

SOLANO COUNTY COVID-19 MANAGEMENT OF GENERAL COMMUNITY AND HEALTHCARE AND FIRST RESPONDER PERSONNEL - UPDATED GUIDANCE 5.3

SOLANO PUBLIC HEALTH | August 10, 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 **July 30, 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 community testing sites (p.2).
2. Change of duration of transmission-based precautions (p. 3-4).
3. Change of return-to-work guidance for HCPs (p. 5-6).
4. Testing of HCP with close-contact to a known confirmed case at end of incubation period (p. 6-7).
5. Definitions (p.7).
6. Appendix (p.8)

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.

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**.

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.

COMMUNITY TESTING SITES

There are two state-operated testing sites in Solano County. Testing is by appointment only. Online appointments can be scheduled at <https://lhi.care/covidtesting> or individuals without internet access can call 888-634-1123.

Testing is also available at select CVS (can be scheduled at <https://cvshealth.com/covid-19/testing-locations>), Walgreens (can be scheduled at <https://www.walgreens.com/findcare/covid19/testing/consent>) and RiteAid (can be scheduled at <https://www.riteaid.com/pharmacy/services/covid-19-testing>) stores.

SPECIMEN COLLECTION:

CDC recommends collecting and testing the following upper respiratory specimen for diagnostic testing of SAR-CoV-2:

- A nasopharyngeal (NP) swab collected by a healthcare provider
- An oropharyngeal (OP) swab collected by a healthcare provider
- A nasal mid-turbinate (NMT) swab collected by a healthcare provider or by a supervised onsite self-collection (using a flocked tapered swab)
- An anterior nares (nasal swab) collected by a healthcare provider or at home or supervised onsite self-collection (using a flocked or spun polyester swab)
- Nasopharyngeal wash/aspirate (NW) collected by a healthcare provider

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 specimen collection.

For the latest guidance on specimen collection,

visit <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>.

Symptoms of COVID-19

The signs and symptoms of COVID-19 vary, but most infected individuals will experience the following:

- Fever
- Chills

- Cough
- Shortness of breath
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Management of Patients with Potential COVID-19

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 COVID-19.

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.
- Patients and visitors should wear, at a minimum, a **cloth face covering** upon entry into and throughout their stay in the healthcare facility.
- HCP should wear a **facemask** at all times while they are in the healthcare facility, including in breakrooms or other spaces where they may encounter co-workers.
- 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.

DURATION OF TRANSMISSION-BASED PRECAUTIONS OR HOME ISOLATION (See Appendix A for algorithm):

1. Patients who are **severely immunocompromised or severely ill or critically ill**
 - Not tested, pending or positive test result
 - If symptomatic, place on **transmission-based precautions** (for hospitalized patients) or on **home isolation** (for non-hospitalized patients) for 20 days after symptom onset **AND** 24 hours since resolution of fever (without the use of antipyretic medications).
 - If positive and asymptomatic, place on **transmission-based precautions** (for hospitalized patients) or on **home isolation** (for non-hospitalized patients) for 20 days after date of collection of the first COVID-19 positive test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based guidance (above) should be used.
2. Patients who are **NOT severely immunocompromised or mildly symptomatic or moderately symptomatic**
 - Not tested, pending or positive lab result

- If symptomatic, place on **transmission-based precautions** (for hospitalized patients) or on **home isolation** (for non-hospitalized patients) for 10 days after symptom onset **AND** 24 hours since resolution of fever (without the use of antipyretic medications).
 - If positive and asymptomatic, place on **transmission-based precautions** (for hospitalized patients) or on **home isolation** (for non-hospitalized patients) until 10 days after the date of sample collection of their first COVID-19 positive test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based guidance (above) should be used.
3. Patients with **symptoms** that tested **negative** for COVID-19 can be taken out of transmission-based precautions, as appropriate, or home isolation.

PATIENT PLACEMENT AND MANAGEMENT (See Appendix for summary table of transmission-based precautions or home isolation):

- 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-base Precautions or Home Isolation on pages 3-4).
 - 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.
 - 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**.
 - **AllIRs** should be **reserved** for patients who will be undergoing aerosol-generating procedures.
 - To the extent possible, patients with suspected or confirmed SARS-CoV-2 infection should be housed in the same room for the duration of their stay in the facility (e.g., minimize room transfer.)
 - 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.

Discharge of Hospitalized Individuals with Potential SARS-CoV-2 Infection

Below are recommendations from Solano Public Health on discharge of hospitalized individuals with 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.3-4).
- For hospitalized patients being **transferred to a long-term care facility**:
 - **Notify the receiving facility and Solano Public Health** (SolanoLTCF@SolanoCounty.com) 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 transmission-based precautions are still required, the patient should go to a facility with an ability to adhere to infection prevention and control recommendations.
 - If transmission-based precautions have been discontinued, the patient does not require further restrictions.
 - 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

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.

Below is a simplified guidance based on different scenarios (See Appendix for summary table of transmission-based precautions or home isolation):

1. Healthcare personnel **with no known exposure to a confirmed COVID-19** case:
 - a) HCP with **no symptoms** consistent with COVID-19 can return to work with no restrictions.
 - b) HCP with **symptoms** consistent with COVID-19:
 - i. Not tested, pending or positive test result:
 - HCP with **mild to moderate illness who are NOT severely immunocompromised**** may **return to work** 10 days after symptom onset **AND** 24 hours after resolution of fever without the use of antipyretic medication.
 - HCP with **severe to critical illness* OR who are severely immunocompromised**** may **return to work** 20 days after symptom onset

AND 24 hours after resolution of fever without the use of antipyretic medication.

- ii. Negative test result:
 - HCP should stay home until symptoms resolve.
- c) HCP with **no symptoms** with a positive test result may **return to work** 10 days (for those who are not severely immunocompromised) or 20 days (for HCPs who are severely immunocompromised) after the date of sample collection of the first COVID-19 positive test.

2. Healthcare personnel **with known exposure to a confirmed COVID-19 case:**

- 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.
 - Consider testing of HCP 14 days after last known exposure to a confirmed case to ascertain if HCP converted during the 14-day incubation period.
- b) HCP with **symptoms** consistent with COVID-19
 - i. Not tested or pending test result:
 - HCP with **mild to moderate illness who are NOT severely immunocompromised**** may **return to work** 10 days after symptom onset **AND** 24 hours after resolution of fever without the use of antipyretic medication.
 - HCP with **severe to critical illness* OR who are severely immunocompromised**** may **return to work** 20 days after symptom onset **AND** 24 hours after resolution of fever without the use of antipyretic medication.
 - If the HCP returns to work before 14 days after last exposure to an infectious person:
 - 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.

- 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.
 - Consider re-testing of HCP 14 days after last known exposure to a confirmed case to ascertain if HCP converted during the 14-day incubation period.
- iii. If testing was done and results are **positive** for COVID-19:
- HCP should remain at home for **home isolation** while symptomatic.
 - HCP with **mild to moderate illness who are NOT severely immunocompromised**** may **return to work** 10 days after symptom onset **AND** 24 hours after resolution of fever without the use of antipyretic medication.
 - HCP with **severe to critical illness* OR who are severely immunocompromised**** may **return to work** 20 days after symptom onset **AND** 24 hours after resolution of fever without the use of antipyretic medication.
- c) HCP with **no symptoms** with a positive test result may **return to work** 10 days (for those who are not severely immunocompromised) or 20 days (for HCPs who are severely immunocompromised) after the date of sample collection of the first COVID-19 positive test.

DEFINITIONS:

**Severe illness – individuals with respiratory frequency >30 breaths/min, saturation of oxygen (SpO2)<94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2)<300mmHG, of lung infiltrates >50%.*

**Critical illness – individuals with respiratory failure, septic shock and/or multiple organ dysfunction.*

***Severely immunocompromised – individuals who are on chemotherapy for cancer, have untreated HIV infection with CD4 T lymphocyte count <200, have combined primary immunodeficiency disorder or are on prednisone>20mg/day for more than 14 days. Ultimately, the degree of immunocompromise for the patient is determined by the treating provider.*

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: DURATION OF TRANSMISSION-BASED PRECAUTIONS OR HOME ISOLATION FOR GENERAL COMMUNITY AND HEALTH CARE PERSONNEL

	MILD TO MODERATE SYMPTOMS AND NOT SEVERELY IMMUNOCOMPROMISED		SEVERELY IMMUNOCOMPROMISED OR SEVERELY ILL OR CRITICALLY ILL	
TEST	Not tested, Pending, Positive	Negative	Not tested, Pending, Positive	Negative
SYMPTOMATIC	10 days after symptom onset AND 24 hours since resolution of fever without the use of antipyretic medications	No transmission-based precautions for COVID-19 or home isolation	20 days after symptom onset AND 24 hours since resolution of fever without the use of antipyretic medications	No transmission-based precautions for COVID-19 or home isolation
ASYMPTOMATIC	10 days after the date of sample collection of the first COVID-19 positive test	No transmission-based precautions for COVID-19 or home isolation	20 days after the date of sample collection of the first COVID-19 positive test	No transmission-based precautions for COVID-19 or home isolation