SAN BERNARDINO COUNTY | Public Health Communicable Disease

GUIDANCE FOR CLINICIANS
Evaluating Patients Who May Have COVID-19

The purpose of this checklist is to provide you with step-by-step guidance when evaluating patients who may have coronavirus (COVID-19), with the goal of preventing the spread of infection and expediting investigation with the San Bernardino County Department of Public Health (DPH) Communicable Disease Section (CDS) and testing through the Public Health Laboratory (PHL).

For assistance with diagnosis and infection control, please call CDS, Monday through Friday, between 8 a.m. – 5 p.m. at (800) 722-4794, or our after-hours Duty Officer at (909) 356-3805.

STEP 1 – Identify patients who may have a febrile respiratory illness.

- 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 the CDC COVID-19 website. Placing additional cough etiquette signage is also encouraged.
- Ensure all healthcare workers interacting with patients don appropriate PPE.
- 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 other by at least 6 feet.
- ***Does the patient meet the following criteria for evaluation for COVID-19?*** Reasonable efforts to rule out alternative diagnoses should include a viral molecular panel or viral respiratory panel that include influenza PCR, RSV, or strep test when available.

TESTING CRITERIA

Clinical Features		Epidemiologic Risk Factors
Fever **or** signs/symptoms of lower respiratory illness (e.g. cough, shortness of breath)	*AND*	Any person (including health care workers) who in the last 14 days before symptom onset has had close contact* with a laboratory-confirmed COVID-19 patient
Fever **with** severe acute community acquired lower respiratory illness (e.g. pneumonia, ARDS) **requiring ICU care** without alternative explanatory diagnosis.	*AND*	No source of exposure has been identified.
Fever **or** signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	*AND*	A history of travel from affected geographic areas** in the last 14 days before symptom onset
*Last known exposure must be 14 days prior to symptom onset.		
**Affected Geographic Areas with Widespread or Sustained Community Transmission include China, Iran, Most European Countries, United Kingdom and Ireland. Last reviewed by CDC on March 17, 2020.		
Local epidemiology of COVID-19 will also be used to assess testing criteria.		
All PUIs must have negative rapid influenza/RSV tests; and a negative molecular respiratory panel if this testing is available at the facility.		

- **IF THE PATIENT DOES NOT MEET THE CRITERIA, THEN STOP HERE** and continue evaluation for alternative diagnosis as clinically indicated. If further evaluation does not reveal alternative diagnosis and a skilled clinician is considering a diagnosis of COVID-19, please proceed to step 2.
- **IF THE PATIENT DOES MEET THE CRITERIA:**
    1. Immediately isolate patient AND
    2. Place surgical mask on patient AND
    3. Ensure patient is in a private room with door closed (ideally negative pressure airborne isolation room).

STEP 2 – Implement the additional following infection control procedures for healthcare workers:

- Standard precautions
- Contact precautions (gloves, gown)
- Eye protection
- Airborne precautions (e.g., N-95 mask or PAPR) - CDC guidance allows for use of facemasks if N-95 masks are not available. Use of N-95 masks should resume when supply chain is restored.

STEP 3 – Please fill out the *DPH COVID-19 Specimen Intake Form* and contact CDS to report patient who meets testing criteria.

- DPH COVID-19 Specimen Intake Form
- Call CDS at (800) 722-4794 to confirm testing criteria
- If approval is obtained, fax completed form with clinical notes and any lab tests used for diagnosis and/or follow up to (909) 387-6377
- Do NOT collect or send specimens to the PHL until the case is discussed and testing is approved by CDS.

STEP 4 – With CDS approval, collect specimens for laboratory diagnosis by PHL.

As of March 13, the CDC recommends collecting **only** a Nasopharyngeal (NP) swab. If specimens cannot be collected at the clinic, do **not** refer the patient to another facility to obtain specimens (i.e., commercial lab, other medical clinic), arrange appropriate collection.

Collect a nasopharyngeal swab (NP swab):

1. Use a synthetic fiber swab with plastic shaft. Do not use calcium alginate swabs or swabs with wooden shafts.
2. Insert swab into nostril parallel to the palate, leave swab in place for a few seconds to absorb secretions.
3. Place swab immediately into a sterile tube containing 2-3 mL of viral transport media.

NOTE: We recommend collecting only a NP swab. If collecting both, NP and OP swabs must be placed together in a single viral transport media, such as ones used to collect NP swabs for influenza testing, shown on the right. Improper collection, such as placing swabs in bacterial culture media will void the specimen and delay testing.

An NP swab is the priority specimen. If you would like to test any of the following specimens, please call CDS (800) 722-4794 to discuss.

- **Sputum**: Collect sputum only if the patient is producing sputum; do not perform sputum induction procedures. 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.
- **Bronchoalveolar lavage, tracheal aspirate, pleural fluid, NP wash/aspirate or nasal aspirate**: collect 2-3 mL in a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

STEP 5 – Transport Specimens to PHL

- Notify CDS of specimen collection prior to transport. Specimens that arrive to PHL without prior CDS notification may experience significant delays in testing.
- Refrigerate specimens at 2-8°C and transport on cold pack.
- Complete a 2019 Novel Coronavirus Lab Test Request Form for ***each*** specimen prior to transportation of specimen to the PHL. This form **AND** the DPH COVID-19 Specimen Intake Form (from step 3) should be included along with specimens being sent.
- Healthcare facilities are responsible for sample transportation to the PHL at 150 E Holt Blvd, Ontario, CA 91761.
- Please contact PHL with any questions about processing or transport:

Weekdays
Monday - Friday, 8 a.m. - 5 p.m.
Phone: (909) 458-9430 | Fax: (909) 986-3805

After Hours
Weekends and Holidays: 5 p.m. - 8 a.m.
County Communication Center
Officer on Duty: (909) 356-3811 or (909) 356-3805

TESTING AT COMMERCIAL CLINICAL LABORATORIES: Given PHL testing limitations, clinicians are encouraged to pursue testing at clinical and commercial labs including LabCorp, ARUP, and Quest Diagnostics. There is no need to contact CDS when arranging testing via a non-public health laboratory. **Only contact CDS if the test is positive**.

STEP 6 - 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 7 - Do not discharge patient without prior approval from DPH.

Continue patient isolation and infection control procedures as above.

Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

Close contact is defined as:

A. Being within approximately 6 feet (2 meters), 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 or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); 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 on) while not wearing recommended personal protective equipment.