Protocol for COVID-19/Novel Coronavirus

ACS Nicholas Scoppetta Children's Center

March 9, 2020

SCOPE AND PURPOSE

This protocol applies to the ACS Children's Center and shall serve as a guide to inform the process of addressing the COVID-19 epidemic.

PROTOCOL

Novel Coronavirus or COVID-19 is a respiratory virus that can be transmitted from person to person by sneezing, coughing, droplets of fluid, saliva, and mucus through the eyes, nose or mouth. Symptoms ranging from mild to severe include cough, fever, and difficulty breathing (shortness of breath) leading to hospitalization, and if untreated, death. The risk to children and healthy adults is very low. Office of Child and Family Health is issuing the following directives amidst the COVID-19 epidemic.

NEW ADMISSIONS TO THE CHILDREN'S CENTER

All new admits to shall be asked this question by the admission/intake staff. Admission/intake staff will ask CPS workers to respond for children who are not cognitively or developmentally appropriate to ask the following:

- Have you been feeling sick with a cough, fever, and difficulty breathing?
- If the answer is "YES", staff will immediately provide a surgical mask to the child/youth and any siblings with them and notify the medical staff and the Administrator on Duty. Staff shall separate the child/youth and their siblings from others and facilitate transport to the designated isolation area (room 114) for evaluation. Staff will transport the child(ren) by exiting from the vestibule and entering on the First Avenue entrance and proceed directly to room 114.

HEALTH SERVICES AT THE CHILDREN'S CENTER

CC Nursing will evaluate for COVID-19 and Other Respiratory infections and Determine if Patient Meets CDC's Person Under Investigation (PUI) Definition UPDATED as of 3/5/2020:

Clinical Features	**AND**	**Epidemiologic Risk (within 14 days of symptom onset)**
Fever[1] or sign/symptoms of lower respiratory illness (LRI) (e.g. cough or shortness of breath)	AND	Any person, including healthcare workers[2], who has had close contact[3]

[1] Fever may be subjective or confirmed

[2] For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation

[3] Close contact is defined as—

		with a laboratory-confirmed[4] COVID-19 patient within 14 days of symptom onset
Fever[1] or sign/symptoms of lower respiratory illness (LRI) (e.g. cough or shortness of breath) **AND** negative results on a molecular respiratory viral panel (e.g. Biofire or equivalent)	AND	A history of travel from a geographic area for which a CDC Level 2 or Level 3 Travel Health Notice has been issued for COVID-19 (sustained or widespread community transmission) within 14 days of symptom onset
Fever[1] or sign/symptoms of lower respiratory illness (LRI) (e.g. cough or shortness of breath) ***requiring hospitalization*** **AND** negative results on a molecular respiratory viral panel (e.g. Biofire or equivalent)	AND	A history of travel from a geographic area for which a CDC Level 1Travel Health Notice has been issued for COVID-19 within 14 days of symptom onset
Fever[1] AND severe lower acute respiratory illness (e.g. pneumonia, ARDS) ***requiring hospitalization*** **AND** without alternative explanatory diagnosis (e.g. influenza, legionella, streptococcal pneumonia, fungal infections)[5]	AND	No source of exposure identified
Clusters of epidemiologically linked individuals with fever[1] **AND** signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) **AND** negative results on a molecular respiratory viral panel (e.g. Biofire or equivalent)	AND	Potential epidemiologic risk other than categories defined above (e.g., residence in a county with evidence of community-acquired COVID-19 but no known direct exposure)

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a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case – or –b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)
If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met. See CDC's updated Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings as described in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.

[4] Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries. Affected areas are defined as geographic areas where sustained community transmission has been identified. Relevant affected areas will be defined as a country with sustained or widespread community-level transmission (CDC Level 2 or 3 Travel Health Notice).

[5] Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered.

If youth meets CDC's Person Under Investigation (PUI) definition:

- If COVID-19 suspicion criteria is met, nursing staff shall immediately assess the child/youth.
- If criteria is met, the child/youth and any siblings with them shall be quarantined in a designated room and each provided with a surgical mask.
- Contact with the clinically suspicious COVID-19 child/youth will be limited to medical staff and designated facility staff who will be using the appropriate size N95 mask during all encounters.
- Medical shall facilitate a transfer to the emergency room for testing, further work-up and appropriate treatment.
- CC Staff will remain with the child/youth in the emergency room, as per current guidelines regarding hospital admissions.
- Medical does not need to alert the Department of Health, the emergency room will follow through with this process.
- Medical shall follow routine parent/guardian notification.
- Medical shall maintain adequate stock of N95 masks all sizes, hand sanitizers, and reinforce consistent handwashing.
- If symptomatic child/youth returns from the ER negative for COVID-19, youth is to be kept in a designated room for observation and Medical will determine disposition based on assessment over time.

FACILITY OPERATIONS

- All staff accompanying any child/youth to the emergency room shall have on the N95 mask.
- Nursing staff shall alert operations once child/youth is out of the facility for appropriate cleaning. The room utilized for quarantine and the nearby areas including the area of initial encounter with the child/youth shall be thoroughly sanitized with cleaning solutions appropriate and effective for COVID-19[6], and no one is to enter or use the room for at least four hours after cleaning. Operations will provide guidance to custodial staff to facilitate this process.
- Operations will ensure adequate supplies of all sizes of N95 masks and surgical masks throughout the facility (in designated areas).

CURRENT RESIDENTS AT THE CHILDREN'S CENTER

- Any child/youth meeting the criteria for COVID-19 suspicion either through the sick call process or staff observation shall undergo the same process as the new admissions.
- Children/Youth who are observed ill or symptomatic in residence shall be brought immediately to medical for evaluation.

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[6] New York State Registered Disinfectants Based on EPA List
https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

VISITORS

- Screen visitors in advance and upon arrival for fever or signs of an acute respiratory illness.
- Ask persons upon arrival at the facility for symptoms or possible exposures to COVID-19. Exclude visitors who appear to be ill or report fever, cough, shortness of breath and either travel from an affected geographic area within the past 14 days OR close contact with a person with confirmed COVID-19 within the past 14 days.
- Inform potential visitors that symptomatic persons will not be allowed to enter the facility. When possible, facilities should use their usual communication channels to inform potential visitors of these rules before they travel to the facility.

ALL STAFF

- Get the flu shot—it's not too late. Although the flu shot will not protect you from COVID-19, it will help prevent the flu which has similar symptoms to this coronavirus.
- Cover your coughs and sneezes with a tissue or your sleeve (not your hands).
- Wash hands often with soap and warm water for at least 20 seconds.
- Use an alcohol-based hand sanitizer if soap and water are not available. Make sure that it includes at least 60% alcohol for appropriate coverage.
- Do not touch your eyes, nose, or mouth with unwashed hands.
- If you feel sick, stay home.
- If you have fever, cough and/or shortness of breath, and recently traveled to an area with ongoing spread of COVID-19 or have been in close contact with someone who has recently traveled to any of those areas, go to your doctor.
- Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.