Does your patient meet any of the 3 following case definitions?

<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>A</th>
<th>Epidemiologic Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever or signs/symptoms of lower respiratory illness</td>
<td>AND</td>
<td>Any person, including healthcare workers, who has had close contact with laboratory confirmed COVID-19 patient within 14 days of symptom onset</td>
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<tr>
<td>Fever or signs/symptoms of lower respiratory illness</td>
<td>AND</td>
<td>A history of travel from affected geographic areas (including risk from local epidemiological spread) within 14 days of symptoms (see Appendix A)</td>
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<tr>
<td>Fever and signs/symptoms of lower respiratory illness</td>
<td></td>
<td></td>
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<tr>
<td>requiring hospitalization</td>
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</tbody>
</table>

- **Standard clinical assessment and care**
  - **No screening test for COVID-19 indicated**
  - **Potential COVID-19 Infection**
  - **Isolate Patient & Family**
    - Staff will don a mask.
    - Patient and family will don a mask.
    - Staff to walk patient/family to a private exam room with the door closed.
    - Isolate patient/family at least 6 feet from staff, other patients and visitors.
    - Via telephone (call into the room or via cell phone if possible).
  - **Safely determine risk for COVID-19**
    - RN/provider to confirm reported symptoms:
      - Fever? (subjective report is acceptable)
      - Cough or shortness of breath?
      - Detailed travel history, including dates, times and locations
      - Contact with person who has traveled to high risk locations (see appendix A)
      - Contact with person who is under investigation for possible COVID-19 infection or who is/was diagnosed with COVID-19 infection
  - **Is the patient a possible Patient Under Investigation (PUI) for COVID-19?**
    - **YES**
      - **Notification**
        - RN immediately contact the below to determine need for testing:
          - Provider
          - Department of Epidemiology of the Department of Public Health 860-509-7994 (regular business hours); 860-509-8000 (afterhours or weekends/holidays)
          - Testing can be ordered via Quest or DPH
      - Determine disposition (evaluation of need for admission similar to that for any respiratory illness)
    - **NO**
      - **If Telephone Encounter**
        - Transfer call to RN
        - RN to review case definitions above and determine COVID-19 risk
      - **If In-Person Encounter**
        - Patient stable/does not require admission to hospital:
          - Send or instruct to stay at home with quarantine instructions per DPH
          - Provide CDC’s Interim Guidance for Preventing 2019 Novel Coronavirus (2019-nCoV) from Spreading to Others in Homes and Communities to the patient, caregiver, and household members
          - Contact their state or local health department to discuss criteria for discontinuing any such measures
        - **Patient stable but requires higher level of care**
          - Notify local ED of patient arrival and ensure patient continues to wear a mask
          - CT Children’s One Call (Hartford) 860-837-9890
          - Danbury Emergency Department: 203-739-7101
          - Norwalk Emergency Department: 203-852-2143
        - Call 911 for EMS transfer to local ED
        - Notify local ED of patient arrival as above
        - Ensure patient continues to wear a mask if able
      - **Standard clinical assessment and care**
Geographic List with Sustained Transmission

(Community or Widespread)

Check the CDC websites for the most current information on:

- **Travel Health Notices (International Travel)**
- Affected geographic regions in the US with sustained community transmission per CDC (click on “+” symbol under the map to expand all state data).
- **Travel in the United States**