



## COVID-19 Outpatient Triage and Assessment Guidance

This guidance applies to outpatient facility types, including emergency departments, urgent care, primary care and other outpatient settings. **Stay up-to-date** on the best ways to [manage patients with COVID-19](#).

### Triage patients to meet demand.

1. Use your telephone system to deliver messages to incoming callers about when to seek medical care at your facility and when to seek emergency care. Include messages such as “Please let us know if you have flu-like illness,” so patients are prompted to share this information
2. Maximize phone triage, visit prioritization, and telehealth visits to the extent possible.
  1. Identify essential and priority on-site appointments
  2. Consider converting non-essential, in-person visits such as prescription refills, and routine follow up for chronic care to remote telehealth services (i.e. telephonic and video)
  3. Decrease non-urgent appointments to increase capacity for priority on-site appointments

### Implement controls and physical changes to space to increase safety of patients and staff.

1. Schedule non-urgent appointments for someone with respiratory illness during times that are less busy (e.g., beginning of the day or end of the day) and flag that the patient has flu-like symptoms, so they are already identified ahead of time.
2. Post signs on the door of your practice instructing patients to alert practice staff if they have flu like symptoms as soon as they arrive
3. Have face masks readily available for patients with respiratory symptoms and have them put a mask on as soon as possible.
4. Separate patients with respiratory symptoms, so they are not waiting among other patients seeking care. If possible, identify a separate, well-ventilated space that allows waiting patients and visitors to be separated. Minimize time in waiting room
5. Use physical barriers (such as windows) when possible for front desk and triage personnel or maintain spatial distance of 6 ft from patient with respiratory illness. No specific personal protective equipment is required for these staff members
6. Isolate the patient in a private room or a separate area as soon as possible
7. Set up areas of the clinic just for evaluation and testing of flu-like illness if possible.
8. Clinicians should wear respiratory protection for the interview and examination of a patient. Either a surgical mask or N-95 respirator is appropriate.
9. Wipe down surfaces with EPA-approved disinfection supplies
10. Leave the clinic room empty for 2 hours before next use if an aerosol-generating procedure is performed for a patient with known or suspected COVID-1.

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### Consider designated or alternative sample collection sites.

1. If practices are part of a multi-site system, consider designating evaluation and sample collection sites to reduce exposure for staff and patients seeking on-site care.
2. Consider developing alternative sample collection sites, for example collecting samples from patients while in their car or outside.
3. The State is working with our Healthcare Preparedness Coalitions and our public and private partners to coordinate and support alternative sample collection sites. Work through your local and regional partners to identify what may be available in your area. If you are unable to determine how to provide needed alternative sample collection sites for your patients, you may reach out to [ncresponse@dhhs.nc.gov](mailto:ncresponse@dhhs.nc.gov) for assistance with identifying options.

### Collect and submit samples for COVID-19

1. Know which lab you will be sending samples to.
  - a. Testing is available through the North Carolina State Laboratory of Public Health (NCSLPH). The NCSLPH requires approval from either the Local Health Department, where the provider is located, or the State Communicable Disease Branch (919-733-3419, available 24/7) prior to submitting sample for testing for COVID-19.
  - b. Commercial and health system laboratory testing is also available, but should be limited only to symptomatic persons meeting criteria below. Prior authorization from the State is **not** required for commercial or health system laboratory testing; **but** individuals who are tested will be considered a Person Under Investigation and should adhere to self-isolation measures.
2. Identify and order the supplies you will need for your lab of choice.
3. Clinicians should determine if COVID-19 testing is clinically indicated. NC DHHS currently uses the following criteria for testing at NCSLPH:  
**Criteria A:** Fever OR signs/symptoms of lower respiratory illness (cough, shortness of breath) AND close contact with a confirmed COVID-19 case within 14 days of symptom onset.  
**Criteria B:** Fever AND signs/symptoms of lower respiratory illness (cough, shortness of breath) AND negative influenza test (rapid or multiplex PCR) and no other more likely diagnosis
4. Clinicians should use personal protective equipment for nasopharyngeal sample collection: Gown, Gloves, Facemask OR N-95 respirator\* (\*dependent on supply), Eye protection (e.g., goggles or face shield). [Click here for updated PPE guidance.](#)
5. Clinicians should use N-95s as respiratory protection for aerosol-generating procedures including (but are not limited to) nebulizer treatment, sputum induction, airway suctioning, endotracheal intubation, bronchoscopy, positive pressure ventilation (BiPAP, CPAP), and tracheostomy care.
6. The state is aware of potential supply chain disruptions for personal protection equipment and is working to address that.
7. If you have a sufficient supply of swabs, consider collecting rapid flu sample and COVID-19 sample at some time. If rapid flu is negative, COVID-19 sample can be sent without redonning personal protective equipment
8. Clinicians should do sample collection and submission for COVID-19 as specified by the laboratory to where they will be sending samples.
9. For the State Laboratory of Public Health (more details at this [site](#))
  - a. Supplies needed are:
    - i. Synthetic fiber swabs with plastic or metal shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing.

## NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

- ii. Any commercial viral transport media/universal transport media in sterile vial. Alternative transport [media](#) (e.g., saline) may be possible and are being evaluated.
- b. Sample collection instructions include:
  - i. Only a nasopharyngeal swab should be collected.
  - ii. To collect the nasopharyngeal specimen, place the swab into the nostril parallel to the palate until resistance is encountered. Leave the swab in place for a few seconds to absorb secretions. Slowly remove swab while rotating it. Place the tip into a vial of sterile viral transport medium. Aseptically cut off the applicator stick so that it does not protrude above the rim of the tube and cap. **LABEL THE VIAL: NP swab with 2 unique identifiers** (i.e. patient's name and date of birth) and date of collection.
  - iii. Store specimens at 2-8°C for up to 72 hours following collection. If longer storage is required, store at -70°C.

### Once a patient has a sample collected

1. Submit information on tested patients to local health department for the county of residence of the patient. Contact list of local health departments [here](#).
2. Give patient information on [self-isolation](#) and ensure patients are aware that they are expected to stay in isolation until results are back and longer if they are positive.
3. Submitters will receive results back and should inform patients of result. If result positive, further isolation will be done in coordination with the local health department.

All primary care providers have a role to play in assessing patients with COVID-19 concerns. If you are unable to perform assessments or collect specimens in your setting, please work within your healthcare system or with your local health department or contact [ncresponse@dhhs.nc.gov](mailto:ncresponse@dhhs.nc.gov) to identify appropriate options. **Patients seeking medical care should NOT be referred to NC COVID-19 Call Center or the Communicable Disease Branch epidemiologist on-call line.** The Call Center line is intended to provide general information and the epidemiologist on-call line is intended for clinicians and local health departments needing consultation.

For more information

1. NCDPH coronavirus website: [www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina](http://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina).
2. <https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina/health-care>
3. **FDA website and [FAQ](#)**
4. CDC website on health care facility preparedness <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html>.