

Medical Monitoring of COVID-19 Positive Patients and Persons Under Investigation in Non-Congregate Housing

July 20, 2020

Introduction

Isolation of COVID19 Positive persons and persons under investigation (PUIs) is necessitated as part of a community mitigation strategy with the current pandemic. Positive cases and PUIs are identified through testing and contact investigations. Recommendation about how to isolate is made by the health department and if it is determined that a patient cannot effectively isolate in their current home, then alternative housing is offered. We recognize that these patients will have ongoing needs in addition to food, shelter, safety that includes management of their chronic medical conditions as well as monitoring of COVID-19 disease, specifically for resolution of symptoms and release from isolation, as well as watchfulness for deterioration that may require hospitalization. This document aims to outline a specific framework to accomplish this medical monitoring function.

Staffing

A clinician (Physician, APRN, RN) is tasked with maintaining contact with a cohort of patients in isolation housing. Ideally, the same clinicians, rotating call, would follow the same cohort for continuity, with additional clinicians added as more patients enter housing. A clinician will need sufficient knowledge to understand a wide variety of medical conditions and their management as well as skill in observation and medical assessment to identify worsening symptoms or deteriorating vital signs. There will be a designated on-call clinician available at all hours. In the event of a non-English speaker, a telephone interpreter service will be employed. In addition, it is suggested a mental health professional or social worker be assigned to each PUI and their family.

Record Keeping

The clinician will maintain a secure medical record for each patient, this may be paper in form and housed in a locked cabinet in the health care provider or local health department secure storage facility. The record will include demographics, medication and pharmacy information, medical history as well as a log of daily contacts, reported symptoms and oxygen saturation measurements.

Medical History

In addition to the general intake information, the patient will provide a list of current medications and pharmacy information. During initial contact with clinician, the clinician will perform a medical history and list the status of chronic medical conditions, current therapies aside from medications (i.e. CPAP, glucometers, indwelling catheters, ect) and primary care physician contact info, as well as any treating specialists. (See page 4)

COVID-19 Specific Record Keeping

A record of the date of positive testing should be kept in the record to maintain timeline of symptoms and allow for assessment for release from isolation. The Kansas Department of Health and Environment (KDHE) defines recovery as 10 days from date of symptoms or 72 hours fever-free without the use of fever-reducing medication and significant improvement in symptoms whichever is longer. (See page 6)

Televisit Contact

At least one time per day, as scheduled, the clinician shall make contact with the patient via phone or video (depending on the technology possessed by patient) and inquire about any new symptoms or concerns. Specifically, a checklist format will be utilized. (See page 7.) Contact information on how to speak with a clinician should be given to each case, and also posted in each alternate hosting facility. Patients should be told to contact a clinician if symptoms worsen or new symptoms appear.

Equipment

Oxygen monitoring equipment will be deployed to each isolation room with pictorial instructions as to how to use. The patient will be asked to measure their oxygen saturation at the time of their scheduled contact with clinician and report, which the clinician will record. Additionally, the patient may measure their oxygen saturation and will be instructed to contact the on-call clinician if it is <90%.

Exam and Triage

If a clinician determines that the patient is in need of examination, which may be due to worsening symptoms and/or declining oxygen saturation, an EMS team should be deployed, in appropriate personal protective equipment (PPE) to the facility and examined. If the patient is indeed hypoxic or otherwise in distress, the patient will be transported to the local hospital after notifying the Emergency Department of the arrival of a COVID-19 Positive patient or PUI, following isolation protocols.

Deliveries and Incidental Contact

Individuals doing deliveries or otherwise present (for maintenance, etc.) should wear masks when on-site at the non-congregate housing facility. Deliveries should be made to a designated area that can be easily disinfected. All individuals on-site should keep a 6-foot distance between one another while at the facility.

FORMS AND ADDITIONAL RESOURCES

- A Medical History Form
- B KDHE Releasing Cases and Contacts from Isolation and Quarantine
- C Televisit Contact Checklist and Record Keeping Form
- D Additional Resources

Medical History Form

Name: _____ DOB: _____

Best method of contact: Video via Facetime/Skype: _____
phone number/Skype address:
 Phone call: _____
phone number:

Preferred language: _____

Date of COVID-19 test: _____ Date results received: _____

Date of Release: _____

Emergency Contact Name: _____

Emergency Contact Phone number: _____

Primary Care Provider: _____

Phone number: _____

Pharmacy: _____

Phone number: _____

Medical Specialists:

Specialist	Condition	Contact Information

Current Medications *(ensure patient has adequate supply):*

Name of Medication	Dose	Schedule

Chronic Medical conditions and necessary medical equipment:

Make specific note of chronic oxygen use and dose

Condition	Equipment needed	Oxygen (checkmark)	Dose

Mental health status: _____

Substance Use History:

Tobacco Use (<i>Advise of smoking policy</i>)	Alcohol Use (<i>Ask specifically for the amount of alcohol ingested daily; must assess for withdrawal</i>)

Is withdrawal support needed? Yes No

Household & Personal situation: _____

Form completed by: _____

Date: _____

KDHE Releasing Cases and Contacts from Isolation and Quarantine



*Adapted from TN Dept of Health

RELEASING CASES AND CONTACTS FROM ISOLATION AND QUARANTINE

CASES

Must be isolated for a minimum of 10 days after onset and can be released after afebrile and feeling well (without fever-reducing medication) for at least 72 hours, whichever is longer.



Note: Lingered cough should not prevent a case from being released from isolation.

Examples:

- A case that is well on day 2, and afebrile and feeling well for 72 hours, can be released from isolation on day 10.
- A case that is well on day 6, and afebrile and feeling well for 72 hours, can be released from isolation on day 10.
- A case that is well on day 14, and afebrile and feeling well for 72 hours, can be released from isolation on day 17.

HOUSEHOLD CONTACTS

Must be quarantined for 14 days after the case has been released from home isolation (because exposure is considered ongoing within the house).



If a household contact develops symptoms, they should be tested.

This means that household contacts may need to remain at home longer than the initial case.

Examples:

- A case is well 3 days after onset, case released from isolation on day 10, household contact must remain quarantined until day 24.
- A case is well 7 days after onset, case released from isolation on day 10, household contact must remain quarantined until day 24.
- A case is well 14 days after onset, case released from isolation on day 17, household contact must be quarantined until day 31.

NON-HOUSEHOLD CONTACTS

Must be quarantined for 14 days from the date of last contact with the case.



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Televisit Contact Checklist and Record Keeping Form

Date: _____

Name: _____ DOB: _____

Best method of contact: Video via Facetime/Skype:
phone number/Skype address: _____ Phone call:
phone number: _____

Time: _____ Clinician: _____

Reported Oxygen Saturation: _____

Reported Concerns/Symptoms:

Symptoms	Duration	Notes

Specific Symptom Review *(X all that apply; additional information should include duration, intensity and onset):*

X if yes	Symptom	Additional Information
<input type="checkbox"/>	Fever _____ ° F or C	
<input type="checkbox"/>	Cough	
<input type="checkbox"/>	Shortness of Breath or difficulty breathing	
<input type="checkbox"/>	Repeated shaking with chills	
<input type="checkbox"/>	Muscle pain	
<input type="checkbox"/>	Headache	
<input type="checkbox"/>	Sore throat	
<input type="checkbox"/>	New loss of taste or smell	
<input type="checkbox"/>	Persistent pain or pressure in the chest	
<input type="checkbox"/>	Mental health issues	
<input type="checkbox"/>	Needs/referrals	

Notes: _____

Other Resources

Resources for Clinicians:

CDC COVID-19 Guidance for Shared or Congregate Housing:

<https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>

Resources for Individuals & Families:

Guidance for Large or Extended Families Living in the Same Household:

<https://www.coronavirus.kdheks.gov/DocumentCenter/View/1066/Living-in-Close-Quarters>

Instructions while awaiting test results or if you test positive for COVID-19:

<https://www.coronavirus.kdheks.gov/DocumentCenter/View/956/Home-Isolation-PDF---5-4-20>

Living in Shared Housing:

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/index.html>

Resources for Employers:

Cleaning and Disinfecting Your Facility:

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

