

Guidance for Outpatient Providers

For additional information, please visit coronavirus.ohio.gov and odh.ohio.gov/coronavirus.

ODH Guidance for Outpatient Providers Evaluating Patients for Novel Coronavirus Disease 2019 (COVID-19)

When evaluating patients in an outpatient setting, clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Guidance for testing has been expanded to a wider group of symptomatic patients. Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, as well as the clinical course of illness.

A careful symptom, travel, and exposure history should be taken to help assess the patient and determine the need for testing.

- Epidemiologic factors to help guide decisions on whether to test include:
 - Extent of COVID-19 spread in your community.
 - Persons (including healthcare workers) who have had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset.
 - Persons with a history of travel from affected geographic areas (with sustained/ongoing transmission of COVID-19) within 14 days of symptom onset.
- Symptoms reported among confirmed COVID-19 cases that can help guide decisions on whether to test include:
 - Fever (may be subjective or confirmed).
 - Acute lower respiratory symptoms including cough and shortness of breath.
 - Myalgia or fatigue.

Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza, based on clinical judgment.

How should I decide where to direct a patient exhibiting symptoms?

Encourage individuals to call ahead if they are symptomatic to discuss if in-person medical evaluation is needed. If medical evaluation is needed, healthcare providers should be ready to receive individuals using appropriate [infection control practices and personal protective equipment](#). If patient requires increased medical care, call ahead to the receiving facility.

- If a patient calls ahead/presents with mild/moderate symptoms that could be compatible with COVID-19, consider advising the patient to:
 - Stay at home and practice social distancing.
 - While at home:
 - Practice hand hygiene
 - Limit close contact with other people and pets
 - Do not share utensils, dishes or drinking cups
- Healthcare providers could consider treating with over the counter or prescription medications for symptom relief (e.g., cough medicine, anti-pyretics, etc.)

Key Considerations for Healthcare Facilities:

In each healthcare facility, the primary goals include:

- Clear messaging to clinicians and other hospital staff to avoid coming to work if they are ill.
- Provision of the appropriate level of medical care based on the extent of the patient illness.
 - Data shows that approximately 80% of COVID-19 patients will have mild/moderate symptoms and can recuperate at home.
- Preparation for a surge in patient volume including the potential need to cancel/postpone elective surgeries and procedures.
- Preparing the development of labor pools of employees to substitute for staff who become ill.

What Personal Protective Equipment (PPE) is needed to prevent spread of COVID-19?

- Currently, the [CDC recommends](#) the use of standard, contact, and airborne precautions with the use of eye protection by healthcare providers when caring for suspected or confirmed patients with COVID-19 in a healthcare setting.
 - Routine hand hygiene
 - Gloves
 - Routine isolation gown
 - Respiratory protection – N-95 mask (respirator) or reusable respirator (e.g., powered air purifying respirator (PAPR) (see note below)
 - Eye protection – either a face shield **or** goggles
- Current guidance for respiratory protection against COVID-19 is an N-95 mask (at minimum) or a respirator. Keep in mind that, for effective prevention, N-95 masks require fit testing in advance of an event.
- Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with

COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures HCP should still perform self-monitoring with delegated supervision after contact with a patient infected with COVID-19.

The Ohio Department of Health (ODH) recommends that clinicians consider the following:

- Encourage individuals to call ahead to their provider, urgent care centers or hospitals if they are symptomatic to discuss if in-person medical evaluation is needed. Many individuals do not have a primary care provider and may seek care at an urgent care or emergency room.
 - If medical evaluation is needed, healthcare providers should be ready to receive individuals using appropriate [infection control practices and personal protective equipment](#).
 - Screening patients and getting a preliminary history when they call to make an appointment may decrease office visits from low-risk patients, allowing providers to focus on more serious illness.
 - Examples of practices that can be used to protect others are asking the patient to wear a facemask when they arrive at your facility and immediately placing the patient in a separate room or asking that they wait in the car.
 - If patients call requesting a test simply to rule out COVID-19, explain that most cases are mild. These cases require minimal interventions beyond what they would typically do for the flu: Stay home while symptomatic, rest and take over the counter medications to mitigate discomfort. If the patient is exhibiting more serious symptoms, they should be evaluated.
- Consider reaching out to patients who may be a higher risk of COVID-19-related complications (e.g., elderly, those with medical co-morbidities, and potentially other persons who are at higher risk for complications from respiratory diseases, such as pregnant women) to ensure adherence to current medications and therapeutic regimens, confirm they have sufficient medication refills, and provide instructions to notify their provider by phone if they become ill.
- Consider accelerating the timing of high priority screening and intervention needs for the short-term, in anticipation of the possible need to manage an influx of COVID-19 patients in the weeks to come.
- Handoff communication is key: If a patient needs to be referred to an outpatient lab, urgent care facility or a hospital, call ahead to alert the healthcare facility so they have time to prepare for the patient's arrival.
- Consider other methods of screening patients than in person. Encourage an initial evaluation by telehealth to determine if the patient needs to be evaluated and treated in person. Screening in cars may be an effective way of minimizing exposure and triaging patients. Additionally, some providers are considering at-home screenings.

- If a patient has a positive test result for a routine coronavirus related to the common cold, this is NOT COVID-19. Consider informing the patient that they do not have COVID-19 by phone or in person rather than through an electronic medical record.
- Reschedule non-urgent outpatient visits as necessary.
- Eliminate patient penalties for cancellations and missed appointments related to respiratory illness.
- All providers and clinical staff should review appropriate screening, PPE, and specimen collection protocols.
- **If COVID-19 is suspected, notify your [local health department](#) and consider accessing laboratory testing for COVID-19 through commercial laboratories.**

For COVID-19 background and general information, please visit <http://coronavirus.ohio.gov> .