

CDC Patient Info:

[CDC 10 things you can do to manage your COVID-19 symptoms at home](#)

[CDC COVID-19-Quarantine-vs-Isolation Rev7-20-20.pdf](#)

[CDC How to Safely Wear a cloth-face-covering.pdf](#)

[CDC COVID How to Protect Yourself and Others.pdf](#)

[CDC What-Your-Test-Results-Mean.pdf](#)

[CDC stop-the-spread-of-germs.pdf](#)

[CDC Prevent the spread of COVID-19 if you are sick](#)

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

COVID PCR TESTING – ALL TESTING REQUIRES A SCHEDULED APPT TIME. Please try to limit testing to PUI & PREOP screening. **Provide your patient with CDC patient isolation & protection information referenced above** (i.e. [CDC COVID How to Protect Yourself and Others.pdf](#), [CDC COVID-19-Quarantine-vs-Isolation Rev7-20-20.pdf](#), etc.)

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 10-7-20.pdf](#)

Patient Info: [GNP Person Under Investigation COVID Testing – Patient Information 9-21-20.pdf](#)

 PUI

- **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 10-7-20.pdf](#)

Patient Info: [GNP Preoperative COVID Screening – Patient Information 9-21-20.pdf](#)

 PREOP

- **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 12+) – 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. To avoid delays, please avoid batching at end of day. While we are leveraging Quest and other order forms for completeness, we 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](#))

OTHER TESTING: OC Health Agency: [OC COVID-19 Testing Super Sites | Novel Coronavirus \(COVID-19\)](#)

LA County Dept Public Health: <https://covid19.lacounty.gov/testing/>

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, only for use in symptomatic patients within 5-7d of symptom onset for immediate treatment decisions, retest with PCR regardless of result if results do not correlate with pre-test suspicion or if definitive answer needed

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)

Patient Info: [COVID-19 Testing – Patient Q&A 9-21-20.pdf](#) (PCR, antigen & antibody)

QUARANTINE / HOME ISOLATION GUIDANCE (testing availability, CDC Strategies)

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)

- **CDC TIMING-BASED-STRATEGY** (proven or suspected, NO symptoms at any time)
Need to HOME ISOLATE and monitor symptoms & temperature 2x/d UNTIL THE GREATER OF:
 - AT LEAST 14 days have passed since last exposure &/or
 - AT LEAST 10 DAYS HAVE PASSED SINCE THE DATE OF THEIR FIRST POSITIVE COVID-19 DIAGNOSTIC TEST (assuming they have not developed symptoms since their positive test – Symptom-Based Strategy applies upon development of any symptoms).
- **CDC SYMPTOM-BASED STRATEGY** (proven or suspected, WITH SYMPTOMS AT ANY POINT)
Need to HOME ISOLATE and monitor symptoms & temperature 2x/d UNTIL
 - AT LEAST 10 DAYS HAVE PASSED since symptoms first appeared; **AND**
 - AT LEAST 1DAY (24 hours) HAVE PASSED SINCE RECOVERY defined as resolution of fever without the use of fever-reducing medications **AND** improvement in respiratory symptoms (e.g., cough, shortness of breath)

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

“ 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> ”

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

[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 in review of studies and conflicting conclusions with regard to either potential risk or potential protective benefits of PPIs with regard to COVID-19 infection.

TWISTLE – remote symptom monitoring is available for COVID PCR positive patients

Remdesivir – for severely ill-hospitalized patients – moving from clinical trial status to cost for care

[Mayo Convalescent Plasma Research Study](#) (San Diego Blood Bank) – eligibility criteria: COVID PCR positive patients who are symptom free for at least 14 days ([details and consent](#) on <https://www.sandiegobloodbank.org/>)

Mono-clonal Antibody to COVID-19 Spike protein – COVID-19 PCR positive, non-hospitalized patients may be eligible for a double-blind study comparing treatment with a mixture of mono-clonal antibodies against COVID-19 Spike protein (sponsored by Regeneron) against standard supportive treatment. Information is being provided to the research team by our COVID testing sites, no action is needed by physicians.

COVID VACCINE DEVELOPMENT –

COVID-19 vaccines need to be tested in a population where the virus is prevalent enough to reflect real-world infection rates, to ensure that they are safe and effective. Each trial requires a minimum number of study subjects to get sick with COVID-19.

Per the FDA definition of vaccine efficacy “must be proven to protect at least 50% of participants”

Overview of the top 4 vaccine candidates in the US – all in Phase 3 Clinical Trials

“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>

Preliminary vaccine distribution plan phase definitions:

1a – High risk health workers, first responders

1b – People of all ages with comorbid & higher risk underlying conditions; older adults congregate living

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

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

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

HEALTHCARE WORKER EXPOSURE & MANAGEMENT INFORMATION

[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 immunocompromised¹, 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](#)