NewYork-Presbyterian

Coronavirus Disease 2019 (COVID-19) Strategy for NYP EDs

Version 2/28/2020

The algorithm below was created to address the current outbreak of COVID-19 that was first reported China in December 2019. The purpose of the algorithm is to reinforce practices that should be followed at all times (e.g., screening all patients for symptoms of communicable disease and implementing basic infection prevention practices) and to provide recommendations specific to the COVID-19 outbreak.

Please note that screening criteria (e.g., specific locations of travel) may change over time.

Patient presents to ED

1. Upon arrival, **screen all patients for fever, cough, and rash**.
2. If patient acknowledges fever, cough, and/or rash, ask patient to put on a **surgical mask** and perform **hand hygiene**.
3. If patient acknowledges fever and rash, relocate patient to single room with door closed.
4. **If patient acknowledges fever or cough or shortness of breath**, ask about travel or exposure to a person with confirmed or suspected COVID-19 within preceding 2-3 weeks.
    a. If no travel or exposure to COVID-19, proceed with usual protocol (i.e., prioritize patient for single room).
    b. If **travel to mainland China, Iran, Italy, Japan or South Korea OR exposure to a person with COVID-19** anywhere within previous 2 weeks:
        i. Greeter nurse – don surgical mask
        ii. Mask accompanying visitors
        iii. Relocate masked patient and masked accompanying visitors to a negative pressure room and notify clinical staff. [***Note: If a negative pressure room is not immediately available, place patient and accompanying visitors into a single room with door closed***.]
        iv. Post appropriate **signage** outside the room (i.e., airborne, contact, droplet precautions)
        v. Clinicians entering room follow **airborne (N95 respirator), contact (gown and gloves) and droplet (eye protection) precautions**
            1. Wear surgical mask with eyeshield over N95 mask (“double mask”)
            2. Welder’s mask or disposable goggles, if available, should be reserved for invasive aerosol-generating procedures (e.g., intubation, bronchoscopy).
        vi. Clinician obtains additional information from patient:
            1. signs and symptoms
            2. dates of onset of signs and symptoms
            3. travel history (dates, locations)

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4. history of any exposure to ill persons who are confirmed or suspected to have COVID-19

vii. **Clinician contacts IP&C** (see phone numbers below).

viii. **After discussion with IP&C, clinician contacts local Department of Health** for guidance regarding further patient evaluation.

ix. Consider additional concurrent workup as appropriate:
   1. Send nasopharyngeal swab for respiratory pathogen PCR panel
   2. Obtain portable chest X-ray if clinically indicated (in negative pressure room; do not transport to radiology)

x. If case accepted by Department of Health for testing, as directed by them:
   1. Collect specimens as directed by DOH. These may include nasopharyngeal swab, oropharyngeal swab, sputum/BAL, serum, and possibly stool and urine. Complete laboratory testing requisition forms as requested by DOH.
   2. Send specimens to lab to be held for pick up by DOH courier: NYP-CU/MSCH: send specimens to Core Lab; NYP-WC: send specimens to Microbiology Laboratory; NYP-AH: send specimens to Allen Lab; NYP-LM: send specimens to Central Accessioning.

For questions, contact the Department of Infection Prevention & Control at your site:
NYP-AH: 212-932-5219
NYP-CU, NYP-MSCH, ACN: 212-305-7025
NYP-LH: 914-787-3045
NYP-LMH: 212-312-5976
NYP-WC, NYP-WBHC, ACN: 212-746-1754
NYP-BMH: 718-780-3569
NYP-HVH: 914-734-3927
NYP-Q: 718-670-1255
For non-urgent questions email: InfectionPreventionControl@nyp.org