Flowchart to Identify and Assess 2019 Novel Coronavirus

(Staff person stationed outside of MMV greets and screens clients before they enter the van.)

A. Identify Potential Exposure
   if in the past 14 days since first onset of symptoms a history of either
   - Travel to areas identified by the CDC
   - Close contact with a person with confirmed COVID-19 illness

B. Identify Symptoms
   Fever, cough or shortness of breath
   (new or worsening symptoms in the past 14 days)

If person reports both (A) Exposure and (B) Symptoms

Mask (Isolate if appropriate)
1. Ask patient to wear a facemask
2. Ask patient to wait outside the MMV and at least 6 feet away from others (staff and other patients)
3. Complete warm handoff to a nurse or a clinician
4. Initiate Special Droplet/Contact Precautions (see page 2), wear appropriate PPE, and escort the patient to the portable screening area with privacy screen in place

Nurse or Clinician Screening & Triage
1. Complete screening questions and assess symptom severity (Epic dot phrase: .KINGCOVID19ASSESSMENT)
   a. For mild or moderate symptoms*, counsel on:
      i. Appropriate Patient Education Materials (see pg. 2) adapted for individuals experiencing homelessness
      ii. Monitoring symptoms carefully, and
      iii. Contacting PCP or MMV nurse if symptoms worsen. Provide PCP referrals as needed.
   b. For severe symptoms, advise the patient to seek emergency care immediately
2. Call Public Health (Novel Coronavirus Call Center: 206-477-3977) if you have questions or if the patient is: 
   - 207-Healthcare worker or public safety worker, or
   - 208-Involved in school or institutional outbreaks
3. Once the patient leaves, follow environmental cleaning and disinfection procedure (see page 2)

If person reports only (B) Symptoms

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2. Conclude the visit by providing patient education and precautions of when to follow up with PCP or MMV team. If patient does not have a PCP, advise the patient to call Community Health Access Program (CHAP): 800-756-5437. *(Instruct the patient to call first before coming in)*

*Older patients (over the age of 60) and individuals who have underlying medical conditions or are pregnant should contact their healthcare provider early in the course of even mild illness.
COVID-19 Healthcare Provider Resources & Recommendations (WA State DOH)

Special Droplet/Contact Precautions (in addition to Standard Precautions):
When initiating special droplet/contact precautions, remember to post signage on the isolation room. Approved signage and PPE donning and doffing procedures can be found here:
https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/SpecialDropletContactPrecautionsSign.pdf

Personal Protective Equipment (PPE) Guidance:
Must adhere to PPE for Special Droplet/Contact Precautions (in addition to Standard Precautions):
- Facemask or N-95 respirator, gown, gloves, and eye protection (face shield or goggles)
- Facemask or N-95 respirator use instructions:
  - When providing general health care, including direct patient care to COVID-19 patients, that does not involve performing aerosol-generating procedures, wear medical or surgical mask
  - When performing aerosol-generating procedures, must wear NIOSH-approved fit-tested N-95 respirator or higher, such as a powered air-purifying respirator (PAPR)
  - When collecting diagnostic respiratory specimens (e.g., nasopharyngeal or oropharyngeal swab) from a possible COVID-19 patient, wear an N-95 or higher-level respirator (or medical/surgical mask if a respirator is not available) – (Special Droplet/Contact Precautions can be used)
- See above signage link for PPE donning and doffing procedures

Environmental Cleaning and Disinfection Procedure:
Routine cleaning and disinfection procedures are appropriate for COVID-19 (see table below).

Once the patient with suspected COVID-19 leaves, the exam room:
1) Should remain vacant for up to two hours before anyone enters if aerosol-generating procedure was performed and Airborne Precautions were used.* (*Note: adequate wait time may vary depending on the ventilation rate of the room and should be determined accordingly: clearance rates under differing ventilation conditions. If the exam room was used for collecting respiratory specimens (e.g., nasopharyngeal or oropharyngeal swab) and not for performing aerosol-generating procedures, it does not need to be kept vacant.
2) Should be cleaned as described below

<table>
<thead>
<tr>
<th>Product Name</th>
<th>When/where to Use</th>
<th>Do Not Use</th>
<th>PPE</th>
<th>Caution</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sani Cloth Plus (red top) or Sani Cloth AF3 (gray top) or DisCide (Dental Clinic use)</td>
<td>For disinfection of shared computer keyboards, telephones, desks, and exam room surfaces between patients.</td>
<td>DO NOT USE TO CLEAN SKIN</td>
<td>Must use COVID-19 PPE guidance above</td>
<td>Do not get on skin or clothing. Avoid eye contact.</td>
<td>Included on EPA lists for Tuberculosis, HIV/Hepatitis A &amp; B, MRSA, norovirus, and COVID-19</td>
</tr>
</tbody>
</table>

WA State DOH COVID-19 Testing Guidance for Healthcare Providers:

Patient Education Materials:
1. Patients with confirmed or suspected COVID-19
2. Patients who were potentially exposed to a confirmed COVID-19 case
3. Patients with COVID-19 symptoms without known exposure
4. Public Health – Seattle & King County: kingcounty.gov/COVID and Novel Coronavirus Factsheet