

COVID IN-HOSPITAL CHANGE OF PUI STATUS/COVID DIAGNOSIS MANAGEMENT CONSIDERATIONS

In the event that a hospitalized patient who is not on COVID isolation precautions (Droplet-Contact or Enhanced) becomes a PUI (develops new symptoms) or receives an unexpectedly positive test result, there are several considerations that may be important to provide for the safety of staff and roommates

1. ISOLATION

Patient is newly a COVID PUI (COVID suspected but not yet confirmed)

- The PUI patient and roommate (if applicable) should be placed in private rooms pending results of the COVID test
- COVID PPE should be utilized while caring for the patient(s)
- If COVID test negative but suspicion remains high, continue COVID precautions for the PUI patient. If low suspicion (for example, alternative diagnosis exists), then the patient can return to non-PUI status and resume Standard Plus precautions (Non-COVID) (see Inpatient [Testing Protocol](#) for further information)
- If COVID test negative for the PUI patient, the former roommate can return to Standard Plus precautions (Non-COVID) and does not require post-exposure testing

Patient has a positive COVID test

- Newly positive patient should be placed in COVID isolation in an appropriate unit (can be cohorted with other COVID positive patients if needed)
- Roommate (if applicable) should be placed under QUARANTINE status with Droplet-Contact precautions
- Roommate (if applicable) should receive post-exposure COVID testing: see below for details.

2. COMMUNICATION

Patient is newly a COVID PUI (COVID suspected but not yet confirmed)

- Ensure that all floor staff, consulting teams, and others who are involved in the care of the patient are aware of the change in isolation status
- Ensure that floor staff and teams involved in the care of the roommate (if applicable) are notified regarding the need for temporary change in precaution status while test result is pending

Patient has a positive COVID test

- E-mail DG-Hospital Epidemiology (Hospital.Epidemiology@bmc.org) about the positive test, including the patient name and MRN, whether or not there was a roommate at the time of positive test, and if there are any known definitive exposures that have occurred. This will allow contact tracing to begin.

- Other helpful information can include whether the patient was receiving aerosolizing procedures, known recent procedures that involved the patient leaving the floor.
- Ensure that all floor staff, consulting teams, and others who are involved in the care of the patient are aware of the change in isolation status
- Ensure that floor staff and teams involved in the care of the roommate (if applicable) are notified regarding the change in status to QUARANTINE and Droplet/Contact precautions

3. **EXPOSURE TESTING**

- **Roommates** who are exposed to a confirmed positive case of COVID should receive post-exposure testing at the time that the diagnosis is known. If testing is negative, they must remain on QUARANTINE status for 10 days. If new symptoms develop during the quarantine period, they should be retested.
- **Previous roommates** who may have had exposure during the period of concern will be identified through contact tracing. The primary team for these patients will be contacted by Infection Prevention regarding their potential exposure
 - If an exposure is identified for a roommate who has already been discharged, the attending physician of record will be notified. The expectation is for this physician to contact the discharged patient to advise them of their potential exposure and encourage testing and self-isolation.
- **Employees** identified through contact tracing who may have had contact with the newly diagnosed patient will be notified by Hospital Epidemiology.
 - While you are waiting to hear from Hospital Epidemiology you can continue to work unless you are symptomatic.
 - Once you receive the email, follow directions in the e-mail to determine if you have had an unprotected exposure and need to contact Covid19wwc@bmc.org
 - If you were using standard PPE (surgical mask, eye protection, and gloves), our internal data shows that your risk of infection is very low, even with longer exposure times. Risk is even further reduced if the patient was masked during the encounter.
 - Further information regarding the decision process for employee exposure to COVID is available at [Employee Exposure Chart](#)