# INF.2060 Coronavirus Disease 2019 (COVID-19) Management Guidelines

Northwell Health®

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| **POLICY/GUIDELINE TITLE:** Coronavirus Disease 2019 (COVID-19) Management Guideline | **SYSTEM POLICY & PROCEDURE MANUAL** |
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| **POLICY #:** INF.2060 | **CATEGORY:** Infection Prevention |
| **System Approval Date:** ❖01/22/2020<br><br>**Site Implementation Date:** ❖01/22/2020 | **Effective Date:** NEW<br><br>**Last Reviewed/Approved:** NEW |
| **Prepared by:** Donna Armellino, RN, DNP, CIC, Vice President, Infection Prevention and Site Specific Infection Prevention Committee | **Notations:** Applicable to the Hospice Inn |

**GENERAL STATEMENT of PURPOSE**

The purpose of this document is to minimize transmission of respiratory coronaviruses, such as Coronavirus Disease 2019 (COVID-19) through prompt recognition and appropriate management.

**POLICY**

It is the policy of Northwell Health that all Health Care Personnel (HCP) are responsible for minimizing risk for exposure to pathogens that can cause disease and/or infection. The guideline outlines prompt identification of patients with respiratory viruses, area of travel and/or exposure, and implementation of isolation precautions in order to decrease patient, visitor and HCP exposures and prevent transmission of these viruses. Attachment A "Coronavirus Disease 2019 (COVID-19) Management Guideline" outlines guidelines to achieve the following:

1. Limit the transmission of Coronavirus Disease 2019 (COVID-19) with the potential to cause severe illness, among patients, health care personnel (HCP), and visitors.
2. Outline a process for early recognition and reporting of admitted case(s).
3. Standardize processes for HCP when a case is suspected or is laboratory confirmed.
4. Outline a process for management of HCP to limit transmission with suspected or confirmed COVID-19.

***NOTE:*** *If guidance change after this policy has been approved, hospitals and providers should follow the most current guidelines issued by the governing body by which the facility is required to follow i.e., Centers for Disease Control and Prevention (CDC), New York State Department of Health (NYSDOH), and New York City Department of Health and Mental Hygiene (NYC DOHMH).*

**SCOPE**

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell or the Hofstra Northwell School of Graduate Nursing and Physician Assistant Studies conducting research on behalf of the Zucker School of Medicine on or at any Northwell Health facility.

**DEFINITIONS AND CASE CRITERIA**

**Coronavirus Disease 2019 (COVID-19)**: The new strain of coronavirus that was identified in November 2019 and has been responsible for rapid transmission and disease world-wide. This strain is distinct from other human coronaviruses that may be identified by routine respiratory viral panel and usually cause mild to moderate upper-respiratory tract illnesses. Northwell Health follows the Centers for Disease Control and Prevention (CDC) definitions for a patient under investigation (PUI), also referred to as a suspect case, as well as a clinical case.

**PROCEDURE/GUIDELINES**

Patients with confirmed or suspected respiratory viruses should be managed using specific precautions. Refer to Attachment A "Coronavirus Disease 2019 (COVID-19) Management Guideline" to minimize the risk for transmission.

**CLINICAL REFERENCES**
N/A

**REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES**


1. Joint Commission Standard: Surveillance, Prevention and Control of Infections
2. New York State Department of Health 405.11
3. Centers for Disease Control and Prevention. 2019 Novel Coronavirus, Wuhan, China. Accessed at https://www.cdc.gov/coronavirus/2019-ncov/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fnovel-coronavirus-2019.html.
4. Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
5. Centers for Disease Control and Prevention. "Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19" found at website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html
6. Centers for Disease Control and Prevention. Healthcare Infection Prevention and Control FAQS for COVID-19 found at website: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection -prevention-control-faq.html

7. New York State Department of Health (NYSDOH) Bureau of Communicable Disease Control (BCDC). Health Advisory: Criteria for Discontinuation of Isolation of Patients with COVID-19. March 8, 2020.
8. NYSDOH Bureau of Healthcare Associated Infections (BHAI). Nursing Homes (NHs) and Adult Care Facilities (ACFs). Health Advisory: COVID-19 Cases in Nursing Homes and Adult Care Facilities. March 13, 2020.
9. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings at https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html.
10. Centers for Disease Control and Prevention. Interim Guidance for Collection and Submission of Postmortem Specimens from Deceased Persons Under Investigation (PUI) for COVID-19, February 2020. Accessed at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-postmortem-specimens.html.
11. New York State Department of Health. Health Advisory: Update on Specimen Collection and Handling to Allow Nasal Swab AND Saliva Specimen as Acceptable Alternative Specimen Collection. April 01, 2020.
12. Centers for Disease Control and Prevention (2019). Environmental infection control guidelines; airborne contaminant table. Retrieved from https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1
13. Centers for Disease Control and Prevention Interim U.S Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
14. Reopening New York: Office-Based Work Guidelines for Employers and Employees. Retrieved from https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/OfficesSummaryGuidelines.pdf?tm_campaign=coschedule&utm_source=facebook_page&utm_medium=Fairport/Perinton%20Chamber%20of%20Commerce
15. New York State Department of Health. COVID-19 and Influenza Confirmatory Testing. September 01, 2020. Retrieved from https://regs.health.ny.gov/sites/default/files/pdf/emergency_regulations/Confirmatory-testing-regs-FINAL.pdf.New York State Department of Health. Health Advisory: All Residential Congregate Facilities. Retrieved from https://forward.ny.gov/system/files/documents/2020/10/congregate_facility_visitation_in_zones_10_23_2020.pdf.
16. New York State Department of Health. COVID-19 Travel Advisory November 4, 2020. Retrieved from https://www.coronavirus.health.ny.gov/covid-19-travel-advisory.
17. New York State Department of Health. Quarantine for Persons Exposed to COVID-19. December 26, 2020. Retrieved from https://coronavirus.health.ny.gov/system/files/documents/2020/12/covid19-health-advisory-updated-quarantine-guidance-12.26.20.pdf.

**ATTACHMENTS**

Attachment A: Coronavirus Disease 2019 (COVID-19) Management Guideline

Attachment A-1: Personal Protective Equipment Guidance

| **APPROVAL:** | |
|---|---|
| Northwell Health Policy Committee | ❖ 1/22/2020 |
| System PICG /Clinical Operations Committee | ❖ 1/22/2020 |

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Approvals: * =Northwell Health Policy Committee; ** = PICG/Clinical Operations Committee; ✠ = Provisional; ❖ = Expedited

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**Attachment A**

**Coronavirus Disease 2019 (COVID-19) Management Guideline**

**I. Signs**:

A. Post signs prominently at all entrances, at reception, and at triage in all types of care settings.

**II. Patient Screening:**

A. When a patient with signs and symptoms of COVID-19 is identified, immediately provide the patient with a mask, and instruct them to place the mask over the nose and mouth.
B. Home care and hospice patients (inclusive of other household members) are screened during the referral process and, thereafter, before each home visit by the home care personnel.
C. Screen patients: Refer to the "Coronavirus Disease 2019 (COVID-19) Testing and Retesting Guideline" on the Public Health Emergency: COVID 19 platform.
D. For additional information on patient management refer to the Public Health Emergency: COVID 19 platform.

**III. Precautions:**

A. Homecare and Hospice clinicians may utilize Telehealth visits before and/or after in person home visits to supplement patient assessment to limit staff exposure to suspected and confirmed COVID 19 patients

B. **Suspect and confirmed COVID-19 patients are placed on Airborne and Contact Precautions:**
    i. Room placement:
        a. Place a patient being ruled out for COVID-19 in a private airborne infection isolation room (AIIR) if available.
        b. If they test positive, maintain in the private room or place with another patient who has tested positive for COVID-19.
        c. Prioritize AIIR for patients undergoing aerosol-generating procedures. **Note:** respiratory specimen collection is not considered an aerosol-generating procedure.
    ii. Guidelines for Bed assignment from the Emergency Department:
        a. Refer to "2019 Coronavirus Disease (COVID-19) Testing and Retesting Guideline" for more information.
        b. Guideline for bed assignment:
            i. Low suspicion and asymptomatic for COVID-19 (only one test needed, if indicated):
                a. Place in a single bed on NON-COVID-19 unit (when thereis a unit) until results are available. This is when COVID- 19 units have been designated.

ii. Suspicious or Symptomatic (Test for COVID-19 and maintain precautions based on clinical judgment):
    a. Assign to COVID-19 unit (when there is a unit) in private room.
    b. If COVID-19 positive, can cohort on COVID-19 unit (when there is a unit).
iii. History of COVID-19 and Symptomatic:
    a. Assign to COVID-19 unit (when there is a unit).
    b. Can cohort.
iv. COVID-19 positive and asymptomatic:
    a. Test as per the "2019 Coronavirus Disease (COVID-19) Testing and Retesting Guideline". Do not routinely test for cure.

iii. **Note**: Patients that are COVID-19 positive and have another result which requires precautions (e.g., *C. difficile* or a multi-drug resistant organism) should be placed on the appropriate precautions for both results. Cohorting in the same room/area can occur when the patients have the same pathogen(s). When suspected COVID-19 case placement within a private room has been exhausted, suspected cases can be cohorted within a room with the curtain pulled between the beds and the bed separation as far apart as feasible.

iv. **Patients exposed to COVID-19** positive persons or when returning from a state/country, refer to the "Coronavirus Disease 2019 (COVID-19) Testing and Retesting Guideline" on the Public Health Emergency: COVID 19 platform.
    a. Patients: Place patient in a private room on Droplet Precautions and monitor for symptoms until:
        i. The source person is negative on testing **OR**
        ii. 14 days after the last contact if source is confirmed as positive COVID-19.
        v. If discharged before 14 days of monitoring is completed, patient is educated to self-monitor at home and notify their health care provider if they develop symptoms. Individuals can end quarantine after 10 days and must continue daily symptom monitoring through day 14.
    b. Travelled: Place patient in a private room on Droplet Precautions and monitor for symptoms until:
        i. For 14 days from the date returned to NYS (see II B for exceptions)

        **OR**

        ii. Test the patient on day 4 following return to NYS (see II B for exceptions) and if negative and asymptomatic discontinue Droplet Precautions.

v. Personnel Personal Protective Equipment (PPE):

a. HCP caring for patient(s) should adhere to Contact and Airborne Precautions, **plus use eye protection**.
b. N95 Respirator: HCP should wear an N95 respirator when entering a suspect/confirmed patient's room/area. N95 respirators can be replaced at least daily. A replacement N95 will be provided when contaminated, damaged, or meets criteria for replacement or following an AGP regardless of their COVID-19 status.
c. Eye protection: HCP wear eye protection (i.e., face shield or goggles) or a mask with an eye shield/goggles when:
    i. When entering a patient's room/area when the patient has a suspectand/or confirmed COVID-19 status.
    ii. During all aerosol generating procedures (AGP) regardless of the patient's COVID-19 status, refer to xiii for guidance on PPE and AGPs.
    iii. At all times where patients or residents are typically present if HCP is unvaccinated. This would include, but not be limited to, patient's rooms, nurses' stations, hallways, elevators, patient homes when providing home care, and cafeterias (except when the unvaccinated HCP is eating).
    **Note:** A face shield/goggles can be reused.Clean and disinfect after use.
    iv. In the Office of Addiction Services and Support (OASAS) certified residential programs, face shield or goggles are required for all staff doing any direct care with patients or residents requiring physical contact.
d. Gown and gloves: HCP wear a gown and gloves when entering the patient's room/area.
e. Dedicated patient care equipment when possible. Shared equipment is cleaned and disinfected between each patient use.
f. Disposal of PPE: Discard PPE in a standard waste receptacle.
    i. The outer procedure mask/mask with eye shield should be discarded if it gets wet or contaminated with blood/body fluids. Replace with a new procedure mask/mask eye shield.
g. Refer to Attachment A-1 "Personal Protective Equipment Guidance" for more information.
h. Refer to *Recommended Guidance for Extended Use and Limited Re-Use of N-95 Filtering Facepiece Respirators in Healthcare Settings and Respiratory Protection for N95 Users Safety Implementation Guide* on the Public Health Emergency: COVID 19 platform.
NOTE: When there is increased community rates it is highly encourages that all patient facing HCP wear an N95 respirator and eye protection.

ix. **Transportation of a Confirmed or Suspect COVID-19 Patient:** Transport and movement of a confirmed or suspect COVID-19 patient outside of their own room, should be limited to medically essential purposes.
    a. Receiving area of confirmed or suspect COVID-19 patient should be notified in advance of patients' arrival.

b. For transport, the patient should wear a procedure mask and be covered with a clean sheet during transport.
c. If the transporters must prepare the patient for transport, (e, g., transferring to stretcher or wheelchair) the transporters should wear all recommended PPE (gloves, a gown, N95 respirator and eye protection while assisting the patient to the stretcher or wheelchair.
d. Wipe head, rails and foot of bed with an EPA approved disinfectant wipe prior to transport.
e. Prior to exiting the patients' room, the transporter should remove and discard their gown and gloves in the waste receptacle and perform hand hygiene. Place a surgical mask over the patient's mouth and nose when transporting them. (If the patient has need of oxygen or has a tracheostomy, a loosely fitted mask may be place over the oxygen or the tracheostomy stoma.)
When the patient is wearing a procedure mask for transport, it is recommended that the transporter wear a procedure mask and eye protection for encounters with confirmed or suspect COVID-19 patients.**Additional PPE should not be required unless there is anticipated need to provide medical assistance during transport (i.e., helping thepatient replace a dislodged procedure mask).**
f. Transport the patient in a way that minimizes exposure to hospital personnel, patients, and visitors. The route of transport should be through the least traveled areas when the patient is on Airborne or Droplet Precautions. If a resuscitation bag is needed, it should be fitted with an exhalation filter.
g. After the patient has arrived at their destination, receiving personnel andthe transporter should perform hand hygiene and wear all recommendedPPE if needed to assist in transfer of patient.
h. After patient is transferred, HCP will remove the gown and gloves and discard into a standard waste receptacle.
i. Perform hand hygiene.
j. Interim guidance for EMS personnel transporting patients with confirmed or suspected COVID-19 is available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html. EMS should wear all recommended PPE because they are providing direct medical care in a close contact with the patient for a longer period of time.
k. Refer to CDC. Healthcare Infection Prevention and Control FAQS for COVID-19 found at website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html

**x. Environmental Cleaning:**

a. The Emergency Department and procedure areas (i.e., CT scan) will haveall horizontal and vertical surfaces; touched by the patient and/or HCP during care, cleaned and disinfected with an Environmental Protection Agency (EPA)-approved disinfectant.
b. An in-patient room will require a thorough clean/disinfection as outlinedby INF.2054 Environmental Services Management.
c. Refer to the "2019 Coronavirus Disease (COVID-19) Discharged

Roomand Unit Cleaning/Disinfection Protocol".

d Airborne Contaminant Removal for suspect and confirmed COVID-19 cases **only**. Refer to Table A "Air changes/hour (ACH) and time required for airborne contaminant removal by efficiency" – follow guideline in the 99.9% efficiency column. Can be accessed on the Centers for Disease Control and Prevention (CDC) website located at https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html

**Table A:** Air changes/hour (ACH) and time required for airborne contaminant removal by efficiency*

| ACH 5 ¶ | Time (mins.) required for removal 99% efficiency | Time (mins.) required for removal 99.9% efficiency |
|---|---|---|
| 2 | 138 | 207 |
| 4 | 69 | 104 |
| 6+ | 46 | 69 |
| 8 | 35 | 52 |
| 10+ | 28 | 41 |
| 12+ | 23 | 35 |
| 15+ | 18 | 28 |
| 20 | 14 | 21 |
| 50 | 6 | 8 |

* This table is revised from Table S3-1 in reference 4 and has been adapted from the formula for the rate of purging airborne contaminants presented in reference 1435.

+ Denotes frequently cited ACH for patient-care areas.

xi. Nutrition and Food Services:
   a. Suspect or confirmed COVID-19 patients ~~should~~ can be given disposable dished (including hot/cold cups for beverages) and utensils for use, based on the facility's decision and facility cases.

xii. Volunteer Services:
   a. Clergy services will be permitted, and all involved will adhere to outlinedprecautions and PPE as indicted. Entry of volunteers into the facility will be determined by the facility and the facility need.

xiii. Procedures Categorized as an AGP:
   a. AGPs:
      i. The following are commonly performed medical procedures that

are being considered AGP, or that create uncontrolled respiratory secretions, include:

a. open suctioning of airways
b. sputum induction
c. cardiopulmonary resuscitation
d. endotracheal intubation and extubation
e. bronchoscopy
f. manual ventilation

ii. HCP precautions:

a. All aerosol generating procedures, regardless of the patient's COVID-19 status the HCP wear N95 respirators with eye protection, impervious or fluid resistant gown, and gloves.
b. The N95 respirator should be discarded and replaced after use with AGPs listed above (AGPs a-f under xiii. a. i).

b. Based on limited available data, it is uncertain whether aerosols generated in all procedures are infectious.

i. The following are considered in this category:

a. nebulizer administration (attempts should be made to minimize use of procedures with nebulization)
b. non-invasive ventilation (e.g., BiPAP, CPAP)
c. high flow O2 delivery (patient should wear a procedure mask while receiving this treatment when possible)

ii. HCP precautions: Out of an abundance of caution the following is being recommended:

a. The HCP should have an N95 respirator for all patients who are receiving nebulization, non-invasive ventilation, and/or high-flow O2 regardless of COVID-19 status. N 95 may be left on unless meets the criteria for replacement, i.e. compromised, damaged, or contaminated. Refer to Recommended Guidance for Extended Use and Limited Re-Use of N-95 Filtering Facepiece Respirators in Healthcare Settings and Respiratory Protection for N95 Users Safety Implementation Guide on the Public Health Emergency: COVID 19 platform.

iii. When a patient is suspect or positive for COVID-19:

a. The patient should be placed in an AIIR with the door closed, or with a HEPA filter in the room. When not possible, in a private room with the door closed.

iv. When a patient is COVID-19 negative:

a. When possible place in a private room with the door closed. When not possible pull the curtain between patients.

xiv. Discontinuation of Isolation Precautions for Confirmed COVID-19 Patients: Refer to "2019 Coronavirus Disease (COVID-19) Testing and Retesting Guideline" for more information.

**IV. Reuse of Single-Use Products:**

A. Stethoscopes (including disposable stethoscopes) will be decontaminated:
   i. after each patient use,
   ii. when contaminated with blood/body fluids or
   iii. after significant patient contact

**V. Additional Measures to Minimize Transmission:**

A. All HCP in inpatient areas and ambulatory practices will wear a procedural mask for the entire shift. Note: a cloth face covering may be worn under a procedure mask if irritation occurs from use.
B. A cloth face mask is recommended to be worn over the procedure mask to secure fit and may provide better protection. The cloth mask should be removed when entering a patient's room on Droplet Precautions. Upon exiting, the procedure mask should be removed and replaced, and then the cloth mask can be applied over the procedure mask.
   Note: The cloth mask over the procedure mask does not apply to a setting in the operating room or procedure room that requires HCP to wear surgical scrubs as outlined by SGP.1213 Surgical Attire – Perioperative and Invasive Procedures with Implants.
C. All clinical and non-clinical HCP in patient-facing roles who are likely to have patient encounters within 6 feet with a suspect and/or confirmed patient and/or aerosol generating procedure regardless of COVID-19 status, and/or any individual who is unable to wear a mask, must use protective eyewear, such as goggles or a face shield, in addition to established respiratory protection while in areas where patients are present.
~~C.~~D. When there is an increase in community spread, it is highly encouraged for HCP to wear an N95 respirator and eye protection for all patient encounters
~~D.~~E. Refer to the *Hypoxemia Algorithm for COVID-19 Patients* on the Public Health Emergency: COVID 19 platform for patients who require increased oxygenation.
~~E.~~F. Periodic Point Prevalence Testing Assessment may be performed on non-COVID-19patients on designated units.
~~F.~~G. When possible, patients should wear a mask during their hospitalization. It is essentialthat they wear a mask when they are outside their room for any reason. In the Office of Addiction Services and Support (OASAS) certified Residential Treatment programs patients who are cohorted in a room together should wear a mask when not alone in the room, including when sleeping.
~~G.~~H. Employees (health care settings and business occupancies) should maintain a minimum of 6 feet apart in all directions from other individuals, unless core activities require~~s~~ a shorter distance. The use of a procedure mask, with recommended cloth mask over it, is still required even at a distance greater than 6 feet in common areas to enhance source control.

**VI. Urgent Patients Being Transferred From Another Facility**:

A. Refer to the "Coronavirus Disease 2019 (COVID-19) Testing and Retesting Guideline" located on the Public Health Emergency: COVID 19 platform.
   i. The Hospice Inn: Follow the recommendation for testing in the guidelines

above

ii. (VI A). If previously positive utilize the non-test--based strategy for managing precautions.

**VII. Patient visitor(s) and or companion following initial evaluation:**

A. Refer to *COVID-19 Visitation Policy on* the Public Health Emergency: COVID 19 platform.

**VIII. Postmortem Clinical Specimens for COVID-19 Suspected Patient:**

A. As per the NYSDOH all patients should be tested within 48 hours of their death forCOVID-19 and influenza if they were suspected to have had symptoms and not tested in the last 14 days.
B. If suspected to have COVID-19 at the time of death and a specimen was not obtainedtesting should be performed on the deceased as per protocol and submitted to the laboratory for testing.
C. In all other settings such as hospice when COVID-19 and/or influenza is suspected,the funeral home should be notified that there is a suspected influenza or COVID death so that they know to do the rapid testing within 48 hours.

**IX. Discharge of Patients:**

A. COVID-19 patients can be discharged home when medically ready.
B. Patients discharged before completion of isolation/quarantine will be instructed on thelength of time they should, maintain precautions.
C. Educational materials can be found on the Public Health Emergency: COVID 19 platform: *Recommendations for Patients with COVID-19 Who No Longer RequireHospitalization*

**X. Laboratory Testing**: **The following outlines the process for laboratory testing:**

A. Patients who meet both the clinical and/or exposure criteria described below shouldbe considered for COVID-19.
B. Specimens must be collected as outlined on COVID-19 RVP Testing Procedure and COVID-19 Specimen Collection and Transport Guidance.
    i. Order the following test "COVID-19 PCR" and send to the Core Laboratory.
    ii. Refer to *COVID-19 Hospitalized Patient Specimen Ordering Guidelines,* documents found on the Public Health Emergency: COVID 19 platform.

C. The following is an update to laboratory testing:
   - **i.** While a nasopharyngeal (NP) swab is the preferred diagnostic specimen for COVID-19, **if NP swab supplies are unavailable, collection of one (1) nasal swab. Note: In select situations, i.e., repetitive testing such as in a Skilled Nursing Facility an anterior nares specimen is acceptable.**
     - **a.** *Nasal swab*: Insert the swab less than one inch into their anterior nostril and rotate several times against nasal wall. Repeat in the other nostril using the same swab. Place in a vial containing at least 1.5 – 2.0mL of liquid media (VTM, MTM, or UTM) and **tightl**y secure the cap.
   - ii. Submit the collected specimen to the laboratory.

D. The resulted specimen will be available electronically. The first COVID-19 positive test results shall be reported electronically. The first positive result will be communicated via a call as per protocol and thereafter positive results should be obtained electronically from the medical records. Guidelines for PPE to perform NP swab for COVID-19:
   - i. Identify the type of specimen that is being obtained (a surveillance versus diagnostic swab).
     - a. **If diagnostic:** Arrange to obtain the specimen while the patient remains in their vehicle. If the patient enters the site for testing bring the patient directly into a designated room/area for testing. HCP obtaining the specimen for a suspect COVID-19 patient should wear the following PPE:
       - i. Gown, gloves, N95 respirator and a face shield/goggles.
       - ii. PPE is donned upon entry into the room/area, specimen obtained, and removed upon exiting the room. Refer to the current PPE guidance, refer to *When to reuse vs replace for suspected & confirmed COVID -19 case Personal Protective Equipment Guidelines at* the Public Health Emergency: COVID 19 platform.
       - iii. The room/area is cleaned as disinfected as outlined in *Routine, Additional, and Environmental Cleaning and Disinfection Guidance* at the Public Health Emergency: COVID 19 platform.
     - b. **If the specimen is for surveillance purposes:**
       - i. Verbally confirm the patient is afebrile and asymptomatic.
       - ii. Don gloves and perform the procedure as outlined. **Note:** all HCP are required to wear a procedure mask at minimum.
       - iii. Clean and disinfect as per protocol.

## XI. Reporting:

A. A patient or HCP who tests positive for COVID-19 must be reported to the Local Department of Health. Refer to individual cities/counties for instruction.
B. Any healthcare facility outbreak should be reported directly to the NYSDOH as perprotocol, i.e., Nosocomial Outbreak Reporting Application (NORA) Report.
C. Report as outlined by external regulatory agencies.

**XII. Employee Management**:

A. Return to Work:
   i. The current return to work recommendation is being modified. This is a fluid situation and until we receive further guidance from the CDC and/or NYSDOH, the following is our recommendation after a positive Covid-19 test result:
   ~~i.~~ii. **Return to Work Recommendation**
      a. Team members ***without*** symptoms may now return to work on Day 8 after a positive COVID-19 test, instead of Day 11. **OR**
      b. Team members ***with*** symptoms may now return to work on Day 8 from symptom onset, if their symptoms are improving ***and*** without a fever for 24 hours (without the use of fever reducing medication).
   ~~ii.~~iii. **Exceptions:**
      a. Team members who are immunocompromised should remain on isolation for the full 10 days and can only return to work on Day 11.
      b. Unvaccinated or partially vaccinated team members should remain on isolation for the full 10 days and return to work on Day 11.

B. Refer to *Employee Health Services* policies and procedures.

**XIII. Guideline for a COVID-19 Dedicated Unit:**

A. Definitions:
   i. Dedicated COVID-19 Unit – A dedicated team of health care providers and personnel care for suspect and confirmed COVID positive patients within a designated space that is separated with access doors that has no through traffic.
   ii. Cohorting:
      a. When more than one patient with the same infection is placed together within the same room/area, i.e., two confirmed positive COVID-19 patients can be placed together.

B. Patient Placement of Known COVID-19 Positive Patients:
   i. Patients who require aerosol generating procedures should be placed in an airborne isolation room (AIIR) pressure room, if not available utilize a HEPA filter, and when there are no other options a private room.
   ii. Cohort known positive patients within the same room/area when private rooms are no longer available.

C. Patient Placement of Suspect COVID-19 Patients:
   i. Patients awaiting a COVID-19 specimen result can be placed on the dedicated unit within a private room. When a private room is not available pull the curtain between the beds.

D. PPE use For a COVID-19 Dedicated Unit: All HCP assigned to the unit will routinely use wear an N95 respirator, a face shield or goggles, and an isolation gown (impervious gown to be placed over the isolation gown when performing procedure involving blood and/or body fluids and removed when task completed) within the dedicated unit.
   i. A COVID-19 unit with private or semi-private rooms: Doors should remain closed, if possible.

a. When doors are left open for patient safety, the unit will be considered open plan (see "ii").
b. A procedure mask, with recommended cloth mask over it, if worn to enter the unit.
c. Adhere to the required COVID-19 PPE when entering the patient roomas outlined above.

ii. A COVID-19 unit with an open plan, housing many patients in an open area (e.g., in bays or rooms with the door open):
a. All HCP entering the unit must wear an N95 respirator continuously on the unit.
b. When entering the patient bay area adhere to the required COVID-19 PPE.
c. For people that do not provide care, such as those who bring materials to the unit or retrieval of medical records, create a process that allows them to bring items to, or retrieve items from the door of the unit, without having to enter the area. Alternatively, they may be fit tested and provided with an N95 respirator. The process is to be established by the facility.

**Note:** The N95 and eye protection combination can be worn from patient to patient in a cohorted room or dedicated unit.

iii. Remove and store the N95 in a labeled bag between uses. Refer to *Recommended Guidance for Extended Use* and *Limited Re-Use of N-95 Filtering Facepiece Respirators in Healthcare Settings and Respiratory Protection for N95 Users Safety Implementation Guide* on the Public Health Emergency: COVID 19 platform.

iv. HCP will wear an impervious gown when performing procedures involving blood and/or body fluids, or aerosol generating procedures. Impervious gowns are removed when the task is completed.

v. Isolation gowns (non-impervious) are adequate for care of patients when there is no anticipated contact with blood and/or body fluids. These gowns can be used for care of multiple patients unless there is significant patient contact or visible contamination.

vi. Remove gowns when leaving the COVID-19 unit.

vii. Use gloves for all patient care. Remove gloves and perform hand hygiene between patients.

## XIV. COVID-19 Exposure Follow-up Protocol:

A. Patients are being tested before admission for procedures and inpatient stays, but because the incubation period is up to 14 days, they may develop signs and symptoms after admission. The following protocol should be followed to keep staff and other patients safe from further COVID-19 exposure.

i. When a patient develops COVID-19 symptoms after admission:
a. Immediately escalate personal protective equipment to COVID-19 PPE (N95 Respirator, face shield, gown & gloves) for patient care.

b. Separate the patient from other patients in the environment by at least 6 feet and move the patient to a private room or area as soon as possible. If the patient can tolerate wearing a procedure mask provide one as soon as possible.

ii. If the patient tests positive:
   a. Place positive COVID-19 patient on appropriate precautions and contact Infection Prevention
   b. Management of exposed patients:
      i. Patients who were within 6 feet of the patient for at least 15 minutes in cumulative intervals over a 24-hour period from 48 hours prior to symptom onset are considered EXPOSED ROOMMATES
      ii. Exposed roommates are placed on DROPLET PRECAUTIONS in a private room for up to 14 days. If they are discharged before 14 days, they can end quarantine after 10 days and must continue daily symptom monitoring through day 14. Droplet precautions allow for the patient's room door to remain open.
      iii. Exposed roommates are educated to report any signs or symptoms or COVID-19 to their providers, should they develop. If in the hospital, test the exposed roommate for COVID-19 as soon as any symptoms develop. Testing is not required for asymptomatic exposed roommates for either room placement or for discharge.
   c. Management of HCP:
      i. Exposure criteria: As per CDC recommendations, HCP with prolonged close contact, > 15 minutes in cumulative intervals within 24-hours and < 6 feet apart, without proper PPE which includes: mask and eye protection for patient interactions without aerosol generating procedures.
      ii. Refer to Employee Health Services protocol for employee management.
      iii. HCP should be self-monitoring for signs and symptoms of COVID-19 twice daily including before coming to work as a routine during the COVID-19 pandemic. They should report any signs and symptoms immediately to Employee Health Service and their manager. They should not come to work sick.

iii. If the patient tests negative:
   a. Discuss the clinical scenario and test result with Infection Prevention.

**XV. Test and Urgent Procedure(s):**

A. Urgent Procedures:
   i. Emergent procedure for patients with known or suspected COVID-19 will

undergo a risk/benefit assessment prior to proceeding with the case.
ii. The review will be conducted with the care team, medical director (or designee), and infection prevention team at minimum.

B. Refer to *Utilization of Imaging in the COVID Pandemic* found on the Public HealthEmergency: COVID 19 platform for image utilization.

**XVI. Vendor Management:**

A. Only vendors deemed essential by the facility should be permitted within the building. Follow the facility's outlined process.
B. Vendors must be screened as outlined by facility protocol. Each facility protocol should align at a minimum, to corporate protocol.
C. All vendors must adhere to outlined infection prevention and control measures outlined within this protocol.
D. A vendor that require an N95 respirator fit testing n should be fit tested by the vendor. In situations that a vendor is not fit tested and access to a room/area is necessary, fit testing will be arranged by the facility.
E. Any vendor who becomes ill with COVID-19 signs and symptoms must leave the facility and be evaluated as per the vendor's protocol. vendors If tested for COVID-19, and results are reported as positive, contact the facility coordinator, and inform them of the result. Clearance to return to the facility must align with outlined protocols.
F. Refer to **XX. Non-Northwell Health Requirements for Vaccination** for vaccination requirements.

**XVII. Long Term Care Facilities**:

A. **Refer to** policy *#INF.2061 Long Term Care (LTC) Coronavirus Disease 2019 (COVID-19) Management Guideline*

**XVIII. Other Service Specific Guidelines:**

A. For Labor and Delivery COVID-19 Triage refer to **Northwell Health OBGYNService Line Labor and Delivery COVID Triage** found on the Public HealthEmergency: COVID 19 platform.
B. For Newborn placement when born to a COVID-19 positive mother refer to *Management of Newborns born to Women with Suspected or Proven COVID-19 Infection* found on the Public Health Emergency: COVID 19 platform.
C. Ambulatory Guideline on the Public Health Emergency: COVID 19 platform.
D. Surgery Guideline on the Public Health Emergency: COVID 19 platform.
E. Other service specific COVID-19 recommendation for management can be found on the Public Health Emergency: COVID 19 platform.

**XIX. Northwell Health Sponsored Activities, Events External to The Facility, & Use of Conference Rooms:**

A. HCP that participate in **outdoor** Northwell Health sponsored activities must complete the vaccination series and be two weeks post vaccination to participate in a Northwell Health sponsored activity, i.e. softball game. Refer to events external to the healthcare organization for guidelines – Northwell Health Sponsored Event Guidelines

B. Use of conference rooms – Northwell Health Conference Room Guidelines
**Note:** Exception, use space for required, essential training to maintain operations. An examples is orientation at the Center for Learning and Innovation (CLI).

**XX. Non-Northwell Health Vaccination Requirements:**

A. Vendors/Students that enter a Northwell Health location will require proof of COVID-19 vaccination. Proof of COVID-19 vaccination is completion of the vaccination series as outlined by the manufacturer.
    i. It is the responsibility of the company in which the vendor/student is employed to collect and maintain proof of the vendors COVID-19 vaccination and furnish it upon request at any Northwell Health facility.
    ii. Those vendors who are registered with IntelliCentrics (Reptrax) must ensure their COVID-19 vaccination proof is uploaded into the system. **Note:** The vendor has a grace period of 60 days from the date of notice to comply vaccinated. Vendors, whenever possible should allocate vaccinated vendors to Northwell health locations.

B. Unvaccinated vendors:
    i. Any unvaccinated vendor must demonstrate proof of a negative COVID-19 test within 72 hours prior to entering any Northwell Health facility.
    ii. An unvaccinated vendor is deemed essential or access to the facility is due to an emergent situation (vendors only):
        a. The vendor is deemed essential or needed to respond to an emergency situation by the Executive Director or Medical Director or their designee.
        b. Vendor time must be limited to 24 hours in the facility and seek COVID-19 PCR testing if the visit time is beyond 24 hours.

**Note:** Exception, clinical positions obtained from agencies that are essential for operations.
**Note**: The same requirement applies to construction workers who enter a facility for the purpose of performing work, using restrooms, eating lunch, etc.

Commented [HMA1]: Replace with the new version when we get it

**Attachment A-1**

Northwell Health

Current as of March 5, 2021

# Personal Protective Equipment (PPE) Guidance

Applicable to PPE use in the hospital setting, including the emergency department, and ambulatory settings

*These guidelines apply in cases when PPE is worn for individual patient interactions or when worn throughout the shift.*

## Standard Precautions for routine patient care:

| PPE to be worn as follows: | Procedure mask | Eye protection (goggles, eye shield) | Impervious gown | Gloves | N95 respirator |
|---|---|---|---|---|---|
| Standard Precautions<br>A set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin and mucous membranes and via droplet/airborne transmission | X<br>When entering the facility and throughout the day | X<br>All aerosol-generating procedures (AGPs) | X<br>Example: Body contact with blood or body fluids and AGPs | X<br>Example: Hand contact with blood or body fluids, non-intact skin or mucous membranes | Worn for all AGPs |
| | NOTE: PPE is selected based on anticipated contact with non-intact skin, moist body secretion and splashing and spraying of infectious body fluid, as well as exposure to droplets and aerosols. | | | | |

## Standard, Contact, and Airborne Precaution guidelines for patient suspected or confirmed for COVID-19:

| Coronavirus Disease (COVID-19) Personal Protective Equipment (PPE) Guidance | | | | | |
|---|---|---|---|---|---|
| PPE to be worn as follows: | N95 respirator | Eye protection (goggles, eye shield) | Impervious/ Fluid-resistant gown | Isolation gown | Gloves |
| Suspected or confirmed COVID-19 without AGPs<br>Management on a non-designated unit | X<br>After removal, place N95 respirator in a breathable bag labeled with your name | X<br>Must be worn when patient facing within 6 feet. Disinfect with an Environment Protection Agency (EPA) approved disinfectant wipe and allow to air dry. Place in a labeled bag or container after when not being used. | Based on task being performed, utilize:<br>1. Impervious/fluid-resistant gown with blood or body fluid risk, including AGPs that cannot be contained with a barrier. Discard after use. Refer to Standard Precautions outlined above.<br>2. Isolation gown when criteria #1 is not met. Replace gown between each patient. | | X<br>Perform hand hygiene, don gloves and when removed, perform hand hygiene again. Replace gloves between each patient. |
| Suspected or confirmed or unknown COVID-19 with AGPs | X<br>Discard after use | X<br>Must be worn | | | |
| Designated COVID-19 unit/area/multi-bedded room<br>N95 respirator, procedure mask, and eye protection are worn for the shift | X<br>The N95 respirator must be worn for the entire shift if entering patient rooms* | X<br>Must be worn | | | |
| | NOTES:<br>1) If AGPs, discard the N95 respirator for unknown, suspected, and confirmed COVID-19 patients.<br>2) Replace any PPE that becomes contaminated.<br>3) If goggles or face shield reused, disinfect with an EPA approved disinfectant wipe, allow to air dry. Place in a labeled bag or container after use. | | | | |

*PPE can be removed in the room near the door or immediately outside the room.*

***Reuse protocol:** See "Recommended Guidance for Extended Use and Limited Re-Use of N-95 Filtering Facepiece Respirators in Healthcare Settings" on the Emergency Management Novel Coronavirus (COVID-19) Information webpage.*

*Guidelines may change based on supplies*

* Recommended cloth mask, if worn should be over the procedure mask.