



VENTURA COUNTY  
AMBULATORY CARE

## Outpatient-Specific Checklist

\*\*\*REVISED 3/20/2020\*\*\*

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. Patient has fever<sup>1</sup> **OR** new cough/shortness of breath/myalgias **AND** has had close contact<sup>2</sup> with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset.
- 1b. Patient has fever **OR** new cough/shortness of breath/myalgias **AND** has traveled from an affected geographic area<sup>3</sup> within 14 days of symptom onset.
- 1c. Patient has fever **OR** new cough/shortness of breath/myalgias **AND** meets one of the following criteria
  - Age ≥ 60 years
  - Chronic medical conditions with higher risk of poor outcomes (diabetes, heart disease, chronic kidney disease or end-stage renal disease, chronic lung disease, immunosuppressive medications)
  - Pregnant
  - Healthcare worker or worker in other public safety occupation (law enforcement, firefighting, EMS)

Patients who meet the above qualifications should be tested. Patients who require hospitalization should be assessed through the inpatient checklist. Other patients should not be tested, given current resource limitations.

### Step 2. Isolation

- 2a. Place surgical mask on patient. **Mask must remain on at all times during encounters with health care providers.**
- 2b. Move to airborne isolation room. If not available, separate patient from others by at least 6 feet.
- 2c. If patient is to be sent to an emergency room
  - Call ahead to notify the physician on duty
  - Instruct the patient to call the emergency department from the parking lot (VCMC: 652-6165, SPH: 933-8663)
  - Patient should expect to be escorted directly to an isolation room
- 2d. Isolation Precautions: Airborne + Contact
  - Use **N95 mask or Powered Air-Purifying Respirator (PAPR), eye shield or goggles, gown and gloves.**
  - If N95/PAPRs are unavailable, use a surgical mask instead.
  - If an airborne isolation room is not available, use a standard room. **Patient should wear a mask at all times.**
- 2e. Limit staff entering the room
  - Attempt to assign a single nurse and physician to the patient
  - Sign log sheet on entry & exit; Upon discharge, add MRN of patient and retain log sheet for future reference

<sup>1</sup> Fever may be subjective or confirmed (100.4 F)

<sup>2</sup> Close contact is defined as a prolonged period of time within 6 feet, including household contacts, visitors, and healthcare workers (regardless of personal protective equipment use), or having been in direct contact with infectious secretions (i.e. being coughed on) of a patient with COVID-19.

<sup>3</sup> Updated list of areas for concern is available at: <https://wwwnc.cdc.gov/travel/notices>

### Step 3. Notify

- 3a. Outpatient testing will be done via Quest and Public Health notification is not necessary
  - Employees should arrange testing through Employee Health Services
  - Testing for contracted physicians is handled through a special process coordinated by Dr. Leah Kory

### Step 4. Collect specimens

- 4a. Obtain swabs for testing and place in viral (universal) transport media
  - Obtain **one** nasopharyngeal swab. Place immediately into a single sterile tube containing 2-3 mL of viral (universal) transport media. Obtain nasopharyngeal swab by inserting into single nare parallel to palate and leave in place for a few seconds to absorb secretions.
- 4b. Place order for testing.
  - Order “Coronavirus PCR (Covid 19) – Quest”
  - *For reference, Test code is 39433 and title is “SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR”*
- 4c. The clinician caring for the patient, or designee, will notify the laboratory that a specimen has been obtained.
- 4d. If testing a healthcare provider, obtain nasopharyngeal swab and send to Public Health rather than Quest. The order is “Coronavirus PCR (Covid 19) – PH”.

### Step 5. Disposition

- 5a. **Disposition:** If patient does not require hospitalization or emergency room evaluation, discharge to home to await testing results.
  - Patients awaiting results should practice self-isolation and infection control procedures at home until a negative result is obtained.
  - Provide patient with the self-isolation patient education documentation.
- 5b. **Cleaning:** Notify Environmental services for proper cleaning of room/equipment. They will initiate cleaning AFTER the proper times have elapsed, based on the number of air exchanges per hour in the room.
  - Portable equipment should be cleaned with Clorox/bleach wipes, allowing for 3 minutes of dwell time
  - For further details see the “COVID-19 Isolation, Cleaning & Disinfection” link at <http://hospitals.vchca.org/medical-staff-services>
- 5c. **Identification of Contacts:** Department managers and medical directors to survey exposures:
  - Submit a list of all exposed personnel to IP/employee health daily, label and scan to Cerner. See “Supervisor Log for Self-Monitoring Employees” link at <http://hospitals.vchca.org/medical-staff-services>
  - Start process of supervising employee self-monitoring. See “COVID-19 Post-Exposure Monitoring” link at <http://hospitals.vchca.org/medical-staff-services>
  - Department managers and medical directors to send daily self-monitoring form to Employee Health/IP.
  - Employee health, public health and infection prevention will risk stratify exposure based on patient’s COVID status, PPE worn, and procedure performed on patient: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>