Outpatient-Specific Checklist

***REVISED 4/15/2020***

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 AND/OR new cough/shortness of breath/myalgias AND has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, excluding family members in the same household.
  - Family members of confirmed positive cases should undergo self-quarantine precautions, see home instructions for “exposed-individuals” handout on VCMC medical staff website.
  - Close contact is defined as more than a few minutes (certainly more than 15 minutes) within 6 feet of infected patient.

- **1b.** Patient has fever AND/OR new cough/shortness of breath/myalgias AND has traveled from a significantly affected geographic area domestically or abroad within 14 days of symptom onset.

- **1c.** Patient has fever AND/OR new cough/shortness of breath/myalgias AND meets any one of the following criteria:
  - Age ≥ 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
  - New mothers up to 6 weeks postpartum
  - Healthcare worker or worker in other public safety occupation (law enforcement, firefighter, EMS)
  - Lives in a facility or institution (e.g. healthcare, school, corrections, homeless/shelters, other institution/congregate settings)

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.** Personal Protective Equipment & Isolation Precautions:

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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)
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 (Screeners at Entrances):  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 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.

Low Risk- Direct Patient Care (Non-COVID & Asymptomatic):  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.).

Moderate Risk- Direct Patient Care (COVID and/or Symptomatic):  Follow Contact + Droplet Precautions  
- **Procedural Mask**- single use.  Discard after each patient encounter.  N95 is NOT required.
- **Face Shield/Goggles**- reuse.  Disinfectant for with approved wipe for recommended “wet time” between uses.
- **Gown & Gloves**- single use.  Discard after each patient encounter.

High Risk- Aerosol Generating Procedures (NP Specimen Collection, Nebulizer Tx):  Follow Airborne + Contact + Droplet Precautions  
- **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 it if can no longer maintain a good seal or becomes wet, soiled, damaged, or hard to breathe 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.

☐ 2e. Limit staff entering the room  
  o Attempt to assign a single nurse and physician to the patient
  o Sign log sheet on entry and exit; add MRN of patient and retain log sheet for future reference
  o Note PPE of staff entering room to determine exposure risk if patient tests positive

### Step 3. Notify

☐ 3a. Physicians and healthcare workers will be tested via public health  
  o **County employees** (non-physicians) should notify their manager who will notify employee Health Services that they are undergoing testing
  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 **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  
  o 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.
  o **CMR reporting to public health for anyone tested**.  Alternatively, send printed patient demographics from EHR, adding ordering provider and provider’s contact number.
    - vcpid@ventura.org
    - Fax 805-981-5200

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4Aerosol 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

5Aerosol generating procedures such as nebulizer treatments can be performed outside if absolutely necessary in the absence of a negative-pressure room
Testing Location:
- Test the following at the public health lab;
  - New mothers up to 6 weeks postpartum
  - Physicians and healthcare workers
  - Patients on hemodialysis
  - Residents of homeless shelters, correctional facilities, long term care facilities and other congregate or institutional settings
- Other outpatients undergoing testing should be tested via Quest

4b. Place order for testing:
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
- Order “AMB COVID 19 Coronavirus SARS-CoV2”
- Select SARS Coronavirus with CoV-2 RNA Quant-Quest Nasopharyngeal Swab
- If influenza testing desired, must place separate order
4d. If testing with Public Health, obtain a nasopharyngeal swab and send to Public Health rather than Quest.
- Order “AMB COVID 19 Coronavirus SARS-CoV2”
- Select SARS CoV-2 PCR PH-Lab Nasopharyngeal Swab +/- Influenza Screening by PCR-PH Lab Nasopharyngeal Swab
- PUI tracking numbers are no longer necessary.

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 – 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](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, 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 upon request to clinic administration, EHS, or Outpatient Infection Prevention prior to return to work.