

INFECTION PREVENTION

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Identify – Isolate – Inform

Flowchart to Identify and Assess 2019 Novel Coronavirus

1 IDENTIFY

Clinical Features

- At least **two** of the following symptoms, without an alternate more likely diagnosis:
 - Fever >100.4°F
 - Chills
 - Rigors
 - Cough
 - Diarrhea
 - Headache
 - Sore throat
 - Cough, Shortness of Breath, Difficulty Breathing
 - New respiratory and taste disorders

Epidemiologic Risk

- Close contact with a person that has laboratory-confirmed COVID-19 and developed symptoms within 14 days of contact
 - Being within 6 feet for 15 minutes or longer or having direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on)
- History of travel within the past 14 days of symptom onset
- No source of exposure has been identified

2 ISOLATE

- Mask the patient and ask them to perform hand hygiene with alcohol-based hand rub
- Isolate the patient in a private room with the door closed. Use a negative air-flow room if available
- Wear appropriate personal protective equipment (PPE) - gown, gloves, mask, face shield

3 INFORM

Within 4 hours of COVID-19 suspicion:

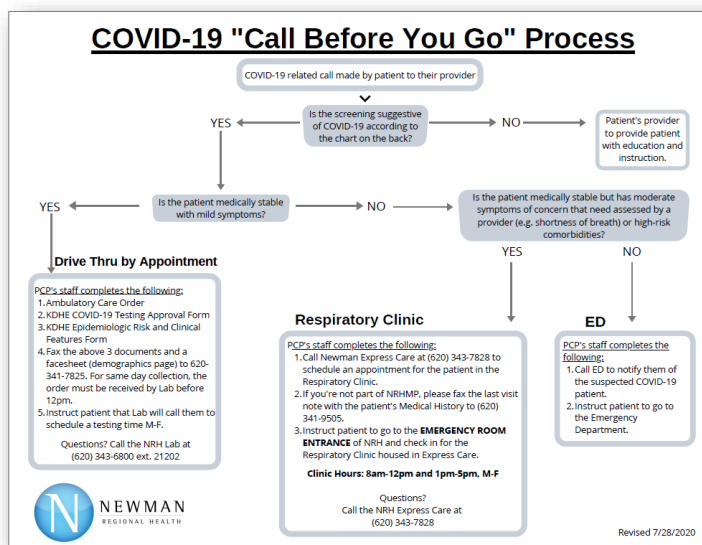
Nursing: Complete the KDHE Coronavirus Disease Testing Forms and take to Lab
Lab: Fax forms to KDHE Epidemiology at 877-427-7318

4 COLLECT

Collect respiratory tests as indicated



Patient Algorithm



Drive Through Testing



Patient Education

COVID-19 TESTING INSTRUCTIONS

At Newman Regional Health, your safety and well-being is our top priority. Please carefully read the following.

WHAT WE WILL DO:

1. Gently collect your swab sample.
 - a. Ask you to blow your nose.
 - b. Have you fill your head up to open the nasal passage and close your eyes for comfort.
 - c. Pass a small, flexible swab through one nostril to the space where your nose and throat meet.
 - d. Gently rotate for 10 seconds and then remove. This ensures a good specimen is collected. Note: You will feel a mild discomfort. This is brief and passing. Your eyes may water and you may feel the urge to swallow during the test. This is normal.
2. Report your results to the doctor who ordered your test.
 - a. Test results may take 24-48 hours.
3. Send your results to your Newman Regional Health Patient Portal.
 - a. Your results will say:
 - i. Not Detected - This means you are negative for COVID-19 OR
 - ii. Detected - This means you are positive for COVID-19

WHAT YOUR DOCTOR WILL DO:

1. Notify you of your result.
2. Provide any follow-up care needed.



SAFE. READY. CARING. WE ARE HERE FOR YOU.

WHAT YOU MUST DO WHILE WAITING FOR RESULTS:

STAY AT HOME

Do not attend school, work, or go shopping. Do not leave your home unless it is an emergency. Separate yourself from other people within your home. Use a separate bathroom, if available. You may go outside, but avoid all one-on-one interaction within 6 feet of another person.



MONITOR YOUR SYMPTOMS

Watch for fever, cough, or trouble breathing. If you become ill and need medical attention, call your doctor or the hospital to tell them you are coming.

Put on a face mask before you enter the healthcare facility.

ARRANGE TO HAVE SUPPLIES AND SUPPORT YOU NEED

Arrange for an appropriate caregiver. Have necessities like food, medications, water and other supplies delivered by friends, family or delivery services.

PRACTICE RESPIRATORY ETIQUETTE AND WASH HANDS

Cover your mouth and nose with a tissue when you cough or sneeze. Wash your hands often with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains 60-95% alcohol.

CLEAN DAILY ALL FREQUENTLY TOUCHED AREAS

Use a household cleaning spray or disinfectant wipe and follow the label instructions to clean counters, tabletops, door knobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.

STAY CONNECTED VIRTUALLY

Keep in touch with loved ones online or through your phone. Virtual dates, video chats, and online games are great ways to prevent social isolation and keep friends and family updated.

If you are positive, your physician and public health will contact you with further instruction.



Visitor Restrictions

PATIENT PASS Provider/Clinic or Service:

Hand Hygiene Temp Check: _____

Do you have any symptoms of respiratory or flu-like illness? Y / N
[Symptoms such as cough, shortness of breath, malaise, muscle or joint aches, nausea, diarrhea, headache, sore throat.]

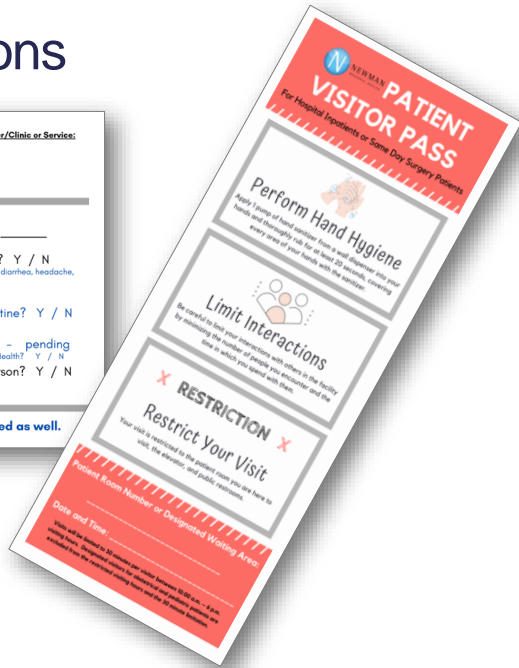
Have you traveled outside KS in the past 14 days? Y / N
[See screening tool.]

Have you been tested for COVID-19? Y / N If yes: + - pending
If you have had a positive COVID-19 test, have you been cleared/recovered by Public Health? Y / N

Have you been in close contact with a COVID positive person? Y / N

Patient masked: Y / N

Person accompanying patient has been screened as well.



PPE Optimization



