

Guidance for Clinicians

Coronavirus Disease 2019 (COVID-19) Physician Check List: Evaluating Patients Who May Have COVID-19 (the illness caused by SARS-CoV-2)

The purpose of this checklist is to provide step-by-step guidance for evaluating patients who may have COVID-19, with the goal of preventing the spread of infection and expediting an investigation with the Washtenaw County Health Department (WCHD) and testing through the Michigan Department of Health and Human Services (MDHHS).

**Medical providers needing assistance with diagnosis and infection control can call:
Washtenaw County Health Department
734-544-6700 (Mon - Fri 8:30 am - 5:00 pm) or 734-994-2911 (After Hours)**

Step 1. Identify ill patients. Patients with COVID-19 can present with fever, respiratory illness or with atypical symptoms*.

- 1a.** If patients are not masked, give them a mask to wear.
- 1b.** Maintain social distancing of patients in your office. Patient's should be six feet away from one another physically and placed in their own rooms for testing.
- 1c.** Ensure all healthcare workers interacting with the patient don a surgical mask.

* Including Chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorders, or gastrointestinal illness

Step 2. Implement the following infection control procedures for healthcare workers:

- Gloves Eye Protection Respirator (if not available then facemask)
- Gown (if available, if shortage reserve gowns for high risk encounters)

Step 3. Not all respiratory illness is COVID-19, please do not miss opportunities to treat other illness appropriately. When available, rule out other causes of respiratory illness before or at the same time you implement COVID-19 testing.

- 3a.** Collect and run a specimen for rapid influenza test if available.
- 3b.** Collect a specimen for a Respiratory Panel (R-pan) through MLabs.

(www.washtenaw.org/COVID19providers for instructions) to run before or simultaneously with COVID-19 testing.

□ **Step 4. Test for COVID-19 if patient does not appear to have other etiologies.**

The current MDHHS COVID-19 testing prioritization criteria are as follows:

High Priority:

- Hospitalized patients with symptoms
- Any healthcare worker, first responder, or congregate care facility worker with symptoms
- Residents in any congregate care facility, including prisons and shelters, with symptoms

Priority:

- Persons with symptoms of potential COVID-19 infection, including:
 - Cough
 - Shortness of Breath
 - Fever
 - Chills
 - Muscle Pain
 - New Loss of Taste or Smell
 - Vomiting or Diarrhea
 - Sore Throat
- Asymptomatic patients in preparation for surgical procedures, as deemed necessary by the treating clinician
- Asymptomatic people with known exposure to a person with confirmed COVID-19 or symptoms of COVID-19
- Asymptomatic people living or working in a congregate care facility or other high-risk setting (i.e. nursing home, jail, prison, homeless shelter, assisted living facility, etc.) that:
 - Had a confirmed case among residents or workers
 - Is located in a region of medium risk or higher, or
 - Is receiving patients from an area of medium risk or higher
- Asymptomatic people who work in a profession that puts them at high risk of exposure, including:
 - Repeated close contact of prolonged duration with the public
 - Working in a high-risk profession where clusters of infections have been identified (i.e., migrant workers, food processing facilities, etc.)
 - Working in person during a period of strict social distancing (i.e., Stay Home, Stay Safe) or, in areas with some sectors re-opening, having worked in person during the period of strict social distancing
- Persons identified by clinicians or public health officials who can be tested for public health monitoring research purposes (i.e. serology, sentinel testing)
- Testing to increase rates per million per day in communities facing inequity in access (i.e., areas with higher proportion of racial/ethnic minorities, rural communities)

Permissible:

- Persons without symptoms who are prioritized by local health departments or clinicians, for any reason
- Asymptomatic people living or working in a congregate care facility or other high-risk setting (i.e. nursing home, jail, prison, homeless shelter, assisted living facility, etc.) in any region
- Asymptomatic people leaving their home for work

Find information on local testing sites at www.washtenaw.org/COVID19test

Step 5. Collect specimens for laboratory diagnosis while wearing proper PPE in step 2.

Collect and freeze one upper respiratory specimen from the patient and one lower respiratory specimen (for patients with productive cough) as soon as possible regardless of symptom onset, as follows:

5a. Upper Respiratory

Nasopharyngeal swab (NP swab) Use a synthetic fiber swab with plastic shaft. Do not use calcium alginate swabs or swabs with wooden shafts. Place swab in a sterile tube with 2-3 ml of viral transport media.

COVID-19 SPECIMEN COLLECTION NOTES:

- It is imperative that NP swabs are placed in viral transport media, such as ones used to collect specimen NP swabs for influenza testing (see figure to the right).
- It is acceptable to send residual specimens from viral respiratory panel testing if they are in a viral media.
- Improper collection, such as placing swabs in bacterial culture media, will void the specimen and delay testing.
- Label with at least Patient Name, DOB and source of collection.
- Freeze these specimens at -20° to -70° Celsius or -5° to -94° Fahrenheit for storage until testing is approved and transport can be arranged through WCHD.



COVID-19 SPECIMEN TRANSPORT INFORMATION TO MDHHS Bureau of Laboratories (BOL)

- Refrigerate specimens at 2 - 8° C and transport on cold pack.
- Complete a PUI form completely except for the 2019-nCoV ID # and send via fax to 734-544-6706 or upload to the MDSS case. Found at www.washtenaw.org/COVID19providers
- Complete Lab Req: [DCH-0583 form](#), go to www.washtenaw.org/COVID19providers for instructions.
- DO NOT send specimens to BOL without prior WCHD approval as this may cause significant delays in testing. **If specimens cannot be collected at the clinic, do not refer the patient to another facility to obtain specimens** (i.e., commercial lab, other medical clinic), **notify WCHD.**
- After approval specimens can be shipped or sent via courier to the BOL.

Step 6. Continue medical evaluation and empiric treatment for other causes of respiratory infection or other symptoms as clinically indicated.

Step 7. Discharge patient to home for isolation.

Patient **must isolate at home** (no work/school) until test is completed. There may be an extended wait time. Provide patient with [isolation instructions](#). Inform them to continue monitoring their temperature and recording their symptoms for follow up by the Health Department if they are positive.