Check List for Outpatient Healthcare Providers:
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. If a surgical mask cannot be tolerated, other practical means of containment should be implemented (e.g., place a blanket loosely over the heads of infants and young children suspected to have nCoV when they are in the waiting room or other common areas).
- Place patient in private room with door closed (ideally negative pressure airborne isolation room) as far away from patients and staff as possible. See CDC's *Interim Healthcare Infection Prevention and Control Recommendations* (https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html).
- If possible, clear your clinic of patients if you have advance notice of the suspect patient's arrival. Meet the patient at a separate entrance with full personal protective equipment (PPE) described below, place a surgical mask on the patient, and room them immediately as above.
- The decision for referral to a higher level of care for testing and management will be made in consultation with CDPH.

3. Implement following infection control procedures for healthcare workers.
- Standard precautions
- Contact precautions (gloves, gown)
- Eye protection (e.g., goggles, face shield, NOTE: glasses are not sufficient for protection)
- Airborne precautions (e.g., N95 mask or PAPR)

4. Immediately contact and report patient to the Chicago Department of Public Health by calling 312-746-SICK (7425) or 3-1-1 and asking for the medical director on call.

When you call the local health department, be prepared to:
- Describe the patient's risk factors and travel history, including contact with sick individuals or time spent in healthcare facilities in areas with ongoing nCoV transmission
- Describe the patient's presenting symptoms, signs, and duration of illness

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When you call CDPH, you can expect:
- Doctor on call will discuss the case and possible recommendations for testing
- Doctor on call will provide consultation on need to transport the individual to a hospital for further workup and testing as above

5. Collect specimens for laboratory diagnosis

a) Currently, 2019-nCoV laboratory confirmation at CDC requires collection of two upper respiratory specimens (NP and OP). Consider collecting an additional NP swab for respiratory pathogen testing as well.
- *Upper respiratory*
  - **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.**
- *Serum* (optional)
  - **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 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 use the examination room immediately after the possibly infectious patient leaves. Only use the room after enough time has elapsed to remove potentially infectious particles. Currently, information is lacking to definitively determine a recommended duration. The duration a room should remain empty after a PUI vacates it depends on the Air Changes per Hour (ACH) of that particular room (e.g. an airborne isolation room with 12 ACH would require 35 minutes for 99.9% removal efficiency of airborne contaminants (Table 1 and Table 2. https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm). If information on ACH is not available or unknown, out of an abundance of caution, a duration of two hours is reasonable. Disinfectant guidance can be found at https://www.chicagohan.org/2019-ncov.

8. Do not discharge, transfer, or release patient without prior approval from Public Health.
Consult CDPH by calling 312-746-SICK (7425) or 311 after hours to reach the physician on call. Continue patient isolation and infection control procedures as above.

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.

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