



CDC Patient Info: [CDC COVID-19-Quarantine-vs-Isolation Rev7-20-20.pdf](#) ; [CDC COVID How to Protect Yourself and Others](#)
[CDC Prevent the spread of COVID-19 if you are sick](#); [CDC How to Safely Wear a cloth-face-covering.pdf](#);
[CDC What-Your-Test-Results-Mean.pdf](#)

GNP Patient Education: [COVID-19 Testing – Patient Q&A 9-21-20.pdf](#) (PCR, antigen & antibody)
[Patient COVID Update 12-3-2020.pdf](#)

COVID PCR TESTING – ALL TESTING REQUIRES A SCHEDULED APPT TIME. Please limit testing to symptomatic PUI & PREOP screening. **PATIENTS NOT MEETING THESE CRITERIA SHOULD BE DIRECTED TO LA AND OC TEST SITES, (Links at bottom of page).** Provide your patient with CDC patient isolation & protection information referenced above
TESTING LOCATIONS VARY DEPENDING ON THE TYPE OF TESTING

1. **PERSONS UNDER INVESTIGATION (PUI) - SYMPTOMATIC PRIORITY patients** (priority-testing-patients CDC.pdf)

MD reference: [GNP Person Under Investigation COVID Testing – Physician Instructions 11-23-20.pdf](#)

Patient Info: [GNP Person Under Investigation COVID Testing – Patient Information 11-23-20.pdf](#)

TWISTLE text based COVID Remote Symptom Monitoring – Cover Letter – Twistle GNP MCMF v3.pdf

- **FCC WOODBRIDGE WALK-IN/Drive Up COVID PUI** testing in IRVINE (7d/wk, PUI testing only, open to all ages, results will be faxed only
Patient MUST CALL 949-857-1248 to schedule.
- **MemorialCare Drive-Through/UC PUI Testing (M-F) – MD MUST FAX Order (ie Quest 93448), MD NPI, MD Fax# for results, patient insurance card and best patient contact information in a SINGLE FAX TO 657-295-2125.** Centralized Navigation Center will call patient to schedule testing. If no call is received within 72 hours – patients & doctors can call 657-553-6537 or 877-696-3622 (877-MYMEMCARE)

2. **PREOPERATIVE SCREENING**

MD reference: [GNP Preoperative COVID Screening – Provider Process 11-9-20.pdf](#)

Patient Info: [GNP Preoperative COVID Screening – Patient Information 11-9-20.pdf](#)

- **FCC FOUNTAIN VALLEY URGENT CARE - PREOPERATIVE COVID Screening ONLY** (7d/wk, Preoperative COVID screening ONLY, open to all ages, results will be faxed only
Patient MUST CALL 714-378-0042 to schedule screening.
- **FCC WOODBRIDGE WALK-IN/Drive Up** in IRVINE (7d/wk, open to all ages, results will be faxed only
Patient MUST CALL 949-857-1248 to schedule.
- **MemorialCare Drive-Through Testing (M-F; ages 10+) – FAX Order (ie Quest 93448), MD NPI, MD Fax# for results, patient insurance card and best patient contact information in a SINGLE FAX TO 657-295-2125.** Centralized Navigation Center will call patient to schedule testing. If no call is received within 72 hours – patients & doctors can call 657-553-6537 or 877-696-3622 (877-MYMEMCARE)

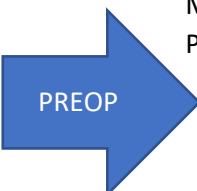
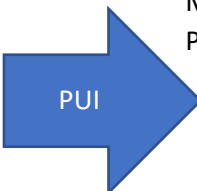
MemorialCare testing sites process orders in order received. Avoid delays, do not batch at end of day. We are leveraging Quest and other order forms for completeness, but are not using Quest for COVID tests.

Results will be faxed to the number provided & are viewable in MC Link EPIC Chart or EPIC CareEverywhere. (To view in MCLINK: [COVID Drive Thru Test Results – MC Link.pdf](#)).

- **Preoperative Screening for care at MemorialCare or SCA Facilities** – is being ordered and arranged BY THOSE FACILITIES – (informational only: [SCA Pre-op COVID Testing for GNP 09 2020.pdf](#))

ASYMPTOMATIC/OTHER TESTING: LA County Dept Public Health: <https://covid19.lacounty.gov/testing/>
OC Health Agency: <https://ococovid19.ochealthinfo.com/covid-19-testing> ; [OC COVID-19 Testing Super Sites](#)

For more: GNP PROVIDER PORTAL (Best Practices) : <https://www.gnpweb.com/providers/best-practices>





COVID ANTIGEN TESTING Overview: - ([APHL-SARS-CoV Antigen Testing Considerations 9-2020](#)); Less sensitive than PCR, results are only useful IF POSITIVE in individuals within first 5-7d of symptoms when suspicion is already HIGH, and immediate treatment decisions cannot wait for PCR. Adds cost since PCR is needed for a definitive answer regardless of result or for qualification in a study or plasma donation and will not change isolation recommendations.

COVID SEROLOGIC TESTING (No clinical role for serologic testing – cross-reactivity, lack of specificity; snapshot in time; cannot provide information about exposure, infectivity, or immunity)

QUARANTINE vs ISOLATION (12/2 CDC news update – CDC print materials not yet updated)

MD Reference: [CDC Discontinuation of Home Isolation COVID-19 – Physician Information.pdf \(CDC site\)](#)

CDC Patient Information (i.e. - [CDC COVID-19-Quarantine-vs-Isolation Rev7-20-20.pdf](#), full listing above)

- **QUARANTINE: COVID EXPOSURE WITHOUT SYMPTOMS** - Need to **QUARANTINE AT HOME** & isolate:
 - Until AT LEAST 10 days have passed since last exposure (if no test available)
 - OR if tested & PCR NEGATIVE - until AT LEAST 7 days have passed since exposure
 - either way, patient needs to continue to monitor for symptoms & check temperature 2x/d and wear a mask for a full 14 days
- ISOLATION: [KNOWN COVID \(test positive\) BUT NO SYMPTOMS AT ANY TIME](#)
Need to HOME ISOLATE and monitor symptoms & temperature 2x/d UNTIL THE GREATER OF:
 - AT LEAST 10 days have passed since their first positive covid-19 diagnostic test so long as they never develop symptoms
 - If symptoms develop, they need to isolate for 10 days after the onset of symptoms
- ISOLATION: [SYMPTOMS AT ANY POINT - PROVEN OR SUSPECTED COVID](#)
Need to HOME ISOLATE UNTIL
 - At least 10 days have passed since symptoms first appeared, **AND**
 - At least 24 hours with no fever without fever-reducing medication and
 - Other symptoms of COVID-19 are improving (e.g., cough, shortness of breath)
 - NOTE: Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation

PT/EMPLOYER REQUESTS - ENDING ISOLATION/RETURN TO WORK/ACCOMODATIONS

- Reference CDC Timing or Symptom Based Strategies for clearance (vs Test Based strategies)
- Limit to assessment of patient risk & refrain from specifying accommodations or evaluating employer compliance w/ requirements

Example language:

“Your health conditions (inclusions of detail contingent on patient release – ie diabetes, hypertension, and obesity) greatly increase your risk of severe complications and even death should you contract COVID-19. You should not be within 6 feet of other individuals even if they are wearing a mask, and should wear full personal protective equipment if interacting with individuals who are known to have confirmed COVID-19.

Per CDC guidelines, employers should:

‘Protect employees at higher risk for severe illness through supportive policies and practices. Older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19.

- Support and encourage options to telework, if available.
- Consider offering vulnerable workers duties that minimize their contact with customers and other employees (e.g., restocking shelves rather than working as a cashier), if the worker agrees to this.’

Up to date information regarding CDC recommendations for patients and employers including direction to OSHA recommendations can be found at:

- <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
- <https://www.osha.gov/SLTC/covid-19/> & <https://www.osha.gov/Publications/OSHA3990.pdf> ”

For more: GNP PROVIDER PORTAL (Best Practices) : <https://www.gnpweb.com/providers/best-practices>

TREATMENT – continues to be supportive, symptomatic care, monitoring of temperature, breathing etc.

[COVID-19 Clinical Update 11.11.20.pdf \(James Leo\)](#)

[The Medical Letter COVID Treatment Summary 7-31-20.pdf](#)

STEROIDS – AAAAI recommends asthma patients should not discontinue ICS controller medications & if oral steroids are necessary, the treatment for acute asthma exacerbations is the same as it would be for any other viral infection. Steroids should not be used for treatment of COVID-19 infection per se. They are still indicated in COVID-19 patients for asthma exacerbation, for refractory shock, and for ARDS.

PPI – No definitive conclusions regarding potential risks or potential protective benefits of PPIs in COVID-19

Remdesivir – for severely ill-hospitalized patients

Convalescent Plasma – Emergency Use – for hospitalized patients - contact blood banks, the Red Cross or

<https://www.sandiegobloodbank.org/>

Monoclonal Antibody to COVID-19 Spike protein – COVID-19 PCR positive, non-hospitalized patients over the age of 12 who are high risk for severe disease, do not require oxygen, and are within 10d of symptom onset may be eligible for treatment with monoclonal antibodies against COVID-19 Spike protein. [Dept of HHS pilot with CORAM to administer Bamlanivimab in the home setting.](#) Click these links for the [MEMO from the GNP Pharmacy Team](#), [FDA Bamlanivimab EUA FAQs](#), [CORAM FAX COVER SHEET](#) & [CORAM Excel Order form](#) posted on the GNP Best Practices page.

COVID VACCINE UPDATES (UP TO DATE ADMINISTRATION AND ELIGIBILITY UPDATES ARE SENT BY DR. SCHAFER)

Overview of the top 4 vaccine candidates in the US

“NEW” vaccine type: COVID Spike mRNA protein Introduced for human recipient to produce		Non-replicating viral vector vaccine: modified to create COVID-19 nucleocapsid protein	
Pfizer/BioNTech mRNA	Moderna mRNA	Janssen(Johnson&Johnson) Human adenovirus vector	Aztra Zeneca Chimp adenovirus vector
44,000 (age 16+), Results – anticipated end Oct	30,000 adults Results – anticipated Nov	60,000 adults Just started in Sept	30,000 adults (20k US) (US still on hold, UK resumed) (1 case transverse myelitis)
2 doses, 21d apart	2 doses, 28d apart	SINGLE DOSE	2 doses, 28d apart
MINUS 94F, 5d at (2-8C) 24hr (below 46F)	MINUS 4F, 7d once thawed (below 46F)	Basic Refrigeration 35-46F (2-8C)	Basic Refrigeration 35-46F (2-8C)
	No Prior Appr Drugs		
promise faster production, more robust response, but possibly shorter durability		production limited by growth in culture, lower response – esp if recipient has been exposed to similar virus	

- For an exhaustive review of all the leading candidates: <https://www.nature.com/articles/s41586-020-2798-3>

GNP HAS RECEIVED VACCINE & PROVIDER RELATIONS IS REACHING OUT TO ELIGIBLE NETWORK PRACTICES TO SCHEDULE VACCINATIONS IN ACCORDANCE WITH DIRECTIVES AND FOLLOWING GUIDANCE FROM THE DEPARTMENT OF PUBLIC HEALTH

[Moderna EUA Fact Sheet – Recipients -12-30-20.pdf](#); [V-Safe Instructions for Patients 12-30-20.pdf](#)

[GNP COVID Vaccination Administration Consent Form 12-30-20.pdf](#); [COVID-19 Vaccination After Care Info – 12-30-20.pdf](#)

the Vaccine distribution plan phases ([Framework for Equitable Allocation of COVID-19 Vaccine](#)) :

1a – High risk health workers, first responders

1b – People of all ages with comorbid/high risk conditions; older adults in congregate living

2 – K-12 teachers & school staff & child care workers; critical workers in high-risk settings, those with moderately higher risk comorbidities; individuals & staff in homeless shelters, group homes (serious mental illness, developmental, intellectual, or physical disabilities, in recovery)

3 – Young adults, children, workers in industries/occupations important to functioning of society

[SARS-CoV-2 Vaccine FAQ.pdf \(James Leo, MD\)](#)

HEALTHCARE WORKER EXPOSURE & MANAGEMENT INFORMATION

For more: GNP PROVIDER PORTAL (Best Practices) : <https://www.gnpweb.com/providers/best-practices>



[CDC Interim US Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#) Summary of Potential Exposure at Work guidance (May 29 update):

Any HCP who develops fever or [symptoms consistent with COVID-19](#) should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

NO WORK RESTRICTIONS RECOMMENDED FOR ASYMPTOMATIC HEALTHCARE PROVIDERS WHOSE CONTACT WITH A COVID-19+ INDIVIDUALS DO NOT MEET THE EXPOSURE RISK CONDITIONS LISTED BELOW

For ASYMPTOMATIC healthcare workers with Prolonged/close contact with an individual with confirmed COVID-19 & exposure while:

- HCP not wearing a respirator or facemask
- HCP not wearing eye protection while COVID-19+ individual was not wearing a face covering or facemask
- HCP not wearing ALL recommended PPE (gown, gloves, eye protection, respirator) while performing an aerosol generating procedure

Recommended Work Restrictions:

- Exclude from work for 14 days after last exposure⁵
- Advise HCP to monitor themselves for fever or [symptoms consistent with COVID-19](#)
- Any HCP who develop fever or [symptoms consistent with COVID-19](#) should immediately contact their established point of contact to arrange for medical evaluation and testing.

COVID+ HEALTHCARE PERSONNEL RETURN TO WORK CRITERIA

[CDC Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection \(Interim Guidance\)](#)

Summary of Recent Changes as of July 17, 2020

- Except for rare situations, a test-based strategy is no longer recommended to determine when to allow HCP to return to work.
- For HCP with [severe to critical illness](#) or who are severely immunocompromised⁴, the recommended duration for work exclusion was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised¹ HCP, 20 days after their initial positive SARS-CoV-2 diagnostic test).
- Other symptom-based criteria were modified as follows:
 - Changed from “at least 72 hours” to “at least 24 hours” have passed *since last* fever without the use of fever-reducing medications
 - Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19

[HEALTH PLAN TELEMEDICINE COPAYMENT SUMMARY*](#) (9-17-20)

[Specialists TELEHEALTH BILLING GUIDELINES GNP \(4-14-20\)](#)

[PCP Telehealth Billing Guidelines GNP – Rev 4-20-20](#)

Telemedicine tips, trick, Best Practices from your Peers and more – go to [GNP Provider Portal Best Practices](#)