



Outpatient-Specific Checklist

REVISED 3/18/2020

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. Does patient have fever (>100.4 F) **OR** symptoms of lower respiratory illness (e.g, cough, shortness of breath) **AND** has person, including health care workers [regardless of personal protective equipment (PPE) use], had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset?
- ☐ 1b. Does patient have fever (>100.4 F) **AND** symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization **AND** a history of travel from affected geographic areas* within 14 days of symptom onset?
- ☐ 1c. Does patient have fever (>100.4 F) with severe acute lower respiratory illness requiring hospitalization without alternative explanatory diagnosis (e.g., influenza) **AND** no source of exposure has been identified?

If yes to any of the above → this patient would qualify as a Person Under Investigation per CDC Guidelines, and would be tested at Ventura County Public Health Department. Follow isolation procedures (Step 2) and then continue to step 3a

- ☐ 1d. Does patient have fever **AND** cough/shortness of breath, does **NOT** require hospitalization, and is ≥ 65 years old, or with chronic medical conditions that put them at higher risk for poor outcomes (e.g., diabetes, heart disease, chronic lung disease, receiving immunosuppressive medications, chronic kidney disease)
 - Patient does NOT need to be reported to PH, and testing should occur at non-Public Health Lab (Quest, etc)
 - Patient encouraged to present to primary care physician or local urgent care; car/drive-by testing may be an option at some sites
 - Call ahead to the clinic you are referring patient so they can prepare for their arrival

Step 2. Isolation

- ☐ 2a. Place surgical mask on patient. **Mask should remain on at all times during encounters with health care providers.**
 - Move to airborne isolation room, if available.
 - If isolation room not available, place mask on patient and then have patient in an area separated by at least 6 feet from others.
- ☐ 2b. If patient is being sent to an emergency room, call ahead and notify the physician on duty
 - Instruct patient to call the ED from the parking lot.
 - When available, ED will escort patient directly to airborne isolation room.
- ☐ 2c. Airborne + Contact isolation:
 - When available, use **N95 mask (or Powered Air-Purifying Respirator), eye shield or goggles, gown and gloves.**
 - If N95/PAPRs are limited, ok to use surgical mask instead, and reserve N95/PAPRs for aerosol-generating procedures (intubation, BiPAP, nebulization, bronchoscopy, extubation)
 - If airborne isolation room not available, ok to use standard room. **Patient should continue to wear mask at all times.**
- ☐ 2d. Limit staff entering room
 - Attempt to assign single nurse and physician to patient; no students should enter the room
 - Sign log sheet on entry/exit, please add MRN of patient on sign in and keep for future reference if needed.

Step 3. Notify: For Patients Meeting Definition of Person Under Investigation

- ☐ 3a. Call Ventura County Public Health (PH): If leaving a message, consider leaving a cell number for PH to call back.
 - Monday - Friday, from 8:00 am - 5:00 pm: **(805) 981-5201**
 - After-hours, weekends, and holidays: **(805) 214-7057**

- PH will assess risk and provide guidance on next steps.
 - If there remains a question of whether to test, clinicians or PH can call CDC directly at 770-488-7100.

Step 4. Collect specimens

- ☐ 4a. Obtain swabs for testing and place in viral (universal) transport media
 - 1 nasopharyngeal swab for influenza testing (during flu season: October – April)
 - 1 swabs for COVID (1 nasopharyngeal)
 - **Nasopharyngeal:** Insert swab into single nare parallel to palate and leave in place for a few seconds to absorb secretions
 - Place the 2 swabs immediately into a single sterile tube containing 2-3 mL of viral (universal) transport media.
- ☐ 4b. If patient has productive cough collect lower respiratory specimen:
 - **Lower respiratory (if possible):** NOTE: **do not** induce sputum to collect sample:
 - **Sputum:** Patient to rinse mouth with water, then expectorate sputum from a deep cough into a sterile cup
- ☐ 4c. Place order for testing:
 - If sending to PH and not using the COVID Powerplans, enter “PH lab referral” to order Nasopharyngeal (NP) and, if obtained, lower respiratory specimen
 - If sending to Quest, send only 1 NP swab using Test Code is 39433: “SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR”
 - Clinics without access to Quest orders use Flexi Test order with code 39433 and COVID indicated. Write on slip if code and COVID do not print.
- ☐ 4d. The clinician, or designee, caring for the patient will notify the laboratory that a specimen has been obtained.
 - Lab will handle via their biosafety regulations, refrigerate at 2-8°C and ship to PH (or outside) lab.
<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>

Step 5. Determine disposition

- ☐ 5a. **Disposition:** If meets discharge criteria, OK to discharge prior to hearing results or getting permission from PH, however, emphasize the following:
 - Continue self-isolation (no visitors) and infection control procedures at home, until directed otherwise by PH.
 - Initial clinician to update others via tiger text of patient disposition and plans.
- ☐ 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 your clinic.
 - Portable equipment should be cleaned with Clorox / bleach wipes, allowing for 3 minutes of contact time.
 - See http://hospitals.vchca.org/images/medical_staff/COVID_Isolation_and_Disinfection_2020_3_6.pdf
- ☐ 5c. **Identification of Contacts:** Department managers and medical directors to survey exposures:
 - Submit list of all exposed personnel to IP/employee health daily, label, and scan to Cerner:
 - http://hospitals.vchca.org/images/medical_staff/Log_Supervisor_Log_for_Self-Monitoring_2020_3_9.pdf
 - Start process of supervising employee self-monitoring (see CDC website for guidance):
 - http://hospitals.vchca.org/images/medical_staff/Log_COVID-19_Post-Exposure_Monitoring3.5.2020.pdf
 - Department managers and medical directors to send daily self-monitoring form to Employee health/IP respectively.
 - 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-assesment-hcp.html>