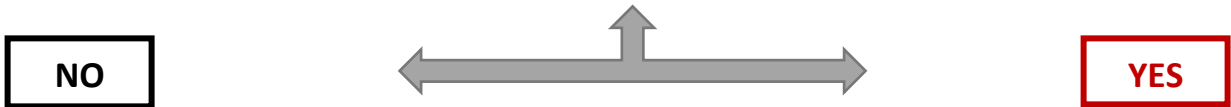


**Mask (procedure mask) all patients presenting with respiratory symptoms immediately.**

ARIZONA			WESTERN DIVISION		
Fever <b>OR</b> signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) <b>NOT</b> requiring hospitalization	<b>AND</b>	Any person, including health care workers, who has had close contact with a <b>laboratory-confirmed</b> COVID-19 patient within 14 days of symptom onset	Fever <b>OR</b> signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	<b>AND</b>	Any person, including health care workers, who has had close contact with a <b>laboratory-confirmed</b> COVID-19 patient within 14 days of symptom onset
Fever <b>OR</b> signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) <b>NOT</b> requiring hospitalization in a person with a high-risk occupation <sup>1</sup> <b>OR</b> who lives in a congregate setting <sup>2</sup>	<b>AND</b>	A history of travel from affected geographic areas* within 14 days of symptom onset	Fever <b>OR</b> signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) without alternative explanatory diagnosis (e.g., influenza)	<b>AND</b>	A history of travel to areas with ongoing community transmission* within 14 days of symptom onset
Fever <b>AND</b> signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	<b>AND</b>	A history of travel from affected geographic areas within 14 days of symptom onset	Severe acute lower respiratory illness (e.g., pneumonia, ARDS) <b>requiring hospitalization and without alternative explanatory diagnosis</b> (e.g., influenza)	<b>AND</b>	No source of exposure has been identified
Fever <b>AND</b> severe acute lower respiratory illness (e.g., pneumonia, ARDS) <b>requiring hospitalization, radiographic confirmation of bilateral pulmonary infiltrates, &amp; without alternative explanatory diagnosis</b> (negative influenza testing & respiratory viral panel)	<b>AND</b>	No source of exposure has been identified	*Countries or counties/states where sustained community transmission has been identified (e.g., countries with <a href="#">CDC Level 2 or 3 Travel Health Notice</a> and counties/states such as Snohomish County, WA, Solano County, CA, etc.) which can change rapidly. <sup>1</sup> Healthcare personnel, school personnel, childcare worker, jail/prison personnel, or other similar occupation <sup>2</sup> Jail/prison, long-term care facility or nursing home, university, or other similar setting		



- Continue with alternate diagnosis
- Follow transmission-based precautions based on alternate diagnosis

- Place patient in **DROPLET + CONTACT** precautions+ **EYE PROTECTION (procedure mask, gown, gloves, eye protection (goggles or face shield))**
- Private room with door closed, place Enhanced Precautions sign on door
- Perform **aerosol generating procedures** in airborne isolation (negative pressure room)
  - HCW to wear N95 or respirator, with gown, gloves, and eye protection (goggles or face shield) for procedure
- Notify Infection Prevention immediately, [Infection Prevention contact list](#)
- Begin completion of [Suspect Coronavirus Case Investigation Form](#)
- See lab guidelines for specimen collection instructions. Infection prevention will coordinate testing approval with public health and CDC