

**University of Chicago**  
**Howard T. Ricketts Lab**  
***SARS-CoV-2 Health Watch Protocol***  
13 March 2020

SARS-CoV-2 EXPOSURES and Rule-Out LABORATORY-ACQUIRED INFECTIONS

The purpose of this protocol is to provide instructions to UC investigators (p. 1), PIs (and/or supervisors), Biosafety personnel (p.2), and clinicians (pp. 3-4) in the event of possible exposures to biological agents at the HTRL.

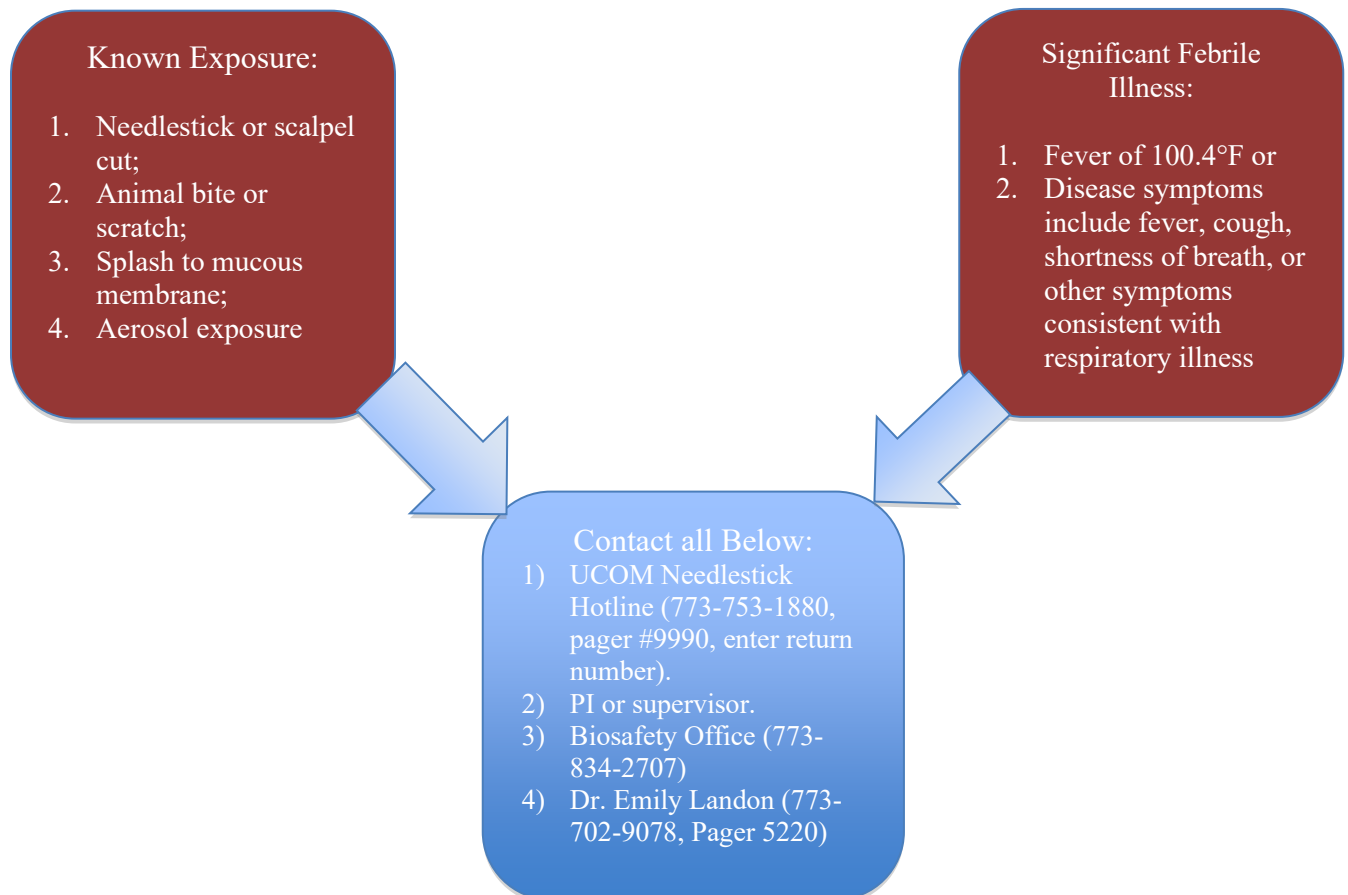
**For Investigators**

If **you** experience either of the following:

1. An overt or potential exposure to a specimen from a SARS-CoV-2 sample, or
2. A significant febrile illness with a temperature of 100.4° F after working with SARS-CoV-2,

**You should...**

1. Contact your PI and/or immediate supervisor.
2. Contact Biosafety at: 1-773-612-6804 (Joe) or 1-773-806-9617 (John).
3. **Contact University of Chicago Occupational Medicine (UCOM) Needle-Stick Hotline at: 1-773-753-1880, enter pager number: 9990#, enter return number.**
4. Report exposure/symptoms to Hotline attending physician.
5. Report either to UCOM or the UC Emergency Division (UCED) depending upon instruction from Hotline attending physician.
6. When reporting to UCOM, UCED or any health care setting, **you should acknowledge your work involving SARS\_CoV-2** It is important that you call in advance of presenting to the health care area. It is inappropriate for a lab worker to show up without advanced warning, and the PI is responsible to make sure this doesn't happen.



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**For Biosafety and PIs (and/or Supervisors)**

**Biosafety and/or the PI** will immediately notify the following individuals if there is any concern for an exposure or a possible laboratory acquired infection:

David Pitrak, M.D. Chief of Infectious Diseases Chair, the SA-IBC (773) 702-9078, Pager 5220  If unavailable or pager being covered by another physician, page Emily Landon, M.D. Hospital Epidemiologist, Infection Control (773) 834-8167, Pager 2580	Occupational Medicine 708-915
	Kathleen Beavis, MD Professor of Pathology Medical Director of Microbiology and Immunology Laboratories Medical Director of Laboratory Quality 888-824-0200
Joe Kanabrocki, Ph.D. Biosafety Officer 4-7496, cell (773) 612-6804	If Select Agent is involved with the exposure, <b>Biosafety (RO/ARO) will notify the CDC Select Agent Program.</b>
Linda Druelinger, M.D. Chief of Emergency Medicine (773) 702-9500, Pager 9839	If the agent involved with this exposure is recombinant, <b>Biosafety will notify the NIH Office of Biotechnology Activities</b>

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Infectious Diseases (UCID-Dr. Pitrak, Dr. Landon, or the Fellow carrying the pager) will give recommendations regarding diagnostic workup, empiric therapy, and isolation procedures based on the information available in the Select Agent Profile Forms (APFs). These forms are available on line at <http://resarchadmin.uchicago.edu/ibc/fomrs/shtml>. If the affected investigator needs to be evaluated and requires isolation, they will need to be sent to the ED. UCID will contact Dr. Druelinger, Chief of Emergency Medicine, 2-9500 or pager 9839.

UCOM, the ED, and all the clinicians who carry the Needlestick Hotline Pager will have this contact information, the summary of the *Approach to Febrile Illness in Ricketts Lab Investigator* and as well as access to the 18 APFs (Agent Profile forms).

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**For Clinicians**

**Approach to febrile illness in a Ricketts lab investigator working with SARS-CoV-2**

If there is an acute febrile illness ( $T_{max} \geq 100.4^{\circ} \text{F}$ ) without a known exposure, SARS-CoV-2 infection should be considered.

The following isolation, diagnostic testing, and treatment is recommended:

**If the patient is coughing or has other respiratory symptoms**, the patient should wear a mask until they present for evaluation. They should be put in airborne and contact isolation until specimens (RVP and SARS-CoV-2 nasopharyngeal swabs are taken) and chest imaging (CXR or chest CT) can be arranged. It is important for the lab worker and PI to make sure UCOM or the Needlestick Hotline Pager is called to arrange for timely isolation in the ED or at a SARS-CoV-2 evaluation site in advance.

**If the CXR or chest CT suggests pneumonia**, continue airborne isolation and contact isolation. Collect sputum for GS and culture, perform an RVP, and a nasopharyngeal swab for SARS-CoV-2.

**If the CXR or chest CT shows bilateral ground glass opacities, SARS-CoV-2 infection is possible.**

Patients with an abnormal CXR or chest should be admitted for potential initiation of empiric antibiotic therapy. This could include coverage for acute community acquired bacterial pneumonia with 1) azithromycin + ceftriaxone, or moxifloxacin, or 2) vanco, cefipime, and azithro for patients with clinical criteria for severe pneumonia. Tamiflu should be added during flu season until the RVP is complete. At this time there are no FDA-approved therapies for SARS-CoV-2, but there is a clinical pathway on the Antimicrobial Stewardship Website that will have potential treatment recommendations. This pathway will be continually updated.

**Laboratory evaluation**

The Micro lab must be notified in advance about clinical samples, including CBC and chemistries, obtained from a lab worker with a possible select agent exposure. These specimens require special handling. Micro will coordinate and certain samples will be sendouts to CDC from the Micro lab.

Nasopharyngeal swab for RVP, COVID-19 assay

CBC/diff  
BCs X 2

**If the CXR or chest CT is negative and the patient does not have shortness of breath or other signs of symptoms of severe disease**, they may be able to go home with quarantine for 14 days or until the results of testing are available.

This plan has been discussed with all the involved parties listed on page 1 of this document.