

TRAINING UPDATE

Lab Location: GEC, SGMC & WOMC
Department: All staff

Date Distributed: 3/6/2020
Due Date: 3/20/2020

DESCRIPTION

Coronavirus Guidance update 4

Description:

Notes:

Guidelines are updated frequently; refer to website in the attachment for where to find the most up to date info.

Phlebotomists must follow infection control precautions for drawing blood. Must use the TB mask, gown, gloves, and eye protection.

Specimen processing follows same protocol as Zika....

- MD calls state and gets permission to send.
- MD completes form.
- We send specimens with NMS courier in am.
- Specimen list is included in the attachment.

Document your compliance with this training update by taking the quiz in the MTS system.

Novel Coronavirus 2019 (COVID-19) Guidance

UPDATE No. 4 – 2/28/2020

This is a rapidly evolving situation so please refer to link below for the most up-to-date information:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Evaluation of Patient/Person Under Investigation (PUI)

Clinical features and epidemiologic risk	
Clinical Features	& Epidemiologic Risk
Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND A history of travel from affected geographic areas (see below) within 14 days of symptom onset
Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)	AND No source of exposure has been identified

Note: Fever may not be present in immunosuppressed, very young or elderly patient

Affected Geographic Areas with Widespread or Sustained Community Transmission

- China
- Iran
- Italy
- Japan
- South Korea

Infection Prevention and Control Guidelines

If answer is yes to any of the above:

- **Immediately place surgical mask on patient**
- **Patient Placement:** Move to airborne infection isolation room (AIIR)/negative pressure room as quickly as possible. Do not keep patient in waiting room. If negative pressure room is not available, place patient in private room, with mask on, and door closed.
- **Precautions:** In addition to **Standard Precautions**, place patient on **Contact and Airborne Precautions**, and also wear **eye protection**.

- **PPE** to be worn in room with patient are as follows:
 - Gown
 - Gloves
 - N95 or PAPR
 - Face Shield or Goggles, if wearing N95
- Doff and discard gown, gloves, and eye protection in patient room. [Should be at least 3-6 feet away from patient.]
- Leave N95 or PAPR on until outside of patient room, perform hand hygiene, then remove respirator. Perform hand hygiene again upon exiting anteroom.
- Contact Infection Prevention for assistance if PPE cannot be safely removed within patient room.
- **Hand Hygiene:** Clean hands often. Purell or soap and water are effective.
- Avoid touching your face at work. Remind others of this.
- Contact Infection Prevention immediately @ 240-826-6136 (on-call number) for all PUI
- Notify Clinical Administrator
- After provider assesses patient, if COVID-19 is still suspected, **Provider must** complete PUI Form
- Provider contacts health department for further guidance and testing permission:
 - Montgomery County: 240-777-1755 (regular business hours)
240-777-4000 (after hours)
 - Maryland Health Department: 410-767-6700 (regular business hours)
410-795-7365 (after hours)
- Utilize dedicated or disposable noncritical patient care equipment (e.g., stethoscope).
- If shared patient equipment must be used, thoroughly cleaned after patient use within anteroom. Follow manufacturer's instructions for use (IFU). No special cleaning protocols are advised for COVID-19. The Clorox Hydrogen Peroxide wipes will effectively kill this virus on surfaces.
- No special laundering is required for soiled linens or healthcare personnel scrubs.
- EVS should follow standard cleaning protocols for patients on isolation.
- Upon discharge, CDC recommends keeping door to room closed and maintaining negative pressure for **2 hours** after patient has left room. [Reasoning is we don't know yet how long the infectious particles remain airborne for COVID-19.]
- If patient must come out of room (i.e., in ED to use bathroom, exiting hospital at discharge), please place a surgical mask on patient prior to exiting negative pressure room.

Specimen Collection

Specimens that may be needed for COVID-19 testing:

- Two nasopharyngeal and one oropharyngeal swabs in viral transport media
- Lower respiratory specimen (e.g. sputum)
- Serum
- Please see the below link for guidance on exact methods of specimen collection:

<https://health.maryland.gov/laboratories/Pages/Novel-Coronavirus.aspx>

- Complete Maryland Department of Health Lab Administration Infectious Agents: Culture/Detection form
<https://health.maryland.gov/laboratories/docs/MDH%204676%20Infectious%20Agents%20Culture%20Detection%20and%20Instructions%202-2018.pdf>
- Use link below for instructions on completing
<https://health.maryland.gov/laboratories/docs/2019%20Novel%20Coronavirus%20Training%20Requisition%201-2020.pdf>

Obstetric Patients

Per CDC:

- Pregnant patients who have confirmed COVID-19 or who are person under investigation (PUIs) should notify the obstetric unit prior to arrival so the facility.
- All confirmed COVID-19 or PUI patients should be placed in a negative pressure room (AIIR) and placed and Contact and Airborne precautions and include eye protection (face shield or goggles).
- Healthcare facilities should manage visitor access, including essential support persons for women in labor (e.g., spouse, partner).
- Infants born to mothers with confirmed COVID-19 should be considered PUIs. As such, infants should be isolated as a PUI and placed in a negative pressure room or AIIR on Contact and Airborne precautions and all entering room should also wear eye protection.
- It is unknown whether newborns with COVID-19 are at increased risk for severe complications.
- Transmission after birth via contact with infectious respiratory secretions is a concern. To reduce the risk of transmission of the virus from the mother to the newborn, facilities should consider temporarily separating the mother who has confirmed COVID-19 or is a PUI from her baby until the mother's transmission-based precautions are discontinued.
- The risks and benefits of temporary separation of the mother from her baby should be discussed with the mother by the healthcare team.
- A separate isolation room should be available for the infant while they remain a PUI.
- Healthcare facilities should consider limiting visitors, with the exception of a healthy parent or caregiver.
- Visitors should be instructed to wear appropriate PPE, including gown, gloves, face mask, and eye protection.
- The decision to discontinue temporary separation of the mother from her baby should be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials.
- If rooming in of the newborn with his/her ill mother in the same hospital room occurs in accordance with the mother's wishes or is unavoidable due to facility limitations, facilities should consider implementing measures to reduce exposure of the newborn to the virus that causes COVID-19. Consider using engineering controls like physical barriers (e.g., a curtain between the mother and newborn) and keeping the newborn ≥6 feet away from the ill mother.
- If no other healthy adult is present in the room to care for the newborn, a mother who has confirmed COVID-19 or is a PUI should put on a facemask and practice hand hygiene¹ before each feeding or other close contact with her newborn. The facemask should remain in place during contact with the

newborn. These practices should continue while the mother is on transmission-based precautions in a healthcare facility.

- During temporary separation, mothers who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply. Prior to expressing breast milk, mothers should practice hand hygiene. After each pumping session, all parts that come into contact with breast milk should be thoroughly washed and the entire pump should be appropriately disinfected per the manufacturer's instructions.
- Expressed breast milk should be fed to the newborn by a healthy caregiver.
- If a mother and newborn do room-in and the mother wishes to feed at the breast, she should put on a facemask and practice hand hygiene before each feeding.
- For infants with pending testing results or who test negative for the virus that causes COVID-19 upon hospital discharge, caretakers should take steps to reduce the risk of transmission to the infant.

AHC/SGMC Specific Workflows

- AHC Highly Infectious Disease (HID) Response Plan and SGMC Highly Infectious Disease (HID) Workflows will be uploaded to the AHC intranet
- Please go to AHC intranet home page, in box at far right of screen click on "2020 Communicable Diseases and Travel Screening"