March 25, 2020

SCCA has developed new clinical workflows to address COVID-19 in our patient population. The following processes are summarized in this document:

1. Patient Screening and Testing at Point of Entry – In Person (SLU SCCA Clinic only)
2. Patient Screening and Testing for COVID-19 – By Phone (call to COVID-19 hotline or team)
3. Positive Results – Symptom Monitoring
4. Negative Results - Symptom Monitoring
5. No Test Performed - Symptom Monitoring

Supportive Documents and Workflows:

A. Testing Criteria (as of March 16, 2020)
B. Patient Instructions Post-Triage Center (SLU SCCA Clinic Only, excludes BMT/IMTX)
C. COVID-19 RN Phone Algorithm
D. Symptom Monitoring Guidance for Care Teams
E. (a/b) Drive-Through Testing Workflow
F. ORCA PowerForm Job Aid and FAQ
G. Infection Prevention Guidance for Positive Patients
1. Patient Screening and Testing at Point of Entry – In Person (SLU SCCA Clinic only)

In-person Assessment

**START**

Patient enters SCCA building

Fever, cough, SOB, difficulty breathing, congestion, sore throat, runny nose, fatigue, myalgia?

**Yes**

Patient goes to appointment(s)

**No**

Patient masked

Droplet and Contact Precautions

BMT/IMTX patient?

**Yes**

Patient to 'Triage Center' in G1006/1008 (secondary screening)

Patient goes to BMT or IMTX clinic for testing

**END**

**No**

Patient proceeds to appointment with printed instructions

Test ordered and sample collected

**Yes**

Does patient meet testing criteria^A? (patient goes to appointment with printed instructions)

Patient proceeds to BMT or IMTX clinic for testing

**END**

**No**

Patient proceeds to appointment with printed instructions^B

Droplet and Contact Precautions

END
2. Patient Screening and Testing for COVID-19 – By Phone (call to COVID-19 hotline or team)

START

Patient or provider calls CNC or COVID-19 Hotline to report exposure or symptoms

RN follows COVID-19 RN Phone Algorithm C

Does patient meet testing criteria? A

Yes

RN contacts Triage APP to assess and order Drive Through Testing Ea/1b

No

Referral to Care Team for Symptom Monitoring or further clinical care (e.g. fever protocol)

Symptom Monitoring for up to 7 daysD

Worsening Symptoms? B

No

Follow COVID-19 RN Phone Algorithm C

Yes

Stop Monitoring and Advise Patient to Contact Care team or COVID-19 Hotline if symptoms worsen

END

For Reference:
COVID-19 Hotline: 206-606-2880
Triage APP: 206-573-8913 (for internal use only – Do not give to patients)
3. Positive COVID-19 Result - Symptom Monitoring

START

Symptomatic patient referred for COVID-19 testing

Patient test positive for COVID-19?

Yes

Triage APP calls patient to discuss results

Triage APP to assess worsening symptoms? (eg. shortness of breath, fever?)

Yes

Refer to ED (Advise patient to mask and call ED for hand-off for known Positive COVID case to ensure for isolation)

No

Worsening symptoms?

(Triple APP to advise patient to self-isolate and other guidance per patient education handout (pending)

Triage APP contacts care team

CNC or other RNs will initiate daily symptom monitoring*

Care team to reschedule non-essential appointment

Yes

No

Worsening symptoms (eg. fever, SOB?)

*If patient symptoms resolve before 7 days, stop monitoring. If symptoms are unresolved, but not worse during 7 days, stop monitoring and advise patient to contact care team or COVID hotline if symptoms worsen. As co-infections may be possible, for patients who test positive for another respiratory virus, continue same approach to daily symptom monitoring.

Refer to D. Symptom Monitoring Guidance

Note: For patients with inconclusive test results, repeat testing is recommended and the patient should be managed as a positive result until results of repeat test and confirmatory testing. Contact the SCCA COVID on call with questions

Contact Infection Prevention for guidance regarding discontinuation of isolation

Continue Droplet/Contact Precaution

RN continues daily symptom monitoring until symptom resolution
4. Negative COVID-19 Result - Symptom Monitoring

START

COVID-19 test completed and results are negative

Batch email sent from Patient Relations to inform patient of negative result and next steps

Quality team to import patients who have negative results to COVID-19 SYMPTOM TRACKING on MSTeams (Community site patients sent to managers directly)

Care team/labor pool RN to document notifying patient of negative result

Monitor symptoms for up to 7 days

Refer back to Triage APP to consider repeat testing after 7 days

Worsening symptoms?

End

Yes

End

No

Stop monitoring and advise patient to contact care team or COVID hotline if symptoms worsen

*If their s/s resolve before 7 days, stop monitoring. If symptoms are unresolved, but not worse during 7 days, stop monitoring and advise patient to contact care team or COVID hotline if symptoms worsen. As co-infections may be possible, for patients who test positive for another respiratory virus, continue same approach to daily symptom monitoring.

Refer to D. Symptom Monitoring Guidance

Note: For patients with inconclusive test results, repeat testing is recommended and the patient should be managed as a positive result until results of repeat test and confirmatory testing. Contact the SCCA COVID on call with questions.
5. No Test Performed - Symptom Monitoring

START

Symptomatic patient who does not need COVID-19 Test

Daily symptom monitoring by CNC or Labor Pool RN for up to 7 days*

Worsening symptoms?

Yes

SOB?

Yes

Refer to ED (Advise patient to mask and RN calls ED for hand-off r/o COVID-19)

No

Fever

Yes

Evaluate in clinic or ED as per existing care team fever protocols

No

**Contact Triage APP to discuss drive-through testing 206-573-8913

*If patient’s symptoms resolve before 7 days, stop monitoring. If symptoms are unresolved, but not worse during 7 days, stop monitoring and advise patient to contact care team or COVID hotline if symptoms worsen. As co-infections may be possible, for patients who test positive for another respiratory virus, continue same approach to daily symptom monitoring

Refer to D. Symptom Monitoring Guidance

**Triage APP can contact SCCA COVID on call with questions regarding testing, including need for additional testing prior to discontinuation of droplet/contact precautions

Note: For patients with inconclusive test results, repeat testing is recommended and the patient should be managed as a positive result until results of repeat test and confirmatory testing. Contact the SCCA COVID on call with questions
A- Testing Criteria

SCCA Clinic SARS-CoV-2 (COVID-19) and Respiratory Viral Testing Guidelines for Patients (Updated March 10, 2020)

Testing for SARS-CoV-2 (COVID-19) is now available and can be ordered in ORCA under “COVID-19 Coronavirus Qualitative PCR” and lab test code “NCVQLT”. As other respiratory viruses including influenza are circulating in the community, we recommend that testing for SARS-CoV-2 be ordered in conjunction with our currently available extended respiratory viral panel PCR for patients with respiratory symptoms in selected circumstances. Based on lab testing capacity and as changes in community transmission patterns occur, we will update these guidelines accordingly.

<table>
<thead>
<tr>
<th>Clinical Criteria</th>
<th>SARS-CoV-2 PCR Test?</th>
<th>Extended Respiratory Viral PCR Test?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>No fever or Respiratory symptoms</td>
<td>Refer to BMT internal guidance document for testing of asymptomatic pts at Arrival and prior to data review for chemo-mobilization or transplant</td>
<td>NO</td>
<td>Standard Precautions</td>
</tr>
<tr>
<td>Fever WITHOUT Respiratory symptoms</td>
<td>NO</td>
<td>NO</td>
<td>Standard Precautions</td>
</tr>
</tbody>
</table>
| Respiratory symptoms WITH OR WITHOUT fever | YES – High Risk Patients  
• All transplant/ IMTX  
• All hematologic malignancy  
• Active chemotherapy  
• Neutropenia (ANC <500)  
• > 0.5 mg/kg/day prednisone equivalent  
• Age ≥ 60  
• Lung cancer, chronic lung disease (e.g. COPD)  
• Patients staying at SCCA or Pete Gross House | YES – High Risk Patients  
• All transplant/ IMTX  
• All hematologic malignancy  
*For all other patients, extended RVP testing can be considered on a case by case depending on clinical presentation | Mask patient and place in private room  
Droplet/ Contact Precautions |
| Chest CT with ground glass opacities with either fever OR new onset respiratory symptoms | YES | YES | Droplet/ Contact Precautions  
Discuss with Pulmonary or ID the specific clinical context if noninfectious lung disease is being considered. |

*Respiratory symptoms include: cough, shortness of breath, wheezing or chest tightness, nasal congestion, runny nose, sore throat, myalgia

Specimen collection:

1. A single nasopharyngeal swab can be used to collect specimen for BOTH SARS-CoV-2 (COVID-19) and Extended Respiratory Viral Panel PCR test. The specimen should be collected using Viral/ Universal Transport media.

2. A saline wash is NO LONGER recommended prior to specimen collection in order to minimize aerosol/ droplet generation.
B- Patient Instructions

PLEASE GIVE THIS SHEET TO YOUR CARE PROVIDER
(On the 2\textsuperscript{ND}, 3\textsuperscript{RD}, 4\textsuperscript{TH}, or 5\textsuperscript{TH} FLOOR)

DIRECTIONS FOR PATIENTS WITH RESPIRATORY SYMPTOMS

1. Keep your mask on during your time in the SCCA clinic(s)

2. Proceed directly to your clinic appointment (refrain from going to areas like the Bistro or Resource Center)

3. Please sit in the isolation areas in our waiting rooms because:
   a) You have respiratory symptoms
   b) You are wearing a mask and/or have been tested for respiratory viruses

4. Please tell your medical assistant and care team that you have been screened and/or tested

5. Give this sheet to your RN, physician, PA or nurse practitioner

INFORMATION FOR PHYSICIANS, APPs AND NURSES

Select all that apply (to be filled out by triage APP):

- Your patient received secondary screening due to URI symptoms

- Your patient has respiratory symptoms but did not require testing for respiratory viruses (does NOT require a mask) because _______________________________________________________________________

- Your patient has been tested for COVID-19 & the extended respiratory panel, must be in respiratory/droplet isolation and must also wear a mask

Call Triage APP @206.573.8913 with questions
C. COVID-19 RN PHONE ALGORITHM (206-606-2880)

Question 1: is this person seen in IMTX or Transplant Clinic?
- Yes → Instruct patient to contact their care team directly
- No →
  Question 2: Do you a fever, respiratory symptoms such as coughing, difficulty breathing, congestion (stuffy nose), sore throat, runny nose, fatigue, myalgias (muscle aches and pains)?
  - Yes → STOP:
    - No further action required
    - Patient may come into the clinic
  - No →
    Question 3: Are you experiencing any of the following:
    - New or worsening difficulty breathing?
    - Fever
      - Yes → if patient is acutely short of breath...
        - Refer patient to local ED
        - Instruct them to call ahead
      - No → If patient has a fever...
        - Instruct patient to contact their care teams soon as possible to discuss evaluation in the clinic.
        - Help them connect to their care team if necessary.
    - No → If patient has mild respiratory symptoms but no fever or shortness of breath...
      - Yes → Refer to Triage APP for decision to test
        - Triage APP cell phone: 206-573-8913
      - No → Decision NOT TO TEST
  If patient has mild respiratory symptoms but no fever or shortness of breath...

SCCA House or Pete Gross House Patients:
- Instruct patient to come to clinic for testing or assist in arranging for drive-through if patient has a vehicle.

All other patients:
- Advise patient to stay at home until resolution of respiratory symptoms. Instruct patient to contact their care team and potentially reschedule upcoming appointment(s).
- Inform them that the care team will conduct symptom monitoring for worsening symptoms.
- Counsel patient regarding symptom management and signs/symptoms that should prompt patient to call or to their healthcare provider or seek further evaluation at ED (e.g. fever or SOB)
D. SYMPTOM MONITORING GUIDANCE

Microsoft Word Document
<table>
<thead>
<tr>
<th><strong>Ea. Drive Up Testing – High level workflow once the COVID swab order is placed by Triage APP (Mon- Fri)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9 am – 1:30 pm</strong></td>
</tr>
<tr>
<td><strong>Triage TC</strong></td>
</tr>
<tr>
<td>START - Prints requisition and EPIC label</td>
</tr>
<tr>
<td>Schedules patient for same day or next day appointment using Drive Up Testing EPIC Template (SCCA Infusion Provider)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Continued to next page</strong></td>
</tr>
<tr>
<td>Time</td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td>9 am – 1:30 pm</td>
</tr>
<tr>
<td>1:30</td>
</tr>
<tr>
<td>2-4 pm</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>@ 4 pm</td>
</tr>
</tbody>
</table>
G. INFECTION PREVENTION for POSITIVE PATIENTS

Microsoft Word Document
Below is a guidance on how to care for patient at SCCA that have been confirmed or suspected COVID-19

Scheduling of Appointments

- Cancel or reschedule any non-urgent appointments.
- Consider telemedicine options when possible.
- If the patient needs to come into the clinic for urgent appointments:
  - Schedule their appointment at the end of the day or during the clinic’s least busy time frame
  - Schedule all appointments to occur in the same room (i.e. blood draw, provider appt should occur in the same location)
  - If radiology imaging is required, it must be scheduled as the last appointment of the day and the department should be notified

Prior to Patient Arrival

- Patients should be instructed on the steps to minimize exposure when they arrive to the clinic. These instructions include:
  - Instructions on how to arrive at the clinic, including which entrance to use (for SLU, prefer to use the main entrance to avoid the uses of the garage elevator).
  - Wear a mask at all times in the clinic. If possible, wear a mask from home before entering the clinic. If you do not have any mask available at home, please cover your mouth and nose with a bandana or scarf until we can provide one for you. Mask are available at the front entrances by our screeners, please ask of one when you arrive.
  - Caregiver should be limited to one and should wear a mask as well.
  - Before entering the clinic, call your care team when you arrive so you can be roomed right away
  - Please try to maintain a social distance of at least 6 feet from other patients and staff members outside of an exam room.
  - Please contact your nurse for questions you may have about how long you will need to follow these instructions when you come to the clinic.

Day of the Appointment

- Patients should wear a mask at all times in the clinic, even in an exam room. Patients should only remove mask if required for patient care activities (i.e. an oral exam).
- Patient should be roomed as soon as possible and placed in private room with the door closed.
Infection Prevention Guidance for the Care of Patient with COVID-19 (March 25, 2020)

• Healthcare personnel should adhere to **Standard, Contact, and Droplet Precautions, including the use of eye protection** (e.g., goggles or a face shield) when caring for patients with COVID-19 infection. These precautions include the use of the following PPE:
  o Facemask (i.e. surgical mask)
  o Eye protection (i.e. goggles, disposable face shield, or mask with face shield attached)
  o Gown
  o Gloves
• Avoid performing any aerosol-generating procedures
  o Aerosol generating procedures include bronchoscopy, endotracheal intubation, non-invasive positive pressure ventilation, cardiopulmonary resuscitation, suctioning, non-invasive positive pressure ventilation, and nebulizer therapy
  o If an aerosol-generating procedure is necessary it must be performed in an AIIR, while following appropriate infection prevention and control (IPC) practices, including use of appropriate PPE: gown, gloves, NIOSH-approved and fit-tested N95 respirator or greater, and eye protection.
• Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs), when possible. If equipment will be used for more than one patient, clean and disinfect such equipment according to manufacturer’s instructions before use on another patient.
• After the patient leaves clean the room, including all high touch surface areas with disinfectant wipes.
  o Sani-Cloth AF3, Super Sani-Cloth, Corox Bleach Wipes, and Clorox Hydrogen Peroxide Wipes are all effective at killing COVID-19
Symptom Monitoring Guidance

Guidance to Care Teams - Home Telephone Monitoring of Patients with Mild Respiratory Symptoms

In an effort to limit potential exposure of our patients to COVID-19, SCCA is asking patients with active respiratory symptoms to call the RN COVID-19 Hotline before coming into the clinic.

For those patients with mild respiratory symptoms who are staying at SCCA or Pete Gross House:

- We recommend that these individuals come into the clinic to be tested. Some patients may also be referred to drive-up testing.

For all other patients with mild respiratory illness:

Patients with mild respiratory symptoms may have infections due to COVID-19, or due to other respiratory viruses that are currently circulating in the community. They also may be experiencing symptoms due to non-infectious causes.

- We encourage that these patients remain at home until their symptoms improve, and to contact their care team to reschedule nonessential appointments.
- Additionally, these patients need to be followed by their care teams with daily symptom monitoring by telephone call, and considered for testing according to the testing algorithm.
- The duration of symptom monitoring depends on the patient’s COVID-19 test results. Please follow the guidelines below for follow-up:

Patients with a Negative COVID-19 Result:

- Call the patient daily to check on their symptoms for up to 7 days after their negative test result. If symptoms have significantly improved or resolved, any appointments can be rescheduled.
- If the patient’s symptoms have resolved before 7 days, symptom monitoring may be discontinued and the patient’s appointments rescheduled.

If their symptoms worsen, they should be referred for repeat testing (through drive-up testing or in clinic for BMT/IMTX and patients staying at Pete Gross or SCCA House) or assessed for a higher level of care**
For COVID-19 Tested Patients with A Positive Result:

- Call the patient daily to check on symptoms; if symptoms become severe (e.g. acute shortness of breath) or significantly worsen,** assessment is needed for a higher level of care. Specifically, such patients may need to be referred to the Emergency Room for further evaluation and inpatient admission. Please advise patient to wear a mask and contact the ER so that they can plan and isolate the patient accordingly. If symptoms significantly improve or resolve, daily calls can be discontinued and appointments can be rescheduled.

- Additionally, for patients who test positive, home isolation should be continued until **ALL** of the following criteria are met:

  1. Resolution of fever without the use of fever-reducing medications
  2. Resolution of respiratory symptoms
  3. At least 7 days from symptom onset
  4. A single negative COVID-19 test - **repeat testing should ONLY be performed when patients meet the first three criteria**

  **Note:** if symptoms persist at ≥ 14 days, repeat testing should be performed; for these patients 2 negative tests collected ≥ 24 hours apart are required prior to discontinuation of home isolation

- Refer to the process maps titled:
  - Positive Results - Symptom Monitoring
  - Negative Result - Symptom Monitoring
  - No Test Performed - Symptom Monitoring

- Document symptom monitoring in the COVID-19 Assessment PowerForm in ORCA.

  **If the patient develops shortness of breath, or if there is concern at any time for worsening of respiratory symptoms, the patient should be referred to the clinic for further evaluation or the Emergency Department in acute situations. **Always call the ED prior to sending a patient there** to ensure they are prepared to receive a patient in contact/droplet precautions.
Frequently Asked Questions

What are clinical symptoms of COVID-19?

The most commonly reported symptoms include fever, cough, and shortness of breath. Other symptoms include fatigue, myalgias, chills, sore throat, headache, nasal or sinus congestion and in some cases nausea, vomiting, and diarrhea. Recently, there have been also been reports of anosmia (loss of smell) and dysgeusia (altered sense of taste).

In some cases, there have been reports of worsening symptoms that occur during the **second week of illness**. There are limited data at this time about clinical symptoms of COVID-19 among patients with cancer and whether symptoms may differ when compared to other patient populations.

What should I do if my patient has a fever?

Please follow your current care team protocol for evaluation and management of fever. **It is critical to ensure that patients with fever and other signs of acute illness are appropriately managed according to existing protocols (e.g. neutropenic fever).**

**My patient does not have fever or shortness of breath but has mild respiratory symptoms. Should I advise the patient to come into clinic to get tested?**

- For patients who are staying at SCCA or Pete Gross House, we recommend that these patients come into the clinic to be tested. Some patients may also be referred to drive-up testing.

For all other patients with mild respiratory symptoms:

- We suggest that they stay at home and reschedule nonessential appointments.

- If you believe your patient meets testing criteria or if you are concerned that your patient has worsening symptoms, discuss with triage APP to determine whether patient should be referred for drive through testing.

- We recommend that these patients be followed closely by their care teams with daily symptom monitoring by telephone call.

- Duration of symptom monitoring **depends on the patient’s COVID-19 test results.**
• Refer to:
  
  o Positive Results - Management of Test Results and Symptom Monitoring
  o Negative Result - Management of Test Results and Symptom Monitoring
  o No Test Performed - Management of Test Results and Symptom Monitoring

• Symptom monitoring should be documented in the COVID-19 Assessment PowerForm in ORCA.

• If the patient develops fever, shortness of breath, or if there is concern at any time for worsening of respiratory symptoms, the patient should be referred to the clinic for further evaluation or the Emergency Department in acute situations.

How frequently should testing for COVID-19 be performed in a patient with negative test results and ongoing respiratory symptoms?

In patients with ongoing mild respiratory symptoms and there remains a concern for a respiratory viral infection, the test should not be repeated more frequently than 7 days from date of the negative test. If there is any change or worsening of symptoms, repeat testing may be considered at an earlier date.

What should I do if my patient has an inconclusive test result?
In some cases, an inconclusive test result may reflect a low level viral load. We recommend that patients with an inconclusive test result have a repeat test performed and that patients be managed as a positive result until results of repeat testing have returned. Repeat testing can be arranged via drive-through testing.
COVID-19 Assessment Frequently Asked Questions

Purpose: RNs and APPs will use the COVID-19 Assessment PowerForm in ORCA to document COVID-19 screening, symptom monitoring, and track changes in symptoms. This tool will provide data to better understand COVID-19 in our patient population and measure the impact of care interventions to ensure quality and safety.

When do we start using the COVID-19 Assessment?
- Monday, March 23, 2020

Who uses the COVID-19 Assessment?
- Outpatient nurses and APPs (see below)

When is it used?
- Symptom monitoring and phone screening
  - COVID-19 RN Hotline
  - CNCs
  - Community Site RNs
  - BMT/IMTX
- Triage Center APP in-clinic screening (G1006/G1008)

How frequently are we monitoring symptoms?
Frequency and length of symptoms monitoring depends on the situation. Details outlined below.
- Positive COVID-19 test result
  - Daily until symptoms resolve
- Negative COVID-19 test result
  - Daily by CNC/RN for up to one week
- Symptomatic no testing done or test results pending
  - Daily by CNC/RN for up to one week

Do I have to document in this note and in another note in ORCA?
- If it is a COVID-19 specific assessment, only document in this note.
- If in-clinic visit/assessment, document as normal
- If you receive a complex phone call which requires a regular note and a COVID-19 Assessment, include “see COVID-19 note” in regular note

How do I chart the COVID-19 Assessment?
- Review pages 2-3 of this document for additional instructions
- For additional questions, contact ORCA Support: 206-606-7711

Who do I send feedback/change requests to?
- For process questions or feedback on the assessment, talk to your manager or email Salma Walji, Infection Prevention at swalji@seattlecca.org
I. Open the COVID-19 Assessment

This document explains how to access and chart the COVID-19 Assessment. For workflow and process questions reference page 1 of this document.

1. Open the Patient’s chart and select **Oncology** on the **Menu**.
2. On the **Onc Summary** tab, locate the **Vital Signs** section, and select the **Down Arrow** button
3. Select **COVID Assessment** from the list.

4. **Result:** The **COVID-19 Assessment** form opens.

5. Document the appropriate information.

6. **Sign** all charting in the form by clicking the **Green Checkmark**.

![Image of Onc Summary tab with Vital Signs section highlighted](image-url)
II. Modify, Unchart and Change the Date on a Signed PowerForm

Note: This example shows modifying the signed PowerForm in Clinical Notes. The PowerForm can be modified in Form Browser as well.

1. Select Clinical Notes on the Menu.
2. Locate the signed COVID-19 Assessment note to modify.
3. Double-click the title to open the note.
4. Right-click anywhere on the note and select Modify.
5. Make changes to the note.
6. Click Sign.

Result: the note displays: “Document Has Been Updated.”

Unchart a Signed PowerForm

1. Click on Form Browser on the Menu.
2. Locate the signed PowerForm to unchart.
3. Right-click over the form name and select Unchart.
4. Enter the reason for uncharting in the pop up box.
5. Click Sign.

Result: The PowerForm is marked “In Error” as well as any other result field associated to the form (e.g. Clinical Notes, Results Review).

Change the Date and Time in a Signed PowerForm

Note: The Date/time can only be modified once.
1. Click on Form Browser in the Menu.
2. Right-click over the form name and select Change Date/Time.
3. Enter the correct date and time.
4. Enter a comment.
5. Click Sign.