

Outpatients who Previously Tested Positive or Report Exposure to COVID-19

Patients scheduled for appointments (by the ACCESS Center or the clinic) must be asked the following 3 questions:

1. Are you experiencing symptoms of COVID-19, such as new fever, new cough, flu-like symptoms, or loss of smell/taste?
 - If “yes” and the patient has not been tested for COVID-19, do not schedule a face-to-face visit for routine medical care. A telehealth visit can be scheduled. If patient continues to request a face-to-face visit, message the patient’s provider. Patients may also be instructed to seek evaluation for COVID-19 at an assessment center.
2. Have you tested positive for COVID-19 in the past 20 days?
 - If “yes”, message the patient’s provider to determine when the patient should be scheduled for an outpatient appointment. See details below.
3. Have you been exposed to a person with confirmed COVID-19?
 - If “yes”, follow the processes below for visit types.

PATIENTS WHO HAVE TESTED POSITIVE FOR COVID-19 IN THE PAST 20 DAYS:

- **PROVIDER TO DETERMINE MINIMUM ISOLATION PERIOD FOR THE PATIENT**
 - Did patient require hospitalization for COVID-19 infection?
 - Is patient immunosuppressed, defined as one of the following conditions:
 - Primary immune deficiency (such as CVID)
 - HIV infection with CD4 count ≤ 200
 - Stem cell or solid organ transplant
 - Chemotherapy in the past year
 - Biologic immunosuppressants (e.g. monoclonal antibody therapy for autoimmune diseases)
 - ≥ 20 mg/day prednisone for ≥ 14 days
 - If “yes” to either of these questions, then use **20 days** from the date that the patient tested positive by SARS-CoV-2 PCR as the **minimum isolation period** and follow instructions below.
 - If “no” to both questions, then use **10 days** from the date that the patient tested positive by SARS-CoV-2 PCR as the **minimum isolation period** and follow instructions below.
- **IF PATIENT HAS NOT MET THEIR MINIMUM ISOLATION PERIOD ABOVE**
 - Instruct the patient to continue self-isolation for at least the minimum isolation period AND until symptoms have improved (but may not have resolved), AND are fever-free 24 hours without the use of fever-reducing medications (e.g. Tylenol, NSAIDs).
 - Patients requiring **urgent** medical treatment before completing self-isolation should be seen at one of the VUMC Emergency Departments or Walk-in/After Hours Clinics.
 - Patients requiring routine medical care should be seen via telehealth or defer the appointment.
 - If a patient presents to clinic for a routine visit during this period, staff should confer with visit provider, and ideally the patient should be rescheduled for a telehealth visit or an in-person visit after their period of self-isolation is over.

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- Healthcare workers should wear PPE (surgical mask, eye protection, gown, and gloves) when evaluating these patients. The patient should wear a surgical mask (not a cloth/fabric mask).
 - An unmasked employee exposure to a patient in this time period should be reported to Occupational Health.
- **IF THE PATIENT HAS MET THEIR MINIMUM ISOLATION PERIOD**
 - Instruct the patient to continue self-isolation until their symptoms have improved (but may not have resolved) AND are fever-free 24 hours without the use of fever-reducing medications. Patients may be seen in-person in any VUMC clinic after they have completed this period of self-isolation.
 - If the patient continues to have residual respiratory symptoms (such as cough) after their period of self-isolation, the patient should be instructed to wear a surgical mask at the time of their appointment. If the patient presents wearing a fabric mask, they should be asked to exchange their fabric mask for a surgical mask while they are in the clinic.
 - If the patient does not have residual respiratory symptoms, then the patient may wear a cloth/fabric mask.
 - Patients who have met their minimum isolation period, symptoms have improved (but may not have resolved), and are fever-free 24 hours are **NOT** considered contagious. Healthcare workers need to continue with universal masking and eye protection, but do not need to wear other PPE.
 - Exposure to these patients does not need to be reported to Occupational Health, even if an accidental non-masked exposure occurs.
 - Most patients do NOT need follow-up COVID-19 testing after a positive result.
 - Exceptions may include patients requiring immune suppression or other medical interventions/procedures.

PATIENTS WHO HAVE BEEN EXPOSED TO A PERSON WITH CONFIRMED COVID-19:

- **EXPOSED TO COVID-19 BUT NOT TESTED POSITIVE:**
 - **Symptomatic**, the patient should be evaluated in an assessment center and undergo testing.
 - They should self-isolate until SARS-CoV-2 results are available.
 - Healthcare workers should wear full PPE when evaluating these patients.
 - The patient should wear a surgical mask (rather than a cloth or fabric mask).
 - **Asymptomatic** and the exposure was a household contact, the patient should be asked to self-isolate x 14 days.
 - Patients who require routine medical care in this period should be seen via telehealth or have their appointments deferred.
 - If a patient presents to clinic for a routine visit during this period, staff should confer with visit provider, and ideally the patient should be rescheduled for a telehealth visit or an in-person visit after their period of self-isolation is over.
 - **Asymptomatic** and the exposure was a **NOT** a household contact, the patient should wear a cloth or fabric mask when outside the household and monitor for symptoms. They may be seen in the clinic without special precautions.

**Although the CDC recommends that patients self-isolate for 10-20 days after COVID-19 symptom onset, it is sometimes difficult to pinpoint symptom onset, so counting days from the date the initial positive SARS-CoV-2 PCR was obtained provides a more defined interval.*