



2019 Novel Coronavirus (COVID-19) Physician Checklist

Evaluating patients who may have COVID-19 infection

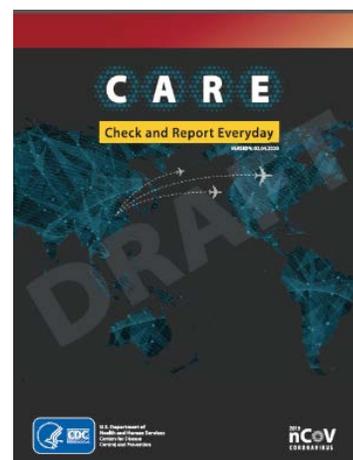
(v. 3/12/2020)

The purpose of this checklist is to provide you with step-by-step guidance when evaluating patients who may have 2019 Novel Coronavirus infection (COVID-19), with the goal of preventing the spread of infection, expediting investigation with Dallas County Health and Human Services (DCHHS), and initiating testing through the Centers for Disease Control and Prevention (CDC).

Medical providers, for assistance with diagnosis and infection control, please call:

Dallas County Health and Human Services
(214) 819-2004 (8:00am – 4:30pm Monday to Friday)
(877) 605-2660 (After Hours Answering Service)

- Step 1. Identify patients who may have respiratory illness caused by COVID-19:**
 - 1a. Place visible signage in triage and waiting areas, requesting visitors with a fever or cough and recent international travel to immediately notify healthcare staff.
(Example COVID-19 travel alert posters: [English](#) | [Chinese \(Simplified\)](#) | [Spanish](#) | [Vietnamese](#))
 - 1b. Place surgical mask on all patients who present with acute respiratory symptoms.
- Step 2. Did the patient present to hospital staff a copy of a CDC Travel Health Alert Notice (THAN) or a CDC Care Booklet? If yes, please call DCHHS immediately at (877)-605-2660. Example images:**



- **Step 3. Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever (may be subjective or confirmed) and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). See below for COVID-19 testing options and subsequent testing priorities (commercial labs) and criteria (public health labs):**

A. Option 1: Commercial laboratories (see CDC Priorities for COVID-19 Testing below)

- a. LabCorp
- b. Quest Diagnostic Laboratories (testing anticipated to begin in about one week)
- c. Viracor (testing anticipated to begin in about one week)

CDC Priorities for COVID-19 Testing (per 3/8/20 CDC HAN) (See also CDC Guidance for Evaluating and Reporting Persons Under Investigation (PUI) at: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html)
1. Hospitalized patients who have signs and symptoms compatible with COVID-19
2. Other symptomatic individuals such as older adults (age ≥ 65 years) and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease)
3. <u>Any persons including healthcare personnel², who within 14 days of symptoms onset had close contact³ with a suspect or laboratory-confirmed⁴ COVID-19 patient, or who have a history of travel from affected geographic areas⁵ (see below) within 14 days of their symptoms onset.</u>
<p>¹ Fever may be subjective or confirmed.</p> <p>² For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).</p> <p>³ Close contact is defined as—</p> <ol style="list-style-type: none">a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare 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 on) <p>If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.</p> <p>Additional information is available in CDC's updated Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings (https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html).</p> <p>Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings as described in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).</p> <p>⁴ Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.</p> <p>⁵ Affected areas are defined as geographic regions where sustained community transmission has been identified. For a list of relevant affected areas, see Coronavirus Disease 2019 Information for Travel (https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html).</p>

B. Option 2: Public health laboratories in Texas – see below for DSHS testing criteria

Texas DSHS Criteria for Testing (as of 3/11/20)		
Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	Any person, including health care workers ² , who has had close contact ³ with a laboratory-confirmed ⁴ 2019-nCoV patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from affected geographic areas ⁵ (see below) within 14 days of symptom onset OR An individual(s) with risk factors that put them at higher risk or poor outcomes ⁶
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	No source of exposure has been identified and other causes of respiratory illness have been ruled out (e.g., influenza)
The criteria are intended to serve as a guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis. For severely ill persons, testing can be considered when exposure history is equivocal (e.g., uncertain travel or exposure, or no known exposure) and another etiology has not been identified.		
<p>Footnotes:</p> <p>¹ Fever may be subjective or confirmed</p> <p>² For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19).</p> <p>³ See CDC's updated Interim Healthcare Infection Prevention and Control Recommendations for Persons Under Investigation for 2019 Novel Coronavirus. Close contact is defined as—</p> <ul style="list-style-type: none"> a) being within approximately 6 feet (2 meters) of a 2019-nCoV case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case – or – b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on). If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met⁷ <p>If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, National Institute for Occupation Safety and Health (NIOSH)-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met. Additional information is available in CDC's updated Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings.</p> <p>Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with 2019-nCoV (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings as described in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.</p> <p>⁴ Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries.</p> <p>⁵ Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all COVID-19 Travel Health Notices. It may also include geographic regions within the U.S. where documented community transmission has been identified.</p> <p>⁶ Other symptomatic individuals such as older adults (age ≥ 65 years) and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).</p>		

If patient **DOES NOT** meet any of the above criteria, **STOP**  here and continue evaluation for alternative diagnosis as clinically indicated.

If patient **DOES** meet the above criteria, immediately isolate the patient:

- Place patient in a single-person private room with the door closed. The patient should also have a dedicated bathroom. Airborne Infection Isolation Rooms (AIIRs) should be reserved for patients undergoing aerosol-generating procedures.¹
- Step 4. Implement following infection control procedures for healthcare workers:
 - 3a. Standard precautions
 - 3b. Contact precautions (e.g., gloves, gown)
 - 3c. Eye protection (e.g., goggles or face shield)
 - 3d. Airborne precautions (e.g., N95 mask, PAPR or surgical mask¹ if N95 not available)
- Step 5. Immediately report the patient to your facility's Infection Control department and DCHHS. DCHHS can be contacted at:
 - Business Hours: (214) 819-2004 from 8:00 am – 4:30 pm, Monday to Friday
 - After Hours: (877) 605-2660 (After Hours Answering Service)
- Step 6. Testing
 - A. If testing through a commercial lab, call the lab for further instructions on specimen collection and shipment.
 - B. If after consultation with DCHHS, COVID-19 testing is approved at DCHHS, complete the [DCHHS Laboratory Test Request Form](#) following the [DCHHS Submission Instructions for Novel Coronavirus \(COVID-19\) PCR Testing](#)
 - DCHHS will provide you with a TX ID number; fill in the test request form with this TX ID (upper right corner of form).
 - Fax completed form to DCHHS at (214) 819-6095, or send via encrypted email to epidemiology@dallascounty.org
 - **DO NOT send specimens to the Dallas LRN until testing has been discussed and approved by DCHHS.**
- Step 7. Collect specimens for laboratory diagnosis at DCHHS.

Collect one NP and one OP specimen as soon as possible regardless of symptom onset. (See DCHHS Submission Instructions for Novel Coronavirus (COVID-19) PCR Testing: https://www.dallascounty.org/Assets/uploads/docs/hhs/2019-nCoV/DCHHS%20 COVID-19%20Submission%20Instructions_3.4.20.pdf)

 - 6a. **Upper Respiratory Tract (Both of the below specimens are REQUIRED)**
 - **Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab)** Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. Place swab in a sterile tube with 2-3 ml of viral transport media. NP and OP specimens should be kept in separate viral transport media collection tubes.

¹ CDC "Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings" as of 3/10/20.

Note:

- It is imperative that NP and OP swabs are placed in **viral transport media**, such as ones used to collect specimen NP swabs for influenza PCR testing (see figure on right).
- Improper collection, such as placing swabs in bacterial culture media, will void the specimen and delay testing.



Step 8. Send specimens to hospital laboratory to coordinate delivery to Dallas LRN

The hospital diagnostic laboratory must call the Dallas LRN to coordinate paperwork and specimen delivery to DCHHS. All healthcare facilities must arrange for transport of specimens to DCHHS; DCHHS will not pick up specimens from any submitters.

Refrigerated specimens can be delivered to DCHHS on ice packs. **Specimens not delivered to DCHHS within 24 hours of collection must be frozen at -70°C and delivered on dry ice.**

Submit specimens to your facility's laboratory.

The lab should have contact numbers for Dallas LRN:

- Daniel Serinaldi (primary contact)
 - Office: (214) 819-2840
 - After hours: (972) 342-5605
- Joey Stringer (secondary contact)
 - Office: (972) 692-2762
 - After hours: (512) 415-2546

Step 9. Continue medical evaluation and empiric treatment for other causes of respiratory infection or pneumonia as clinically indicated.

All patients with suspected COVID-19 Infection should also be tested for common causes of respiratory infection and pneumonia as clinically indicated. **Testing for other respiratory pathogens should not delay specimen collection for nCoV-2019 testing.**

Step 10. Until laboratory results are received, patient must be treated as a PUI:

A. If hospitalization not medically necessary, patient should self-isolate at home and follow home care guidance recommendations:

- [Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation \(PUIs\) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings](#) (CDC)
- [What to do if you have confirmed or suspected coronavirus disease \(COVID-19\)](#) (DCHHS)

B. If hospitalized, see the CDC's [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#). Recommendations should include restricting visitors to the room, minimizing staff contact with the patient, and keeping a record of staff who enter/exit the room.