

Novel Coronavirus (COVID-19) Provider Checklist

Last Updated: March 2, 2020

To assure protection of healthcare workers and rapid identification of suspect cases of COVID-19, the Santa Barbara County Public Health Department (PHD) is advising all providers to take the following actions to screen, report, and test for Novel Coronavirus- COVID-19 infection:

Step 1: Ensure facility is prepared for COVID-19

- Review and implement measures in [CDPH Healthcare Facility Preparedness Checklist](#)
- Hospitals: Review and implement measures in: [CDC Hospital Preparedness Tool](#)
- Review and implement [CDC Healthcare Infection Control Guidance](#)

Step 2: Identify patients who may have respiratory illness caused by COVID-19

- Place updated signage with new travel areas indicated on [CDC PUI webpage](#) and implement a thorough travel history and screening at triage.
- Place surgical mask on all patients that present with respiratory symptoms.

Step 3: Does the patient meet criteria for evaluation as a Person Under Investigation (PUI) for COVID-19?

- Screen all patients with respiratory symptoms for travel to/transit mainland China, or contact with suspect case of COVID-19 using PUI criteria below or on CDC [webpage](#). (Updated 2/27/20)

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including healthcare workers ² , who has had close contact ³ with a laboratory-confirmed ⁴ COVI-19 patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization.	AND	A history of travel from affected geographic areas ⁵ (China, Iran, Italy, Japan, South Korea) within 14 days of symptom onset
Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza) ⁶	AND	No source of exposure has been identified

The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis. For severely ill individuals, testing can be considered when exposure history is equivocal (e.g., uncertain travel or exposure, or no known exposure, or no known exposure) and another etiology has not been identified.

¹⁻³ Refer to the [CDC Evaluating and Reporting Persons Under Investigation \(PUI\)](#) for definitions of fever, hospitalization, close contact, and laboratory-confirmed.

⁴ Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

⁵ Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all [COVID-19 Travel Health Notices](#).

⁶ Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered.

IF NO then STOP here and continue evaluation for alternative diagnoses as clinically indicated.

IF YES and patient meets PUI criteria then immediately isolate patient, if not already isolated:

- Place symptomatic patients with a positive travel history in an airborne isolation room, or private room with a closed door if an airborne isolate room is unavailable. Smaller facilities may want to ask suspect patient to wait in a car or outside, if possible, until PHD is called.

Step 4: Implement following infection control procedures for healthcare workers:

- NIOSH- approved respirators such as an N-95 respiratory or Positive Air Purifying Respirator (PAPR)
- Eye protection: face shield or goggles
- Gowns
- Gloves
- Healthcare workers should follow CDC PPE guidance for 2019-nCoV, including contact, airborne, and eye protection precautions <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html> (Updated February 21, 2020)

Step 5: Immediately contact and report the patient to the Santa Barbara County Public Health Department Disease Control Program

- Call 24/7 at 805-681-5280 to report patient**
- On call staff and health officer will advise of the next steps

Step 6: If requested by PHD- Collect specimens for laboratory diagnosis

- The PHD will work with CDPH Viral and Rickettsial Disease Laboratory (VRDL) and the CDC to determine if patient meets criteria and will coordinate testing with the healthcare providers.
- Review procedures for collection of laboratory specimens for 2019-nCoV testing and laboratory biosafety guidelines <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html> (Updated February 14, 2020)
- If testing is required, lower respiratory, upper respiratory, and serum specimens will need to be collected and refrigerated. Please call 805-681-5280 (24/7) to have transport to Public Health Lab expedited.

Step 7: Continue medical evaluation and empiric treatment for other causes of respiratory infection or pneumonia as clinically indicated.

All patients with suspected nCoV-2019 infection may also be tested for common causes of respiratory infection and pneumonia as clinically indicated. Testing for other respiratory pathogens should not delay specimen collection for nCoV-2019 testing.

Guidance & Resources:

- Santa Barbara County Public Health Department- [Novel Coronavirus 2019](#)
- [CDC Information for Healthcare Professionals](#)
- [CDC Healthcare Personnel with Potential Exposure Guidance \(Added February 8, 2020\)](#)
- [Cal/OSHA Interim Guidance for Protecting Health Care Workers](#)

[Sign Up for Santa Barbara County Public Health Provider Alerts](#)