Outpatient-Specific Checklist

***REVISED 4/1/2020***

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\(^1\) AND/OR new cough/shortness of breath/myalgias AND has had close contact\(^2\) with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, **excluding family members in the same household.**
  - Family members of confirmed positive cases should undergo self-quarantine precautions, see home instructions for “exposed-individuals” handout on VCMC medical staff website.
  - Close contact is defined as more than a few minutes (certainly more than 15 minutes) within 6 feet of infected patient.
- **1b.** Patient has fever AND/OR new cough/shortness of breath/myalgias AND has traveled from a significantly affected geographic area\(^3\) domestic or abroad within 14 days of symptom onset.
- **1c.** Patient has fever AND/OR new cough/shortness of breath/myalgias AND meets any 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, firefighter, EMS)
  - Lives in a facility or institution (e.g. healthcare, school, corrections, homeless/shelters, other institution/congregate settings)

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

**Step 2. Isolation**

- **2a.** Place surgical mask on patient (and family member who accompanies patient). **Mask must remain on at all times during encounters with health care providers.**
- **2b.** In accordance with CDC recommendations, patients receiving droplet + contact isolation can be placed in standard examination rooms, without negative pressure.
- **2c.** If patient is to be sent to the Emergency Department,
  - Call ahead to notify the physician on duty
  - Instruct the patient to call the Emergency Department from the parking lot
    - VCMC: 805-652-6165
    - SPH: 805-933-8663
  - Patient should expect to be escorted directly to an isolation room or segregated area such as a tent

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\(^1\) Fever may be subjective or confirmed (100.4 F)

\(^2\) 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.

\(^3\) Updated list of areas for concern is available at: https://wwwnc.cdc.gov/travel/notices
2d. Isolation Precautions: Droplet + Contact
   - All clinical staff should be wearing a surgical mask at all times, unless eating, drinking, or using the restroom.
   - Staff coming in contact with a COVID-suspect patient should wear gown, gloves, non-respirator mask, and eye protection with goggles or a face shield.
   - N95/PAPRs should be used by staff who perform nasopharyngeal swabs for COVID testing or are in the room during an aerosol-generating procedure (i.e. nebulizer treatment)\(^4,5\)
   - If N95/PAPRs are unavailable, use a surgical mask instead.
   - If PPE rationing necessary, follow institutional guidelines, see VCMC Medical Staff website for details.

2e. Limit staff entering the room
   - Attempt to assign a single nurse and physician to the patient.
   - Sign log sheet on entry and exit; add MRN of patient and retain log sheet for future reference.
   - Note PPE of staff entering room to determine exposure risk if patient tests positive.

### Step 3. Notify

3a. Physicians and healthcare workers will be tested via public health
   - County employees (non-physicians) should notify their manager who will notify employee Health Services that they are undergoing testing.
   - Physicians/Providers contact Dr. Leah Kory via Tiger Text or VCMC Page Operator at 805-652-6075 for further guidance regarding testing and return to work.
   - Employees at affiliated clinics (non-physicians) contact Clinic Administrator and Outpatient Infection Prevention Team at 805-515-6303.

### 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 naris parallel to palate and leave in place for a few seconds to absorb secretions and rotate briefly then remove.
   - CMR reporting to public health for anyone tested. Alternatively, send printed patient demographics from EHR, adding ordering provider and provider’s contact number.
     - vcph-id@ventura.org
     - Fax 805-981-5200

Testing Location:
   - Physicians and healthcare workers
   - Patients on hemodialysis
   - Residents of homeless shelters, correctional facilities, long term care facilities and other congregate or institutional settings.
   - Other outpatients undergoing testing should be tested via Quest.

\(^4\)Aerosol generating procedures should be avoided in favor of non-aerosol generating treatment modalities (i.e. metered dose inhaler should be used instead of nebulizer treatment) unless no other clinically appropriate option is available.

\(^5\)Aerosol generating procedures such as nebulizer treatments can be performed outside if absolutely necessary in the absence of a negative-pressure room.
4b. Place order for testing:

4c. For **Quest orders**, collect one nasopharyngeal swab for COVID, if testing for flu (not required), a separate swab and vial is needed, one swab/vial for each test, to conserve swabs, only test for flu if deemed medically necessary
   - Order “AMB COVID 19 Coronavirus SARS-CoV2”
   - Select SARS Coronavirus with CoV-2 RNA Quant-Quest Nasopharyngeal Swab
   - If influenza testing desired, must place separate order

4d. **If testing with Public Health**, obtain a nasopharyngeal swab and send to Public Health rather than Quest.
   - Order “Order “AMB COVID 19 Coronavirus SARS-CoV2”
   - Select SARS CoV-2 PCR PH-Lab Nasopharyngeal Swab +/- Influenza Screening by PCR-PH Lab Nasopharyngeal Swab
   - PUI tracking numbers are no longer necessary.

**Step 5. Disposition**

5a. **Disposition**: If patient does not require hospitalization or emergency room evaluation, discharge to home to await testing results.
   - All 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 – see VCMC Medical Staff Website
   - Encourage early follow-up for signs of dyspnea.

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](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](http://hospitals.vchca.org/medical-staff-services)
   - Department managers and medical directors to send daily self-monitoring form to Employee Health/IP.