

FAX

TO:	Dare County Healthcare Providers	FROM:	Department of Health & Human Services
PAGES: INCLUDES COVER	23	PHONE:	252.475.5003
SUBJECT:	Coronavirus Guidance & Documents	DATE:	March 23, 2020

Dear Colleagues,

Attached you will find:

- Clinical Update (dated 03-23-2020)
- Out Patient Triage & Assessment Guidance (dated 03-23-2020)
- Patient Handout on COVID-19
- **PUI Form***
- **Guidance for PUIs***
- Isolation Documentation
- Visitation Log

Items with an * must be returned to us once completed. Please fax to: 252.473.2153

Please be advised, this guidance replaces all previous versions.

Below are essential numbers that you may find helpful for COVID-19:

DCDHHS Fax: 252.473.2153

State EPI On Call Number: 919.733.3419

DCDHHS After Hours Phone: 252.216.8703

Debbie Dutton, Clinical Nursing Director, DCDHHS: 252.475.9366

Dare County COVID-19 Call Line: 252.475.5008 or visit www.darenc.com/covid19

Thanks

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County of Dare

Department of Health & Human Services

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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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MARK T. BENTON • Assistant Secretary for Public Health

Division of Public Health

March 23, 2020 (*replaces version dated March 16, 2020*)

To: All North Carolina Clinicians and Laboratories
From: Zack Moore, MD, MPH, State Epidemiologist
Scott Shone, PhD, HCLD (ABB), Public Health Laboratory Director
Re: Coronavirus Disease 2019 (7 pages)

This updated is intended to provide the latest information to all North Carolina clinicians and laboratory staff regarding the Coronavirus Disease 2019 (COVID-19). Please read thoroughly as there are several updates, including:

- Changes in testing recommendations: **People with mild symptoms consistent with COVID-19 do NOT need testing and should be instructed to stay at home to recover.** Mild symptoms defined as fever and cough without any of the following: shortness of breath, difficulty breathing, chest discomfort, altered thinking, cyanosis
- Updated procedures for testing approval from local health departments
- Updated guidance for discontinuation of isolation
- Updated categories of persons at higher risk for severe illness

North Carolina's response to COVID-19 will continue to rapidly evolve. The most up to date information and guidance can be found at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://www.ncdhhs.gov/coronavirus>.

Background:

The respiratory disease named "coronavirus disease 2019" (abbreviated "COVID-19"), caused by a novel coronavirus named "SARS-CoV-2", was declared a pandemic by the World Health Organization on March 11, 2020.

North Carolina now has community transmission of COVID-19. Therefore, we are moving to a different phase of our response efforts and will be further increasing our population-based community mitigation strategies. The goal of mitigation is to decrease spread of the virus among our population – especially for those who are at highest risk of clinical severity, and our health care workers – so fewer people need medical care at the same time. In addition, we need to implement strategies to conserve supplies and capacity so our health care workers can care for people who need medical attention even during the peak of the outbreak.

Rationale for updated testing recommendations:

To decrease acceleration of spread in community and exposures in healthcare settings

1. People infected with SARS-CoV-2 (virus causing the disease COVID-19) coming out to be tested may spread illness to others in the community, including those at higher risk of complications, and health care workers.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1931 Mail Service Center, Raleigh, NC 27699-1931
www.ncdhhs.gov • TEL: 919-707-5000 • FAX: 919-870-4829

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

2. People who are not infected with SARS-CoV-2 can become so when seeking testing, especially at health care sites.

To preserve resources

1. Personal Protective Equipment and supplies will be needed for outbreaks in high-risk settings (e.g. long-term care), to protect frontline workers (e.g. health care workers, first responders), and to care for people with more severe clinical symptoms.

No impact on management for most people

1. For those with mild symptoms, treatment is supportive and focused on symptom management.
2. A test will not change management.

Alternative surveillance tools can be used to track the spread of COVID-19

1. Tracking only lab-confirmed cases is not a reliable or accurate way to understand the pandemic.
2. We will use influenza surveillance tools, which are designed to track widespread respiratory illness.

Clinical assessment, Case Investigation and Testing

- Clinicians should use, to the extent possible, telehealth/televideo and telephone triage to assess clinical status of patients with respiratory illnesses.
- Telehealth/televideo and telephone triage are critical tools to allow patients with mild symptoms to have safe access to appropriate assessment, clinical guidance and follow up, and self-care information, while preventing further spread of COVID-19 or exposing patients to COVID-19 in a medical setting.
- Telehealth is broadly being covered at parity for most patients with private insurance, Medicare and Medicaid and therefore should be used whenever clinically appropriate in lieu of face-to-face encounters.
- Clinicians should use their judgment to determine if a patient has mild signs and symptoms compatible with COVID-19 (e.g., fever and cough) or more severe symptoms requiring in-person medical care (e.g. shortness of breath, difficulty breathing, chest discomfort, altered thinking, cyanosis).
- **In general, patients who have mild symptoms consistent with COVID-19, do not need testing for COVID-19 and should be instructed to stay and recover at home.** This strategy is consistent with [guidance](#) from the Centers for Disease Control and Prevention.
- Patients should be counseled to call if they have worsening signs or symptoms of respiratory illness (e.g. increasing fever, shortness of breathing, difficulty breathing, chest discomfort, altered thinking, cyanosis).
- Patients in [high risk categories for clinical severity](#) (e.g., 65 year and older, chronic lung disease or moderate to severe asthma, heart disease, severe obesity BMI \geq 40, other underlying poorly controlled chronic health conditions such as diabetes, renal failure, liver disease, and immunocompromised) should have more frequent follow up to assess clinical status. Pregnant women should be monitored closely as they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk. While children are generally at lower risk for severe illness, some studies indicate a higher risk among infants.
- **Escalating medical care should occur if symptoms worsen.**
- Testing to detect COVID-19 is available through commercial and health system labs and the **NC State Laboratory of Public Health (NCSLPH)**.
- Testing should **not** be done for asymptomatic persons.
- In general, patients with mild illness (defined above) do not need testing.
- Clinicians should use their clinical judgement and prioritize testing of patients with more severe respiratory symptoms; patients for whom clinical management would be different if they were infected with COVID-19; patients in high-risk settings (e.g., congregate care settings, long term care); and health care workers and first responders.
- For patients who have more significant symptoms and do need medical attention, clinicians are strongly encouraged to also consider and test for other causes of respiratory illness, including infections such as influenza.

Testing at the NC State Laboratory of Public Health (NCSLPH):

Testing at the North Carolina State Laboratory of Public Health (NCSLPH) is available with prior approval by the local health department for the county of the health care facility, or the state epidemiologist on call. Patients must meet at least one of the following criteria to be considered for testing at NCSLPH:

- 1) Fever¹ OR signs/symptoms of lower respiratory illness (e.g., cough, shortness of breath) in any person, including healthcare workers², who has had close contact³ with a laboratory-confirmed⁴ COVID-19 patient within 14 days of symptom onset.

OR

- 2) Fever¹ AND signs/symptoms of lower respiratory illness (e.g., cough, shortness of breath) AND negative influenza test (rapid or PCR) and no other more likely diagnosis.

Prior approval by public health is **not** required for commercial lab testing. Clinicians should use their clinical judgement and prioritize testing of patients with more severe respiratory symptoms; patients for whom clinical management would be different if they were infected with COVID-19; patients in high-risk settings (e.g., congregate care settings, long term care); and health care workers and first responders.

Patients undergoing testing will be considered a person under investigation (PUI). Providers should give the [Person Under Investigation Guidance \(Spanish\)](#) to all patients undergoing testing and ensure patients are aware that they are expected to stay in isolation until results are back and longer if they are positive. Submitters will receive results and should inform patients of result. If the result is positive, further isolation may be required in coordination with the local health department.

Patients seeking medical care should NOT be referred to the NC COVID-19 Call Center or the state epidemiologist on-call line. The Call Center line is intended to provide general information and the epidemiologist on-call line is intended for clinicians and local health departments needing consultation.

Reporting

- **Effective February 3, 2020, physicians and laboratories in North Carolina are required to immediately report when a patient is tested for SARS-CoV-2 infection.**
- Any cluster of severe acute respiratory illness in healthcare workers in the United States should prompt immediate notification of local or state public health for further investigation and testing.

Control Measures

- Patients who have symptoms consistent with COVID-19 should self-isolate for
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - At least 7 days have passed *since symptoms first appeared*.
- Patients with clinical COVID-19 infection do NOT need a negative COVID-19 test result to document recovery.
- Additional criteria for discontinuing isolation may be required for patients requiring hospital admission.
- Close contacts of a person with known or suspected COVID-19 should self-monitor their temperature and symptoms of COVID-19, limit outside interaction as much as possible for 14 days, and self-isolate if they develop symptoms.
 - Specific guidance for healthcare workers with potential exposures is available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.

- Healthcare providers and others who work in high-risk settings should check with their employer or occupational health program to determine whether additional criteria must be met before returning to work.

Infection Control

- To reduce unnecessary exposures, NC DHHS encourages healthcare facilities and providers to maximize the use of:
 - Telehealth/televideo and telephone triage to assess clinical status of patients with respiratory illnesses. Telehealth is broadly being covered at parity for most patients with private insurance, Medicare and Medicaid so should be used whenever clinically appropriate in lieu of in-person encounters.
 - Engineering and administrative controls such as prompt detection, effective triage and patient isolation. See [Hierarchy of Controls](#) for more information.
- Patients should be asked to wear a surgical mask as soon as they are identified as having symptoms of respiratory illness.
- Patients with known or suspected COVID-19 should continue to wear a mask when healthcare providers are present in room or if they must be moved from their room.
- Healthcare facilities and systems are encouraged to establish designated areas and teams for patients with suspected COVID-19 to the extent possible.
- Health care teams should wipe down surfaces with [EPA registered disinfectant effective against coronaviruses](#) in between patient consults.
- Hospitals and other healthcare settings should consider routine use of face masks and gloves for all patient interactions, if supplies are sufficient.
- Clinicians should wear respiratory protection for interview and examination of patients with respiratory illnesses. Either surgical mask or N-95 respirator are appropriate.
- On March 10, the CDC updated PPE recommendations for the care of patients with known or suspected COVID-19. [Surgical face masks are an acceptable alternative to respirators \(e.g., N95\)](#) if not performing and aerosol-generating procedure
 - Current recommendations include the use of:
 - Surgical face mask OR fit-tested NIOSH-approved N95 or higher-level respirators
 - Gowns, gloves and eye protection (e.g., goggles or face shield)
 - Private room with the door closed
 - If conducting an aerosol-generating procedure (e.g., nebulizer treatment, intubation), then a respirator (e.g., N95) should be worn (not a facemask) and the procedure should be conducted in a negative pressure room (e.g., AIIR).
- As the situation continues to evolve, please find updated [CDC](#) guidance.

Treatment

- At this time, no vaccine for COVID-19 is available and no specific treatment for COVID-19 is approved by the FDA.
- Hospitals caring for severely ill patients are encouraged to explore options for clinical trials or other options for access to investigational treatments.
- Studies with small numbers of patients suggests that hydroxychloroquine could reduce the length of hospital stay and improve COVID-19 pneumonia in severely ill patients. Current data are not conclusive on patients with mild symptoms. We continue to review the evidence as it becomes available.
- Other medications in testing for COVID-19 are FDA approved to treat serious diseases, such as tuberculosis, HIV infection, and autoimmune conditions. It is important that those medications remain available to treat the conditions for which they are FDA approved as their effectiveness for COVID-19 is being assessed.
- Corticosteroids should be avoided unless indicated for other reasons (for example, chronic obstructive pulmonary disease exacerbation or septic shock).

Testing

- **The following guidance only applies to testing at the NCSLPH. Refer to any commercial laboratory guidance when using those services.**
- NCSLPH is currently conducting testing to detect COVID-19 using the CDC 2019-nCoV real-time RT-PCR Diagnostic Panel which has been granted [Emergency Use Authorization](#) (EUA) from the FDA.
 - [FDA EUA Fact Sheet for Healthcare Providers](#)
 - [FDA EUA Fact Sheet for Patients](#)
- **Patients must meet the testing criteria given in this document.** When the criteria are met, a NC Patient Under Investigation (PUI) case file is created in REDCap and a REDCap# is subsequently generated documenting approval for testing. The REDCap# will be referenced on the laboratory testing report form under 'NC PUI Number'.
- Point-of-Care tests, which are not FDA approved, should not be used.

Specimen Collection

- [Specimen Collection and Shipping Instructions](#)
- For diagnostic testing to detect COVID-19, **only a nasopharyngeal swab should be collected.** The specimen should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset.
 - Nasopharyngeal swab collection:
 - Use only synthetic fiber swabs with plastic or metal shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing.
 - To collect the nasopharyngeal specimen, place the swab into the nostril parallel to the palate until resistance is encountered. Leave the swab in place for a few seconds to absorb secretions. Slowly remove the swab while rotating it. Place the tip into a vial of sterile transport medium. Aseptically cut off the applicator stick so that it does not protrude above the rim of the tube and cap. **LABEL THE VIAL: NP swab with 2 unique identifiers** (i.e. patient's name and date of birth) and date of collection. **DO NOT LABEL THE CONICAL TRANSPORT TUBE without labeling the vial.**
- Store specimens at 2-8°C for up to 72 hours following collection. If longer storage is required, store at -70°C.
- Additional guidance on collection, handling, and testing of clinical specimens is provided at the following locations:
 - <https://slph.ncpublichealth.com/bioterrorism/2019-ncov.asp>
 - <https://www.cdc.gov/coronavirus/2019-ncov/lab/index.html>

Specimen Packaging and Shipment

- Specimens should be packaged and shipped as UN3373 Category B.
 - [Sentinel Level Clinical Laboratory Guidelines for Suspected Agents of Bioterrorism and Emerging Infectious Diseases, Packing and Shipping Infectious Substances](#)
- All specimens approved for testing at the NCSLPH should be directly shipped to the NCSLPH via overnight commercial courier or delivered via private courier (e.g., hospital couriers). **All shipments must follow these guidelines:**
 - Ship refrigerated specimens to NCSLPH on frozen cold packs
 - If a specimen is frozen at -70°C, ship on dry ice.
Specimen deliveries will be received at the NCSLPH loading dock from 8am-5pm Monday through Friday, and 8am-12pm on Saturday and Sunday.
 - Shipping address:
 - Attention: Virology/Serology Unit COVID-19**
 - North Carolina State Laboratory of Public Health
 - 4312 District Drive
 - Raleigh, NC 27607-5490

- Email slph.covid19.tracking@dhhs.nc.gov with the tracking number or private courier arrival information and the number of specimens being sent.
- All specimen submissions **must have a fully completed [NCSLPH Virology/Serology Form](#)**, using the EIN number specific to the submitter's facility.

Specimen Rejection Criteria

- Specimens without a REDCap# or not meeting the approval criteria given in this document for testing.
- Specimens not kept at 2-8°C (≤72 hrs) or if specimens have not been frozen at -70°C and they are >72 hrs old.
- Incomplete specimen labeling or documentation. **Unlabeled vials containing the NP swab will be rejected.**
- Inappropriate specimen type.
- Insufficient specimen volume for testing.

Result Reporting

- Turnaround time for testing will be dependent on testing volumes.
- NCSLPH electronic reports are posted on our CELR (Clinical and Environment Laboratory Reports) online system.
 - [Set up a CELR Account](#) – Requires the facility's unique EIN
 - [CELR Tutorial](#)
- Specimens testing positive at the NCSLPH will be reported as "Positive 2019-nCoV"
- Specimens testing negative at the NCSLPH will be reported as 2019-nCoV "Not Detected."

Clinical Laboratory Safety Guidance

- Laboratorians should use appropriate precautions when handling specimens that may contain SARS-CoV-2. Timely communication between clinical and laboratory staff is essential to minimize the risk associated when handling specimens from patients with possible COVID-19. **Such specimens should be labeled accordingly**, and the laboratory should be alerted to ensure proper specimen handling.
 - Additional information can be found in:
 - The CDC [Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 \(COVID-19\)](#)

Requests for Additional Information From NCSLPH

- For general information, non-urgent LABORATORY questions about specimen collection, testing, and reporting please email the NCSLPH COVID-19 helpdesk at slph.covid19@dhhs.nc.gov.
- For critical laboratory-related questions during normal business hours (8am – 5pm, Monday – Friday) please call the SLPH Customer Service line at 919-733-3937.

Requests for Information from Communicable Disease Branch

- For members of the public, please call the NC COVID-19 Call Center at 866-462-3821.
- For non-urgent questions, please email ncresponse@dhhs.nc.gov.

Notes:

¹Fever may be subjective or confirmed. Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

²For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation

³Close contact is defined as:

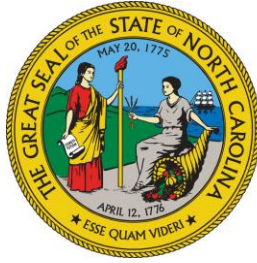
- a) being within approximately 6 feet (2 meters), of a COVID-19 case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, face mask or

NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case.

– or –

- b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.

⁴Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

COVID-19 Outpatient Triage and Assessment Guidance

March 23, 2020 (replaces version dated March 16th, 2020)

This memo updates previous guidance shared on March 16th, 2020. It is intended to provide the latest information to all North Carolina outpatient facility types, including urgent care, primary care and other outpatient settings. Please read thoroughly as there are several updates, including:

- Changes in testing recommendations: **People with mild symptoms consistent with COVID-19 do NOT need testing and should be instructed to stay at home to recover.** Mild symptoms defined as fever and cough without shortness of breath, difficulty breathing, chest discomfort, altered thinking, cyanosis
- Steps for outpatient settings to assess and triage of suspected COVID-19 patients
- Updated categories of persons at higher risk for severe illness

North Carolina's response to COVID-19 will continue to rapidly evolve. The most up to date information and guidance can be found at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina>.

Background:

The respiratory disease named "coronavirus disease 2019" (abbreviated "COVID-19"), caused by a novel coronavirus named "SARS-CoV-2", was declared a pandemic by the World Health Organization on March 11, 2020.

North Carolina now has laboratory confirmation of community transmission of COVID-19. Therefore, we are moving to a different phase of our response efforts and will be further increasing our population-based community mitigation strategies. The goal of mitigation is to decrease acceleration of spread of the virus among our population – especially for those who are at highest risk of clinical severity, and our health care workers – so fewer people need medical care at the same. In addition, we need to implement strategies to conserve supplies and capacity so our health care workers can care for people who need medical attention.

Why are recommending this change:

To decrease acceleration of spread in community and exposures in healthcare settings

1. People infected with SAR-COV-2 (virus causing the disease COVID-19) coming out to be tested may spread illness to others in the community, including those at higher risk of complications, and health care workers.
2. People who are not infected with SAR-COV-2 can become so when seeking testing, especially at health care sites.

To preserve resources

1. Personal Protective Equipment and supplies will be needed for outbreaks in high-risk settings (e.g. long-term care), to protect frontline workers (e.g. health care workers, first responders), and to care for people with more severe clinical symptoms.

No impact on management for most people

1. For those with mild symptoms, treatment is supportive and focused on symptom management.
2. A test will not change management.

Alternative surveillance tools can be used to track the spread of COVID-19

1. Tracking only lab-confirmed cases is not a reliable or accurate way to understand the pandemic.
2. We will use influenza flu surveillance tools, which are designed to track widespread respiratory illness.

How should an outpatient setting approach the assessment and triage of suspected COVID-19 patients?

Triage patients to meet demand

1. Use your telephone system to deliver messages to incoming callers about when to seek medical care at your facility and when to seek emergency care. Include messages such as "Please let us know if you have flu like illness or are having other respiratory symptoms," so patients are prompted to share this information.
2. Maximize phone triage, visit prioritization, and telehealth visits to decrease demand on your systems and decrease potential exposure of patients in a health care setting.
 1. Identify essential and priority on-site appointments
 2. Consider converting non-essential on-site appointments, such as prescriptions refills or routine follow-up for chronic care to remote using telehealth services, such as telephone or video
 3. Decrease non urgent appointments to increase capacity for priority on-site appointments

Use telehealth for symptom assessment and management

1. Clinicians should encourage their patients to call if they have medical concerns before seeking care in-person. Clinicians should use, to the extent possible, telehealth/televideo and telephone triage to assess clinical status of patients with respiratory illnesses. Telehealth/televideo and telephone triage are critical tools to allow patients with mild symptoms to have safe access to appropriate assessment, clinical guidance and follow up, and self-care information, while preventing further spread of COVID-19 or exposing patients to COVID-19 in a medical setting. Telehealth is broadly being covered at parity for most patients with private insurance, Medicare and Medicaid and therefore should be used whenever clinically appropriate in lieu of face-to-face encounters.
2. Clinicians should use their judgment to determine if a patient has mild signs and symptoms compatible with COVID-19 (e.g., fever and cough) or more severe symptoms requiring in-person medical care (e.g. shortness of breath, difficulty breathing, chest discomfort, altered thinking, cyanosis).
3. **In general, patients who have mild symptoms consistent with COVID-19, do not need testing for COVID-19 and should be instructed to stay and recover at home.** This change in management strategy is consistent with [guidance](#) from the Centers for Disease Control and Prevention.
4. Patients should be counseled to call if they have worsening signs or symptoms of respiratory illness (e.g. increasing fever, shortness of breathing, breathing difficulty, chest discomfort, altered thinking, cyanosis).

5. Patients in [high risk categories for clinical severity](#) (e.g., 65 year and older, chronic lung disease or moderate to severe asthma, heart disease, severe obesity BMI \geq 40, other underlying poorly controlled chronic health conditions such as diabetes, renal failure, liver disease, and immunocompromised) should have more frequent follow up to assess clinical status. Pregnant women should be monitored closely as they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk. While children are generally at lower risk for severe illness, some studies indicate a higher risk among infants.
6. **Escalating medical care should occur if symptoms worsen.**
7. Patients who have mild symptoms consistent with COVID-19 should self-isolate for at least 7 days from symptom onset **and** \geq 72 hours after recovery (absence of fever without the use of fever-reducing medication and improvement in respiratory symptoms). Notably, patients with clinical COVID-19 infection do NOT need a negative COVID-19 test result to document recovery, if they meet the clinical criteria.
8. Household close contacts of a patients with mild symptoms who is self-isolating at home should self-monitor their temperature and symptoms of COVID-19, limit outside interaction as much as possible for 14 days, and self-isolate if they develop symptoms.

Use administrative, engineering, and personal protective equipment controls to increase safety of care for patients who do need medical attention

1. When scheduling non-urgent appointments for someone with respiratory illness, try and schedule at a time that may be less busy (e.g., beginning of the day or end of the day) and flag that the patients has flu-like symptoms, so they are identified ahead of time.
2. Post signs on the door of your practice instructing patients to alert practice staff if they have respiratory symptoms as soon as they arrive.
3. Have face masks readily available for patients with respiratory symptoms and have them put a mask on as soon as possible.
4. **Separate patients with respiratory symptoms, so they are not waiting among other patients seeking care.** If possible, identify a separate, well-ventilated space that allows waiting patients and visitors to be separated. Minimize time in waiting room.
5. Front desk and triage personnel should use physical barriers (such as windows) when possible or maintain spatial distance of 6 ft from patient with respiratory illness. No specific personal protective equipment is required for these staff members.
6. Isolate the patient in a private room or a separate area as soon as possible.
7. Consider setting up areas of the clinic just for evaluation and testing of respiratory illness and a dedicated care team of lower risk providers.
8. If practices are part of a multi-site system, consider designating alternate evaluation and sample collection sites to reduce exposure for staff and patients seeking onsite care.
9. Wipe down surfaces with EPA registered disinfectant effective against coronaviruses.
10. Clinicians should consider routine use of face masks and gloves for all patient interactions, if supplies are sufficient. Clinicians should wear respiratory protection for interview and examination of patients with respiratory illnesses. Either surgical mask or N-95 respirator are appropriate.
11. If an aerosol-generating procedure is performed in a non-Airborne Infection Isolation Room (AIIR) for a patient with known or suspected COVID-19, leave the clinic room empty for 2 hours before next use. If there is a window, it can be opened to air out the room, decreasing the 2-hour time frame.

Testing of patients who do need medical attention

1. Testing to detect COVID-19 is available through commercial and health system labs and the North Carolina State Laboratory of Public Health (NCSLPH). Identify which lab you will send samples to and order the supplies needed for your lab of choice.
2. Clinicians should determine if COVID-19 testing is clinically indicated. Testing should **not** be done for asymptomatic persons. In general, patients with mild illness (defined above) do not need testing. Clinicians should use their clinical judgement on who needs to be tested and focus testing on higher risk patients and settings, including patients with more severe respiratory symptoms, patients for whom clinical management would be different if they were infected with COVID-19, patients in high-risk settings (e.g., congregate care settings, long term care), health care workers and first responders with direct patient contact.
3. For patients who have more significant symptoms and do need medical attention, clinicians are strongly encouraged to also consider and test for other causes of respiratory illness, including infections such as influenza.
4. Testing is available through the North Carolina State Laboratory of Public Health (NCSLPH with prior **approval** from either the local health department where the provider is located, or the State Epidemiologists on call (919-733-3419, available 24/7) prior to submitting a sample for testing for COVID-19. Patients must meet at least the following criteria for a Person Under Investigation (PUI) to be considered for testing at NCSLPH:
 - a. Fever¹ OR signs/symptoms of lower respiratory illness (e.g., cough, shortness of breath) in any person, including healthcare workers², who has had close contact³ with a laboratory-confirmed⁴ COVID-19 patient within 14 days of symptom onset.
 - b. Fever¹ AND signs/symptoms of lower respiratory illness (e.g., cough, shortness of breath) AND negative influenza test (rapid or PCR) and no other more likely diagnosis.
5. Commercial and health system-based laboratory testing is also now available. Prior authorization from the state is **not** required for commercial and health system laboratory testing.
6. Clinicians should use personal protective equipment for nasopharyngeal sample collection: Gown, Gloves, Facemask OR N-95 respirator* (*dependent on supply), Eye protection (e.g., goggles or face shield). [Click here or updated PPE guidance.](#)
7. Clinicians should use N-95s as respiratory protection for aerosol-generating procedures including (but are not limited to) nebulizer treatment, sputum induction, airway suctioning, endotracheal intubation, bronchoscopy, positive pressure ventilation (BiPAP, CPAP), and tracheostomy care. Aerosol-generating procedures should be conducted in a negative pressure (e.g., AIIR) if available.
8. If you have a sufficient supply of swabs, consider collecting rapid flu sample and COVID-19 sample at some time. If rapid flu is negative, COVID-19 sample can be sent without redonning personal protective equipment.
9. Clinicians should do sample collection and submission for COVID-19 as specified by the laboratory to where they will be sending samples.
10. For the State Laboratory of Public Health (more details at this [site](#))
 - a. Supplies needed are:
 - i. Synthetic fiber swabs with plastic or metal shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing.
 - ii. Any commercial viral transport media/universal transport media in sterile vial. Alternative transport [media](#) (e.g., saline) may be possible and are being evaluated.
 - b. Sample collection instructions include:
 - i. Only a nasopharyngeal swab should be collected.

- ii. To collect the nasopharyngeal specimen, place the swab into the nostril parallel to the palate until resistance is encountered. Leave the swab in place for a few seconds to absorb secretions. Slowly remove swab while rotating it. Place the tip into a vial of sterile viral transport medium. Aseptically cut off the applicator stick so that it does not protrude above the rim of the tube and cap. **LABEL THE VIAL: NP swab with 2 unique identifiers** (i.e. patient's name and date of birth) and date of collection.
 - iii. Store specimens at 2-8°C for up to 72 hours following collection. If longer storage is required, store at -70°C.
11. For sites that do not have capability to do sample collection at their site, contact healthcare networks in your area or your local health department to identify available sample collection sites in your areas. If you are unable to determine how to provide alternative sample collection sites for your patients, you may reach out to ncresponse@dhhs.nc.gov for assistance with identifying options.

Once a patient has a sample collected

1. Individuals will be considered a Person Under Investigation.
2. **Effective February 3, 2020, physicians and laboratories in North Carolina are required to immediately report when a patient is tested for SARS-CoV-2 infection.** Submit information on tested patients to local health department for the county of residence of the patient.
3. Providers should give the [Person Under Investigation Guidance \(Spanish\)](#) to all patients undergoing testing and ensure patients are aware that they are expected to stay in isolation until results are back and longer if they are positive.
4. Submitters will receive results and should inform patients of result. Isolation can be discontinued if the test is negative. If the test is positive, the patient should remain isolated until the following criteria are met:
 - o At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**, at least 7 days have passed *since symptoms first appeared*.
5. Further isolation may be done in coordination with the local health department.

Treatment

1. At this time, no vaccine for COVID-19 is available and no specific treatment for COVID-19 is approved by the FDA. NCDHHS does not recommend use of unproven pharmacologic agents at this time. Care is supportive.
2. Corticosteroids should be avoided unless indicated for other reasons (for example, chronic obstructive pulmonary disease exacerbation or septic shock).

Personal Protective Equipment

1. The state is aware of potential supply chain disruptions for personal protection equipment.
2. Use Strategies for Preservation and Management of Scarce Medical Resources.
 - [Strategies for Scarce Resource Situations](#) (March 13, 2020)
 - [NC Healthcare Supply Conservation Considerations](#) (Feb. 27, 2020)
 - [DOL Interim Guidance on COVID-19 Use of Filtering Facepiece Respirators After Their Expiration Date](#) (March 13, 2020)

3. The state is working on a plan to get some supplies of personal protective equipment to outpatient providers through local emergency management. We hope to have the ability to do this soon and will alert providers when it is in place. When available, you can contact your local emergency management through your local Health Care Preparedness Coalitions - <https://nhealthcarecoalitions.org/>, at the website of County emergency management - <https://www.ncdps.gov/Emergency-Management/EM-Community/Directories/Counties>, or call 2-1-1.

All primary care providers have a role to play in assessing patients with COVID-19 concerns. In general, most patients with mild illness do not need to be tested. If you are unable to perform assessments or collect specimens in your setting for patients for whom testing may be indicated, please work with your healthcare system or with your local health department ncresponse@dhhs.nc.gov to identify appropriate options. **Patients seeking medical care should NOT be referred to NC COVID-19 Call Center or the Communicable Disease Branch epidemiologist on-call line.** The Call Center line is intended to provide general information and the epidemiologist on-call line is intended for clinicians and local health departments needing consultation.

For more information

1. NCDPH coronavirus website: www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina.
2. NC DHHS Guidance for all health care providers
<https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina/covid-19-guidance#all-guidance-for-health-care-providers-and-local-health-departments>

<https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina/health-care>
3. FDA website and [FAQ](#)
4. CDC website on health care facility preparedness <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html>.

COVID-19: What to Do If You Feel Sick



1. Stay home and call your doctor, if needed.

Most people who get COVID-19 will recover without needing medical care. The Centers for Disease Control and Prevention (CDC) recommends that you stay home if you have mild symptoms – such as fever and cough without shortness of breath or difficulty breathing. You can call your doctor to see if you need medical care.

Some people are at **higher risk** of getting very sick with COVID-19. People at higher risk should call their doctor if they develop symptoms of fever or cough. You are at higher risk if you:

- Are 65 years and older
- Live in a nursing home or long-term care facility
- Have a high-risk condition that includes:
 - Chronic lung disease or moderate to severe asthma
 - Heart disease with complications
 - Compromised immune system
 - Severe obesity — body mass index (BMI) of 40 or higher
 - Other underlying medical conditions, particularly if not well controlled, such as diabetes, renal failure or liver disease

People who are pregnant should be monitored since they are known to be at risk for severe viral illness. However, to date, data on COVID-19 has not shown increased risk for severe illness.

Call your doctor or 911 right away if you have:

- Shortness of breath
- Difficulty breathing
- Chest pain or pressure
- Confusion
- Blue lips

Most people do not need a test.

When you leave your home to get tested, you could expose yourself to COVID-19 if you do not already have it. If you do have COVID-19, you can give it to someone else, including people who are high risk.

Your doctor can help you decide if you need a test. There is no treatment for COVID-19. For people with mild symptoms who don't need medical care, getting a test will not change what you or your doctor do.

Testing is most important for people who are seriously ill, in the hospital, people in high-risk settings like nursing homes or long-term care facilities, and healthcare workers and other first responders who are caring for those with COVID-19.

2. Isolate yourself.

If you are sick with COVID-19 or believe you might have it, you should stay home and separate yourself from other people in the home as much as possible.



When can I go back to my normal activities?

You can stop isolating yourself when you answer YES to ALL three questions:

- ✓ 1. Has it been at least 7 days since you first had symptoms?
- ✓ 2. Have you been without fever for three days (72 hours) without any medicine for fever?
- ✓ 3. Are your other symptoms improved?

Call your doctor if your symptoms are getting worse or you have any concerns about your health.

What if I'm not sure if I have COVID-19?

If you have fever and cough and other symptoms of respiratory illness, even if it is not from COVID-19, you should isolate yourself as if you have COVID-19. This will reduce the risk of making the people around you sick.

What should my family members do?

Anyone in your household or others who have been in close contact with you should stay home for 14 days as much as possible and monitor themselves for symptoms. Close contact means within six feet for at least 10 minutes. If they start having symptoms of COVID-19, they should take [the same steps](#) to prevent spreading it.

Family members who are healthcare workers, first responders, or others who are needed to respond to the COVID-19 pandemic should review [CDC guidance](#) and check with their employers about when to return to work.

3. Stay informed.

- Visit [ncdhhs.gov/coronavirus](https://www.ncdhhs.gov/coronavirus) for information from the NC Department of Health and Human Services.
- Text COVIDNC to 898-211 to get text updates.
- Found out more information on what to do if you are sick at [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus).



.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....

Patient first name _____ Patient last name _____ Date of birth (MM/DD/YYYY): ___/___/___

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....



Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form

Reporting jurisdiction: _____ Case state/local ID: _____
Reporting health department: _____ CDC 2019-nCoV ID: _____
Contact ID ^a: _____ NNDSS loc. rec. ID/Case ID ^b: _____

a. Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567 -01 and CA102034567 -02. ^bFor NNDSS reporters, use GenV2 or NETSS patient identifier.

Interviewer information

Name of interviewer: Last _____ First _____

Affiliation/Organization: _____ Telephone _____ Email _____

Basic information

What is the current status of this person? <input type="checkbox"/> Patient under investigation (PUI) <input type="checkbox"/> Laboratory-confirmed case Report date of PUI to CDC (MM/DD/YYYY): _____ Report date of case to CDC (MM/DD/YYYY): _____ County of residence: _____ State of residence: _____		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Not specified Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other		Date of first positive specimen collection (MM/DD/YYYY): ___/___/___ <input type="checkbox"/> Unknown <input type="checkbox"/> N/A Did the patient develop pneumonia? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No Did the patient have acute respiratory distress syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No Did the patient have another diagnosis/etiology for their illness? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No Did the patient have an abnormal chest X-ray? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No		Was the patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, admission date 1 ___/___/___ (MM/DD/YYYY) If yes, discharge date 1 ___/___/___ (MM/DD/YYYY) Was the patient admitted to an intensive care unit (ICU)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Did the patient receive mechanical ventilation (MV)/intubation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, total days with MV (days) _____ Did the patient receive ECMO? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Did the patient die as a result of this illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Date of death (MM/DD/YYYY): ___/___/___ <input type="checkbox"/> Unknown date of death					
Race (check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____		Date of birth (MM/DD/YYYY): ___/___/___ Age: _____ Age units(yr/mo/day): _____		Symptoms present during course of illness: <input type="checkbox"/> Symptomatic <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Unknown		If symptomatic, onset date (MM/DD/YYYY): ___/___/___ <input type="checkbox"/> Unknown		If symptomatic, date of symptom resolution (MM/DD/YYYY): ___/___/___ <input type="checkbox"/> Still symptomatic <input type="checkbox"/> Unknown symptom status <input type="checkbox"/> Symptoms resolved, unknown date		Date of death (MM/DD/YYYY): ___/___/___ <input type="checkbox"/> Unknown date of death	
Is the patient a health care worker in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply): <input type="checkbox"/> Travel to Wuhan <input type="checkbox"/> Community contact with another lab-confirmed COVID-19 case-patient <input type="checkbox"/> Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology <input type="checkbox"/> Travel to Hubei <input type="checkbox"/> Any healthcare contact with another lab-confirmed COVID-19 case-patient <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Travel to mainland China <input type="checkbox"/> Patient <input type="checkbox"/> Visitor <input type="checkbox"/> HCW <input type="checkbox"/> Unknown <input type="checkbox"/> Travel to other non-US country specify: _____ <input type="checkbox"/> Household contact with another lab-confirmed COVID-19 case-patient <input type="checkbox"/> Animal exposure											
If the patient had contact with another COVID-19 case, was this person a U.S. case? <input type="checkbox"/> Yes, nCoV ID of source case: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A Under what process was the PUI or case first identified? (check all that apply): <input type="checkbox"/> Clinical evaluation leading to PUI determination <input type="checkbox"/> Contact tracing of case patient <input type="checkbox"/> Routine surveillance <input type="checkbox"/> EpiX notification of travelers; if checked, DGMQID _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____											

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).



CDC 2019-nCoV ID:

Form Approved: OMB: 0920-1011 Exp. 4/23/2020

Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form

Symptoms, clinical course, past medical history and social history

Collected from (check all that apply): Patient interview Medical record review

During this illness, did the patient experience any of the following symptoms?	Symptom Present?		
Fever >100.4F (38C) ^c	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Subjective fever (felt feverish)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Muscle aches (myalgia)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Runny nose (rhinorrhea)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Cough (new onset or worsening of chronic cough)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Shortness of breath (dyspnea)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Nausea or vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Diarrhea (≥3 loose/looser than normal stools/24hr period)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Other, specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk

Pre-existing medical conditions? Yes No Unknown

Chronic Lung Disease (asthma/emphysema/COPD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Diabetes Mellitus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Cardiovascular disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Chronic Renal disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Chronic Liver disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Immunocompromised Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Neurologic/neurodevelopmental	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	(If YES, specify) _____
Other chronic diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	(If YES, specify) _____
If female, currently pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Current smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Former smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

Respiratory Diagnostic Testing

Test	Pos	Neg	Pend.	Not done
Influenza rapid Ag <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza PCR <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. metapneumovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parainfluenza (1-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adenovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhinovirus/enterovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronavirus (OC43, 229E, HKU1, NL63)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. pneumoniae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. pneumoniae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specimens for COVID-19 Testing

Specimen Type	Specimen ID	Date Collected	Sent to CDC	State Lab Tested
NP Swab			<input type="checkbox"/>	<input type="checkbox"/>
OP Swab			<input type="checkbox"/>	<input type="checkbox"/>
Sputum			<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify: _____			<input type="checkbox"/>	<input type="checkbox"/>

Additional State/local Specimen IDs: _____

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).



CORONAVIRUS DISEASE 2019 (COVID-19) Guidance for Persons Under Investigation

You are being tested for the virus that causes coronavirus disease 2019 (COVID-19). Public health actions are necessary to ensure protection of your health and the health of others, and to prevent further spread of infection.

As a person under investigation for COVID-19, the North Carolina Department of Health and Human Services, Division of Public Health advises you to adhere to the following guidance until your test results are reported to you.

- o Remain at home until you are cleared by your health provider or public health authorities.
o Keep a log of visitors to your home using the form provided.
o If you plan to move to a new address or leave the county, notify the local health department in your county.
o Call a doctor or seek care if you have an urgent medical need.
o If a medical emergency arises and you need to call 911, inform the first responders that you are being tested for the virus that causes COVID-19.
o Adhere to all guidance set forth by the North Carolina Division of Public Health for Home Care of patients that is based on guidance from the Center for Disease Control and Prevention with suspected or confirmed COVID-19 that is found here: https://epi.dph.ncdhhs.gov/cd/coronavirus/nonhealthcare.html.
o Your health and the health of our community are our top priorities.

Provider: _____ Date: ____/____/____

By signing below, you acknowledge that you have read and agree to comply with this Guidance for Persons Under Investigation.

_____ Date: ____/____/____

WHO DO I CALL?

You can find a list of local health departments here: https://www.ncdhhs.gov/divisions/public-health/county-health-departments

Health Department: _____

Contact Name: _____

Telephone: _____



CORONAVIRUS DISEASE 2019 (COVID-19) Guidance for Persons Under Investigation

Please complete this form if your patient declines to sign the Guidance for Persons Under Investigation.

I ordered a COVID-19 test and provided the Guidance for Persons Under Investigation to my patient. However, my patient declined to sign the Guidance.

Patient Name: _____

Provider: _____

Date: ____/____/____



Infection Prevention Recommendations for Individuals Confirmed to have, or Being Evaluated for, 2019 Novel Coronavirus (COVID-19) Infection Who Receive Care at Home

Individuals who are confirmed to have, or are being evaluated for, COVID-19 should follow the prevention steps below until a healthcare provider or local or state health department says they can return to normal activities.

Stay home except to get medical care

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas, and do not use public transportation or taxis.

Call ahead before visiting your doctor

Before your medical appointment, call the healthcare provider and tell them that you have, or are being evaluated for, COVID-19 infection. This will help the healthcare provider's office take steps to keep other people from getting infected. Ask your healthcare provider to call the local or state health department.

Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** going to your medical appointment, call the healthcare provider and tell them that you have, or are being evaluated for, COVID-19 infection. Ask your healthcare provider to call the local or state health department.

Wear a facemask

You should wear a facemask that covers your nose and mouth when you are in the same room with other people and when you visit a healthcare provider. People who live with or visit you should also wear a facemask while they are in the same room with you.

Separate yourself from other people in your home

As much as possible, you should stay in a different room from other people in your home. Also, you should use a separate bathroom, if available.

Avoid sharing household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in your home. After using these items, you should wash them thoroughly with soap and water.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze, or you can cough or sneeze into your sleeve. Throw used tissues in a lined trash can, and immediately wash your hands with soap and water for at least 20 seconds or use an alcohol-based hand rub.

Wash your hands

Wash your hands often and thoroughly with soap and water for at least 20 seconds. You can use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Prevention Steps for Caregivers and Household Members of Individuals Confirmed to have, or Being Evaluated for, COVID-19 Infection Being Cared for in the Home

If you live with, or provide care at home for, a person confirmed to have, or being evaluated for, COVID-19 infection please follow these guidelines to prevent infection:

Follow healthcare provider's instructions

Make sure that you understand and can help the patient follow any healthcare provider instructions for all care.

Provide for the patient's basic needs

You should help the patient with basic needs in the home and provide support for getting groceries, prescriptions, and other personal needs.

Monitor the patient's symptoms

If they are getting sicker, call his or her medical provider and tell them that the patient has, or is being evaluated for, COVID-19 infection. This will help the healthcare provider's office take steps to keep other people from getting infected. Ask the healthcare provider to call the local or state health department.

Limit the number of people who have contact with the patient

- If possible, have **only one caregiver** for the patient.
- Other household members should stay in another home or place of residence. If this is not possible, they should stay in another room, or be separated from the patient as much as possible. Use a separate bathroom, if available.
- Restrict visitors** who do not have an essential need to be in the home.

Keep older adults, very young children, and other sick people away from the patient

Keep older adults, very young children, and those who have compromised immune systems or chronic health conditions away from the patient. This includes people with chronic heart, lung, or kidney conditions, diabetes, and cancer.

Ensure good ventilation

Make sure that shared spaces in the home have good air flow, such as from an air conditioner or an opened window, weather permitting.

Wash your hands often

- Wash your hands often and thoroughly with soap and water for at least 20 seconds.** You can use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Use disposable paper towels** to dry your hands. If not available, use dedicated cloth towels and replace them when they become wet.

Wear a facemask and gloves

- Wear a disposable facemask** at all times in the room **and gloves** when you touch or have contact with the patient's blood, body fluids, and/or secretions or excretions, such as sweat, saliva, sputum, nasal mucus, vomit, urine, or feces. Ensure the mask fits over your nose and mouth tightly, and do not touch it during use.
- Throw out disposable facemasks and gloves after using them. **Do not reuse.**
- Wash your hands immediately** after removing your facemask and gloves.
- If your personal clothing becomes contaminated, carefully remove clothing and launder. **Wash your hands** after handling contaminated clothing.
- Place all used disposable facemasks, gloves, and other waste in a lined container before disposing them with other household waste.
- Remove gloves and wash your hands** immediately after handling these items.

Do not share dishes, glasses, or other household items with the patient

- Avoid sharing household items. You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with a patient who is confirmed to have, or being evaluated for, COVID-19 infection.
- After the person uses these items, you should wash them thoroughly with soap and water.

Wash laundry thoroughly

- Immediately remove and wash clothes or bedding that have blood, body fluids, and/or secretions or excretions, such as sweat, saliva, sputum, nasal mucus, vomit, urine, or feces, on them.
- Wear gloves** when handling laundry from the patient.
- Read and follow directions on labels of laundry or clothing items and detergent. In general, wash and dry with the warmest temperatures recommended on the label.

Clean all areas the individual has used often

- Clean all touchable surfaces**, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, body fluids, and/or secretions or excretions on them.
- Wear gloves** when cleaning surfaces the patient has come in contact with.
- Use a **diluted bleach solution** (e.g., dilute bleach with 1 part bleach and 10 parts water) or a household disinfectant with a label that says **EPA-registered for coronaviruses**. To make a bleach solution at home, add 1 tablespoon of bleach to 1 quart (4 cups) of water. For a larger supply, add ¼ cup of bleach to 1 gallon (16 cups) of water.
- Read labels of cleaning products and follow recommendations provided on product labels. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves or eye protection and making sure you have good ventilation during use of the product.
- Remove gloves and wash hands** immediately after cleaning.

Monitor yourself for signs and symptoms of illness

Caregivers and household members are considered close contacts, should monitor their health, and will be asked to limit movement outside of the home to the extent possible. Follow the monitoring steps for close contacts listed on the symptom monitoring form.

- If you have additional questions, contact your local health department or call the epidemiologist on call at 919-733-3419 (available 24/7).
- This guidance is subject to change. For the most up-to-date guidance from CDC, please refer to their website: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

Person Under Monitoring Name: _____

Location: _____



Record here the list of visitors to your home since you became ill with respiratory symptoms that led you to consult a health provider:

Visitor Name	Date	Time In	Time Out	Did this person come within 6 feet of you? Indicate Y or N	Relationship to Person Under Monitoring	Phone number	Comments
	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
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	__/__/__	__:__ AM/PM	__:__ AM/PM				
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