

Coronavirus Disease 2019 (COVID-19) Physician Check List: Evaluating Patients Who May Have COVID-19 (the illness caused by SARS-CoV-2)

Guidance for Clinicians

The purpose of this checklist is to provide step-by-step guidance for evaluating patients who may have COVID-19, with the goal of preventing the spread of infection and expediting an investigation with the Long Beach Department of Health and Human Services (Health Department) and testing through the Public Health Laboratory (PHL).

Medical providers needing assistance with diagnosis and infection control can call the Health Department’s Communicable Disease Control Program (CDCP) (562) 570-4302 during normal business hours and the Public Health Duty Officer at (562) 500-5537 after-hours.

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

- **1a.** Place visible signage requesting visitors with a fever and recent travel to areas with community transmission to immediately notify a healthcare staff (COVID-19 travel alert poster in 9 languages on Long Beach Health [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. Does the patient meet the COVID-19 Testing Criteria?^{1,2}

Clinical Features	&	Epidemiologic Risk
Fever 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 with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from affected geographic areas (see below) within 14 days of symptom onset
Fever with severe acute community acquired lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis. (Must have negative rapid, influenza/ RSV test)	AND	No source of exposure has been identified

Affected Geographic Areas* with Widespread or Sustained Community Transmission: China, Iran, Italy, Japan, and South Korea *Last updated March 10, 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](#).

1. Refer to the [CDC Guidance for Health Professionals](#) for definitions of fever, hospitalization, close contact, and laboratory-confirmed: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

2. The Long Beach Health Department COVID-19 evaluation criteria may differ from the CDC’s and are intended to prioritize SARS-CoV2 testing in a setting of limited local testing capacity. Providers should keep in mind that these evaluation criteria were developed to identify patients at the highest risk for COVID-19.

- IF **NO** to any of the above criteria then **STOP here**. Patient does not meet current criteria for COVID-19 testing. Continue evaluation for alternative diagnosis as clinically indicated. For patients with milder symptoms, COVID-19 testing is now [available from LabCorp](#) for patients who meet the current CDC guidance for evaluation. Ensure that patient is in a private room and follow the additional infection control procedures in Step 3. Patient should follow home isolation instructions.
- IF **YES** and patient meets Public Health Lab (PHL) testing criteria, ensure that patient is in a private room with door closed (ideally negative pressure airborne isolation-room).

Step 3. Implement the additional following infection control procedures for healthcare workers:

- 3a. Standard precautions
- 3b. Contact precautions (gloves, gown)
- 3c. Eye protection
- 3d. Airborne precautions (e.g., N95 mask or PAPR)

Step 4. Immediately contact and report patient to the LB Health CDCP:

- 4a. Call LB CDCP or Public Health Duty Officer, who will advise on the next steps. Call (562) 570-4302 during normal business hours and the Public Health Duty Officer at (562) 500-5537 after-hours.

Step 5. Collect specimens for laboratory diagnosis by the Public Health Lab.

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

- 5a. 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. NP and OP swabs may be kept in separate viral transport media collection tubes or combined into one viral media collection tube.
 - Nasopharyngeal wash/aspirate or nasal aspirate: 2-3 mL in a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
- 5b. 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 may be placed into a separate vial or combined into one single 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 within 24 hours.
- CDCP will provide you with the correct lab forms to complete depending on where the specimen is going for testing.
- 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. A unique PUI number will be assigned to each patient being tested. That will be generated by CDCP and provided to you to enter on the lab form.
- LB CDCP will determine where the specimen will be tested based on current availability. If your facility has a courier, CDCP will direct your courier to the correct nearby laboratory. If not, CDCP will work with your facility to get the specimen to the laboratory for testing. **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). **Notify Public Health.**

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 (such as flu and a respiratory viral panel) and pneumonia as clinically indicated.

Step 7. Do not discharge patient without prior approval from LB CDCP.

- Continue patient isolation and infection control procedures as above.