### Level 1 v. 2/4/20

<table>
<thead>
<tr>
<th>Patients</th>
<th>Ambulatory</th>
<th>Emergency Department &amp; Urgent Care</th>
<th>Inpatient</th>
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### Symptom screen

**Fever OR cough/respiratory symptoms asked of all patients at registration or triage**

**Fever OR cough/respiratory symptoms upon admission; Fever or unexplained respiratory distress after admission**

### Epi risk screen

**Travel to China within 14 days of symptom onset or Close contact with a known 2019nCoV patient**

**Travel to China or 2. Close contact with a known nCoV patient**

### Symptom & Epi Screen positive Person Under Investigation (PUI)

**Provide surgical mask to patient and visitors, escort to private room with door closed.**

**Provide surgical mask to patient and visitors, escort to the designated negative pressure room with the door closed.**

**Provide surgical mask to patient and visitors, roomate (if present), close the door, limit entry to necessary HCW.**

### If you have a PUI

**First, Call Hospital Epidemiology 24/7 Novel/Emerging Pathogens Phone (718-920-7800)**

**First, issue live process EOC alert (if available)**

**Next, Call Hospital Epidemiology 24/7 Novel/Emerging Pathogens Phone (718-920-7800)**

**Then, Hospital Epidemiology will contact DOH:**

**NYC DOH Provider access line: 866-692-3641**

**Westchester County DOH Provider access line: 914-813-5000**

**Rockland County DOH M-F 8am-5pm: 845-364-2997**

**Rockland County DOH after hours/weekend: 845-364-8600**

**Orange County DOH 845-291-2330**

**Chest x-ray; cbc; flu/RSV PCR; respiratory pathogen panel; streptococcal & legionella urine antigen; samples for 2019nCoV testing if OK by DOH**

### Diagnostic Workup

**Mild symptoms, considering treat and release: no diagnostic work up recommended unless requested by Hospital Epidemiology and DOH**

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### Management

**Treat and release: see homecare for PUI guide; notify Hospital Epidemiology and DOH prior to release**

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### Transport

**Patient: Surgical mask**

**Patient: Surgical mask or mist tent; Transporter: wear N95 when in enclosed space, gown, gloves**

*Note: maintain airborne/contact isolation with eye protection even if 2019nCoV testing is not performed, unless other clear-cut diagnosis is identified*

### Environmental Cleaning

**Standard terminal cleaning with hospital grade quaternary ammonia products or bleach products**

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### Visitors

**Exclude if exhibiting fever, rash or cough. Encourage hand hygiene and respiratory etiquette (cover cough in tissue or arm)**

**Exclude symptomatic patients undergoing elective procedures**

### Who can visit

**Only asymptomatic individuals critical for the wellbeing of patient**

**Maintain log of all visitors and exposures**

### Healthcare personnel

**As always, perform hand hygiene and follow standard precautions (use PPE appropriate for clinical scenarios, only touch face after hand hygiene). During this time:**

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1. **Review [https://www.cdc.gov/nhsn/pdfs/napip/nape_sequence.pdf](https://www.cdc.gov/nhsn/pdfs/napip/nape_sequence.pdf) which covers how to put on and remove PPE without contaminating yourself.**

2. **Any employee returning from mainland China or with known exposure to a 2019nCoV case within 14 days must notify Occupational Health Service and will be furloughed until 14 days after travel/exposure.**

### Tracking

**Record all HCW with close contact with PUI**

**Record all HCW exposures**

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### PPE

**HCP providing direct patient care wear N95 mask (or surgical mask if unavailable), eye protection, gloves, and gown (if available)**

**HCP entering room wear N95 mask, gown, gloves, and eye protection.**

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### Operations

**Continue Standard Operating Procedures; HICS Level 2 may be activated for confirmed PUI in acute care areas at the discretion of Administrator on Call**

*Exposure definition: Being within approximately 6 feet or within the room or care area, of a novel coronavirus case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a healthcare waiting area or room with a novel coronavirus case. Having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with 2019-nCoV (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings. Other locations: Non-clinical areas: refer symptomatic individual for care; provide mask and call ahead Procedure/surgical areas: Screen for fever and cough during pre-procedure calls & initial evaluation. Exclude symptomatic patients undergoing elective procedures.*