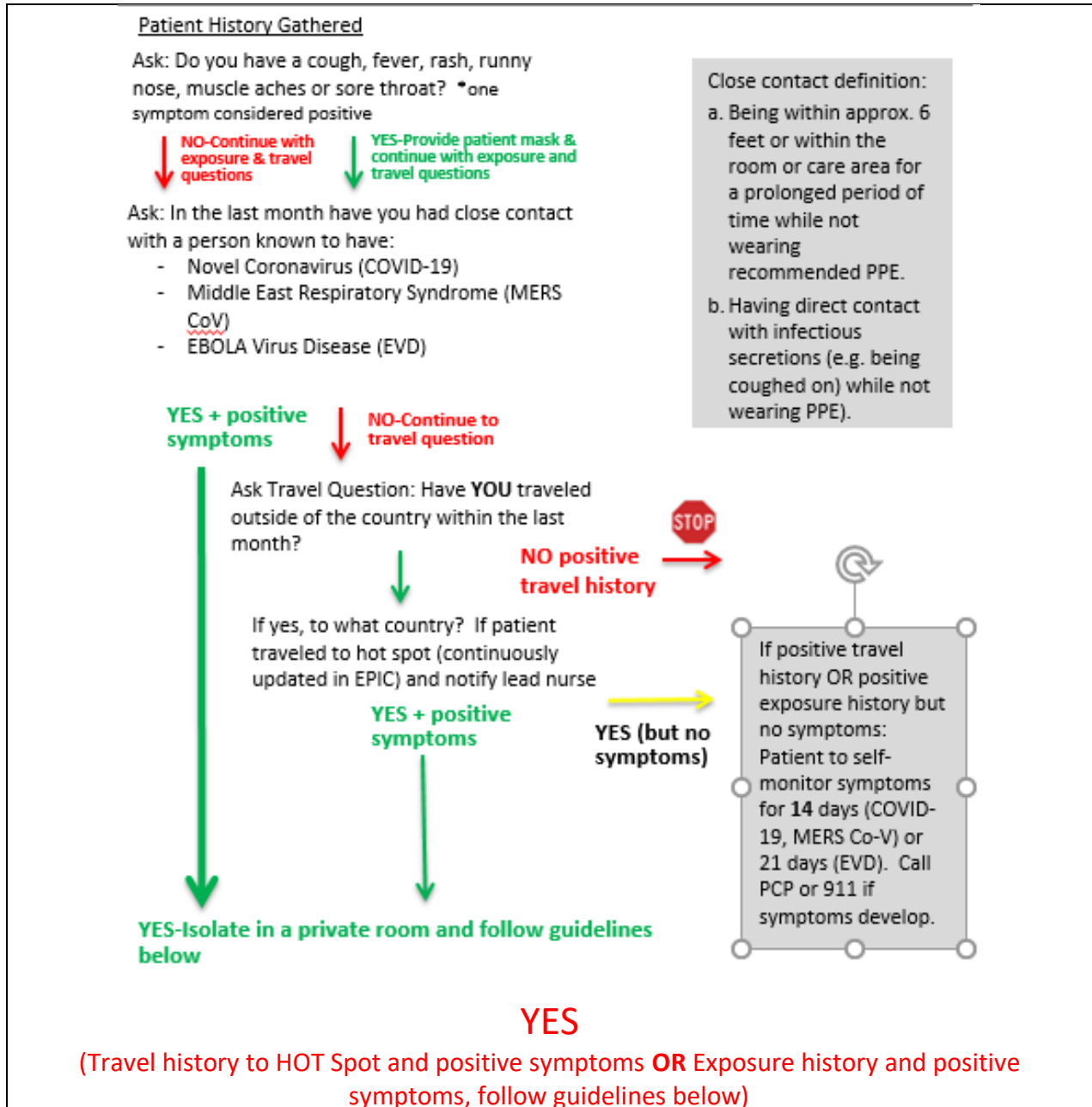


ED CORONAVIRUS (COVID-19) SCREENING PROTOCOL

GENERAL TRAVEL SCREENING



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 isoaltion 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
 7. Have close contact with an ill laboratory-confirmed 2019- COVID-19 patient.

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

Clinical Features	&	Epidemiologic Risk
Fever ¹ 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 ² with a laboratory-confirmed ^{3,4} 2019-nCoV patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from Hubei Province , China ⁵ within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization ⁴	AND	A history of travel from mainland China ⁵ within 14 days of symptom onset

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.

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

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.

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INFORMATION:

CDC: <https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html>

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

CONTACTS:

Health Departments	Daytime	After hours
County Dept.	xxx.xxx.xxxx	xxx.xxx.xxxx
Health Dept.	xxx.xxx.xxxx	xxx.xxx.xxxx
Health Dept.	xxx.xxx.xxxx	xxx.xxx.xxxx

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