- **Time required for sufficient air changes in room:**

Location	Duration
ED 7, 8, 9	15 minutes
ED Triage 1-4, ED 31	25 minutes
ED Trauma Rooms	25 minutes
ED Regular Patient Room	1 hour
ED 32-40	1 hour 10 minutes

- If high-risk aerosol generating procedures were NOT performed, room does not need to be kept vacant

Disinfection Requirements

Use hospital-approved disinfectant to clean and turnover room. Follow appropriate 'wet time' (amount of time surface must remain wet) for each product.

PPE Requirements

If entering an exam room in which a high-risk aerosol generating procedure occurred prior to sufficient air exchanges:

- N95
- Gown
- Gloves
- Eye protection

If entering the exam room after sufficient air changes OR no high-risk aerosol generating procedure occurred:

- Gown
- Gloves

***High-risk aerosol generating procedures:** open airway deep or tracheal suctioning (below vocal cords), manual ventilation before intubation, tracheal intubation or extubation, mechanical ventilation (ED/Inpatient unit), LMA, non-invasive ventilation (BiPAP, CPAP, HFNC), high-frequency oscillator, tracheostomy placement/patient with tracheostomy, CPR, bronchoscopy, sputum induction/cough assist, nebulizer therapy, Cool Mist

Low-risk aerosol generating procedures: NP/ OP collection, MDIs, nasal cannula, insertion of NG/OG/ND/NJ tube, closed or nasal/oropharyngeal suctioning, nitrous oxide administration, non-rebreather mask, barium/contrast enema