ED CORONAVIRUS (COVID-19) SCREENING PROTOCOL

GENERAL TRAVEL SCREENING

Patient History Gathered
Ask: Do you have a cough, fever, rash, runny nose, muscle aches or sore throat? *one symptom considered positive

NO-Continue with exposure & travel questions

YES-Provide patient mask & continue with exposure and travel questions

Ask: In the last month have you had close contact with a person known to have:
- Novel Coronavirus (COVID-19)
- Middle East Respiratory Syndrome (MERS CoV)
- EBOLA Virus Disease (EVD)

YES + positive symptoms

NO-Continue to travel question

Close contact definition:
a. Being within approx. 6 feet or within the room or care area for a prolonged period of time while not wearing recommended PPE.
b. Having direct contact with infectious secretions (e.g. being coughed on) while not wearing PPE.

YES + positive symptoms

Ask Travel Question: Have YOU traveled outside of the country within the last month?

NO positive travel history

If yes, to what country? If patient traveled to hot spot (continuously updated in EPIC) and notify lead nurse

YES + positive symptoms

YES (but no symptoms)

YES-Isolate in a private room and follow guidelines below

STOP

If positive travel history OR positive exposure history but no symptoms:
Patient to self-monitor symptoms for 14 days (COVID-19, MERS Co-V) or 21 days (EVD). Call PCP or 911 if symptoms develop.

YES

(Travel history to HOT Spot and positive symptoms OR Exposure history and positive symptoms, follow guidelines below)
Coronavirus (COVID-19) SPECIFIC SCREENING:

Isolate patient in private room with door closed
- Use a negative air room if it is available
- Use contact and airborne isolation signage
- Staff to utilize PPE (disposable gown, gloves, N-95 respirator and face shield/eye protection)
- Clinical staff to verify symptoms, exposure and travel history using additional EPIC travel screening

Provider to assess patient:
- Answer COVID-19 specific Persons Under investigation (PUI) screening questions:
  In the 14 days before symptoms onset did the patient:
  1. Travel to or from the China
  2. Exact date of travel to stated areas. Exact date of travel from stated area.
  3. Visit or work in a health care facility in China
  4. Have close contact with an ill person from China
  5. Are you part of a group of individual who have respiratory illness of unknown etiology
  6. Have close contact with a person who is under investigation for 2019- COVID-19 while that person was ill

Nurse or ED staff notify Infection Control (ICE) (xxx.xxx.xxxx)
- Patient demographics (name, DOB, MRN)
- Answers to above questionnaire
- Vital Signs (if obtained)
- Exact dates of illness and country of travel
- Name of provider caring for patient and best call back number

ICE staff to consult the Infection Control Medical Director on-call by phone
- ICE staff relay above information to Infection Control Medical Director who determines if patient meets Case Definition (see below)
- For more questions, Infection Control Medical Director will contact ED provider
**CDC Case Definition: as of 2/12/2020**

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<th>Clinical Features</th>
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<th>Epidemiologic Risk</th>
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<td>Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)</td>
<td>AND</td>
<td>Any person, including health care workers, who has had close contact with a laboratory-confirmed\textsuperscript{a} 2019-nCoV patient within 14 days of symptom onset</td>
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<tr>
<td>Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)</td>
<td>AND</td>
<td>A history of travel from <strong>Hubei Province, China</strong> within 14 days of symptom onset</td>
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<td>Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization\textsuperscript{a}</td>
<td>AND</td>
<td>A history of travel from <strong>mainland China</strong> within 14 days of symptom onset</td>
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The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis. For severely ill individuals, testing can be considered when exposure history is equivocal (e.g., uncertain travel or exposure, or no known exposure) and another etiology has not been identified.


**Patients who Fit COVID-19 Case Definition:**
- Infection Control Medical Director and ED provider will determine next steps and contact County Health Department (Phone #’s below)
- **ED STAFF TO FOLLOW MERS ED protocol** for isolation/transport, etc
  - Nebraska Biocontainment Unit Leadership on-call should be notified prior to transport (Contact Call Center xxx.xxx.xxxx & ask for NBU leadership)
  - Keep room closed: Thorough cleaning and disinfection of the clinical room should be performed after consultation with the Department of Infection Control (xxx.xxx.xxxx)

**Patients who DO NOT fit COVID-19 Case Definition:**
- ICE will notify ED provider.
INFORMATION:

WHO: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200212-sitrep-23-ncov.pdf?sfvrsn=41e9fb78_2

CONTACTS:

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<th>Health Departments</th>
<th>Daytime</th>
<th>After hours</th>
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