Outpatient-Specific Checklist

***REVISED 08/13/2020***

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 with new cough or shortness of breath OR two of the following symptoms: fever, 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. Place surgical mask on patient (and family member who accompanies patient). **Patient’s mask must remain on at all times during encounters with health care workers. Health care workers should be wearing at least a surgical mask and face shield/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 spending >15 minutes within 6 feet of an infected person not wearing a mask, and 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, or was cared for) of a patient with COVID-19
Low Risk- No Patient Contact- Follow Social Distancing Guidelines

- Cloth mask with extended use/reuse for source control only (no PPE required)

Low Risk- Indirect Patient Care - Follow Standard Precautions

- **Procedural Mask**- extended use. May be worn throughout shift and reused for up to one week unless soiled/damaged/risk of contamination.
- **Gown**- extended use. May be worn throughout shift unless soiled/damaged/risk of contamination. Discard once doffed and at end of shift.
- **Gloves**- extended use. May be worn for up to two hours unless soiled/damaged/risk of contamination. Hand hygiene performed regularly including following contact with anyone or items touched by other people.
- **Face Shield/Goggles**- Required for all staff/reuse.

Low Risk- Direct Patient Care (Non-COVID & Asymptomatic patients undergoing examinations/procedures that do not require removal of patient mask)- Follow Standard Precautions

- **Procedural Mask**- extended use. May be worn throughout shift and reused for up to one week unless soiled/damaged/risk of contamination.
- **Gown, Gloves**- not required unless indicated for patient care activity (e.g., wound care, vaginal exam, etc.). Single use
- **Face Shield/Goggles**- Required for all staff/reuse.

Moderate Risk- Direct Patient Care (COVID and/or Symptomatic patients undergoing examinations/procedures that do not require removal of patient mask)- Follow Contact + Droplet Precautions

- **Procedural Mask**- single use. Discard after each patient encounter. N95 not required but may be used depending on exam type.
- **Face Shield/Goggles**- reuse. Disinfectant for with approved wipe for recommended “wet time” between uses.
- **Gown & Gloves**- single use. Discard after each patient encounter. Perform frequent hand hygiene.

High Risk- Aerosol Generating Procedures (NP Specimen Collection, Nebulizer, prolonged examination/procedures involving the nose, throat, or mouth)- Follow Airborne + Contact + Droplet Precautions*5,6

- **N95 Mask**- extended use/re-use. May be worn for extended periods in COVID-19 testing areas when used in combination with a face shield. May also be considered for re-use during periods of short supply. Follow MIFU for max number of uses (up to five consecutive uses or 8 hours of continuous use). For undamaged respirator, consider use of N95 q5 days. Replace if it can no longer maintain a good seal or becomes wet, soiled, damaged, or hard to breath through.
- **Procedural Mask**- do not use. Use of surgical mask over N95 may negatively affect performance of the respirator and is not recommended.
- **Face Shield/Goggles**- re-use. Disinfectant for with approved wipe for recommended “wet time” between uses.
- **Gown & Gloves**- single use. Discard after each aerosol generating procedure.

*Please note that a mask should be worn by the patient at all times. If a patient cannot wear a mask properly for entire duration of exam and/or procedure AND staff member is anticipated to be within 6 feet for ≥15 minutes, then full PPE (including respirator and faceshield/goggles) can be worn by staff.

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
  - 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 1b.) 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.

*Prolonged is defined as ≥15 minutes and within 6 feet of patient
*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
*Aerosol generating procedures such as nebulizer treatments can be performed outside if absolutely necessary in the absence of a negative-pressure room environment
Step 5. Disposition

5a. Disposition: 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.

☐ 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.
     - 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 available)
       - 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 NasopharyngealSwab”

☐ 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”

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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.
- Physicians/providers notify Dr. Leah Kory via Tiger Text or VCMC Page Operator at (805) 652-6075. County employees call the Employee Hotline at (805) 981-5166. Affiliated Clinic employees notify the Outpatient Infection Prevention Team at (805) 515-6303.
- 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 hours and 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 **14 days** after the last contact with a COVID+ person

**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 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](https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html)