

# COVID 19 Guidelines for Pediatric Patients

- NYC H+H Kings County
- March 14, 2020
- These are interim guidelines and will be updated as new information is made available.

# Kings County COVID-19 Screening Algorithm for Pediatrics

**Affected Areas/Higher Index of Suspicion if Travel to:**

- China
- Hong Kong
- Taiwan
- Macau
- South Korea
- Japan
- Iran
- Italy
- USA high volume cities
- Evolving NYS outbreaks: Westchester County, Nassau County, Rockland County,

**Signs and Symptoms**  
Subjective or measured fever  $\geq 38.0^{\circ}\text{C}$  ( $100.4^{\circ}\text{F}$ )  
**OR**  
Cough, dyspnea any other signs of LRI

**YES**

**IDENTIFY: Screening Questions**

- Patient has **traveled to an affected area** (see blue box) within the last 14 days
- OR**
- Patient has had close **contact or direct contact with infectious secretions** with a **KNOWN COVID-2019 case** in the last 14 days
- OR**
- Close contact with an individual who developed fever and cough within 14 days of travel in COVID-19 affected locations

**NO**

**STOP**  
Screening  
for  
COVID-19

**NO**

**YES: This patient is now a PUI**

1. **GIVE patient and any persons accompanying them a surgical mask.**
2. **ISOLATE** patient and persons accompanying them in single room (negative pressure, if available). Escort should wear gloves and mask.
3. **CLOSE** the door & put up airborne and contact isolation signs.
4. **INFORM** immediate supervising physician and/or nurse manager.
5. **MINIMIZE** healthcare worker contact but risk assessment should be performed. (See below)
6. **CALL Emerging Pathogens** with risk assessment information and await further instructions.
7. **DO NOT move patient** until authorized.
8. **TRACK** name, role, and contact information for all healthcare workers and others who have had contact with the patient using a standard template

**Provider access lines:**  
- NYC DOH 866-692-3641  
- Westchester County DOH: 914-813-5000  
- CDC 800-232-4636

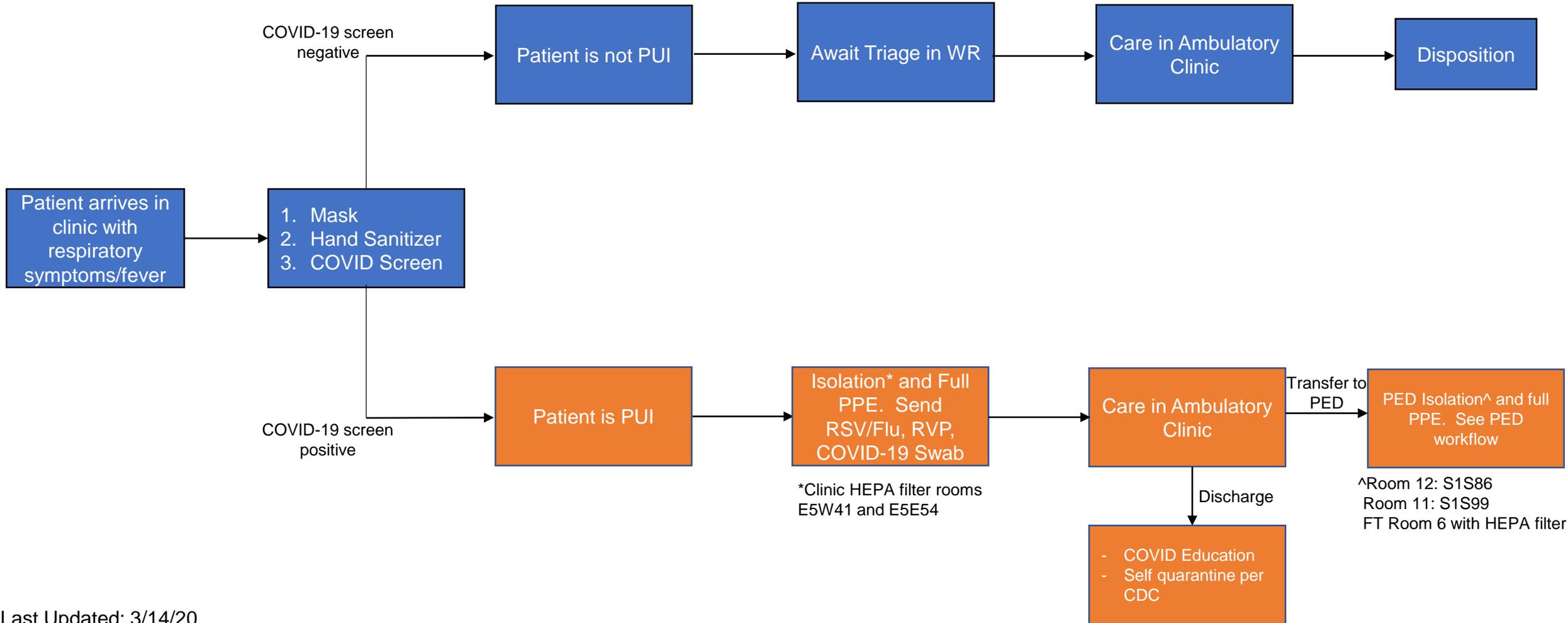
**RISK ASSESSMENT for COVID-19:**

1. Define travel history including any healthcare exposures.
2. Determine if patient had close contact with a symptomatic traveler.
3. Define duration of symptoms.
4. Assess severity of illness.

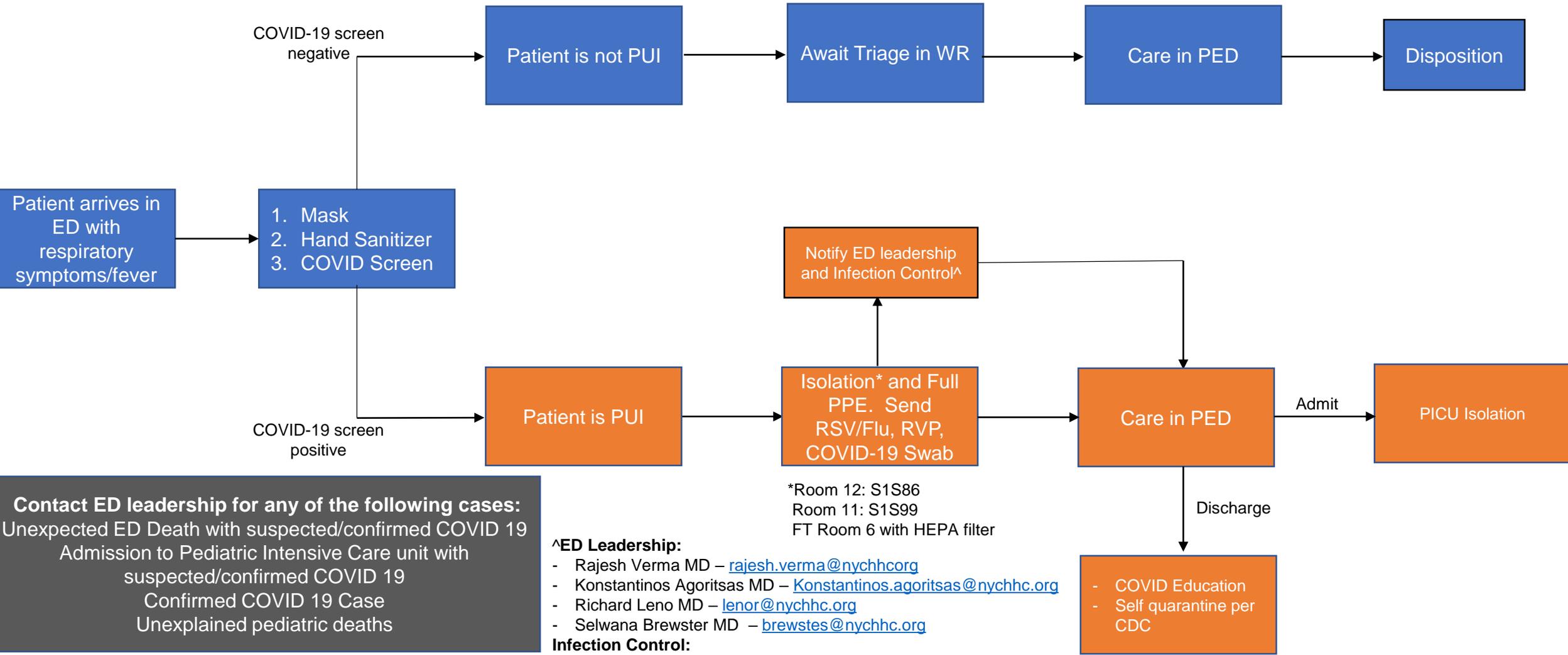
**Disposable Personal Protective Equipment (PPE) for COVID-19:**

- Wear in single room with patient when performing risk assessment and evaluation. Contact/Airborne/Eye Protection recommended.*
- Face shield/goggles
  - N95 mask
  - Contact isolation gown
  - Gloves

# Kings County Hospital Pediatric Ambulatory Clinic COVID-19 Workflow



# Kings County Hospital Pediatric ED COVID-19 Workflow

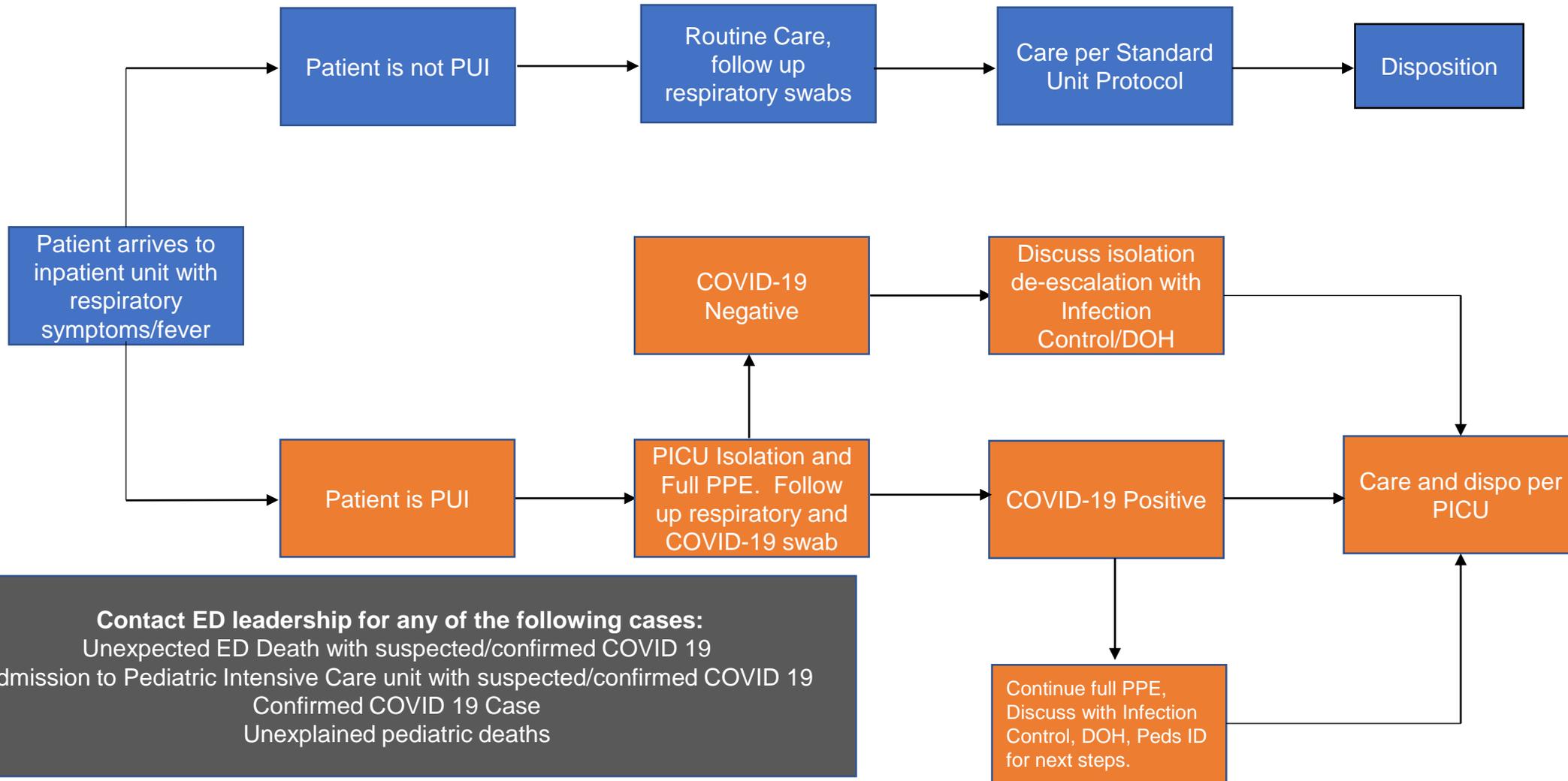


**Contact ED leadership for any of the following cases:**  
 Unexpected ED Death with suspected/confirmed COVID 19  
 Admission to Pediatric Intensive Care unit with suspected/confirmed COVID 19  
 Confirmed COVID 19 Case  
 Unexplained pediatric deaths

- ^ED Leadership:**
- Rajesh Verma MD – [rajesh.verma@nychhc.org](mailto:rajesh.verma@nychhc.org)
  - Konstantinos Agoritsas MD – [Konstantinos.agoritsas@nychhc.org](mailto:Konstantinos.agoritsas@nychhc.org)
  - Richard Leno MD – [lenor@nychhc.org](mailto:lenor@nychhc.org)
  - Selwana Brewster MD – [brewstes@nychhc.org](mailto:brewstes@nychhc.org)
- Infection Control:**
- Briana Episcopia RN – [briana.episcopia@nychhc.org](mailto:briana.episcopia@nychhc.org)

\*Room 12: S1S86  
 Room 11: S1S99  
 FT Room 6 with HEPA filter

# Kings County Hospital Inpatient COVID-19 Workflow



# What Happens to the Pediatric PUI?

- Do not admit if not medically necessary
  - If discharged home must take private car or ambulance
  - Home quarantine for 14 days, provide CDC guidance
    - If negative (Infection Control and DOH to guide )
- Make sure you have tested for alternate diagnosis (i.e. RSV/Flu/Influenza/RVP) prior to discharge.
  - Note RVP at Kings County will NOT test for the novel coronavirus
- If patient needs admission: Please admit to negative pressure room or Hepa filter room in PICU. Ensure prior discussion with frontline team on unit and Infection Control
  - Patient will need one-to-one nursing, firm visitor restriction
- If there is a delay in isolating PUI, infection control *line list* of potentially exposed people must be completed

# KCHC Pediatric PUI case definitions for Admitted patients only

- A suspect covid-19 patient that meets the KCHC-PUI case definition **AND** that requires admission: These patients are placed on contact+airborne+eye protection isolation precautions when admitted. As of now 3/14/20 these patients will be admitted to the PICU ONLY.
  - If COVID-19 testing is \*negative, de-escalate isolation after discussion with DOH and IPC.
- A confirmed covid-19 patient has confirmatory laboratory testing, clinical syndrome requiring hospital admission. These patients are placed on contact+airborne+eye protection isolation precautions when admitted.

\*False negative covid-19 PCR assays are reported, therefore may not de-escalate isolation if clinical scenario consistent with COVID-19

# Child comes to ED with Fever, URI....

- Patient with “Lower Respiratory Infection” **WITH** epidemiologic risk factors (see *Kings County COVID-19 Screening Algorithm for Pediatrics* algorithm) for COVID-19.
  - Patients are placed on contact+droplet+eye protection isolation when in the ED and decision to discharge or admit based on ER attending diagnosis with input from IPC/DOH if needed. Do **not** admit if not medically necessary.
- Patient with “Lower Respiratory Infection” **WITHOUT** epidemiologic risk factors (see *Kings County COVID-19 Screening Algorithm for Pediatrics* algorithm) for COVID-19.
  - Patients are placed on usual standard protocols in the ED and decision to discharge or admitted based on ER attending diagnosis. Do **not** admit if not medically necessary.

# Role of Infection Prevention and Control (IPC) & Emerging Pathogens Team for KCHC Pediatric Patients

- Once you have a PUI isolated, call Infection Control phone at [REDACTED] to discuss immediately
  - **Why do we do this?** Infection Prevention and Control will be point of contact between frontline staff and DOH to ensure continuity of care and safe plan of action. IPC team will additionally work with the medical team in collaboration to troubleshoot any new issues.
  - Direct calls to DOH or CDC, or movement/disposition of PUI **should NOT** occur independently. Again, this should be done in unison with IPC team.
- Call Emerging Pathogens phone at [REDACTED] for urgent review of clinical cases

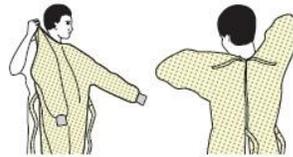
# Donning and Doffing Reminder For Pediatrics

## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



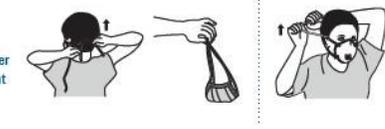
### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

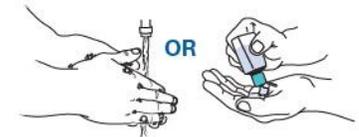


### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

