

### MINIMIZE POTENTIAL EXPOSURE

- Post signage instructing patients about proper respiratory hygiene (including use of masks for those with respiratory symptoms), cough etiquette and hand hygiene.
- Ask patients with a fever and/or respiratory symptoms to notify triage staff of **any** recent travel to areas experiencing ongoing COVID-19 transmission.
- Patients with respiratory symptoms should be asked to wear a mask, practice proper cough etiquette and hand hygiene, and be separated from other patients by at least 6 feet in a well-ventilated space, if possible.
- Implement triage procedures to quickly identify patients with fever and/or respiratory symptoms and potential exposure to COVID-19 (e.g., due to travel or contact with a confirmed case).

### IDENTIFY SUSPECTED CASES

- Obtain detailed travel history on ALL patients being evaluated for fever and acute respiratory illness, including dates of travel.
- Assess whether the patient had any known contact with a laboratory-confirmed COVID-19 case, including date(s) of exposure.
- Collect detailed information on fever and lower respiratory symptoms, including onset dates:
  - Fever onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Highest-measured temperature: \_\_\_\_\_
  - Lower respiratory symptoms:
    - Cough: Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_
    - Shortness of breath: Onset date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Providers may request testing through commercial laboratories. Providers may also make clinical diagnoses, which are also immediately reportable to ISDH.

### INSTITUTE APPROPRIATE INFECTION PREVENTION MEASURES

- Place patients suspected of having COVID-19 in a **single patient room with the door closed**. Airborne infection isolation rooms (AIIRs) should be reserved for patients undergoing aerosol-generating procedures.
- Healthcare providers should use **standard, contact and airborne precautions** (N95 respirator or PAPR), including eye protection (e.g., goggles or face shield), when caring for patients suspected of having COVID-19.
- Based on local supply of N95 or other appropriate respirators, facemasks are an acceptable alternative when supplies of respirators are insufficient. In these situations, respirators should be prioritized for procedures that are likely to generate respiratory aerosols. Providers should return to the use of respirators when sufficient supplies are restored.

### REPORT SUSPECTED COVID-19 CASES TO PUBLIC HEALTH AND INFECTION CONTROL

- Patients suspected of having COVID-19 should be **immediately** reported to ISDH 24/7 at 877-826-0011. Positive COVID-19 results from tests performed at commercial laboratories should also be reported immediately.
- Your local health department should also be notified at \_\_\_\_\_.
- Suspected cases of COVID-19 should also be reported to your facility's infection control personnel.

### COLLECT APPROPRIATE SPECIMENS

If COVID-19 testing is authorized by ISDH, collect the following specimens:

- Upper respiratory:** Nasopharyngeal swabs are recommended for initial diagnostic testing. The CDC also lists nasopharyngeal wash/aspirate or nasal aspirate as potential upper respiratory specimens.
- Lower respiratory (if available):** Collect sputum for patients with productive cough; the induction of sputum is not recommended. For patients for whom it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage should be collected.

Providers requesting testing through commercial laboratories should contact those laboratories regarding appropriate specimen submission requirements.

When collecting specimens, potential aerosol-generating procedures should be performed in an AIIR, if possible. Also perform any other clinically indicated respiratory and other diagnostic tests (e.g., influenza, rapid strep, pneumonia or respiratory disease panel, *Legionella*, etc.).

### CONTINUE APPROPRIATE MEDICAL MANAGEMENT OF THE PATIENT

- Continue medical evaluation and empiric treatment of the patient as clinically indicated.
  - Symptomatic and supportive treatment
  - Steroids are not recommended
  - Anti-viral treatment is in testing but not recommended currently for treatment or prophylaxis
  - Patients at risk for severe illness based on current reports are older with comorbidities or immunocompromised
- If the patient meets criteria as a COVID-19 PUI or is determined to be a confirmed case, consult ISDH regarding patient disposition.
  - Patients clinically requiring hospitalization should be hospitalized using appropriate transmission-based precautions (see infection prevention measures above).
  - For patients not clinically requiring hospitalization, factors to consider when evaluating the suitability of home care include:
    - Patient's clinical condition
    - Availability of appropriate caregivers
    - Physical spaces to allow for self-isolation within the home
    - Access to appropriate personal protective equipment (PPE) for caregivers (gloves and facemask)
    - Patient's and caregivers' ability to adhere to recommended precautions (e.g., self-isolation, respiratory hygiene, cough etiquette and hand hygiene)
    - Presence of high-risk persons in the home (e.g., people older than 60 years of age, pregnant women, people with immunocompromising or other chronic health conditions).
  - Educate patients and their care takers:
    - On proper home precautions including hand hygiene, cough etiquette and appropriate social distancing
    - On proper symptomatic and supportive care including fluids and antipyretics
    - On when to return to see a primary care clinician or an emergency department
    - It has been reported that patients do not develop worsening symptoms until around day 8 after onset of illness
    - To call ahead, if possible, to the healthcare facility to let them know they are returning
- Maintain appropriate transmission-based precautions for hospitalized patients until public health authorities, in consultation with the clinical care team, determine that precautions can be discontinued.