



For Information Only

Identify:

If in the past 14 days since first onset of symptoms a history of either:

Travel to areas with CDC travel advisory or local areas of intense spread

AND/OR

Close contact with known COVID-19 (6 ft radius for > 5 minutes)

AND/OR

\*\*Special population: Immunocompromised, pregnant, living in congregant settings

AND fever or symptoms of respiratory illness

Roles

Call-in Patient

Walk-in Patient

Roles

Care Navigation

- Advise patient to do a VV, if cost and accessibility permits
- Find out which UC clinic the patient would prefer if they are advised to come in
- Call that UC clinic to alert the providers to expect the VV or brief phone call, and then send a Spok Mobile page stating "COVID-19 risk, to be seen at \_\_UC"

- Provide SURGICAL mask and hand sanitizer immediately
- Call "COVID-19" triage to RN/MA on vocera
- If RN/MA feels patient is stable and exam room is unavailable, advise patient to wait in car until contacted
- Take note any of potential staff/patients exposures
- Wipe down all exposed surfaces with Sani wipes

PRS

VV Provider

- Obtain detailed travel/exposure history (.CPGCOVID19TEMPLATE)
- *If need to hospitalize/send to UMC ER*, call transfer center and discuss COVID risk (**Do not call Code Bio!**)
  - Consider barriers in transportation and exposures, discourage public transportation (buses, Lyft, Uber)
  - If using EMS, inform of potential COVID-19
- *If patient requires office visit*
  - Establish ETA with patient and advise they call the clinic upon arrival (801-646-4566), but remain in their car until escorted into the clinic by the RN/MA. Alert the designated clinic.
- *If patient requires only testing (stable, NAD)*
  - Order the "COVID" test (as "clinic collect") and provide detailed instructions to the designated clinic (Drive-thru tents are at FHC, SHHC, SJHC, RWC - for now) and alert the clinic with the ETA. Advise patient to call RN at (801-646-4566) upon arrival.
- *If patient does not require testing/office visit*, advise **at least** a 7 day home isolation **and** 3 days without symptoms
- Flag chart for follow-up call every 48 hours<sup>3</sup>

- Clear out pre-established room and put lab collection kit and vitals cart in room and place contact/droplet sign on door
  - **HEPA only needed if aerosol generating procedure<sup>4</sup>**
- Escort the patient directly to the room wearing surgical mask and eye protection, limiting any further exposures to patients/staff
- Put on PPE, per protocol<sup>2,6</sup>. **CAPR and N95 only needed if OP/NP swabs are collected or during aerosol generating procedures**
- Enter room, along with provider, limiting the number of times the door is opened/closed
- Proceed with the standard check-in and rooming process
- Collect samples, as indicated by the provider
- Take note of any potential staff/patient exposures

RN/MA

RN/MA

- *If patient needs to be seen in clinic*, prepare for arrival:
  - Clear out pre-established room and put lab collection kit and vitals cart in room and place sign on door
  - Prepare PPE for provider and RN per protocol<sup>2,6</sup>
  - Ensure a clear path for the patient to walk
  - Upon arrival, meet the patient at their car, provide surgical mask and escort the patient directly into the designated room
  - Continue protocol for walk-in patient
- *If only collecting samples* - SHC, SJHC and FHC have designated drive-thru tents for sample collection.
  - **Wearing CAPR/PAPR (preferably) or N95**, collect 1 NP and 1 OP swab and place both within the **same** vial and send in bag via regular ARUP courier. Specimens will be picked up at regular courier times. Keep specimens refrigerated.
  - CAPR/PAPR/N95 can be used from patient to patient if extra caution used to prevent contamination (i.e. repeated doffing)

- Put on PPE, per protocol<sup>2,6</sup>. **CAPR and N95 only needed if OP/NP swabs are collected or during aerosol generating procedures<sup>4</sup>.**
- Obtain detailed travel/exposure history(.CPGCOVID19TEMPLATE)
- *If need to hospitalize/send to UMC ER*, call transfer center and discuss COVID risk (**Do not call Code Bio!**)
  - Consider barriers in transporting patient
  - Inform EMS of potential COVID-19
- *If patient stable*, but meets requirements for testing (**SEE BELOW**)
  - **Can utilize drive-through testing if at FHC, SJHC, SHHC, RWC. Otherwise, collect samples in clinic (following PPE protocol)**
  - **Consider STAT influenza testing - FHC, SHHC and SJHC should have the lab complete the test, at all other sites the benchtop alere testing is okay (eye protection, surgical mask for collection and when performing the test)**
    - Search "COVID" in orders. This order includes SARS-COV2 PCR, rapid flu and Respiratory Virus **Mini Panel** by PCR
      - **Mini Resp PCR and rapid flu should be un-checked if they have been performed in past 48 hours or if patient is not in higher risk populations**
        - Using the viral transport media (UTM<sup>5</sup>), have RN collect 1 NP and 1 oropharyngeal swab and place both within the **same** vial and send in bag via **regular** ARUP courier - **Mini Resp/COVID PCR** can be done from the same vial. Specimens will be picked up at regular courier times. Keep specimens refrigerated (no more than an hour ambient)
- Provide detailed discharge instructions (.CPGCOVID19DISCHARGE)
  - Follow CDC Guidelines for Persons with COVID-19 Under Home Isolation (**SEE CHART BELOW**) to determine length of isolation
  - Flag chart for patient to be contacted every 48 hours by care navigation for symptom monitoring<sup>3</sup>
  - Advise separation from at risk populations at home
  - Consider social barriers and LCSW involvement
- If sending Rx, coordinate with pharmacy on how to get the medications to the patient safely, avoiding further exposures.

Provider

<sup>1</sup>UDOH ID test request form: [https://pulse.utah.edu/site/uctt/Documents/covid-19/UPHL\\_TEST\\_REQUEST\\_FILLABLE.pdf](https://pulse.utah.edu/site/uctt/Documents/covid-19/UPHL_TEST_REQUEST_FILLABLE.pdf)

<sup>2</sup>CAPR LMS Module: <https://forms.hrit.utah.edu/lms/#!//#%2F> - Search CAPR

<sup>2</sup>General PPE donning and doffing (including CAPR): <https://pulse.utah.edu/site/ipac/Pages/PPE.aspx>

<sup>3</sup>Setting up clinical reminders in Epic for every 48 hour follow up call <https://pulse.utah.edu/site/uctt/Documents/covid-19/Setting%20Reminders%20in%20Epic.pdf>

<sup>4</sup>Aerosol generating procedures include nebulizer treatments, intubation, bronchoscopy. OP/NP do not require HEPA, but CAPR or N95 required.

<sup>5</sup>Viral Transport Media (UTM): <https://pulse.utah.edu/site/uctt/Documents/covid-19/Viral%20Transpot%20Media.jpg>

<sup>6</sup>PPE for all URI patients (excluding CAPR or N95, where applicable): <https://pulse.utah.edu/site/uctt/Documents/covid-19/COVID%2019%20PPE.jpg>

- Doff PPE per protocol within the exam room<sup>2</sup>
- Contact environmental services to have room cleaned immediately and inform them of possible COVID-19
  - If HEPA was used it must run for **25 mins** before EVS cleaning

Wrap - Up

## Ambulatory Care Flowchart to Identify, Assess and Manage COVID-19 Patients

### Criteria for SARS-COV2 testing at ARUP Laboratories

- 1) Any person with fever or symptoms of acute respiratory illness (e.g. cough, difficulty breathing) and close contact with a **laboratory-confirmed** COVID-19 patient within 14 days of symptom onset
- 2) Any person with fever or symptoms of acute respiratory illness (e.g. cough, difficulty breathing) and a history of travel to areas with known **widespread** SARS-COV2 transmission within 14 days of symptom onset
- 3) Any person with fever and signs/symptoms of a lower respiratory tract illness (LRTI)\* suggestive of a viral infection that is not otherwise clinically explained
- 4) Any person with fever and symptoms of acute respiratory illness (e.g., cough, difficulty breathing) and negative rapid influenza testing that also meets criteria for a special population\*\*

#### \*LRTI is defined as one of the following:

- Radiographic infiltrates by imaging (chest x-ray, CT scan, etc.), OR
- Pulmonary disease based on clinical assessment (evidence of rales/crackles on physical exam) AND SpO2 < 94% on room air, OR
- Requiring mechanical ventilation and/or supplemental oxygen

#### \*\*Special populations include:

- Immunocompromised individuals (e.g. cancer, solid organ transplant, other immunosuppressive drugs, chronic lung disease, hemodialysis, advanced HIV)
- Pregnant women
- People living in congregant settings such as a skilled nursing home, long term care facility, homeless shelter or correctional facility

### Guidelines for Persons with COVID-19 Under Home isolation

Home isolation can be discontinued when:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
- At least 7 days have passed since symptoms first appeared.

**Individuals with laboratory-confirmed COVID-19 who have not had any symptoms** may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.