VENTURA COUNTY AMBULATORY CARE

Outpatient-Specific Checklist

REVISED 1/14/2021

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 with new cough or shortness of breath **OR** two of the following symptoms: fever,[1] chills, muscle/body aches, headache, sore throat, new loss of taste or smell, diarrhea, nausea/vomiting, or congestion/runny nose
- ☐ 1b. Patient is asymptomatic **AND** meets any one of the following criteria
  - o Healthy partner or support person of COVID-19+ mother who has chosen to separate from infant while inpatient
  - o Undergoing scheduled surgery (including cesarean section)
  - o Undergoing scheduled labor induction
  - o Undergoing scheduled chemotherapy at an infusion center
  - o Close contact of person with lab-confirmed COVID-19+[2]
- ☐ 1c. If a patient has recovered from PCR-confirmed COVID-19 and it is **within 3 months** after the initial COVID 19 illness (or date of first positive PCR test if they never had symptoms).
  - o If they remain **asymptomatic**
    - They do NOT need to be re-tested (with PCR or antigen tests) and do NOT need to quarantine if they have a new close contact with a COVID+ person
  - o If they develop **NEW symptoms** consistent with COVID-19
    - They warrant re-testing if alternative etiology cannot be identified by provider.
    - If re-tested and positive, follow current symptom-based strategy to discontinue isolation
    - Providers should always use their clinical judgment in considering the diagnosis
  - o Because PCR tests can remain positive long after an individual is no longer infectious, proof of a negative test should not be required prior to returning to the workplace after documented COVID-19 infection

Patients who meet the above qualifications should be tested. Patients who require hospitalization should be assessed with the inpatient checklist. **Other patients who do not meet the above criteria should be directed to their primary care provider or to the other county/state COVID-19 testing sites**, given current resource limitations.

Step 2. Isolation

- ☐ 2a. Ambulatory Care is practicing universal masking during the COVID-19 pandemic. It is expected that all patients and family members accompanying them will wear a mask at all times during encounters will health care workers. Health care workers will wear at least a surgical mask and faceshield/goggles during any patient encounter.
- ☐ 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,
  - o Call ahead to notify the physician on duty
  - o Instruct the patient to call the Emergency Department from the parking lot
    - VCMC: 805-652-6165 or SPH: 805-933-8663
  - o Patient should expect to be escorted directly to an isolation room or segregated area such as a tent
- ☐ 2d. Limit staff entering the room
  - o Attempt to assign a single nurse and physician to the patient
  - o Note PPE of staff entering room to determine exposure risk if patient tests positive

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[1] Fever may be subjective or confirmed (100.4 F)

[2] Close contact is defined as within 6 feet of an infected person not wearing a mask for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated. Includes household contacts, visitors, and healthcare workers (not wearing a mask or eye protection while in contact with the patient),or having been in direct contact with infectious secretions (i.e. was coughed on, shared utensils with, was provided care by) of a patient with COVID-19.

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☐ 2e. Personal Protective Equipment (PPE) & Isolation Precautions.

PPE worn by AC staff/providers shall be standardized. There are no differences to PPE recommendations for those that have recovered from COVID-19 or been vaccinated against SARS-CoV-2 given uncertainty as to the duration of immunity to SARS-CoV-2, risk of reinfections form SARS-CoV-2, or potential to become infectious to others if re-exposed to SARS-CoV-2.

Low Risk- No Patient Contact: Non-clinical environments where staff duties do not involve contact with patients (e.g., billing, referrals).

- ***Follow Universal Mask & Social Distancing Guidelines***
  - **Procedural Mask-** *Extended Use. Required for all staff*. Mask for source control only and not considered PPE. May be worn throughout shift unless damaged or risk of contamination and discarded at end of day. Cloth face coverings should not be worn.
  - **Face Shield/Goggles-** Extended Use/Re-Use. *Required for all staff. W*orn throughout shift unless damaged or risk of contamination & disinfected when removed.
  - *Mask and eye protection to be worn at all times unless working alone in a private office without contact with other staff.*

Low Risk- Indirect Patient Care: Clinical environments where staff duties do not involve *direct physical contact* with patients (includes screeners).

- ***Screeners at entrances follow Droplet & Contact Precautions. All others follow Droplet Precautions.***
  - **Procedural Mask-** *Extended Use. Required for all staff*. May be worn throughout shift unless damaged or risk of contamination and discarded at end of day. Cloth face coverings should not be worn.
  - **Gown-** Not required unless screening patients. *Extended Use (screeners only).* May be worn throughout shift by staff screening at front entrances unless soiled, damaged, or risk of contamination. Discard once doffed- **DO NOT** reuse/store used gowns.
  - **Gloves-** Not required unless screening patients. *Extended Use (screeners only).* May be worn for up to 2 hrs. by staff screening at front entrances unless soiled, damaged, or risk of contamination. Perform hand hygiene often, including after any physical contact.
  - **Face Shield/Goggles-** *Extended/Re-Use. Required for all staff. W*orn throughout shift unless damaged or risk of contamination and disinfected when removed.

Low Risk- Direct Patient Care: (1) Direct care of patients who are asymptomatic and not COVID+ or under investigation for COVID-19. (2) Exams & non-aerosol generating procedures that **DO NOT** require HCP to be within 6 ft. unmasked patient for cumulative total of ≥ 15 min

- ***Follow Droplet Precautions & Contact Precautions if Indicated for Exam/Procedure***
  - **Procedural Mask-** *Extended Use. Required for all staff*. May be worn throughout shift unless damaged or risk of contamination & discarded at end of day.
  - **Gown, Gloves-** *Single use*. Only required if indicated for patient care activity (e.g., wound care, vaginal exam, etc.).
  - **Face Shield/Goggles-** *Extended/Re-Use. Required for all staff. W*orn throughout shift unless damaged or risk of contamination and disinfected when removed.

Moderate Risk: (1) Direct care of patients with confirmed COVID-19, patients under investigations for COVID-19 (PUI), and patients with symptoms of respiratory illness but not a PUI for COVID-19. (2) Examinations and non-aerosol generating procedures that **DO NOT** require HCP to be within 6 ft. of any unmasked patient for cumulative total of ≥ 15 min (includes retinal scans and non-AGP's such as dental varnish).

- ***Follow Droplet & Contact Precautions***
  - **Procedural Mask-** *Extended Use. Required for all staff*. May be worn throughout shift unless damaged or risk of contamination and discarded at end of day.
  - **Gown & Gloves-** *Single Use. Required for all staff*. Discard after each patient encounter. Perform frequent hand hygiene.
  - **Face Shield/Goggles-** *Extended Use/Re-Use. Required for all staff. W*orn throughout shift unless damaged or risk of contamination and disinfected when removed. Use of a faceshield is recommended to reduce potential for mask contamination.
  - **N95 Mask**- *Extended Use*. Use of an N95 respirator is not required unless performing a procedure with high risk for aerosolization (e.g., intubation, nebulizer treatment, etc.), but may worn at discretion of the provider (see high risk guidelines).

High Risk: (1) Aerosol generating procedures (AGP) of any duration (e.g., nebulizer therapy and some dental procedures)[1,2]. (2) Prolonged[3] examination or procedure involving the nose, throat, or mouth that requires HCP to be within 6 ft. of unmasked patient for cumulative total of ≥ 15 min. (3) ANY patient encounter where staff is anticipated to be with 6 feet for cumulative total of ≥ 15 min AND patient is unable to properly wear mask for entire duration of exam/procedure. (4) Serial specimen collection at COVID-19 testing sites.

- ***Follow Airborne + Contact Precautions***
  - **Face Shield/Goggles**- *Extended Use/Re-Use (non-AGP procedures only). Required for all staff.* Goggles that fit close to the face, with minimal gaps, are the preferred eye protection for patients undergoing AGP. Otherwise, use of faceshield recommended to reduce potential for mask contamination. May be worn throughout shift unless damaged or risk of contamination and disinfected when removed. If performing AGP, or risk of contamination disinfect after each patient encounter.
  - **Gown & Gloves**- *Single Use*. Discard after each patient encounter. *Extended Use* of gowns is acceptable when providing patients with self-test kits unless risk of contamination due to physical contact or coughing/sneezing patient.
  - **N95 Mask**- *Extended Use (non-AGP procedures only)*. Unless performing an aerosol generating procedure, may be worn for one 8-12 hour shift. Immediately discard following an AGP. Replace sooner if mask can no longer maintain a good seal or becomes wet, visibly soiled, damaged, or hard to breathe through. Carefully remove N95 masks that will be reused following meals/breaks and store in a clean paper bag. Discard at end of shift in designated reprocessing bin and **DO NOT** store for re-use the following day.

[1]Aerosol generating procedures (AGP) 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

[2]Aerosol generating procedures such as nebulizer treatments can be performed outside if absolutely necessary in the absence of a negative-pressure room

[3]Prolonged is defined as cumulative total of ≥15 minutes over a 24-hour period. Any duration should be considered prolonged if the exposure occurs during an AGP.

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Step 3. Notify

- ☐ 3a. Physicians and healthcare workers will be tested via public health
  - **Hospital Employees & Staff at Eastman Rehabilitation** (non-physicians) should notify their manager who will notify employee Health Services at 805-981-5166 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 County/Affiliate Clinics and Whole Person Care** (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
  - For pre-screened, symptomatic patients (described in 1a.) presenting to urgent care for drive-through testing, self-collected anterior nares swabs are the preferred specimen.
  - For symptomatic patients (described in 1a.) presenting for a clinic visit, anterior nares swabs are the preferred specimen, if available. Nasopharyngeal swabs may be used if anterior nares swabs not available.
  - For asymptomatic patients (described in 1b.), nasopharyngeal swabs are the preferred specimen. 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**. COVID+ results will be automatically sent to public health.
  - Alternatively, send printed patient demographics from EHR, adding ordering provider and provider's contact #.
    - **vcph-id@ventura.org**
    - Fax 805-981-5200
- ☐ 4b. Testing Location:
  - Test the following at the **public health** lab
    - New mothers or fathers up to 6 weeks postpartum
    - Pregnant women with planned induction within the next 2-3 days. Testing should be done at clinic where prenatal care is received.
    - Pregnant women with planned caesarean section within the next 2-3 days. Testing should be done at pre-op tent at AFMC.
    - Healthy family member outside the household caring for newborn of COVID-19+ mother
    - Physicians and healthcare/EMS workers
    - A healthcare worker's symptomatic household member
    - A healthcare worker's asymptomatic household member who had a high-risk exposure
    - Patients on hemodialysis
    - Residents of congregate or institutional settings
    - Oncology patients undergoing chemotherapy at an infusion center
    - Asymptomatic individuals undergoing surgery (including c/s), scheduled 48 hours after collection
  - Test the following using VCMC/SPH inpatient test
    - Healthy partner/support person of COVID-19+ mother who has chosen to separate from baby while inpatient
    - Asymptomatic individuals undergoing urgent surgery (including c/s), occurring within 24hrs of collection
  - Symptomatic patients seen in an urgent care drive-through should be tested via LGC anterior nares swab.
  - Patients requiring a physician visit either in clinic or urgent care should be tested via Quest or LGC (if aviailable)
  - Asymptomatic close contact of person with lab confirmed COVID positive should be tested via NP swab via Quest or LGC (only if available)
- ☐ 4c. For **LGC orders**, collect appropriate swab and send to LGC. Order **AMB COVID 19 Powerplan**.
  - Place Cerner dummy order "LGC SARS CoV2" order under "asymptomatic "or "symptomatic" heading in Powerplan
    - Asymptomatic individuals should be tested with nurse-collected nasopharyngeal swab
    - Symptomatic individuals should be tested with self-collected anterior nares swab
  - Place LGC Portal Order

- ☐ 4d. For **Quest orders**, collect appropriate swab and send to Quest. Order **AMB COVID 19 Powerplan**.
  - Place order either under "symptomatic" or "asymptomatic" heading as appropriate for each patient
  - Select "SARS Coronavirus with CoV-2 RNA Quant-Quest Nasopharyngeal Swab"
- ☐ 4e. **If testing with Public Health**, obtain appropriate swab and send to Public Health. Order **AMB COVID 19 Powerplan**.
  - Place order either under "symptomatic" or "asymptomatic" heading as appropriate for each patient
  - Select "SARS CoV-2 PCR PH-Lab Nasopharyngeal Swab by PCR-PH Lab Nasopharyngeal Swab"
- ☐ 4f. If testing using **VCMC/SPH test**, obtain appropriate swab and send to VCMC/SPH. Order **PHA EMER/MED COVID 19 Powerplan.**
  - Patient must have an inpatient FIN OR an inpatient lab encounter opened under an outpatient visit
  - Select "LAB Asymptomatic Screening COVID 19"

Step 5. Disposition

- ☐ 5a. **Disposition:** Consider further evaluation in the Emergency Department for severe dyspnea, O2 saturation on room air <90%, increased respiratory rate for age, or altered mental status. Consider ambulance transport to ED if unstable & call to notify staff. If patient does not require hospitalization or ER evaluation, discharge to home to await test 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.
  - Portable equipment should be cleaned with germicidal wipes, allowing for appropriate 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:
  - If you have had a possible exposure to a COVID-19 case without appropriate PPE or become ill with fever, cough, shortness of breath, myalgias, lack of smell or taste, nausea/vomiting, diarrhea or sore throat, contact your clinic manager or medical director and do not come to work until cleared.
  - Clinic manager or medical director will contact Employee Health Services or Infection Prevention to risk stratify exposure and determine need for health screening. https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
  - Physicians/providers notify Dr. Leah Kory via Tiger Text or VCMC Page Operator at (805) 652-6075. Hospital employees & staff at Eastman Rehabilitation call the Employee Hotline at (805) 981-5166. Affiliated & County Clinic employees notify the Outpatient Infection Prevention Team at (805) 515-6303.
  - Initiate self-monitoring for fever by taking temperature twice a day and remaining alert for respiratory symptoms. See "COVID-19 Post Exposure Monitoring" log at http://hospitals.vchca.org/medical-staff-services.
  - Provide Exposure Monitoring Log to clinic administration, EHS, or Infection Prevention prior to return to work.
- ☐ **5d. Isolation Duration: Symptom-Based Strategy**
  - **SYMPTOMATIC PATIENTS** who have a COVID test result test pending may discontinue home isolation after these three things have happened
    - Patient has had no fever for at least **72 hours** (without use of antipyretic)
    - Other symptoms have improved (i.e. cough, SOB)
    - At least **10 days** have passed since symptoms first appeared
    - ☐ If symptomatic patient tests **POSITIVE**, the above criteria must be met
    - ☐ If symptomatic patient tests **NEGATIVE**, patient can stop isolation once afebrile for 24-hour ad symptoms improve
  - **ASYMPTOMATIC PATIENTS** who have a POSITIVE COVID19 test may discontinue home isolation after two things have happened:

- At least **10 days** have passed since the date of the positive test
- Patient continues to have no symptoms (no cough, SOB, etc.) since the test

- **ASYMPTOMATIC PATIENTS** who has a contact with laboratory confirmed COVID-19 person is eligible for testing
  - IF not tested, it is recommended to isolate and monitor for **10 days** after the last contact with a COVID+ person. Isolation can end as early as day 7 if a test has been performed within 48 hours of the end of Quarantine. In both cases patient should continue symptom monitoring and masking through Day 14.
- ***In all cases, **follow the guidance of your doctor and local health department.** The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. If you are an **employee**, follow guidance from the Outpatient Infection Prevention Team, Dr. Leah Kory, or Employee Health Services (See "Staff Screening Guidelines" at http://hospitals.vchca.org/medical-staff-services.)*
- *** If a patient is severely immunocompromised or has history of severe illness, then isolation for 20 days since symptom onset or positive test (for asymptomatic exposures) is recommended. Please see CDC Guidance and definitions* https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html