Guidance for Clinicians

Coronavirus Disease 2019 (COVID-19) Clinician Check List:
Evaluating Patients Who May Have COVID-19

The purpose of this checklist is to provide guidance for evaluating patients who may have COVID-19, with the goal of preventing the spread of infection and facilitating appropriate testing, if indicated.

Medical providers needing assistance with diagnosis and infection control can call:
LAC DPH Acute Communicable Disease Control (ACDC)
213-240-7941 (8:00am – 5:00pm Monday to Friday)
213-974-1234 (After Hours Emergency Operator)

☐ Step 1. Identify patients who may have a febrile respiratory illness.
   ☐ 1a. 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 ACDC 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. Implement infection control precautions for patient interview and exam.
   ☐ 2a. Patient should be in a private room with the door closed and should wear the surgical mask through all healthcare worker encounters.
   ☐ 2b. Healthcare workers should wear a surgical mask, gloves, and eye protection. A gown is recommended, but if in short supply, should be prioritized for procedures that generate respiratory aerosols.

☐ Step 3. Determine if the patient has signs and symptoms compatible with COVID-19 plus epidemiologic risk.
   ☐ 3a. Determine if the patient meets the LAC DPH Public Health Lab (PHL) COVID-19 Testing Criteria (see page 2 for PHL testing criteria)

→ IF patient meets criteria for COVID-19 Testing at PHL, then call LAC DPH and an on-call physician will advise on the next steps.
   • Call 213-240-7941 from 8:00am-5:00pm Monday to Friday and 213-974-1234 (After Hours Emergency Operator)
   • Please be prepared to provide a call back number and to wait for a call-back.
   • DO NOT collect or send specimens to PHL until the case is discussed and testing is approved by DPH (if approved, refer to PHL specimen collection/transport instructions on final page).

Only contact LAC DPH if the patient meets the PHL COVID-19 testing criteria.
<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>&amp;</th>
<th>Epidemiologic Risk</th>
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<tbody>
<tr>
<td>Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of</td>
<td>AND</td>
<td>Any person (including healthcare workers) who in the last 14 days before symptom onset has had close contact with a laboratory-confirmed COVID-19 patient</td>
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<td>breath)</td>
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<tr>
<td>Fever and signs/symptoms of lower respiratory illness (e.g. cough, shortness of</td>
<td>AND</td>
<td>Any healthcare worker without an alternative diagnosis (e.g., negative molecular respiratory panel)</td>
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<td>breath)</td>
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<tr>
<td>Fever and signs/symptoms of a community-acquired lower respiratory illness (e.g.</td>
<td>AND</td>
<td>A history of travel from affected geographic areas* in the last 14 days before symptom onset -or- Radiographic findings compatible with a viral pneumonia and no alternative diagnosis</td>
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<td>cough or shortness of breath) requiring hospitalization</td>
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<tr>
<td>Part of a cluster of 2 or more cases of an acute respiratory illness within a 72-</td>
<td>AND</td>
<td>Congregate living setting with a large proportion of older adults and persons with comorbid medical conditions (e.g. skilled-nursing facility, senior assisted-living facility, homeless shelters)</td>
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<td>hour period</td>
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**Affected Geographic Areas* with Widespread or Sustained Community Transmission**: China, Iran, Italy, Japan, and South Korea. Last updated March 11, 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.

The LAC DPH PHL COVID-19 testing criteria are intended to prioritize SARS-CoV2 testing for patients needing a timely public health response.
☐ 3b. Determine if the patient has clinical features and epidemiologic risk but does not meet the PHL criteria. If so, consider commercial clinical laboratory COVID-19 testing if available.

| Suggested Criteria for Commercial Clinical Laboratory COVID-19 Testing, if Available |
|---------------------------------|---------------------------------|
| **Clinical Features** | **&** | **Epidemiologic Risk** |
| Fever and signs/symptoms of a community-acquired lower respiratory illness (e.g., cough or shortness of breath) NOT requiring hospitalization | AND | A history of travel from an affected geographic area within 14 days of symptom onset |
| -or- | | Other exposure risk as indicated by the patient’s history and clinical judgement (and who do not have an alternative diagnosis (e.g., negative rapid influenza test). |

→ Follow the specimen collection and pick-up instructions as per your facility’s designated commercial clinical laboratory. Work directly with the clinical laboratory for all questions regarding specimen collection and transport. There is no need to contact DPH unless the test result is positive.

☐ 3c. If patient has a mild respiratory illness with no epidemiologic risk such as identifiable exposure (e.g., travel) or risk factor (e.g., healthcare worker) testing is not currently recommended. Provide patient with routine [home care instructions](https://www.cdc.gov/vhf/fever/index.html) for mild viral upper respiratory tract infections.

☐ Step 4. If specimens are being collected, health care workers must don the appropriate PPE for the mode of COVID-19 specimen collection:

• **Nasopharyngeal and oropharyngeal sampling**: these procedures should be conducted wearing gloves, eye protection, and a surgical mask. A gown is recommended, but if in short supply, should be prioritized for procedures that generate respiratory aerosols.

• **High risk aerosol generating procedures such as sputum induction or bronchoscopy require a higher level of PPE**: these procedures require gowns, gloves, N95 respirator and eye protection.

☐ Step 5. 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 6. Patient Disposition

• **Hospitalized**: Do not discharge hospitalized patient without prior approval from LAC DPH. Continue patient isolation and infection control procedures. Note: Airborne isolation rooms (AIIRs) should be reserved for patients undergoing procedures that are likely to generate respiratory aerosols.

• **Non-hospitalized patients being tested for COVID-19**: Instruct patient to self-isolate. Provide patient with [home isolation instructions](https://www.cdc.gov/vhf/fever/index.html) and advise them to not use public transportation or taxis.
Public Health Laboratory Specimen Collection and Transport for COVID-19 Testing

Please read these instructions carefully as issues with specimens, forms, and labeling can lead to specimen rejection or testing delays. DO NOT collect or send specimens to the Public Health Lab (PHL) until instructed to by DPH.

PHL aims to result tests within 2 business days of receipt of specimen, but delays could occur based on volume and capacity.

**APPROPRIATE TESTS**
- **For all patients**: Collect TWO upper respiratory specimens - one oropharyngeal (OP) swab and one nasal specimen (either nasopharyngeal (NP) swab, nasopharyngeal wash/aspirate or nasal aspirate swab,)
- **For patients with a productive cough**: collect one lower respiratory specimen (sputum, bronchoalveolar lavage or tracheal aspirate) in addition to the upper respiratory specimens.
- Outpatient settings should only collect an NP and an OP swab.

**SPECIMEN COLLECTION**

*Note About NP and OP swabs*
- Use synthetic fiber swabs with plastic shafts such as ones used to collect specimen NP swabs for influenza testing (see figure). Do not use calcium alginate swabs or swabs with wooden shafts.
- Use sterile tubes with at least 1ml of viral transport media
- Each swab must be placed into a separate vial.

- **Oropharyngeal Swab** - Swab the posterior pharynx, avoiding the tongue. Immediately place swab in transport media.
- **Nasopharyngeal (NP) swab** - Insert a swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions. Immediately place swab in transport media.
- **Nasopharyngeal wash/aspirate or nasal aspirate** - Collect 2-3 mL into 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.
- **Bronchoalveolar lavage or tracheal aspirate**: Collect 2-3 mL in a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

**FORMS AND SPECIMEN LABELING**
- Complete a COVID-19 PHL H-3021 Test Requisition form for each specimen.
- Download one of 2 forms on the Health Professionals’ COVID-19 PHL testing webpage:
  - NP swabs for COVID-19 test and Biofire Respiratory panel
  - All other specimens for COVID-19 test
- Test request forms MUST include full patient name, date of birth, medical record number, sex, date/time collected, specimen source, and the hospital or clinic where the specimen was collected.
- The specimen source on the tube MUST match the source on the form.

**SPECIMEN STORAGE AND TRANSPORT**
- Refrigerate specimens at 2-8°C and transport on cold pack, preferably as Category B.
- Ship specimens by courier to: Los Angeles County Public Health Laboratory, Attn: Molecular Epidemiology Unit, 12750 Erickson Avenue, Downey, CA 90242
- Public Health will provide a courier only to facilities with no other alternate means of specimen transport.
- Upon approval by LAC DPH, the PHL will contact your laboratory to discuss specimen transfer. Specimens that arrive at PHL without prior DPH approval may experience significant delays in testing.