DEFINITION

⦁ Exposed (close contact) to a person who is diagnosed (confirmed by testing) or suspected (PUI) to have COVID-19 (Coronavirus Disease 2019).

⦁ Traveled from another country (international travel).

⦁ Traveled back from another city or state where there is major community spread of COVID-19.

Note to Triager:

⦁ The best COVID-19 guideline choice depends on public health department recommendations (PHD) and testing availability in the patient's community.

⦁ If PHD recommends testing on all suspected COVID-19 patients and testing is readily available, use Coronavirus (COVID-19) Exposure guideline.

⦁ If PHD does not recommend testing on all suspected COVID-19 patients and/or if testing is not readily available, use Coronavirus (COVID-19) Diagnosed or Suspected.

This guideline was last updated 3/28/2020.

COVID-19 EXPOSURE (Close Contact) is defined as:

⦁ Living in the same house with a confirmed or suspected COVID-19 case

⦁ Being within 6 feet (2 meters) of a confirmed or suspected COVID-19 case for a prolonged period of time (CDC). Examples of such close contact include kissing or hugging, sharing eating or drinking utensils, carpooling, close conversation, or performing a physical examination (relevant to health care providers). A prolonged close conversation is probably at least 10 minutes.

⦁ OR having direct contact with infectious secretions of a confirmed COVID-19 case (e.g., being coughed on)


The following are not Close Contact exposures:

⦁ Living in a city or town where there are one or more confirmed cases of COVID-19. Exception: it is one of the high transmission geographic areas listed by the CDC at https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html

⦁ Walking by a person who has COVID-19.

A Person Under Investigation (PUI) is a person with symptoms who is suspected as having COVID-19 by a healthcare provider.

⦁ These are people who have common symptoms of COVID and should be tested, if testing is available.


Note: The term coronavirus used throughout this guideline only refers to the novel or new coronavirus disease (COVID-19). It does not refer to the common coronavirus that causes the common cold.
1. **CLOSE CONTACT:** "Who is the person with the confirmed or suspected COVID-19 infection that you were exposed to?"

2. **PLACE of CONTACT:** "Where were you when you were exposed to COVID-19?" (e.g., home, school, medical waiting room; which city?)

3. **TYPE of CONTACT:** "How much contact was there?" (e.g., sitting next to, live in same house, work in same office, same building)

4. **DURATION of CONTACT:** "How long were you in contact with the COVID-19 patient?" (e.g., a few seconds, passed by person, a few minutes, live with the patient)

5. **DATE of CONTACT:** "When did you have contact with a COVID-19 patient?" (e.g., how many days ago)

6. **TRAVEL:** "Have you traveled out of the country recently?" If so, "When and where?"

   * Also ask about out-of-state travel, since the CDC has identified some high risk cities for community spread in the US.

   * Note: Travel becomes less relevant if there is widespread community transmission where the patient lives.

7. **COMMUNITY SPREAD:** "Are there lots of cases or COVID-19 (community spread) where you live?" (See public health department website, if unsure)

   * MAJOR community spread: high number of cases; numbers of cases are increasing; many people hospitalized.

   * MINOR community spread: low number of cases; not increasing; few or no people hospitalized

8. **SYMPTOMS:** "Do you have any symptoms?" (e.g., fever, cough, breathing difficulty)

9. **PREGNANCY OR POSTPARTUM:** "Is there any chance you are pregnant?" "When was your last menstrual period?" "Did you deliver in the last 2 weeks?"

10. **HIGH RISK:** "Do you have any heart or lung problems? Do you have a weakened immune system?" (e.g., CHF, COPD, asthma, HIV positive, chemotherapy, renal failure, diabetes mellitus, sickle cell anemia)

### TRIAGE ASSESSMENT QUESTIONS

**SEVERE** difficulty breathing (e.g., struggling for each breath, speak in single words, bluish lips)

R/O: respiratory failure, hypoxia

CA: 40, 23, 24, 17, 19, 1

Sounds like a life-threatening emergency to the triager

CA: 40, 23, 24, 17, 19, 1

**See More Appropriate Guideline**


Go to Guideline: Coronavirus (COVID-19) - Diagnosed or Suspected (Adult)


Go to Guideline: Coronavirus (COVID-19) - Diagnosed or Suspected (Adult)


Go to Guideline: Breathing Difficulty (Adult)


*After Hours Telephone Triage Protocols - Standard | Adult | 2020*
community spread
   Go to Guideline: Common Cold (Adult)

   Go to Guideline: Cough - Acute Non-Productive (Adult)

   Go to Guideline: Common Cold (Adult)

Go to ED Now
   R/O: Coronavirus pneumonia. Reason: Meets PUI criteria (persons under investigation). Note: triager should call ahead to the ED.
   CA: 41, 15, 16, 17, 18, 19, 21, 80, 1

Go to ED Now (or PCP triage)
   Patient sounds very sick or weak to the triager
   Reason: severe acute illness or serious complication suspected. Note: triager should call ahead to the ED.
   CA: 42, 15, 16, 17, 19, 21, 80, 1

Call PCP within 24 hours
   R/O: Coronavirus infection. Note: HCP will decide if testing is indicated and where to go.
   Note: Typically, the fever is greater than 100.4 F (38.0 C). However, people who are elderly or have a weak immune system may not have a significant fever.
   CA: 50, 34, 612, 31, 25, 16, 19, 21, 72, 73, 144, 146, 22, 1

[1] Fever (or feeling feverish) OR cough occurs AND [2] within 14 days of travel from another country (international travel)
   R/O: Coronavirus infection. Note: HCP will decide if testing is indicated and where to go.
   CA: 50, 34, 30, 612, 21, 25, 16, 19, 21, 72, 73, 144, 146, 22, 1

[1] Fever (or feeling feverish) OR cough occurs AND [2] within 14 days of travel from a city or area with major community spread
   R/O: Coronavirus infection. Note: HCP will decide if testing is indicated and where to go.
   CA: 50, 34, 30, 612, 21, 25, 16, 19, 21, 72, 73, 144, 146, 22, 1

   R/O: Coronavirus infection. Note: HCP will decide if testing is indicated and where to go.
   CA: 50, 34, 30, 612, 21, 25, 16, 19, 21, 72, 73, 144, 146, 22, 1

Mild body aches, chills, diarrhea, headache, runny nose, or sore throat AND [2] within 14 days of COVID-Exposure
   R/O: viral syndrome. Note: patient has no cough, fever, or shortness of breath. It is less likely that this is COVID-19. R/O: Coronavirus infection. Note: HCP will decide if testing is indicated and where to go.
   CA: 50, 34, 24, 17, 18, 2, 3, 4, 5, 9, 22, 1
[1] COVID-19 EXPOSURE within last 14 days AND [2] NO cough, fever, or breathing difficulty AND [3] exposed person is a healthcare worker who was NOT using all recommended personal protective equipment (i.e., a respirator-N95 mask, eye protection, gloves, and gown).

**Reason:** Exposed healthcare worker; employee health should be notified.

CA: 50, 27, 28, 4, 13, 14, 26, 1

**Home Care**

[1] COVID-19 EXPOSURE (Close Contact) within last 14 days AND [2] NO cough, fever, or breathing difficulty

**Reason:** Follow local or state PHD guidance about staying at home, monitoring symptoms, etc.

CA: 48, 8, 3, 4, 14, 29, 26, 1

[1] Living in an area with major community spread within last 14 days AND [2] NO cough or fever or breathing difficulty

**Reason:** Follow local or state PHD guidance about staying at home, monitoring symptoms, etc.

CA: 48, 8, 3, 4, 14, 29, 26, 1

[1] Travel from city or country with major community spread within last 14 days AND [2] NO cough or fever or breathing difficulty

**Reason:** Follow local or state PHD guidance about staying at home, monitoring symptoms, etc.

CA: 48, 10, 3, 4, 7, 14, 29, 26, 1


**Reason:** Asymptomatic for 14 days. Risk of developing COVID-19 infection has passed. Reassure and discontinue isolation.

CA: 48, 12, 3, 4, 6, 90, 1

[1] No COVID-19 EXPOSURE BUT [2] living with someone who was exposed and who has no fever or cough

**Reason:** no exposure, no symptoms.

CA: 48, 2, 3, 4, 5, 6, 7, 23, 34, 35, 90, 1


**Reason:** unrealistic fear of exposure and needs reassurance.

CA: 48, 603, 601, 3, 4, 5, 6, 7, 604, 90, 1

**COVID-19 questions about**

**Note:** How to protect you and your family; how to reduce anxiety and stress.

CA: 48, 38, 39, 36, 37, 90, 1

**COVID-19 Prevention and Healthy Living, questions about**

CA: 48, 601, 602, 90, 1

**COVID-19 Testing, questions about**

CA: 48, 601, 602, 90, 1

Deleted: person
Deleted: consult with occupational health and determine if they can return to work
Deleted: 37
Deleted: 33
Deleted: 7
Deleted: Call PCP when Office is Open
Deleted: Reason: People exposed to coronavirus but without symptoms should monitor their own symptoms and keep their health care provider informed.
Deleted: 51
Deleted: 27, 37, 32, 28
Deleted: 4
Deleted: 5
Deleted: 11, 12
Deleted: Travel from or living
Deleted: high risk
Deleted: (identified by CDC) AND [2]
Deleted: 3
Deleted: Patient is asymptomatic and has no known definite exposure; however, patient could still develop symptoms and their workplace may prefer patient to stay/work at home. Note: See CDC list of affected geographic areas of transmission at https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html.
Deleted: 51, 27, 37, 13, 29, 3, 4, 5
Deleted: 6
Deleted: 12
Deleted: Home Care
Deleted: COVID-19 EXPOSURE (Close Contact) AND [2] 15 or more
Deleted: ago
Deleted: 3
Deleted: Asymptomatic for more than 14 days. Symptoms appear within 14 days after exposure to [1]
Deleted: 2
Deleted: 5, 6
Deleted: 8, 9
Deleted: 10
Deleted: testing
Deleted: who needs it
Deleted: Reason: no exposure, no symptoms.
CARE ADVICE (CA) -

1. Care Advice given per Coronavirus (COVID-19) - Exposure (Adult) guideline.

2. COVID-19 (Coronavirus Disease 2019) - Outbreak:
   - Our knowledge of COVID-19 is expanding as this outbreak spreads across the world.
   - An outbreak of this infection began in Wuhan, Hubei Province, China in December 2019.
   - Four patients were confirmed in Canada on January 31, 2020.
   - The Centers for Disease Control and Prevention (CDC) is considered the source of truth for this guideline. This continues to be a rapidly changing situation and guidance from the CDC is being updated daily. See https://www.cdc.gov/coronavirus/2019-ncov/index.html.

3. COVID-19 - Symptoms:
   - COVID-19 can cause a respiratory illness, such as bronchitis or pneumonia.
   - The most common symptoms are: cough, fever, and shortness of breath.
   - Other less common symptoms are: body aches, chills, diarrhea, fatigue, headache, runny nose, and sore throat.
   - Some people may have minimal symptoms or even have no symptoms (asymptomatic).

4. COVID-19 - Exposure Risk Factors:
   - Close contact with a person who tested positive for COVID-19 AND contact occurred while they were ill.
   - Living in or travel from a city or area where there is major community spread of COVID-19. This carries a lower risk compared to close contact if one follows social distancing recommendations. Community spread is now occurring in most of the US, especially in cities.
   - International travel.

5. COVID-19 - How it is Spread:
   - COVID-19 is spread from person to person.
     - Respiratory Droplet from Coughing: The virus spreads from respiratory droplets that are produced when a person coughs or sneezes.
     - The infected droplets can then be inhaled by a nearby person or land on the surface of their eyes.
   - Surfaces: Most infected people also have respiratory secretions on their hands.
     - These secretions get transferred to healthy people on doorknobs, faucet handles, etc., as the virus then gets transferred to healthy people when they touch their face or mouth.
6. COVID-19 - How to Protect Yourself from Getting Sick:
   • Avoid close contact with people known to have this new coronavirus infection. Try to stay at least 6 feet away from anyone who is coughing.
   • Wash hands often with soap and water.
   • Alcohol-based hand cleaners are also effective.
   • Avoid touching the eyes, nose or mouth. Germs on the hands can spread this way.
   • Do not share eating utensils (e.g., spoon, fork).

7. COVID-19 - Travel:
   • The Centers for Disease Control and Prevention (CDC) maintains a website with latest recommendations regarding travel and your health.
   • Currently the CDC recommends against travel to many geographic areas with widespread and ongoing spread of COVID-19. See current list at https://wwwnc.cdc.gov/travel/.
   • CDC Travel Health Website: https://wwwnc.cdc.gov/travel/.
   • CDC Travel FAQs: https://www.cdc.gov/coronavirus/2019-ncov/travelers/faqs.html

8. Reassurance and Education - Living in an Area with Major Community Spread:
   • Although you live in an area with high (major) community spread of COVID-19, you do not currently have the most common symptoms of COVID-19 infection: cough, fever, and shortness of breath. COVID-19 starts within 14 days of exposure.
   • Stay at home.
   • Monitor your symptoms.
   • Call your healthcare provider if you develop a cough, fever, or shortness of breath.

9. Reassurance and Education - Exposed But No Cough, Fever, or Shortness of Breath:
   • Although you were exposed to COVID-19, you do not currently have the most common symptoms of COVID-19 infection: cough, fever, and shortness of breath. COVID-19 starts within 14 days of exposure.
   • Stay at home. Do not go to work until 14 days after the exposure.
   • Monitor your symptoms until 14 days have passed. Check your temperature two times a day.
   • Call your healthcare provider if you develop a cough, fever, or shortness of breath.

10. Reassurance and Education - Travel Back from an Area of High Community Spread:
    • You do not currently have the most common symptoms of COVID-19 infection: cough, fever, and shortness of breath. COVID-19 starts within 14 days of exposure.
    • Since it's been less than 14 days, since your travel back from an area or country of high community spread of COVID-19, you still are at risk for getting sick.
COVID-19
⢿ Stay at home. Do not go to work until 14 days after the exposure.
⢿ Monitor your symptoms until 14 days have passed. Check your temperature two times a day.
⢿ Call your healthcare provider if you develop a cough, fever, or shortness of breath.

11. Reassurance and Education - No Cough, Fever, or Shortness of Breath:
   ⢿ The coronavirus infection starts within 14 days of an exposure (such as fever, cough, and shortness of breath).
   ⢿ You do not have a fever, cough, or trouble breathing and so it is less likely that this is COVID-19.
   ⢿ Still, to be safe and for peace of mind, it is probably best if you talk to your healthcare provider.

12. Reassurance and Education - No Symptoms and Day 15 or Later:
   ⢿ COVID-19 starts within 14 days of exposure.
   ⢿ The most common symptoms are cough, fever, and shortness of breath.
   ⢿ If you have not had any symptoms by day 15, you should be safe from getting the coronavirus.

13. Measure Temperature:
   ⢿ Watch for symptoms of cough and fever.
   ⢿ Measure your temperature 2 times each day, until 14 days after exposure.
   ⢿ Report any cough or fever to your healthcare provider or to the local department of public health.

14. Home Isolation Recommendations:
   ⢿ Isolation will be needed if you develop a cough or fever within 14 days of COVID-19 exposure:
   ⢿ Isolate yourself at home.
   ⢿ Do Not allow any visitors
   ⢿ Do Not go to work or school
   ⢿ Do Not go to religious services, child care centers, shopping, or other public places.

15. Note to Triager - Triage Nurse Should Notify Emergency Department (ED):
   ⢿ The triager should call ahead to the ED and inform them of patient's symptoms and suspected diagnosis of COVID-19.
   ⢿ Obtain and document the patient / caller's mobile phone number. Either keep the patient on hold or call the patient back with instructions.
   ⢿ Reason: So that ED can make plans to prevent coronavirus spread to others in the hospital.

16. You should Go to the Emergency Department (ED):
   ⢿ You will need to go to a nearby ED.
   ⢿ Do not leave until I've called and talked with the ED. The ED may have special instructions on how best to get you there. I will call you back (or place you on hold).
17. **Tell Emergency Department Personnel:**
   - Tell the first healthcare worker you meet that you may have been exposed to COVID-19.
   - Tell them you have symptoms and have been sent for COVID-19 testing.

18. **Home Isolation Is Needed:**
   - **Stay at home.** Home isolation is needed to prevent the spread of infection to others.
   - Do Not allow any visitors.
   - Do Not go to work or school.
   - Do Not go to church, child care centers, shopping, restaurants, or other public places.
   - Do Not shake hands.
   - Avoid close contact with others (hugging, kissing).
   - Avoid public transportation or ride sharing.

19. **Cover Your Mouth and Nose, Wear a Mask:**
   - Cover your mouth and nose with a disposable tissue (e.g., Kleenex, toilet paper, paper towel) or washcloth.
   - Ask for a mask to wear over your mouth and nose.

20. **Cover Your Mouth and Nose:**
   - Cover your mouth and nose with a disposable tissue (e.g., Kleenex, toilet paper, paper towel) or washcloth.

21. **Wash Your Hands with Soap and Water:**
   - Wash your hands and face frequently with soap and water.
   - This is especially important after coughing or sneezing.

22. **Call Back If:**
   - Shortness of breath or trouble breathing
   - You become worse.

23. **Tell the Ambulance Dispatcher about Your COVID-19 Exposure:**
   - When you call 911, tell the dispatcher that you may have been exposed to COVID-19.

24. **Tell Ambulance Medics about Your COVID-19 Exposure:**
   - Tell the paramedic right away that you may have been exposed to COVID-19.
   - The paramedics should call ahead to the emergency department to let them know.

25. **Testing or In-Person Visits - Patient Must Tell Healthcare Personnel:**
   - Tell the first healthcare worker you meet that you may have been exposed to COVID-19.
   - Tell them you have symptoms and have been sent for COVID-19 testing.

26. **Call Back (or Call Your Doctor) If:**
   - Fever or feeling feverish occurs within 14 days of COVID-19 exposure.
   - Cough or difficulty breathing occur within 14 days of COVID-19 exposure.
   - Body aches, chills, diarrhea, headache, runny nose, or sore throat occur within 14 days of COVID-19 exposure.
   - You have more questions.

27. **Alternate Disposition - Call Employee Health at Your Workplace Within 24 Hours:**

After Hours Telephone Triage Protocols - Standard | Adult | 2020

Coronavirus (COVID-19) - Exposure
You need to call and discuss this with the Employee Health Department for your workplace within the next 24 hours.

28. **Note to Triager - Should an Exposed Healthcare Worker Go Back to Work?**
- Healthcare workers who were exposed to COVID-19 and who were not wearing recommended personal protective equipment are at risk of getting COVID-19.
- This is a concern because if they get infected, they can spread it to patients.
- The exposed healthcare worker should talk to the occupational health office for their workplace.

29. **Note to Triager - Should the Patient Go to Work?**
- If a person has had close contact exposure to COVID-19 in the last 14 days, it is recommended that they make arrangements to work from home until 14 days have passed.
- Similarly, if a person has had travel from or living in high risk area (identified by CDC) it is also recommended that they make arrangements to work from home.
- The patient should talk to the employee health office for their workplace.

30. **Note to Triager - COVID-19 Testing Probably Indicated:**
- The patient has a cough and/or fever and a possible exposure to COVID-19.
- The patient should be tested for COVID-19 if testing is available. However, it may still be difficult to get a place to get tested. Remember, there is no treatment for COVID-19. Test results only help with decision-making and preventing spread.
- **Who should get prioritized for testing?** Healthcare workers and first responders have top priority. Lowest priority are healthy people under 65 years old who have mild symptoms.
- **Where can a person get tested?** COVID-19 testing is becoming more available from local and state public health departments. Commercial labs can perform COVID-19 testing. The test is a nose or throat swab.

Use your judgment and knowledge of current public health department recommendations.

- What about a standing order? As testing becomes more widely available, call centers should talk with their medical leadership about triagers being able to use a standing order for testing.

31. **Testing or In-Person Visits - Patient or Triager Should Phone Ahead:**
- Wherever you go for care, it is important to phone ahead first.
- Tell them that you may have been exposed to coronavirus and you are now having symptoms (e.g., fever, cough).
- You **must** do this so that the healthcare workers can make plans to prevent spread of coronavirus to others.

32. **Call Back If:**
- Shortness of breath or trouble breathing

After Hours Telephone Triage Protocols - Standard | Adult | 2020
Coronavirus Disease (COVID-19) exposure.
- Cough occurs within 14 days of Coronavirus Disease (COVID-19) exposure.
- You become worse.

33. FAQ - Should I wear a face mask to protect me from getting COVID-19?
- The CDC does not currently recommend the use of face masks among the general public.
- If you have symptoms, you should wear a facemask when seeking medical care.

Moved (insertion) [30]
Moved (insertion) [32]
Deleted: It is reasonable for people who have traveled to a high risk area or had close contact exposure to coronavirus in the last 14 days, to make arrangements to work from home until 14 days have passed…
Moved (insertion) [20]
Moved (insertion) [13]
Moved (insertion) [8]
Moved (insertion) [15]
Moved (insertion) [16]
FAQ - Can someone spread the virus who is not sick?
- The virus spreads through respiratory droplets produced when an infected person coughs or sneezes. The droplets can then be inhaled by a nearby person.
- Therefore, an infected person is thought to be most contagious when they are sick and have symptoms of cough and fever.
- It is possible that an infected person could spread coronavirus before they start feeling sick. However, this is not the main way coronavirus spreads.

Alternate Disposition - Call Telemedicine Provider Within 24 Hours:
- Telemedicine may be your best choice for care during this COVID-19 outbreak.
- You should call a telemedicine provider if your own healthcare provider is not available.
FAQ - Can I get coronavirus from touching an infected surface?

- It is possible that a person could get coronavirus by touching an object like a doorknob or a phone, or surfaces like a table or desk.
- However, this is not the main way coronavirus spreads.
- You can use a household cleaning spray or wipe (e.g., Clorox or similar) to clean the object or surface. Follow the label instructions.
- Remember, wash your hands often with soap and water.

Keep Your Mind Positive:

- Live in the Present: Live in the present, not the future. The future is where your needless worries live.
- Think Positive: Use a mantra to reduce your fears, such as “I am strong”. Stay positive.
- Get Outdoors: Take daily walks. Go to a park if you have one. Being in nature is good for your immune system.
- Stay in Touch with Your Friends and Family: Use regular phone calls and video chats to stay in touch with those you love. Schedule virtual video dinners with friends and family!

Keep Your Body Strong:

- Get your body ready to fight the COVID-19 virus.
- Walk or exercise every day. Take the stairs.
- Stay well hydrated.
- Eat healthy meals. Avoid overeating to deal with your fears.
- Avoid the over-use of anti-fever medicines. Fever helps fight infections and ramps up your immune system.
- Avoid close contact with people known to have this new coronavirus infection. Try to stay at least 6 feet away from anyone who is coughing.
- Wash hands often with soap and water.
- Alcohol-based hand cleaners are also effective.
- Avoid touching the eyes, nose or mouth. Germs on the hands can spread this way.
- Do not share eating utensils (e.g., spoon, fork).

How to Protect You and Your Family from Getting COVID-19:

- Avoid touching an infected surface.
- Wash hands often with soap and water.
- Alcohol-based hand cleaners are also effective.
- Avoid touching the eyes, nose or mouth. Germs on the hands can spread this way.
- Do not share eating utensils (e.g., spoon, fork).

Reassurance and Education

Moved up [5]:
- The coronavirus infection starts within 14 days of an exposure.

Moved up [17]:
- The most common symptoms are those of a respiratory infection (such as fever, cough, and shortness of breath).

Moved up [14]:
- You do not have a fever, cough, or trouble breathing and so it is less likely that this is Coronavirus Disease (COVID-19).

Moved up [1]:
- Within 24 Hours:
  - Telemedicine may be your best choice for care during this COVID-19 outbreak.

Moved up [24]:
- Telemedicine may be your best choice for care during this COVID-19 outbreak.

Moved up [35]:
- Coronavirus (COVID-19) - Exposure
39. **How to Protect Others - When You are Sick with COVID-19:**

- **Stay Home:** Stay home from school or work if you are sick. Do Not go to religious services, child care centers, shopping, or other public places. Do Not use public transportation (e.g., bus, taxis, ride-sharing). Do Not allow any visitors to your home. Leave the house only if you need to seek urgent medical care.
- **Cover the Cough:** Cough and sneeze into your shirt sleeve or inner elbow. Don't cough into your hand or the air. If available, cough into a tissue and throw it into a trash can.
- **Wash Hands Often:** Wash hands often with soap and water. After coughing or sneezing are important times.
- **Wear a Mask:** Wear a face mask when around others. Always wear a face mask (if available) if you have to leave your home (such as going to a medical facility).
- **Call First if Medical Care Needed:** Call ahead to get approval and careful directions.

40. **Call EMS 911 Now:**

- Immediate medical attention is needed. You need to hang up and call 911 (or an ambulance).
- **Triage Discretion:** I'll call you back in a few minutes to be sure you were able to reach them.

41. **Go to ED Now:**

- You need to be seen in the Emergency Department.
- Go to the ED at Hospital.
- Leave now. Drive carefully.

42. **Go To ED Now (or PCP triage):**

- **If No PCP (Primary Care Provider) Second-Level Triage:** You need to be seen within the next hour. Go to the ED/UCC at Hospital. Leave as soon as you can.
- **If PCP Second-Level Triage Required:** You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the provider on-call now. If you haven't heard from the provider (or me) within 30 minutes, go directly to the ED/UCC at Hospital.

43. **See HCP Within 4 Hours (or PCP triage):**

- **If Office Will Be Open:** You need to be seen within the next 3 or 4 hours. Call your doctor (or NP/PA) now or as soon as the office opens.
- **If Office Will Be Closed and No PCP (Primary Care Provider) Second-Level Triage:** You need to be seen within the next 3 or 4 hours. A nearby Urgent Care Center (UCC) is often a good source of care. Another choice is to go to the ED. Go sooner if you become worse.
- **If Office Will Be Closed and PCP Second-Level Triage Required:** You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again. **NOTE:** If on-call provider can't be reached, send to UCC or ED.

44. **See PCP Within 24 Hours:**

- **If Office Will Be Open:** You need to be seen within the next 24 hours. Call your doctor (or NP/PA) when the office opens and make an appointment.
- **If Office Will Be Closed and No PCP (Primary Care Provider) Second-Level Triage:** You need to be seen within the next 24 hours. A clinic or an urgent care center...
center is often a good source of care if your doctor’s office is closed or you can’t get an appointment.

- **If Office Will Be Closed and PCP Second-Level Triage Required:** You may need to be seen within the next 24 hours. Your doctor (or NP/PA) will want to talk with you to decide what’s best. I’ll page the on-call provider now. **NOTE:** Since this isn’t serious, hold the page between 10 pm and 7 am. Page the on-call provider in the morning.

- **If Patient Has No PCP:** Refer patient to a clinic or urgent care center. Also try to help caller find a PCP for future care.

45. **See PCP Within 3 Days:**
   - You need to be seen within 2 or 3 days. Call your doctor (or NP/PA) during regular office hours and make an appointment. A clinic or urgent care center are good places to go for care if your doctor’s office is closed or you can’t get an appointment. **NOTE:** If office will be open tomorrow, tell caller to call then, not in 3 days.

46. **See PCP Within 2 Weeks:**
   - You need to be seen for this ongoing problem within the next 2 weeks. Call your doctor (or NP/PA) during regular office hours and make an appointment.
   - **If Patient Has No PCP (Primary Care Provider):** A clinic or urgent care center are good places to go for care if you do not have a primary care provider. **NOTE:** Try to help caller find a PCP for future care (e.g., use a physician referral line). Having a PCP or “medical home” means better long-term care.

47. **Home Care - Information or Advice Only Call.**

48. **Home Care:**
   - You should be able to treat this at home.
49. **Call PCP Now**
   🟩 You need to discuss this with your doctor (or NP/PA).
   🟩 I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again.

50. **Call PCP Within 24 Hours**
   🟩 You need to discuss this with your doctor (or NP/PA) within the next 24 hours.
   🟩 **If Office Will Be Open:** Call the office when it opens tomorrow morning.
   🟩 **If Office Will Be Closed:** I'll page the on-call provider now. **Exception:** from 9 pm to 9 am. Since this isn't urgent, we'll hold the page until morning.

51. **Call PCP When Office Is Open**
   🟩 You need to discuss this with your doctor (or NP/PA) within the next few days.
   🟩 Call the office when it is open.
54. **Call Local Agency Within 24 Hours:**
   - You need to discuss these issues further with someone from a local agency.
   - Call them within the next 24 hours.

72. **Fever Medicines:**
   - For fever relief, take acetaminophen or ibuprofen.
   - Treat fevers above 101°F (38.3°C).
   - The goal of fever therapy is to bring the fever down to a comfortable level.
   - Remember that fever medicine usually lowers fever 2-3°F (1-1.5°C).
   - **Acetaminophen (e.g., Tylenol):**
     - Take 650 mg (two 325 mg pills) by mouth every 4-6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take each day is 3,250 mg (10 Regular Strength pills a day).
     - Another choice is to take 1,000 mg (two 500 mg pills) every 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take each day is 3,000 mg (6 Extra Strength pills a day).
   - **Ibuprofen (e.g., Motrin, Advil):**
     - Take 400 mg (two 200 mg pills) by mouth every 6 hours as needed.
     - The most you should take each day is 1,200 mg (six 200 mg pills a day), unless your doctor has told you to take more.

**Extra Notes:**
- Acetaminophen is thought to be safer than ibuprofen or naproxen for people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
- McNeil, the company that makes Tylenol, has different dosage instructions for Tylenol in Canada and the United States. In Canada, the maximum recommended dose per day is 4,000 mg or twelve (12) Regular-Strength (325 mg) pills. In the United States, McNeil recommends a maximum dose of ten (10) Regular-Strength (325 mg) pills.
- Before taking any medicine, read all the instructions on the package.
Caution

NSAIDs (e.g., ibuprofen, naproxen):

- Do not take NSAID medicines if you have stomach problems, kidney disease, heart failure, or other contraindications to using this type of medicine.
- Do not take NSAID medicines if you are pregnant.
- Do not take NSAID medicines if you are also taking blood thinners.
- You may take this medicine with or without food. Taking it with food or milk may lessen the chance the drug will upset your stomach.
- Gastrointestinal Risk: There is an increased risk of stomach ulcers, GI bleeding, perforation.
- Cardiovascular Risk: There may be an increased risk of heart attack and stroke.

Driving:
- Another adult should drive.
89. Call Back If:
   - You become worse.
90. Call Back If:
   - You have more questions.

144. Cough Medicines:
   - OTC Cough Syrups: The most common cough suppressant in OTC cough medications is dextromethorphan. Often the letters "DM" appear in the name.
   - OTC Cough Drops: Cough drops can help a lot, especially for mild coughs. They reduce coughing by soothing your irritated throat and removing that tickle sensation in the back of the throat. Cough drops also have the advantage of portability - you can carry them with you.
   - Home Remedy - Hard Candy: Hard candy works just as well as medicine-flavored OTC cough drops. People who have diabetes should use sugar-free candy.
   - Home Remedy - Honey: This old home remedy has been shown to help decrease coughing at night. The adult dosage is 2 teaspoons (10 ml) at bedtime. Honey should not be given to infants under one year of age.

146. Caution - Dextromethorphan:
   - Do not try to completely suppress coughs that produce mucus and phlegm. Remember that coughing is helpful in bringing up mucus from the lungs and preventing pneumonia.
   - Research Notes: Dextromethorphan in some research studies has been shown to reduce the frequency and severity of cough in adults (18 years or older) without significant adverse effects. However, other studies suggest that dextromethorphan is no better than placebo at reducing a cough.
   - Drug Abuse Potential: It should be noted that dextromethorphan has become a drug of abuse. This problem is seen most often in adolescents. Overdose symptoms can range from giggling and euphoria to hallucinations and coma.

   - Contraindicated: Do not take dextromethorphan if you are taking a monoamine oxidase (MAO) inhibitor now or in the past 2 weeks. Examples of MAO inhibitors include isocarboxazid (Marplan), phenelzine (Nardil), selegiline (Eldexpry, Emsam, Zelapar), and tranylcypromine (Parnate). Do not take dextromethorphan if you are taking venlafaxine (Effexor).

601. COVID-19 - Information about Testing:
   - Testing requires a doctor's order (as with all medical tests).
   - Testing is performed on material collected with a nose or throat swab. Swabs specimens are then sent to the CDC and/or state public health department.
   - Testing is becoming more available from state and public health departments.
   - Commercial labs also now have these tests available.
   - The results usually come back in 1 to 4 days, but may take longer depending on testing kit or testing site availability.
   - Usually testing is only performed on people with symptoms. Any person who is being tested should be staying home (home isolation).

602. COVID-19 - Where to Go for Testing:
   - Go to the testing site recommended by your healthcare provider (e.g., doctor, NP, or PA) or public health department.
   - Swabs of the nose or throat will only be collected on patients who have a healthcare provider's order.
Testing sites vary based on the city, hospital, and healthcare system.
In general, they are not performed in private doctor's offices or clinics.
People cannot just walk in and request a COVID-19 test.

603. Note to Triager - Caller Remains Worried after Education and Reassurance:
- Encourage the caller to phone their healthcare provider (e.g., doctor, NP, PA) or public health department.
- Discourage the caller from going to a healthcare facility, unless they are feeling very sick (e.g., difficulty breathing, very weak).

604. Other COVID-19 Facts:
- Incubation Period: Average 5 days (range 2 to 14 days) after coming in contact with a person who has COVID-19 virus.
- Expected Course: Studies from other counties have shown that about 80% have a mild illness, much like normal flu or a bad cold. The symptoms usually last 2 weeks.
- Asymptomatic Patients: An unknown percentage of infected patients have no symptoms.
- Complications: Viral pneumonia occurs in 5 to 10% of patients. People with complications generally recover in 3 to 6 weeks.
- Death Rate: The adult death rate is approximately 1% to 2%. The death rate is lower in children and younger adults. It is higher in older adults.
- Vaccine: There currently is no vaccine to prevent COVID-19. Many labs are working on developing a vaccine, but that will take at least a year.
- Treatment: There is currently no effective anti-viral medication for coronavirus. Treatment is supportive (e.g., oxygen and IV fluids) for hospitalized patients.

605. People Diagnosed with COVID-19 - Home Isolation:
- Stay at home. People who are mildly ill with COVID-19 can recover at home.
- Do Not allow any visitors.
- Do Not go to work or school.
- Do Not go to religious services, child care centers, shopping, or other public places.
- Do Not use public transportation (e.g., bus, taxis, ride-sharing).

606. Stay Away from Others in Your Home:
- As much as possible, you should stay in a specific "sick room" and away from other people in your home.
- Use a separate bathroom, if available.

607. Clean Your Hands Often:
- Wash Hands: Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Use Hand Sanitizer: If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

608. Clean "High Touch" Surfaces Every Day:
- Clean high-touch surfaces in your isolation area ("sick room" and bathroom) every day.
- High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

609. Call Ahead Before Visiting Your Healthcare Provider (Doctor, NP, PA):
- Call ahead: If you have a medical appointment, call your doctor's office or
emergency department, and tell them you have or may have COVID-19.
- This will help the office protect themselves and other patients.
- Wear a facemask.

610. How and When to Stop Home Isolation:
- Talk to your healthcare provider.
- The decision to stop home isolation should be made by your healthcare provider in consultation with the local health departments. Local decisions depend on local circumstances.

611. Call Back (or Call Your Healthcare Provider) If:
- Shortness of breath occurs
- You become worse.

612. Note to Triager - Ibuprofen Concerns:
- Discuss only if caller brings up concerns about ibuprofen.
- Response: The CDC, WHO, and other experts continue to support the use of ibuprofen (if needed) for patients with COVID-19. They found no scientific evidence to support the claim that ibuprofen made COVID-19 worse.

FIRST AID
N/A

BACKGROUND INFORMATION

Key Points
- An outbreak of this infection began in Wuhan, Hubei Province, China in December 2019.
- The first patient in the United States occurred on January 21, 2020. During March 2020 cases were identified in all states.
- Four patients were confirmed in Canada on January 31, 2020.
- The Centers for Disease Control and Prevention (CDC) is considered the source of truth for this guideline. This continues to be a rapidly changing situation and guidance from the CDC is being updated daily. See https://www.cdc.gov/coronavirus/2019-ncov/index.html.

Symptoms
The COVID-19 coronavirus causes a lower respiratory tract illness. Common symptoms are:
- Cough
- Fever
- Shortness of breath

Less common symptoms may include:
- Body aches
- Chills
- Diarrhea
- Fatigue
- Headache
• Runny nose
• Sore throat

Some people may have minimal symptoms or be asymptomatic.

Cause
It is caused by a novel (new) coronavirus (COVID-19).

Risk Factors
Risk factors for getting sick with COVID-19 are:

• Close contact with a person who tested positive for COVID-19 AND contact occurred while they were ill.

• Living in or travel from a city or area where there is major community spread of COVID-19. This carries a lower risk compared to close contact if one follows social distancing recommendations.

Community spread is now occurring in most of the US, especially in cities.

• International travel

How it is Spread (Transmission)

COVID-19 is spread from person to person.

After Hours Telephone Triage Protocols - Standard | Adult | 2020
Coronavirus (COVID-19) - Exposure
Respiratory Droplet from Coughing: The virus spreads from respiratory droplets that are produced when a person coughs or sneezes. The infected droplets can then be inhaled by a nearby person or land on the surface of their eyes.

Surfaces: Most infected people also have respiratory secretions on their hands. These secretions get transferred to healthy people on doorknobs, faucet handles, etc. The virus then gets transferred to healthy people when they touch their face or rub their eyes.

Incubation Period
The incubation period averages 5 days (range 2 to 14 days) after coming in contact with the secretions of a person who has COVID-19.

Diagnosis and Reporting
A person under investigation (PUI) is a person with symptoms who a healthcare provider suspects of having COVID-19. The latest CDC guidance on assessment of PUI’s is available at https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html. Healthcare providers who identify a PUI should notify both the infection control personnel for their healthcare facility and the local or state health department.

Complications
Complications include pneumonia, hypoxia, ARDS, respiratory failure, and death.

People with the following medical problems or conditions appear to be at higher risk of complications.

- 65 years and older
- Diabetes, especially if the person has diabetes complications already
- Heart disease, such as heart failure, heart attack
- Lung disease, such as COPD, cystic fibrosis, or moderate to severe asthma
- Weak immune system such as HIV, chemotherapy, organ transplant, or chronic steroids

It is unknown whether pregnant women have a greater risk from getting sick with COVID-19.

The adult death rate is approximately 1% to 3%. The death rate is lower in children and younger adults. It is higher in older adults.

Treatment
There is no vaccine or anti-viral medication for COVID-19. Treatment is supportive. Oxygen and IV fluids are used for hospitalized patients.

None of the drugs mentioned recently in the news (such as chloroquine) have any proven efficacy in treating or preventing this viral disease. More research is needed in this area.

Travel
- Avoid all non-essential travel.
- If you must travel, go to CDC website for updates on travel advisories: https://www.cdc.gov/coronavirus/2019-ncov/travelers.
Ibuprofen and other NSAID Use for COVID-19

Many callers have expressed concerns that ibuprofen (or other NSAID) use to treat COVID-19 symptoms may worsen the disease. These concerns originated from a few physicians’ comments and have since spread over social media.

To date, there is no scientific evidence (clinical trials or studies) that show that using ibuprofen negatively impacts outcome in COVID-19 patients. We will continue to review any new literature as it is published. The CDC, WHO, AAP and our Infectious Disease expert reviewers continue to approve the use of ibuprofen for COVID-19.

For these reasons, Schmitt-Thompson Clinical Content (STCC) guidelines continue to recommend ibuprofen as an acceptable way to treat high fevers and pain.

⦁ Remind callers that fevers may be beneficial, help fight the infection, and speed recovery.
⦁ Low-grade fevers should not be treated.

If callers remain concerned, they can use acetaminophen for symptoms that warrant treatment.

Caution: For suspected COVID-19 patients on oral steroids, such as prednisone, the triager should involve the HCP for a decision about whether the drug can be continued.

Other Coronaviruses in Humans

Common coronaviruses can cause colds and upper respiratory symptoms. These can be identified in currently available commercial respiratory testing panels (human coronaviruses HKU1, OC43, 229E, and OC43). These coronaviruses are completely different than the novel coronavirus addressed in this guideline.

Two other coronaviruses that previously have caused serious outbreaks are:

⦁ MERS-CoV: Middle East Respiratory Syndrome (MERS)
⦁ SARS-CoV: Severe Acute Respiratory Syndrome (SARS)

Internet Resources


REFERENCES


Coronavirus (COVID-19) - Exposure


SEARCH WORDS

2019-NCOV BREATHING
BREATHING DIFFICULTY
CORONAVIRUS
CORONAVIRUS EXPOSURE
COUGH
COVID-19
DIFFICULT BREATHING DIFFICULTY BREATHING EXPOSURE EXPOSURE QUESTION EXPOSURE QUESTIONS FOREIGN TRAVEL INFECTION EXPOSURE NCOV NOVEL CORONAVIRUS SOB TRAVEL TROUBLE BREATHING

AUTHOR AND COPYRIGHT

After Hours Telephone Triage Protocols - Standard | Adult | 2020  Coronavirus (COVID-19) - Exposure