2019 Novel Coronavirus (COVID-19) Physician Checklist

Evaluating patients who may have COVID-19 infection
(v. 4/28/2020)

The purpose of this checklist is to provide you with step-by-step guidance when evaluating patients who may have 2019 Novel Coronavirus infection (COVID-19), with the goal of preventing the spread of infection, expediting investigation with Dallas County Health and Human Services (DCHHS), and initiating testing through the Dallas Laboratory Response Network (LRN) Laboratory.

The Dallas LRN can ONLY accept specimens from residents of counties comprising its service area: Collin, Dallas, Ellis, Fannin, Grayson, Henderson, Hunt, Kaufman, Navarro, Rains, Rockwall, and Van Zandt. All non-Dallas County residents must obtain prior approval for testing from their respective County/State health department.

Medical providers, for assistance with diagnosis and infection control, please call:
Dallas County Health and Human Services
(214) 819-2004 (8:00am – 4:30pm Monday to Friday)
(877) 605-2660 (After Hours Answering Service)

☐ Step 1. Implement facility-wide infection prevention and control recommendations:

☐ Implement source control1 for everyone entering the facility, regardless of symptoms (i.e., cloth face coverings for visitors and patients, facemasks for employees)

☐ Place visible signage on entrance doors and in triage and waiting areas requesting visitors with a fever or cough to immediately notify healthcare staff.

☐ Actively screen everyone for fever and symptoms of COVID-19 before they enter the facility.1

☐ Step 2. Identify patients who may have respiratory illness caused by COVID-19:

☐ Place patient in a single-person private room with the door closed. The patient should also have access to a dedicated bathroom. Airborne Infection Isolation Rooms (AIIRs) should be reserved for patients undergoing aerosol-generating procedures.1

☐ Step 3. Implement following infection control procedures for healthcare workers who will have contact with the patient:

☐ 3a. Standard precautions

☐ 3b. Contact precautions (e.g., gloves, gown)

☐ 3c. Eye protection (e.g., goggles or face shield)

☐ 3d. Airborne precautions (e.g., N95 mask, PAPR, or surgical mask1 if N95 not available)

☐ **Step 4.** 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. Most patients with confirmed COVID-19 have developed fever (may be subjective or confirmed) and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). See below for 3 COVID-19 testing options and subsequent testing priorities:

A. **Option 1: Commercial laboratories (see CDC testing priorities below)**

Examples include: LabCorp, Quest Diagnostic Laboratories, Viracor, etc.

A list of commercial laboratories offering COVID-19 testing can be found at: [https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2#offeringtests](https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2#offeringtests)

B. **Option 2: Public health laboratories in Texas (see CDC testing priorities below)**

<table>
<thead>
<tr>
<th>CDC Priorities for COVID-19 Testing (Nucleic Acid or Antigen)</th>
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<td>(rev. date: 4/28/20)</td>
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**HIGH PRIORITY**

- Hospitalized patients
- Healthcare facility workers, workers in congregate living settings, and first responders **with** symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, **with** symptoms

**PRIORITY**

- Persons **with** symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore throat
- Persons **without** symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.
C. Option 3: Drive-thru testing sites (see testing criteria below)

Dallas-Area Drive-Thru Testing Locations
For more information, visit: https://www.dallascounty.org/covid-19/testing-locations.php

<table>
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<tr>
<th>Locations</th>
<th>(Open 8:00 – 5:00 PM daily, or until supplies run out)</th>
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<tbody>
<tr>
<td>1. The American Airlines Center, Parking Lot E: 2500 Victory Avenue, Dallas TX 75219</td>
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<tr>
<td>2. The Ellis Davis Field House: 9191 South Polk Street, Dallas TX 75232</td>
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<tr>
<td>3. Parkland Hospital (by appointment only, for first responders, healthcare workers, and current Parkland patients with a Parkland physician’s order): Please call (214) 590-8060</td>
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Criteria for Testing at American Airlines and Ellis Davis Field House (updated as of 4/28/20)
Individuals who meet one of the following criteria are eligible for drive-thru COVID-19 testing:

1. Must have temperature of 99.6 or higher and shortness of breath or cough; OR
2. Anyone 65-years-old or older; OR
3. Anyone with chronic health issues (diabetes, asthma, heart issues, etc.); OR

If patient DOES NOT meet any of the above priorities and criteria for testing, STOP here and continue evaluation for an alternative diagnosis as clinically indicated.

If patient DOES meet the criteria for Option C (drive-thru testing), STOP here, provide them the information for the testing location and have them seek testing there.

If patient DOES meet the priorities for Options A and B:

☐ Step 6. Testing

- If testing through a commercial lab, call the lab for further instructions on specimen collection and shipment.
  - If the test results positive, please fax the lab report and patient face sheet to the health department (214) 819-6095 or (214) 819-1933, or send via encrypted email to epidemiology@dallascounty.org
- If after consultation with DCHHS, COVID-19 testing is approved, complete the DCHHS Laboratory Test Request Form following the DCHHS Submission Instructions for Novel Coronavirus (COVID-19) PCR Testing
  - Fax completed form to DCHHS at (214) 819-6095 or (214) 819-1933, or send via encrypted email to epidemiology@dallascounty.org
  - DO NOT send specimens to the Dallas LRN until testing has been discussed and approved by DCHHS (or the patient’s respective County/State health department if a non-Dallas resident).
☐ Step 7. Collect specimens

A. Collect one NP specimen as soon as possible regardless of symptom onset. (See DCHHS Submission Instructions for Novel Coronavirus (COVID-19) PCR Testing)

☐ 6a. Upper Respiratory Tract

☐ Nasopharyngeal swab (NP swab) Use only a synthetic fiber swab with plastic shaft. Do not use a calcium alginate swab or a swab with a wooden shaft, as they may contain substances that inactivate some viruses and inhibit PCR testing. Place swab in a sterile tube with 2-3 ml of viral transport media.

☐ When collection of a nasopharyngeal (NP) specimen is not possible, the following are acceptable alternatives:

- An oropharyngeal (OP) specimen collected by a healthcare professional, or
- A nasal mid-turbinate (NMT) swab collected by a healthcare professional or by onsite self-collection (using a flocked tapered swab), or
- An anterior nares specimen collected by a healthcare professional or by onsite self-collection (using a round foam swab).

Note:

- It is imperative that the NP swab is placed in viral transport media, such as ones used to collect specimen NP swabs for influenza PCR testing (see figure on right).
- Improper collection, such as placing the swab in bacterial culture media, will void the specimen and delay testing.

☐ Step 8. Contact the Dallas LRN to coordinate paperwork and specimen delivery to DCHHS (if your facility has an in-house laboratory, please send the specimen to them to coordinate paperwork and delivery with Dallas LRN.

All healthcare facilities must arrange for transport of specimens to DCHHS; DCHHS will not pick up specimens from any submitters.

Refrigerated specimens can be delivered to DCHHS on ice packs. Specimens not delivered to DCHHS within 24 hours of collection must be frozen at -70°C and delivered on dry ice.

☐ Contact numbers for Dallas LRN:

- Daniel Serinaldi (primary contact)
  - Office: (214) 819-2840
  - After hours: (972) 342-5605
- Joey Stringer (secondary contact)
  - Office: (972) 692-2762
  - After hours: (512) 415-2546

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☐ Step 9. Continue medical evaluation and empiric treatment for other causes of respiratory infection or pneumonia as clinically indicated.

All patients with suspected COVID-19 Infection should also be tested for common causes of respiratory infection and pneumonia as clinically indicated. **Testing for other respiratory pathogens does not rule out COVID-19 coinfection, and should not delay specimen collection for COVID-19 testing.**

☐ Step 10. Until laboratory results are received, patient must be treated as a PUI:

A. If hospitalization is not medically necessary, patient should self-isolate at home and follow home care guidance recommendations:

   - [Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings](https://www.cdc.gov/coronavirus/2019-ncov/hcp/pui-home-care.html) (CDC)
   - [What to do if you have confirmed or suspected coronavirus disease (COVID-19)](https://dallascounty.org/NR/rdonlyres/14B5EF0C-6C6D-41B1-8362-E6DE7D9C3B6B/0/whattodosuspectedcoronavirusdisease.pdf) (DCHHS)

B. If hospitalized, see the CDC’s [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings](https://www.cdc.gov/coronavirus/2019-ncov/hcp/iprc-hcs.html). Recommendations should include restricting visitors to the room, minimizing staff contact with the patient, and keeping a record of staff who enter/exit the room.