

3/13/20

From: Peter Davidson, MD

CDPHO is sharing the following from Partners regarding guidance for patients with suspected Viral Respiratory Illness.

Subject: RE: COVID-19 Update

Dear Colleagues,

The following clinical treatment guidelines have been developed by our Partners Infectious Disease and Infection Control experts and are based on the most recent CDC recommendations. Please review them carefully and use them as guidelines for the evaluation and treatment of your patients. As the situation changes, the PCPO will update you promptly. Thank you for your efforts and dedication. _____ Terry

Partners Infection Control Guidance for Patients with Suspected Viral Respiratory Illness,

Including Suspect or Confirmed COVID-19 in Ambulatory Locations

Approved: 3/12/2020

Background: The following guidance on implementation of identification and isolation of patients presenting with suspected viral respiratory illness. This guidance will be updated as appropriate.

Definition of Viral Respiratory Illness: Viral respiratory illness includes all patients with **fever** or **sore throat** or **new cough or rhinorrhea**, or **shortness of breath** potentially attributable to viral infection.

Ambulatory Settings (including Urgent Care)

- 1. Identification of Patients with Suspected Viral Respiratory Illness**

- a. **Screen patients telephonically** for 1) fever, sore throat, new cough, rhinorrhea, or shortness of breath before arrival, and 2) contact with person with confirmed COVID-19 within the preceding 14 days.
 - i. **If screen positive defer in-person visits and manage remotely if clinically appropriate**
 - b. If symptomatic and in-person evaluation required for person with respiratory symptoms, ask patient to put on a mask upon arrival to facility.
 - c. **Patients with suspected or confirmed COVID-19 should be evaluated at an associated facility in dedicated evaluation areas.**
2. **Protecting front desk personnel.** Any of the following 3 options should provide adequate protection:
- a. Erect a transparent barrier between patients and front desk personnel, *or*
 - b. Place physical barriers (e.g., table) to keep patients at least 6 feet apart from front desk personnel, *or*
 - c. Develop a workflow wherein patients will spend no more than 2 minutes face-to-face with front desk personnel.
3. **Immediate steps for patients identified with symptoms consistent with a Viral Respiratory Illness.**
- a. Have the patient don a mask immediately if not already wearing one
 - b. Ensure that patient remains masked while in the clinic.
 - c. Limit the number of clinic staff in contact with patient
 - d. Room immediately and keep the door closed. If not possible to room immediately, seat patients at least 6 feet apart, with physical barriers between patients if possible.
 - e. Provider Personal Protective Equipment.
 - i. For patients identified with viral respiratory illness, implement Contact + Droplet Isolation (including eye protection). This includes provider **gowns, gloves, a surgical mask, and goggles or face shield.**
 - ii. Patient must keep mask on throughout the encounter as much as feasible
 - iii. Negative pressure not required
 - iv. Limitations on use of Nebulizers

1. Consider inhalers or spacers if possible
 2. If nebulizer treatment is needed, preferentially perform in Airborne Infection Isolation Room (AIIR, “negative pressure”)
 - a. If an AAIR is not available, perform in room with the door closed. Providers must wear gown, gloves, N95 or PAPR, and eye protection.
 3. Wipe down all high touch surfaces immediately after the procedure
 4. Door to remain closed during and for one hour following completion of the procedure if non AAIR; if AAIR duration of closure depends on **number of air exchanges per hour**.
- v. Limitations on influenza testing and throat swabs in the ambulatory setting.
1. **It is not possible to differentiate between influenza and COVID19 on the basis of symptoms alone. We therefore recommend treating all patients with respiratory viral syndromes as if they might have COVID19.**
 2. Obtaining NP or OP swabs in this context requires a higher level of PPE (fit-tested **N95 mask** or PAPR, eye protection, gloves, and gown; negative pressure not required) as well as rigorous training on the safe removal of PPE.
 3. We therefore **recommend against obtaining NP and OP swabs in the outpatient setting unless a formal system is in place for safe testing (appropriate PPE, training, and monitoring as above).**
 4. Empiric treatment recommendations
 - a. **We recommend treating influenza empirically in vulnerable patients or referring patients for combined influenza/COVID19 testing to centralized testing facilities.**
 - b. We recommend treating group A strep empirically in patients who meet the Centor Criteria.

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