

Check List: Managing Patients who may have Novel Coronavirus (2019-nCoV) Infection

1. Identify patients who may have respiratory illness caused by 2019-nCoV.

Triage questions:

- Do you have fever, cough, shortness of breath or difficulty breathing?
- Have you traveled to China OR had close contact* with a person known to have 2019-nCoV in the 14 days before your symptoms started?

Visitors who meet these criteria should notify a clinic staff member. Sample signage can be found here: <http://dph.illinois.gov/sites/default/files/Coronavirus%20FINAL.pdf>. Ensure availability of alcohol-based hand rub, facial tissue, and masks in the waiting room area. If possible, chairs should be spaced 3 ft apart.

2. Immediately isolate patients reporting fever (T >100.4 °F or >38 °C), respiratory symptoms (e.g., cough, shortness of breath), and travel to **Hubei Province or Mainland China** within the last 14 days.

- Place surgical mask on patient.
- Place patient in negative pressure airborne isolation room.

3. Implement following infection control procedures for healthcare workers:

- Standard precautions
- Contact precautions (gloves, gown)
- Eye protection (e.g., goggles, face shield)
- Airborne precautions (e.g., N95 mask or PAPR)

4. Immediately contact and report patient to the Chicago Department of Public Health by calling 3-1-1 and asking for the physician on call. Public Health will advise on the next steps. If the patient meets PUI criteria, please complete a PUI form available at <https://www.chicagohan.org/2019-ncov>.

5. Collect specimens for laboratory diagnosis.

a) Currently, 2019-nCoV laboratory confirmation at CDC requires collection of two upper respiratory specimens (NP and OP). Serum testing will only be performed if an upper respiratory specimen returns positive. If high suspicion cases, hospitals can collect specimens from other categories listed below and save them according to routine procedures for that specimen source. In general, specimens should be collected as soon as possible regardless of symptom onset. Consider collecting an additional NP swab for respiratory pathogen testing as well.

- **Upper respiratory (REQUIRED)**
 - **Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab):** Use a synthetic fiber swab with plastic shaft. Do not use calcium alginate swabs or swabs with wooden shafts. Place swab in a sterile tube with 2-3 ml of viral transport media. **Do NOT combine NP/OP swab specimens. Keep swabs in separate viral transport media collection tubes.**
-OR-
 - **Nasopharyngeal wash/aspirate or nasal aspirate:** 2-3 mL in a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.

- **Lower respiratory**
 - **Bronchoalveolar lavage, tracheal aspirate, or pleural fluid:** 2-3 mL in a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
 - OR-
 - **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.
- **Serum**
 - **Children and adults:** Collect 1 tube (5-10 mL) of whole blood in a serum separator tube.
 - **Infant:** A minimum of 1 mL of whole blood is needed for testing pediatric patients. If possible, collect 1 mL in a serum separator tube.

b) Refrigerate specimens at 2-8°C and transport NP/OP (required) and Serum (if available) on cold pack.

c) Complete the IDPH test requisition for *each specimen* collected. The form is available at <http://dph.illinois.gov/sites/default/files/forms/formsohp-labscd-test-requisition.pdf>.

6. Continue medical evaluation and empiric treatment for other common causes of respiratory infection or pneumonia as clinically indicated. Testing for other respiratory pathogens should not delay specimen collection for nCoV-2019 testing.

7. Do not discharge or release patient without prior approval from Public Health.

Continue patient isolation and infection control procedures as above. Monitor the patient room to ensure only essential medical personnel enter and appropriate PPE guidance is followed. Keep a list of those who enter and exit as well as individuals who shared a waiting room with the individual prior to triage to be prepared for infection control notifications if the patient becomes a confirmed case.

More information may be found at <https://www.chicagohan.org/2019-ncov>.

* Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries. For definition for close contact see CDC's [Interim Guidance for Healthcare Professionals](#).