

2019 Novel Coronavirus (COVID-19) Fact Sheet for Healthcare Facilities

Updated: 2/27/2020

Patient Screening

All Iowa healthcare facilities should implement screening procedures before or at patient check-in. The IDPH suggested screening questions have been updated to reflect new CDC guidance.

Suggested screening questions:

1. Do you have a fever or respiratory symptoms (e.g., cough or difficulty breathing)?
2. Did you travel from an affected geographic area* within 14 days of getting sick?
3. Did you have close contact with a person laboratory confirmed to be infected with COVID-19 within 14 days of getting sick?

*affected geographic areas currently include China, Iran, Italy, Japan, South Korea (as of 02/27/20)

If the answer to at least two of the three screening questions is yes,

- If screening was conducted before the patient presented for care, direct the patient to don a surgical mask and enter the facility through a private entrance (if possible).
- If the screening was conducted at patient check-in, direct the patient to don a surgical mask and do not allow the patient to sit in the waiting room.
 - Immediately direct the patient to an exam room or another well-ventilated area that allows patients to be separated by 6+ feet

Patient Assessment

The healthcare provider should assess the patient (using Standard, Contact & Airborne Precautions, including use of eye protection) in a private room with the door closed, ideally an airborne infection isolation room.

The healthcare provider should specifically use the following personal protective equipment when assessing the patient:

- Respirator- fit tested N-95 or PAPR
- Gowns
- Gloves
- Eye Protection- Goggles or Faceshield

During the assessment, please collect the following information:

1. Respiratory symptoms
2. Vital signs including measured or subjective fever
3. Date of illness onset
4. Location and date of travel from affected geographic area
5. Description of any contact with patients confirmed to be infected with COVID-19

If symptoms are present and travel/exposure history is reaffirmed, please contact the Iowa Department of Public Health who will provide guidance on whether testing is needed. **During business hours call 800-362-2736 or after hours call 515-323-4360 (ask State Patrol to page the epi on call).**

Patient Testing Criteria

Testing will be approved if at least one of the following criteria are met:

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers ² , who has had close contact ³ with a laboratory-confirmed ⁴ COVID-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 within 14 days of symptom onset
Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization ⁴ and without alternative explanatory diagnosis (e.g., influenza) ⁵	AND	No source of exposure has been identified

¹Fever may be subjective or confirmed

²For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation

³Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

Patient Specimen Collection Guidance

Safety Note

Utilize standard precautions when processing clinical samples from potentially infectious patients. Sample processing should be performed in at least a Class II biological safety cabinet following a minimum of biosafety level 2 guidelines.

- Laboratory workers should wear appropriate personal protective equipment (PPE) which includes disposable gloves, laboratory coat/gown and eye protection when handling potentially infectious specimens.

Specimen Type

Nasopharyngeal (NP) swab **AND** oropharyngeal (OP) swab specimens should be submitted on all persons being tested. Sputum samples are requested for PUIs with productive cough. Do not induce sputum collection.

Specimen Collection and Storage

Swab specimens should be collected using only swabs with a synthetic tip (e.g., polyester, Dacron®) and an aluminum or plastic shaft. **Each swab should be placed into a separate viral transport medium tube.** Each patient to be tested should have a minimum of 2 samples (One NP swab and one OP swab)

in separate containers). Examples of acceptable transport medium are shown. Refrigerate all specimens promptly after collection.

Specimen Labeling and Documentation

All specimens must be labeled with 2 patient identifiers such as name, date of birth, or unique facility identifier and must match the information on the test request form.

Specimen Packaging

The public health courier will be traveling to your facility to pick up the specimens. Place each specimen into a biohazard bag with absorbent material and place completed test request form in the outer envelope. Identify the specimens as refrigerated specimens so that the courier will keep the specimens cold during transport.

Environmental Cleaning

1. Routine cleaning and disinfection procedures are appropriate for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
 - Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
2. Leave the room out of circulation for 2 hours.

