

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

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

- 1. Are you experiencing symptoms of COVID-19, such as new fever, new cough, flu-like symptoms, vomiting/diarrhea, 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.

PATIENT TESTED POSITIVE FOR COVID-19 IN THE PAST 20 DAYS:

1 DETERMINE THE MINIMUM ISOLATION PERIOD:

- Provider determines:
 1. Did the patient require hospitalization for COVID-19 infection?
 2. Is the 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
 - Use of significant immunosuppressants (e.g. monoclonal antibody therapy for autoimmune diseases)
 - ≥ 20 mg/day prednisone for ≥ 14 days
- **If Yes to #1 and/or #2** → use 20 days from the date that the patient tested positive by SARS-CoV-2 PCR as the minimum isolation period and follow step **2**
- **If No to #1 and #2** → use 10 days from the date that the patient tested positive by SARS-CoV-2 PCR as the minimum isolation period and follow step **2**

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PATIENT HAS NOT MET THEIR MINIMUM ISOLATION PERIOD

Instruct the patient to:

1. continue self-isolation for at least the minimum isolation period AND
 2. until symptoms have improved (but may not have resolved) AND
 3. 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 their isolation 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.

Infection Prevention Considerations:

- Healthcare workers should wear PPE (procedural/surgical mask, eye protection, gown, and gloves) when evaluating these patients.
- The patient should wear a procedural/surgical mask (not a cloth/fabric mask).
- An unmasked employee exposure to a patient in this time period should be reported to Occ Health.

PATIENT HAS MET THEIR MINIMUM ISOLATION PERIOD

Instruct the patient to continue self-isolation until:

1. their symptoms have improved (but may not have resolved) AND
 2. are fever-free 24 hours without the use of fever-reducing medications.
- Patients may be seen in-person in any VUMC clinic after completing the period of self-isolation.

Infection Prevention Considerations:

- Patient has residual respiratory symptoms (such as cough) after their period of self-isolation, the patient should wear a procedural/surgical mask.
- If the patient does not have residual respiratory symptoms, then the patient may wear a cloth/fabric mask.
- Patients who have met the minimum isolation period, symptoms have improved (but may not have resolved), and are fever-free 24 hours are **NOT** considered contagious.
- Healthcare workers wear a mask and eye protection. 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 within 90 days after a positive result.

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PATIENTS EXPOSED TO A PERSON WITH CONFIRMED COVID-19: **(BUT PATIENT HAS NOT TESTED POSITIVE):**

Patient is 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 procedural/surgical mask (rather than a cloth or fabric mask).

Patient is Asymptomatic: Not Fully Vaccinated* 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.

Patient is Asymptomatic: Fully Vaccinated* AND the exposure was 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.

Patient is Asymptomatic: 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.

** Fully Vaccinated is defined as greater 14 days following second dose in a 2-dose COVID-19 vaccine series or greater than 14 days following receipt of one dose of a single-dose COVID-19 vaccine*

+ 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.