

GUIDELINES FOR HANDLING PATIENTS WITH SUSPECTED COVID-19

The Influenza-like illness form needs to be filled out as soon as a patient is brought into the facility. If suspected:

- Patient needs a surgical mask and needs to be placed in medical isolation.
- Patient needs vitals and temps BID.
- Provider needs to be called for orders.
- Patient needs to be tasked to the next provider line.
- Supportive measures need to be done, treat the patient's symptoms.

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Priorities for testing may include:

1. Symptomatic individuals such as, older adults (age \geq 65 years) and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
2. Any persons including healthcare personnel, who within 14 days of symptom onset had close contact with a suspect or laboratory-confirmed COVID-19 patient.

There are epidemiologic factors that may also help guide decisions about COVID-19 testing. Documented COVID-19 infections in a jurisdiction and known community transmission may contribute to an epidemiologic risk assessment to inform testing decisions. Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza). Rapid influenza testing should occur prior to testing for COVID-19. We are making attempts to get the rapid swabs to the regional managers. Please check with your regional manager if you have a symptomatic patient. Keep in mind that these rapid screens can provide false negative results. Be sure to use your clinical judgement.

For initial diagnostic testing for COVID-19, CDC recommends collecting and testing upper respiratory tract specimens (nasopharyngeal AND oropharyngeal swabs). Specimens should be collected as soon as possible once a person has been identified for testing, regardless of the time of symptom onset). Testing supplies are limited. Please contact your local health department or hospital in lieu of sending these patients to the emergency room. Compromised patients requiring advanced care need to be sent, but please make sure you are contacting your ER prior to sending.

Remember, simple preventive measures like proper hand washing are key to reducing the risk of outbreak.

Challenges you may face if the virus becomes widespread include:

- Loss of essential services
- Loss of infrastructure
- Shortage of workers
- Sudden increase in the number of patients

- Need to relocate care to an alternate facility

Essential decisions about allocation of resources should be made at a system level. It may relieve stress to remind the team to follow your facility's chain of command.

Here are some critical factors correctional leaders need to keep in mind to prepare for a possible outbreak:

- **Communications**
 - All staff should have approximately the same answers. "Singing the same tune" will reassure staff, inmates and their families that the facility has prepared appropriately and is communicating well.
 - Have a list of telephone contacts available to all staff: phone numbers for the chain of command, on-call providers, nursing staff, local and state public health departments and off-site emergency/medical providers.
 - Make sure that all employees know what is expected of them in the event of an outbreak.
- **Your state and local health departments may not include you in their planning or communications. Make sure you are in touch.** Also look for resources from:
 - The Centers for Disease Control and Prevention (CDC)
 - The World Health Organization (WHO)
 - Local authorities such as hospitals, medical centers and health care systems
- **Personal Protective Equipment**
 - If PPE is used, train all personnel on its proper use.
 - Key protective items include gloves, masks and eye protectors.
 - Coronavirus (COVID-19) is believed to be transmitted from person to person, face masks are to be worn by the symptomatic patient. **FACE MASKS ARE NOT RECOMMENDED FOR PEOPLE WHO ARE NOT SICK.**
 - PPE's should be used judiciously since shortages exist and supply is extremely limited.
- **Create or review your disease outbreak protocol/SOP. Follow your facility's critical incident procedure to get started.**
 - Identify staff responsible for planning and directing health care delivery
 - Calculate estimates of sick inmates based on your population – determine impact and disaster staging based on these figures.
 - Identify high- and low-priority health care functions as well as a facility-specific plan for health care delivery
 - Determine a plan for handling contact with individuals from outside the facility whose disease status is unknown.
 - Your plans should include:
 - Supplementing health care staff, if needed
 - Creating medical isolation areas or units
 - Ensuring supply of pharmacy and medical supplies in case normal supply sources are limited
 - Transporting patients for more advanced care.
 - Review your plan for cleaning and disinfecting equipment and areas. Inventory the types of cleaning agents and make sure staff has up-to-date training on proper cleaning methods.

We can't predict what is going to happen in the upcoming days and weeks, but the better prepared we all are, the better we will be. As of now, it is business as usual. Contact your chain of command when issues arise.