# VENTURA COUNTY AMBULATORY CARE

# Outpatient-Specific COVID-19 Checklist

**\*\*\*REVISED 2/23/2022\*\*\***

**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/index.html**

## Step 1. Assessment: Identify Symptoms and Risk Factors

- ☐ 1a. Patient with any of the following **new symptoms:** cough, shortness of breath, 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 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. Antigen testing is preferred for this group.
    - If re-tested and positive, follow current CDPH isolation guidelines
    - 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, antigen testing is preferred when using a test-based strategy to clear patients or staff to discontinue isolation or precautions.

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 county/state COVID-19 testing sites**. **They can also be offered home testing kits.**

## Step 2. Isolation & Personal Protective Equipment

- ☐ 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 paper surgical mask at all times during encounters with 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 enhanced respiratory precautions due to known or suspected COVID-19 can be placed in standard examination rooms, without negative pressure. Keep room door closed at all times.  Prioritize negative pressure rooms for Aerosol Generating Procedures.
- ☐ 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, medical assistant 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] A close contact is defined by CDC as someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more within a 24-hour period starting from 2 days before illness onset (or, for asymptomatic cases 2 days prior to positive specimen collection) until the time the patient is isolated.

☐   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.*

When working in clinical or non-clinical environments where staff duties do not involve direct physical contact with patients:
o  ***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 and discarded at end of day.  Replace sooner if soiled, damaged, or risk of contamination.  Cloth face coverings should not be worn.

*\*Mask to be worn at all times unless working alone in a private office without direct or indirect contact with other staff.  Eye protection is also strongly recommended for unvaccinated staff to reduce potential for high-risk exposure to SARS-CoV-2 in the workplace.*

When screening patients at clinic entrances:
o  ***Screeners at entrances follow Droplet & Contact Precautions.***
- ▪ **Procedural Mask-** *Extended Use.*  May be worn throughout shift and discarded at end of day.  Replace sooner if soiled, damaged, or risk of contamination. Cloth face coverings should not be worn.
- ▪ **Gown-** *Extended Use*.  May be worn throughout shift unless soiled, damaged, or risk of contamination.  Discard once doffed- DO NOT reuse/store used gowns.
- ▪ **Gloves-** *Extended Use*.  May be worn for up to 2 hrs. unless soiled, damaged, or risk of contamination.  Perform hand hygiene often, including after any physical contact.
- ▪ **Face Shield/Goggles-** *Extended Use/Re-Use.  W*orn throughout shift unless damaged or risk of contamination.  Discard disposable eye protection at end of shift. Reusable eye protection should be cleaned and disinfected after removal and reused.

When (1) Providing direct clinical care to patients *without respiratory symptoms* who are *not known or suspected to have COVID-19*. (2) Performing exams and  & non-aerosol generating procedures that **DO NOT** require HCP to be within 6 ft. of unmasked patient for cumulative total of ≥ 15 min.
o  ***Follow Droplet Precautions & Contact Precautions if Indicated for Exam/Procedure***
- ▪ **Procedural Mask-** *Extended Use*.  May be worn throughout shift and discarded at end of day.  Replace sooner if soiled, damaged, or risk of contamination.
- ▪ **Gown, Gloves-** *Single use*.  Only required if indicated for patient care activity (e.g., wound care.). Discard after each use.
- ▪ **Face Shield/Goggles-** Extended Use/*Re-Use*. Required for all direct patient encounters. Disposable eye protection should be removed and discarded after each use. Reusable eye protection should be cleaned and disinfected after each patient encounter.
- ▪ **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), but may worn at discretion of the provider (see guidelines for N95 respirator use below).

When (1) Providing direct clinical care to patients *with confirmed or suspected COVID-19* and patients *with symptoms of respiratory illness* but not a PUI for COVID-19.  (2) Performing aerosol generating procedures (**AGP**) of any duration (e.g., nebulizer therapy and some dental procedures)[1,2].  (3) Performing prolonged[3] examination or procedure involving the nose, throat, or mouth (or any patient encounter) that *requires HCP to be within 6 ft. of unmasked patient for cumulative total of ≥ 15 min*. (includes retinal scans and non-AGP's such as dental varnish): (5) Conducting *serial specimen collection* at COVID-19 testing sites:
o  ***Follow Airborne + Contact Precautions***
- ▪ **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.
- ▪ **Face Shield/Goggles-** Extended Use/*Re-Use*. Eye protection required for all direct patient encounters.  To allow for extended respirator use, the respirator should be protected by a faceshield during patient encounters. Goggles that fit close to the face, with minimal gaps, are the preferred eye protection for patients undergoing AGP. Disposable eye protection should be removed and discarded after each use. Reusable eye protection should cleaned and disinfected after each patient encounter.
- ▪ **N95 Mask-** E*xtended Use (non-AGP procedures only)*. Unless performing an AGP, a single respirator may be worn for up to one 8 hour shift, or 5 separate donning and doffing events, whichever comes first. Immediately discard following an AGP.  Perform a seal check with each donning event and replace sooner if respirator 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. **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.

<mark>**Step 4. Specimen Collection**</mark>

☐ For PCR testing, clinics can choose between the Public Health Lab, Let's Get Checked (LGC) and Quest. They should choose the site with the fastest turn-around time for their location.

☐ 4b. **Testing with Public Health Laboratory**
  o Test the following at the Public Health Lab
    ▪ Anyone with COVID19 symptoms who qualifies for testing
    ▪ New mothers or fathers up to 6 weeks postpartum
    ▪ Pregnant women with planned induction or a planned caesarean section 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 scheduled 48 hours after collection
  o Obtain appropriate swab, place in viral (universal) transport media and send to Public Health Lab
    ▪ Symptomatic and asymptomatic individuals should be tested with nurse-collected nasopharyngeal swab
  o In Cerner, place order under **AMB SARS-CoV-2 (COVID-19)**
    ▪ For all symptomatic patients during flu season, select "*SARS-CoV-2 Flu A&B Multiplex PCR-PH Lab*".
    ▪ For asymptomatic patients (and symptomatic patients outside of flu season), select "*SARS CoV-2 PCR PH-Lab Nasopharyngeal Swab by PCR-PH Lab Nasopharyngeal Swab*"
    ▪ Choose "symptomatic" or "asymptomatic" as appropriate based on reason for testing

☐ 4c. **Testing with VCMC/SPH Laboratory**
  o Test the following at the VCMC/SPH Laboratory
    ▪ 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
    ▪ Employees referred by Employee Health Services for COVID-19 testing
  o Obtain appropriate swab, place in viral (universal) transport media and send to VCMC/SPH Lab
    ▪ Symptomatic and asymptomatic individuals should be tested with nurse-collected nasopharyngeal swab
  o In Cerner, place order under **AMB SARS-CoV-2 (COVID-19)**
    ▪ Patient must have an inpatient FIN OR an inpatient lab encounter opened under an outpatient visit
    ▪ Lab order must include documentation of urgent surgery within 24 hours of collection in the comments or the specimen will get rerouted
    ▪ Select "*VCMC Mini Respiratory Panel by PCR*"
    ▪ Choose "symptomatic" or "asymptomatic" as appropriate based on reason for testing

☐ 4d. **Testing with Let's Get Checked (LGC):**
  o Test with LGC if one of the following:
    ▪ Symptomatic patients requiring a physician visit either in clinic or urgent care
    ▪ Asymptomatic close contact of person with confirmed COVID-19
  o Obtain appropriate swab, place in viral (universal) transport media and send to LGC
    ▪ Symptomatic and asymptomatic individuals should be tested with self-collected anterior nares swab. May also be tested with nurse-collected nasopharyngeal swab through expiration of current stock on 4/8/22.
  o In Cerner, place order under **AMB SARS-CoV-2 (COVID-19)**
    ▪ Select "*LGC SARS-CoV-2*"
    ▪ Choose "symptomatic" or "asymptomatic" as appropriate based on reason for testing

☐ 4e. **Testing with Quest**
- o If LGC test kits are not available, test with Quest if one of the following:
  - ▪ Symptomatic patients requiring a physician visit either in clinic or urgent care
  - ▪ Asymptomatic close contact of person with confirmed COVID-19
- o Collect appropriate swab, place in viral (universal) transport media and send to Quest
  - ▪ Symptomatic and asymptomatic individuals may be tested with either a nurse-collected nasopharyngeal swab or a self-collected anterior nares swab
- o In Cerner, place order under **AMB SARS-CoV-2 (COVID-19)**
  - ▪ Select "*SARS CoV-2 RNA Qual NAAT-QUEST*"
  - ▪ Choose "symptomatic" or "asymptomatic" as appropriate based on reason for testing

☐ 4f. **Testing with Cepheid GeneXpert Xpress RT-PCR**
- o Test with Cepheid GeneXpert Xpress if available and one of the following:
  - ▪ Symptomatic patients requiring differential diagnosis of SARS-C0V-2/Flu A&B/RSV
  - ▪ Employees referred by Employee Health Services for COVID-19 testing
- o Obtain appropriate swab for rapid test.
  - ▪ Symptomatic and asymptomatic individuals should be tested with nurse-collected nasopharyngeal swab
- o In Cerner, place order under **AMB SARS-CoV-2 (COVID-19)**
  - ▪ For symptomatic patients requiring differential diagnosis select "**SARS-*CoV-2/Flu/RSV POC Nursing Task***"
  - ▪ For employees referred by EHS select either "***SARS-CoV-2 Rapid Test POC Nursing Test***" or "***SARS-CoV-2 /Flu/RSV POC Nursing Test***" as appropriate
  - ▪ Choose "symptomatic" or "asymptomatic" as appropriate based on reason for testing

☐ 4g. **Testing with approved Antigen Test**
- o Test with BinaxNOW or another approved antigen test if one of the following:
  - ▪ Symptomatic patients requiring rapid assessment to inform treatment decisions, including determination of eligibility to receive oral COVID-19 therapeutics
  - ▪ Patients and staff requiring clearance to end isolation following laboratory confirmed SARS-CoV-2 infection who have met other criteria for recovery
  - ▪ Use with caution in asymptomatic patients undergoing non-urgent clinical services requiring close contact (e.g., dental varnish or retinal scan) in order to risk-stratify and inform infection prevention and control measures
- o Obtain appropriate swab for immediate point of care testing or provide patient with take home test kit.
- o In Cerner, place order under **AMB SARS-CoV-2 (COVID-19)**
  - ▪ Select "***Rapid Antigen POC Nursing Task***"
  - ▪ Choose "symptomatic" or "asymptomatic" as appropriate based on reason for testing

## Step 6. Notification

☐ 1d. Physicians and healthcare workers who develop any NEW SYMPTOMS of COVID-19 or who have had a new exposure to a COVID-19 positive contact should immediately be tested and directed to contact Employee Health Services or VCMC Infection Prevention for further guidance on need for work restrictions/precautions.
- o **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.
- o **All Other County Employees** should notify their supervisor or administrator and call Employee Health Services at 805-981-5166 as directed.

## Step 5. Disposition

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☐ **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.

- o **All symptomatic 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

☐ **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, nausea/vomiting, diarrhea or sore throat, contact your clinic manager or medical director and do not come to work until cleared.
- o Clinic manager or medical director will contact Employee Health Services to risk stratify exposure and determine need for health screening.
- o Physicians/providers notify Dr. Leah Kory via Tiger Text or VCMC Page Operator at (805) 652-6075. All other County employees notify Employee Health Services (805) 981-5166.
- 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.
- o Provide Exposure Monitoring Log to clinic administration, EHS, or Infection Prevention prior to return to work.

☐ **5d. Isolation Duration Following Positive COVID-19 Test**
- o **SYMPTOMATIC & ASYMPTOMATIC PATIENTS** who have a **POSITVE COVID-19** test may discontinue home isolation after **5 days** regardless of vaccination status or previous infection if symptoms are not present or are resolving AND have a negative antigen test on day 5 or later.
  - ▪ If unable to test or choosing not to test, and symptoms are not present or are resolving, isolation can end after day 10
  - ▪ If fever is present, isolation should be continued until fever resolves
  - ▪ If symptoms other than fever are not resolving, continue to isolate until symptoms are resolving or until after day 10
  - ▪ Instruct patient to wear a well-fitting mask around others for a total of 10 days, especially indoors
- o 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
- o In all cases, the decision to stop home isolation should be made in consultation with the patient's healthcare provider and state and local health departments.
- o **EMPLOYEES** should follow guidance from Dr. Leah Kory or Employee Health Services. See "EHS Employee COVID-19 Quick Reference Guide" at http://hospitals.vchca.org/medical-staff-services.

☐ **5e. Quarantine Duration Following Known Exposure**
- o **UNVACCINATED PATIENTS** should quarantine for at least 5 days from their last contact with the COVID-19 positive person. Quarantine can end **after day 5** if symptoms are not present and have a negative antigen test on day 5.
  - ▪ If unable to test or choosing not to test, quarantine can end after day 10 if symptoms have resolved. A negative test is not required when following time/symptom-based guidelines for ending isolation
  - ▪ Instruct patient to wear a well-fitting mask around others for a total of 10 days, especially indoors
  - ▪ If symptoms develop, test immediately and remain at home pending results

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- o **VACCINATED PATIENTS WHO ARE BOOSTER ELIGIBLE BUT HAVE NOT YET RECEIVED THEIR BOOSTER DOSE** should quarantine for at least 5 days from their last contact with the COVID-19 positive person. Quarantine can end **after day 5** if symptoms are not present and have a negative test on day 5.
  - *In a workplace setting, asymptomatic employees in this category are not required to stay home from work if have a negative test within 3-5 days after last exposure and remain asymptomatic.*
  - Instruct patient to wear a well-fitting mask around others for a total of 10 days, especially indoors
  - If symptoms develop, test immediately and remain at home pending results
- o **BOOSTED PATIENTS or VACCINATED AND NOT YET BOOSTER ELIGIBLE** are not required to quarantine if asymptomatic but must test on day 5 after exposure and wear a well-fitting mask around others for 10 days after exposure.
  - If symptoms develop, test immediately and remain at home pending results
- o **EMPLOYEES** should follow guidance from Dr. Leah Kory or Employee Health Services. See "EHS Employee COVID-19 Quick Reference Guide" at http://hospitals.vchca.org/medical-staff-services.