Outpatient-Specific Checklist

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

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


**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.
- **1b.** Patient has fever **AND/OR** new cough/shortness of breath/myalgias **AND** has traveled from an affected geographic area\(^3\) within 14 days of symptom onset.
- **1c.** Patient has fever **AND/OR** new cough/shortness of breath/myalgias **AND** meets one of the following criteria
  - Age \(\geq 60\) 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; add MRN of patient and retain log sheet for future reference

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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](https://wwwnc.cdc.gov/travel/notices)
Step 3. Notify

3a. Outpatient testing will be done via Quest and physicians and healthcare workers will be tested via public health.
   - Employees should notify their manager and Employee Health Services that they are undergoing testing.
   - 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, flexi test, refrigerated, Test code is 39433 and title is “SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR”.
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.
4d. If testing a healthcare worker, obtain a nasopharyngeal swab and send to Public Health rather than Quest. The order is “Coronavirus PCR (Covid 19) – PH”. Use one swab for specimen and place in one vial. Order flu if necessary and COVID tests. PUI tracking numbers are no longer necessary. CMR reporting only necessary for confirmed positives.

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.
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.
   - Department managers and medical directors to send daily self-monitoring form to Employee Health/IP.