

Guidance for Coronavirus Clinical Care in Corrections

March 9, 2020

As of the start of this week (beginning 3/9/2020), there is sustained local transmission in only a few metropolitan areas, and the risk of patients and healthcare workers acquiring the new coronavirus and developing the associated disease (known as COVID-19) is still considered low. Nonetheless, here are some general interim guidelines.

Upon Arrival:

It is vital for everyone's safety – patients and staff – that we quickly identify and isolate patients who could have this new infection. Do not have them wait in the general waiting area. Ideally, the patient will be placed in an exam room immediately.

If a patient:

- Presents with fever and/or cough, please give the patient a surgical mask.
- Has symptoms and has traveled to an area of concern or been exposed to a known case in the last 21 days, clinical staff should perform a prompt assessment.
- Has NOT traveled/been exposed but has a fever or cough they can stay masked, be cared for as usual.

Place patient in a room with a closed door pending evaluation (patient instructed to keep mask on).

Follow your facility's procedure for notifying medical provider, medical and security administration.

After patient is relocated, if coronavirus was deemed a possibility, perform terminal cleaning of room with hospital grade disinfectant EPA registered for disinfectant effective on human coronavirus.

Regarding the use of masks, healthcare workers should only wear masks during **direct** patient encounters. Clean your hands after discarding your mask. Furthermore, N95 mask use should be restricted to personnel caring for patients at high risk; personnel should also use facemask, gowns and gloves.

Elements of the Clinical Encounter: Remember the basics—vital signs, chief complaint. History, physical.

For respiratory symptoms, what was onset of upper respiratory symptoms, such as rhinorrhea and cough? Is cough productive? Is there fever, subjective or was it measured? Is there shortness of breath? Any diarrhea? Any other symptoms, including ones not typical for COVID-19?

Relevant history: Known contacts? Travel by patient or contacts to hot spots? To check the CDC websites,

Int'l: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

US: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

Exam—Symptom directed. Wash hands before and after patient contact, warm water and soap, x 20 seconds.

Asymptomatic patients: Wear gloves. Discard after each patient encounter.

If symptomatic: For upper respiratory symptoms--keep patient masked before/after examining nose and mouth. Use gloves, N95 mask. Depending on symptoms: also use gown/eye shield.

When suspicion of COVID-19 is high: If patient is unstable (e.g., difficulty breathing and other indications of serious complications: cyanotic, hypotensive, etc.), plan transfer to a local ED; call ahead before the patient arrives. Advise ED and emergency transport that patient is a suspect for COVID-19

Disposition: Stable patients with mild influenza-like illness may be sent back to cell separate from general population (either room with door, or when capacity for private infirmary rooms exceeded, dedicated cell block.) Supply tissues. Provide soap/water. They should not be in contact with incarcerated persons without symptoms. Patients suspected of COVID-19 should not be cohorted with patients diagnosed with influenza.

Asymptomatic patients with credible history of exposure to COVID-19: follow your health department's current protocol for Persons Under Investigation.

ICD-10-CM Coding: *Coronavirus infection, unspecified— B34.2*—covers classic and novel coronavirus.

Other considerations: Have a low threshold for calling Board of Health/Health Department for test kits and general up-to-date advice. Note, currently test kits are in short supply: use wisely. Do not forget influenza is currently more common in US than coronavirus. Until this year's flu season ends, vaccinate those who have not been vaccinated. Test for flu as appropriate. **Remember influenza is treatable.**