Primary Care – IN-PERSON VISIT

Flowchart to Identify and Assess 2019 Novel Coronavirus

If person reports both (A) Exposure and (B) Symptoms

A. Identify Potential Exposure
   if in the past 14 days since first onset of symptoms a history of either

   Travel to countries identified by the CDC*
   OR
   Close contact with a person with confirmed COVID-19 illness

B. Identify Symptoms
   Fever, cough or shortness of breath
   (in the past 14 days since first onset of symptoms)

If person reports both (A) Exposure and (B) Symptoms

Mask (Isolate if appropriate)
1. Ask patient to wear a facemask
2. Ask patient to wait at least 6 feet away from others (staff and other patients)
3. Complete warm handoff to triage nurse or nursing supervisor
4. Nurse initiates Special Droplet/Contact Precautions (see page 2), wears appropriate PPE, and escorts patient to an isolation room (keep >6 feet away from patient)

Nurse Screening & Triage
1. Nurse completes screening questions and assesses symptom severity
   a. For mild or moderate symptoms, counsel on:
      i. Appropriate Patient Education Materials (see page 2) and home care,
      ii. Monitoring symptoms carefully, and
      iii. Contacting PCP if symptoms worsen
   b. For severe symptoms, advise the patient to seek emergency care immediately
2. Consult clinician if nursing assessment indicates further clinical evaluation
3. Call Public Health (Novel Coronavirus Call Center: 206-477-3977) if you have questions or if the patient is:
   a. Health care worker, or
   b. Involved in school or institutional outbreaks
4. Once the patient leaves, follow environmental cleaning and disinfection procedure (see page 2)

If person reports only (B) Symptoms

Mask (Isolate if appropriate)
1. Ask patient to wear a facemask
2. Ask patient to wait at least 6 feet away from others (staff and other patients)
3. Complete warm handoff to triage nurse or nursing supervisor
4. Nurse initiates Special Droplet/Contact Precautions (see page 2) if needed, wears appropriate PPE, and escorts patient to an isolation room (keep >6 feet away from patient)

Nurse Screening & Triage
1. Nurse completes screening questions and assesses symptom severity
   a. For mild or moderate symptoms, counsel on:
      i. Appropriate Patient Education Materials (see page 2) and home care,
      ii. Monitoring symptoms carefully, and
      iii. Contacting PCP if symptoms worsen
   b. For severe symptoms, advise the patient to seek emergency care immediately
2. Consult clinician if nursing assessment indicates further clinical evaluation
3. Conclude the visit by providing patient education and precautions of when to follow up with PCP. If patient does not have a PCP, advise the patient to call Community Health Access Program: 800-756-5437. (Instruct the patient to call first before coming in)

*As of 3/6/2020, countries identified by the CDC as having widespread or sustained community transmission:
   China, Iran, South Korea, Italy, and Japan

Special Droplet/Contact Precautions (in addition to Standard Precautions):
When initiating special droplet/contact precautions, remember to post signage on the isolation room. Approved signage and PPE donning and doffing procedures can be found here: https://www.doh.wa.gov/Portals/1/Documents/1600/AirborneRespiratorContactPrecautionSign-nCoV.PDF

Personal Protective Equipment (PPE) Guidance:
Must adhere to PPE for Special Droplet/Contact Precautions (in addition to Standard Precautions):
- Facemask or N-95 respirator, gown, gloves, and eye protection (face shield or goggles)
- Facemask or N-95 respirator use instructions:
  - When providing general health care, including direct patient care to COVID-19 patients, that does not involve performing aerosol-generating procedures, wear medical or surgical mask
  - When performing aerosol-generating procedures, must wear NIOSH-approved fit-tested N-95 respirator or higher, such as a powered air-purifying respirator (PAPR)
- See above signage link for PPE donning and doffing procedures

Environmental Cleaning and Disinfection Procedure:
Routine cleaning and disinfection procedures are appropriate for COVID-19 (see table below). Once the patient with suspected COVID-19 leaves, the exam room (1) should be cleaned as mentioned below and (2) should remain vacant for up to two hours before anyone enters. Adequate wait time may vary depending on the ventilation rate of the room and should be determined accordingly.

<table>
<thead>
<tr>
<th>Product Name</th>
<th>When/where to Use</th>
<th>Do Not Use</th>
<th>PPE</th>
<th>Caution</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sani Cloth Plus (red top) or Sani Cloth AF3 (gray top) or DisCide (Dental Clinic use)</td>
<td>For disinfection of shared computer keyboards, telephones, desks, and exam room surfaces between patients.</td>
<td>DO NOT USE TO CLEAN SKIN</td>
<td>Must use COVID-19 PPE guidance above</td>
<td>Do not get on skin or clothing. Avoid eye contact.</td>
<td>Included on EPA lists for Tuberculosis, HIV/Hepatitis A &amp; B, MRSA, norovirus, and COVID-19</td>
</tr>
</tbody>
</table>

CDC Criteria for Persons Under Investigation (PUI):

Patient Education Materials:
1. What to do if you have confirmed or suspected coronavirus disease (COVID-19)
2. What to do if you were potentially exposed to someone with confirmed coronavirus disease (COVID-19)
3. What to do if you have symptoms of coronavirus disease 2019 (COVID-19) and have not been around anyone who has been diagnosed with COVID-19
4. Public Health – Seattle & King County Novel Coronavirus Factsheet
Primary Care – PHONE CONTACT

Flowchart to Identify and Assess 2019 Novel Coronavirus

Please attempt to call patients PRIOR TO VISIT and assess the following:

**A. Identify Potential Exposure**
- If in the *past 14 days since first onset of symptoms* a history of either:
  - Travel to countries identified by the CDC*
  - Close contact with a person with confirmed COVID-19 illness

**B. Identify Symptoms**
- Fever, cough or shortness of breath
  - (in the past 14 days since first onset of symptoms)

*If person reports both (A) Exposure and (B) Symptoms*

*If person reports only (B) Symptoms*

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**Admin Staff Refers to Nurse**
1. Obtains patient’s contact information (name, phone number, address) and date of birth
2. Staff member provides a warm handoff to a triage nurse or nursing supervisor, do not hang up

**Nurse Screening & Triage**
1. Nurse conducts phone triage, completing screening questions and assessing symptom severity
   - For *mild or moderate symptoms*, counsel on:
     i. Appropriate Patient Education Materials (see page 2) and home care,
     ii. Monitoring symptoms carefully, and
     iii. Contacting PCP if symptoms worsen
   - For *severe symptoms*, advise the patient to seek emergency care immediately
2. Consult clinician if nursing assessment indicates further clinical evaluation
3. **Call Public Health (Novel Coronavirus Call Center: 206-477-3977)** if you have questions or if the patient is:
   - Health care worker, or
   - Involved in school or institutional outbreaks
   (Consider keeping patient on the phone while connecting the patient to Public Health)
4. Conclude phone call with providing patient education and precautions of when to follow up with PCP. If patient doesn’t have a PCP, advise the patient to call Community Health Access Program: 800-756-5437.

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*As of 3/6/2020, countries identified by the CDC as having widespread or sustained community transmission: China, Iran, South Korea, Italy, and Japan*