POMONA VALLEY HOSPITAL
MEDICAL CENTER
Expert care with a personal touch

Coronavirus Update & FAQs

What is the coronavirus?

The 2019 novel coronavirus (2019-nCoV) is a zoonotic, ssRNA virus. More than 500 cases of 2019-nCoV have been identified in Wuhan City, Hubei Province, China, with additional cases identified in the United States, Thailand, Japan, South Korea, Macau, Taiwan and Singapore.

The Los Angeles International Airport (LAX) is currently screening incoming travelers for symptoms and referring anyone with fever and respiratory symptoms for medical evaluation.

What are the symptoms?

According to the Los Angeles County Department of Public Health (LACDPH), while there is no specific cure for infections caused by the novel coronavirus, hospital partners and clinical providers are able to provide care for symptoms caused by the infection. Symptoms include:

- Fever (T >100.4º F or >38º C)
- Cough
- Difficulty breathing

How is it transmitted?

Human coronaviruses are most commonly spread from an infected person to others through:

- The air by coughing and sneezing
- Close personal contact, such as touching or shaking hands (Close contact: within 6 feet)
- Touching objects or surfaces with the virus on it, then touching your mouth, nose, or eyes before washing your hands
- rarely, fecal contamination

What is Pomona Valley Hospital Medical Center's role?

The LACDPH is now requiring that all healthcare facilities screen patients as per the **screening protocol on the next page**. *Please ensure that you follow this protocol and abide by all of the appropriate isolation, personal protective equipment (PPE) and disinfection guidelines listed.*

Should you have any questions about this process, please speak with your supervisor, manager or contact our Infection Prevention Department.

You will also notice LACDPH-mandated signage at each entrance of the Main Hospital and all of the Pomona Valley Health Centers. The signage advises patients and visitors exhibiting the symptoms, and who have been in Wuhan, to seek immediate medical care.
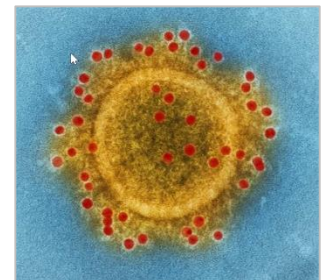
2019 Novel Coronavirus (2019-nCoV) Physician Check List: Managing patients who may have (2019-nCoV) infection

The purpose of this checklist is to provide you with step-by-step guidance when evaluating patients who may have 2019 Novel Coronavirus (2019-nCoV) infection, with the goal of preventing the spread infection and expediting investigation with the Los Angeles County Department of Public Health (LAC DPH) and testing through the Public Health Laboratory (PHL).

Medical providers, for assistance with diagnosis and infection control, please call:
LAC DPH Acute Communicable Disease Control (ACDC)
(213) 240-7941 (8:00am – 5:00pm Monday to Friday)
(213) 974-1234 (After Hours Emergency Operator)

☐ **Step 1. Identify patients who may have respiratory illness caused by 2019-nCoV.**

☐ Place visible signage requesting visitors with a fever and recent international travel to immediately notify a healthcare staff.

(2019 nCoV travel alert poster: English / Chinese-Simplified / Chinese-Traditional)

☐ 2a. Place surgical mask on all patients who present with respiratory symptoms

☐ **Step 2. Does the patient meet criteria for evaluation as a Person Under Investigation (PUI) for 2019-nCoV?[1]**

Clinical Features	&	Epidemiologic Risk
Fever **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 with a laboratory-confirmed 2019-nCoV patient within 14 days of symptom onset
Fever **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from **Hubei Province**, China within 14 days of symptom onset
Fever **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from mainland **China** 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 if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).		

[1] Refer to the CDC Guidance for Health Professionals for definitions of fever, hospitalization, close contact, and laboratory-confirmed: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

IF NO then **STOP** 🛑 here and continue evaluation for alternative diagnosis as clinically indicated.

IF YES and patient meets PUI criteria, then immediately isolate patient:
☐ Place patient in private room with door closed (ideally negative pressure airborne isolation room).

☐ **Step 3. Implement following infection control procedures for healthcare workers:**

   ☐ 3a. Standard precautions

   ☐ 3b. Contact precautions (gloves, gown)

   ☐ 3c. Eye protection

   ☐ 3d. Airborne precautions (e.g., N95 mask or PAPR)

☐ **Step 4. Immediately contact and report patient to the LAC DPH ACDC:**
(213)240-7941 from 8:00am- 5:00pm Monday to Friday and (213)974-1234 (After Hours Emergency Operator)

   ☐ Complete [CDC PUI form](#) (available for download from DPH nCoV website); DPH will ask for a copy of this completed form

   ☐ Once PUI form is completed, call LAC DPH and an oncall physician will advise on the next steps.

   ☐ **DO NOT send specimen to the Public Health Lab (PHL) until case is discussed with and testing is approved by DPH.**

   ☐ **Notify Infection Prevention departement at 865-9565 and email at "Epidemiology & Infection Control".**

☐ **Step 5. Collect specimens for laboratory diagnosis via the PHL.**

Collect one specimen from each category (lower respiratory and upper respiratory)
as soon as possible regardless of symptom onset.

   ☐ 5a. *Lower Respiratory*

- **Bronchoalveolar lavage or tracheal aspirate:** 2-3 mLin a sterile, leak- proof, screw-cap sputum collection cup or sterile dry container.
- **Sputum (if productive cough):** Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Avoid inducing sputum whenever possible, as this may increase the risk of aerosolizing the virus.

   ☐ 5b. *Upper Respiratory*

- **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. Place swab in a sterile tube with 2-3 ml of viral transport media Do NOT combine NP/OP swab specimens; keep swabs in separate viral transport media collection tubes.
- **Nasopharyngeal wash/aspirate or nasal aspirate:** 2-3 mL in a sterile, leak-proof, screw-cap

NOTE: sputum collection cup or sterile dry container.

- It is imperative that NP and OP swabs are placed in <u>viral transport</u> media, such as ones used to collect specimen NP swabs for influenza testing (see figure to the right).
- Improper collection, such as placing swabs in bacterial culture media, will void the specimen and delay testing.

If indicated Public Health may request the additional following specimens:

   ☐ 5c. *Serum*

- Children and adults: Collect 1 tube (5-10 mL) of whole blood in a serum separator tube.
- Infant: A minimum of 1 mL of whole blood is needed for testing pediatric patients. If possible, collect 1 mL in a serum separator tube.

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☐ 5d. *Stool*
  - Collect and place in a sterile, screw-cap, leak-proof container without preservative.
☐ 5e. *Urine*
  - Collect a minimum of 10mL in a sterile, screw-cap, leak proof container without preservative.

TRANSPORT INFORMATION
- Refrigerate specimens at 2-8°C and transport on cold pack.
- Complete a PHL H-3021 Test Requisition form for *each specimen*. Prefilled LAC DPH test request forms created form 2019-nCoV testing are available on the from [DPH nCoV website](#). Note there are two different forms:
    - Form to be used for NP swabs that request testing for nCoV and Biofire panel
    - Form to be used for all other specimens that request testing for nCoV
- Upon approval by LAC DPH, the PHL will assist with courier pick up. Specimens that arrive at PHL

☐ **Step 6. Continue medical evaluation and empiric treatment for other causes of respiratory infection or pneumonia as clinically indicated.**

All patients with suspected nCoV-2019 infection may also be tested for common causes of respiratory infection and pneumonia as clinically indicated. **Testing for other respiratory pathogens should not delay specimen collection for nCoV-2019 testing. PHL can assist with rapid molecular respiratory pathogen testing if needed.**

☐ **Step 7. Do not discharge patient without prior approval from LAC DPH.**

Continue patient isolation and infection control procedures as above.

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CDC nCoV ID _____

Interim 2019 novel coronavirus (2019-nCoV) patient under investigation (PUI) form

Immediately call and securely send completed form to your local/state health department. Local/state health departments should securely send forms to CDC: email (eocevent185@cdc.gov, subject line: nCoV PUI Form) or fax (770-488-7107). If you have questions, contact the CDC Emergency Operations Center (EOC) at 770-488-7100.

Today's date_____ **State patient ID**_____ **NNDSS local record ID/Case ID[1]** _____ **State**___ **County**_____

Patient first name _____ **Patient last name** _____ **Patient date of birth** _____

Interviewer's name_____ **Phone**_____ **Email**_____

Physician's name _____ **Phone**_____ **Pager or Email**_____

Sex ☐ M ☐ F **Age**_____ ☐ yr ☐ mo **Residency** ☐ US resident ☐ Non-US resident, country_____ *PUI Criteria*

Date of symptom onset_____

Does the patient have the following signs and symptoms (check all that apply)?

☐ Fever[2] ☐ Cough ☐ Sore throat ☐ Shortness of breath

Does the patient have these additional signs and symptoms (check all that apply)?

☐ Chills ☐ Headache ☐ Muscle aches ☐ Vomiting ☐ Abdominal pain ☐ Diarrhea ☐ Other, Specify_____

In the 14 days before symptom onset, did the patient:

Spend time in China?	☐ Y	☐ N	☐ Unknown
Does the patient live in China?	☐ Y	☐ N	☐ Unknown
Date traveled **to** China_____ Date traveled **from** China_____ Date **arrived** in US_____			
Spend time in Wuhan City, China?	☐ Y	☐ N	☐ Unknown
Does the patient live in Wuhan City?	☐ Y	☐ N	☐ Unknown
Spend time in Hubei Province (not Wuhan City)?	☐ Y	☐ N	☐ Unknown
Does the patient live in Hubei Province (not Wuhan City)?	☐ Y	☐ N	☐ Unknown
Spend time outside of the U.S. (not China)?	☐ Y	☐ N	☐ Unknown
Name of country _____ Does the patient live in this country? Date traveled **to** country (not China)_____ Date traveled **from** country (not China)_____ Date **arrived** in US from country (not China)_____	☐ Y	☐ N	☐ Unknown
Have close contact[3] with a person who is under investigation for 2019-nCoV?	☐ Y	☐ N	☐ Unknown
Have close contact[3] with a laboratory-confirmed 2019-nCoV case?	☐ Y	☐ N	☐ Unknown
Was the case ill at the time of contact?	☐ Y	☐ N	☐ Unknown
Is the case a U.S. case?	☐ Y	☐ N	☐ Unknown
Is the case an international case?	☐ Y	☐ N	☐ Unknown
In which country was the case diagnosed with 2019 n-CoV? _____			

Additional Patient Information

Is the patient a health care worker? ☐ Y ☐ N ☐ Unknown

Have history of being in a healthcare facility (as a patient, worker, or visitor) in China? ☐ Y ☐ N ☐ Unknown

Care for a nCoV patient? ☐ Y ☐ N ☐ Unknown

Is patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which nCoV is being evaluated? ☐ Y ☐ N ☐ Unknown

Diagnosis (select all that apply): Pneumonia (clinical or radiologic) ☐ Y ☐ N Acute respiratory distress syndrome ☐ Y ☐ N

Comorbid conditions (check all that apply): ☐ None ☐ Unknown ☐ Pregnancy ☐ Diabetes ☐ Cardiac disease ☐ Hypertension ☐ Chronic pulmonary disease ☐ Chronic kidney disease ☐ Chronic liver disease ☐ Immunocompromised ☐ Other, specify

Is/was the patient: Hospitalized? ☐ Y, admit date_____ ☐ N **Admitted to ICU?** ☐ Y ☐ N

Intubated? ☐ Y ☐ N **On ECMO?** ☐ Y ☐ N **Patient died?** ☐ Y ☐ N

Does the patient have another diagnosis/etiology for their respiratory illness? ☐ Y, Specify_____ ☐ N ☐ Unknown

PLEASE TURN OVER

CDC nCoV ID _____

Respiratory diagnostic results

Test	Pos	Neg	Pending	Not done
Influenza rapid Ag ☐ A ☐ B	☐	☐	☐	☐
Influenza PCR ☐ A ☐ B	☐	☐	☐	☐
RSV	☐	☐	☐	☐
H. metapneumovirus	☐	☐	☐	☐
Parainfluenza (1-4)	☐	☐	☐	☐
Adenovirus	☐	☐	☐	☐
Rhinovirus/enterovirus	☐	☐	☐	☐

Test	Pos	Neg	Pending	Not done
Coronavirus (OC43, 229E, HKU1, NL63)	☐	☐	☐	☐
M. pneumoniae	☐	☐	☐	☐
C. pneumoniae	☐	☐	☐	☐
Other, Specify_____	☐	☐	☐	☐

Specimens for 2019-nCoV testing

Specimen type	Specimen ID	Date collected	Sent to CDC?
NP swab			☐
OP swab			☐
Sputum			☐
BAL fluid			☐
Tracheal aspirate			☐

Specimen type	Specimen ID	Date collected	Sent to CDC?
Stool			☐
Urine			☐
Serum			☐
Other, specify____			☐
Other, specify____			☐

1   For NNDSS reporters, use GenV2 or NETSS patient identifier.

2   Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations

3   Close contact is defined as: a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment. Data to inform the definition of close contact are limited. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact.