

Coronavirus Disease 2019 (COVID-19) Clinician Check List: Evaluating Patients Who May Have COVID-19

The purpose of this checklist is to provide guidance for evaluating patients who may have COVID-19, with the goal of preventing the spread of infection and facilitating appropriate testing, if indicated.

Medical providers needing assistance with diagnosis and infection control can call:
LAC DPH Acute Communicable Disease Control (ACDC)
213-240-7941 (8:00am – 5:00pm Monday to Friday)
213-974-1234 (After Hours Emergency Operator)

Step 1. Identify patients who may have a febrile respiratory illness.

- 1a. Place visible signage requesting visitors with a fever and recent international travel to immediately notify a healthcare staff (COVID-19 [travel alert poster](#) in 9 languages on ACDC COVID-19 website).
- 1b. Screen patients at triage for signs or symptoms of febrile respiratory illness and if present, the patient should wear a surgical mask and be placed in a private room with the door closed or separated from others by at least 6 feet.
- 1c. Ensure all healthcare workers interacting with the patient don a surgical mask.

Step 2. Implement infection control precautions for patient interview and exam.

- 2a. Patient should be in a private room with the door closed and should wear the surgical mask through all healthcare worker encounters.
- 2b. Healthcare workers should wear a surgical mask, gloves, and eye protection. A gown is recommended, but if in short supply, should be prioritized for procedures that generate respiratory aerosols.

Step 3. Determine if the patient has signs and symptoms compatible with COVID-19 plus epidemiologic risk.

- 3.a. Determine if the patient meets the LAC DPH Public Health Lab (PHL) COVID-19 Testing Criteria (see page 2 for PHL testing criteria)
 - IF patient meets criteria for COVID-19 Testing at PHL, then call LAC DPH and an on-call physician will advise on the next steps.
 - Call 213-240-7941 from 8:00am-5:00pm Monday to Friday and 213-974-1234 (After Hours Emergency Operator)
 - Please be prepared to provide a call back number and to wait for a call-back.
 - **DO NOT** collect or send specimens to PHL until the case is discussed and testing is approved by DPH (if approved, refer to PHL specimen collection/transport instructions on final page).

Only contact LAC DPH if the patient meets the PHL COVID-19 testing criteria.



LAC DPH Public Health Lab (PHL) COVID-19 Testing Criteria

Clinical Features	&	Epidemiologic Risk
Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person (including healthcare workers) who in the last 14 days before symptom onset has had close contact with a laboratory-confirmed COVID-19 patient
Fever and signs/symptoms of lower respiratory illness (e.g. cough, shortness of breath)	AND	Any healthcare worker without an alternative diagnosis (e.g., negative molecular respiratory panel)
Fever and signs/symptoms of a community-acquired lower respiratory illness (e.g. cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas* in the last 14 days before symptom onset -or- Radiographic findings compatible with a viral pneumonia and no alternative diagnosis
Part of a cluster of 2 or more cases of an acute respiratory illness within a 72-hour period	AND	Congregate living setting with a large proportion of older adults and persons with comorbid medical conditions (e.g. skilled-nursing facility, senior assisted-living facility, homeless shelters)

Affected Geographic Areas* with Widespread or Sustained Community Transmission: China, Iran, Italy, Japan, and South Korea. *Last updated March 11, 2020.*

*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](#).

The LAC DPH PHL COVID-19 testing criteria are intended to prioritize SARS-CoV2 testing for patients needing a timely public health response.

- 3b. Determine if the patient has clinical features and epidemiologic risk but does not meet the PHL criteria. If so, consider commercial clinical laboratory COVID-19 testing if available.

Suggested Criteria for Commercial Clinical Laboratory COVID-19 Testing, if Available		
Clinical Features	&	Epidemiologic Risk
Fever and signs/symptoms of a community-acquired lower respiratory illness (e.g., cough or shortness of breath) NOT requiring hospitalization	AND	A history of travel from an affected geographic area within 14 days of symptom onset -or- Other exposure risk as indicated by the patient’s history and clinical judgement (and who do not have an alternative diagnosis (e.g., negative rapid influenza test).

→ Follow the specimen collection and pick-up instructions as per your facility’s designated commercial clinical laboratory. Work directly with the clinical laboratory for all questions regarding specimen collection and transport. There is no need to contact DPH unless the test result is positive.

- 3c. If patient has a mild respiratory illness with no epidemiologic risk such as identifiable exposure (e.g., travel) or risk factor (e.g., healthcare worker) testing is not currently recommended. Provide patient with routine [home care instructions](#) for mild viral upper respiratory tract infections.

Step 4. If specimens are being collected, health care workers must don the appropriate PPE for the mode of COVID-19 specimen collection:

- **Nasopharyngeal and oropharyngeal sampling:** these procedures should be conducted wearing gloves, eye protection, and a surgical mask. A gown is recommended, but if in short supply, should be prioritized for procedures that generate respiratory aerosols.
- **High risk aerosol generating procedures such as sputum induction or bronchoscopy require a higher level of PPE:** these procedures require gowning, gloving, N95 respirator and eye protection.

Step 5. Continue medical evaluation and empiric treatment for other causes of respiratory infection or pneumonia as clinically indicated.

- All patients with suspected COVID-19 should also be assessed for common causes of respiratory infection and pneumonia as clinically indicated.

Step 6. Patient Disposition

- **Hospitalized:** Do not discharge hospitalized patient without prior approval from LAC DPH. Continue patient isolation and infection control procedures. Note: Airborne isolation rooms (AIIRs) should be reserved for patients undergoing procedures that are likely to generate respiratory aerosols.
- **Non-hospitalized patients being tested for COVID-19:** Instruct patient to self-isolate. Patients should follow strict [home isolation instructions](#) until their test result is negative or until they are told by LAC DPH or their health care provider that they are no longer infectious. Patient should be advised to not use public transportation or taxis.
- **Non-hospitalized patients who are not being tested for COVID-19.** Provide patient with routine [home care instructions](#) for mild viral upper respiratory tract infections.

Public Health Lab Specimen Collection and Transport

DO NOT collect or send specimens to the Public Health Lab (PHL) until instructed to by DPH.

Collect one upper respiratory specimen from the patient and one lower respiratory specimen (for patients with productive cough) as soon as possible regardless of symptom onset.

Note: outpatient settings should only collect an NP/OP swab.

Upper Respiratory

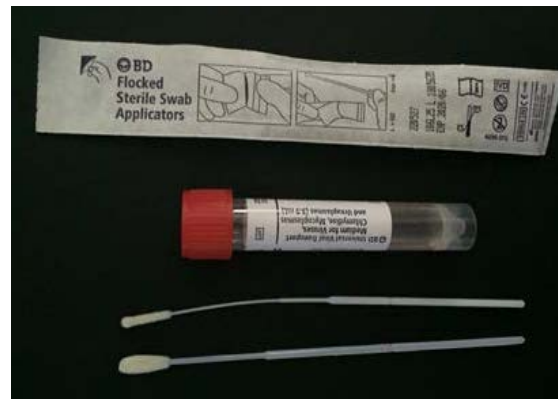
- **Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab)** Use a synthetic fiber swab with plastic shaft. Do not use calcium alginate swabs or swabs with wooden shafts. Place swab in a sterile tube with 2-3 ml of viral transport media Do NOT combine NP/OP swab specimens; keep swabs in separate viral transport media collection tubes.
- **Nasopharyngeal wash/aspirate or nasal aspirate:** 2-3 mL in a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

Lower Respiratory (for patients with productive cough)

- **Bronchoalveolar lavage or tracheal aspirate:** 2-3 mL in a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
- **Sputum:** Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

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 testing (see figure to the right). Each swab must be placed into a separate vial
- Improper collection, such as placing swabs in bacterial culture media, will void the specimen and delay testing.



TRANSPORT INFORMATION

- Refrigerate specimens at 2-8°C and transport on cold pack.
- Complete a PHL H-3021 Test Requisition form for *each specimen*. Please use the prefilled LAC DPH test request forms for COVID-19 testing available on the [DPH COVID-19 website](#). Note there are two different forms:
 - Form to be used for NP swabs that request testing for SARS-CoV-2 (formerly known as novel coronavirus-2019) and Biofire panel
 - Form to be used for all other specimens that request testing for SARS-CoV-2, including NP swab when Biofire panel is not requested
- Test request forms **MUST** include full patient name, date of birth, hospital medical record number, sex, date/time collected, specimen source, and the hospital where the specimen was collected.
- Upon approval by LAC DPH, the PHL will contact your laboratory to discuss specimen transfer. Specimens that arrive at PHL without prior DPH approval may experience significant delays in testing.

PHL Turn Around Time: PHL aims to return results in ~2 business days after specimen are received; however, the turnaround time can be longer based on volume and capacity.