



A Tradition of Stewardship
A Commitment to Service

HEALTH & HUMAN SERVICES AGENCY: Public Health Division
Communicable Disease Control
Preventing conditions that challenge health, while protecting and promoting the well being of the entire community

UPDATED 03/14/2020
THIS DOCUMENT MAY CHANGE AS INFORMATION CHANGES ON COVID-19.

GUIDANCE FOR CLINICIANS: Managing Patients who may have Novel Coronavirus (COVID-19) Infection.

The purpose of this checklist is to provide you step-by-step guidance when evaluating patients suspected to have Novel Coronavirus (COVID-19), with the goal of a reduction in the spread of Novel Coronavirus (COVID-19) in the general community, while also allowing for an expeditious investigation with Public Health.

**For questions, please call Napa County Public Health Communicable Disease Control:
(707) 253-4231 Business Hours: 8:00am – 5:00pm Monday through Friday
(707) 204-4359 After Business Hours / Weekends: Ask for On Call Manager**

Step 1: Identify and mask patients presenting with symptoms fo respiratory infection.

- 1a. Healthcare providers should screen for travel history on all patients with potentially infectious disease, especially those with fever and acute respiratory illness. Place visible signage requesting visitors with a fever and recent international travel to notify a hospital staff member.

Step 2: Immediately isolate patient in a single person room with door closed if they meet the PUI criteria explained below.

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever¹ and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). With limited local and state testing capabilities, Napa County Public Health is prioritizing testing critically ill and high-risk individuals and those that work with these populations including:

- Individuals with signs and symptoms compatible with COVID-19 **AND:**
- Hospitalized and significantly ill **AND** no other etiology has been identified **AND** testing will change the clinical management of the patient; **OR**
 - 60 years old and over **AND** has chronic medical conditions and/or is immunocompromised; **OR**
 - Is a healthcare personnel (HCP) with direct contact with patients; **OR**
 - Lives in or works at a long-term care facility; **OR**
 - Is chronically homeless; **OR**
 - Works at a daycare center; **OR**
 - Is an inmate or works at a prison.

For the individuals, who do not meet priority testing criteria, consider the criteria below for commercial lab testing:

- Symptomatic patients who have had close contact with a laboratory-confirmed COVID-19 patient or a history of travel from affected geographic areas within 14 days of symptoms onset.
- Patients with moderate and persistent respiratory illness, fevers and one or more clinical findings of respiratory illness (e.g., cough or shortness of breath) who are outpatient and do not respond to initial therapy and/or who do not have an alternative explanatory diagnosis

We will consider other PUIs not fitting the above criterias on a case-by-case basis.

¹ Fever may be subjective or confirmed

Step 3: Implement infection control procedures for healthcare workers.

For standard patient care and evaluation WITHOUT performing aerosol generating procedures, utilize a single-person room AND:

- 3a. Standard precautions,
- 3b. Contact precautions (gloves, gown),
- 3c. Droplet precautions (surgical mask), and
- 3d. Eye protection

When performing an aerosol generating procedure,* utilize Airborne Infection Isolation Rooms (AIIRs) AND:

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

*Aerosol generating procedures are defined as procedures believed to generate aerosols and droplets. Examples include: positive pressure ventilation (BiPAP and CPAP), endotracheal intubation, airway suction, high frequency oscillatory ventilation, tracheostomy, chest physiotherapy, nebulizer treatment, sputum induction, chest compressions, and bronchoscopy.

Step 4: Immediately report the patient to Napa County Public Health.

- 4a. Call (707) 253-4231 from **8:00am – 5:00pm Monday to Friday** and ask to speak to the **Public Health Nurse**. After these business hours and on weekends, call (707) 204-4359 and ask for the on call manager.

Step 5: Collect specimens for laboratory diagnosis (see Specimen Instructions below).

Step 6: Continue medical evaluation and empiric treatment for other causes of respiratory infection or pneumonia as clinically indicated.

- 6a. All patients with suspected COVID-2019 infection should also be tested for common causes of respiratory infection and pneumonia as clinically indicated. **Testing for other respiratory pathogens should not delay specimen collection for COVID-2019 testing.**
- 6b. If other respiratory pathogen is identified (influenza, RSV) but patient still meets criteria in Step 2, COVID-19 must still be ruled out.

Step 7: Prior to discharge, discuss plan of care with Napa County Public Health.

- 7a. Continue patient isolation and infection control procedures as above.

Specimen Collection Instructions

To increase the likelihood of detecting infection, CDC recommends the collection of specimens from each of these 2 categories: (1) lower respiratory and (2) upper respiratory.*

Step 1: Lower respiratory tract

- 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. Refrigerate at 2-8°C. **NOTE: Sputum collection is only for patients with a productive cough. Induction of sputum is not indicated.**

-OR-

- Bronchoalveolar lavage, tracheal aspirate, or pleural fluid:** 2-3 mL in a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate at 2-8°C.

□ Step 2: Upper respiratory tract*

- **Nasopharyngeal swab:** *CDC is now recommending collecting **ONLY** the NP swab. Use a synthetic fiber swab with plastic shaft. This is the same testing material for Influenza Specimen Collection. **Do not use calcium alginate swabs or swabs with wooden shafts.**
 - Nasopharyngeal: insert swab into nostril parallel to the palate, leave swab in place for a few seconds to absorb secretions. Swab both nasopharyngeal areas with the same swab.
 - Place the swab into a sterile tube with 2-3 ml of viral transport media. Refrigerate at 2-8°C.



Note: If specimens cannot be collected at the healthcare facility, do not refer the patient to another facility to obtain specimens. Instead, notify Public Health immediately. Public Health will provide guidance about specimen transport.

For biosafety reasons, it is not recommended to perform viral isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens from a person under investigation for COVID-19.

See CDC Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with COVID-19: <https://www.cdc.gov/coronavirus/2019-nCoV/lab-biosafety-guidelines.html>