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| <b>Department:</b> Clinical Quality                                   | <b>Policy #:</b> CLNC-PL-   |
| <b>Policy:</b> Novel Coronavirus Policy                               | <b>Effective Date:</b> January, 2020  |
| <b>Written by:</b> Cynthia Horner, M.D. FAAFP                         | <b>Next Revision:</b> January, 2021   |
| <b>Approved by:</b> Peter M. Antall, MD<br>Clinical Quality Committee | <b>Signature:</b><br> |

## Purpose

The goal of this policy is to ensure timely identification and proper treatment of patients potentially infected with or exposed to the novel corona virus (2019-nCoV) in compliance with established guidelines from the United States Center for Disease Control (CDC).

## Background

In December 2019, a novel coronavirus (2019-nCoV) was identified as the cause of an outbreak of respiratory illness in the city of Wuhan, Hubei Province, China. Since that time Chinese health officials have reported hundreds of cases in the city of Wuhan, some causing severe illness or death. Cases have also been identified in travelers from Wuhan to other parts of China and the world, including the United States. Signs and symptoms of this illness include fever, cough, and difficulty breathing, and complications may include pneumonia. Since it was first identified, evidence of person to person transmission has been clearly documented, increasing the risk of an epidemic.

While coronaviruses usually cause mild respiratory disease in humans, at least two previously identified coronaviruses have caused severe disease — severe acute respiratory syndrome (SARS) coronavirus and Middle East respiratory syndrome (MERS) coronavirus. It is not yet known how extensive severe respiratory illness from this new novel coronavirus will be, but global health officials are concerned about the possibility of a severe outbreak causing significant disability and death.

## Policy

Patients with acute respiratory illnesses commonly seek care through a telehealth encounter. Given the commonality of acute respiratory symptoms, and the media attention currently being paid to the 2019-nCoV outbreak, it is possible that a patient infected with 2019-nCoV might first present via an online visit. It is certainly likely that patients who are at low risk for this infection but who do have respiratory symptoms will appear for telehealth consultations. The Online Care Network is committed to ensuring that these patients receive the proper care quickly and efficiently to help limit potential public exposure and possible spread.

Online Care Network clinicians shall triage and manage patients presenting with symptoms of possible 2019-nCoV using the US CDC *Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China*. Specifically, Online Care Network clinicians should obtain a detailed travel and contact history from all patients presenting with acute lower respiratory symptoms and fever. If the patient meets CDC criteria for additional testing as a person under investigation (PUI), the Online Care Network clinician will refer the patient to a local urgent care or emergency center for immediate testing and management.

In addition, the Online Network Clinician shall notify that urgent or emergency center of the patient's impending arrival, advising that the patient be quarantined upon arrival, and tested according to local, and state health department policies and CDC guidelines. Reporting to and coordination with local and state health departments will be managed by the onsite urgent care or emergency clinicians, and not the Online Care Network clinician, as

the urgent care/ emergency clinician will be able to perform the necessary tests, have access to test results and be better positioned to provide ongoing follow up with the patient.


## Responsibility

Online Care clinicians in the medical practices.

Once a patient has been identified requiring immediate referral, the Network Operations Team (NOC) is responsible for taking the provider off the system and reassigning any patients that are waiting to be seen to another provider.

## Procedure

1. Clinicians caring for any patient presenting with an acute lower respiratory illness (i.e. cough and shortness of breath) *and fever* will obtain a detailed history, which should include the standard review of systems, past medical, surgical and social history, a list of medications and medication allergies PLUS:
  - a History of travel from Wuhan City, China (or surrounding area) within the last 14 days
  - b Close contact with a person who is under investigation (PUI) for or who is confirmed positive for 2019-nCoV
2. OCG clinician will **immediately** refer patients with a positive history of recent travel to Wuhan City or contact with a person under investigation for 2019-nCoV to a local urgent care center or emergency department for additional testing and coordination with state and local health authorities
  - a. Patients will be asked which urgent/ emergency facility they plan to seek addition care from and how long they think it will take for them to get there. The OCG clinician should document the name and phone number of the facility before disconnecting with the patient
  - b. The patient will be instructed to proceed immediately to the specified urgent/ emergency facility and to avoid public places
2. The clinician will contact the Network Operations Center (NOC) via chat or the emergency line (855-347-4108) and alert the NOC staff that they (the provider) may be delayed in seeing other patients in their waiting room in order to contact the urgent/ emergency care facility about the patient being referred.
3. The clinician will then contact the urgent/ emergency care center to which the patient has been referred and notify the intake clinician of the patient's name, DOB, phone number, estimated time of arrival and why they have been referred.
  - a. The clinician will emphasize the importance of isolating the patient upon arrival and not allowing the patient to sit in a public space. Per CDC guidelines: "Patients should be asked to wear a surgical mask as soon as they arrive and be evaluated in a private room with the door closed, ideally an airborne infection isolation room if available. Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield). Immediately notify your healthcare facility's infection control personnel and local health department."
  - b. Likewise, the Online Care Network clinician will emphasize their concerns about possible exposure to 2019-nCoV and the importance of additional testing per local, state policies and CDC guidelines.

- i. (The urgent care/ emergency clinician will need to notify both infection control personnel at their healthcare facility and their local or state health department in the event of a PUI for 2019-nCoV. State health departments that have identified a PUI are required to immediately contact CDC’s Emergency Operations Center (EOC) at 770-488-7100 and complete a 2019-nCoV PUI case investigation form available at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf>. CDC’s EOC will assist local/state health departments to collect, store, and ship specimens appropriately to CDC, including during afterhours or on weekends/holidays. At this time, diagnostic testing for 2019-nCoV can be conducted only at CDC. Testing for other respiratory pathogens should not delay specimen shipping to CDC. If a PUI tests positive for another respiratory pathogen, after clinical evaluation and consultation with public health authorities, they may no longer be considered a PUI. This may evolve as more information becomes available on possible 2019 nCoV co-infections.)
    - c. The Online Care Network clinician will record the name and position of the person at the referral facility to whom they spoke.
  4. The Online Care Network clinician will fully document the visit report including relevant clinical and referral details including name and phone number of the facility to which the patient was referred and the contact person at the facility to whom they spoke.
  5. The clinician may ask the patient to send a secure message after the visit to enable follow-up.
  6. The clinician will notify the Online Care Network Quality Improvement Department of the referral immediately following completion of the above procedure
  7. As stated in the policy section above, the local referral hospital and providers will be responsible for reporting and coordination with local health departments. Additionally, all recommendations for close contacts will be similarly coordinated by the referral facility and staff, in conjunction with local health authorities.

## Associated Policies

1. Emergency and Mandatory Reporting Policy, 2019

## References

1. Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China, <https://emergency.cdc.gov/han/han00426.asp>

