

Provider Protocol for COVID 19

1. If APC (NP/PA), consider notifying preceptor about case before heading into room.
2. Don PPE. Follow posted instructions.
3. If translation needed, use telephone. Have interpreter staff call the room extension.
4. If meet PUI or any questions, call Public Health.
5. If need to collect specimens, call out to nursing station or send Epic message and HC/HN will bring to you.
6. After visit is done, patient can be sent directly home (no need to wait for check out).
7. If needs CXR or labs, send to ED.
8. If need preceptor, call to nursing station. HC/HN will get preceptor.
9. Remove PPE/ exit room. If PUI, then do not reuse N95.

Questions about what to do: Call Alameda Public Health Dept.

Mon - Fri 8:30 - 5pm: 510-267-3250

After hours: 925-422-7595 (ask to speak to Public Health Officer on call)

Home Isolation:

If you have a patient who is a potential PUI, but doesn't meet full criteria, I would recommend:

1. Self isolation at home: (stay home as much as possible, avoid public areas, wear a facemask)
2. Monitor for sx. (eg. if pt only has cough, some are recommending check temps BID)
3. Call if they get worse or new sx, don't just walk in.

Nebulizer treatments

These are high risk procedures with aerosolized respiratory secretions. If there is a possibility of Covid 19, you have 3 options:

1. Give the neb. Will need to be done in a negative pressure room. Will need full PPE for everyone involved, including for the reassessments etc.
2. Give Albuterol MDI (with a spacer). We will need to order these.
3. Refer to ED.

Specimen Collection:

Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab) Use a synthetic fiber swab with plastic shaft. Do not use calcium alginate swabs or swabs with wooden shafts.

Nasopharyngeal: insert swab into nostril parallel to the palate, leave swab in place for a few seconds to absorb secretions. Swab both nasopharyngeal areas with the same swab.

Oropharyngeal: swab the posterior pharynx, avoiding the tongue.

Place each swab into a separate sterile tube, each with 2-3 ml of viral transport media. Do NOT combine NP/OP swab specimens; keep swabs in separate viral transport media collection tubes. Refrigerate at 2-8°C.

PUI Definition:

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 ² , who has had close contact ³ with a laboratory-confirmed ⁴ COVID-19 patient 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	AND	A history of travel from affected geographic areas ⁵ (see below) within 14 days of symptom onset
Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization ⁴ and without alternative explanatory diagnosis (e.g., influenza) ⁶	AND	No source of exposure has been identified

Affected Geographic Areas with Widespread or Sustained Community Transmission

Last updated February 26, 2020

- China
- Iran
- Italy
- Japan
- South Korea

Tracking:

Email: incidents@ahschc.org if you have a PUI.