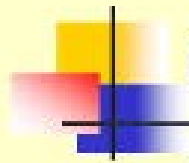
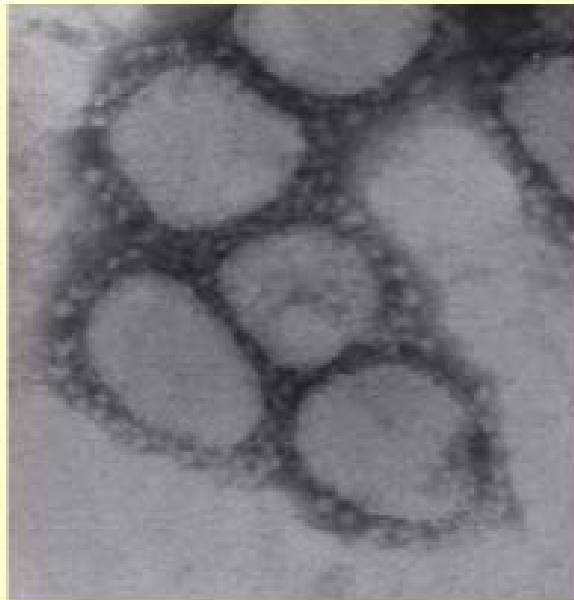


PVHMC Plan for nCoV 2019

2019 Novel Coronavirus (2019-nCoV)



Coronavirus



- ssRNA Virus
- Enveloped, pleomorphic morphology
- 2 serogroups: OC43 and 229E

Sometimes coronaviruses that infect animals can evolve and make people sick and become a new human coronavirus. Three recent examples of this are 2019-nCoV, SARS-CoV, and MERS-CoV.

SARS-CoV

Severe acute respiratory syndrome coronavirus (SARS-CoV) was first recognized in China in November 2002. It caused a worldwide outbreak in 2002-2003 with 8,098 probable cases including 774 deaths. Since 2004, there have not been any known cases of SARS-CoV infection reported anywhere in the world.

MERS-CoV

Middle East Respiratory Syndrome Coronavirus (MERS-CoV) was first reported in Saudi Arabia in 2012. It has since caused illness in people from dozens of other countries. All cases to date have been linked to countries in or near the Arabian Peninsula. CDC continues to closely monitor MERS globally and work with partners to better understand the risks of this virus, including the source, how it spreads, and how infections might be prevented.

2019 Novel Coronavirus (2019-nCoV)

On January 9, 2020, the World Health Organization reported that a novel (new) coronavirus was identified by Chinese authorities. The virus is associated with an outbreak of pneumonia in Wuhan City, Hubei Province, China.



nCoV – Current Situation, *per CDC as of January 22, 2020*

- Over 500 cases 2019-nCoV in Wuhan City, Hubei Province, China, and now in the U.S., Thailand, Japan, S. Korea, Macau, Taiwan, and Singapore
- 17 deaths
- Linked to seafood and animal market.
- Limited person-to-person spread is possible, but not yet confirmed.
- 7 severe illness (5 currently in critical condition)
- Monitoring over 700 close contacts
- Most cases among middle age and older men.
- Less severe than SARS, MERS
- Less person to person transmission (no healthcare workers per China)

Coronaviruses General Information / Transmission

- Common cause of the common cold.
- Usually in fall and winter, but year-round infection is possible.
- Human coronaviruses 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
 - touching objects or surfaces with the virus on it, then touching your mouth, nose, or eyes before washing your hands
 - rarely, fecal contamination
- Incubation 2-14 days (assumed)

Airport Health Screening

In US:

- CDC is started airport screening 1/18/2019 for travelers from Wuhan City.
- 75% travelers from Wuhan go to LA, SF, NYC.
- No direct flights to LAX, all arrivals connect through other cities.
- Any travelers with fever, respiratory symptoms referred for medical evaluation.
- All healthy travelers given instruction card to contact health providers with symptoms. Recommends calling ahead to notify Wuhan exposure.
- Hong Kong, Singapore, Thailand & South Korea are screening travelers at airport and quarantining symptomatic individuals.

PVHMC Plan

PVHMC Plan *as of 01/23/2020*

- Signage at entrances
- Screening/Documentation - ED and Offsites
- Laboratory
- Infection Prevention Guidelines:
 - Isolation, PPE, Disinfection
- Exposure follow-up
- Communication
 - Internal and External

PVHMC Health Alert Signage

PVHMC Plan:

Signage will be posted:

- ED, WC, Main Lobby, Radiology, CCC
- Offsite: Chino, Claremont, La Verne
- Family Health Center

Signage Language: English & Chinese

Sample Signage from CDC

HEALTH ALERT: *Travelers from Wuhan, China*

There is an outbreak of pneumonia in Wuhan, China caused by a new type of coronavirus.

If you have been in Wuhan within the past 2 weeks and develop a fever, cough, or have difficulty breathing, seek medical care right away.

- CALL AHEAD BEFORE GOING TO SEE A DOCTOR OR EMERGENCY ROOM.
- TELL THEM YOUR SYMPTOMS AND THAT YOU WERE IN WUHAN.
- GIVE THEM THIS CARD.

Triage Staff/Clinicians:

- Use standard, contact, and airborne precautions, and eye protection.
- Notify infection control and your state/local health department immediately.

For more information: www.cdc.gov/wuhan

健康预警：来自中国武汉的旅客请注意

近期，在中国武汉爆发了一种由新型冠状病毒所引起的肺炎。

如果您在过去两周内曾到过武汉，并出现发烧，咳嗽，或呼吸困难的症状，请立即与医生联系。

- 请在看医生或去急诊室之前电话咨询。
- 告知医生您的症状，并让医生知道您曾到过武汉。
- 请把此卡片交给医生。

分诊人员/临床医生：

- 请采取标准预防，接触隔离，空气传播预防，以及眼部防护措施。
- 请立即通知传染病防控机构和您所在州/地方的卫生部门。

详细信息请参见：www.cdc.gov/wuhan

PVHMC Screening protocol

Who: ED, LDRP, direct admit, offsite clinics and other.

1. Travel History to Wuhan City China within 14 days prior to illness. *See CDC algorithm.*
2. Identify patients who may have respiratory illness, (e.g., cough, shortness of breath), fever ($T > 100.4^{\circ} \text{ F}$ or $> 38^{\circ} \text{ C}$) -at least one of the symptoms
3. Place surgical mask on the patient and N-95 mask on HCWs
4. Initiate contact/airborne isolation
 - ❖ Place patient in negative pressure room – ED, Peds
 - ❖ Private room with door closed - Off sites, WC
 - ❖ Implement following infection control procedures for healthcare workers
5. Clinicians to call LAC DPH to discuss specimen collection
6. Document in EMR

PVHMC Screening Protocol LDRP

1. Screen patient before scheduled class
2. Travel History to Wuhan City China within 14 days prior to illness. See CDC algorithm
 1. Identify patients who may have respiratory illness, (e.g., cough, shortness of breath), fever ($T > 100.4^{\circ} \text{ F}$ or $> 38^{\circ} \text{ C}$) -at least one of the symptoms

If screened patient is high risk for Novel CoV exclude from class



Current CDC Case Definition: Person Under Investigation (PUI)

Criteria	Symptoms	Additional Criteria
1	Fever <i>and</i> symptoms of respiratory illness (cough, SOB, etc)	-AND- History of travel to Wuhan within 14 days -OR- Within 14 days, close contact ¹ with <i>possible</i> 2019-nCoV patient while patient was ill.
2	Fever <i>or</i> symptoms respiratory illness (cough, SOB, etc)	-AND- Within 14 days, close contact ¹ with a <i>lab confirmed</i> 2019-nCoV patient while patient was ill.

¹Close contact: within 6 feet or within room of a 2019-nCoV case while not wearing PPE. Living with a case, visiting, sharing waiting room or room. Or contact with respiratory secretions.



Interim 2019-nCoV Testing Guidelines

- If you identify a patient meeting PUI criteria:
 - Follow interim infection control guidelines.
 - Contact ACDC to discuss collection and transport of samples.

For LA County Residents:

**Los Angeles County DPH Acute
Communicable Disease Control**

Weekdays 8:30am–5pm: call 213-240-7941.

After-hours: call 213-974-1234 and ask for the physician
on call.

San Bernardino Residents:

**San Bernardino County DPH Acute
Communicable Disease Control**

Weekdays/Weekends : call (800) 722-4794

- CDC Requests all 3 specimen types: lower, upper respiratory tract & serum.
 - LAC DPH will contact CDC.



Interim 2019-nCoV Testing Guidelines

- Lower respiratory tract specimens
 - Bronchoalveolar lavage **OR** tracheal aspirate
 - Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate specimen at 2-8° C and transport to Public Health Lab immediately on cold pack.
 - Sputum
 - 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. Refrigerate specimen at 2-8° C and transport to Public Health Lab immediately on cold pack.



Interim 2019-nCoV Testing Guidelines

- Upper respiratory tract specimens
 - Nasopharyngeal swab **AND** oropharyngeal swab
 - Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts. Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media.
 - **Do NOT combine NP/OP swab specimens; Keep swabs in separate viral transport media collection tubes.** Refrigerate specimen at 2-8° C and transport to Public Health Lab immediately on cold pack.
 - Nasopharyngeal wash/aspirate **OR** nasal aspirate
 - Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate specimen at 2-8° C and transport to Public Health Lab immediately on cold pack.




Interim 2019-nCoV Testing Guidelines

- 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.
 - Process serum by centrifugation per your laboratory protocol
 - Store vacutainer at 2-8° C for transport to Public Health Lab immediately on cold pack.

PVHMC Laboratory

- Provide support and needed supplies
- Complete PHD Test Requisition Form
- Coordinate specimen transportation
- Call all results to
 - Physician
 - Infection Prevention Dept.

 <p>COUNTY OF LOS ANGELES Public Health</p>	<p>COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH PUBLIC HEALTH LABORATORY TEST REQUISITION FORM</p> <p>12750 ERICKSON AVENUE DOWNEY, CA 90242 (562) 658-1300 FAX (562) 401-5999</p>
<p>California Certified Public Health Laboratory # 335637 CLIA # 05D1066369</p>	



Specimen Transport to Public Health Laboratory

- M-F 8AM-5PM
 - Contact Public Health Lab Central Accessioning unit directly
 - 562-658-1460
- M-F After 5pm, Weekends, and Holidays
 - County Operator 213-974-1234; Option 8
 - Ask for Public Health Laboratory Director

PVHMC Plan

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. Public Health Lab can assist with rapid molecular respiratory pathogen testing if needed.**

Do not discharge patient without prior approval from Public Health

Continue patient isolation and infection control procedures as above.



Isolation, PPE and Disinfection

AIRBORNE and CONTACT PRECAUTIONS

VISITORS: Must report to nursing station before entering patient room

HAND HYGIENE

- Wash hands with SOAP AND WATER or use alcohol hand rub for 15 seconds before and after patient care

WEAR N-95 MASK and EYE PROTECTION

- Wear N-95 Mask and Eye Protection upon entering room

WEAR GOWN

- Wear gown when entering patient room

WEAR GLOVES

- Wear gloves when entering patient room
- Remove gloves before leaving patient room

PATIENT PLACEMENT

- Keep door **CLOSED**
- Negative Pressure room with HEPA filter unit

PATIENT TRANSPORT/CLEANING and DISINFECTION

- Limit transport of patient to essential purposes only
- Patient must wear Surgical Mask during transport
- Notify receiving department
- Clean and disinfect any surface/equipment with PDI-Purple Top

Along with Standard Precautions for nCoV **MUST** follow below:

- Airborne and Contact precautions
- Perform Hand Hygiene pre and post handling patient and environment
- Personal Protective Equipment
 - Gloves, Gowns, Respiratory Protection with N95 masks (if performing high risk procedures must wear PAPR)
- Eye protection (***Disposable goggles or face shield***)
- Airborne Isolation Room
 - Clinics must isolate patient in a private room with door closed.
- Clean and disinfect all surfaces/equipment with hospital approved disinfectants.



PVHMC Communication

- Communicate via :
 - Email "Epidemiology & Infection Control"
 - Email "Group Nursing House Supervisors"
- Email/fax to OHS - exposed HCW (without PPE protection)
- After hours/ weekend – Communicate House Supervisor






POMONA VALLEY HOSPITAL
MEDICAL CENTER

Expert care with a personal touch