

# SOLANO COUNTY COVID-19 MANAGEMENT OF GENERAL COMMUNITY AND HEALTHCARE AND FIRST RESPONDER PERSONNEL - UPDATED GUIDANCE 4

SOLANO PUBLIC HEALTH | MAY 7, 2020

Solano Public Health continues to work closely with local, state and federal agencies and healthcare partners to monitor COVID-19. At the outset, initial efforts were directed towards containment, which required us to identify cases and test suspect cases as warranted by the Centers for Disease Control and Prevention (CDC) guidance. Now that community spread of COVID-19 is occurring, Solano Public Health has changed its response from a containment approach to a mitigation approach. As a service to our providers, this guidance incorporates the latest information/guidance from CDC as well as other sources. As the situation evolves, this guidance may change. For more information, call the Solano Public Health warm-line at **707-784-8988**. Effective **May 7, 2020**, below are changes to our COVID-19 recommendations. Please note that in this document references to healthcare personnel (HCP) includes first responder personnel (fire, law enforcement and EMS).

## Changes to the guidance:

1. Addition of outbreak and other prioritized situations to Tier 1 testing priority (p.1).
2. Addition of another specimen alternative if NP not possible, to include nasal wash (p.2).
3. Added a section on duration of transmission-based precaution and isolation (p.3)
4. Change of duration of transmission-based precaution and isolation requirement from 7 days to 10 days post symptom onset (p. 3, 5-6) or after the date of sample collection (for asymptomatic).
5. Addition of guidance on testing of hospitalized patients being transferred to long-term care facilities (LTCF's, p.4).
6. Addition of chills and loss of taste or smell for HCP symptom assessment (p.5).

## Testing

### Priority Groups:

With limited local and state testing capabilities, **Solano Public Health is prioritizing testing critically ill and high-risk individuals and those that work with these populations.** The following tiers have been created to provide clarity:

**Tier 1:** All individuals in this tier should be tested.

- Individuals with **signs and symptoms** compatible with COVID-19 who are **hospitalized** and significantly ill **AND no non-infectious etiology** has been identified.
- Individuals in outpatient settings with **signs and symptoms** compatible with COVID-19 AND:
  1. Are residents of or work at a **long-term care facility; OR**
  2. Are **chronically homeless; OR**
  3. Are residents of or work at a **correctional facility.**
- Situations, such as outbreaks, prioritized by public health.

- Specimens may be sent to Solano Public Health Laboratory for testing.
- Outpatient settings may call Solano Public Health at 707-784-8001 (work hours) or 707-784-8005 (off hours) for consultation on Tier 1 group testing.

**Tier 2:** Consider testing for the following and advise them to closely monitor for worsening of symptoms.

- Individuals in outpatient settings with signs and symptoms compatible with COVID-19 AND:
  1. Are **65 years old and over AND** have **chronic medical conditions** and/or are **immunocompromised; OR**
  2. Work at a **daycare center; OR**
  3. Are **healthcare personnel** (HCP) with direct contact with patients; **OR**
  4. Are **first responders**.
- Consider testing at a commercial laboratory or the California Department of Public Health (CDPH).

COVID-19 diagnostic testing has become more readily available in commercial laboratories; this additional testing capacity allows clinicians to consider testing for a wider group of symptomatic and asymptomatic patients. Clinicians can use their judgement to determine whether a patient should be tested for COVID-19.

#### Specimen collection:

On April 14, 2020, CDC revised their guidance on clinical specimens for testing.

- CDC recommends collecting and testing a **single upper respiratory nasopharyngeal (NP) swab**.
- When collection of an NP is not possible, the following are acceptable alternatives:
  - An oropharyngeal (OP) swab
  - A nasal mid-turbinate (NMT) swab
  - An anterior nares specimen
  - Nasopharyngeal wash/aspirate (NW)

Specimen collection should be performed in a **normal examination room with the door closed** and the room surfaces should be cleaned and disinfected promptly.

**Surgical mask (or N-95 respirator, if available), gloves, gown and eye protection** are recommended for NP and OP swab specimen collection.

For the latest guidance on specimen collection, visit <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>.

## **Management of Patients with Potential COVID-19 Exposure**

Considering that community spread is occurring and it is not feasible to identify all people with COVID-19 infections or to identify all potentially exposed individuals, Solano Public Health is recommending the following for the management of patients with respiratory symptoms:

#### Additional Considerations and Personal Protective Equipment (PPE):

- Implement proper precautions, including rapid and **safe triage and isolation**, for patients with respiratory symptoms.

- **Cancel** group health care activities such as group therapy, etc.
- Explore **alternatives** to face-to-face triage and visits (e.g. telemedicine).
- Designate an area at the facility or identify a location in the area to be a “**respiratory virus evaluation center**” where patients with fever or respiratory symptoms can seek evaluation and care.
- Symptomatic patients seeking medical care should be given a **surgical mask for source control** upon entry into the healthcare facility.
- Healthcare personnel (HCP) seeing patients with respiratory illness should wear a **surgical mask and gloves**, at a minimum. N-95 respirators or higher should be reserved for HCPs performing or are present during an aerosol-generating procedure.
- For aerosol-generating procedures, **surgical mask (or N-95 respirator, if available), gloves, gown and eye protection** are recommended for HCPs present in the room.

Symptoms of Coronavirus for General Population:

Per new CDC information, individuals with the below symptoms are combination of symptoms may have COVID-19:

- Cough
- Shortness of breath

Or at least two of these symptoms:

- Fever
- Chills
- Headache
- Sore throat
- Muscle pain
- Repeated shaking with chills
- New loss of taste or smell

Duration of Transmission-based Precautions or Home Isolation:

- Patients with **symptoms** consistent with COVID-19 who were **not tested**, have **pending** laboratory results or were **positive** for COVID-19 should be placed on transmission-based precautions (for hospitalized patients) or on home isolation (for non-hospitalized patients) for **10 days after symptom onset**. If symptom onset is unknown or unclear, transmission-based precautions or home isolation can be discontinued 24 hours after resolution of fever (without the use of fever-reducing medications) with improvement of cough and/or shortness of breath.
- Patients with **symptoms** that tested **negative** for COVID-19 can be taken out of transmission-based precautions, as appropriate, or home isolation.
- Patients who are **asymptomatic** and who are **laboratory-confirmed** for COVID-19 should be on home isolation until **10 days after the date of sample collection** of their first COVID-19 positive test.

Patient Placement and Management (See Appendix A for algorithm):

- Patients who were exposed to laboratory-confirmed COVID-19 patients who are **asymptomatic** have no restrictions and testing is not recommended.
- Patients who are ill with respiratory symptoms consistent with COVID-19, regardless of known exposure to a confirmed COVID-19 case:
  - If patients have **mild symptoms** that can be managed **without hospitalization**:

- Advise patients to **stay home** until their symptoms have resolved and isolate per above (See Duration of Transmission-based Precautions or Home Isolation on page 3).
- Advise patients to **monitor for worsening symptoms** and to seek further medical care if warranted. Advise patients to call your office prior to coming to your medical office.
- Contact Solano Public Health at 707-784-8001 (work hours) or 707-784-8005 (off hours) for outpatients in Tier 1 above for testing at the Public Health Laboratory.
- Consider testing through a commercial laboratory for outpatients in Tier 2.
- If patients have **severe illness that requires hospitalization**:
  - Place a patient with known or suspected COVID-19 in a **single room with the door closed**. The patient should have a **dedicated bathroom**.
  - **AIIRs** should be **reserved** for patients who will be undergoing aerosol-generating procedures.
  - Healthcare facilities may consider **designating an entire unit** to care for known or suspected COVID-19 patients, with dedicated HCPs (i.e. HCPs are assigned to care for these patients during their shift). When there is a shortage of surgical masks or respirators, facilities can consider having HCPs continue to wear same surgical mask/respirator and eye protection (i.e., extended use) but remove gloves and gown (if used). Eye protection and surgical mask/respirator should be removed if they become damaged or soiled and when leaving the unit. Risk of transmission from eye protection and surgical masks during extended use is expected to be very low.
  - Specimens can be sent to Solano Public Health Laboratory for testing.
- If patients test **positive** for COVID-19 **AND** they meet the criteria for **prioritized testing** above, **notify** Solano Public Health at 707-784-8001 (work hours) or 707-784-8005 (off hours). Otherwise, **report** to Solano Public Health per usual reporting protocol.

## Discharge of Hospitalized Individuals with Potential COVID-19 Exposure

Below are recommendations from Solano Public Health on discharge of hospitalized individuals with potential exposure to COVID-19:

- Hospitalized patients can be discharged home when clinically indicated.
- For instructions on discontinuation of home isolation, see Duration of Transmission-based Precautions or Home Isolation section above (p.3).
- For hospitalized patients being **transferred to a long-term care facility**, **notify the receiving facility and Solano Public Health** (707-784-8001 or 707-784-8005) of the patient’s COVID-19 status prior to transfer: COVID (+) by testing, COVID (-) by testing or not tested. **Note**, COVID-19 testing is **NOT** required for admission to the facility; however, it is recommended where feasible.
- If patient is **positive** for COVID-19 and is being transported, **notify** the transporting company of the positive result.

## Management of Healthcare Personnel with Potential COVID-19 Exposure

Now that community spread is occurring in Solano County, all healthcare personnel (HCP) are at some risk for exposure to COVID-19, whether in the workplace or in the community. The Centers for Disease Control and Prevention’s (CDC) Guidance for Risk Assessment and Public Health Management of Healthcare Personnel

with Potential Exposure in a Healthcare Setting to Patients with COVID-19

(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>) outlines work restrictions for HCPs exposed to COVID-19 and should be followed if healthcare facilities are able to function and continue to provide essential services.

For situations in which the number of potentially affected healthcare personnel can be large enough to impact facility operations, including providing essential medical and prevention services, and in an effort to both mitigate this potential impact on healthcare facility operations and maintain patient safety and coworker safety, Solano Public Health has developed an alternate guidance which permits exposed healthcare professionals to continue working under specific conditions.

Below is a simplified guidance based on different scenarios:

1. Healthcare personnel **with no known exposure to a confirmed COVID-19** case (see Appendix B1 for algorithm):
  - a) HCP with **no symptoms** consistent with COVID-19 can return to work with no restrictions.
  - b) HCP with **symptoms** consistent with COVID-19:
    - Consider testing through Solano Public Health Laboratory for HCPs that meet the criteria for **Tier 1 prioritized testing** above or through a commercial laboratory or CDPH for other HCPs.
  - i. If **no testing** was done **OR** if testing result is **pending** for COVID-19 **OR** if testing result is **positive** for COVID-19:
    - HCP may **return to work** 10 days after symptom onset or 24 hours after resolution of fever, whichever is longer.
    - HCP must wear a **surgical mask** at all times while at work until 14 days after symptom onset.
  - ii. If testing was done and results are **negative** for COVID-19:
    - HCP should stay home until symptoms resolve.
  
2. Healthcare personnel **with known exposure to a confirmed COVID-19** case (see Appendix B2 for algorithm)
  - a) HCP with **no symptoms** consistent with COVID-19:
    - HCP may return to work as long as they **remain asymptomatic**.
    - HCP should **self-monitor** for symptoms for 14 days after last exposure. HCP should ensure they are afebrile and asymptomatic before leaving home and reporting to work.
    - The healthcare facility should **evaluate** the HCP prior to each shift and at mid-shift by taking the HCPs temperature and assessing for symptoms.
    - If symptoms develop, HCP should remain at home and follow the symptomatic guidance below.
  - b) HCP with **symptoms** consistent with COVID-19:
    - Consider testing through Solano Public Health Laboratory for HCPs that meet the criteria for **Tier 1 prioritized testing** above or through a commercial laboratory or CDPH for other HCPs.

- i. If **no testing** was done **OR** if testing result is **pending** for COVID-19:
  - HCP should remain at home for **home isolation** while symptomatic.
  - HCP may **return to work** 10 days after symptom onset or 24 hours after resolution of fever, whichever is longer.
  - HCP must wear a **surgical mask** while at work until 14 days after symptom onset.
  - If the HCP returns to work before 14 days after last exposure:
    - The HCP should continue to **self-monitor** for symptoms for the duration of the 14 days. HCP should ensure they are afebrile and asymptomatic before leaving home and reporting to work.
    - The healthcare facility should **evaluate** the HCP prior to each shift and at mid-shift by taking the HCP’s temperature and assessing for symptoms.
    - If new symptoms develop, HCP should remain at home for home isolation.
  
- ii. If testing was done and results are **negative** for COVID-19:
  - HCP should remain at home for **home isolation** while symptomatic.
  - HCP may **return to work** as soon as their symptoms resolve.
  - HCP must wear a **surgical mask** while at work for 14 days after last exposure.
  - If the HCP returns to work before 14 days after last exposure:
    - The HCP should continue to **self-monitor** for symptoms for the duration of the 14 days. HCP should ensure they are afebrile and asymptomatic before leaving home and reporting to work.
    - The healthcare facility should **evaluate** the HCP prior to each shift and at mid-shift by taking the HCP’s temperature and assessing for symptoms.
    - If new symptoms develop, HCP should remain at home for home isolation.
  
- iii. If testing was done and results are **positive** for COVID-19:
  - HCP should remain at home for **home isolation** while symptomatic.
  - HCP may **return to work** 10 days after symptom onset or 24 hours after resolution of fever, whichever is longer.
  - HCP must wear a **surgical mask** while at work until 14 days after symptom onset.

Symptoms of Coronavirus for Healthcare Personnel:

A conservative approach and a lower threshold for evaluating HCPs is used in order to quickly identify early symptoms in HCPs to prevent transmission from potentially infectious HCPs. The **signs and symptoms for HCP** assessment are broader than those used for the general public and may include:

- Fever (either measured temperature  $\geq 100.0^{\circ}\text{F}$  or subjective fever)
- Cough
- Shortness of breath
- Chills
- Muscle pain
- New loss of taste or smell
- Vomiting or diarrhea

- Sore throat
- Rhinorrhea
- Other symptoms that may be considered include nausea, abdominal pain, headache or fatigue.

For the latest CDC guidance, please visit:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

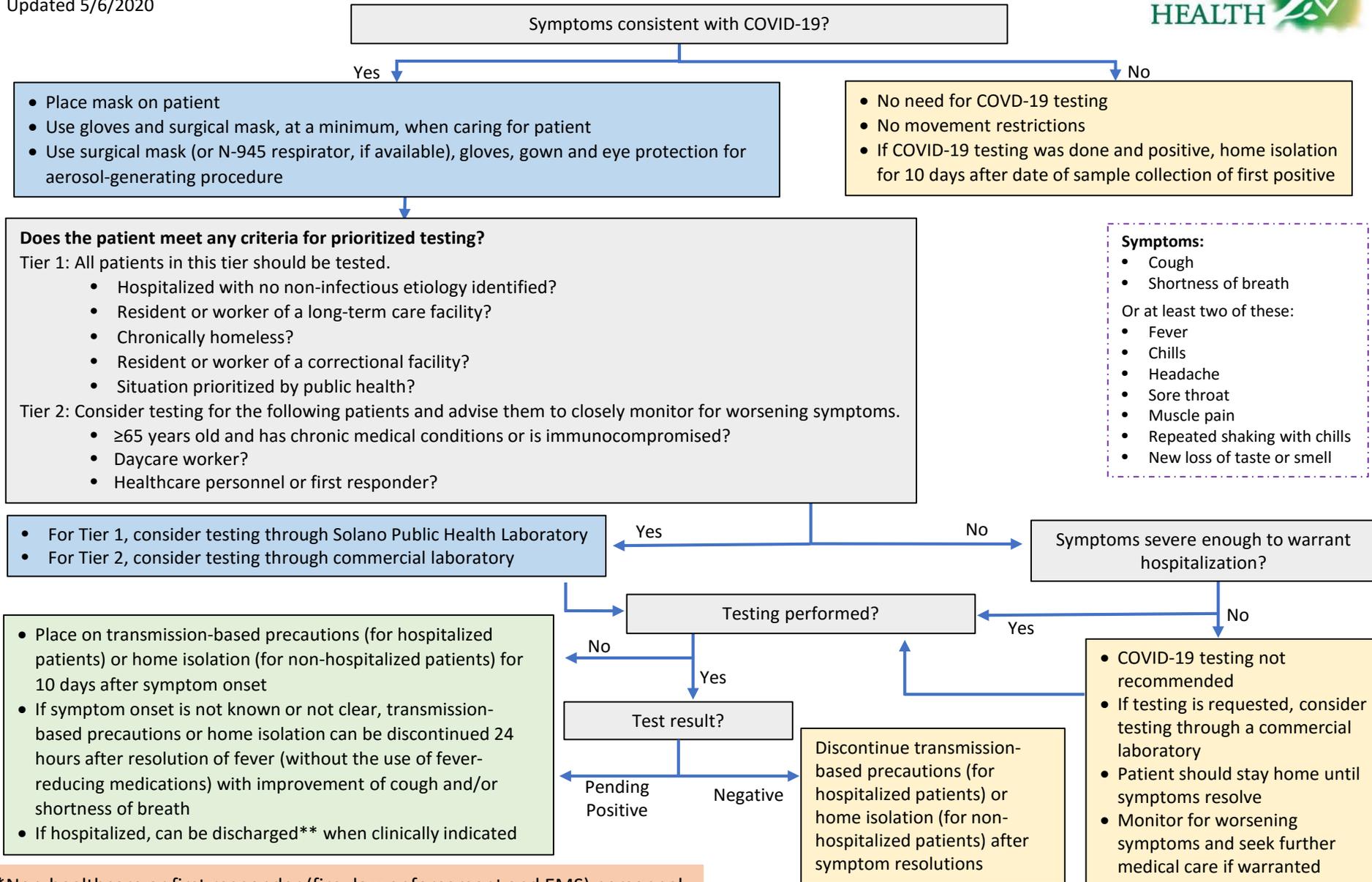
<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

# Appendix A: Management of patients\* with potential COVID-19 infection



Updated 5/6/2020



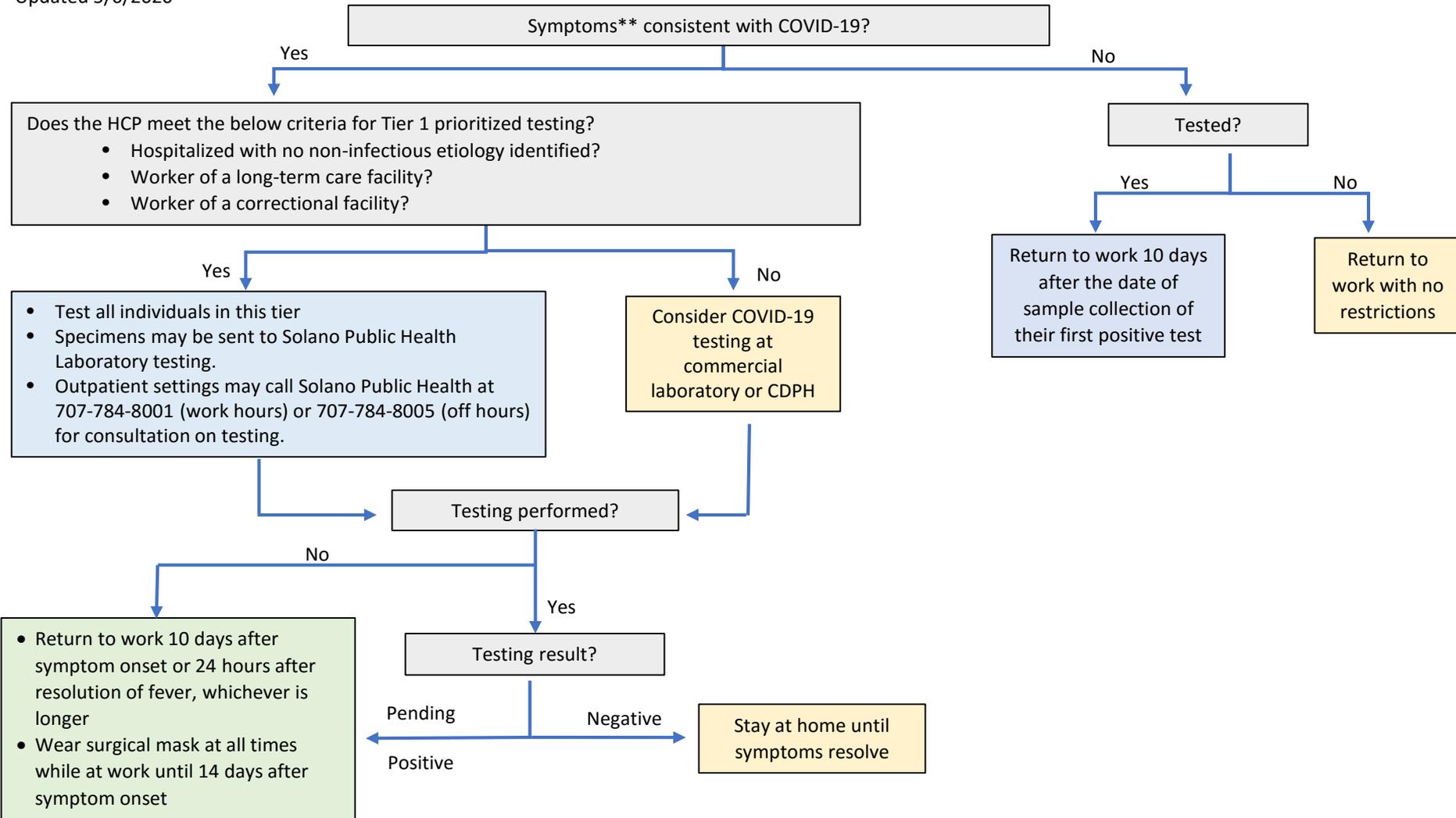
\*Non-healthcare or first responder (fire, law enforcement and EMS) personnel.

\*\* If discharged to long-term care facility or prison, notify Solano Public Health and the receiving facility, regardless of testing. If positive for COVID-19, notify the transport company.

# Appendix B1: Management of healthcare personnel\* with potential COVID-19 infection with NO KNOWN exposure to COVID-19 individuals



Updated 5/6/2020



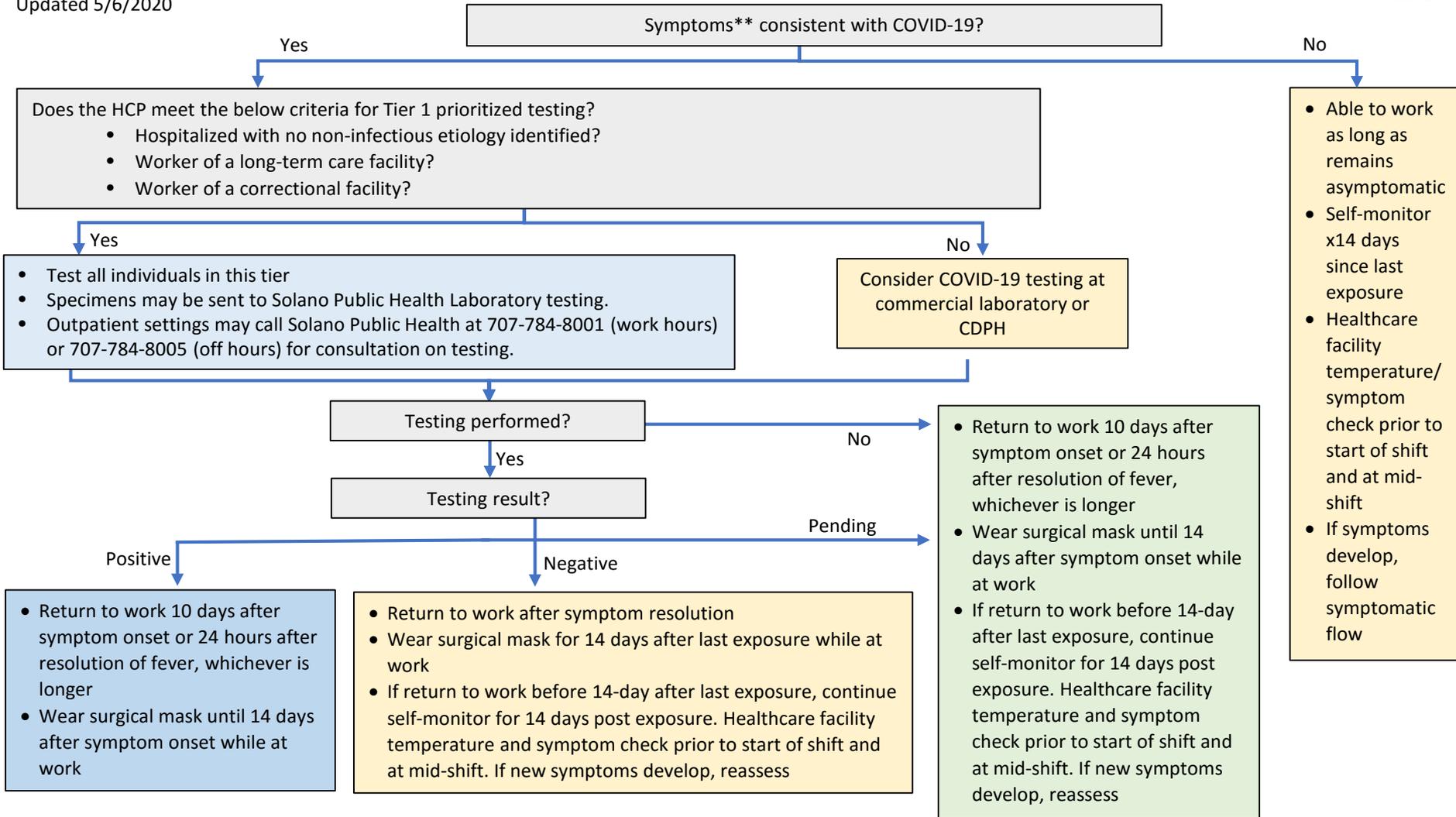
\*Healthcare personnel, in this algorithm, includes fire, law enforcement and EMS personnel.

\*\*A conservative approach and a lower threshold for evaluating HCPs is used in order to quickly identify early symptoms in HCPs to prevent transmission from potentially infectious HCPs. The signs and symptoms for HCP assessment are broader than those used for the general public and include fever (either measured temperature  $\geq 100.0^{\circ}\text{F}$  or subjective fever), cough, shortness of breath, chills, muscle pain, new loss of taste or smell, sore throat or rhinorrhea. Other symptoms that may be considered include muscle aches, nausea, vomiting, diarrhea, abdominal pain, headache or fatigue

# Appendix B2: Management of healthcare personnel\* with potential COVID-19 infection with KNOWN exposure to COVID-19 individuals



Updated 5/6/2020



\*Healthcare personnel, in this algorithm, includes fire, law enforcement and EMS personnel.

\*\*A conservative approach and a lower threshold for evaluating HCPs is used in order to quickly identify early symptoms in HCPs to prevent transmission from potentially infectious HCPs. The signs and symptoms for HCP assessment are broader than those used for the general public and include fever (either measured temperature  $\geq 100.0^{\circ}\text{F}$  or subjective fever), cough, shortness of breath, sore throat or rhinorrhea. Other symptoms that may be considered include muscle aches, nausea, vomiting, diarrhea, abdominal pain, headache or fatigue

## APPENDIX C: HOME ISOLATION SUITABILITY SCREENING

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1. Do you live alone?
  - a. If no, who do you live with?
  - b. If no, is there a room in your house that you could isolate in?
    - i. *If no, patient is not eligible for home isolation or quarantine*
  - c. If no, is there a private bathroom that could be used by only you?
    - i. *If no, assess capacity to clean before/after use*
2. Are you able to live independently or do you require a caregiver?
  - a. *If a caregiver is required, assess caregiver's willingness to comply with cleaning and PPE restrictions.*
3. Do you have the ability to prepare your own food?
  - a. If yes, do you have food at your home or will you need more?
  - b. *If no, identify resources, such as family, friends, delivery, that may be available to provide patient with food.*
4. Do you have pets that require care from other people?
  - a. If yes, do you have enough pet supplies and medications?
  - b. *If pet requires veterinary visit or an external caregiver, assess whether arrangements can be made without violating isolation or quarantine orders*
5. Do you require any medications?
  - a. If yes, do you have enough medication at home or mail delivery available?
  - b. *If patient requires medications, contact the physician to find out if arrangements can be made to deliver/administer necessary medications*
6. Are there people in your household who are 65 years old or older, young children, pregnant women or people who may have chronic medical conditions or those who are immunocompromised?
  - a. *If yes, emphasize importance of self-isolation*