

Checklist for evaluating persons with respiratory symptoms for COVID-19

- This document is a tool for clinicians and is not required for specimen submission.
- Obtain a detailed travel history on ALL patients being evaluated for fever and acute respiratory illness.
- Use the checklist below to assess for COVID-19 and determine COVID-19 testing priority.
- Consider use of commercial laboratories for COVID-19 testing, especially for standard priority specimens.
- Immediately place a mask on any patient presenting with symptoms of a respiratory illness.

Assessment Criteria	Yes	No	Comments
A) Did/Does the patient have a fever? Fever may be subjective or objective. Fever may not be present in some patients.			Date of fever onset: ___/___/___
B) Does the patient have symptoms of acute lower respiratory illness (e.g. cough or difficulty breathing)?			<input type="checkbox"/> Cough <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Other Date of symptom onset: ___/___/___
C) Does the patient require hospitalization for severe respiratory illness (e.g., pneumonia)?			Is there radiographic evidence of pneumonia?
D) Has the patient tested <u>negative</u> for i. influenza ii. pathogens on respiratory panel			Although co-infections are possible, they are more likely to occur after onset of COVID-19.
E) In the 14 days before symptom onset, did the patient: i. Have close contact ¹ with a lab-confirmed COVID-19 patient?			Nature of contact: <input type="checkbox"/> Family/Household <input type="checkbox"/> Coworker <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____
ii. Travel in an affected geographic areas? (Listed at https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html)			Dates in affected area: ___/___/___ to ___/___/___ Location: _____
F) Is the patient a health care worker?			
G) Is the patient a resident of a long-term care facility?			
Suspect COVID-19 if:			
You answered YES to			
<ul style="list-style-type: none"> • (A or B) and (Ei, Eii, or F); OR • (A or B) and (Di and G) • C and (Di or Dii); 			
Specimens from these patients are high priority.			
OR			
There is clinical suspicion for COVID-19			

If COVID-19 is suspected, IMMEDIATELY:

- Ensure that the patient is masked and isolated in a private room with the door closed AND
- Ensure that healthcare personnel entering the room use standard, contact, AND airborne precautions (or as recommended by your health facility), INCLUDING eye protection (e.g., goggles or face shield that covers the front and sides of the face).
- Notify your healthcare facility's infection control personnel.

- For COVID-19 testing of high priority specimens at the [Idaho Bureau of Laboratories \(IBL\)](#), call your public health district (208-799-3100) or the Division of Public Health Epidemiology Section (208-334-5939) with the above information. For testing at IBL, oropharyngeal and nasopharyngeal swabs can be combined at the time of collection into the same vial. Contact IBL at 208-334-2235 for instructions on specimen collection and submission.
- Specimens may be submitted to commercial laboratories for testing without prior public health consultation. Refer to the commercial laboratory for guidance on specimen collection and submission procedures.

¹Close contact is defined as:

- a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while 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)