CLINICAL PATHWAY: CT Children's ED and Inpatient **ED Care**

THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL

¹Close Contact Risk

- Living in the same house or visiting someone with confirmed/suspected COVID-19
- Being within 6 feet of someone with confirmed/suspected COVID-19 for ≥15 minutes over a 24 hour period, starting 2 days prior to the diagnosis
- Direct contact with infectious secretions with someone with confirmed COVID-19

Patient in Emergency Department. Ensure patient wears surgical mask, if able.

COVID-19 risk factors?

(i.e., positive COVID-19 test or close contact with COVID-19 positive person; symptoms suggestive of active COVID-19 infection)

- YES Place in private room or area where patient can isolate 6 feet away from others as space allows, if available (see ED Surge
- Place patient on Special Precautions, if able.
- Ensure patient stays masked, if able.
 - Team members to utilize appropriate PPE (see COVID-19 PPE guidelines)

Is the patient likely to

require hospitalization?

COVID-19 Testing²

(see Appendix A: Instructions for Sending COVID-19 Specimen)

If clinically indicated (e.g., symptomatic):

- Send COVID-19 lab test through HHC
- If immediate results needed to determine appropriate management for those at risk of progressing to severe COVID-19:
 - Send Multiplex Rapid COVID/Flu A/B or COVID-19 only LIAT

DISCHARGE HOME

- If patient COVID positive and at high risk of progressing to severe COVID-19: Consult Infectious Diseases; see Outpatient Therapies
- Refer to CDC's Guidance on Home Care (Not Requiring Hospitalization)
- Refer to COVID-19 Cardiology Return to Play Algorithm
- Can offer telemedicine visit with CT Children's Infectious Disease and Immunology [call CT Children's One Call 833-226-2362]
- Ensure patient and family is quarantined at home per CDC/DPH recommendations
 - CDC's Guidance for Preventing Spread of COVID-19
 - CDC's Guidance for Discontinuing Home Quarantine

Standard care.

- 2Send COVID only LIAT test (select whom to route the result to in the LIAT test order) if patient is asymptomatic for COVID-19 and is admitted imminently to an inpatient psych unit that requires testing
 - See Appendix A: Instructions for Sending COVID-19 Specimen

COVID-19 Testing²

(See Appendix A: Instructions for Sending COVID-19 Specimen and Appendix B: COVID-19 Testing Guidelines)

Universal COVID-19 testing is no longer required for all admissions unless symptomatic, close contact with COVID-19

If symptomatic or concern for COVID-19 (or influenza) infection:

Multiplex Rapid COVID/Flu A/B or COVID-only LIAT (reserve respiratory BIOFIRE for critically ill patients)

If close contact¹ with COVID-19 in the last 10 days (or 20 days if diagnosed with an immune deficiency):

Send COVID-19 only LIAT test

If patient is being admitted to an inpatient psych unit that requires testing:

Send COVID-19 only LIAT test (select whom to route the result to in the LIAT test order)

Additional Clinical Considerations:

- If mild COVID-19 infection or COVID-19 infection not suspected:
 - Care per primary team
 - If mild COVID-19: Consider need for Outpatient Therapies for COVID-19: consult Infectious Diseases
- If hospitalized due to COVID-19 and/or moderate-severe infection due to
- Proceed to Inpatient Therapies for COVID-19 Clinical Pathway
- If concern for MIS-C: use MIS-C Clinical Pathway
- If signs of sepsis: use Sepsis Clinical Pathway
- If clinical picture consistent with bacterial pneumonia: use Community Acquired Pneumonia Clinical Pathway

Admit to inpatient floors

See COVID-19 Inpatient Care on page 2

²COVID-19 Tests and Indications for Use in Emergency Department (see Appendix A: Instructions for Sending COVID-19 Specimen)

- Multiplex Rapid COVID/Flu A/B: cannot be used for screening purposes
 - If concern for COVID-19 infection (e.g., symptomatic) and requires immediate results to determine appropriate management (see Outpatient Therapies for COVID-19)
- - If asymptomatic for COVID-19 and utilized for screening (i.e., imminent inpatient psych admission in a unit that requires testing)
 - If symptomatic and only testing for COVID-19
- COVID-19 only lab (through HHC):
 - If patient is being discharged home and requires testing if clinically

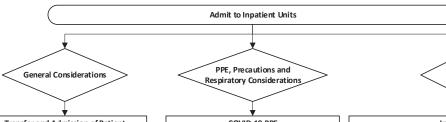
NEXT PAGE





CLINICAL PATHWAY: CT Children's ED and Inpatient **Inpatient Care**

THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL



Intranet

Transfer and Admission of Patient

- Room based on standard procedures or COVID-19 PICU Surge Plan
- Refer to Appendix C: Transferring a COVID-19 Patient
 - Ensure receiving unit is ready for patient arrival prior to transfer
 - Transport patient in empty elevator

Visitor Guidelines

Follow Visitor Guideline for Inpatient

3COVID-19 PCR Screening

- Universal COVID-19 screening is no longer required for all admissions, unless the patient is symptomatic or had close contact* with COVID-19 in the past 10 days (or 20 days if diagnosed with an immune deficiency)
- For patients who had close contact* with COVID-19 in the past 10 days (or 20 days if they have an immune deficiency), testing can be deferred if they tested positive in the last 4 weeks and are not newly symptomatic
- Direct admissions who require testing will be tested by the inpatient floor staff (patient to be on Special Precautions until result returns)
- If tested, patient and caregivers must remain confined to room until COVID-19 PCR test results negative
 - Caregivers may leave the hospital but must avoid use of shared spaces until test negative
- Place on Special Precautions if:
 - COVID-19 PCR test is positive
 - COVID-19 PCR test is negative but there is high clinical suspicion of COVID
 - Patient has had a COVID exposure/close contact¹ within the last 10 days
- See Appendix B: COVID-19 Testing **Guidelines** for specific recommendations

COVID-19 PPE

- Please follow specific PPE recommendations for specialized areas See COVID-19 PPE Guidelines on
- Caregivers must mask when leaving patient room, or when team member enters room

For COVID negative patients with COVID exposure/close contact* in the past 10 days:

- Place on Special Precautions to complete a full 10 day quarantine
- Consider discontinuing precautions at end of 10 day quarantine if asymptomatic and no new risk factors

For COVID positive patients (or COVID negative but with high clinical suspicion of COVID infection):

- Place on Special Precautions
- Consider discontinuing Special Precautions (while still following PPE guidelines based on patient risk criteria – see COVID-19 PPE Guidelines) when following criteria met:
 - If never symptomatic (and remains asymptomatic): 10 days from first positive test (20 days if immunocompromised)
 - If symptomatic: afebrile for 24 hours without fever-reducing medications, AND symptom improvement AND 10 days since symptoms first appeared (20 days if immunocompromised or was severely ill with COVID-19)

Respiratory Considerations

Follow COVID-19 PPF Guidelines for aerosol-generating procedures

If patient on Special Precautions requires CODE or MET:

- Use designated code cart
- Keep door closed if possible
- Use electronic communication devices as able (code cart RN and Recorder RN)
- Only key personnel in room
- All personnel in room must wear full **COVID-19 PPE**

Initial Management (If not already completed in ED)

Evaluation and

Treatment

COVID testing:

- Send COVID-19 lab testing through HHC³
- A COVID-19 LIAT test may be ordered from the inpatient units in unique situations
 - If concern for COVID-19 infection (e.g., symptomatic) and result needed immediately:
 - Multiplex Rapid COVID/Flu A/B or COVID-19 only LIAT
 - If asymptomatic and requires screening (e.g., imminent inpatient psych admission to unit that requires testing):
 - COVID-19 only LIAT
 - If going to OR/sedation/sleep study/cardiac stress/MRI, send COVID-19 only LIAT if no test result is available in the past 72 hours and:
 - If there has been a close contact with COVID-19 in the prior 10 days before procedure (or 20 days if immune
 - If newly symptomatic (change in baseline) in prior 5 days before procedure, or
 - History of positive test in an immune compromised patient in the prior 20 days before procedure
- Reserve respiratory BIOFIRE for critically ill patients
- See Appendix A: Instructions for Sending COVID-19 Specimen
- See Appendix B: COVID-19 Testing Guidelines for testing guidelines
- If COVID-19 positive:
 - Place patient on Special Precautions
 - Consult Infectious Diseases
- If initial COVID-19 test negative:
 - See Appendix B: COVID-19 Testing Guidelines for recommendations for repeat testing

- Utilize COVID-19 VTE algorithm to determine interventions to prevent or treat for thrombosis
- If mild COVID-19 infection:
 - Care per primary team
 - If high risk for progressing to severe COVID-19 illness: consider need for Outpatient Therapies for COVID-19; consult Infectious Diseases
- If hospitalized due to COVID-19 and/or moderate-severe infection due to COVID-19.
 - Proceed to Inpatient Therapies for COVID-19 Clinical Pathway for work up and management
 - If concern for MIS-C: use MIS-C Clinical Pathway
- If signs of sepsis: use Sepsis Clinical Pathway
- If clinical picture consistent with bacterial pneumonia: use Community Acquired Pneumonia Clinical Pathway

*Close Contact Risk

- Living in the same house or visiting someone with confirmed/suspected COVID-19
- Being within 6 feet of someone with confirmed/suspected COVID-19 for ≥15 minutes over a 24 hour period, starting 2 days prior to the diagnosis
- Direct contact with infectious secretions with someone with confirmed COVID-19

DISCHARGE CRITERIA/INSTRUCTIONS

- Clinically stable without supplemental O2 requirement, well hydrated without need for IVF
- Offer telemedicine visit with CT Children's Infectious Disease and Immunology [call CT Children's One Call 833-226-2362]
- Refer to COVID-19 Cardiology Return to Play Algorithm
- Ensure appropriate follow up with PCP arranged
- Ensure patient and family is quarantined at home per CDC/DPH recommendations
 - CDC's Guidance for Preventing Spread of COVID-19 CDC's Guidance for Discontinuing Home Quarantine



RETURN TO THE BEGINNING





CLINICAL PATHWAY: CT Children's ED and Inpatient COVID-19 Algorithm Appendix A: Instructions for Sending COVID-19 Specimen

THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL JUDGMENT.

Hartford Hospital Specimen

- Specimens must be collected in a viral transport tube
 - Both BIOFIRE and COVID-19 specimens may be sent with 1 single swab (reserve respiratory BIOFIRE for critically ill patients)
- Place COVID-19 sample in a green irreplaceable biohazard bag
- Patient's COVID-19 test requisition form (will have printed when COVID-19 test was ordered)
- Must hand carry sample to the HH Lab; DO NOT use the tube system
- When walking samples to Hartford Hospital, the staff member will <u>only</u> need to wear gloves for PPE. There is no need to don full PPE for sample transport.

LIAT Specimen

- Specimen must be collected in viral transport medium
- Label sample with barcoded patient demographic label that includes: the initials of the person collecting the sample, date and time of collection
- Patient sample should be placed in a green irreplaceable biohazard bag
- Must hand carry sample to COVID-19 specimen drop-off room (1C, room #1693) and fill out the log
- When walking samples to COVID-19 specimen drop-off room, the staff member will only need to wear gloves for PPE. There is no need to don full PPE for sample transport.









CLINICAL PATHWAY: CT Children's ED and Inpatient COVID-19 Algorithm Appendix B: COVID-19 Testing Guidelines

THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL JUDGMENT.

COVID-19 Testing Guidelines

- Universal COVID-19 screening is **no longer required** for all admissions, **unless:**
 - o the patient is symptomatic, or
 - the patient has had close contact with COVID-19 in the past 10 days (or 20 days if diagnosed with an immune deficiency)
- For patients with close contact with COVID-19, testing can be deferred if they have had a positive test in the last 4 weeks, as long as they are not newly symptomatic.
- For ED patients requiring admission:
 - If test is required due to symptoms or exposure, COVID-19 test¹ to be ordered and sent in the ED <u>prior</u> to transfer to floors or surgery
 - If the COVID-19 test result is not available in a timely fashion, the patient can be transferred to the floors without the result, as long as:
 - Patient remains on Special Precautions Isolation until COVID-19 test results negative
 - Patients and caregivers remains confined in room until COVID-19 PCR test results negative (caregivers may leave the hospital but must avoid use of shared spaces until test is negative)
- For patients transferred or admitted directly to inpatient units:
 - If test is required due to symptoms or exposure, COVID-19 test¹ to be sent by inpatient floor staff
 - o Patient will be on Special Precautions Isolation until COVID-19 PCR test results negative
 - Patients and caregivers must remain confined in room until COVID-19 PCR test results negative (caregivers may leave the hospital but must avoid use of shared spaces until test is negative)
- If requiring surgical procedure, sedation, sleep study, cardiac stress test, or MRI:
 - o Screening for asymptomatic and low risk individuals is no longer needed
 - o Only send a COVID-19 screening test if there is no test result available in the past 72 hours and:
 - If there has been close contact with COVID-19 in the prior 10 days before procedure (or 20 days if immune compromised), or
 - If patient is newly symptomatic (e.g., change in baseline) in the prior 5 days before procedure, or
 - There is a history of a positive test in an immune compromised patient in the prior 20 days before procedure
- Long-term patients requiring prolonged hospitalization no longer need screening COVID-19 tests unless a new clinical concern for COVID-19 infection arises
- If initial COVID-19 PCR screen is POSITIVE (or test is negative but with high clinical suspicion of COVID-19):
 - o Place patient on Special Precautions
 - Will require full utilization of COVID-19 PPE
 - Patient is <u>no longer infectious</u> (standard precautions; does not need Special Precautions) when the following timelines are met:
 - If never symptomatic: 10 days from first positive test (20 days if immunocompromised)
 - If initially symptomatic: afebrile for 24 hours without fever-reducing medications, AND symptom improvement, AND 10 days since symptoms first appeared (20 days if immunocompromised or was severely ill with COVID-19)

¹COVID-19 Tests and Indications for Use

(see Appendix A: Instructions for Sending COVID-19 Specimen)

- Multiplex Rapid COVID/Flu A/B: cannot be used for screening purposes
 - o If concern for COVID-19 infection (e.g., symptomatic) and requires immediate results to determine appropriate management (see Outpatient Therapies for COVID-19)
- COVID-19 only LIAT:
 - o If asymptomatic for COVID-19 and utilized for screening (i.e., or imminent inpatient psych admission that requires testing)
 - o If symptomatic and only testing for COVID-19
- COVID-19 only lab (through HHC):
 - o If patient is being discharged home and requires testing if clinically indicated



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CLINICAL PATHWAY: CT Children's ED and Inpatient COVID-19 Algorithm Appendix B: COVID-19 Testing Guidelines

THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL JUDGMENT.

Recommendations for Repeat COVID-19 Testing:

If initial COVID-19 screening test is positive:

- There is no indication to retest within the following 4 weeks from first positive test unless the patient becomes <u>newly</u> symptomatic
 - Patient is <u>no longer infectious</u> (standard precautions; does not need Special Precautions) when the following timelines are met:
 - If never symptomatic: 10 days from first positive test (20 days if immunocompromised or was severely ill with COVID-19)
 - If symptomatic: afebrile for 24 hours without fever-reducing medications, AND symptom improvement, AND 10 days since symptoms first appeared (20 days if immunocompromised or was severely ill with COVID-19)

• If initial COVID-19 screening test is negative:

- If symptomatic with high clinical suspicion for COVID-19:
 - Consider repeat COVID-19 testing (must have ≥24 hours between initial and repeat test)
 - Continue Special Precautions until repeat testing returns
 - If repeat testing is negative, patient likely negative for COVID-19 and no further testing is required. Consider sending respiratory BIOFIRE.
- o If asymptomatic/respiratory BIOFIRE is negative, with low clinical suspicion for COVID-19:
 - Likely negative for COVID-19 infection; repeat testing is not indicated

• Special Circumstances:

- May consider sending repeat COVID-19 PCR if:
 - Needing transfer to another facility that requires a COVID-19 test within a certain time frame
- If requiring surgical procedure, sedation, sleep study, cardiac stress test, or MRI:
 - Screening for asymptomatic and low risk individuals is no longer needed.
 - Only send a COVID-19 screening test if there is no test result available in the past 72 hours and:
 - If there has been close contact with COVID-19 in the prior 10 days before procedure (or 20 days if immune compromised), or
 - If patient is newly symptomatic (e.g., change in baseline) in the prior 5 days before procedure, or
 - There is a history of a positive test in an immune compromised patient in the prior 20 days before procedure
- *Consider use of more rapid LIAT COVID-19 test when faster turn-around time is necessary¹

¹COVID-19 Tests and Indications for Use

(see Appendix A: Instructions for Sending COVID-19 Specimen)

- Multiplex Rapid COVID/Flu A/B: cannot be used for screening purposes
 - If concern for COVID-19 infection (e.g., symptomatic) and requires immediate results to determine appropriate management (see Outpatient Therapies for COVID-19)
- COVID-19 only LIAT:
 - If asymptomatic for COVID-19 and utilized for screening (i.e., or imminent inpatient psych admission that requires testing)
 - o If symptomatic and only testing for COVID-19
- COVID-19 only lab (through HHC):
 - o If patient is being discharged home and requires testing if clinically indicated









Patients with known or suspected COVID-19 (or when admission COVID-19 test is pending) can be transported safely between patient units by adhering to the following steps:

- 1. The receiving unit will indicate to the sending unit when the room and staff are ready to accept the patient.
- 2. ED RN will give report to the receiving unit by phone.
- 3. ED RN will sanitize stretcher handrails and any other area with visible soil, with disinfectant wipes prior to leaving the ED.
- 4. Upon leaving the room, the patient will don a surgical mask and a clean sheet will be placed over the patient (to the chin) for transport.
- 5. If the ED RN is accompanying the patient to the new location, they must remove their gloves and gown, wash their hands, and don clean gown and gloves. They may leave their N95 and eye protection on without change. If another team member is transporting the patient they must wear appropriate PPE.
- 6. The patient must be transported directly to the receiving unit. Do not allow any visitors or other staff in the elevator with the patient. Only family members may accompany.
- 7. Receiving unit will be ready with PPE donned to receive the patient in a negative pressure room, or a standard room if no negative pressure room is available.
- 8. A Special Precautions isolation sign must be placed on the door of the negative pressure room.
- 9. Once the patient is moved from the stretcher to the bed, remove the linens from the ED stretcher and place in the linen hamper in the room. The stretcher should be moved to the anteroom or hallway.
- 10. The team member will remove gown, gloves, and eye protection in the room. The respirator/mask must be removed in the ante room or the hallway if there is no ante room. Perform hand hygiene.
- 11. A new pair of clean gloves will be donned. Wipe the mattress and handrails with a disinfectant wipe. Then transport the stretcher back to the original room in the ED for terminal cleaning of the entire room.



RETURN TO THE BEGINNING

