



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](#); [CDC Choosing Safer Activities 4-30-21.pdf](#)

GNP Patient Education: [COVID-19 Testing – Patient Q&A 9-21-20.pdf](#) (PCR, antigen & antibody)
[Patient COVID Update 12-3-2020.pdf](#) ; <https://www.gnpweb.com/covidvaccine>

COVID PCR TESTING – Centralized COVID Nucleic Acid testing is available for eligible GNP patients. GNP MA members should be referred to GNP centralized testing locations and/or office collected swabs sent to Quest
ALL TESTING REQUIRES A SCHEDULED APPT TIME, PLEASE use the FAX COVER PAGE

We test symptomatic PUI & PREOP pts. ALL OTHERS SHOULD BE DIRECTED TO LA AND OC TEST SITES:

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

OC Health Agency: [OC COVID-19 Testing Super Sites](#)



Provide your patient with CDC patient isolation & protection information referenced above

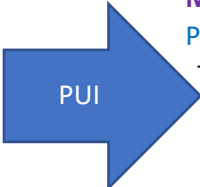
Please note: TESTING LOCATIONS VARY DEPENDING ON THE TYPE OF TESTING

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

MD FAX COVER: [GNP Symptomatic Person COVID Testing – MD FAX COVER PAGE 4-22-21.pdf](#)

Patient Info: [GNP Symptomatic Person COVID Testing – Patient Information 2-26-21.pdf](#)

TWISTLE text based COVID Remote Symptom Monitoring – [Cover Letter – Twistle GNP MCMF v3.pdf](#)



- **FCC FOUNTAIN VALLEY URGENT CARE** - (7d/wk, open to all ages, PUI & Preop, results will be faxed only)
Patient MUST CALL 714-378-0042 to schedule
- **FCC WOODBRIDGE WALK-IN/Drive Up COVID** testing in IRVINE
(7d/wk, open to all ages, PUI & Preop, results will be faxed only)
Patient MUST CALL 949-857-1248 to schedule.
- **MemorialCare Drive-Through/UC PUI Testing (M-F) – MD MUST FAX THE MD FAX COVER PAGE CONTAINING THE completed DHHS MANDATED QUESTIONS, 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

Process is same as above – call directly to schedule at FCC locations, or FAX PACKET to 657-295-2125

MD FAX COVER: [GNP Preoperative COVID Screening – MD FAX COVER PAGE 4-22-21.pdf](#)

Patient Info: [GNP Preoperative COVID Screening – Patient Information 2-26-21.pdf](#)

FOR MCMG TESTING SITES, MD OFFICE MUST FAX ALL OF THE FOLLOWING in a SINGLE FAX TO 657-295-2125

- **Completed questionnaire:** [GNP Preoperative COVID Screening – MD FAX COVER PAGE 4-22-21.pdf](#),
LAB ORDER (ie Quest 93448), MD NPI, MD FAX# FOR RESULTS, PATIENT INSURANCE CARD AND BEST PATIENT CONTACT INFORMATION.

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 ordered & arranged by SCA – (informational only: [SCA Pre-op COVID Testing for GNP_09_2020.pdf](#))

POST-COVID INFECTION PREOPERATIVE CONSIDERATIONS: ([Preop Medical Eval for Post-COVID-19 Patients.pdf](#))

DELAY ELECTIVE SURGERY until at least 7 weeks have elapsed since the onset of illness AND any residual symptoms of COVID are clearly improving, AND no fever for >10d off antipyretic medication

PREOPERATIVE TESTING: ICD10: (Z86.16 personal history of COVID19, or B94.8 sequelae of COVID19)

- **CXR** (all COVID patients)
- **+/- ECG** (if age 60+, & all who were hospitalized for COVID)
- **+/- D-Dimer**
 - if <60d from onset of infection or first SARS-CoV-2 positive test **OR**
 - More than 30d s/p discharge from COVID hospitalization, but <90d from diagnosis (if D-Dimer >500 order BLE U/S; if D-Dimer >500 &/or patient SOB order CTA r/o PE)
- **+/- PFTs** (spirometry pre-&post-bronchodilator w/ DLCO & 6-minute Walk Test)
 - **If residual pulmonary symptoms/SOB/DOE following MILD to MOD COVID disease**
 - **For all previously hospitalized for COVID-19**
- **+/- Pulmonology Consult** (all previously hospitalized for COVID-19, those with abnormal PFTs)

PREOPERATIVE TESTING FOR COVID-19 PATIENTS WHO REQUIRED HOSPITALIZATION:

CXR, ECG regardless of age, **PULMONOLOGY CONSULTATION & PFTS** (+/- D-Dimer if more than 30d post discharge, but <90d post diagnosis)

COVID ANTIGEN TESTING Overview: - ([APHL-SARS-CoV Antigen Testing Considerations 9-2020](#)); only useful IF POSITIVE in individuals within first 5-7d of symptoms when suspicion is already HIGH. ADDS COST since PCR is needed for a definitive answer regardless of result to change isolation recommendations. Commercial point of service COVID testing should be billed directly to the health insurance company/carrier.

COVID SEROLOGIC TESTING (No clinical role due to cross-reactivity, lack of specificity; cannot provide info about exposure, infectivity, or immunity)

COVID VACCINE UPDATES - <https://www.gnpweb.com/covidvaccine>

CDC Guidance (non-healthcare settings): [Interim Guidance for Fully Vaccinated People \(CDC site\)](#);

Patient Handout: [CDC Choosing Safer Activities 4-30-21.pdf](#)

(4/15/21) CDPH expanded COVID vaccine eligibility to all individuals ages 16 and older. GNP has limited vaccine & is scheduling vaccinations in accordance with quantity and guidance from CDPH. GNP patients are invited to register email addresses for ease of contact and scheduling: <http://GNPweb.com/info>.

The majority of vaccine is directed to County COVID immunization sites: Sign up:

Orange County: <https://othena.com/> ; **Long Beach:** <https://myturn.ca.gov>

Los Angeles County: <http://publichealth.lacounty.gov/acd/ncorona2019/vaccine/hcwsignup/>

Direct scheduling at MemorialCare hosted vaccination sites is enabled on the California Vaccine registration site: <http://myTurn.ca.gov> – the sites are listed near the bottom of the page. **Unaccompanied minors must provide guardian/parental consent.**

COVID VACCINE RESPONSE has been associated with findings of lymphadenopathy on screening mammography and possible FALSE NEGATIVE TB skin test results. For timing recommendations of these tests and more SPECIFIC CLINICAL CONCERNS REGARDING COVID mRNA VACCINE (other vaccines/studies/testing/conditions) please visit the CDC link: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

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



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
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)
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	

[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](#)

[COVID-19 Special Physician Supplemental Update for April 19 2021 – Management of Vaccine-Induced Thrombotic Thrombocytopenia](#)

COVID 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](#)

Monoclonal Antibody to COVID-19 Spike protein – COVID-19 PCR +, non-hospitalized patients, ages 12+ at high risk for severe disease, not requiring oxygen, within 10d of symptom onset may be eligible. Instructions, forms and orders for infusion are posted on the [GNP Best Practices](#) PHARMACY section

STEROIDS – (AAAAI) asthma pt use of ICS controllers & oral steroids is the same as for any other viral infection.

Convalescent Plasma – EUA for hospitalized patients - contact blood banks or the Red Cross to donate

QUARANTINE vs ISOLATION (12/20 CDC news update; 3/8/21 additional guidance for fully vaccinated)

MD Reference: [CDC Discontinuation of Home Isolation COVID-19 – Physician Information.pdf \(CDC site\)](#)
[Interim Guidance for Fully Vaccinated People \(CDC site\)](#)

CDC Patient Information (i.e. - [CDC COVID-19-Quarantine-vs-Isolation Rev12-17-20.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
 - Do NOT need to quarantine IF FULLY VACCINATED (and not a congregate living resident), but
 - patients need 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/SUSPECTED COVID INCLUDES THOSE VACCINATED**
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

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



ISOLATION: COVID+ Care Unit Fairview – limited temporary residential isolation support for frail, disabled, elderly unable to isolate in current living situation – Intake inquiries: email covidintake@alzOC.org, call Patty Barnett Mouton (714) 349-5517, or the unit nursing station at (949) 466-5421 / (949) 466-5464

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> ”

HEALTHCARE WORKER EXPOSURE & MANAGEMENT INFORMATION

[CDC Interim US Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19 \(link\)](#) ; [updated CDC Healthcare Infection Prevention and Control Recommendations in Response to COVID Vaccination \(link\)](#)

- Fully vaccinated HCP should continue to wear source control while at work.
- Fully vaccinated HCP could dine and socialize together in break rooms and conduct in-person meetings without source control or physical distancing. If unvaccinated HCP are present, everyone should wear source control and unvaccinated HCP should physically distance from others.
- HCP who have traveled need to follow CDC travel recommendations & requirements, including restriction from work if recommended.

HEALTHCARE PROVIDERS WHOSE CONTACT WITH A COVID-19+ INDIVIDUAL MEETS THE EXPOSURE RISK CONDITIONS LISTED BELOW : **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

- May work, but mask for 14 days after last exposure (fully vaccinated immunocompetent HCP)
- Exclude from work for 14 days after last exposure (immunocompromised/not fully immunized HCP only)
- ALL exposed HCP should be monitored 2x/day for fever or [symptoms consistent with COVID-19](#)
- ALL exposed HCP should be tested for SARS-CoV-2 immediately and 5-7 days after exposure
- **ANY HCP WHO DEVELOPS FEVER OR [SYMPTOMS CONSISTENT WITH COVID-19](#) SHOULD IMMEDIATELY SELF-ISOLATE REGARDLESS OF VACCINE STATUS** and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

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



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](#)

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/pdfs/choosingSaferActivities.pdf>

for healthcare settings: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

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