

Original 12/2/2021
Approval
Effective 2/23/2023
Next Review 2/22/2026

Sponsor Salma Walji:
Quality Program
Manager
Policy Area Infection
Prevention
Applicability FHCC Outpatient
Policies
References BLN, CTL,
EVG, ISQ, MRI
at Valley
Street, MTLK -
Outpt, NWH,
OVL, PEN,
PTC, SLU,
Wellness
Center



COPY

QLT222 Management of Patients with Confirmed, Suspected or Exposure to COVID-19

SCOPE:

This policy applies to all Fred Hutch Cancer Center ("Fred Hutch") healthcare facility clinical staff, non-employees, and contracted third parties.

PURPOSE:

To advise clinical care teams on providing care to patients who are confirmed or suspected to have COVID-19 or have an exposure to COVID-19, the disease caused by the SARS-CoV-2 virus.

DEFINITIONS:

- **Close contact:** being within approximately 6 feet of a person with COVID-19 for a prolonged

period (15 minutes or more in a consecutive 24-hr period) or having unprotected direct contact with infectious secretions or excretions of the patient.

- **COVID-19 Confirmed Patient:** Patients that have tested positive for COVID-19 and have not yet met the criteria to discontinue precautions
- **COVID-19 Symptoms:** Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea
- **Exposure to COVID-19:** An exposure is defined as an individual who had prolonged close contact with a confirmed COVID-19 person, including during the 48 hours prior to symptom onset or a positive test, whichever is first. Exposures are defined irrespective of personal protective equipment worn by either the patient or the person they were exposed to.¹
- **Fully vaccinated:**
2 weeks after second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as the Johnson & Johnson/Janssen vaccine
- **Highly Immunocompromised:** Individuals who are receiving treatment for a hematologic malignancy (e.g., leukemia, lymphoma, multiple myeloma), all hematopoietic cell transplant, and those receiving CAR-T cell therapy.
- **Moderately immunocompromised:** Individuals receiving chemotherapy for solid tumors, solid organ transplant recipients, HIV patients with CD4 counts <200, patients with acquired or genetic immunodeficiencies, patients on prolonged or high-level immunosuppression (e.g. cyclophosphamide, MMF) and those receiving prednisone > 20 mg/day for more than 14 days.
- **Not vaccinated or not fully vaccinated:** Persons who have not received any doses of a COVID-19 vaccine, are mid-series in a two-dose vaccine regimen, or less than two weeks since the administration of their last dose.
- **Suspected or Rule-out (R/O) COVID-19 Patient:** Patients that have symptoms consistent with COVID-19 and test results are pending or unknown

POLICY:

Fred Hutch healthcare workers will follow recommended routine infection prevention and control practices when caring for a patient with suspected or confirmed to have COVID-19 or a patient who has been exposed to COVID-19.

PROCEDURE

COVID-19 Status	Definition	Precautions
COVID-19	Patients that have tested positive for COVID-19 and have not yet met the definition to discontinue precautions	Follow COVID-19 Confirmed Patient Procedure <ul style="list-style-type: none"> • Aerosol Contact precautions • Room downtime and cleaning:

		<p>1 hour (see section on Room Turnover Instructions)</p> <ul style="list-style-type: none"> • Reschedule any NON-essential appointment as per medical provider, switch to telehealth when possible • Schedule any essential appointments to occur in one room to limit movement in the clinic when possible • Limit patient's movement through the clinic – provide patients with instructions prior to their appointment
R/O COVID-19 (Symptomatic)	Rule out or suspected COVID-19: Patients that have symptoms consistent with COVID-19	<p>COVID-19 Suspected Patient Procedure</p> <ul style="list-style-type: none"> • Aerosol Contact precautions • Room downtime and cleaning: No downtime, standard room cleaning per policy. • Sit in respiratory isolation areas in the waiting room, or room as soon as possible • No other recommended changes to patient appointments or workflow
COVID-19 Exposure AND Asymptomatic	Patients that had a high-risk exposure in the past 10 days, regardless of testing	<p>Follow COVID-19 Exposure Procedure</p> <ul style="list-style-type: none"> • Aerosol Contact precautions • Room downtime and cleaning: No downtime, standard room cleaning per policy (QLT217) • Sit in respiratory isolation areas in the waiting room, or room as soon as possible • No other recommended changes to patient appointments or workflow
COVID-19 Exposure AND R/O COVID-19	Patients that have had a high-risk exposure in the past 10 days AND have symptoms consistent with COVID-19.	<p>Follow COVID-19 Confirmed Patient Procedure until proven otherwise</p> <ul style="list-style-type: none"> • Aerosol Contact precautions

<u>(Symptomatic)</u>	*Assume COVID-19 positive until proven otherwise	<ul style="list-style-type: none"> • Room downtime and cleaning: No downtime, standard room cleaning per policy. • Reschedule any NON-essential appointment as per medical provider, switch to telehealth when possible • Schedule any essential appointments to occur in one room to limit movement in the clinic when possible • Limit patient's movement through the clinic – provide patients with instructions prior to their appointment
----------------------	--	--

COVID-19 Confirmed Patient Procedure

Below is guidance on how to care for Fred Hutch patients who have been confirmed to have COVID-19 that includes:

1. Scheduling Appointments
2. What to Do Prior to Patient Arrival
3. What to Do Day of the Appointment
4. When to Discontinue Transmission-based Precautions

Scheduling of Appointments

- Cancel or reschedule any non-essential appointments as determined by medical provider.
- Consider telemedicine options when possible.
- If the patient needs to come into the clinic for essential appointments:
 - If possible, schedule their appointment at the end of the day or during the clinic's least busy time frame.
 - Schedule all appointments in the same room (i.e., blood draw, provider appointments should occur in the same location).
 - If possible, when radiology imaging is required, schedule it as the last appointment of the day and notify the department

Prior to Patient Arrival

- Patients should be instructed on the steps to minimize exposure when they arrive to the clinic.

- South Lake Union Clinic: Verbally and electronically provide the patient with the [Instructions for Coming to the Clinic with COVID-19](#).
- Community Sites: Provide the patient with instructions outline in the [COVID-19 Positive Patient Workflow](#) specific for that site of care.

Day of the Appointment

- The patient should follow the site-specific instructions provided [Prior to Patient Arrival](#) to limit movement through the clinic.
- Patients should wear a mask at all times in the clinic, even in an exam room. Patients should only remove mask if required for patient care activities (i.e., an oral exam).
- Patient should be roomed as soon as possible and placed in private room with the door closed as soon as possible.
- Limit the amount of healthcare workers that enter the room as much as possible.
- Healthcare workers should adhere to [Aerosol Contact Precautions](#) when caring for patients with COVID-19 infection.
- Avoid performing any aerosol-generating procedures (AGP)
 - Refer to [Aerosol Generating Procedure and COVID-19 Precautions policy](#) for a list of AGPs.
 - If an AGP is essential, it should ideally be performed in an Airborne Infection Isolation Room or negative pressure room, while following [Airborne Respirator Contact Precautions](#).
- Encourage patient to use single stall restroom, if available.
- After the patient leaves, follow [Room Turnover Instructions](#) below. Clean the room, including all high touch surface areas, with disinfectant wipes. The person cleaning the room should wear gown and gloves.
 - Refer to [Disinfectant Summary](#)

Discontinuing Isolation/Transmission-based Precautions

Refer to [QLT220 Discontinuing Precautions for COVID-19 Patients](#)

Positive Patient Workflow

Refer to the [COVID-19 Positive Patient Workflow](#) for detailed and department specific instructions and definitions of an essential visit.

COVID-19 Exposure Procedure

Patients with a COVID-19 exposure should be seen in [Aerosol Contact](#) precautions for 10 days following the last day of exposure, regardless to subsequent tests results.

1. Patient reports to the care team exposure to an individual with a COVID-19 diagnosis
2. The care team confirms the details of exposure by asking and noting the following:
 - a. Date(s) of the exposure, including last known exposure date
 - b. Duration of the exposure. If uncertain, was the exposure greater than 15 minutes?
 - c. Details of the activity surrounding exposure (i.e., Masks worn? Activity? Location? Indoor vs outdoor?)
3. If the exposure occurred within the last 10 days AND was greater than 15 minutes, complete the following:
 - a. Recommend/offer COVID-19 testing no sooner than 4 days before last known exposure
 - b. Document the exposure and its details in the patient EHR
 - c. Place the patient into [Aerosol Contact](#) precautions for 10 days post-exposure.
 - i. To flag patient's chart with Aerosol Contact precautions, please send details of the exposure and patient's name, date of birth and MRN to ip@seattlecca.org or to the Fred Hutch Infection Prevention Pool via Secure Chat in Epic.
 - d. Provide the patient with Exposed Patient Handout education document (see [COVID-19 Patient Education](#))
4. If the patient is seen in appropriate precautions, delaying appointments is not recommended.
5. Exposed patients are not required to be escorted through the clinic unless they become symptomatic within the 10 days after a high-risk exposure. If COVID-19 Exposure AND symptomatic, follow [COVID-19 Confirmed Patient Procedure](#) until proven otherwise.
6. After the patient leaves, standard room cleaning per policy (QLT217 Cleaning, Disinfection, and Sterilization of Patient Care Equipment).

Special Notes on Household Exposures

If the patient has a household exposure, their duration of precautions may be longer depending on the situation:

- If patient lives with ill household member, the Fred Hutch patient should remain in precautions until 10 days after symptom onset for the ill household member with COVID-19 plus an additional 10-days representative of the both the infectious period and the incubation period.

Additional Exposure Guidance

- If the patient is contact of a contact (i.e., household member was exposed, but not the patient), we recommend the person with the direct exposure be tested and monitored for symptoms through their healthcare provider.
 - The Fred Hutch patient does not need testing or precautions unless (1) the exposed individual with direct COVID-19 contact test positive or (2) the exposed individual with direct COVID-19 contact develops symptoms.

COVID-19 Suspected Patient Procedure

Patients with symptoms consistent with COVID-19 should be seen in [Aerosol Contact](#) precautions until COVID-19 is ruled out via testing (see [Resolution of "R/O COVID" Infection in Epic](#) for details).

1. Patient reports to the care team or the patient is observed to have COVID-19 Symptoms
2. The care team confirms the details of symptoms by asking and noting the following:
 - a. Date of symptom onset
 - b. Vaccination status
 - c. Any known COVID-19 exposure or high-risk events
3. Care team recommends or provides COVID-19 testing.
4. Place the patient into [Aerosol Contact](#) precautions
 - a. If the COVID-19 test order does not automatically flag the chart as R/O COVID-19 (or if testing performed externally), please send symptom details and patient's name, date of birth and MRN to ip@seattlecca.org or to the Fred Hutch Infection Prevention Pool via In Basket in Epic to flag the chart.
5. If the patient is seen in appropriate precautions, Infection Prevention does not recommend delaying appointments
6. Suspected patients are not required to be escorted through the clinic unless they have had a known high risk COVID-19 exposure within the 10 days of their symptom onset. **If COVID-19 Exposure AND symptomatic, follow [COVID-19 Confirmed Patient Procedure](#) until proven otherwise.**
7. After the patient leaves, standard room cleaning per policy ([QLT217 Cleaning, Disinfection, and Sterilization of Patient Care Equipment](#)).

Resolution of "R/O COVID" Infection in Epic

- A. The following should occur prior to the resolution of a "R/O COVID" infection in Epic and thus cessation of observing Aerosol Contact precautions for clinic visits:
 1. A single negative NAAT (e.g., PCR) unless there is a high suspicion of disease, in which case a second NAAT may be necessary.

OR
 2. A negative antigen test (including rapid at-home tests) should be confirmed by a second antigen test taken 48 hours after the first.

OR
 3. If no testing performed, treat as presumptive positive and discontinue per [OLT220](#)

[Discontinuing Precautions for COVID-19 Patient](#)

- a. If the patient is highly immunocompromised and no testing is performed, consult with Infection Prevention Medical Directors before resolution of “R/O COVID” infection

Room Turnover Instructions for COVID-19 Confirmed Patients

Refer to the [Fred Hutch Disinfectant Wipes Summary](#) for approved disinfectants to use in room turnover

If disinfecting the room before the conclusion of the required downtime:

- Before time elapsed:
 - Keep door/bay closed for specified time (typically one hour since last patient left)
 - Clean while wearing N95 respirator and gown/gloves
- After time elapsed:
 - Room can reopen when dry and specified time has elapsed (typically one hour since last patient left)
 - Do not allow entry of next patient in room until downtime has elapsed, even if room is clean.

If disinfecting the room after required downtime has elapsed:

- Before time elapsed:
 - Keep door/bay closed for specified time (typically one hour since last patient left)
- After time elapsed:
 - Clean while wearing gown/gloves
 - Room can re-open when dry

Solid Waste Removal

- Single regular trash bag, if full or at end of day - Normal waste
- Medical waste, if full or at end of day - Normal medical waste
- Sharps and pharmacy, if full - Normal sharps and pharmacy processes

REQUIREMENTS:

N/A

REFERENCES:

- Centers for Disease Control and Prevention (CDC). (2022, September 23). Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. In Healthcare Workers, COVID-19. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Approval Signatures

Step Description	Approver	Date
	Natalie Simpson: Policy & Practices Mgr	2/23/2023
	Terry McDonnell: VP & Chief Nursing Officer	1/26/2023
	Salma Walji: Quality Program Manager	1/26/2023

