Primary Care – IN-PERSON VISIT

Flowchart to Identify and Assess 2019 Novel Coronavirus

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

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
   - OR
   - 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)

1. Ask patient to wear a facemask
2. Ask patient to wait at least 6 feet away from others (staff and other patients)
3. Complete warm handoff to triage nurse or nursing supervisor
4. Nurse initiates Special Droplet/Contact Precautions (see page 2), wears appropriate PPE, and escorts patient to an isolation room (keep >6 feet away from patient)

If person reports only (B) Symptoms

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 at least 6 feet away from others (staff and other patients)
3. Complete warm handoff to triage nurse or nursing supervisor
4. Nurse initiates Special Droplet/Contact Precautions (see page 2), wears appropriate PPE, and escorts patient to an isolation room (keep >6 feet away from patient)

5. 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 page 2) and home care,
      ii. Monitoring symptoms carefully, and
      iii. Contacting PCP if symptoms worsen. Provide PCP referrals as needed.
   b. For severe symptoms, advise the patient to seek emergency care immediately
2. Consult clinician if nursing assessment indicates a need for further clinical evaluation
3. 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
4. Once the patient leaves, follow environmental cleaning and disinfection procedure (see page 2)

6. Consult clinician if nursing assessment indicates a need for further clinical evaluation
7. Conclude the visit by providing patient education and precautions of when to follow up with PCP. If patient does not have a PCP, advise the patient to call Community Health Access Program: 800-756-5437. (Instruct the patient to call first before visiting a clinic in person)

*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)**


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**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, which requires Airborne Precautions. (*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

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**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
### Flowchart to Identify and Assess 2019 Novel Coronavirus

Please attempt to call patients PRIOR TO VISIT and assess the following:

#### Identify Potential Exposure

<table>
<thead>
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<th>A.</th>
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#### 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**

1. Admin Staff Refers to Nurse
   - Obtains patient’s contact information (name, phone number, address) and date of birth
   - Staff member provides a warm handoff to a triage nurse or nursing supervisor, do not hang up

2. Nurse Screening & Triage
   - Complete screening questions and assess symptom severity *(Epic dot phrase: .KINGCOVIDSCREENING)*
     a. For mild or moderate symptoms*, counsel on:
        i. Appropriate Patient Education Materials (see page 2) and home care,
        ii. Monitoring symptoms carefully, and
        iii. Contacting PCP if symptoms worsen. Provide PCP referrals as needed.
     b. For severe symptoms, advise the patient to seek emergency care immediately
   - Consult clinician if nursing assessment indicates a need for further clinical evaluation
   - Call Public Health *(Novel Coronavirus Call Center: 206-477-3977)* if you have questions or if the patient is:
     a. Healthcare worker or public safety worker, or
     b. Involved in school or institutional outbreaks
   - Conclude phone call with providing patient education and precautions of when to follow up with PCP. If patient doesn’t have a PCP, advise the patient to call Community Health Access Program: 800-756-5437. *(Instruct the patient to call first before visiting a clinic in person)*

**If person reports only (B) Symptoms**

1. Admin Staff Refers to Nurse
   - Obtain patient’s contact information (name, phone number, address) and date of birth
   - Staff member provides a warm handoff to a triage nurse or nursing supervisor, do not hang up

2. Nurse Screening & Triage
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