

Updated April 22, 2022

Updated November 23, 2022

## **DMHAS HOSPITAL ADMISSION PROTOCOL**

*Updates were made to reflect the high levels of vaccine-and infection-induced immunity and the availability of effective treatments and prevention tools.*

*Availability of PCR testing has decreased the need for prolonged quarantine.*

### **When we admit new patients what should we do to ensure they don't bring COVID-19 infection to our unit?**

- A) In general, all new admissions should be tested (PCR) for COVID-19 at admission. Admissions from another hospital or DOC should also be tested for COVID-19 at the referring hospital within 72 hours (if possible) before transfer.
  
- B) Regarding new admissions:
  - All new admissions, regardless of their vaccination status, will be tested (PCR) for COVID-19 infection on admission and immediately placed in quarantine until the result is available (usually, the next day) unless they meet criterion D below. Those that test positive will be placed in appropriate isolation space. Those that test negative will be placed on their assigned unit. Re-test patients on days 3 and 5. If all tests are negative, no more testing is indicated.
  - Patient will remain on their assigned unit and participate in all unit activities unless a positive test mandates removal from the unit and placement in appropriate isolation space.
  - In general, asymptomatic patients within 90 days of recovery from COVID infection do not need quarantine or admission PCR COVID-19 tests to avoid the risk of a false positive result. This is mostly true for patients within 30 days of recovering from COVID. However, patients within 31-90 days of recovery from COVID could be tested using Rapid (Antigen) Test, and following the schedule described earlier. The risk of false positive result is less from Rapid tests than from PCR test.
  - Patients admitted with COVID-19 like symptoms should be quarantined until results of tests done on admission and on day 3 are obtained. If the second test is negative, place patient on their designated unit and continue with testing as described earlier, i.e. day 5.
  - *Note: On admission units/space, all new admits are considered PUIs and immediately placed in quarantine pending the result of their covid test. They are quarantined in single rooms, isolated from each other. Staff interact with them wearing full protective gear (PPE). If result comes back positive, the individual is removed from the unit and moved to a designated isolation unit or space for treatment. Therefore, the only contaminated space is the room occupied by the positive patient, the whole unit being unexposed. The room should be cleaned and disinfected and left empty for approximately 24 hrs., after which it should be ready for use. **There is no need to quarantine the unit under such circumstances.***

Adapted from: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>; <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

#### [COVID-19 Quarantine and Isolation | CDC](#)

- C) If cohorting of patients have occurred in response to an outbreak of COVID-19 infection, new admissions will be tested (PCR) and placed on a unit commensurate with the result of the tests.
- D) For patients transferred from an acute care hospital or DOC, who had been in those facilities for longer than two consecutive weeks and tested COVID-19 negative just before and soon after admission to DMHAS hospital facility, an alternative process may be appropriate. If there has not been a recorded COVID infection on the referring unit for at least one month, the patient could be admitted directly to a DMHAS hospital unit without admission quarantine after discussion with the DMHAS Medical Director. Testing requirements are as stated in A.
- E) In general, new admits should not be admitted to an inpatient ward or unit that has had a significant exposure and undergoing frequent COVID testing for safety. However, there are instances where it would be clinically appropriate to admit into those units. These include (but not limited to):
  - Asymptomatic patients who are within 90 days of recovery from COVID infection. For patients within 30 days of recovery, no testing is required. For patients within 31-90 days of recovery, test with rapid (antigen test) following the schedule described in B.
  - Patients up to date on their vaccinations - if within 5 months for Pfizer and Moderna, or 2 months for J&J
  - Patients with confirmed high risk exposure to COVID positive individuals in the community, acute care hospital or DOC - cohorting

In these situations, and certain others, exceptions to this protocol can be made after discussion with the DMHAS Medical Director.

Note: In all situations, the following additional interventions will apply until risk or COVID infection or transmission has abated:

- Monitoring for symptoms of COVID-19 every shift

- Vital signs, including temp and pulse ox, every shift
- Facemask worn by staff and patient (if possible)
- Frequent hand hygiene
- Face shield or eye goggles worn by staff working with new admits - Per CDC, eye protection (i.e., goggles or a face shield that covers the front and sides of the face) should be worn during all patient care encounters.  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

COVID SYMPTOMS include (but not limited to the following):

- Fever or chills
- Cough, Congestion or runny nose, Sore throat
- Shortness of breath or difficulty breathing
- Fatigue, Muscle or body aches
- Headache
- New loss of taste or smell
- Nausea or vomiting, Diarrhea