Outpatient-Specific Checklist

***REVISED 5/13/2020***

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 cough or shortness of breath OR two of the following symptoms: fever, chills, muscle pain, headache, sore throat, new loss of taste or smell, diarrhea
- 1b. Patient is asymptomatic AND meets any one of the following criteria
  - Healthy partner or support person of COVID-19+ mother who has chosen to separate from infant while inpatient
  - Undergoing scheduled surgery (including cesarean section)
  - Close contact of person with lab-confirmed COVID-19+

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
- 2d. 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

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1 Fever may be subjective or confirmed (100.4 F)

2 Close contact is defined as spending >10 minutes within 6 feet of an infected person not wearing a mask, and includes household contacts, visitors, and healthcare workers (not wearing a gown, mask, and gloves 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
2e. Personal Protective Equipment & Isolation Precautions:

<table>
<thead>
<tr>
<th>Low Risk- No Patient Contact</th>
<th>Follow Social Distancing Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cloth mask with extended use/reuse for source control only (no PPE required)</td>
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</table>

<table>
<thead>
<tr>
<th>Low Risk- Indirect Patient Care (Screeners at Entrances)</th>
<th>Follow Standard Precautions</th>
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</thead>
<tbody>
<tr>
<td>• Procedural Mask- extended use. May be worn throughout shift and reused for up to one week unless soiled/damaged/risk of contamination.</td>
<td></td>
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<tr>
<td>• Gown- extended use. May be worn throughout shift unless soiled/damaged/risk of contamination. Discard at end of shift.</td>
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<tr>
<td>• Gloves- extended use. May be worn for up to two hours unless soiled/damaged/risk of contamination. Discard at end of shift.</td>
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<table>
<thead>
<tr>
<th>Low Risk- Direct Patient Care (Non-COVID &amp; Asymptomatic)</th>
<th>Follow Standard Precautions</th>
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</thead>
<tbody>
<tr>
<td>• Procedural Mask- extended use. May be worn throughout shift and reused for up to one week unless soiled/damaged/risk of contamination.</td>
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</tr>
<tr>
<td>• Gown, Gloves- not required unless indicated for patient care activity (e.g., wound care, vaginal exam, etc.).</td>
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<table>
<thead>
<tr>
<th>Moderate Risk- Direct Patient Care (COVID and/or Symptomatic)</th>
<th>Follow Contact + Droplet Precautions</th>
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<tbody>
<tr>
<td>• Procedural Mask- single use. Discard after each patient encounter. N95 is NOT required.</td>
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<tr>
<td>• Face Shield/Goggles- reuse. Disinfectant for with approved wipe for recommended “wet time” between uses.</td>
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</tr>
<tr>
<td>• Gown &amp; Gloves- single use. Discard after each patient encounter.</td>
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<thead>
<tr>
<th>High Risk- Aerosol Generating Procedures (NP Specimen Collection, Nebulizer Tx)</th>
<th>Follow Airborne + Contact + Droplet Precautions*</th>
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</thead>
<tbody>
<tr>
<td>• 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). Replace if it can no longer maintain a good seal or becomes wet, soiled, damaged, or hard to breathe through.</td>
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</tr>
<tr>
<td>• Procedural Mask- do not use. Use of surgical mask over N95 may negatively affect performance of the respirator and is not recommended.</td>
<td></td>
</tr>
<tr>
<td>• Face Shield/Goggles- re-use. Disinfectant for with approved wipe for recommended “wet time” between uses.</td>
<td></td>
</tr>
<tr>
<td>• Gown &amp; Gloves- single use. Discard after each aerosol generating procedure.</td>
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</tbody>
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### 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 1a.) presenting for a clinic visit (either with PCP or at urgent care), nasopharyngeal swabs are the preferred specimen.
  - 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. Alternatively, send printed patient demographics from EHR, adding ordering provider and provider’s contact number.
    - vcph-id@ventura.org
    - Fax 805-981-5200

- 4b. Testing Location:
  - Test the following at the public health lab

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* 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.
- New mothers or fathers up to 6 weeks postpartum
- Healthy family member outside the household caring for newborn of COVID-19+ mother
- Physicians and healthcare workers
- 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

  4c. For LGC orders, collect appropriate swab and send to LGC. Order AMB COVID 19 Powerplan.
  o Place Cerner dummy order “LGC SARS CoV2” order under “symptomatic” heading in Powerplan
  o Place LGC Portal Order

  4d. For Quest orders, collect appropriate swab and send to Quest. Order AMB COVID 19 Powerplan.
  o Place order either under “symptomatic” or “asymptomatic” heading as appropriate for each patient
  o 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.
  o Place order either under “symptomatic” or “asymptomatic” heading as appropriate for each patient
  o Select “SARS CoV-2 PCR PH-Lab Nasopharyngeal Swab by PCR-PH Lab Nasopharyngeal Swab”

  4f. If testing using VCMC inpatient test, obtain appropriate swab and send to VCMC. Order PHA EMER/MED COVID 19 Powerplan.
  o Patient must have an inpatient FIN OR an inpatient lab encounter opened under an outpatient visit
  o Select “LAB Asymptomatic Screening COVID 19”

### Step 5. Disposition

  5a. Disposition: If patient does not require hospitalization or ER evaluation, discharge to home to await test results.
  o All patients awaiting results should practice self-isolation and infection control procedures at home until a negative result is obtained.
  o Provide patient with the self-isolation patient education documentation – see VCMC Medical Staff Website
  o Encourage early follow-up for signs of dyspnea.

  5b. Cleaning: Notify Environmental Services for proper cleaning of room/equipment.
  o Portable equipment should be cleaned with germicidal wipes, allowing for appropriate dwell time
  o 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:
  o 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, or sore throat, contact your clinic manager or medical director and do not come to work until cleared.
  o 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.
  o 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](http://hospitals.vchca.org/medical-staff-services)
  o Provide Exposure Monitoring Log to clinic administration, EHS, or Infection Prevention prior to return to work.