



Guidance for City of Berkeley Clinicians: Checklist for Managing Patients Who May Have Novel Coronavirus (2019-CoV) Infection

Identify patients who may have respiratory illness caused by 2019-nCoV

- Place visible signage requesting visitors with cough and/or fever and recent international travel to immediately notify a hospital staff member.
- Ensure frontline staff including call centers are informed of the current situation with the novel coronavirus and are trained on the facilities triage and communication plan.
- Healthcare providers should screen for travel history on all patients with potentially infectious disease, especially those with fever and acute respiratory illness.

Immediately isolate any persons reporting:

Fever (T >100.4°F or >38°C) OR lower respiratory symptoms (e.g., cough, shortness of breath), AND close contact with a laboratory-confirmed 2019-nCoV patient within 14 days prior to illness

OR

Fever (T >100.4°F or >38°C), lower respiratory symptoms (e.g., cough, shortness of breath), AND travel from Hubei Province, China within 14 days prior to illness

OR

Fever (T >100.4°F or >38°C), lower respiratory symptoms (e.g., cough, shortness of breath) REQUIRING HOSPITALIZATION, AND travel from mainland China within 14 days prior to illness

- Place surgical mask on patient.
- Place patient in a negative pressure airborne isolation room (If no isolation room available, place patient in private room farthest from areas highly impacted by patients and keep the door closed).

Implement infection control procedures for healthcare workers

- Standard precautions.
- Contact precautions (gloves, gown).
- Airborne precautions (N95 mask or PAPR).
- Eye protection (goggles or face shields).

Immediately report the patient to City of Berkeley Public Health

M-F 8:00-5PM call 510-981-5292.

Afterhours and weekends, call 510-981-5911 and ask to speak to the Health Officer on call
Public Health will advise on the next steps.

Collect specimens for laboratory diagnosis

See instructions below.

Continue medical evaluation and empiric treatment for other causes of respiratory infection or pneumonia as clinically indicated

All patients with suspected nCoV-2019 infection should also be tested for common causes of respiratory infection and pneumonia as clinically indicated. **Testing for other respiratory pathogens should not delay specimen collection for nCoV-2019 testing.**

Discuss plan of care with Public Health prior to discharge

Continue patient isolation and infection control procedures as above.

Novel Coronavirus Specimen Collection Instructions

To increase the likelihood of detecting infection, CDC recommends the collection of specimens from each of these 3 categories: (1) lower respiratory (2) upper respiratory and (3) serum.

1. Upper respiratory tract

- **Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab)** Use a synthetic fiber swab with plastic shaft. Do not use calcium alginate swabs or swabs with wooden shafts.

Nasopharyngeal: insert swab into nostril parallel to the palate, leave swab in place for a few seconds to absorb secretions. Swab both nasopharyngeal areas with the same swab.

Oropharyngeal: swab the posterior pharynx, avoiding the tongue.

Place each swab into a separate sterile tube, each with 2-3 ml of viral transport media. Do **NOT** combine NP/OP swab specimens; keep swabs in separate viral transport media collection tubes. Refrigerate at 2-8°C.

OR

- **Nasopharyngeal wash/aspirate or nasal aspirate**: collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate at 2-8°C.

2. Lower respiratory tract

- **Sputum**: Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate at 2-8°C.

OR

- **Bronchoalveolar lavage, tracheal aspirate, or pleural fluid**: 2-3 mL in a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate at 2-8°C.

3. Serum

- Collect 1 tube (5-10 mL) of whole blood in a serum separator tube (minimum 1 mL whole blood is needed for pediatric patients). Refrigerate at 2-8°C.

Note: If specimens cannot be collected at the healthcare facility, do not refer the patient to another facility to obtain specimens. Instead, notify City of Berkeley Public Health to discuss alternative options.

Specimen Submittal

City of Berkeley Public Health will provide further instruction on completion of CDC submittal form and coordination of shipping to CDC.

For biosafety reasons, it is not recommended to perform viral isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens from a person under investigation for 2019-nCoV.

See CDC Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with 2019-nCoV: <https://www.cdc.gov/coronavirus/2019-nCoV/lab-biosafety-guidelines.html>