

CSUSB SHC COVID-19 (Novel Coronavirus) Preparedness Guidelines

Purpose: To guide the Student Health Center's response to students with possible COVID-19, while minimizing exposure to others, following the Centers for Disease Control's (CDC) recommendations and that of local County Department of Public Health Communicable Disease Sections (abbreviated DPH for the purposes of this document.)

Background: The COVID-19 pandemic is a dynamic situation, and guidance is continually evolving. The SHC receives regular updates from the CDC and local DPH's, and is continually re-evaluating its processes. The information in this document will likely change in the coming months, particularly if COVID-19 begins spreading in the communities around both campuses, and more is known about the virus.

Patient making contact with SHC by phone:

1. All patients calling the SHC by phone are screened as per CDC guidance for:
 - a. Travel to affected geographic areas in last 14 days
 - b. Contact with a laboratory confirmed COVID-19 patient in the last 14 days
 - c. Symptoms of fever and/or respiratory illness.
 - d. This guidance may change once community transmission begins in the local area.
2. Positive travel and contact histories are transferred to the triage nurse or a provider to assist with further evaluation.
3. If COVID-19 is suspected, depending on the situation, the student may be referred to the Emergency Room (ER) or urgent care. For the time being, suspect cases will not be brought to campus or the SHC.
 - a. This guidance may change depending on how the situation evolves once community transmission begins in the local area.
4. Patient's information is collected and the local DPH is notified.

Patients entering the clinic:

1. Weather permitting; every effort will be made to keep potential COVID-19 patients outside the clinic.
2. Signs are posted at the SHC entrance asking patients to stop and call triage from outside the clinic if they have:
 - a. Traveled to affected geographic areas in last 14 days
 - b. Or had contact with a laboratory confirmed COVID-19 patient in the last 14 days
 - c. And have symptoms of fever and/or respiratory illness, as per CDC guidance.
 - d. This guidance may change once community transmission has begun in the local area.

3. Before going outside to attend to the patient, health care professionals will immediately don appropriate Personal Protective Equipment (PPE), which includes a respirator (e.g. fit tested N-95), gown, goggles and gloves.
4. Patients fitting the above criteria are given a surgical mask to wear.
5. Whenever possible, patients are walked around the exterior to a dedicated area outside the building, to avoid entering the clinic.
6. Patients are placed in a designated isolation area to prevent exposure to others, while respecting their privacy.
 - a. At SB this may include either the isolation room (HC-147) or preferably, weather permitting, the enclosed patio outside the kitchen (HC-145).
 - b. At PDC this may include the area behind the clinic facing the field
7. A history will be obtained and the patient will be evaluated following CDC guidance for evaluating Persons Under Investigation (PUIs): <https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html>
8. The local DPH will be notified immediately:
 - a. San Bernardino County DPH Communicable Disease for San Bernardino campus:
 - i. 1-800-722-4794 option 0
 - ii. or direct line: 909-387-9144)
 - b. Riverside County DPH Communicable Disease for Palm Desert Campus:
 - i. (951) 358-5107
9. Staff will follow instructions provided by DPH.
10. Staff will also notify their supervisor (Carolyn O’Keefe x 73281 or Faith Adole x73289.)
11. The severity of the patient’s illness will be determined.
12. Given the limitations of the SHC, patients with moderate-severe illness will likely be transferred by ambulance to the nearest hospital, or sent by private vehicle to an urgent care clinic, as indicated.
13. The SHC may be called upon by DPH to manage patients with mild symptoms.
 - a. DPH will direct the health care professional whether or not to test.
 - b. **DO NOT TEST WITHOUT NOTIFYING DPH FIRST**
 - c. If testing is requested, health care professionals are asked to refer to the CDC coronavirus testing guidelines: <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>
 - d. Steps may include:
 - i. Obtaining specimens:
 1. Nasopharyngeal and oropharyngeal swab using the same tube and swab that is used for Herpes testing
 - ii. Transporting specimens:

1. Specimens will be sent to the Public Health Lab. (The county is not able to provide transportation for this.)
 2. SHC MUST CALL AHEAD to the lab before transporting
 - a. For questions about specimen collection, etc, the lab number is 909-458-9430
 3. County's lab address is: 150 East Holt Blvd, Ontario, 91761.
- iii. Handling results.
1. Turn around time is 1-2 weeks (gets sent to the CDC)
 2. Public Health gets the results, and they notify SHC
 3. SHC will notify patient
- e. Quarantine/self-isolation may be necessary for PUI and lab confirmed COVID-19 positive patients
- i. The DPH will provide SHC with quarantine instructions
 - ii. Instructions to the patient may include:
 1. Wearing a facemask when exiting the exam room until getting home
 2. Avoiding close contact with others (roommates, friends, family members).
 3. Self-isolating at home until results are available
 - a. If negative, the patient is released from quarantine
 - b. If positive, the patient will continue to self-isolate as specified by County Health Department.
 4. Self-care instructions and precautions (e.g. take temp twice a day)
 - iii. The student will be excused from school and work
 - iv. Additional considerations may apply for students who live in dorms and have nowhere else to go.
- f. SHC may be asked to assist with contact tracing (formulating a list of people the PUI may have contacted within a specified timeframe.)

Additional considerations related to a possible case in clinic:

1. A log will be taken with the names of possible exposed staff and students in the clinic
2. If someone suspected of having COVID-19 entered the clinic, other patients may need to be restricted from entering the clinic/building until Environmental Health & Safety (EHS) and Facilities are notified.
3. The spaces that were exposed by the student may require terminal cleaning following standard procedures.

Staff Procedures: (following CDC guidelines at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html>)

1. Staff should be updated regularly on the current situation as it evolves.
2. All staff should be supplied with appropriate PPE including a fit-tested respirator.

3. All staff should be trained regarding appropriate use of PPE including how to remove it without becoming contaminated.
4. Regular inventory of available PPE should be conducted.
5. Sick employees should be encouraged to stay home.
6. Additional recommendations per CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>
 - a. Monitor healthcare workers and ensure maintenance of essential healthcare facility staff and operations:
 - i. Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms.
 - ii. Be aware of [recommended work restrictions and monitoring](#) based on staff exposure to COVID-19 patients.
 - iii. Advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill.
 - iv. Do not require a healthcare provider's note for employees who are sick with respiratory symptoms before returning to work.
 - v. In settings of widespread transmission, your facility may consider screening staff for fever or respiratory symptoms before entering the facility.
 - vi. Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees.

Close contact is defined by the CDC as—(<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>)

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.