



MEMORANDUM

To: Clinic Physicians, Mid-Level Practitioners, and Clinical Medical Managers
From: Tommy Thornton, Executive Director
Date: March 5, 2020
Re: Coronavirus-19 Hattiesburg Clinic Protocol

The purpose of this memo is to provide guidance in recognizing and facilitating care of patients who may be at risk of COVID-19. We should elicit the patient's travel history and consider the possibility of COVID-19 in patients who present with fever or symptoms of lower respiratory illness that meet the Mississippi Department of Health's **Person Under Investigation (PUI) criteria:**

1. Fever OR symptoms of lower respiratory illness (e.g., cough or shortness of breath)
-AND
 - Any person, including health care workers, who has had close contact, with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
2. Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization
-AND
 - A history of travel from affected geographic areas within 14 days of symptom onset (**China, Iran, Italy, Japan, and South Korea**)
3. Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza) after medical evaluation
-AND
 - No source of exposure has been identified

Primary Care Locations

Before Arrival

- When scheduling appointments, the patient should be queried on their travel history and symptoms. If the patient has a respiratory illness (e.g., cough, runny nose, fever), instruct the patients and persons who accompany them to wear a facemask when arriving to the clinic.
- ClientTell messages and Iris messages will be sent for upcoming appointments instructing the patient if they have been out of the country in the last month or have been in contact with someone who has Coronavirus-19 and have fever, cough, or shortness of breath to please notify their physician's office so the office can prepare for their appointment in advance.
- Signs will be posted at entrances of the main clinic and at the reception desk of all clinics (see attached).

Upon Arrival and During the Visit

- When a patient arrives for a visit, the following three scenarios could occur:
 1. If patient presents to front desk and says they meet criteria on ClientTell/Iris message/posted signs, EPIC travel screening tool should be accessed and completed by receptionist. If a patient has a positive travel screen the rooming staff will get a BPA.
 2. If patient has not read door signage and receptionist notes that patient appears ill with fever or respiratory symptoms, EPIC travel screening tool should be accessed and completed by receptionist. If patient has a positive travel screen the rooming staff will get a BPA.
 3. If patient reaches exam room and neither 1 nor 2 has occurred but nurse notes a reason for visit consistent with COVID-19 (fever, cough, shortness of breath), nurse needs to fill out the EPIC travel screening tool in the screening section.
(The criteria may change as CDC updates their recommendations. The EPIC travel screening will query about travel history and respiratory symptoms.)
- If the patient meets the criteria of having both travel history/exposure and respiratory symptoms, then proceed with isolation precautions.
 - The patient should immediately be given a mask. The patient must wear the mask at all times while on the premises.
 - Place patient in a private exam room with the door closed.
 - Room should be separated from other patients by 6 or more feet.
 - Do not allow patient to stay in the waiting room.
 - Limit access in the room to essential personnel only.
 - All personnel entering the room shall adhere to Standard, Contact, and Airborne Precautions listed below.
- Physician will complete a physical assessment.
- **If the physician has ruled out other viral or bacterial etiologies, the provider must immediately notify the MSDH at 601-576-7725 (after hours, call 601-576-7400) that we have a Person Under Investigation (PUI) for COVID-19.**
- **Manager/nurse must notify Employee Health at 601-268-5745 immediately when a Person Under Investigation (PUI) is reported to the MSDH.**
- If a PUI tests positive for another respiratory pathogen, after clinical evaluation and consultation with MSDH, they may no longer be considered a PUI.
- Not all patients under investigation or with confirmed COVID-19 require hospital admission. If clinical presentation warrants in-patient clinical management and supportive care, they should be admitted with appropriate isolation precautions. Some patients may worsen in the second week of illness. The decision to monitor in an outpatient setting should be made on a case-by-case basis.

For Employees: Adhere to Standard, Contact, and Airborne Precautions, Including the Use of Eye Protection

- Ensure patient wears facemask at all times while on the premises.
- Only essential personnel should enter the room.
- Personnel entering the room should wear:
 - Facemask (N95 or highest level of protection available)
 - Gloves
 - Gown
 - Eye Protection
- Avoid touching the area of their face/eyes, as this can lead to transmission of the virus.

- Staff should perform hand hygiene using alcohol-based hand sanitizer before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves.
- Dedicated equipment should be used for patient care. Routine cleaning and disinfection should be performed on the room and the equipment after the patient is dismissed using an EPA-approved disinfectant with emerging viral pathogens claims. Super **Sani-Cloth®** Wipes, **Sani-Cloth®** AF3 Wipes, and **Sani-Cloth®** Bleach Wipes meet the criteria for the EPA emerging viral pathogens claim.

Specimen Collection

- The MS Public Health Laboratory now has the capacity to test for COVID-19.
- **Before collecting specimens, the physician must FIRST call MSDH to discuss testing of PUIs at 601-576-7725** (601-576-7400 after hours).
- CDC recommends collecting and testing upper respiratory (nasopharyngeal (NP) AND oropharyngeal (OP) swabs), and lower respiratory (sputum, if possible) for those patients with productive coughs. Induction of sputum is not recommended.
- NP and OP specimens should be collected with a synthetic fiber swab and each placed in 2-3 ml of viral transport media.
- Specimens should be collected as soon as possible once a Person under Investigation (PUI) is identified after discussion with MSDH, regardless of the time of symptom onset. Maintain proper infection control when collecting specimens.
- See https://msdh.ms.gov/msdhsite/_static/resources/8430.pdf for full Specimen Collection Guidance.

Specialty Departments

Before Arrival

- When scheduling appointments, the patient should be queried on their travel history and symptoms. If the patient meets the Mississippi Department of Health's Person Under Investigation (PUI) criteria, instruct them to visit Immediate Care at 104 Thornhill Drive in Hattiesburg for further evaluation.
- ClientTell messages and Iris messages will be sent for upcoming appointments instructing the patient if they have been out of the country in the last month or have been in contact with someone who has Coronavirus-19 and have fever, cough, or shortness of breath to please contact the physician's office to reschedule their appointment and visit Immediate Care at 104 Thornhill Drive in Hattiesburg for further evaluation.
- Signs will be posted at entrances of the main clinic and at the reception desk of all clinics (see attached).

Upon Arrival and During the Visit

- When a patient arrives for a visit, the following three scenarios could occur:
 1. If patient presents to front desk and says they meet criteria on ClientTell/Iris message/posted signs, EPIC travel screening tool should be accessed and completed by receptionist
 2. If patient has not read door signage and receptionist notes that patient appears ill with fever or respiratory symptoms, EPIC travel screening tool should be accessed and completed by receptionist

3. If patient reaches exam room and neither 1 nor 2 has occurred but nurse notes a reason for visit consistent with COVID-19 (fever, cough, shortness of breath), nurse needs to fill out the EPIC travel screening tool in the screening section.
(Criteria may change as CDC updates their recommendations. The travel screening will query about travel history and respiratory symptoms.)
- **If the patient meets the criteria of having both travel history/exposure and respiratory symptoms:**
 - Provide the patient with a mask.
 - Instruct them to proceed to Immediate Care at 104 Thornhill Drive in Hattiesburg for further evaluation.
 - Notify Immediate Care by calling 601-261-3737.

Purchasing will be distributing a box of face mask, goggles, and gowns to each primary care location and specialty areas that are not in the main clinic building. All areas will be receiving mask.

- ***Further specifics regarding the workflow and tools in Epic will be forthcoming in a Workflow Bulletin.***
- ***The EPIC Screening Tool should be activated in the near future. In the interim, each clinic manager will educate staff on a manual process.***
- ***Each Operating Officer will insure all clinic locations have provided employee education, appropriate PPE equipment, and designed work flows specific to each clinic location.***