

# Clinical Response Guidelines for COVID-19 for outpatient settings

(e.g. primary care clinics, private medical offices, urgent and primary care centres, NH clinics)  
Other guidelines and resources on [OurNH COVID-19 page](#)

**SCREENING** - in advance by phone AND when arriving in-person, for EACH encounter  
**Are there ANY compatible COVID-19 symptoms:** fever, chills, cough or exacerbation of chronic cough, shortness of breath, runny nose, sore throat, loss of sense of smell or taste, headache, fatigue, diarrhea, loss of appetite, nausea and vomiting, muscle aches?

**PPE** - Regardless of screening results, when providing direct physical care to patients (within 2m), perform thorough hand hygiene, don PPE: surgical/procedural mask, eye goggles/face shield, and gloves

Yes

Don't know

No

## High risk screen of COVID-19 or unknown risk:

1. Don additional PPE: gown
2. Have patient don surgical mask and use hand sanitizer
3. Immediately inform patient of requirements for isolation (contact/droplet precautions)
4. Screening staff/clinician escort patient to **Designated Care Provision Area** using **Designated Route of Movement** (if available)
5. Place patient in isolation (contact/droplet precautions) per local process
6. Additional precautions including N95 mask with eye protection must be worn during aerosol-generating procedures (i.e. CPR)
7. All equipment brought into patient room must remain in room until disinfected

## Low risk screen of COVID-19:

1. Use universal precautions

**PROVIDE ROUTINE CARE**

## Arrange for COVID-19 testing

1. Determine if testing for COVID-19 ([BCCDC guidelines](#))
  - PCP or NH Online Clinic can assess and provide lab requisition
  - Sample can be collected on-site if capacity (swabs, PPE and transport)
  - If no capacity on-site, send requisition directly to community collection site. Patient will be contacted by collection site

**PROVIDE ROUTINE CARE**

## Discharge patient home with instructions

1. Ensure patient receives relevant patient handout(s) from BCCDC:
  - [Self-Isolation after a COVID-19 Test](#)
  - [How to isolate for those who have COVID-19 or respiratory symptoms](#)
  - [Guide for caregivers and household members of those with COVID-19 \('close contacts'\)](#)
2. Escort patient through **Designated Route of Movement** (if available)

**If at any time the patient presents shortness of breath, difficulty breathing, chest pain, confused, OR loss of consciousness**

## PATIENT REQUIRES HIGHER LEVEL OF CARE

1. Contact the Emergency Department to provide pre-notification of suspected COVID-19 patient's arrival. If you can't get through, proceed with #2.
2. Inform patient to present to the Emergency Department Triage Desk and **not** the waiting room.
3. If patient unable to transport self, call 9-1-1 to arrange transport to Emergency Department: state "**Suspected COVID-19 (Coronavirus).**"

Contact Helen Bourque and/or Chelan Zirul

This document will be updated to reflect practice changes as they are released. The printed version may be outdated – visit the [OurNH COVID-19 page](#) for the most current version.

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Use these guidelines in conjunction with [Site Preparation Checklist for COVID-19 for outpatient settings](#)

## SCREENING & PPE

- **Screen ALL patients** presenting to outpatient settings for COVID-19 symptoms
- Follow guidance for PPE usage, donning and doffing: [Personal Protective Equipment](#) (BCCDC).
- Health care workers can judge their own safety in relation to their personal circumstances and the care activities that they are engaging in; staff may use additional PPE if they choose.<sup>1</sup>
- For additional PPE information and guidance, see [OurNH COVID-19 page](#) under Personal Protective Equipment (PPE) header.

## ISOLATION (CONTACT/DROPLET PRECAUTIONS)

- Immediately upon high risk screen escort patient to **Designated Care Provision Area** using **Designated Route of Movement** (if available)
  - **GOAL:** rapid isolation of patient to reduce risk of transmission
  - Minimize patient movement; and traffic/visitors into patient room
  - Post signage on door
- For all high-risk screens, ensure all relevant staff are aware of room cleaning requirements prior to next patient use.

## ARRANGE FOR COVID-19 TESTING

- If **referring to community collection site**, complete lab requisition and fax directly to the collection site.
- Collection site will contact patient to make an appointment.
- If **collecting sample onsite**, follow [COVID-19: Testing Guidelines for British Columbia](#) (BCCDC). Check the [BCCDC Viral Testing](#) page for most up-to-date information.
  - Collect a Nasopharyngeal (NP) Swab<sup>2</sup> (preferred method in the outpatient setting) described in this [video by UBC and Providence Health Care](#) (9 min).
- Transcribe the priority code from the requisition to sample container, and write code again at the top of the requisition so it is easily visible to the lab.
- Create specimen labels following local process. All specimens (cylindrical tube) must be affixed with a label which states: Last name, first name, PHN or DOB, specimen type (e.g. NP swab, throat swab), date and time collected. Include priority code<sup>3</sup> on the label in **red**.
- Place the sample into the centre pocket of a biohazard bag (one per bag), following procedure outlined in NH's [Packing Biological Substances Checklist](#). Place requisition into the outer pocket.
- Store samples in fridge/cooler (ice pack) (4°C).
- Follow local process to deliver specimens to the local lab ASAP. Follow TDG regulations.

### Lab Requisition

- Standard outpatient and/or [PHSA virology requisitions](#) are acceptable
- Symptom information is NOT required on the requisition
- Add "**COVID-19**" to alert lab staff to use additional PPE when handling samples
- Include priority code – as appropriate

### Priority Codes

- HCW1** HCW direct care; first responders
- HCW2** HCW non-direct care
- LTC** Long Term Care Facility
- OBK** Outbreaks, clusters or case contacts; homeless/unstable housing
- HOS** Hospital (inpatient); ED with intent to admit; 3<sup>rd</sup> trimester pregnancy; renal and cancer patients
- CMM** Outpatient including UPCCs
- CGT** People living in congregate settings
- TRE** Tree planters

## RESOURCES

**COMMUNICABLE DISEASE TEAM:** 1-855-565-2990 or [CentralCDHUB@northernhealth.ca](mailto:CentralCDHUB@northernhealth.ca) from 8:30 am to 4:30 pm Monday to Friday. After hours, NH MHO on-call 250-565-2000, press 7 for Switchboard Health

### NH COVID-19 ONLINE CLINIC AND INFORMATION LINE

- To help answer questions and concerns from Northern BC residents: **1-844-645-7811**
- To assess symptoms and refer to NH collection site for COVID-19 testing if needed

### PROVINCIAL WORKPLACE CENTRE

- If suspected Health Care Worker exposure: 1-866-922-9464

**INFECTION CONTROL PROFESSIONAL:** contact as needed

**BCCDC:** for additional information

**OurNH COVID-19 page:** Please contact Northern Health Communications Advisor, Bailee Denicola at [Bailee.Denicola@northernhealth.ca](mailto:Bailee.Denicola@northernhealth.ca) if you require signage, patient information handouts, or other resources found on OurNH.

<sup>1</sup> [PPE Allocation Framework](#), p.16; NH Department Risk Assessment, p.11

<sup>2</sup> Throat swab is also acceptable – ensure to identify on specimen label.

<sup>3</sup> If priority code is missing from the requisition, the sample will still be processed.

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