

GLA Outpatient Coronavirus Disease 2019 (COVID-19) Protocol for Patient Recognition and Initial Management

Screening of patients for travel history and symptoms of viral infection on arrival

- Display posters in the waiting room and near the reception desk asking patients to tell reception or nursing staff if they have a fever, cough or difficulty breathing.

Reception desk activities

- Complete the Triage Assessment Template for all patients.
- **If a patient reports fever, cough or difficulty breathing and has travel to an affected geographic area within 14 days prior to the onset of illness, the patient should be further evaluated.** Give the patient a surgical mask and ask them to put it on. Ask the patient to remain in place and to avoid contact with the environment.

Affected Geographic Areas with Widespread or Sustained Community Transmission (2/28/2020)

- China
- Iran
- Italy
- Japan
- South Korea
- Immediately notify the nursing staff and attending physician that there is a patient who has screened positive on the GLA Outpatient Screening Algorithm for Coronavirus and Other Viral Diseases.

Further patient evaluation

- The nursing staff will put on PPE for airborne and contact precautions (N95 respirator, yellow gown, eye goggles or face shield, and gloves), place a surgical mask on the patient, and escort the patient directly into a negative pressure isolation room. If a negative isolation is not available, the patient will be placed in a single room and the door will be closed. PPE is removed in patient room and placed in biohazard trash bin inside room. Remove eye protection before leaving the patient room or care area. Reusable eye protection (e.g., goggles) must be cleaned and disinfected prior to re-use. Disposable eye protection should be discarded after use.
- Attending physician interviews patient to validate initial findings and assess whether patient satisfies the Case Definition of Coronavirus Disease 2019 (COVID-19).

Case Definition of Coronavirus Disease 2019 (COVID-19)		
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, who has had close contact ² with a laboratory-confirmed COVID-19 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 within 14 days of symptom onset
Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)	AND	No source of exposure has been identified

¹ **Fever** may be subjective or confirmed

² **Close contact** is defined as either

- 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
- having direct contact with infectious secretions of a confirmed COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.
- If the patient meets the COVID-19 case definition, contact the nursing supervisor (or charge nurse), call the local County Department of Public Health and page the Infectious Diseases Consult service (UCLA pager 1-800- 233-7231 #83921).

County Health Departments

Kern County (661) 868-5250

Los Angeles County: business hours 213-240-7941, after hours 213-974-1234

Santa Barbara County (805) 681-5363

San Luis Obispo County (805) 781-5500

Ventura County (805) 289-3349

Isolation of a suspected COVID-19 case

- Place the patient in a negative pressure isolation room. If a negative isolation is not available, the patient will be placed in a single room and the door will be closed. The patient should continue to wear a surgical mask unless they are placed in a negative pressure isolation room.
- Limit the number of staff entering the room to the minimum needed for patient care.
- Put a sign-in sheet on the door to identify all staff entering the room for any reason.
- Post a notice on the door restricting entry of staff and indicating that PPE is needed for anyone who enters the room.
- Ensure that all equipment and supplies that are in the room stay in the room and are not used with other patients; keep all materials, including used PPE that requires disposal, in the room so the hall is not potentially contaminated.

Use of Personal Protective Equipment (PPE)

- Ensure that anyone entering the patient's room use PPE appropriate for standard, contact and respiratory precautions – N95 respirator, eye protection (goggles or face shield), gown and gloves.
- Instructions on putting on and removing PPE (see <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>) should be posted on the patient's door to remind staff how to put on and take off PPE.
- Ensure that PPE is removed without contaminating the wearer and that hand hygiene is performed immediately after removal of PPE.

Further evaluation of the patient

- The GLA Infectious Diseases Consultation and the local County Health Department will advise on the management of the patient including, if indicated, diagnostic testing, initial management, transport and admission to hospital.
- Procedures that are likely to induce coughing; e.g., nasopharyngeal specimen collection, sputum induction, and open suctioning of airways should only be done in an airborne Infection Isolation Room (AIIR or negative pressure room).
- At the West LA Emergency Department, nasopharyngeal swabs should be obtained for testing for influenza (INFLUENZA A & B DETECTION (PCR)) and other respiratory Pathogens (Respiratory Panel 2 on Infectious Diseases Clinic Menu)

Disinfection and correct management of medical waste

- Put used PPE and all medical waste in a medical waste container.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Management of **laundry, food service utensils, and medical waste** should be performed in accordance with routine procedures.
- HCP entering the room after a patient vacates the room should use respiratory protection until sufficient time (one hour) has elapsed to allow for enough air changes to remove potentially infectious particles.

Identification of staff, patients and visitors who may have been exposed

- Make a list of all staff, patients and visitors who were in the waiting room with the potential COVID-19 patient and obtain their contact information for any necessary follow-up.
- Save the sign-in sheet that was posted on the patient's door until the patient is cleared by GLA Infectious Diseases Consultation Service and the local County Health Department.
- List other staff members present who may have been exposed and include their contact information.