

COVID-19 Ambulatory Testing and Management Protocol

This document outlines general management strategies and appropriate testing strategies (and supplements the ambulatory protocol) for outpatients at any Columbia, NYP or WCM practice. These protocols balance the reality of limited testing capacity, long turnaround time for testing, the risk to the public and healthcare workers of being exposed to a sick patient, and the use of limited PPE for an unnecessary test/visit. Since this is a rapidly evolving process and test availability is rapidly changing, we will update this document as needed. At this time, ambulatory testing will be performed at a commercial lab as DOH is no longer testing outpatients (testing of healthcare workers must continue to be coordinated through IP&C). There is no need to call DOH for testing approval.

*Exposure to a confirmed COVID patient requires close contact (within 6 feet) for prolonged period of time (lives with, shares office with, shares waiting area)

Clinical Scenarios:

1. Asymptomatic patients without exposure to confirmed COVID patient
 - a. Do not test for COVID
 - b. If becomes symptomatic, evaluate clinically, isolate (see below)
2. Asymptomatic patient with exposure* to confirmed COVID patient
 - a. Do not test for COVID
 - b. Quarantine for 14 days (using CDC guidance)
 - c. If becomes symptomatic, evaluate clinically, consider test for COVID
3. Low risk patient (without significant comorbidities, under age 65) with mild symptoms (typical URI sx, fever less than 102, not significant shortness of breath)
 - a. Do not test for COVID
 - b. Manage symptomatically
 - c. Isolate at home (see below) until asymptomatic for 72 hours
 - d. If a patient lives with high-risk family member (age 65 and over, immunocompromised, COPD, cardiac disease, etc.) recommendation is to isolate using CDC guidelines (below)
 - e. If worsening or not improving in 2-4 days, bring in for evaluation exam, evaluate for alternative diagnosis with testing e.g. rapid flu test, respiratory viral panel, labs, cxr. If all negative, consider COVID testing
4. High risk patients (COPD, 65 and over, diabetes, cardiac disease, immunocompromised) with mild symptoms not otherwise requiring evaluation
 - a. No COVID testing
 - b. Manage symptomatically
 - c. DAILY CONTACT/CHECK-IN
 - d. Self-isolate
 - e. If worsening or not improving in 2-4 days, bring in for evaluation exam, evaluate for alternative diagnosis with testing e.g. rapid flu test, respiratory viral panel, labs, cxr. If all negative, consider COVID testing. Patient instructed to don a mask immediately upon entering practice.



**Weill Cornell
Medicine**

**NewYork-
Presbyterian**



COLUMBIA

Revision March 13, 2020

5. High risk patient with moderate or severe symptoms (fever > 102, cough, SOB)
 - a. Direct to the ED.
 - b. Told to get a mask immediately upon entering ED

Addendum I: PPE

1. All personnel entering the room of a patient with confirmed or suspected COVID-19 must do PPE appropriate for Contact and Droplet Precautions:
 - a. Gown
 - b. Mask with face shield
 - c. Gloves
 - d. N95 respirators are required only during the performance of aerosol-generating procedures (e.g., intubation, cardiopulmonary resuscitation, bronchoscopy).

Addendum II: Isolation Instructions

See the downloadable and printable link to CDC instructions. We will be working on tri-branded instructions in PDF format that we can handout as well as other language versions.

<https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>

**New York City Department of Health: 866-692-3641
Westchester County Department of Health: 914-813-5159**

For more information, contact Infection Prevention & Control at: NYP-AH: 212-932-5219; NYP-CU and NYP-MSCH: 212-305-7025; NYP-LH: 914-787-3045; NYP-LMH: 212-312-5976; NYP-WC and NYP-WBHC: 212-746-1754; NYP-BMH: 718-780-3569; NYP-HVH: 914-734-3927; NYP-Q: 718-670-1255