**Coronavirus (COVID-19) - Exposure**
Pediatric After-Hours Version - Standard - 2020

**DEFINITION**

* COVID-19 stands for Coronavirus Disease 2019, the year the outbreak started in China.
* Exposure means Close Contact to a person with a laboratory-confirmed case of suspected COVID-19.
* PUI means patient under investigation for COVID-19. PUI are people who are sick and need testing for the virus OR are not sick and need close follow-up to see if they develop symptoms.
* Note: There are different strains of coronaviruses. Common coronaviruses generally just cause cold symptoms and mild illness in healthy children. The differences between these viruses and COVID-19 are covered in home care and background information. Confirmed patients have a positive COVID-19 lab test.
* Suspected patients are those whom a HCP suspects of having COVID-19, based on symptoms and exposure. (CDC definition). Also called Person Under Investigation (PUI).
* Includes international and domestic travel from other locales where there is major community spread
* UPDATED GUIDELINE VERSION: 3/11/2020 3/28/2020

**NOTE TO TRIAGER - GUIDELINE CHOICE FOR SUSPECTED COVID-19:**
* During MAJOR COMMUNITY SPREAD of COVID-19, patients with fever and/or cough can be presumed to have COVID-19. Use the COVID-19 guidelines for these patients, not Cough or Fever guidelines.
* The best COVID-19 guideline choice also depends on the PUBLIC HEALTH DEPARTMENT (PHD) recommendations and TESTING AVAILABILITY in the patient's community.
* If PHD does not recommend testing on all suspected COVID-19 patients and/or if testing is not readily available, use the Coronavirus (COVID-19) Diagnosed or Suspected guideline.
* If PHD recommends testing on all suspected COVID-19 patients and testing is readily available, use the Coronavirus (COVID-19) Exposure guideline.

**WHEN EXPOSED PERSON DEVELOPS SYMPTOMS: WHAT TO DO**
* If the exposed child develops symptoms, they become a suspected COVID-19 patient.
* Early in the outbreak phase, they may be referred for testing. Stay in this guideline during this phase.
* Later in the sustained community spread phase, suspected COVID-19 becomes a clinical diagnosis. Testing is usually reserved for patients with serious symptoms who need to be seen in an ED setting or hospitalized. Use the Coronavirus (COVID-19) Diagnosed or Suspected guideline in this phase if testing is limited and patients have symptoms.
* Children with lab confirmed or HCP suspected COVID-19 should be triaged and managed using the Coronavirus (COVID-19) Diagnosed or Suspected guideline.

**CLOSE CONTACT (EXPOSURE) TO COVID-19 DEFINITION:**

**HOUSEHOLD CLOSE CONTACT:**
* Living in the same house (household contacts) or visiting with a person with confirmed or suspected COVID-19.

**OTHER CLOSE CONTACT:**
* 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) (CDC)

**NOT CLOSE CONTACT (LOW RISK EXPOSURE):**
* Living in or travel from a city, country or other geographic area where there is documented person-to-person transmission (community spread) of confirmed COVID-19 carries a small risk. This risk increases in areas of major community spread as listed by the CDC (see travel advisories at www.cdc.gov/coronavirus). This is due to the increased chance of unknowingly experiencing close contact with a COVID-19 sick patient.

**NOT CLOSE CONTACT (LOW RISK EXPOSURE):**
* Being in the same school, church, workplace or building as ONE person with COVID-19 carries a small risk. This risk increases once sustained community spread occurs.
* Walking by a person who has COVID-19 carries no risk.

**INITIAL ASSESSMENT QUESTIONS**
1. **CONFIRMED CASE CLOSE CONTACT:** "Who is the person with confirmed or suspected COVID-19 infection that your child was exposed to?"
2. **PLACE of CONTACT:** "Where was your child when they were exposed to the patient?" (e.g. home, school, medical waiting room. Also, which city?)
3. **TYPE of CONTACT:** "What type of contact was there?" (e.g. talking to, sitting next to, same room, same building)
4. **DURATION of CONTACT:** "How long were you or your child in contact with the COVID-19 patient?" (e.g., minutes, hours, live with the patient)
5. **DATE of CONTACT:** "When did your child have contact with a COVID-19 patient?" (e.g., how many days ago)
6. **TRAVEL:** "Have you and/or your child traveled internationally 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: this becomes irrelevant 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:** "Does your child have any symptoms?" (e.g., fever, cough, breathing difficulty)
9. **RESPIRATORY STATUS:** "Describe your child's breathing. What does it sound like?" (e.g., wheezing, stridor, grunting, weak cry, unable to speak, retractions, rapid rate, cyanosis)
10. **FEVER:** "Does your child have a fever?" If so, ask: "What is it, how was it measured, and when did it start?"
11. **CHILD'S APPEARANCE:** "How sick is your child acting? What is he doing right now?" If asleep, ask: "How was he acting before he went to sleep?"

- Author's note: IAQ's are intended for training purposes and not meant to be required on every call.

**TRIAGE ASSESSMENT QUESTIONS**

**Call EMS 911 Now**
Severe difficulty breathing (e.g., struggling for each breath, can only speak in single
words, bluish lips)

  \textit{R/O: severe respiratory distress}

  \textit{CA: 50, 21, 22, 15, 17, 1}

Sounds like a life-threatening emergency to the triager

  \textit{CA: 50, 21, 22, 15, 17, 1}

See More Appropriate Guideline


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

  
  Go to Guideline: Breathing Difficulty Severe (Pediatric)

  
  Go to Guideline: Cough (Pediatric)

  
  Go to Guideline: Colds (Pediatric)

Go to ED Now
[1] Any difficulty breathing (SOB) occurs AND [2] within 14 days of close contact with confirmed COVID-19 patient
  
  
  CA: 51, 12, 14, 13, 15, 17, 19, 35, 1

Go to ED Now (or PCP triage)

Child sounds very sick or weak to the triager
  
  Reason: severe acute illness or serious complication suspected. Referral to ED: call ahead.
  
  CA: 52, 12, 14, 13, 15, 17, 19, 35, 1

Call PCP within 24 Hours
[1] Fever > 100.4°F (38.0°C) OR cough occurs AND [2] within 14 days of close contact with confirmed COVID-19 patient BUT [3] no difficulty breathing (SOB)
  
  R/O: Coronavirus infection. PCP will decide if testing is indicated and where to go.
  
  CA: 60, 46, 32, 33, 16, 17, 19, 31, 34, 27, 20, 1

  
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Call PCP when Office is Open

Home Care
[1] Travel from or living in high risk area for COVID-19 community spread (identified by CDC local PHD) BUT [2] no
[2] within last 14 days AND [3] NO fever, cough or breathing difficulty
Reason: follow local PHD directives regarding staying at home, etc.
CA:  58,  24,  4,  6,  7,  8,  28,  1
[1] Travel from high risk area for major COVID-19 community spread (identified by CDC) AND [2]
within last 14 days AND [3] NO cough, fever or breathing difficulty

Reason: Lower risk but needs to be followed by HCP and PHD. May need home isolation.
CA: 61, 26, 8, 9, 10, 23, 1

fever, or breathing difficulty

Reason: PUI but without symptoms should be followed closely by a HCP and PHD. Needs home isolation Home
quarantine recommended.
CA: 61, 11, 58, 25, 9, 10, 23, 1

Home Care

cough, fever or breathing difficulty

Reason: Asymptomatic for 14 days. Risk of developing COVID-19 infection has passed. Reassure and
discontinue isolation.
CA: 58, 2, 36, 1

close contact

Reason: unrealistic fear of exposure and needs reassurance
CA: 58, 38, 39, 26, 40, 41, 47, 36, 1

COVID-19 testing, questions about who needs it

CA: 58, 18, 39, 40, 41, 44, 47, 36, 1

Test for common coronavirus (not COVID-19) was reported positive
—Reason: test was not for COVID-19. Caller needs reassurance.

COVID-19 Prevention, questions about

CA: 58, 427, 4729, 2630, 31, 36, 1

COVID-19, questions about

Reason: no known exposure or travel to high-risk area. Refer most callers to CDC website:
https://www.cdc.gov/coronavirus
CA: 58, 45, 3, 4, 5, 6, 7, 8, 43, 47, 36, 1

CARE ADVICE (CA) -

1.] CARE ADVICE given per Coronavirus (COVID-19) Exposure (Pediatric) guideline.

2.] REASSURANCE AND EDUCATION - NO SYMPTOMS AND DAY 15 OR LATER:
* The COVID-19 infection starts within 14 days of an exposure.
* Your child developed no symptoms of respiratory infection (such as fever or cough) during
the 14 days after an exposure.
* Your child should be safe from getting COVID-19.
* If your child has been on home isolation, it can be discontinued.

3.] COVID-19 OUTBREAK:
* An outbreak of COVID-19 this infection began in Wuhan, Hubei Province, China in early December 2019.
* The first COVID-19 patient in the United States was reported on January 21, 2020. During
March, cases were identified in all states.
* The first COVID-19 patient in Canada was reported on January 31, 2020.
* By early March, cases were identified in most states.
* The World Health Organization (WHO) has declared COVID-19 a global pandemic.

4.] COVID-19 SYMPTOMS:
COVID-19 coronavirus causes a respiratory illness. It can be more serious and cause The most common symptoms are fever, pneumonia.

The most common symptoms are:
cough, fever, and shortness of breath.

Other less common symptoms are: body aches, chills, diarrhea, headache, runny nose, and sore throat.

5.] COVID-19 - CDC DEFINITION OF EXPOSURE (CLOSE CONTACT: TRUE EXPOSURE):
* You are at risk of getting COVID-19 if the following has occurred:
  * Close contact with a person who is a confirmed case OR tested positive for COVID-19 AND contact occurred while they were ill.
  * Living in or travel from a city, country or other geographic area where there is documented travel from an area with recent local transmission (community spread) of COVID-19 is of lower risk compared to close contact if one observes social distancing. But these people need monitoring for symptoms.
  * Community spread is occurring in most of the US, especially in cities.
  * The CDC (https://www.cdc.gov/coronavirus/2019-ncov/travelers) has the most up-to-date list of where COVID-19 outbreaks are occurring.

6.] COVID-19 - HOW IT IS SPREAD:
* Current cases of COVID-19 are spread from human to human.
* The virus spreads when respiratory droplets 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.
* Most infected people also have respiratory secretions on their hands. These secretions get transferred to healthy people on door knobs, faucet handles, etc. The virus then gets transferred to healthy people when they touch their face or rub their eyes.
* These methods are how most respiratory viruses spread.
* Reports from China suggest that the initial coronavirus (COVID-19) cases were spread from animals (probably bats) to humans.

7.] COVID-19 - HOW TO PROTECT YOURSELF AND FAMILY FROM GETTING SICK: 
* Avoid any contact with people known to have COVID-19 infection (e.g., Avoid talking to, or sitting next close to, same room) then them.
* Try to avoid close contact with stay at least 6 feet away from anyone who is coughing.

* Cough and sneeze into your shirt sleeve or arm rather than into your hand or the air.
* Wash hands often with soap and water, especially before WASH HANDS OFTEN WITH SOAP AND WATER (VERY IMPORTANT). Always do before you eat.
* Use an alcohol-based hand sanitizer if water is not available. Remember: soap and water work better.
* Avoid touching the Don't touch your eyes, nose or mouth unless your hands are clean. Germs on the hands can get into your body this way.
* Don't share glasses, plates or eating (e.g., spoon or fork) or drinking utensils.
* Stay home from work or school if you are sick.
* No longer shake hands with people. Greet others with a smile and a nod.

* Note Avoid crowds. Being outdoors is generally safe.
8. COVID-19 - TRAVEL:

* Avoid ERs and urgent care clinics if you don't need to go there. These are places where you are likely to be exposed to infections.
* Masks: The CDC does not recommend wearing a face mask, unless you are sick.
* Get adequate sleep and stay well hydrated.

9. MEASURE TEMPERATURE:
* The Centers for Disease Control and Prevention (CDC) maintains a website with latest recommendations regarding travel and your child's health.
* Currently (March 8), the CDC recommends against travel to China, Japan, South Korea, Iran, and Italy.
* For Avoid all non-essential travel.
* If you must travel, go to CDC website for updates regarding travel advisories, see the CDC website at: https://www.cdc.gov/coronavirus/2019-ncov/travelers.

10. ISOLATION AT HOME RECOMMENDATIONS:
* Isolation will definitely be needed if your child develops a cough or fever within 14 days of COVID-19 exposure.
* For patients without symptoms, home quarantine also is usually required. Follow the current directives of your local health department.
* Isolate your child at home.
* Home isolation of younger children can be very difficult. Many families also have limited options. Therefore, each triager should individualize the recommendations for isolation after discussing it with the caller.
* Do NOT allow any visitors.
* Do NOT go to school or work.
* Do NOT go to church, child care centers, shopping, or other public places.
* Isolation recommendations for patients without symptoms and true exposure may change based on evolving CDC/PHD guidelines.

11. NOTE TO TRIAGER - PCP WILL NOTIFY THE LOCAL PUBLIC HEALTH N/A DEPARTMENT:
* The patient should stay at home and avoid contact with others until they have talked with their PCP or the public health department.
* If caller doesn't have a PCP, follow the reporting guidelines from your local health department.
* People exposed to a patient with confirmed COVID-19 but without any symptoms of their own, need to be followed closely by a health care provider in conjunction with the local health department.
* Check your child's temperature two times a day. Call your child's PCP or public health department if a fever occurs.
* Early detection of symptoms is the only way to prevent spread of the disease.

12. NOTE TO TRIAGER - EMERGENCY DEPARTMENT REFERRAL IS RECOMMENDED:
* If the patient is located currently in a country where Emergency Departments (ED) are available, then referral to the nearest ED is recommended.
* Reason: The ED will be most prepared for taking care of such a patient. The ED will be most prepared...
for using correct infection control procedures and personal protective equipment (PPE).

13.] **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 ED can make plans to prevent COVID-19 spread to others in the hospital.

14.] **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).
* The ED is the most prepared to prevent the spread of this infection to others.

15.] **ANNOUNCE POSSIBLE COVID-19 EXPOSURE ON ARRIVAL IN ED:**
* Tell the first hospital worker you meet that your child may have been exposed to COVID-19.

16.] **HOME ISOLATION IS NEEDED UNTIL DIAGNOSIS IS MADE:**
* Isolation means separating sick people with a contagious disease from people who are not sick. (CDC) That means stay at home.
* Isolate your child at home the sick patient. Reason: You They are contagious and can spread yourtheir infection to others.
* Other family members should also stay at home on quarantine. Living with a suspected COVID-19 patient implies close contact has occurred.
* Do NOT Not allow any visitors. (such as friends)
* Do NOT Not go to school or work.
* Do NOT Not go to church, child care centers, shopping stores, restaurants, places of worship or other public places.
* Avoid public transportation or ride sharing.
* The patient needs to stay at home but does not need to be confined to a single room. Preventing spread of respiratory infections within a home is nearly impossible. The sick person should try to avoid very close contact with others (other family members. That includes hugging, kissing), sitting next to or sleeping in the same bed.
* None of this is realistic for young children.
* In addition, many families have limited options. Therefore, triagers should individualize their recommendations for isolation after discussing it with the caller.

17.] **COVER YOUR MOUTH AND NOSE, WEAR A MASK:**
* Cover your child's mouth and nose loosely with a disposable tissue (e.g., Kleenex, toilet paper towel) or wash cloth.
* Have your child wear a disposable breathing mask if you have one.
* On arrival, ask for a mask to wear over your child's mouth and nose.

18.] **COVID-19 TESTING - FACTS WHO NEEDS IT:**
* Tests for COVID-19 are only done on patients people who are sick (have a fever or cough) AND also have a past health history that puts them at definite risk for having COVID-19. That mainly means close contact with someone who has lab confirmed or suspected COVID-19 disease.
* As community spread increases, who needs testing changes.
* When cases of COVID-19 are everywhere, testing becomes pointless on mildly ill patients. Testing will mainly be helpful for patients who need admission to the hospital.
* Testing requires a doctor's order (as with all medical tests).
* Testing is performed on material fluid collected on a throat swab and/or nasal swab.
* Swab specimens are then sent to the CDC and/or state public health department. In the
near future, commercial labs may also have these tests available. The results become available in about 24-48 hours.

* In the meantime, the patient is kept in isolation at home or in a hospital depending on severity of their condition. Caution: Once there is widespread community transmission, testing is not done on exposed people who don't have serious symptoms.

19. WASH YOUR HANDS WITH SOAP AND WATER:
* Wash your hands and face frequently with soap and water.

20. CALL BACK IF:
* Breathing difficulty occurs
* Your child becomes worse

21. TELL THE AMBULANCE DISPATCHER ABOUT COVID-19 EXPOSURE:
* When you call 911, tell the dispatcher that your child may have been exposed to COVID-19.

22. TELL AMBULANCE MEDICS ABOUT COVID-19 EXPOSURE:
* Tell the paramedic right away that your child may have been exposed to COVID-19.
* Paramedics should call ahead to the ED to let them know about possible exposure.

23. CALL BACK (OR CALL YOUR CHILD’S DOCTOR) IF:
* Fever occurs within 14 days of COVID-19 exposure
* Cough or difficulty breathing occur within 14 days of COVID-19 exposure
* You have other questions

24. AVOID TOBACCO SMOKE

REASSURANCE AND EDUCATION - AREAS WITH HIGH COMMUNITY SPREAD:

* Active or passive smoking makes coughs much worse. Living in an area where there is widespread community spread of COVID-19 carries an increased risk of catching it.
* The degree of risk depends on how many people have it.
* At a minimum, practice social distancing (6 feet away from anyone who is sick or a stranger)
* Avoid crowds.
* Wash your hands frequently.

25. REASSURANCE AND EDUCATION - CLOSE CONTACT, NO SYMPTOMS, BUT LESS THAN 14 DAYS:
* Although your child may have been or was exposed to COVID-19, your child does not currently have any symptoms of this coronavirus infection. COVID-19 infections start within 14 days following the last exposure.
* Since it's been less than 14 days, your child is still at risk for getting sick with it.
* You need to watch for symptoms until 14 days have passed. Check your child’s temperature two times a day.
* Stay at home with Keep your child on home quarantine until you talk with your child’s doctor or the local public health department. Quarantine will probably need to be continued for 14 days to protect others. They will help you decide.
* They will tell you when it is safe to return to school or work.
26] TRAVEL HISTORY FROM OR LIVING IN A HIGH RISK AREA (AS IDENTIFIED BY CDC) BUT NO SYMPTOMS:
* Living in or travel from a city, country or other geographic area where there is documented person-to-person transmission (community spread) of confirmed COVID-19 is a lower risk factor compared to close contact.
* However, it does increase the risk of unknowingly experiencing close contact with a COVID-19 sick patient.
* You will not need COVID-19 testing unless you develop a fever or cough.
* Monitor for onset of fever or cough symptoms. You will need to measure your temperature 2 times each day for the 14 days since leaving the high risk area. Report the onset of fever or cough to your health department contact person and your PCP.
* The local health department will contact and advise you regarding the possible need for home isolation.

27] HOMEMADE COUGH MEDICINE:
* AGE: 3 Months to 1 year:
  * Give warm clear fluids (e.g., apple juice or lemonade) to thin the mucus and relax the airway. Dosage: 1-3 teaspoons (5-15 ml) four times per day.
  * Note to Triager: Option to be discussed only if caller complains that nothing else helps: Give a small amount of corn syrup. Dosage: 1/4 teaspoon (1 ml). Can give up to 4 times a day when coughing. Caution: Avoid honey until 1 year old (Reason: risk for botulism).
* AGE 1 year and older: Use HONEY 1/2 to 1 tsp (2 to 5 ml) as needed as a homemade cough medicine. It can thin the secretions and loosen the cough. (If not available, can use corn syrup.) OTC cough syrups containing honey are also available. They are not more effective than plain honey and cost much more per dose.
* AGE 6 years and older: Use COUGH DROPS (throat drops) to decrease the tickle in the throat. If not available, can use hard candy. Avoid cough drops before 6 years. Reason: risk of choking.

28] OTC COUGH MEDICINE: DM

* OTC cough medicines are not recommended. (Reason: no proven benefit for children.)

* Honey has been shown to work better. (Caution: Avoid honey until 1 year old.)

* If the caller insists on using one and the child is over 6 years old, help them calculate the dosage.

* Use one with dextromethorphan (DM) that is present in most OTC cough syrups.

* Indication: Give only for severe coughs that interfere with sleep, school or work.

* DM Dosage: See Dosage table. Teen dose 20 mg. Give every 6 to 8 hours.
* Don't use **OTC cough medicines** under 6 years of age. Reason: cough is a protective reflex.

28] **CALL BACK IF:**
* Your child develops a cough or fever
* You have other questions

29] **COUGHING FITS OR SPELLS - WARM MIST AND FLUIDS KEEP YOUR BODY STRONG:**
* Breathe warm mist (such as with shower running in a closed bathroom).
* Give warm clear fluids to drink. Examples are apple juice and lemonade. Don't use warm fluids before 3 months of age.
* Amount: If 3 - 12 months of age, give 1 ounce (30 ml) each time. Limit to 4 times per day. If over 1 year of age, give as much as needed.
* Reason: Both relax the airway and loosen up any phlegm.
* What to Expect: The coughing fit should stop. But, your child will still have a cough.

30] **HUMIDIFIER:**
* If the
* Get your body ready to fight the COVID-19 virus.
* Get enough sleep (very important)
* Keep your heart strong. Walk or exercise every day. Take the stairs. Caution: avoid physical exhaustion.
* Stay well hydrated.
* Eat healthy meals. Avoid overeating to deal with your fears.
* Avoid the over-use of anti-fever medicines. Fever fights infections and ramps up your immune system.

30] **KEEP YOUR MIND POSITIVE:**
* Live in the present, not the future. The future is where your needless worries live. Stay positive.
* Use a mantra to reduce your fears, such as 'I am strong'.
* Go to a park if you have one. Being in nature is good for your immune system.
* As long as they are well, hug your children and partner frequently. Speak to them in a kind and loving voice. Love strengthens your immune system.

31] **HOW TO PROTECT OTHERS - WHEN YOU OR YOUR CHILD ARE SICK:**
* Stay home from school or work if you are sick. Your doctor or local health department will tell you when it is safe to return.
* Cough and sneeze into your shirt sleeve or inner elbow. Don't cough into your hand or the air is dry. Use a humidifier in the bedroom. (Reason: dry air makes coughs worse).
* Avoid menthol vapors. (Reason: makes coughs worse).
* If available, sneeze into a tissue and throw it into trash can.
* Wash hands often with soap and water. After coughing or sneezing are important times.
* Don't share glasses, plates or eating utensils.
* 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). Always call first to get approval and careful directions.

32] **TRIAGE NURSE SHOULD PHONE AHEAD TO REFERRAL SITE:**
* Wherever you refer the patient for testing or a medical evaluation, it is important to phone ahead first.
* Tell them you are sending a patient exposed to COVID-19 and who now has symptoms.
(fever OR cough).
* Reason: so healthcare workers at site can make plans to prevent spread of COVID-19 to others.
* Also determine the safest means of transportation.

33.] ANNOUNCE POSSIBLE COVID-19 EXPOSURE ON SITE ARRIVAL:
* Tell the first healthcare worker you meet that your child may have been exposed to COVID-19. Tell them your child has symptoms and have been referred for COVID-19 testing.

34.] FEVER MEDICINE AND TREATMENT:
* For fever above 102 F (39 C), you may use acetaminophen OR ibuprofen (See Dosage if the patient is uncomfortable. (See Dosage table).
* For fevers 100-102 F (37.8 to 39 C), fever medicines are not needed. Reason: Fever turns on your body's immune system. Fever helps fight the infection.
* Exception: if your child also has pain, treat it.
* FOR ALL FEVERS Fluids: Give cool fluids in unlimited amounts (Exception: less than 6 months-old.) Reason: prevent dehydration. Staying well hydrated helps the body sweat and give off heat.
* Note to triager about ibuprofen concerns: Discuss only if caller brings up concerns about ibuprofen. Response: The CDC, WHO, AAP 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 this disease worse.

35.] CALL BACK IF:
* Your child becomes worse

36.] CALL BACK IF:
* You have other questions

37.] PAIN MEDICINE N/A
* For pain relief, give acetaminophen every 4 hours OR ibuprofen every 6 hours as needed... (See Dosage table.)

38.] REASSURANCE AND EDUCATION - NEEDLESS CONCERNS ABOUT COVID-19 EXPOSURE:
* What you have described is not a true exposure to COVID-19.
* Your child is not at any risk for getting a COVID-19 infection from what you have told me.
* Exception: travel from or living in a high risk area carries a small risk.
* You can take this off your worry list. I'll try to explain in more detail.

39.] CRITERIA FOR TRUE COVID-19 EXPOSURE (CDC):
* The risk of getting COVID-19 requires one of the following to have occurred:
* Close contact with a person who is a lab-test-confirmed COVID-19 AND contact occurred while they were ill.
* Close contact with a person who is under investigation for COVID-19 AND contact occurred while they were ill.

40.] ACTIVITIES THAT DO NOT CAUSE COVID-19 INFECTIONS:
* Being in the same school, church, workplace or building as one person with COVID-19 carries a small risk. This risk increases once sustained community spread occurs.
* Walking by a person who has COVID-19
* Close contact with a person who was exposed to COVID-19 more than 14 days ago and never developed any symptoms

41.] CALLER REMAINS WORRIED AFTER EDUCATION AND REASSURANCE:
* Encourage them to call their PCP and public health department within 24 hours.
* Discourage them from going to a health care facility.
* Tell them that no special testing or treatment will be offered.

42.

**REASSURANCE AND EDUCATION - OTHER CORONAVIRUSES THAT CAUSE N/A COMMON Colds:**
* You have told me that a HCP diagnosed your child with 'coronavirus' or that your child had a 'positive coronavirus test'.
* Your child probably does not have the more serious COVID-19 or else your doctor would have told you to take special precautions, such as home isolation.
* There are many strains of coronaviruses. Most of them cause the common cold.
* Most viral respiratory panels available at hospitals only test for the 'common' coronavirus, although this may change in the near future.
* Most coronavirus strains don't cause serious illness in healthy children.

43.

**OTHER COVID-19 FACTS:**
* Incubation Period: average 5 days (range 2 to 14 days) after coming in contact with the secretions of a person who has COVID-19 virus.
* Expected Course of the Infection: 80% have a mild illness, much like normal flu or a bad cold. The symptoms usually last 2 weeks.
* Asymptomatic No Symptom Patients: An unknown percentage of infected patients have no symptoms.
* Complications: Viral pneumonia occurs in 5 to 10% of patients. Many of these need to be admitted to the hospital. People with complications generally recover in 3 to 6 weeks.
* Death rate: Currently estimated at 0.5 to around 1% (CDC). Higher in older of all infected patients.
* Children generally have a mild illness. There have been no deaths under age 10 and only 1 in teens. Older adults, especially those with chronic lung disease or weak immune systems, have the highest death rates.
* 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: Currently, there is no effective anti-viral medication for coronavirus. Treatment is supportive (e.g., oxygen and IV fluids) are used for hospitalized patients.
* New drugs: 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.

44.

**TESTING SITES FOR SPECIMEN COLLECTION SITES:**
* Swabs of the throat and/or nose will only be collected on patients who have a doctor's order.
* People cannot walk in and request a COVID-19 test.
* Specimen collection sites vary from city to city. Your local health department may operate drive through sites.
* In general, they are not performed in private medical offices or clinics.
* If you are sent to have a COVID-19 test done, go to the site recommended by your local health department, nurse advice line, or PCP.
* Caution: Don't go to an ER, other health facility or testing site without a doctor's order. If you do, you will not receive a test. And you may be exposed to patients who have COVID-19.

45.

**NOTE TO TRIAGER - ONLY ANSWER CALLER'S MAIN QUESTION:**
* This is an information only call.
* Address one specific question, two at the most.
* If there are many questions about COVID-19, redirect the caller to the CDC website: online information. Here
are the most reliable websites:
* American Academy of Pediatrics parent website: www.healthychildren.org
* To meet the demand for COVID-19 information, the public must be encouraged to read.
46.] ALTERNATIVE DISPOSITION - CONSULT AN IDENTIFIED EXPERT ON WHO NEEDS COVID-19 TESTING:
* The patient under consideration has a cough and/or fever, but no serious symptoms.
* Do not refer such a patient for testing until approved by a physician.
* Reason: Unnecessary testing ties up valuable resources.
* In some communities, the ED may provide a physician telephone triage service for patients with mild symptoms who may have COVID-19.
* Some hospitals may even have a telemedicine triage service.
* In many communities, it will continue to be the PCP (primary care provider).
* Once testing sites become easily available and separate from ED and other medical facilities, nurse triage without physician re-triage may become standard of care.

47.] SEE ADDITIONAL GUIDELINE:
* If the child is sick AND there is no known close contact, no local community spread and no history of travel to high-risk areas (as defined by the CDC), also triage the symptoms based on the most appropriate symptom or disease-based guideline.

50.] CALL EMS 911 NOW: Your child needs immediate medical attention. You need to hang up and call 911 (or an ambulance). (Triager Discretion: I'll call you back in a few minutes to be sure you were able to reach them.)

51.] GO TO ED NOW: Your child needs to be seen in the Emergency Department immediately. Go to the ED at ___________ Hospital. Leave now. Drive carefully.

52.] GO TO ED NOW (OR PCP TRIAGE):
* IF NO PCP (PRIMARY CARE PROVIDER) SECOND-LEVEL TRIAGE: Your child needs 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: Your child 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, go directly to the ED/UCC at _____________ Hospital.

53.] SEE HCP WITHIN 4 HOURS (OR PCP TRIAGE):
* IF OFFICE WILL BE OPEN: Your child needs to be seen within the next 3 or 4 hours. Call your doctor's (or NP/PA) office as soon as it opens.
* IF OFFICE WILL BE CLOSED AND NO PCP (PRIMARY CARE PROVIDER) SECOND-LEVEL TRIAGE: Your child needs 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 your child becomes worse.
* IF OFFICE WILL BE CLOSED AND PCP SECOND-LEVEL TRIAGE REQUIRED: Your child 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.

54.] SEE PCP WITHIN 24 HOURS:
* IF OFFICE WILL BE OPEN: Your child needs to be examined within the next 24 hours. Call your child's 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: Your child needs to be examined within the next 24 hours. A clinic or urgent care 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: Your child 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: Between 10 pm and 7 am,
hold the page since this isn't serious. 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 (medical home) for their child.

55.
SEE PCP WITHIN 3 DAYS:
* Your child needs to be examined within 2 or 3 days. Call your doctor (or NP/PA) during regular office hours and make an appointment. NOTE: If office will be open tomorrow, tell caller to call then, not in 3 days.
* IF PATIENT HAS NO PCP (PRIMARY CARE PROVIDER): Refer patient to an urgent care center or clinic. Also try to help caller find a PCP (medical home) for their child.

56.
SEE PCP WITHIN 2 WEEKS:
* Your child needs an evaluation for this ongoing problem within the next 2 weeks. Call your child's doctor (or NP/PA) during regular office hours and make an appointment.
* IF PATIENT HAS NO PCP (PRIMARY CARE PROVIDER): Refer patient to an urgent care center or primary care clinic. Also try to help caller find a PCP (medical home) for their child.

57.
FOLLOW-UP: Discuss ________ with your child's doctor at the next regular office visit. (Call sooner if you become more concerned.)

58.
HOME CARE: You should be able to treat this at home.

59.
CALL PCP NOW: You need to discuss this with your child's 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

60.
CALL PCP WITHIN 24 HOURS: You need to discuss this with your child's 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.

61.
CALL PCP WHEN OFFICE IS OPEN: You need to discuss this with your child's doctor (or NP/PA) within the next few days. Call the office when it is open.

FIRST AID
N/A

BACKGROUND INFORMATION

KEY POINTS
* Currently, limited information is known about this coronavirus (COVID-19) respiratory infection.

COVID-19 OUTBREAK
* An outbreak of this infection began in Wuhan, Hubei Province, China in early December 2019. * The first COVID-19 patient in the United States was reported on January 21, 2020. During March, cases were identified in all states.
* The first COVID-19 patient in Canada was reported on January 31, 2020.

* This is an evolving and rapidly changing situation.

The World Health Organization (WHO) has declared COVID-19 a global pandemic.

COVID-19 SYMPTOMS OF
COVID-19

Causes coronavirus causes a lower respiratory tract illness. Common symptoms are:
- fever
- Cough
- Fever
- Shortness of breath.
Less common symptoms may include:
- Body aches
- Chills
- Diarrhea
- Headache
- Runny nose, chills, diarrhea, headache, runny nose, and sore throat.

COMPLICATIONS OF COVID-19 - OTHER FACTS
- Possible complications include pneumonia, respiratory distress, hypoxia, and respiratory failure.
- Incubation Period: average 5 days (range 2 to 14 days) after coming in contact with the secretions of a person who has COVID-19.
- Expected Course of the Infection: 80% have a mild illness, much like normal flu or a bad cold. The symptoms usually last 2 weeks.
- No Symptom Patients: An unknown percentage of infected patients have no symptoms.
- Complications: 20% have a more severe illness with trouble breathing from viral pneumonia. Many of these need to be admitted to the hospital. People with complications generally recover in 3 to 6 weeks.
- The death rate is currently estimated at 0.5 - 1% (CDC) of all infected patients. In South Korea, with major testing, it was 0.6% (6 per thousand).
- Children generally have a mild illness. There have been no deaths under age 10 and only 1 in teens. Older adults, especially those with chronic lung disease or weak immune systems, have the highest death rates.
- Vaccine: There is no vaccine to prevent COVID-19. Many labs are working on developing a vaccine, but that will take at least a year.
- Treatment: Currently, there is no effective anti-viral medication for coronavirus. Treatment is supportive. Oxygen and IV fluids are used for hospitalized patients.
- New drugs: 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.

CAUSE OF COVID-19
- It is caused by a new coronavirus.

RISK FACTORS FOR GETTING COVID-19
- You are at risk of getting COVID-19 if the following has occurred:
  - Close contact with a confirmed COVID-19 patient, such as:
    - AND contact occurred while they were ill.
  - 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, performing a physical examination (relevant to health care providers).
  - OR having direct contact with infectious secretions of a confirmed COVID-19 case (e.g., being coughed on) (CDC).
Finally, living in or travel from a city, country or other geographic area where there is documented person-to-person transmission (community spread) of confirmed COVID-19 is a lesser risk factor. However, it does increase the risk of unknowingly having close contact (exposure) if one observes social distancing.

The following activities do not increase the risk for getting sick with COVID-19:
* Eating at a Chinese or Vietnamese restaurant.
* Close contact with asymptomatic person who was exposed to COVID-19 more than 14 days ago.

* Community spread is now occurring in most of the US, especially in cities.
* The CDC (https://www.cdc.gov/coronavirus/2019-ncov/travelers) has the most up-to-date list of where COVID-19 outbreaks are occurring.

COVID-19 - HOW IT IS SPREAD (TRANSMISSION)
* Current cases of COVID-19 are spread from human to human.
* The virus spreads when respiratory droplets produced when a person coughs or sneezes.
  * The infected droplets can then be inhaled by a nearby person.
  * This is how most respiratory viruses spread.
  * Reports from China suggest that the initial coronavirus cases were spread from animals (probably bats) to humans or land on the surface of their eyes.

* Both SARS and MERS, which are also coronaviruses, were spread through respiratory droplet (cough, sneezing) person-to-person. 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.
  * These methods are how most respiratory viruses spread.
  * Reports from China suggest that the initial coronavirus (COVID-19) cases were spread from animals (probably bats) to humans.

COVID-19 - 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 this reason, STCC guidelines continue to recommend ibuprofen as an acceptable way to treat high fevers and pain. (Note: Remind callers that fevers are beneficial, help fight the infection, and may 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 PCP for a decision about whether the drug can be continued.
DIAGNOSIS AND REPORTING
* Healthcare providers who identify a possibly infected person (person under investigation - PUI) should notify both the state health department and the infection control personnel for their healthcare facility.
* Healthcare providers or state health departments that identify a confirmed COVID-19 infected person should contact the CDC's Emergency Operations Center (EOC) at 770-488-7100 immediately.

TREATMENT
* There is no vaccine or anti-viral medication for Coronavirus. Treatment is supportive (e.g., oxygen and IV fluids).

OTHER CORONAVIRUSES IN HUMANS
* MERS-CoV: Middle East Respiratory Syndrome (MERS)
* SARS-CoV: Severe Acute Respiratory Syndrome (SARS)
* Of note, neither of these viruses had a major impact on the pediatric population.
* Common coronaviruses causing colds and upper respiratory symptoms that are identified in currently available commercial respiratory testing panels (human coronaviruses HKU1, OC43, 229E, and OC43) are different than COVID-19 addressed in this guideline.

CONCERNS ABOUT POSITIVE LAB TEST FOR THE COMMON CORONAVIRUS THAT CAUSES Colds
* Parents may be concerned that a HCP diagnosed their child with 'coronavirus' or that their child had a 'positive coronavirus test'.
* There are many strains of coronaviruses. Most of them cause the common cold.
* As of now, older viral respiratory panels available at hospitals only tested for the 'common' coronavirus, although this may change in the near future.
* Common coronavirus strains usually don't cause serious illness in healthy children.

INTERNET RESOURCES

EXPERT REVIEWERS
* Lisa M. Koonin DrPH, MN, MPH. Senior Advisor in support of the CDC 2019 Novel Coronavirus (COVID-19) Response, Centers for Disease Control and Prevention (CDC).
* Ann-Christine Nyquist MD, MSPH, Sections of Infectious Disease and Epidemiology, Children's Hospital Colorado, Aurora, CO
* Samuel Dominguez, MD, Sections of Infectious Disease and Epidemiology, Children's Hospital Colorado, Aurora, CO
* Lisa M. Koonin DrPH, MN, MPH. Senior Advisor in support of the CDC 2019 Novel Coronavirus (COVID-19) Response, Centers for Disease Control and Prevention (CDC).

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

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