COVID-19 FAQs: Clinical Care and Management

NOTE: This FAQ is adapted from a document provided by Atrium Health in Charlotte, NC. Check with your health system to see if they have differing/additional advice for health care professionals in your system and geographic area.

Q: How likely is COVID-19 to affect our patients? A: Most geographic areas of the US are thought to be low risk for significant spread of this new infection at this time, however the situation is rapidly evolving. Recommendations may change over time as we learn more.

Q: Is my patient likely to have COVID-19? A: If your patient doesn't have risk factors such as travel to China, South Korea, Italy, Japan, Iran or known exposure to a case of COVID-19 it is unlikely that they have this infection. Flu and other respiratory viruses are much more common in right now when we are in the height of flu season. Please make sure if a patient presents with fever and respiratory symptoms you send a “regular” respiratory pathogen panel to detect the more likely causes of respiratory symptoms in our area such as flu and RSV.

Q: Do all patients being ruled out for COVID-19 need to be admitted to the hospital? A: No, certain patients may be candidates for testing at site of presentation and discharge home if the home setting is appropriate and are deemed able to understand and adhere to home isolation. CDC has guidance for patients with risk factors who are discharged home available in English and Chinese at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html.

Q: My patient had a respiratory pathogen panel (RPP) come back positive for coronavirus, do I need to be worried? A: No, the coronaviruses tested for on our RPP are different from the novel coronavirus causing worldwide concern currently. There are many different types of coronaviruses that cause the common cold we see regularly every year. Patients with coronaviruses detected on our RPP should be managed on droplet and contact precautions similar to other seasonal respiratory viruses but no additional measures are needed. COVID-19 testing currently is only available thru the CDC/State Health Department with prior approval.

Q: How can I protect myself from being exposed to COVID-19 at work? A: Identify patients at risk by screening for travel and symptoms as early as possible, isolate promptly and contact your institution’s Infection Prevention team immediately for next steps. Prompt identification of at-risk patients and prompt isolation are essential to protect yourself.

Q: What do we need to do to best manage the waiting areas in the event a patient has this and doesn’t know it? A: When layout of your area allows, separation and prompt rooming of patients complaining of fever and respiratory symptoms is prudent, when possible. If a case of COVID-19 is confirmed, your Infection Prevention team will work with the unit or clinic staff to develop a list of potentially exposed patients and work with health department to follow up. Whenever possible, consider encouraging use of nontraditional paths for medical care such as e-visits and virtual visits to minimize waiting room congestion and potential transmission.

Q: I am seeing a patient with fever and respiratory symptoms who reports travel to China, Japan, South Korea, Iran or Italy in the past two weeks, what should I do? A: Place a mask on the patient and escort them to a negative pressure room if available. If a negative pressure room is not available place in any private room with the door closed. Start a log of healthcare workers going into and out of the room and implement SPECIAL isolation precautions (gowns, gloves, eye protection and respiratory protection). Contact your Infection Prevention team immediately to ask about next steps.
Q: What about visitors accompanying a patient under investigation for COVID-19 in ED/Urgent Care setting? A: Screen accompanying visitors for fever or respiratory symptoms. Place mask on visitors and place visitor in room with patient. Ask visitor to keep three to six-foot distance from patient where possible while being evaluated.

Q: Are visitors allowed for my hospitalized patient with suspected or confirmed COVID-19? A: Visitation should be restricted unless extreme extenuating circumstances and/or at discretion of Hospital Epidemiologist if alternate diagnosis deemed more likely. Consider alternative mechanisms for patient and visitor interactions such as video-call applications or tablets. If visitation is allowed, visitors should be educated on hand hygiene, use of PPE, respiratory etiquette and restriction of movement outside of patient room while in the facility. Visitor room entry and exit should be monitored and logged, and the visitor should be screened for fever or respiratory symptoms prior to visit. Many hospitals have put specific visitor restrictions in place during this time.

Q: What type of isolation is needed for a patient with suspected or confirmed COVID-19? A: Special precautions should be implemented. Where possible a patient should be placed in a negative pressure room. If a negative pressure room is not available, place in private room with the door closed. Healthcare workers who enter should wear an appropriately fit, tested N95/PAPR (or equivalent respiratory protection) OR a surgical mask, gown, gloves and eye protection. N95/PAPR should always be used during high risk interactions and for severely ill individuals requiring hospitalization. High risk interactions include aerosolizing procedures such as intubation, bronchoscopy, suctioning. If the healthcare worker is wearing a surgical mask, patient should continue to wear a surgical mask as well to contain any secretions.

Q: My patient in the ambulatory/urgent care setting has fever and respiratory symptoms and is asking to be tested for COVID-19 but does not have recent travel to an affected area or exposure to a suspected or known 2019, can I test him or her? A: No, currently only the CDC or state lab can test for COVID-19. If your patient does not have a specific risk factor for COVID-19 (travel or known exposure) and is not otherwise ill enough for hospitalization, they do not need to be tested for COVID-19 at this time.

Q: Which patients in an ambulatory and urgent care setting should be tested for COVID-19? A: If no plan for admission to an acute care hospital or other group settings, patients with known close contact with a case of COVID-19 in the 14 days prior to onset of symptoms should be tested.

Q: My patient is sick enough to be admitted to the hospital, does this change your testing recommendations? A: Yes, if a patient is ill enough to be hospitalized it is recommended that they be tested for COVID-19 if they have any travel to China, South Korea, Japan, Italy, or Iran or known contact with COVID-19 in the 14 days prior to symptom onset.

Q: My patient did not have recent travel but has fever and respiratory symptoms. Would he or she ever be tested for COVID-19? A: Patients with severe lower respiratory illness requiring hospitalization (pneumonia, ARDS) who do NOT have an alternate diagnosis (flu, bacterial pneumonia, etc.), may meet criteria for testing. Please contact infection prevention at 704 337 0018 to discuss on a case by case basis if you have concerns.

Q: I am seeing a patient with travel to a location with sustained transmission in the past 21 days who is presenting for reasons other than fever and/or respiratory symptoms (i.e. GI bleed, HTN urgency, etc.). What precautions do I need to take? A: If patient has concerning travel history it is prudent to promptly room the patient in a negative pressure room if available and don gown, gloves, eye protection and appropriate respiratory protection until you can take a thorough history. If the patient truly has no fever and/or respiratory symptoms upon further evaluation then may be able to deescalate isolation precautions after discussion with Infection Prevention.

Q: What tests should I order if I am concerned for COVID-19? A: Infection prevention will assist with which tests to order if patient meets exposure/high risk criteria. In general, most
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patients will need a respiratory pathogen panel to r/o more likely causes of fever and respiratory symptoms in our area such as influenza, RSV, etc. If CDC/State Health Department approves COVID-19 testing, the patient will need a minimum of a nasopharyngeal swab, an oropharyngeal swab, and serum. In addition, other specimens may be indicated depending on clinical picture (i.e. expectorated sputum, TASP or in some cases BAL). Check with your state health department to see what they will need, such as duplicate samples.

Q: **My patient needs a procedure but is being ruled out for COVID-19, what should I do?**
A: Limit procedures and number of staff who enter the room to those that are medically essential. Discuss with infection prevention prior to procedure whether an additional HEPA filter or other precaution may be necessary for prolonged procedure. If a procedure outside of the room is needed, healthcare provider should wear all PPE (gown, gloves, respiratory protection, eye protection) while assisting the patient into the wheelchair or gurney. Once the patient is situated in the wheelchair or gurney, the healthcare provider should take off their gown, gloves, eye protection and perform hand hygiene if patient status not such that hands on care is needed during transport. The healthcare provider should continue to wear their respiratory protection (N95 if already in place or surgical mask). The receiving healthcare worker and transporter if assisting in transfer at receiving site should perform hand hygiene and don all appropriate PPE (gowns, gloves, respiratory protection, eye protection).

Q: **Do I need to do anything special with medical waste or general waste if we have a patient with suspected or confirmed COVID-19?**
A: Medical waste (trash) coming from healthcare facilities treating COVID-2019 patients is no different than waste coming from facilities without COVID-19 patients. CDC’s guidance states that management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures. There is no evidence to suggest that facility waste needs any additional disinfection.

Q: **What cleaning product should I use if I am taking care of a patient with suspected or confirmed COVID-19?**
A: Oxycide, the disinfectant EVS uses, as well as purple PDI wipes, orange PDI wipes and gray PDI wipes all work for this virus.

Q: **I am a physician/teammate who has been exposed to someone with suspected or confirmed COVID-19. Will I be tested? What happens if I test positive?**
A: The best way to protect yourself is ensure you follow excellent hand hygiene, early identification/isolation of high-risk patients, and use of appropriate personal protective equipment when caring for patients with suspected or confirmed COVID-19. If you have been exposed without appropriate personal protective equipment (including if close contact while patient is masked), you will be furloughed and monitored closely for symptoms. If you develop symptoms, testing would be coordinated in conjunction with the state health department and CDC, as appropriate. If you care for a confirmed patient but have no breaches in use of appropriate PPE, then you will be monitored closely for symptoms but will be allowed to work at this time. These recommendations may change as we learn more. Duration of furlough for confirmed cases of COVID-19 in a healthcare worker will be dealt with on a case by case basis but a minimum of 14 days. Asymptomatic people do not need to be tested. Further guidance on management of teammates exposed to a patient with suspected is available on the CDC website at: