Santa Clara Family Health Plan™

FAX

TO: **Santa Clara Family Health Plan Providers**

FROM: **Provider Network Management**

DATE: April 9, 2020

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RE: **COVID-19 guidance from Santa Clara County**

Santa Clara County's Public Health Department issued several new policies for healthcare providers caring for suspected or confirmed COVID-19 patients in the county. We were asked to send all SCFHP providers a copy of the memorandum to review.

Send questions, comments, or concerns related to this guidance to Provider Network Management via email at ProviderServices@scfhp.com.

Visit our website for the latest provider information on COVID-19: www.scfhp.com/coronavirus-providers

Thank you for your commitment and for continuing to provide care to our members.

County of Santa Clara
Public Health Department

Health Officer
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408.792.3798

MEMORANDUM

DATE: **April 8, 2020**

TO: **All Healthcare Providers and Facilities**

FROM: **Sara H. Cody, MD**
Health Officer

George S. Han, MD, MPH
Deputy Health Officer

RE: **Updated Policy and Guidance for Healthcare Providers Caring for Suspected or Confirmed COVID-19 Patients in Santa Clara County**

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1. Introduction

In response to the growing prevalence of COVID-19 in our community, the Santa Clara County Public Health Department ("PHD") has issued several new policies to help healthcare providers navigate the pandemic. This Memorandum compiles the latest PHD guidance from several different areas into one document. This Memo takes into account the recent data indicating that people with COVID-19 may be contagious even while asymptomatic or pre-symptomatic.

While this guidance is current as of April 8, 2020, changes occur frequently, and all providers should familiarize themselves with the PHD COVID-19 provider website (www.sccphd.org/covidproviders) for the most up-to-date information.

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2. **Providers' Responsibilities to Report COVID-19 Cases**
    a. **Some** confirmed or suspected COVID-19 cases require a call to the PHD, while **all** confirmed COVID-19 cases require a report by secure email or fax.
    b. Confirmed or suspected COVID-19 cases requiring a **CALL** to the PHD:
        i. The **death** of a confirmed or suspected COVID-19 case:
            1. Immediately call the Medical Examiner at (408) 793-1900, ext. 2.
            2. Then call the PHD at (408) 885-4214, ext. 3; ask for Provider Branch.
            3. Please be ready to provide the following information when you call: the patient's name, date of birth, race/ethnicity, address, date of symptom onset, date of admission, date and time of death, co-morbidities, occupation and work location, details on COVID-19 testing (date of specimen collection, result, testing laboratory), and if known exposure to a confirmed case before illness.
            4. Please be ready to send the patient's medical records (e.g., H&P including comorbidities, discharge summary, medication list) by secure email to coronavirus@phd.sccgov.org or by fax to (408) 885-3709.
        ii. Any confirmed or suspected COVID-19 patient who **resides** or recently resided (within the last two weeks) **in a Long-Term Care Facility** (including Skilled Nursing Facilities) **or other congregate setting** (jail, homeless shelter or encampment, group home, board and care, dormitory):
            1. Call promptly for all patients
            2. We will call the facility to assess the situation.
            3. We prefer testing at the Santa Clara County Public Health Laboratory (PHL) for more rapid turnaround time (1-2 days). We will provide more information on this process when you call.
        iii. Any proposed **discharge or release before admission** of a confirmed or suspected COVID-19 case **to a Long-Term Care Facility** (including Skilled Nursing Facilities) or **other congregate setting** (jail, homeless shelter or encampment, group home, board and care, dormitory):
            1. Call 24-48 hours before the proposed discharge.
            2. Before discharge occurs, the PHD needs to assess the facility for their readiness to accept the patient.
            3. We will then call you back (within 24 hours) with our assessment on whether the discharge can proceed as proposed.
        iv. A confirmed COVID-19 patient who **works or resides in a Long-Term Care Facility** (including Skilled Nursing Facilities) **or other congregate setting** (jail, homeless shelter, group home, board and care, dormitory):

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1. We will call the facility and the patient to assess the situation.

v. Call to report any possible outbreak of COVID-19.
vi. Do not call the Public Health Department about any cases other than those described above.

c. **ALL** confirmed COVID-19 cases require a COVID-19 Case Report Form submitted by secure email or fax, even if you also made a phone call following the procedure above. Do this promptly, and no later than 24 hours after the test is resulted.
   i. Download the fillable form here, complete all fields, and scan the form.
   ii. Using a secure email account, send the scanned form and the lab report to coronavirus@phd.sccgov.org.
   iii. If you cannot send via secure email, fax the form and the lab report to (408) 885-3709.
   iv. Do not submit a Confidential Morbidity Report (CMR). Use the Case Report Form instead.
   v. As with all other providers, providers working in emergency departments or urgent care centers need to have a system so that prompt reporting is done for each of their confirmed cases.
   vi. The information requested on this form is necessary for the PHD to monitor the pandemic and adjust the public health response.
   vii. The PHD does receive laboratory reports through the Electronic Laboratory Reporting (ELR) system, but this system does not include all the information necessary for public health action.

d. All hospitals must notify our County EMS Agency about any COVID-19 patients who are transported by ambulance by sending a secure email to EMSDICO@ems.sccgov.org. The EMS Agency will then reach out to first responders to notify them about their exposure.

3. Providers' Responsibilities to Communicate with Patients

a. Providers are responsible for informing suspected or confirmed patients about the need for them to self-isolate and for their close contacts to quarantine. Provide them with the Suspected or Confirmed Case Information Sheet, and make sure they understand the self-isolation instructions. The PHD is no longer calling patients to provide this information.
b. Providers are responsible for informing tested patients of their COVID-19 test results, both positive and negative. For confirmed cases, the continued need for isolation (and quarantine for household members/close contacts) is to be reinforced by the provider when the positive test result is provided. The PHD does not call patients to provide test results and is no longer monitoring household contacts of cases.

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4. **Testing through the Public Health Laboratory (PHL)**
    a. The PHL can test a limited number of samples each day. The PHL's current focus is to ensure testing for hospitalized patients and people who live or work in high risk settings, such as long-term care facilities, healthcare professionals, and first responders.
    b. Symptomatic healthcare workers (HCWs) who seek testing should first do so through their own healthcare providers or employee/occupational health programs. If testing is not available through these channels and testing of the HCW is a high priority, the HCW's employee/occupational health professional can call the PHD to discuss possible testing through the PHL.

5. **Requests for and Reuse of Personal Protective Equipment**
    a. All staff entering patient care buildings are required to wear face coverings at all times to help prevent transmission of COVID-19.
        i. If surgical masks are not available, cloth masks or other homemade masks may be used.
    b. At this time, the available supply of PPE is limited nationwide, and there is a need to maximize the lifespan of each item of PPE. Staff should reuse PPE whenever possible and safe, following CDC guidelines.
        i. If you are **only** treating patients who do **not** have COVID-19, you may reuse the same PPE while working with multiple patients since none of them are infected.
        ii. If you are **only** treating patients who **do** have COVID-19, you may reuse the same PPE while working with multiple patients since all of them are infected already.
        iii. However, the same PPE should **never** be reused when treating suspected COVID-19 patients. There may be both positive and negative patients within this group, so reusing the same PPE could cause cross-contamination.
    c. Requests for PPE
        i. Healthcare providers who need PPE can request it through the County Emergency Operations Center (EOC) by sending the 213 Resource Request (213RR) form:
            1. Via email to: resourcetracking@eoc.sccgov.org; or
            2. Online through WebEOC (requires access).
        ii. Do not call the PHD for PPE; you will be routed to the above process.
    d. Screening and testing of HCWs
        i. Each healthcare service's employee/occupational health program should have procedures in place addressing the screening and testing of its HCWs. Employees should follow their employers' procedures.

ii. High-priority testing is available through the PHL as described above.

6. Guidelines for Isolation of Cases

a. The PHD's Interim Guidance for Isolation Periods on total duration of isolation is the same for hospitalized and non-hospitalized cases.

b. Patients should remain isolated for 14 days after the date of their positive test result* OR until 7 days after fever is gone and other symptoms are improving, whichever is **longer**. (*Providers may use the date of specimen collection.)

i. While in the hospital, cases are to remain isolated (either in a single room or cohorted with other COVID-19 patients) for the days described above.

ii. Alternatively, a single negative COVID-19 test performed after symptoms have improved can be used. Generally, we do not recommend repeat testing of positive patients because some patients may continue to have a positive result for days or weeks, even though they are no longer contagious. The period of infectiousness is not well established; a persistent positive result may or may not indicate infectiousness. However, in the setting of limited testing capacity, this policy attempts to balance the likely period of infectiousness with the practical reality of limited resources for cohorting and ongoing isolation of patients.

c. The Suspected or Confirmed Case Information Sheet includes patient information for isolation and quarantine.

d. Our recommended duration of isolation is longer than that from CDC and other jurisdictions. Our guidelines are based on the local situation. The CDC has always stated that its COVID-19 guidance may be adapted by local health departments to respond to rapidly changing local circumstances. Our guidance may change in the future as our local situation evolves.

7. Discharge Instructions for Hospitalized Patients Currently in Isolation

a. Before discharging a patient who requires additional days of isolation according to PHD guidelines, the provider is to assess the patient's housing status and ability to isolate at home. As described above, if the patient will be discharged to a long-term care facility, assisted living facility, jail, prison, shelter, dormitory, or other congregate setting, the provider must notify the PHD 24-48 hours before discharge. Before discharge occurs, we need to assess the facility for their readiness to accept the patient. We will then call the provider back (within 24 hours) with our assessment on whether the discharge can proceed as proposed.

b. All other discharges may proceed without notifying the PHD. If discharged to a private residence, the provider should instruct the patient to complete home isolation following the usual guidance by giving the PHD's Suspected or Confirmed

Case Information Sheet, with no follow-up testing required to end isolation. If a patient has been cleared for removal from isolation in the hospital, they may be discharged from the hospital to any location that is appropriate based on clinical status without consulting the PHD.

8. **Movement of Patients Between Hospitals and Long-Term Care Facilities (LTCFs) including Assisted Living Facilities**
    a. Guidance for hospitals receiving a patient from a LTCF:
        i. Hospitals should test all patients who reside or recently resided (within the last two weeks) in a LTCF and have fever or respiratory symptoms (cough, shortness of breath or sore throat) for COVID-19 unless an alternate diagnosis has been clearly established. COVID-19 testing should be considered for patients with gastrointestinal symptoms (nausea, vomiting, or diarrhea) or change in mental status without an alternate diagnosis.
        ii. We prefer testing at the PHL for more rapid turnaround time (1-2 days). Call the PHD before any specimens are sent.
        iii. As stated above, call the PHD to inform us about a confirmed or suspect COVID-19 case who has recently resided (within the last two weeks) in a LTCF. Call the PHD even if COVID-19 testing will be performed through a private laboratory. We will call the facility to assess the situation.
    b. Guidance for hospitals proposing to discharge a patient to a LTCF:
        i. For patients with fever or respiratory symptoms in the past 7 days who have not yet been tested for COVID-19:
            1. Hospitals should test the patient for COVID-19.
            2. Once the test result is available, discharge planning can be pursued with the LTCF following the guidance below, based on the test result.
        ii. For patients who tested positive for COVID-19:
            1. As stated above, hospitals should call the PHD 24-48 hours before the proposed discharge.
            2. Before discharge occurs, the PHD will assess the facility for their readiness to accept the patient.
            3. The PHD will then call the provider back (within 24 hours) with notification of whether the discharge can proceed as proposed.
        iii. Note: No Health Department notification is needed for transfers between hospitals.
    c. Which patients may be discharged from hospitals to LTCFs:
        i. The following section is in accordance with CDPH AFL 20-33. See the AFL for more information.
        ii. Facilities should accept the following types of patients from hospitals:
            1. Anyone who tested negative for COVID-19.

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2. Anyone who was in the hospital for reasons unrelated to COVID-19.
3. Any confirmed or suspected COVID-19 patient (including those awaiting a test result) who has been cleared by the hospital for discharge/release if the transfer has been approved by the Public Health Department.

iii. For patients in group (ii)(3) above, the facility will need to assess whether the patient has finished their period of isolation. (See above for instructions on how long a patient should isolate.)
   1. If the patient already completed their isolation period in the hospital, no further isolation is needed.
   2. If the patient has not yet completed their isolation period, the facility should arrange for the patient to complete it within the facility.

iv. Facilities should not require that patients test negative before accepting them.

v. Facilities should conduct daily screenings on all residents for any type of symptoms.
   1. If residents have symptoms, notify their provider so that they can be assessed. If COVID-19 is suspected, call the Public Health Department as outlined above, to facilitate testing. Isolate the residents in their own room if possible. Use the same PPE as you would for a COVID-19 patient until the test results are known.
   2. A temperature check alone is insufficient.
   3. In addition to temperature checks, screenings should also include asking or observing every resident if they have any of the following symptoms:
      a. Fever
      b. Chills
      c. Night sweats
      d. Sore throat
      e. Cough
      f. Shortness of breath
      g. Nausea
      h. Vomiting
      i. Diarrhea
      j. Fatigue
      k. Myalgias
      l. Headaches
      m. Change in mental status
      n. Loss of sense of taste or smell

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9. **Hospitalized Patients Desiring to Leave Against Medical Advice (AMA)**
    a. Hospital providers should continue to follow their existing policies regarding patients leaving against medical advice, with additional processes described here.
    b. The patient should be informed to self-isolate per the information on the Suspected or Confirmed Case Information Sheet. The patient should be given the sheet.
        i. See section 11 for patients in need of housing in order to comply with isolation instructions.
    c. If a patient who is suspected or confirmed to have COVID-19 desires to leave AMA but is willing to self-isolate, the PHD does not need to be, and should not be, contacted. If the patient is both leaving AMA *and* refusing to isolate, please see section 12.

10. **Referral for Housing Accommodations**
    a. Details on the response by the County, the City of San Jose, and the Continuum of Care Partners to address the needs of homeless individuals affected by COVID-19 can be found on the County's Addressing COVID-19 in the Homeless Community page. The efforts include expanding housing options for homeless individuals needing quarantine or isolation.
    b. As stated above, providers are to call the PHD for suspected or confirmed COVID-19 cases who reside in homeless shelters or encampments or other congregate settings**.**
    c. If a suspected or confirmed COVID-19 patient does not have housing and needs a referral for housing accommodation, please call our Joint Operations Center at (408) 278-6420. If no staff member is available to take your call, please leave a message and it will be returned promptly.
        i. We are prioritizing housing accommodations for high risk and vulnerable individuals. A "high risk" or "vulnerable" individual means someone who meets at least one of the following criteria:
            1. Older Adults: Age 50 and above
            2. People of all ages with underlying medical conditions. This includes people with:
                a. Chronic lung disease or moderate to severe asthma
                b. Serious heart conditions
                c. Conditions that can cause a person to be immunocompromised including: cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications

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d. Severe obesity (body mass index [BMI] of 40 or higher)
e. Diabetes
f. Chronic kidney disease and who are undergoing dialysis
g. Liver disease

3. Individuals who are pregnant

11. Patients Not Complying with Isolation

a. If a COVID-19 patient is refusing to follow the recommendations to self-isolate, the provider should try to understand the patient's reasons for refusing. If the provider is able to identify specific barriers to compliance, the provider should call the PHD Provider Branch with the patient's name, contact information, occupation, and a description of the situation.
    i. One of our Public Health Nurses or County staff will reach out to the patient to address the potential barriers to isolation and to provide support or referrals to necessary resources.

12. Assessing Date of Symptom Onset

a. COVID-19 illness can begin with symptoms other than fever or cough, such as chills, night sweats, sore throat, shortness of breath, nausea, vomiting, diarrhea, fatigue, myalgias, headaches, change in mental status, or loss of sense of taste or smell. When completing the Case Report Form, use the earliest date of these symptoms for date of symptom onset.
b. Patients are now to be considered contagious from two days before symptom onset through the last day of their recommended isolation period.

13. Investigational Therapeutics

a. As summarized by the CDC, no FDA-approved drugs have demonstrated safety and efficacy in randomized controlled trials for patients with COVID-19. Use of investigational therapies for treatment of COVID-19 should ideally be done in the context of enrollment in randomized controlled trials. Several clinical trials are underway which are testing multiple drugs with in-vitro antiviral activity against SARS-CoV-2 and/or immunomodulatory effects that may have clinical benefit. For the latest information, see Information for Clinicians on Therapeutic Options for COVID-19 Patients. For information on registered trials in the U.S., see ClinicalTrials.gov.