

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

SOLANO PUBLIC HEALTH | MARCH 17, 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 **March 17, 2020**, below are changes to our COVID-19 recommendations.

Changes to the guidance:

1. Specimen collection: NP only and normal exam room (p.2).
2. Additional consideration (p.2).
3. Discontinuation of isolation precautions for patients (p.2-4) and healthcare personnel (p.5-6).
4. Hospital patient placement: AllR no longer required for patients with known or suspect COVID-19 (p.3).

## 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**, including:

Individuals with **signs and symptoms** compatible with COVID-19 **AND**:

1. **Hospitalized** and significantly ill **AND no other etiology** has been identified **AND** testing will **change the clinical management** of the patient; **OR**
2. **65 years old and over AND** has **chronic medical conditions and/or is immunocompromised**; **OR**
3. Is a **healthcare personnel** (HCP) with direct contact with patients; **OR**
4. Lives in or works at a **long-term care facility**; **OR**
5. Is **chronically homeless**; **OR**
6. Works at a **daycare center**; **OR**
7. Is an inmate or works at a **prison**.

Contact Solano Public Health at 707-784-8001 (work hours) or 707-784-8005 (after hours) for testing consultation of individuals that meet the above criteria.

COVID-19 diagnostic testing will become more readily available in commercial laboratories; this additional testing capacity will allow clinicians to consider testing for a wider group of symptomatic patients. Clinicians

can use their judgement to determine whether a patient should be tested for COVID-19. Commercial testing will not require approval from Solano Public Health.

#### Specimen collection:

On March 13, 2020, CDC revised their guidance on clinical specimens for testing. CDC recommends collecting and testing a **single upper respiratory nasopharyngeal (NP) swab**. Collection of oropharyngeal (OP) swabs is a lower priority and should be combined in the same tube as the NP if collected.

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.
- **Postpone** elective procedures, surgeries and non-urgent outpatient visits.
- 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.

#### Patient Placement and Management:

- Patients who were exposed to laboratory-confirmed COVID-19 patients who are **asymptomatic** have no restrictions and testing is not recommended (see Appendix A for flowchart).

- However, patients who are **asymptomatic** and who are laboratory-confirmed for COVID-19 should be on home isolation until 7 days after the date of sample collection of their first COVID-19 positive test (see Appendix A for flowchart).
- Patients who are ill with respiratory symptoms consistent with COVID-19, regardless of known exposure to a confirmed COVID-19 case (see Appendix A for flowchart):
  - If patients have **mild symptoms** that can be managed without hospitalization:
    - Advise patients to **stay home** until their symptoms have resolved.
    - 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.
    - Advise patients that were **not tested**, have **pending** laboratory results or were **positive** for COVID-19 to return to work **7 days after symptom onset**. If symptom onset is unknown or unclear, isolation precautions 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.
  - 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**.
    - **AllRs** 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.
  - Patients that 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 **7 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 that tested **negative** for COVID-19 can be taken out of transmission-based precautions or home isolation after symptom resolution.
- Call Solano Public Health for **individuals that meet the priority testing group** above for local testing and consider testing through a commercial laboratory for other individuals.
- 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:

- For hospitalized patients that test negative for COVID-19, the patient can be discharged home when clinically indicated.
- For hospitalized patients who are clinically stable to be discharged home but whose test results are still **pending**:
  - The patient should be under **home isolation** until 7 days after symptom onset. The patient and the patient’s home should be assessed by the healthcare facility for suitability for home isolation (See Appendix C for assessment template).
  - Home isolation can be **discontinued** with a negative test result or 7 days after symptom onset, whichever comes first
- For hospitalized patients who are clinically stable to be discharged home and whose test result is **positive for COVID-19**:
  - The patient should be under **home isolation** until 7 days after symptom onset. The patient and the patient’s home should be assessed by the healthcare facility for suitability for home isolation (See Appendix C for assessment template).
- If patient is being transferred to a long-term care facility or prison:
  - **Notify** Solano Public Health at 707-784-8001 prior to discharge;
  - **Notify** the receiving facility of the positive COVID-19 test result; and
  - **Notify** the transporting company.

## 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-assesment-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.

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.

Below is a simplified guidance based on different scenarios:

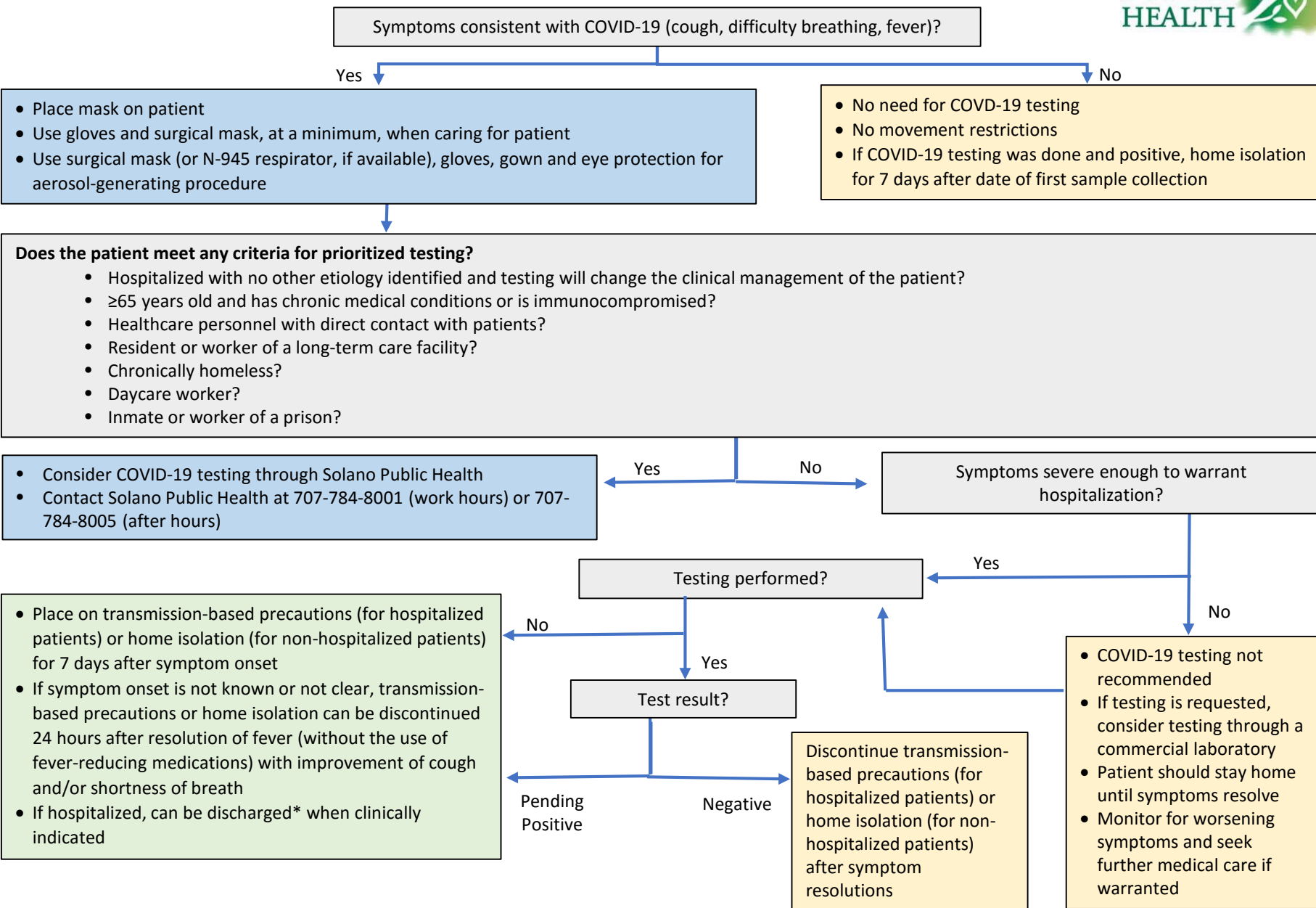
1. Healthcare personnel **with no known exposure to a confirmed COVID-19** case (see Appendix B1 for flowchart):
  - a) HCP with **no symptoms** consistent with COVID-19 can return to work with no restrictions.
  - b) HCP with **symptoms** consistent with COVID-19:
    - Consider testing through Solano Public Health for HCPs that meet the criteria for **prioritized testing** above or through a commercial lab 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** 7 days after symptom onset or after resolution of all symptoms, whichever comes first.
    - HCP must wear a **surgical mask** at all times while at work until 14 days after symptom onset.
    - **No quarantine** is recommended for household and close contacts.
  - ii. If testing was done and results are **negative** for COVID-19:
    - HCP should stay home until symptoms resolve.
    - **No quarantine** is recommended for household and close contacts.
  
2. Healthcare personnel **with known exposure to a confirmed COVID-19** case (see Appendix B2 for flowchart)
  - a) HCP with **no symptoms** consistent with COVID-19 **AND** identified as **low risk** by CDC criteria:
    - 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 could consider measuring temperature and assessing symptoms prior to each shift.
    - If symptoms develop, HCP should remain at home and follow the symptomatic guidance below.
  - b) HCP with **no symptoms** consistent with COVID-19 **AND** identified as **medium or high risk** by CDC criteria:
    - HCP may return to work as long as they **remain asymptomatic**.
    - HCP must wear **surgical mask** while at work for 14 days after exposure.
    - HCP should **self-monitor** for symptoms 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 HCP’s temperature and assessing for symptoms.
    - If symptoms develop, HCP should remain at home and follow the symptomatic guidance below.

- c) HCP with **symptoms** consistent with COVID-19:
- Consider testing through Solano Public Health for HCPs that meet the criteria for **prioritized testing** above or through a commercial lab 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 7 days after symptom onset.
  - 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.
  - **No quarantine** is recommended for household and close contacts.
- 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.
  - **No quarantine** is recommended for household or close contacts.
- 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** 7 days after symptom onset.
  - HCP must wear a **surgical mask** while at work until 14 days after symptom onset.
  - **No quarantine** is recommended for household or close contacts.

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



\* If discharged to long-term care facility or prison, notify Solano Public Health, the receiving facility and the transport company.

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

Symptoms consistent with COVID-19 (cough, difficulty breathing, fever)?

Yes

No

Does the HCP meet any criteria for prioritized testing?

- Hospitalized with no other etiology identified and testing will change the clinical management of the patient?
- ≥65 years and has chronic medical conditions or is immunocompromised?
- Works at a long-term care facility?
- Has direct contact with patients?
- Works at a prison?

Return to work with no restrictions

Yes

No

Consider COVID-19 testing through Solano Public Health

Consider COVID-19 testing at commercial laboratory or CDPH

Testing performed?

No

Yes

- Return to work 7 days after symptom onset
- Wear surgical mask at all times while at work until 14 days after symptom onset
- No quarantine is recommended for household and close contacts
- No quarantine is recommended for household and close contacts

Testing result?

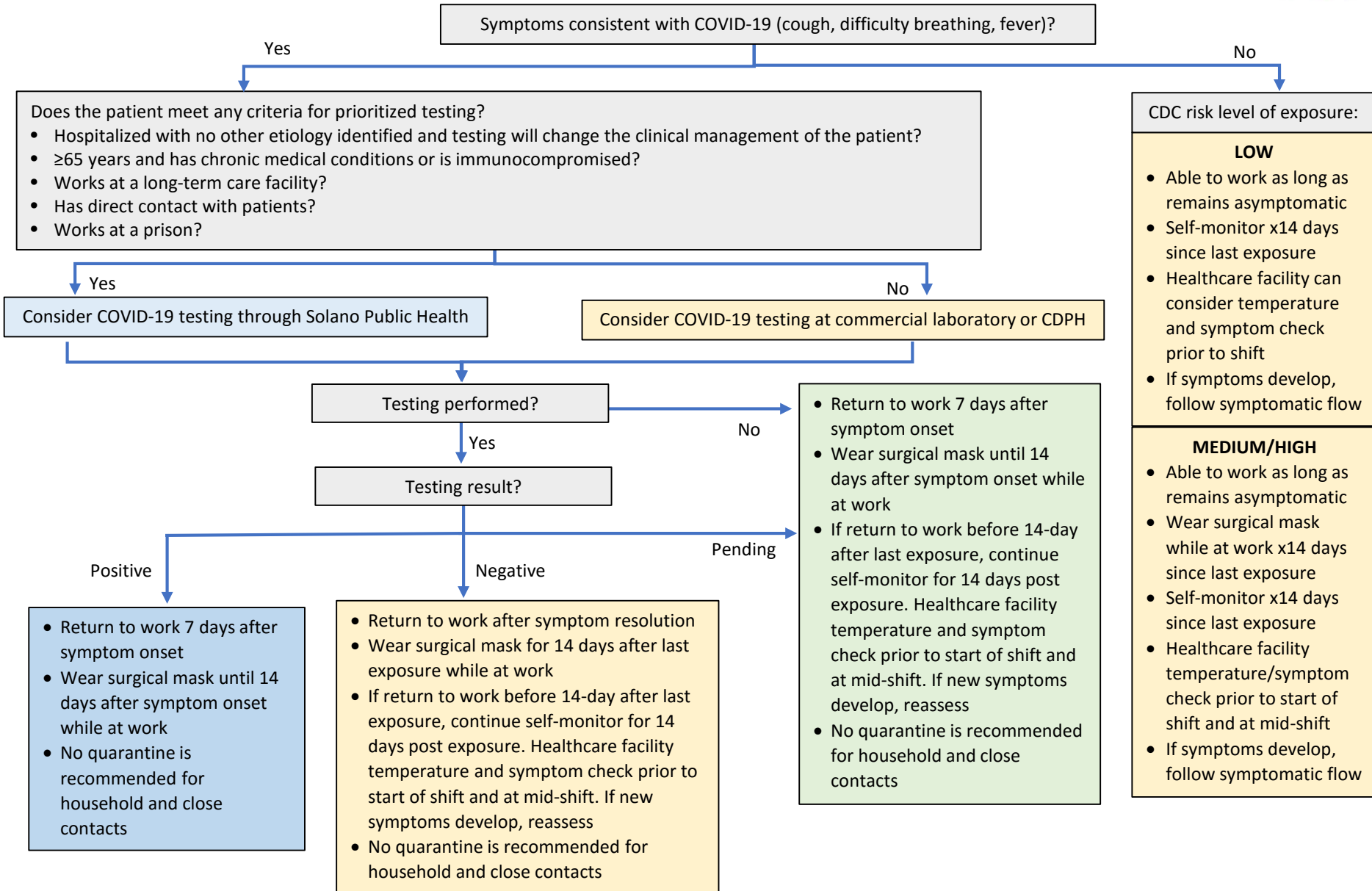
Pending Positive

Negative

- Stay at home until symptoms resolve
- No quarantine is recommended for household and close contacts



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



## 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*