COVID-19 Testing Guidelines for Healthcare Providers

Patient with High Risk Exposure (close contact)

Does the patient have a COVID-19 like symptom(s)?
Fever (100.4 or greater), chills, shortness of breath, cough, sore throat, nasal congestion or runny nose, nausea, vomiting, diarrhea, loss of taste or smell, fatigue, abdominal pain, muscle or body aches, or headache
  a. If yes, see section A.
  b. If no, see section B.

Section A. HIGH RISK EXPOSURE AND SYMPTOMATIC
If any COVID-19 like symptom + high risk exposure, test for COVID-19 or Isolate for at least 10 days.

Section B. HIGH RISK EXPOSURE AND NO SYMPTOMS
1. If testing performed, recommend testing 4-5 days after exposure.
   Asymptomatic testing not available at Memorial Respiratory Clinic.
2. Quarantine for 14 days from last day of exposure.
3. Release from quarantine letter must be issued by:
   • Local health department for children and staff in pre-K, K–12 and day care programs
   • Employer for health care colleagues
   • Patient’s provider, employer or Respiratory Clinic for all other patients
4. If symptoms develop, test for COVID-19 and start isolation.

High Risk Exposure
Within 6 feet for greater than 15 minutes to a known COVID-19 positive individual in the time frame from 2 days before until 10 days after the COVID-19 positive person’s symptoms started or person tested positive (if no symptoms). 15 min = cumulative time in one work/ school day. Example: Within 3 rows on a school bus; desks within 6 feet; riding in same car

Mask or face covering used?
If yes, no further action is needed as the exposure is NOT considered high risk. Face covering must be on both individuals, covering both nose and mouth tightly, clean and not removed at any time during the exposure. If either individual is under 18 years of age, compliance with face coverings must be witnessed by an adult.

Isolation
The person with symptoms must stay in their own bedroom/bathroom with food brought to them starting on the day of the test (assume positive). If not independent or capable of self-isolation (child, elderly with dementia, etc) then attempt to limit the close contact with the symptomatic individual.

If test is positive (or not done and therefore assumed to be positive), stay in isolation until completion of 10 days AND fever-free for 24 hours without fever-reducing medication AND all symptoms improving.

Quarantine
A waiting period for high-exposure individuals without symptoms to see if symptoms develop. Quarantine is a minimum of 14 days provided the individual remains asymptomatic and without new exposure. It begins on the last day of exposure to someone with COVID-19

COVID 19 positive in household? If other household members develop symptoms, the duration of quarantine can be prolonged.

Stay home, wear mask if around other household members, increase hand washing and surface cleaning.
Patient with **NO** high-risk exposure *(close contact)*

**Does the patient with NO high-risk exposure have COVID-19 like symptoms?**

a. See section C for **probable** COVID-19 symptoms and recommendations  
   b. See section D for **possible** COVID-19 symptoms and recommendations

Green = testing recommended  
Yellow = consider testing

### Section C. NO KNOWN EXPOSURE AND PROBABLE COVID-19 SYMPTOMS

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<th>Symptom</th>
<th>Testing Recommended</th>
<th>Instruction and Recommendations</th>
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| Fever (100.4 or greater)                        | ✓                   | 1. Evaluate symptoms  
2. Discuss options with patient/family.  
3. Test for COVID-19; if no test assume positive  
4. Isolate patient with symptoms (if capable and independent) until results received.  
5. All other household members quarantine.  
6. Direct to testing site, telehealth visit, face-to-face visit or Emergency Department as necessary.  
7. Consider other appropriate testing and treatments.  
8. Excuse patient from work or school.  
9. If test result negative, re-evaluate symptom(s) for alternative diagnosis vs false negative test. |
| Chills                                           | ✓                   |                                                                                                 |
| Shortness of Breath                              | ✓                   |                                                                                                 |
| Cough                                            | ✓                   |                                                                                                 |
| Sore Throat                                      | ✓ ✓                 |                                                                                                 |
| Nasal congestion or runny nose (without a history of allergies) | ✓ ✓                 |                                                                                                 |
| Nausea/Vomiting (>1 episode within 12 hours)     | ✓ ✓                 |                                                                                                 |
| Diarrhea                                         | ✓                   |                                                                                                 |
| Loss of taste or smell                           | ✓                   |                                                                                                 |

### Section D. NO KNOWN EXPOSURE AND POSSIBLE COVID-19 SYMPTOMS

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| Fatigue                                         | ✓                   | 1. Evaluate and monitor for 24 hours.  
2. If recurrent or continued symptoms (>24 hours) without other etiology, consider differential diagnose and/or test for COVID-19 and start isolation.  
3. If new probable or possible COVID-19 symptom(s) start, recommend testing and isolation.  
4. If symptoms resolved and provider determines an alternative diagnosis, ok to return to work or school. The alternative diagnosis must be included on all release notes for students or staff at schools. (All diarrhea and vomiting must be resolved in 24 hours.) |
| Nasal congestion or runny nose (with a history of allergies) | ✓ ✓                 |                                                                                                 |
| Abdominal Pain                                   | ✓                   |                                                                                                 |
| Nausea/Vomitting (1 episode)                      | ✓                   |                                                                                                 |
| Muscle or body ache                              | ✓                   |                                                                                                 |
| Headache                                         | ✓ ✓                 |                                                                                                 |

Visit ChooseMemorial.org/COVID19 for local testing sites and eligibility.