



Kings County

COVID 19 Emergency Medicine Update

A Few Important Links

Link to the GNYHA COVID-19 site: <https://www.gnyha.org/topic/coronavirus/>

Link to the NYC DOH Coronavirus page: <https://www1.nyc.gov/site/doh/health/health-topics/coronavirus.page>

Link to the NYC Health + Hospitals Covid 19 Site: <http://hhcinsider.nychhc.org/sites/COVID-19/Pages/Index.aspx>

KCH ADULT ED PATHWAY FROM ENTRANCES TO ISOLATION ROOMS FOR COVID-19 AND OTHER SUSPECTED HIGHLY CONTAGIOUS INFECTIONS

FROM WALK-IN ENTRANCE

- Patient will present to Visual RN where upon initial assessment patient will be offered a mask, instructed to use hand sanitizer and directed to Triage room one for initial isolation
- Visual RN will notify HN of event and begin donning PPE
- HN will provide replacement Visual RN as initial Visual RN will now be primary RN of isolated patient
- HN will assign another RN to buddy with primary RN of patient
- HN will inform attending of patient arrival. ED nursing leadership will also be notified.
- HN will clear room 19 (isolation room) along with room 20 as the staging area for further donning and the isolation cart
- A line of demarcation will be drawn in front of Isolation room 19 to indicate doffing area
- Once patient is triaged by RN, patient will be transported via stretcher through the hallway to room 19 to be seen by attending. The attendings need to be made aware by direct communication that the patient is awaiting their evaluation. The patient is evaluated by the attending and the attending contacts the Department of Health (DOH) if needed.
- Based on the information from the DOH, the attending will determine the next step of care.
- If the DOH request a form of communication with the attending, the Kings County hospital email address should be shared. In addition, the Director of Infection Controls address should be given (see addendum A).
- If only one email is allowed on the order form for Covid-19 specimen, Briana Episcopia (see addendum A) is the point person to receive the results.
- If a second patient presents, the patient is placed in isolation room # 26 then Exams rooms 1-4 (Hepa Filters will be used next).
- **There is to be no resident involvement in any COVID-19 patient. This includes rule-outs/ positive triage screen/ communication with the DOH**

- Regarding patients who **do not** initially screen positive in triage - i.e. when a clinical suspicion for COVID-19 **occurs after triage**:
 - Document your clinical suspicion in the EMR and place a stat ID consult
 - Discuss your concerns with the ID attending
 - Document in the EMR, an attending-to-attending conversation stating your clinical concerns to test this patient
 - **The test can now be ordered directly in EPIC. Please see instructions below**
 - **Contact Infection Control Director when the consult is placed for tracking purposes**

IF THE PATIENT IS UNSTABLE AT TRIAGE THE PATIENT WILL BE TAKEN FROM TRIAGE TO ROOM 2 IN CCT AND THE ATTENDING IN CCT WILL CARE FOR THE PATIENT

FROM AMBULANCE ENTRANCE

The same process follows with the following exception:

- The Ambulance triage RN will become the primary RN for the patient.
- If you receive a call for a L&D patient with suspected COVID, call L&D and inform them of the pending arrival. L&D can be reached at 2454570

KCH PEDIATRICS ED
PATHWAY FROM ENTRANCES TO ISOLATION ROOMS FOR COVID 19 AND OTHER
SUSPECTED HIGHLY CONTAGIOUS INFECTIONS

FROM WALK-IN ENTRANCE

- Patient will present to Visual RN where upon initial assessment patient will be offered a mask, instructed to use hand sanitizer and escorted to Pediatric FT room 6 for initial isolation
- Visual RN will notify HN of event and begin donning process
- HN will provide replacement Visual RN as original Visual RN will now be primary RN of isolated patient
- HN will inform Peds. Attending of patient arrival. ED leadership will also be notified.
- HN will clear isolation room 12 and place isolation cart outside of room 12
- A line of demarcation will be drawn in front of isolation room 12 to indicate doffing area
- Once patient is triaged by RN patient will be escorted directly to room 12 to be seen attending
- Attending will decide what further measures are to be taken in respect of notifying in-house Infection Control and DOH
- If it is determined at triage that isolation room 12 is vacant, patient will be taken directly there.

Supplies:

- If supplies (gloves masks etc.) are running low, please escalate to the Charge Nurse or Adam Weinstein (see addendum A).



- Overnight the Charge/ Head nurse will escalate to the ADN or AOD.

How does a Provider Order COVID 19

Four separate orders and four separate swabs are need:

Two separate swabs are sent out to the LabCorp (our NorthWell partnership lab).

1. Labcorp COVID19 (Nasopharyngeal)
2. Labcorp COVID19 (Oralopharyngeal) – Note that this is not currently an option in EPIC. We are working to have it added.
3. Influenza (performed in-house)
4. RVP (Respiratory Viral Panel)

Order Sets & Panels			
Name	Type	Pref L	
 CORONAVIRUS COVID-19 TESTING PANEL (NYCDOHMH PHL) (aka COVID)	Order Panel	HHC	
Medications (No results found)			
Procedures			
Name	Type	Pref List	
 Labcorp Novel Coronavirus (COVID-19)	Lab	HHC ED KC LABS	

See Specimen transportation section below.

Alternatively, ONLY If you are instructed to send the sample to DOH:

1. Providers contact DOH, get instruction and schedule pick-up time. Pick up location: Kings County, P building, Rm P204. contact phone number 718 245 5342, fax 718 245 3064
2. Provider collects the specimen, using nasopharyngeal swab, label the tube at bedside; fill out DOH forms; using double bags and put patient's label on sample and on the bag.
3. Call X 2048 for specimen pick-up, if no response, page on overhead. (see Transport of COVID 19 Specimen information below)
4. Hand deliver specimen to pathology lab, P Building Rm P204.
5. Lab will fill the form with lab information, keep the specimen in refrigerator for pick-up.
6. Lab will have logbook for COVID-19 samples.
7. Lab will inform hospital senior leaders via email if positive result is received (by phone call or fax).

KCH Employee in the ED for COVID-19 Evaluation Workflow

- All KCH Employees that come to the ED for COVID-19 screening should be treated as per PUI guidelines. In addition, the treating attending are to contact via email ED leadership; Dr. Leno, Dr. Verma and Brewster cc'd. (see addendum A) with the following information: Full Name, DOB, MR#, and brief clinical description.
- The ED attending is not to give a sick leave to employees. This will only be done by OHS. They will contact the employee the same or next business day. Upon discharge, please add an e-consult to OHS. Dr. Scott MacGarvey will notify HR.
- ED attendings are to email ED leadership and Infection Control the name of all patients that need DOH clearance.
- All COVID-19 positive cases will be reported immediately to ED leadership who will then inform the CMO, Associate CMO, and Infection Control (see addendum A).

ED Attending COVID-19 Smart Phrase:

We recommend the following smart phrase below.

Also, you can find COVID smart phrases in EPIC: Search under Andrew Sweeny.

The following risk stratification below was used in order to identify the patient's risk:

Evaluate for COVID-19 and Other Respiratory infections and Determine if Patient Meets CDC's PUI ⁴ Definition	
CLINICAL FEATURES	EPIDEMIOLOGIC RISK (WITHIN 14 DAYS OF SYMPTOM ONSET)
1. Fever ¹ <u>or</u> signs/symptoms of lower respiratory illness (LRI) (e.g. cough or shortness of breath)	AND Any person, including health care workers ⁵ , who had close contact ³ with a laboratory-confirmed ⁶ COVID-19 patient
- OR -	
2. Fever ¹ <u>and</u> LRI signs/symptoms requiring hospitalization	AND A history of travel from affected geographic areas ²
- OR -	
3. Fever ¹ <u>and</u> severe LRI (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza) ⁷	AND No source of exposure has been identified

@name@ was evaluated in triage by nursing. Patients chief complaint was @chief complaint@ Vitals are @vitals@

@name@ has/has not travelled. Patient is with/without fever cough, chills. Patient has/not had direct contact with any individuals known to have COVID-19 or to be hospitalized/sick

-Per CDC guidelines and discussion with NYC Dept. of Health (212-764-7667), Pt is not febrile, is non-toxic appearing and has no direct contact with known infected persons; therefore, according to DOH, the patient does NOT meet criteria for testing for Covid19 at this time.

or

-It is recommended @she@ self-quarantine for 14 (fourteen) days and return immediately to the ED if there is any worsening of symptoms or development of fever.

or

-Of note, the patient has been maintained in isolation from triage encounter and placed on respiratory droplet precaution with a mask on @her@ and family members. Charge Nurse informed.

or

-@patient@ requires a hospital admission at this time. We have contacted and discussed the case in detail with the Admitting team, Infectious control, Infectious disease and the DOH. The hospital course and clinical care plan was discussed in detail with the patient. All the patient's questions have been answered. In addition, family support was also offered to the patient.

COVID 19 Specimen Pick up & Delivery Process (From Transport)

Tour 1, 2,3 (during tour 1, you will be speaking directly with messenger/escort, and during tour 2,3 you will be speaking directly with a manager)

Step 1 Call extension 2048/ 3990/ 3994

** If there is no answer

Step 1A Call communications at ext. 3144 to overhead Messenger

 **AOD will have names of Tour 1 Staff

Step 2 Inform Messenger/ Escort of Specimen:

 Origin Location/ Room #

 Ex: A 4212

 Destination Location/ Room # = P Building Room 204 Chemistry

- Escort/ Messenger will log specimen in to log book
- Chemistry Lab will Contact DOH

DO NOT SEND COVID TESTING SPECIMENS VIA THE TRANSLOGIC SYSTEM

Covid 19 Patient Escort Request Process (from Transport)

Tour 2 Call Escort Management ext. 3990/ 3994

Tour 3 Call Escort Management ext. 3990/ 3994

Patient Transport Request Process:

- Patient origin/ location determines need for transport
- DR./ RN communicates patient handoff with patient destination location
- Patient origin calls patient transport ext. 3990/ 3994
- Caller provides transport with patient;

First and Last Name

D O B

Origin Location/ Room #

ex: ED 19, 26...

Request or Inform MOT (Mode of Travel) - Wheelchair, Stretcher, Bed

Destination Location/ Room #/ phone ext.

Ex: A 4117 ext.1234

Escort Manager will call destination location to confirm and communicate patient transport.

Escort manager will call Hospital Police ext. 4300 to communicate patient transport- origin and destination route.

Escort will arrive to patient origin.

- Origin location will provide Escort PPE to DON
- Escort will identify patient and handoff information
- Escort leaves origin location with Hospital Police
- Escort arrives to destination location; communicates handoff to DR./ RN
- Escort communicates to Environmental/ Housekeeping Services for elevator cleaning
- Escort cleans transport equipment
- Escort will DOFF
- Escort communicates completion to Escort Manager

Tour 1

Step 1 Call extension 3990/ 3994

** If there is no answer

Step 1A Call communications at ext. 3144 to overhead Escort

Step 2 Inform Escort of Patient:

First and Last Name

D O B

Origin Location/ Room #

ex: ED 19, 26...

Request or Inform MOT (Mode of Travel) - Wheelchair, Stretcher, Bed

Destination Location/ Room #

Ex: A 4117

If you can't wear a N95 (from our Dr Silverberg)

IF YOU DO NOT HAVE FACIAL HAIR AND YOU CAN WEAR AN N95 MASK, YOU CAN DELETE THIS EMAIL WITHOUT READING IT. IF YOU HAVE FACIAL HAIR, READ BELOW.

If you have facial hair then you are not supposed to use an N95 mask to enter a room w/ a potentially infectious patient. You are supposed to wear one of our "CAPR" positive pressure masks. I will try to meet w/ each of you personally to explain its use. However, here is a quick reference to using it. First off, here is the web site to watch a video on it.

https://secure-web.cisco.com/1QDTcBnkcyGfoMkzFDnHlyl_GiWmUDmEVGstnwLPCqGSZX8W4SnCMT9nTEFUieTYNg6YndGbJn_9ADjjPbysoYCMv2zwIhiduziuego1Q1-8YiVIS7qgs_aGxQZLz8iCjblwV-olZmEzcAJqUqrZaNj6TsqTugbcKeGC9gY-Tr8rDfzB1upeNo0fcplWIMuEdRIP6zRhMplfzJU6xpzSidxhUfxtmbzlkPpVz5yQIEWepgByxu5IDl23K9m_6tWdAKOtJi8G8gmsDNAnZLs9DfiutjgPQJGnvMNTIulvdiY/https%3A%2F%2Fwww.maxair-systems.net%2FProductTrainingVideos%2FDLC_Cuff%2FDLC%2520Cuff.mp4

In order to obtain a maxair capr you need to go to central supply. They are located in the basement of the S building just below the ER. You can take the elevator down 1 flight or walk down Staircase K. When you are standing in the basement looking at the elevator in the back of S building, the doorway for central supply will be just to the left of the elevator. If you open that door you will see a window where you can speak to someone about getting you the supplies. They are open 24/7 but you may have to ring the bell on the left wall to get someone to come talk to you at the window. The room number is CS-41

All you have to do is ask the person to give you a capr positive pressure helmet or capr ventilator. If they do not know what it is, then you can ask for a supervisor. There are 2: Mr. Holiday and Mrs. Don-Maria Cozier. Both are really helpful.

When you ask for the gear they will give you a form to sign. They will put your name on the form and scan your ID saying you took 4 things. The 4 things are: the helmet, a battery pack, a belt to hold said battery, and a plastic visor. you will need to put that gear together after signing the form.

There are 2 visor sizes, large and small. The small one has a straight plastic skirt and the large one has a wave shaped plastic skirt. (watch the video to see what this means) The trainers today told me that everyone should probably use the large ones.

Take the helmet and attach the plastic visor to the 3 clips in the front of it. Plug in the battery pack and you should see all the lights come on in the front of the helmet. The lights should then turn to all green and you are good to go. If they turn red, the battery is about to die and you have to get out of the room you are in.

Place the helmet over your head and make sure the plastic skirt is not sticking to the front clear windshield. Your beard goes in that pocket it forms. At this point you should be ok to go in the room assuming you already put on the rest of your PPE.

The helmet must be returned to central sterile. Otherwise you will be charged for it. I will be around for the next few days and will try to catch most of you to explain it. For now, watch the video though. It is pretty good.

A few more notes:

- If you are notified of a COVID positive or negative result of a patient, contact ED Leadership immediately at the #s below (addendum A).
- If you receive any email from DOH regarding a suspected COVID, forward that email to ED Leadership immediately.
- Do not discharge patient with Suspected COVID, without speaking to DOH.
- Smartphrase for discharges from ED to home will be created and will be emailed once completed. If you have created one already, please send to ED leadership and Dr Andrew Sweeny at sweenya@nychhc.org
- COVID 19 Smartphrase will be finalized and sent out to all soon. For now, you can copy and paste it and use it.

ADDENDUM A

Contact Person	Title	Email	Phone Number
Rajesh Verma, MD	Chief	rajesh.verma@nychhc.org	646-245-6397
Konstantinos "Gus" Agoritsas, MD	Associate CMO/ ED Pediatric Director	konstantinos.agoritsas@nychhc.org	347-672-9865
Diahann Singh, RN	ED Director of Nursing	singhd14@nychhc.org	646-260-6624
Richard Leno, MD	ED Medical Director	lenor@nychhc.org	646-320-1627
Selwena Brewster, MD	ED Quality Director	brewstes@nychhc.org	646-271-5640
Adam Weinstein	Associate Director	weinstea1@nychhc.org	646-232-2819
Briana Episcopia, RN	Infection Control Director	briana.episcopia@nychhc.org	917-583-2812
Steven Pulitzer, MD	CMO	Steven.Pulitzer@nychhc.org	