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 Subject: Checklist for evaluating persons with respiratory symptoms for COVID-19 (3/13/2020)
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Checklist for evaluating persons with respiratory symptoms for COVID-19 (3/13/2020)

- This document is a tool for clinicians and is not required for specimen submission.
- Obtain a detailed travel history on ALL patients being evaluated for fever and acute respiratory illness.
- Use the checklist below to assess for COVID-19 and determine COVID-19 testing priority.
- Consider use of commercial laboratories for COVID-19 testing, especially for standard priority specimens.
- Immediately place a mask on any patient presenting with symptoms of a respiratory illness.

Assessment Criteria	Ye s	N o	Comments
A) Did/Does the patient have a fever? Fever may be subjective or objective. Fever may not be present in some patients.			Date of fever onset: ____/____/____
B) Does the patient have symptoms of acute lower respiratory illness (e.g. cough or difficulty breathing)?			<input type="checkbox"/> Cough <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Other Date of symptom onset: ____/____/____
C) Does the patient require hospitalization for severe respiratory illness (e.g., pneumonia)?			Is there radiographic evidence of pneumonia?
D) Has the patient tested <u>negative</u> for i. influenza ii. pathogens on respiratory panel			Although co-infections are possible, they are more likely to occur after onset of COVID-19.

E) In the 14 days before symptom onset, did the patient: i. Have close contact¹ with a lab-confirmed COVID-19 patient?		Nature of contact: <input type="checkbox"/> Family/Household <input type="checkbox"/> Coworker <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____
ii. Travel in an affected geographic areas? (Listed at https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html)		Dates in affected area: ____/____/____ to ____/____/____ Location: _____ ____
F) Is the patient a health care worker?		
G) Is the patient a resident of a long-term care facility?		
Suspect COVID-19 if: You answered YES to <ul style="list-style-type: none"> • (A or B) and (Ei, Eii, or F); OR • (A or B) and (Di and G) • C and (Di or Dii); OR There is clinical suspicion for COVID-19		

Specimens from these patients are high priority.

If COVID-19 is suspected, IMMEDIATELY:

- **Ensure that the patient is masked and isolated** in a private room with the door closed AND
- **Ensure that healthcare personnel entering the room use standard, contact, AND airborne precautions (or as recommended by your health facility), INCLUDING eye protection** (e.g., goggles or face shield that covers the front and sides of the face).
- **Notify your healthcare facility’s infection control personnel.**

- For COVID-19 testing of high priority specimens at the Idaho Bureau of Laboratories (IBL), call your public health district (208-478-6303) or the Division of Public Health Epidemiology Section (208-334-5939) with the above information. For testing at IBL, oropharyngeal and nasopharyngeal swabs can be combined at the time of collection into the same vial. Contact IBL at 208-334-2235 for instructions on specimen collection and submission.
- Specimens may be submitted to commercial laboratories for testing without prior public health consultation. Refer to the commercial laboratory for guidance on specimen collection and submission procedures.

¹Close contact is defined as:

- a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case – or –
- b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)