Ambulatory/MAU Screening and Isolation for Persons Suspected of 2019 Novel Coronavirus (COVID-19)

For all patients:

Do not send patients to Emergency Dept. if they don't have acute symptoms requiring ED level of care.

For initial triage, please see: http://intranet/sites/InfectionPrevention/EmergingPathogens/Documents/COVID-MG-Triage-3-16-20-handout.pdf

Whom to Suspect:

Clinical Features	Risk factors?	Hospitalization?	COVID-19 Testing?
Asymptomatic	+/-	+/-	No
Symptoms of acute respiratory infection, such as fever[1], **new** cough, **new** shortness of breath, etc.	None	NO	Clinical judgement required. Mildly ill persons or those with primarily upper respiratory symptoms do not need to be tested, but should be advised to self-isolate and call PCP if symptoms worsen.
	Special populations[2]	+/-	Yes
	Any of the following within the past 14 days of symptom onset: • Travel to affected area[3] or cruise ship • Close contact[4] to confirmed COVID-19 case	+/-	Yes
	+/-	YES	Yes

Notes:
1. Fever may be subjective or confirmed.
*2. Special populations: **Older adults** (age ≥ 65 years), **individuals with chronic medical conditions** (e.g., diabetes, chronic heart, lung or kidney disease), **immunocompromised individuals** (e.g., cancer, solid organ transplant, other immunosuppressant drugs, advanced HIV), **people living homeless or in congregant facilities** (e.g., dorms, shelters, jail/prison, skilled nursing facilities), and **symptomatic health care workers**.*
3. See: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
4. Close contact: Defined as (a) being within approximately 6 feet, or within the room or care area, of a COVID-19 case for a prolonged period of time while not wearing recommended personal protective equipment (PPE); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case.– or – (b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed

For patients with acute respiratory illnesses or fever (regardless of exposure risk), take the following initial steps (if uncertain call Infection Prevention):

1. Recommend using telephone visits to evaluate these patients.
2. Recommend home care with symptom monitoring without face-to-face evaluation when clinically appropriate. Encourage patients to stay home and avoid congregate settings until their symptoms resolve.
3. If patients are asked to come in for evaluation, consider alternative routes of entry/exit and alternative waiting areas in order to minimize interaction with other patients and healthcare workers.

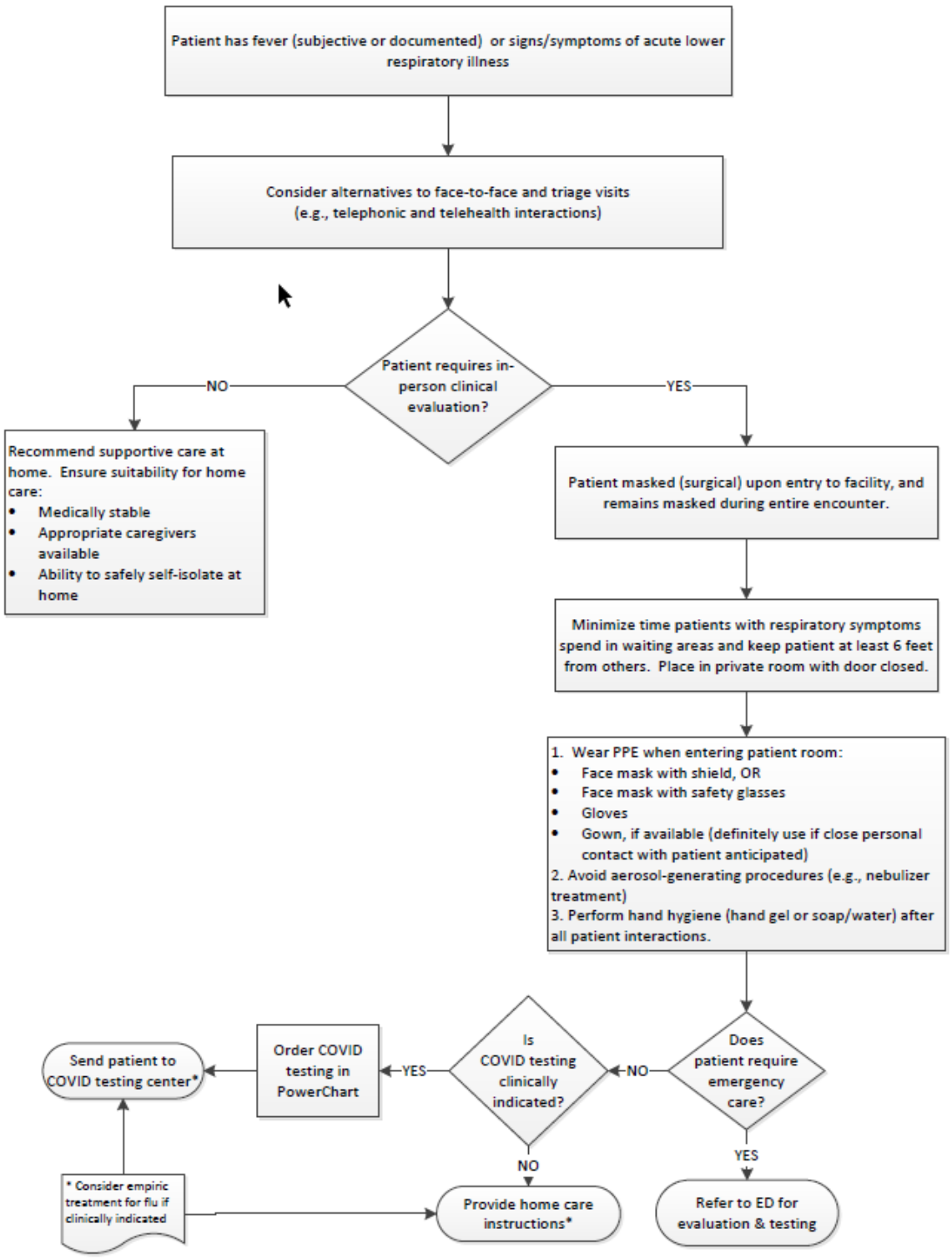
Initial actions for patients with acute respiratory illness requiring in-person clinical evaluation:

1. Upon check in, all patients should be screened for travel, contact with an ill person and/or symptoms.
2. Implement respiratory hygiene and cough etiquette. Ensure that appropriate signage is at entry point to facility, and surgical masks are available at front desk. Masks should not be left unattended (e.g., on respiratory etiquette stand), to conserve supply, but should be given to patients who ask for one.
3. Place patient in a private room, if available, with door closed.
4. Employ droplet and contact precautions.
    a. All caregivers should wear gowns, gloves and eye protection (i.e., safety glasses or face shield – personal eyeglasses are insufficient).
    b. In general, PPE items should be considered single-use-only for COVID-19.
        i. Exceptions include safety glasses or full face shields, the exterior of which must be cleaned with PDI wipes between every patient, based on limited availability.
    c. PPE supplies should be used responsibly to ensure they remain available for all who need them. PPE should not be used routinely for all patient care, or for asymptomatic patients. PPE should be used for non-COVID-19 patients as recommended per standard precautions.
5. Minimize the number of unique caregivers who come in close contact with the patient (e.g., students, scribes, or other non-essential staff should not enter the room). Visitors should be asked to wait in a separate area if asymptomatic. If the visitor is also symptomatic (with similar symptoms: fever, cough, etc.), the visitor can be placed temporarily in the same exam room as the patient.
6. **Due to limitations related to high volumes of COVID testing, flu/RSV testing will not be available for ambulatory patients at ChristianaCare lab. If a patient is sent to the testing center with orders for both flu/RSV and COVID, only the COVID test will be performed.**
    a. Consider treating empirically for flu if clinically indicated. Do not wait for negative COVID results.
7. If patient requires emergency care due to clinical severity, defer testing to ED. Notify ED of referral and instruct patient to remain masked.
8. If patient does not require emergency care and testing is indicated, refer patient to ChristianaCare COVID testing site. Place order for testing in PowerChart (see laboratory testing guidance) and provide patient with lab slip.
9. If patient does not require hospitalization, discharge patient home to await results, advising them to self-isolate, and provide home care instructions.

Duration of self-isolation:

1. For patients who are not tested for COVID but have clinically consistent syndromes, advise them to self-isolate until at least 3 days have passed from last fever (without use of fever-lowering medications) AND at least 7 days have passed since symptoms first appeared.
2. Patients who are tested but test negative should self-isolate until at least 24 hours have passed last fever (without use of fever-lowering medications) AND respiratory symptoms have improved.
3. Patients who test positive will be advised by public health as to the duration of their symptoms.

Figure 1.


Patient has fever (subjective or documented) or signs/symptoms of acute lower respiratory illness
Consider alternatives to face-to-face and triage visits (e.g., telephonic and telehealth interactions)
Patient requires in-person clinical evaluation?
NO
YES
Recommend supportive care at home. Ensure suitability for home care:
• Medically stable
• Appropriate caregivers available
• Ability to safely self-isolate at home
Patient masked (surgical) upon entry to facility, and remains masked during entire encounter.
Minimize time patients with respiratory symptoms spend in waiting areas and keep patient at least 6 feet from others. Place in private room with door closed.
1. Wear PPE when entering patient room:
• Face mask with shield, OR
• Face mask with safety glasses
• Gloves
• Gown, if available (definitely use if close personal contact with patient anticipated)
2. Avoid aerosol-generating procedures (e.g., nebulizer treatment)
3. Perform hand hygiene (hand gel or soap/water) after all patient interactions.
Does patient require emergency care?
NO
Is COVID testing clinically indicated?
YES
Order COVID testing in PowerChart
Send patient to COVID testing center*
YES
Refer to ED for evaluation & testing
NO
Provide home care instructions*
* Consider empiric treatment for flu if clinically indicated