



Outpatient-Specific Checklist

REVISED 3/27/2020

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 has fever¹ **AND/OR** new cough/shortness of breath/myalgias **AND** has had **close contact**² 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 area³ domestic or abroad within 14 days of symptom onset.
- ☐ 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
 - 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

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>



- ☐ 2d. Isolation Precautions: Droplet + Contact
 - Staff should wear gown, gloves, non-respirator mask, and eye protection with goggles or a face shield.
 - N95/PAPRs may be used by staff who perform COVID testing and those who perform a procedure or physical exam on a COVID-suspect patient.
 - If N95/PAPRs are unavailable, use a surgical mask instead.
 - If PPE rationing necessary, follow institutional guidelines, see VCMC Medical Staff website for details.
- ☐ 2e. 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

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
 - 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
- ☐ Testing Location:
 - Test the following at the **public health** lab;
 - ✦ 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 "Coronavirus PCR (Covid 19) – Quest"
 - *For reference, flexi test, refrigerated, Test code is 39444 and title is "SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR"*
- ☐ 4d. **If testing with Public Health**, obtain a nasopharyngeal swab and send to Public Health rather than Quest.



- Order "Coronavirus PCR (Covid 19) – PH". Use one swab for specimen and place in one vial. Order flu if necessary and COVID tests.
- 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. They will initiate cleaning AFTER the proper times have elapsed, based on the number of air exchanges per hour in the room.
 - Portable equipment should be cleaned with Clorox/bleach wipes, allowing for 3 minutes of 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:
 - Submit a list of all exposed personnel to IP/employee health daily, label and scan to Cerner. See "Supervisor Log for Self-Monitoring Employees" link at <http://hospitals.vchca.org/medical-staff-services>
 - Start process of supervising employee self-monitoring. See "COVID-19 Post-Exposure Monitoring" link at <http://hospitals.vchca.org/medical-staff-services>
 - Department managers and medical directors to send daily self-monitoring form to Employee Health/IP.
 - Employee health, public health and infection prevention will risk stratify exposure based on patient's COVID status, PPE worn, and procedure performed on patient: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>