Adult ID services COVID ID/MB/MtZ Attending Via Careweb or 415-443-0190 **Transplant ID** Via Careweb or 415-443-2552 **Jacobs ID Attending** Via Careweb or 415-443-8996

Hospital Epidemiology and Infection Prevention

Moffitt-Long and Mission Bay: Business Hours

Adult IC Practitioner on-call VOALTE: (628)248-9059 **After Hours** Moffit-Long:

ML Hospital Supervisor Spectralink 415-353-8036 or 415-353-1964

Mission Bay Adults: MB Adult Hospital Clinical Resource Nurse 415-502-0562

UCSF Health V.9 1.12.22 **UCSF COVID-19 Care Delivery Committee Owners: Sarah Doernberg and Matt** Aldrich

UCSF Health Interim COVID-19 Guidance for Asymptomatic Adult Admissions with no known COVID-19 exposure (includes ED, direct admits, OB/Birth Center)

common situations but cannot replace Meets the following: 1. New acute symptoms or features raising suspicion personalized evaluation for COVID-19: -Fever (objective or subjective)? and management decisions based on individual patient -Respiratory symptoms (dyspnea or cough) -URI symptoms (sinus sxs, rhinorrhea, sore throat) Use clinical factors -GI symptoms (diarrhea, nausea, vomiting) judgement to Refer to -ENT symptoms (loss of taste or smell) determine symptomatic -Eye symptoms (conjunctivitis) patient's symptoms algorithms are suggestive of 2. Other clinical concern for COVID-19: COVID-19 -Documented COVID-19 infection and still in isolation -Suggestive chest imaging findings -COVID-19 exposure and has not had COVID-19 within 90 days -Unable to provide history and no collateral available Do not re-test asymptomatic patients who have a "COVID recovered" flag "COVID recovered" flag If a patient has had COVID-19 within 90 in place? days but does not have a "COVID recovered" flag, contact HEIP to discuss 1. If admission expected < 23 h and no aerosol-generating procedure planned, Find test collection details at: primary team places order for "Droplet https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/asymptomatic_testing_proposal.pdf -All tests can be requested through the same Apex order for COVID-19 RNA Isolation." No COVID testing is needed -RVP and COVID-19 RNA testing should be done on the same swab unless stay is extended -Order either RVP or rapid flu/RSV but not both 2. For all others, ED or admitting team Clinician should don places order for "COVID-19 RNA N95 and eye Screening for Asymptomatic Patients" protection or PAPR in 3. If COVID-19 RNA from UCSF is addition to pending on the day of admission. ED gloves/gown while obtaining the test or admitting team selects "No Additional COVID-19 Testing Needed swab Upon Admission" in admission orderset 4. Admitting team places order for "Droplet Isolation" (part of order panel) 1. Bedside RN or Respiratory Therapist places "Aerosol-Generating Procedure" sign on door during the procedure and for 1 hour after 2. For discrete procedures, wear an N95 and eye protection Receiving or PAPR during aerosol-generating procedure and when entering the room 1 hour after. interventions? 3. For continuous interventions, wear an N95 and eye protection or PAPR during procedure and when entering the room until the test results are known 4. keep door closed

Intubated, receiving high-flow nasal canula,

non-invasive ventilation, or tracheostomy in

place?

1. Place the patient in any

single room with door

closed

2. Primary team places

order in APEX for "Novel

Respiratory Isolation"

3. Contact HEIP

Isolation types:

Guidelines are intended to

assist with clinical

decision-making for

1. Place patient in

negative-pressure isolation

room if available

2. Primary team places an

orders in APEX for "Novel

Respiratory Isolation" and "Airborne Isolation" 3. Contact HEIP

Refer to

symptomatic

algorithms for

additional

details

-Droplet isolation: Surgical mask plus eye protection. "Droplet Isolation" sign placed on door

-Novel Respiratory Isolation: Contact + either N95 with eye protection or PAPR. "Novel Respiratory Isolation" sign placed on door

Sign available at:

https://infectioncontrol.ucsfmedicalcenter.org/uc

In the **Emergency Departments** because patients are undifferentiated, with many patients with suspected COVID-19 and a high frequency of aerosol-generating procedures. it is recommended that all direct care providers use the extended use protocol for N95 masks and eye protection during a shift

*Aerosol-generating Procedure Guidance

https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/Guidance for PPE use for High Risk Aerosol Generating Procedures.pdf

Surgical Procedure Guidance

Maintain in "Droplet

Isolation" with

additional isolation

as needed for all

other diagnoses

No infection flag is

generated

1. Bedside RN discontinues droplet isolation unless indicated for other diagnoses (Use order mode "Action

taken per existing order"-No cosign required)

2. For patients receiving AGPs, continue to use N95

plus eye protection or PAPR along with the

"Aerosol-Generating Procedure" sign during the

procedure and 1-hour after. Keep door closed.

Indications for repeat COVID-19 PCR:

Refer to the Adult

Existing Inpatient

Asymptomatic Testing

Algorithm for guidance

on repeat testing of

asymptomatic patients

1. Patient develops new acute COVID-19

symptoms without clear alternative (Symptomatic

workflow)

2. Retest all inpatients on day 3 (Asymptomatic

workflow)

3. All inpatients: test at least weekly

(Asymptomatic workflow)

4. Asymptomatic inpatients residing in shared

rooms should be tested every Monday and Thursday (Asymptomatic workflow)

https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/Asymptomatic COVID PPE.pdf

COVID testing positive?