Outpatient-Specific Checklist

***REVISED 3/17/2020***

Check List for Managing Suspect Patients or Patients Under Investigation (PUI) for COVID-19 (novel coronavirus)

Daily updates can be found at *https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html*

**Step 1. Assessment: Identify Symptoms and Risk Factors**

☐ 1a. Does patient have fever (>100.4 F) OR symptoms of lower respiratory illness (e.g., cough, shortness of breath) **AND** has person, including health care workers [regardless of personal protective equipment (PPE) use], had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset?

☐ 1b. Does patient have fever (>100.4 F) **AND** symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization **AND** a history of travel from affected geographic areas* within 14 days of symptom onset?

☐ 1c. Does patient have fever (>100.4 F) with severe acute lower respiratory illness requiring hospitalization **AND** no source of exposure has been identified?

If yes to any of the above→ this patient would qualify as a Person Under Investigation per CDC Guidelines, and would be tested at Ventura County Public Health Department. Follow isolation procedures (Step 2) and then continue to step 3a

☐ 1d. Does patient have fever **AND** cough/shortness of breath, does **NOT** require hospitalization, and is ≥ 65 years old, or with chronic medical conditions that put them at higher risk for poor outcomes (e.g., diabetes, heart disease, chronic lung disease, hypertension, receiving immunosuppressive medications, chronic kidney or liver disease)

- Patient does NOT need to be reported to PH, and testing should occur at non-Public Health Lab (Quest, etc)
- Patient encouraged to present to or call primary care physician or, if PCP not available, consider a local urgent care
- Car/drive-by testing may be an option at some sites
- Call ahead to the clinic you are referring patient to so they can prepare for their arrival

**Step 2. Isolation**

☐ 2a. Place surgical mask on patient. **Mask should remain on at all times during encounters with health care providers.**

- Move to airborne isolation room, if available.
- If isolation room not available, place mask on patient and then have patient in an area separated by at least 6 feet from others.

☐ 2b. If patient is being sent to an emergency room, call ahead and notify the physician on duty

- Instruct patient to call the ED from the parking lot.
- When available, ED will escort patient directly to airborne isolation room.

☐ 2c. Airborne + Contact isolation:

- When available, use **N95 mask (or Powered Air-Purifying Respirator), eye shield or goggles, gown and gloves.**
- If N95/PAPRs are limited, ok to use surgical mask instead, and reserve N95/PAPRs for aerosol-generating procedures (intubation, BiPAP, nebulization, bronchoscopy, extubation)
- If airborne isolation room not available, ok to use standard room. **Patient should continue to wear mask at all times.**

☐ 2d. Limit staff entering room

- Attempt to assign single nurse and physician to patient; no students should enter the room
- Create log sheet on entry/exit to track staff entering / exiting room

**Step 3. Notify: For Patients Meeting Definition of Person Under Investigation**

☐ 3a. Call Ventura County Public Health (PH): If leaving a message, consider leaving a cell number for PH to call back.

- Monday - Friday, from 8:00 am - 5:00 pm: (805) 981-5201
- After-hours, weekends, and holidays: (805) 214-7057
PH will assess risk and provide guidance on next steps.
- If there remains a question of whether to test, clinicians or PH can call CDC directly at 770-488-7100.

**Step 4. Collect specimens**

- 4a. Obtain swabs for testing and place in viral (universal) transport media
  - 1 *nasopharyngeal* (NP) swab for influenza testing and COVID testing
    - Insert swab into single nare parallel to palate and leave in place for a few seconds to absorb secretions
    - Place the swab immediately into a single sterile tube containing 2-3 mL of viral (universal) transport media.
- 4b. If patient has productive cough, is intubated, or undergoing bronchoscopy, collect lower respiratory specimen:
  - **Lower respiratory (if possible):** NOTE: *do not* induce sputum to collect sample:
    - **Sputum:** Patient to rinse mouth with water, then expectorate sputum from a deep cough into a sterile cup.
- 4c. Place order for testing:
  - If sending to PH and not using the COVID Powerplans, enter “PH lab referral” to order Nasopharyngeal (NP)
  - If sending to Quest, send NP swab using Test Code is 39433: “SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR”
- 4d. The clinician, or designee, caring for the patient will notify the laboratory that a specimen has been obtained.
  - Specimens *should not* be submitted to the laboratory via the pneumatic tube system.
  - Lab will handle via their biosafety regulations, refrigerate at 2-8°C and ship to PH (or outside) lab.

**Step 5. Determine disposition**

- 5a. **Disposition:** If meets discharge criteria, OK to discharge prior to hearing results or getting permission from PH, however, emphasize the following:
  - Continue self-isolation (no visitors) and infection control procedures at home, until directed otherwise by PH.
  - Clinician, primary care physician to keep track of patients with pending COVID tests.
  - If commercial lab (Quest, others) testing is positive, fill out Confidential Morbidity Report (CMR) to alert PH.
- 5b. **Cleaning:** Notify Environmental services for proper cleaning of room/equipment.
  - They will initiate cleaning AFTER the proper times have elapsed for clearance of possible airborne pathogens, based on the number of air exchanges per hour in your clinic.
  - Portable equipment should be cleaned with Clorox / bleach wipes, allowing for 3 minutes of contact time.
- 5c. **Identification of Contacts:**
  - Keep track exposed personnel, who should begin self-monitoring
  - Start process of supervising exposed personnel self-monitoring (see CDC website for guidance):
  - If exposed personnel become symptomatic, they should begin home quarantine.
  - Consider discussing with infection preventionist, PH or HR for further guidance.
  - If patient’s COVID testing returns positive:
    - Employee Health, Public health and Infection Prevention will risk stratify exposure based on patient’s COVID status, PPE worn, and procedure performed on patient: