

VMC ED COVID19 Guidance

March 13, 2020 3pm

1. All ILI respiratory patients should wear surgical masks
2. COVID tests can be ordered without public health calls for stratification
 - a. Order "COVID" in Epic
 - b. Tests sent to Stanford
3. **If patient arrives in extremis** (presume COVID positive)
 - a. ATTENDINGs only! NO residents, NO med students
 - b. Full PPE: N95, contact, droplet precautions
 - c. If respiratory support required:
 - i. Use CAPR
 - ii. First line is non-rebreather
 - iii. Go straight to ETT if NRB insufficient
 - iv. Do NOT use bipap, HFNC, or other non-invasive measures
 1. [NIPPV only if absolutely sure CHF and not infectious cause]
4. **Admissions:** COVID risk stratification considerations
 - a. Once COVID ordered, pt becomes "Airborne isolation"
 - b. LOW: no notable risk factors
 - i. No COVID test
 - ii. Surgical mask for patient PRN
 - iii. Droplet precaution PRN
 - c. HIGH: travel risk, proximity with confirmed contacts (within < 6ft, > 2min), "extremis"
 - i. TEST for COVID
 - ii. FULL isolation: contact, airborne, droplet
 - d. MED: gray zone ["risk factors" mentioned below, or other considerations]
 - i. Check
 1. Flu
 2. RPP (PRN, can be ordered under "Mona")
 - ii. DROPLET precautions
 - iii. Discuss with medicine to determine COVID testing
5. **If pt can be discharged home**
 - a. All ILI should be on DROPLET during ER visit with surgical mask
 - b. ILI stratification for COVID testing of stable patients who can be discharged
 - i. If asymptomatic, do not COVID test
 - ii. If ILI, consider COVID test
 1. Flu test liberally
 - iii. If ILI + risk factors: TEST for COVID
 1. Positive verbal COVID screen

- a. [affected countries, proximity with confirmed contacts]
 - 2. Pregnant
 - 3. >65y
 - 4. Homeless
 - a. Page SW, if unable to reach, mask and discharge
 - 5. Barracks/prison
 - a. Ensure pt is quarantined in infirmary after dc back to jail
 - 6. Immunocompromised
 - 7. HCW (including SNF workers, housekeeping)
- c. If tested, do not keep in ER for results, DISCHARGE
 - i. Self isolation 14 days
 - ii. Will be contacted if positive
 - iii. If discharging home to high-risk population
 - 1. Provide “small supply” surgical masks for pt and family members PRN
 - iv. Guidance:
 - 1. If not tested, self isolate 14 days
 - 2. If COVID positive, self isolate 14 days after positive test
 - 3. If negative, isolate until sx resolve

6. Provider testing

- a. MDs should universally use surgical masks
- b. If MD develops ILI, get tested in Express Care for COVID and self isolate
 - i. If COVID-, continue isolation until ILI sx resolve
 - ii. If COVID+, isolate 14+ days
- c. Exposure risk stratification
 - i. Exposure = Less than 6 feet for greater than 2 minutes

	MD + mask	MD - mask
Pt + mask	Low risk	Med risk
Pt - mask	Med risk	HIGH RISK

*Mask = surgical mask

- d. Clearance for work
 - i. **Low risk:** continue routine work
 - ii. **Medium risk:** okay to work with surgical mask x14 days [or COVID negative test]
 - iii. **High risk:** 14 day home isolation

Items available in physician lounge

- Hand sanitizer
- Small supply N95s and surgical masks
 - Group use; individual diversion strongly discouraged
 - If you need N95s, ask a nurse, they will get it from lockdown