

The novel (new) coronavirus was discovered in late December 2019 and is beginning to spread around the world. Spread like this occurs every year with the influenza virus but we don't have as much experience or knowledge yet as we do with influenza. Asymptomatic infection and carriage is reported to be high, which may increase contagion, but also means that the virus may not cause that severe of illness in most patients. Here are some common questions and answers that many medical personnel have.

What are the risk-factors for COVID-19? The Centers for Disease Control and Prevention ("the CDC") has defined risk factors that make is much more likely that someone has COVID-19. Those with these risk factors are being called "persons under investigation" or "PUI". This changes over time as we learn new information. The CDC posts updates at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>. As of February 29, there are 3 high-risk groups:

- Someone with fever OR lung symptoms (cough, chest pain, breathing difficulty, low oxygen level abnormal lung exam or xray) who has had close contact within 14 days of feeling ill, with someone with confirmed COVID-19
- Someone with fever AND lung symptoms (cough, chest pain, breathing difficulty, low oxygen level abnormal lung exam or xray) who has a history of travel to any part of China and also Iran, Italy, Japan and South Korea within 14 days of symptoms onset.
- Someone with fever and lung symptoms severe enough to require hospitalization with who does not have an alternative diagnosis (eg influenza)

Can I still safely evaluate patients with RTI symptoms in my Urgent Care with COVID-19 circulating in the US? If patients do NOT meet criteria for a PUI, they MAY safely be seen in UC the way they always have. And they should be seen. Unless or until COVID-19 becomes more prevalent, most patients with RTI symptoms will have usual URIs, influenza, Strep throat, bronchitis or pneumonia and will require diagnosis and treatment just like before COVID-19. Keep up to date regarding the PUI definition (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>)

Which patients should I send to the ER? Any patient who meets the PUI definition should be referred to an ER or other facility with airborne isolation capabilities. Developing messages on your UC websites and registration kiosks, using phone calls or telemedicine for triage, and having signage out front can direct these patients to the appropriate location sooner and reduce exposure to others. If your UC has airborne isolation capabilities, you could evaluate these patients with other appropriate safeguards, the specifics of which are more complicated and will be provided by your organization.

I'm concerned that my clinic does not have or will run out of N95 masks and other PPE. What should I do? At this point, you only need N95 masks (and more) if you will be evaluating PUI patients in your UC. If you are not seeing these patients, there is no need for N95 masks. Regular surgical masks are all that is needed. N95 masks require fit-testing to be truly protective. Using them when not needed and without fit testing is a true waste of that resource, which is predicted to be in short supply. N95 masks should be reserved for those caring for PUI.

What PPE and precautions are required when caring for patients who meet the definition of a PUI? Airborne isolation and contact/droplet PPE is being recommended. If you do not have airborne isolation but do have a patient who is not accurately prescreened and gets back to a regular exam room and then gets identified as a PUI, keep the room door closed, minimize entry and exit, place a regular surgical

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mask on the patient (and anyone accompanying the patient), and staff should use whatever PPE is available (gown, gloves, face shield, N95 mask if available - <https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>; <https://www.youtube.com/watch?v=ZDbNLbhld8M>). Arrange referral to an ER or other facility with airborne isolation, capable of evaluating these patients. Do not use a nebulizer (consider MDI if needed) unless considered life-saving. After the patient leaves, clean the room using a standard disinfectant protocol and do not use the room for at least the period of time recommended based on the disinfectant product used.

Should I be testing all patients with RTI symptoms for COVID-19? Tests are in short supply so currently the CDC is authorizing testing only for PUI. For ill patients with no COVID-19 risk factors, determining whether they have a cold, influenza, bronchitis or pneumonia is important, and still done the same way as before COVID-19.

Should I be testing asymptomatic patients for COVID-19? As above, testing is currently only available for PUI, which, at this point, includes having symptoms. As more tests become available, with quicker result times, to help with reducing disease spread, testing more people may be recommended and some predict that even home testing might become available.

What is the treatment for COVID-19? Supportive treatments are being used in hospitalized patients with severe symptoms but there is no specific treatment for COVID-19 the way there is for influenza. Antibiotics do not help COVID-19 unless there is a bacterial complication. Do not prescribe antivirals for those concerned about potentially getting COVID-19.

I do not want to get COVID-19 or bring it home to my family. What should I do? There is currently no vaccine for COVID-19, but the CDC recommends a variety of actions to decrease the spread of any respiratory illness and so this would apply to COVID-19 prevention, as broader groups of PUI become defined (even someone you saw in your UC the day before!)

- If your UC is evaluating patients who meet PUI criteria, follow PPE and other protocols closely
- Avoid touching your eyes, nose, and mouth.
- Stay home when YOU are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect rooms between patients according to company protocol.
- Wash your hands with soap and water for at least 20 seconds, before and after seeing patients, after using the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty or after glove wear.
- CDC does not recommend that people who are well wear a facemask to protect themselves, against any respiratory illness, including COVID-19, but facemasks should be used by people who have symptoms, to help prevent spread to others.
- On an individual level, avoid travel to areas where COVID-19 is more prevalent

Where can I go wrong?

- Not having a plan to screen patients (website, signage, telemedicine, phone calls) meeting PUI criteria prior to them getting back to a regular room in your UC
- Evaluating and caring for PUI patients without appropriate safeguards
- Not fully evaluating a patient who is NOT identified as a PUI
- Using PPE like N95 masks, which may become scarce, when not needed

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- Prescribing antivirals or antibiotics for those who are worried about COVID-19 but do not otherwise need them.