## Pediatric COVID-19 Testing and Isolation Algorithm (ED/inpatient):

fever, cough, tachypnea, sore throat, loss of taste or smell, vomiting/diarrhea; OR exposure to a known COVID-19 contact



For **all** patients: mask patient/caregiver when possible (>2yo), clean hands with alcohol-based rub
Those w/symptoms, **Initiate Modified Droplet & Contact precautions:** N95 or equivalent resp protection, eye protection, gown, gloves



When initiating Modified C&D precautions: place in negative pressure, if negative-pressure room unavailable use portable HEPA filter, priority is for confirmed COVID-19 patient with aerosol generating procedures (AGPs)

Use N95 for <u>all patients requiring AGPs</u> and use AGP signage for room during AGP

Minimize AGPs in symptomatic patients: e.g. consider not starting HFNC, use MDI over nebs, avoid NP suctioning



## **Targeted (rather than universal) COVID-19 testing for:**

- 1. Patients/caregivers screen positive for COVID-19 symptoms/exposure in the past 10 days
- 2. Patients with acute or chronic respiratory conditions (asthma, CF, trach, vented, etc.)
- 3. Residents requiring transfer to other institution/group setting (Bradley, Tavares, group home, behavioral health patients, etc.)
- 4. Child under 24mos *or* who cannot mask due to behavioral issues



Asymptomatic, COVID-19 negative, no exposures in patient nor caregiver: no precautions indicated



Asymptomatic, COVID-19 negative, **positive** exposure: standard C&D isolation 10 days from last exposure



Symptomatic, COVID-19 pending/positive:

Modified C&D isolation



With strong clinical suspicion based on symptoms: a negative COVID PCR should not negate need for Modified C&D precautions

Targeted COVID-19 testing recommendations for children are due to low rates of hospital burden 65 total patients over the last year, with a 2.8% positivity rate. These recommendations are further predicated on the current policies for universal staff masking (protection), and patient/caregiver masking (source control), as well as current low rates of community COVID-19.