

### MINIMIZE POTENTIAL EXPOSURE

- Post signage instructing patients about proper respiratory hygiene (including use of masks for those with respiratory symptoms), cough etiquette and hand hygiene.
- Ask patients with a fever and/or respiratory symptoms to notify triage staff of **any** recent international travel.
- Patients with respiratory symptoms should be asked to wear a mask, practice proper cough etiquette and hand hygiene, and be separated from other patients by at least 6 feet in a well-ventilated space, if possible.
- Implement triage procedures to quickly identify patients with fever and/or respiratory symptoms and recent international travel.

### IDENTIFY SUSPECTED CASES

- Obtain detailed travel history on ALL patients being evaluated for fever and acute respiratory illness, including:
  - Dates of travel and date of arrival in the United States
- Assess whether the patient had any known contact with a laboratory-confirmed COVID-19 case, including date(s) of exposure.
- Collect detailed information on fever and lower respiratory symptoms, including onset dates:
  - Fever onset date: \_\_\_/\_\_\_/\_\_\_ Highest-measured temperature: \_\_\_\_\_
  - Lower respiratory symptoms:
    - Cough: Onset date \_\_\_/\_\_\_/\_\_\_
    - Shortness of breath: Onset date \_\_\_/\_\_\_/\_\_\_
- Use the CDC's updated criteria on how to identify a person under investigation (PUI) for COVID-19: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>.

In addition to patients meeting CDC's PUI criteria, testing may be considered in consultation with public health authorities for patients with respiratory symptoms and fever who are currently being monitored by the local health department due to recent travel or for severely ill patients when exposure history is unclear and no other etiology has been identified.

### INSTITUTE APPROPRIATE INFECTION PREVENTION MEASURES

- Place patients suspected of having COVID-19 in an **airborne infection isolation room (AIIR)**, if available.
- If no AIIR is available, patients should be isolated in a single patient room with the door closed. Ideally, patients should not be placed in rooms where air is recirculated within the building without HEPA filtration.
- Healthcare providers should use **standard, contact and airborne precautions** (N95 respirator or PAPR), including eye protection (e.g., goggles or face shield), when caring for patients suspected of having COVID-19.

### REPORT SUSPECTED COVID-19 CASES TO PUBLIC HEALTH AND INFECTION CONTROL

- Patients meeting the criteria above should be **immediately** reported to the Indiana State Department of Health (ISDH) at 317-233-7125 during normal business hours (Monday – Friday, 8:15 a.m. to 4:45 p.m. Eastern) or to the ISDH epidemiologist-on-call at 317-233-1325 after hours.
- Your local health department should also be notified at \_\_\_\_\_.
- Suspected cases of COVID-19 should also be reported to your facility's infection control personnel.

### COLLECT APPROPRIATE SPECIMENS (IF AUTHORIZED)

If COVID-19 testing is authorized by ISDH, collect at least one of each of the following specimen types:

- Lower respiratory: bronchoalveolar lavage, tracheal aspirate or sputum (if the patient is producing sputum)
- Upper respiratory: nasopharyngeal (NP) swab AND oropharyngeal swab (OP), nasopharyngeal wash/aspirate or nasal aspirate

When collecting specimens, potential aerosol-generating procedures should be performed in an AIIR, if possible. Also perform any other clinically indicated respiratory and other diagnostic tests (e.g., influenza, rapid strep, pneumonia or respiratory disease panel, *Legionella*, etc.).

### CONTINUE APPROPRIATE MEDICAL MANAGEMENT OF THE PATIENT

- Continue medical evaluation and empiric treatment of the patient as clinically indicated.
  - Symptomatic and supportive treatment
  - Steroids are not recommended
  - Anti-viral treatment is in testing but not recommended currently for treatment or prophylaxis
  - Patients at risk for severe illness based on current reports are older with comorbidities or immunocompromised
- If the patient meets criteria as a COVID-19 PUI or is determined to be a confirmed case, consult ISDH regarding patient disposition.
  - Patients clinically requiring hospitalization should be hospitalized using appropriate transmission-based precautions, including placement in an AIIR and use of standard, contact and airborne precautions (including eye protection).
  - For patients not clinically requiring hospitalization, consult ISDH regarding the suitability of home care **before** discharging the patient. Factors to consider when evaluating the suitability of home care include:
    - Patient's clinical condition
    - Availability of appropriate caregivers
    - Physical spaces to allow for self-isolation within the home
    - Access to appropriate personal protective equipment (PPE) for caregivers (gloves and facemask)
    - Patient's and caregivers' ability to adhere to recommended precautions (e.g., self-isolation, respiratory hygiene, cough etiquette and hand hygiene)
    - Presence of high-risk persons in the home (e.g., people older than 65 years of age, children, pregnant women, people with immunocompromising or other chronic health conditions).
  - Educate patients and their care takers:
    - On proper precautions to take at home including hand hygiene, cough etiquette and appropriate social distancing
    - On proper symptomatic and supportive care including fluids and antipyretics
    - On when to return to see a primary care clinician and when it is appropriate to return to an emergency department
    - It has been reported that patients do not develop worsening symptoms until around day 8 after onset of illness
    - To call ahead, if they are able, to their physician or emergency department to let them know they are returning
- Maintain appropriate transmission-based precautions for hospitalized patients until public health authorities, in consultation with the clinical care team, determine that precautions can be discontinued.