



## Guidance for Outpatient Providers Evaluating Patients for Novel Coronavirus Disease 2019 (COVID-19) 3.19.20

The guidance offered below is intended to provide health care professionals --- physicians, advanced practice nurses, physician assistants and others – with advice to safely care for patients with COVID-19 concerns in an outpatient office setting exercising their best clinical judgments. To the extent that health care professionals practicing in the outpatient setting, have the requisite skill and appropriate equipment to perform an evaluation, they should continue to provide ongoing care to their patients. **It is essential that practitioners are mindful of the critical need to avoid overwhelming the health care system by recommending inappropriate referrals or testing.** As gatekeepers to the health care system, cooperation from office-based health care professionals is essential to minimize risks that patients and health care workers – professionals and office staff alike – may be exposed to COVID-19, by encouraging triaging of patients prior to scheduling office visits, and by maximizing the delivery of health care services through alternative methods, to include telemedicine, telehealth, telephone consultations and triage.

### Guidance for Providers for Patients Regarding COVID-19

#### General information about Testing

Currently, there are limitations on the availability of tests, so not all patients can be tested. Practitioners must carefully consider patient symptoms and risk factors to determine whether testing is appropriate.

**Specimen collection.** Currently, specimen collection is most commonly done by the ordering provider. For outpatient providers, NJDOH recommends that specimens be obtained by nasopharyngeal (NP) swabs, using recommended infection control precautions. Neither commercial labs nor PHEL will currently perform specimen collection.

**Specimen testing.** Specimen testing for SARS-CoV-2 (hereinafter “COVID-19”) is available both commercially and through the NJ State Public Health and Environmental Laboratory (PHEL). The current test is a PCR-based test that looks for the COVID-19 virus.

- **Commercial testing.** If a test is ordered commercially, no approval process is required.
- **PHEL testing.** Testing at PHEL is limited and will be prioritized for vulnerable populations at greatest risk for adverse outcomes, those in high-risk professions, and testing associated with public health investigations. As the situation changes, further guidance will be made available.

**Treatment of Asymptomatic Patients** - Asymptomatic patients (the “worried well”) should be treated as per usual practice. COVID-19 testing is not generally recommended for asymptomatic patients.

**Treatment of Symptomatic Patients; Initial Assessment Criteria** - Initial screening of symptomatic patients (patients who have both a fever and a cough), whenever possible, should be done via telephone or other electronic means. Intake should focus on:

- a. Determining the patient’s risk for exposure to COVID-19 – Factors to consider in making risk assessment include:
  1. Travel to an area with a CDC level 3 travel advisory,
  2. Close contact to a known individual with COVID-19.
- b. Determining the patient’s risk for developing serious disease:
  1. Age >65
  2. Serious underlying medical conditions, such as cardiac disease, lung disease and diabetes.
- c. Determining if illness would put public health at greater risk:
  1. Healthcare workers, individuals providing care or services to vulnerable populations.
- d. Determining the severity of the patient’s symptoms.

**Treatment of Symptomatic Patients Determined to be Medically Stable**

- Symptomatic patients that are determined to be medically stable via the initial triage (which may be done as above via telemedicine or in person), such that their risk factors are not resulting in a compromised physical status, can be advised to remain home and be advised to self-isolate.
- The self-isolation should continue for a minimum of 7 days after symptoms first appeared AND at least 72 hours after resolution of fever with significant improvement in respiratory symptoms (including cough). Thus, the least amount of time a patient would remain isolated is seven days, and the longer they remain symptomatic the longer they should stay isolated.
- The practitioner should advise patients that self-isolation includes isolation from others in the home as much as possible.
- Carefully consider the clinical need for testing in these individuals, as testing will not change medical management. For those patients you determine to be medically stable, who can be discharged to home, testing for COVID-19 is not routinely recommended. In the event household contacts of a patient who is advised to self-isolate develop symptoms, those individuals should generally follow the same guidance outlined here.

**Treatment of Symptomatic Patients Determined Not to be Medically Stable**

Patients that are identified as being not medically stable (that determination will generally be guided by an assessment of the severity of the patient’s symptoms coupled with an assessment of the risk factors set forth in the initial assessment criteria section above) should be further evaluated. Once a patient is identified to need further assessment, the decision whether that individual should be examined in the office setting, or sent directly

to another facility, will likely be conditioned on the availability of Personal Protective Equipment (“PPE) in the practitioner’s office.

**For offices with adequate supplies of PPE AND for patients not so medically unstable that a higher level of care is required:** Symptomatic patients who need to be further evaluated should be instructed to come to your office, whenever possible, at the end of the day, in order to minimize exposure to other patients. When evaluations are conducted in the office, symptomatic patients should be given a mask immediately upon arrival and escorted to a private room with a closed door. When evaluating symptomatic patients during an in-person visit, all medical providers, including office staff performing hands on services, should wear appropriate personal protective equipment (PPE). The **CDC recommends** using the following PPE:

- a. Gown
- b. Gloves
- c. Eye/face protection (e.g., goggles, face shield)
- d. National Institute for Occupational Safety and Health (NIOSH)-certified, disposable N95 or better respirators. CDC has stated that surgical (face) masks have been determined to be an acceptable alternative to N95 or better respirators, when the supply chain of respirators cannot meet the demand so long as procedures that are likely to generate respiratory aerosols are not being performed. The most common aerosolizing procedure performed in most outpatient offices would be the provision of a nebulizer treatment. Use of a nasopharyngeal swab to collect a specimen to be tested for COVID-19 is not considered an aerosolizing procedure. With the current shortage of N-95 respirators, these respirators should generally be reserved for use in procedures that are likely to generate respiratory aerosols, as those procedures would pose the highest exposure risk to the provider. Collection of an NP sample is not considered to be aerosol generating. When the supply chain of respirators is restored, facilities with a respiratory protection program should resume the use of respirators for the evaluation of patients with known or suspected COVID-19.

**For offices without adequate supplies of PPE AND/OR for patients that are so medically unstable that a higher level of care is required:** If your office does not have an adequate supply of PPE to allow the patient, office staff and practitioner to be protected in a manner consistent with the recommendations above, AND/OR via triage (in person or via telemedicine), you have determined that the patient has been determined to be medically unstable to a point that a higher level of care than you could provide in your office is needed, the patient should be referred to the Emergency Department (ED) of a health care facility. You should inform the ED of the referral by your office, and advise the ED of: (1) all identified risk factors and (2) the physical status of the patient. **Please be mindful that referring patients to the Emergency Department solely to be tested for COVID-19 places a strain on the system and thoughtful consideration should take place before making this referral.**

**Office Based Practice Unrelated to COVID-19:**

Given the strains that the outbreak is likely to place on the delivery of health care and in order to minimize risk of transmission of COVID-19 in the office setting, all office-based practices are urged to consider:

- Postponing elective surgery or procedures, to include any scheduled surgeries or procedures that are not being done to address a threat to the patient's life or a risk of permanent dysfunction of an extremity or organ system, the risk of metastasis or progression of staging, or rapidly worsening symptoms.
- Increasing utilization of alternatives to in-office visits such as telemedicine, telehealth and telephone or video consultations for all patients (i.e., including those with conditions unrelated to COVID-19), provided such alternatives allow treatment to be provided in a manner consistent with the standard of care.

**Office management reminders:**

- Ask patients to arrive on time for their appointments, rather than too early, or to remain in their cars until they are ready to be seen, if that is feasible, because that will minimize the amount of time they spend in your waiting room or reception area.
- Remove magazines, reading materials, toys and other objects that may be touched by multiple individuals and which are not easily disinfected.
- Clean and disinfect public areas frequently, including door handles, chairs and bathrooms.

You know your patients best – please speak with them directly if they have questions.

**While the CDC guidelines and resources of the Department of Health may be helpful for general information, please do not refer patients to hotlines to respond to their specific health concerns; your clinical judgment will be of the greatest value to them and will help to best conserve our health resources at this critical time.**

For additional and updated information for Health Care Professionals, please visit [The New Jersey Department of Health COVID-19 Website for Health Care Professionals](#)