



## COVID-19 FAQs

Coronavirus disease 2019 is a viral respiratory illness caused by a coronavirus that has not been found in people before. SARS-CoV-2 is not the same coronavirus that caused Severe Acute Respiratory Syndrome (SARS) in 2003 or Middle East Respiratory Syndrome Coronavirus (MERS-CoV) in 2012. However, it is in the same family of viruses.

Because this is a new virus, there are still things we do not know, such as how severe the illness can be, how well it is transmitted between people, and other features of the virus.

### EMERGENCY ORDERS AND HEALTH CARE WORKFORCE

#### **If a practice has over 10 employees are there any concerns given the Governor's Emergency Order?**

Medical practices are an essential business and are asked not to close.

#### **Essential High Risk Business Requirement for Screening (3/30/2020)**

The Governor's Eighth Modification of the Declaration of the State of Emergency requires high risk essential businesses to screen employees. This order is effective April 1, 2020 at 8:00 a.m. and requires:

- State buildings and essential businesses that the Public Health Authority deems high-risk shall screen every employee, visitor, and member of the public upon entering.
  - [List of high-risk essential businesses](#)
  - [Essential services screening process](#)
- All state buildings and essential businesses shall display signage developed by the Public Health Authority that cautions individuals experiencing symptoms of COVID-19 not to enter the premises.
  - [Flyer for essential businesses to post at their entrance](#)
  - [Shareable graphics in both English and Spanish](#)

#### **Out-of-State Travel Quarantine (3/29/2020)**

Governor Carney issued an order requiring people who travel to Delaware from other states to self-quarantine for 14 days. This order does not apply to health care workers driving to work in Delaware from other states. It also does not apply to people from out of state who come to Delaware for medical care.

If your vehicle has out-of-state tags and you are stopped, inform the officer that you are an essential employee and show your employee badge or other identifying information that you are a health care worker.

#### **Required Use of Face Coverings (4/28/2020)**

On April 25 Governor Carney issued the 13 modification to his emergency declaration requiring the wearing of facemasks in public settings and includes employees and customers/patients and becomes effective at 8 a.m. on Tuesday, April 28. Businesses have until May 1 to comply. The order includes grocery stores, convenience stores, pharmacies, doctors' offices, and public transportation. The order does not require children aged 12 or younger to wear a face covering. Those 2 years and younger must not wear a face covering due to risk of suffocation.

## SYMPTOMS

**3/25/2020 – DPH changes to symptom guidance:** Now including myalgia (body aches), sore throat, nausea and diarrhea in addition to fever, cough, and shortness of breath.

**4/30/2020 – DPH update to symptom guidance:** Now includes shaking chills

**April 26, 2020 – CDC Adds additional symptom guidance:** The Centers for Disease Control and Prevention (CDC) has added six new symptoms for COVID-19. The new symptoms are chills, repeated shaking with chills, muscle pain, headache, sore throat, and loss of taste or smell. The symptom list originally included fever, cough, and shortness of breath.

## PRACTICE RESTRICTIONS/CLOSURES/LIFTING OF STATE OF EMERGENCY

On May 5, 2020, Governor Carney announced [interim steps](#) to opening the state, allowing small business retailers to expand their services with social distancing in place and implementation of universal testing in nursing homes. Small business retailers will be allowed to do business using curbside pickup as long as social distancing can be maintained. Expanded testing capacity for vulnerable populations is a requirement of federal guidance for economic reopening. These interim steps become effective May 8 at 8 a.m.

Contact tracing is an important tool to be used by the State as it gradually reopens. Contact tracing is in place in Delaware and the state is increasing its contact tracing capabilities with the assistance of the CDC.

As announced by the Governor in mid-April, Delaware is utilizing the White House Task Force information and recommendations from the CDC to set a plan in place as to when Delaware can begin to loosen the stay at home orders and eliminate some of the restrictions. **A three phase plan has been proposed by the White House Task Force:**

- When the number of new COVID-19 cases trends down for 14 straight days, a state will be able to enter phase one under White House guidelines
  - Vulnerable groups will still be asked to shelter in place
  - Non-vulnerable people will be expected to avoid groups of 10 or more unless they can do social distancing
  - Businesses will be asked to limit non-essential travel, encourage teleworking, close common areas, and consider special accommodations for employees who are considered part of a vulnerable group
  - Sit-down restaurants, movie theaters, sports stadiums, and churches can reopen only with social distancing practiced
  - Gyms can reopen with social distancing and strict sanitation guidelines
- Decrease in numbers of new cases for another 14 days with no evidence of rebound in cases, a state can consider phase two of reopening
  - Vulnerable groups will shelter in place
  - Others asked to avoid groups of 50 or more unless social distancing can be observed
  - Businesses asked to encourage teleworking, close common areas, and consider special accommodations
  - Schools can reopen
  - Bars can reopen without too many people standing in crowds
  - Elective surgeries to begin
  - Places such as movie theaters that opened in phase one can operate with moderate social distancing
- When the number of new cases trends down 14 straight days for a third time and there is no evidence of a rebound in cases, a state will be able to enter phase three of reopening
  - Vulnerable groups able to go out into the public with caution and minimize gatherings where social distancing is not practical
  - Caution is to continue for non-vulnerable groups, but no limit on the number of people who can gather
  - Senior care facilities to reopen to visitors, as will hospitals
  - Places such as churches will be able to operate without worrying much about social distancing

**Governor Carney has discussed a three phase approach for Delaware**, adapting the guidance from the White House Task Force and the CDC to Delaware's specific situation utilizing the following milestones as trigger points.

- To reach phase one, there must be a decrease in the trajectory of documented positive cases for 14 straight days (using measurement of percentage of positive cases on a day to day basis rather than an absolute number, due to increase in testing). There must also be a more sophisticated and robust testing program in place, as well as a contact tracing program (no treatment available, so must be able to identify and isolate those who came in contact with COVID-19 infected and those who are also sick). The state must have the hospital capacity to treat all patients without crisis care (having all available resources).
- To reach phase two, there must be an additional 14 days (for a total of 28 days) of declining numbers of positive cases (percentage of positive cases). Consideration will be given to opening up schools and performing elective surgeries.
- Phase three will include strong recommendations for continuance of social distancing practices, a limit on the numbers in gatherings, and continuance of good hygiene (hand washing, masks).

The lifting of restrictions is based on projected modeling. Most projections are showing Delaware has not hit its peak (as of 4/14/2020 call). There is concern with "opening up" the state too soon, as a second peak would be expected. It would be assumed that, as some restrictions are gradually lifted, there would still be some measure of social distancing still in play. The state needs to be "reopened" at the right time, as "opening" too soon would most likely result being back to where we are now.

This question invites creative thinking, such as how do you continue to protect the vulnerable population and yet still provide medical services. Do you provide medical services to certain populations at certain times, have them use PPE, etc. It is important to do all we can to protect the older population and those with chronic diseases, as they are the ones that need to spend time in the health care sector.

One has to balance risk with benefit regarding the chance of transmission of the virus when considering a backlog of scheduling. If there is the possibility of maintaining safety, the practice can consider options, such as first scheduling those that would have less negative impact. The practice should attempt to negate risks with the use of any type of social distancing to provide follow up care.

**Guidance for Reopening Your Medical Practice** – The Medical Society of Delaware has developed [guidance](#) for resuming your medical practice. Practices should review guidance available to minimize the risk of exposure. The Medical Society of Delaware is in the process of preparing guidance for Ambulatory Surgery Centers also.

It was noted that the American College of Surgeons and CMS websites have information on how to resume in person services. No elective procedures should be considered until the State reaches Phase 1 of the reopening plan. Physicians are to use clinical judgement regarding the risk and benefit when considering whether procedures are to be performed.

#### **What is the timing to begin elective procedures and how should physicians start the process?**

The state is still looking at modeling and projections and understand the need to get patients scheduled. Dr. Hong suggested that consideration can be given to start scheduling patients for the end of May/June with the caveat for patients to be prepared that the appointment may need be cancelled due to restrictions that may be maintained.

#### **When do you anticipate the peak to hit Delaware?**

As of the April 7, 2020 conference call, it may be seen in Delaware in the next one to two weeks. We are seeing more positive cases each day. There are a number of predictive models and when there is a better sense of Delaware's status, it will be shared.

Flattening the curve often means the lengthening of the restriction situation. There is the danger that, if the social distancing restrictions are lifted too soon, we may see a second peak hit the state.

**What recommendations can you give for private practices? Should we shut down or continue patient care?**

Offices should remain open, offices should protect their staff and patients, private practices are urged to remain open, and consider using telemedicine services.

The Division of Public Health (DPH) is relying on individual practices to maintain safe patient care. There are no strict recommendations at this time regarding limiting patient visits. DPH recommends utilization of telemedicine, and implementing proper screening protocols (screen on the phone, at the door, during the visit, etc.). The goal is to prevent spread of the virus. It is recommended to keep as many people out of the office as absolutely possible and screening can make a difference. It is strongly recommended that all elective procedures be curtailed. With the recent stay a home order from the Governor, it is suggested to cancel “non-essential” visits.

**Should private practices such as primary care defer unnecessary visits, such as well visits and physicals during this time?**

Take into consideration moving your patient schedule around to lessen the chances of exposure to other patients. If you can delay unnecessary visits, please take this into consideration to help lessen the chances of exposure. With the recent stay at home measures, it is suggested to cancel these “non-essential” appointments.

**Guidance on adult immunizations**

Recognizing that clinicians need to provide clinical services in safe environments, the CDC has issued new pandemic guidance for adult immunization in areas with community transmission of SARS-CoV-2. The CDC recommends that needed immunizations be postponed, except when the adult is present for some other purpose and the immunization can be delivered during that visit with no additional risk, or the adult and their clinician find a compelling need to receive the immunization after concluding that potential benefits outweigh risk of exposure.

<https://tinyurl.com/CDCCOVIDIMM>

**What are the recommendations on continuing flu testing?**

The flu season has not ended. DPH recommends that physicians use their best clinical judgement. If they feel a patient needs to be tested, they should do so.

**Are there any restrictions to ambulatory surgery centers?**

There are no official restrictions.

**If a private practice closes should they notify DPH?**

This is not a requirement. Contact the Division of Healthcare Quality and please contact Division of Professional Regulation.

**Do you recommend physicians with underlying health conditions continuing to work?**

Physicians having any health conditions should consider removing themselves for protection.

**WORKFORCE AVAILABILITY**

**What are plans for expanding the ICU physician workforce for the expected surge of patients? Will there be a change in malpractice protection? Will non-ICU physicians be drafted and get a crash course in vent settings?**

This is currently part of the state’s surge plan if needed. More information to follow.

**Is the state considering using retired physicians and utilizing telemedicine to stretch physician power if the pandemic continues?**

Governor Carney declared a Public Health Emergency on 3/23/2020 releasing a more robust order to assist Delaware’s response to COVID-19. A companion order was issued focused on strengthening Delaware’s health care workforce.

<https://governor.delaware.gov/wp-content/uploads/sites/24/2020/03/DEMA-and-DPH-Order-3.23.20.pdf>

The UD Partnership for Healthy Communities is sharing a survey for individuals to identify themselves as a resources in response to the 2020 Coronavirus pandemic. If you have medical, public health, or behavioral health expertise that could be utilized in Delaware's response to the coronavirus pandemic, please complete the survey: [Mobilizing Delaware's Volunteer Health Workforce](#).

All medical personnel, including out-of-state, retired, or inactive, who wish to volunteer to assist Delaware's response to COVID-19 should sign up through the [Delaware Medical Reserve Corps](#) (DMRC). Go to the [ServDE](#) link, which is the State's emergency response database, and create a profile. You will be contacted by a DMRC representative. Providing complete contact and license information will expedite verifying your credentials. Questions can be directed to [dmrc@delaware.gov](mailto:dmrc@delaware.gov). Delaware is also seeking volunteers through the Delaware Medical Reserve Corps for any health care professional including those who are retired.

#### **Do we know if any Delaware health care workers have tested positive?**

Yes, a number of health care workers in Delaware have been confirmed positive. Given this disease and their risk, positive health care worker cases are to be expected. DPH asks health care workers, even with mild symptoms, not to go to work. PPE is critical as they are seeing more asymptomatic spreading of the virus. If you are providing direct care, use appropriate PPE. Even those in the health care setting with potential exposure (i.e., front desk personnel, billing staff, etc.) should wear a mask.

## **EXPOSURE/RISK**

### **LONG TERM CARE FACILITIES**

*On May 5, 2020, Governor Carney announced plans for [universal testing of all residents and staff of Delaware long-term care facilities for COVID-19](#). The Division of Public Health will provide facilities with tests, testing supplies, training, and support for the universal testing program to protect the most vulnerable Delawareans. DPH will also provide recommendations to protect residents and staff based on results, including transmission-based precautions, isolation, and patient and staff management strategies. **Expanding COVID-19 testing capacity for vulnerable populations is a requirement of federal guidance for economic reopening.***

#### **Long Term Care Facility (LTC) Transfer Scenarios**

CMS provided supplement information for transferring or discharging residents between skilled nursing facilities (SNFs) and/or nursing facilities based on COVID-19 status (i.e., positive, negative, unknown/under observation). In general, if two or more certified LTC facilities want to transfer or discharge residents between themselves for the purposes of cohorting, they do not need any additional approval to do so. However, if a certified LTC facility would like to transfer or discharge residents to a non-certified location for the purposes of cohorting, they need approval from the State Survey Agency. A copy of the guidance and a graphic explaining the various scenarios can be found: <https://www.cms.gov/files/document/qso-20-25-nh.pdf>

#### **What support is the state providing to long term care facilities?**

This is a challenging time for long term care facilities. The coronavirus is challenging itself. DPH did not believe up until recently that there were many asymptomatic people and that there was much community spread through asymptomatic people. Long term care facilities are not taking an aggressive approach to screening for everyone, even those without direct patient contact. DPH is working hard to provide the technical assistance and support these facilities need.

Universal masking has been implemented in all long term care facilities. DPH reminded that surgical/medical masks are in short supply and should be used by those in direct patient care. Those in non-direct patient care should use non-medical cloth masks.

Long term care facilities are asked to share any needs with DPH. DPH holds calls with long term care partners twice a week. When there have been concerns of outbreaks, DPH has sent in teams to do rapid testing (if there were a number of positive outcomes, faster action could be implemented).

On April 15, 2020, Governor Carney issued the 11<sup>th</sup> modification to his State of Emergency order requiring all nursing facilities in Delaware to immediately:

- Establish a cohort of staff who are assigned to care for known or suspected COVID-19 residents;
- Designate a room, unit, or floor of the nursing facility as a separate observation area where newly-admitted and re-admitted residents are kept for 14 days on, while being observed every shift for signs and symptoms of COVID-19; and
- Designate a room, unit, or floor of the nursing facility to care for residents with known or suspected COVID-19.

Nursing facilities must check DPH guidance at least daily to ensure they are complying with the most current guidance and adjust policies, procedures, and protocols accordingly.

Residents who have been admitted or seen at a hospital for COVID-19 shall be allowed to return to the nursing facility, as long as the facility follows approved measures from DPH and CDC. If nursing facility residents must temporarily go to other facilities, every effort must be made to transfer the residents back to their original facility as soon as possible. A negative COVID-19 test shall not be required prior to return to a nursing facility.

## SUSSEX COUNTY

***April 28, 2020 – Governor Carney declared Sussex County a hotspot for COVID-19 and announced the schedule for the State of Delaware’s coordination and care community testing sites.***

Sussex County has become a hot spot for COVID-19, especially in the areas along the Route 113 corridor. Community testing sites and outreach will be conducted in coordination with the Delaware Division of Public Health, the Delaware Department of Health and Social Services, hospital systems, Federally Qualified Health Centers, community organizations, and Sussex County employers.

Testing is geared to reach the following high-risk populations:

- Those with symptoms consistent with COVID-19
- Those living or working with someone diagnosed with COVID-19
- Family members or housemates of those working in the poultry industry
- Those with chronic medical conditions such as asthma, diabetes, hypertension, or compromised immune systems

The testing sites involve:

- Rapid and nasal swab testing
- Immediate case investigation for positive cases
- Connection to a resource coordinator for services like food and housing for those who are positive
- Distribution of care kits to individuals being tested and those who have a high risk of household transmission and do not have the means to purchase the supplies themselves

### **How is the State trying to prevent community spread within the poultry industry in Delaware?**

The poultry companies operating in Delaware are providing a critical service and remain a community partner. DPH recognizes the close working conditions in this industry and the risk of COVID-19 spread. DPH also recognizes that the risk of spread is similarly as high for any other comparable business/industry. DPH continues to recommend the use of proper PPE. DPH offers assistance with making modifications as necessary to keep workers, their families, and the community safe. The biggest cluster of cases of concern is from the poultry industry in our state.

DPH is working with the leadership of the poultry plants and the plants have implemented screening practices and physical distancing of workers during work hours. The reality, however, is that the workers are going to work sick, masking conditions to get through the screening process. DPH is actively working with the leadership of the poultry industry in Delaware. However, this issue goes beyond the poultry plant, there are concerns with community risk.

The State is partnering with health providers and Sussex County employers to stand up community testing sites in Sussex County and increase outreach and distribution of educational materials about COVID-19 in southern Delaware. The partnership will include the Delaware Division of Public Health, The Delaware Department of Health and Social Services, the Delaware Emergency Management Agency, the Delaware Department of Agriculture, Westside Family Healthcare, local hospital systems, poultry industry employers, Federally Qualified Health Centers, and trusted community partners, such as the faith community.

**Is Delaware offering help to the employees of the poultry industry who live in houses with large numbers of other people, as it is hard to separate and self-quarantine if they need to be isolating.**

The living conditions are a significant part of the problem. DPH has secured local hotels to place those who find it hard to isolate appropriately at home. The Sussex County community testing sites include evaluation and resources for housing and social service needs. Delawareans can also call 211 to connect to resources for social service needs.

**What is the infection rate/testing rate per population vs other states?**

[The CDC website provides this information.](https://www.cdc.gov/coronavirus/2019-nCoV/about-the-data-collection.html) Delaware's coronavirus.delaware.gov website has the "[myhealthycommunity.dhss.delaware.gov](https://myhealthycommunity.dhss.delaware.gov)" link to find COVID-19 data in granular form. Data is broken down by zip code.

**How long does the coronavirus survive on surfaces?**

There have been no successful large studies on surface survival to extrapolate data. Viral particles are not the same as infectivity of surfaces. Continue with infection prevention measures (wiping down surfaces, door knobs, etc.).

**For physician offices with the capability of having employees working from home, but not implementing it, is it recommended that they do so?**

This is absolutely recommended and is part of the Governor's Emergency Declaration. Anyone with the capability of having their employee workforce work from home should do so.

***Note: With the Governor's 13<sup>th</sup> modification to the Emergency Declaration, masks (nonmedical grade for the general public) are required for use in public areas where social distancing cannot be accomplished.***

**Are N95 masks required?**

The WHO and CDC recommendations are to use N95 masks when performing high risk procedures (aerosol generating). Otherwise, health care providers can wear regular masks.

**In order to protect health care workers and in consideration of conserving PPE, should everyone wear a mask?**

DPH recommends standard universal precautions. Everyone treating a patient with symptoms consistent with COVID-19 should wear a mask and PPE. We are seeing a mix of patients: those that have symptoms and those that have no symptoms who are testing positive.

**What is the recommendation now for health care providers to wear masks at all times?**

CDC guidance is for all facilities to evaluate their process and use of PPE to best conserve supplies. For those providers who cannot screen or that knowledge of symptoms do not arise during an assessment, some are using one mask for an entire shift, as long as it is not contaminated or visibly soiled. It would depend on your operations, and can be a great way to conserve PPE supplies and protect staff.



**If wearing the same PPE throughout the shift, how does one know they are not transmitting the virus to others?**

Those PPE that can be worn throughout the shift without changing, unless they are visibly soiled or known to be contaminated are: face shield, goggles, and mask. Gloves are either to be changed between patients or use hand sanitizer on gloves between patient contact.

**If we have a patient that tests positive, and the patient was in our office, what are the next steps?**

Please see PPE compliance and CDC for guidelines. Please refer to the Division of Public Health [guidelines for management of exposure](#).

**How should patients with known exposure to someone who tested positive for coronavirus be managed? Should they be isolated at home until symptomatic or come in ASAP for testing?**

Not all patients with suspected COVID-19 are tested. Most cases are mild and do not require hospital treatment. The patient should stay at home and isolate from others in the household.

**If an outpatient gets a CAT scan or chest x-ray for cough and findings are suspicious but not definitive for COVID-19, how should the radiology department proceed?**

Health care workers are at lower risk if they followed all precautionary requirements and at higher risk if no precautionary requirements were followed.

**If my significant other was exposed, do we wait for a positive result on the significant other?**

If there are no symptoms, no testing is recommended. They should wait until the exposure was tested positive for COVID-19 and they should then remain at home for 14 days and self-quarantine away from everyone in the household.

**What should be done after a health care worker is exposed to an asymptomatic patient who then tests positive for COVID-19?**

Please refer to the CDC health care risk exposure plan.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

If the patient tests positive, DPH looks back to the last 48 hours and considers those who the patient had contact with. DPH drills down to determine how close others were. Close is considered being 6 feet or less from the positive patient for more than 10 minutes. The 10 minute time period can be on and off time spent with this patient for a minimum of at least 10 minutes. Please refer to the Division of Public Health [guidelines for management of exposure](#).

**If the physician in the office tests positive, what should be done with others in the office/patients?**

DPH will have a conversation with the physician to determine who he/she was exposed. The physician is to quarantine and not practice for at least 14 days.

**Should health care employees be sent home with a fever of 99.5 as previously advised, when CDC guidelines now state 101.4?**

Public Health is not seeing an abundance of cases where fever is the presenting symptom. Therefore, it's left to the discretion of the provider and secondary screening is recommended.

**Should PPE be utilized when there is a sick patient at home, but asymptomatic ourselves?**

Caregivers taking care of those with symptoms of COVID-19 should wear PPE.

**After a positive tested patient recovers, how long is it until the family of the patient can stop quarantine?**

The patient is considered infectious up to three days following the recovery of symptoms with the recommendation that the infected person add an additional four days for self-monitoring and social distancing. Anyone in contact with an infected patient up to and including 71 hours after the recovery of the patient's symptoms need to quarantine 14 days after that exposure if proper PPE was not worn and close contact precautions were not taken. Follow the CDC guidelines on proper PPE use and close contact exposure (i.e., at least 6 foot distancing, wearing proper PPE, etc.).



### **Does pregnancy carry a higher risk either for the mother or the unborn baby?**

There is no data to support adverse outcomes; no increased risk compared to the general population.

### **We are noticing a trend that pharmacies are not practicing social distancing nor are pharmacists or technicians wearing PPE.**

By the Governor's 9<sup>th</sup> modification to the State of Emergency declaration, issued April 1, 2020, order continues to limit public gathers to 10 people (includes weddings, funerals, and related activities) and requires new action from businesses designated as essentials that remain open:

- Allow no more than 20% of stated fire capacity in the store at any given time and no more than 10% during exclusive hours for high-risk populations
- Clearly mark six-foot spacing in check-out lines and other high traffic areas, including outside
- Discontinue self-serve foods and product sampling
- Designate staff to enforce the number of people coming into the store and enforce limits.

*With the 13<sup>th</sup> modification of the Governor's Emergency Declaration masks be worn in all public places.*

DPH is working to address these new restrictions with all retail businesses. If you find that a business is non-compliant, please report to DPH.

### **It's been noticed that some patients are leaving the testing areas and not going home into isolation, despite being told to do so.**

The Division of Public Health is working with the testing facilities to ensure the patients are receiving the proper instructions. It is also important that when providers are speaking with a patient regarding ordering a test that the provider instruct the patient that they are a Person Under Investigation (PUI) and should self-monitor and isolate while waiting for the test results to come back. Should the test come back positive for COVID-19, the patient needs to understand that they have to self-isolate as appropriate.

## **SCREENING**

### **When should we screen?**

Offices should screen patients at every point of communication to include initial phone call, appointment day, upon arrival for appointment and during exam.

### **Is it required or recommended to screen employees?**

This was addressed in the [Governor's Emergency Declaration modified on March 30, 2020](#), that employers are required to screen all employees working at essential businesses.

### **Hypoxia has been connected with COVID-19. When should a provider refer a patient to the hospital prior to the patient having shortness of breath?**

The clinician's judgement drives the decision. DPH recommends that if the patient experiences falling oxygen levels and requires oxygen use, there is consideration for referral.

## **TESTING KITS/RAPID TESTING**

***The Governor's Executive Order does not allow for patients to be charged for point of care for services rendered for COVID-19.*** Guidance is available on the [coronavirus.delaware.gov](https://coronavirus.delaware.gov) website for testing and implementation as a whole.

Delaware has identified point-of-care lateral flow immunoassays ("rapid tests") as useful diagnostic adjuncts for COVID-19 and developed guidance for use of these tests. Use of rapid tests is contingent upon implementation in appropriate clinical scenarios. The only assays permitted for use in Delaware are those that have received an Emergency Use Authorization (EUA) through the FDA or have been validated by a certified laboratory. Testing may only be performed under the direction and order of an independently licensed medical practitioner (MD/DO, DMD/DDS, PA, or APRN).

The [DPH guidance on rapid testing](#) has since been updated (5/5/2020) to eliminate language around limiting asymptomatic testing, as the state is expanding use of rapid tests more broadly for asymptomatic persons without some of the concerns and qualifiers.

As of the 4/28/2020 DPH call, the rapid antibody test will soon be available to disseminate to community providers who would serve as a centennial providers for a surveillance network. The community provider would need to enroll as a centennial provider prior to dissemination.

The Governor's Executive Order requires labs to report both positive and negative results. Rapid tests have a specific form that is used for reporting (see further information below).

Rapid, Point of Care testing is available for the following populations: asymptomatic health care workers, first responders, and other essential workers identified by DPH with high/medium risk exposures to a confirmed COVID-19 case; health care and residential facilities and other high-risk settings with an outbreak; vulnerable populations reached through community-based organizations, mental and behavioral health providers, and social service organizations; and patients evaluated at primary care offices.

All testing must be performed in compliance with OSHA guidance on blood borne pathogens, or if conducted in a clinical laboratory setting, in accordance with standards set forth by the Commission on Office Laboratory Accreditation (COLA). Use of COVID-19 testing is contingent upon reporting of results to the Delaware Division of Public Health. Refer to the "Rapid COVID-19 IgG/IgM Testing Guidance" issued 4/16/2020 by the Division of Public Health: <https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/04/RAPID-COVID-19-IgG-IgM-TESTING-GUIDANCE.pdf> DPH has designed a special page on its website where important provider guidance for COVID-19 testing can be found.

There remains concerns with false positives and false negatives in the use of rapid testing. False negatives can result because antibodies may not be detectable early in infection. Still, antibody tests can be helpful in understanding how widespread coronavirus really is, since they should be able to detect past infections, even if someone had few or no symptoms. Delaware is searching for best practices for use of rapid testing, however, there are not many experiences to follow. This is an opportunity to work with the medical community to determine the best way to utilize this type of test. DPH is currently working closely with the hospitals.

The Delaware Division of Public Health continues to perform extensive evaluation on the rapid tests available for the coronavirus (IgM and IgG response to COVID). It continues to perfect the processes to determine the best ways to disseminate and implement the rapid test.

Delaware has been utilizing the PCR test (swabbing) and recently received the rapid test. The rapid test is a blood test, either by finger stick or venipuncture. The rapid test measures the level of antibodies of coronavirus using IgM and IgG response to COVID. The test requires 3 to 4 drops of blood. If the amount of blood drawn is not enough for testing, a false negative is likely to result. A finger stick may be more difficult to obtain from some patients, so also consider venipuncture as an option.

The media has been reporting on antibody testing and its use to express immunity and protection. DPH expressed caution as it is not known whether a positive IgM (positive for antibodies) does indeed reflect a level of immunity. Some limited cases have demonstrated reinfection. DPH will continue to monitor the scientific evidence on this.

The rapid test is not a replacement to the PCR (Polymerase Chain Reaction) test, but rather used as a supplement or diagnostic tool. The rapid test detects antibodies for IgM and IgG. The rapid test will not show whether the patient currently has the COVID-19 virus. Instead, it is used as a tool to determine if the body is fighting an infection to the COVID-19 virus.

If the rapid test result is negative it does not mean the patient is not infected with COVID-19. Additional testing may be required. The patient should continue to isolate and be considered infected until follow-up testing is completed.

For those patients who have symptoms at the time of testing and their rapid test result is negative, it does not mean they are not infected with COVID-19. Additional testing may be required. The patient must continue to isolate at home and consider to be infected until follow-up testing is completed and self-isolation can be stopped according to recommended guidelines.

For patients who have symptoms at the time of testing and their rapid test result is positive, the patient is infected with COVID-19. The patient must isolate from others for at least 3 days after symptoms resolve and at least 7 days since the patient first noticed they were sick. DPH recommends exclusion from work until 7 days after fever resolves and breathing improves.

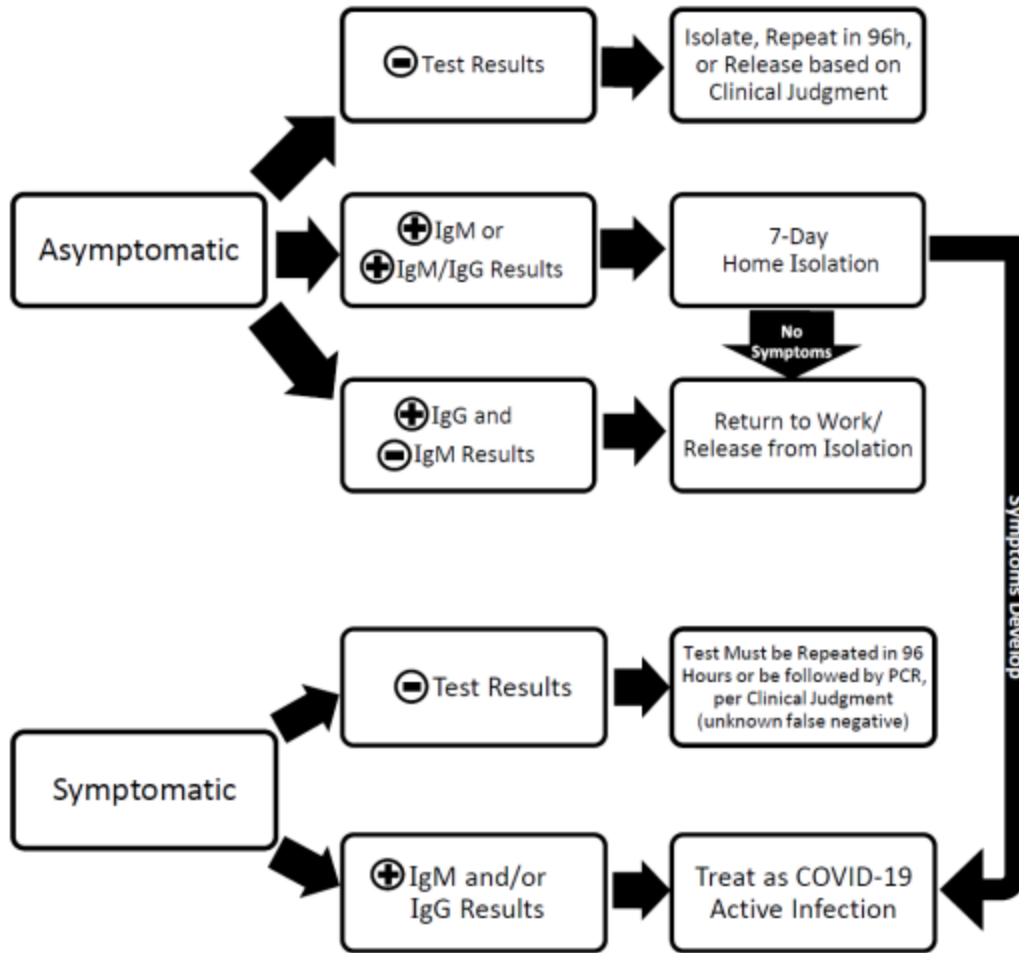
For patients without symptoms at the time of rapid testing and their test result is negative, it does not mean that the patient is not infected with COVID-19. The patient may not notice symptoms for up to two weeks following exposure to the virus that causes COVID-19. They must continue to practice social distancing and any appropriate instructions on exposure. If their employer considers allowing them to return to work, they must wear a mask or face covering for a total of 14 days post exposure.

For patients without symptoms at the time of testing and their rapid test result is positive for IgM, this antibody indicates the patient has an active infection of COVID-19. The patient must isolate from others for 7 days following the test. Home isolation may be discontinued under existing DPH guidance, using the rapid test result as the date of first positive test as long as the patient does not develop COVID-19 symptoms. If the rapid test result is positive for IgG, this antibody indicates the patient may have previously had the COVID-19 virus. The patient should continue to follow all infection prevention instructions to avoid giving COVID-19 to others, including social distancing and wearing appropriate protective equipment.

The CDC allows for two strategies to clear a patient: 1) test-based following symptoms; and 2) two negative tests taken 24 hours apart.

Per 5/5/2020 DPH call, it was confirmed that the CDC extended isolation protocol from 7 days to 10 days, as we are finding the virus continues to shed after 7 days.

## SOP for Rapid COVID-19 Testing



### SENTINEL PROVIDER

**When will those practices that wish to be a sentinel practice receive supplies and how does one become a sentinel practice?**

DPH anticipates distribution of the rapid serology tests in the near future. They are currently (as of 5/5/20 call) drafting protocols to allow offices to provide and interpret tests/results. There is a need for engaged providers. DPH is supporting universal testing of nursing home facilities, which these tests will be utilized. There will be a tie in to the Influenza-Like Illness (ILI) and COVID-Like Illness (CLI) sentinel provider network. The form to indicate willingness to be a sentinel practice member will be posted on the [coronavirus.delaware.gov](http://coronavirus.delaware.gov) website once DPH announces distribution of the tests. You can also indicate this through the SHOC request form. Both the rapid serology test and nasal swabs will be provided when joining. The serology test is not meant for diagnostic purposes, but rather to be used as a guide for risk assessment on individual patients. The rapid serology test has a greater than 99% specificity and 2% sensitivity with back up testing. Test samples are to be sent to community labs for processing.

Offices need to think about operationalizing the weekly reporting requirement, which can be done either through the CDC or DPH.

This will not provide a rapid machine. It is a rapid point of care lateral immunoassay. Offices will need to provide other supplies. This is a finger stick test, so alcohol wipes, band aids, etc. will need to be available.

**What are the guidelines for testing patients “pre-procedure” and will the State be providing the equipment to do so?**

DPH has been heavily involved in the testing paradigm for PCR and antigen testing. DPH will have guidance to share in the future (per 4/21/2020 call).

**Can physicians utilize private vendors for testing?**

As long as the testing process falls under the CDC guidance. However, there is concern whether the test is being interpreted correctly. DPH is not saying a practice cannot utilize private vendors but cautioned on interpretation.

**As a pediatrician, I have seen several patients with non-specific symptoms. Are there enough tests that I should recommend the patients be tested for COVID-19 vs. simply quarantining at home for 14 days?**

DPH recommends using clinical judgement. If testing is warranted, send the patient for testing. Sensitivity to the supply is greatly appreciated; however, tests are more available now than at the start of the pandemic. It is reasonable that if there is concern to consider testing.

**When will the State test its own employees at the prisons and State offices? We are being overwhelmed with these patients requesting testing.**

The state has a priority list of tests that are run through the state lab. They are still working on the rapid tests. Much consideration is needed based on current guidelines, such as whether proper PPE was worn during any possible exposure, whether someone is asymptomatic, etc. Whether someone is tested depends on the situation as to why testing needs to be done.

**How do homeless people get tested?**

This is a very vulnerable population and use of PCR testing requires follow up, which in most instances is difficult with the homeless population. DPH is joining with community partners and includes offering of social services to help with the challenges of follow up to testing. PCR and other tests are utilized in these scenarios. Those without a primary care provider are referred to the DPH nurse call line to receive a phone evaluation and order for testing. Community service centers will be operationalized for broader testing in hot spots.

**When can we expect DPH to make available rapid testing for staff at nursing homes, skilled nursing facilities, and assisted living facilities to preempt the possibility of asymptomatic staff transmitting the disease to residents?**

There is concern with using the rapid test on asymptomatic staff. It is also unknown how the results would change the management of the staff in the facility. The emphasis is that staff should be versed in proper PPE use and optimization, as well as infection control practices.

**Can pediatric offices obtain test kits?**

With the current testing models (i.e., stationary sites), it removes the burden of having the patient come to the physician’s office for testing and potentially exposing others. Utilizing the testing sites also may be a better use of PPE. Physicians should not feel obligated to provide testing in their office. However, if you choose to do testing in your office, you must first submit a resource form and supplies may be provided based on availability. The Medical Society of Delaware webpage has the SHOC resource form and PPE request protocol instructions.

<https://tinyurl.com/MSDCOVID19>

**Is anyone taking cultures from the swab tests?**

Public Health is not aware of anyone using cultures.

**TESTING SITES**

**For commercial and state testing, what are turnaround times for results?**

- Commercial labs provide results 2-4 days

*(As of the 3/31/2020 call, it was reported that commercial labs are taking up to 12-13 days or longer to return testing results. In discussions 4/9/2020, it was noted that most agreed the turnaround time has decreased to approximately 2-4 days.)*

- State lab turnaround time is 1-2 days; however, it depends on the time of the specimen pick up. (DPH prioritizes DPH lab use for high risk patients, which includes, health care providers and staff, first responders, those hospitalized, and those in high risk situations for potential large community spread such as nursing homes)
- Hospitals have established standing testing sites. Patients referred by providers. Appointments required. Written or electronic orders must be submitted for patients.

As of 4/8/2020, the Division of Public Health has updated the [Delaware Testing Site list for providers](#). This list consists of the contact information and testing protocol for health care professionals to use for accessing testing for their patients.

#### **When submitting coronavirus tests to the state lab, should a physician call for normal specimen pickup or STAT?**

There is a courier system in place for pick up throughout the state during the day. There is no difference in STAT or normal pickup. If you do not have a pick up location at your site, please contact or work with the state service center, local hospital, or DPH.

#### **How are test results obtained from Public Health lab?**

DPH will contact positive cases by phone. A letter is also sent to those patients testing positive. The provider who ordered the test also receives the results from DPH.

#### **What are the steps to have a patient seen at a designated testing site in Delaware?**

The patient should first contact their physician. The physician is to determine if testing is appropriate for the patient. If testing is deemed appropriate, the physician should provide the appropriate phone number to the patient of the preferred testing site. The physician is to provide either a written prescription or electronic documentation to the test site for the patient. The patient is to call the testing site to set up an appointment (the physician's office can do this on behalf of the patient if there are barriers for the patient to do so). It is important the patient have an appointment so there are no large mass congregations. A specimen will be collected and sent to a commercial lab. The lab will contact the physician with the results. The physician then contacts the patient. The patient should be self-isolating until the results are received (and continue to isolate if the results are positive). (\*Bayhealth patients will be pre-screened via phone without needing to see a provider first.)

If the patient does not have a primary care provider, they are to contact the DPH Call Center (866/408-1899 or 7-1-1 for individuals with a hearing impairment). A medical screening then performed. If testing is recommended, the patient follows the same steps above and makes an appointment at a preferred testing site. DPH will contact the patient when the results are available.

Testing sites will be performing a secondary screening process when the patient arrives. Testing may not be done, based on the secondary screening results. It is important the physicians inform their patients of this.

Standing testing site locations are not being publicly announced, as locations may change

#### **Are testing sites accepting patients who do not have insurance?**

Some sites are accepting patients who do not have insurance, however, this could change. It is recommended to contact the DPH Call Center, as there is a process established to align those who have barriers, such as no insurance, to a testing site.

#### **Can children be tested at the stationary testing sites that are now set up?**

Only some sites are set up to test children, currently ChristianaCare and Saint Francis Healthcare. There must be a provider order and then a secondary screening process will take place at the site visit.

**Recently testing sites have lessened the number of hours they are open for testing. If our goal is to get people tested, why are we limiting the hours?**

Delaware was recently dealing with a situation where there was almost a depletion of extraction kits. Supplies have been replenished. Testing sites and the amount of testing that could be performed on a given day was a response to the number of tests available each day.

Through this process, it was also learned that patients were coming to testing sites that did not need testing. The number of tests sent to the DPH lab increased significantly, and along with the supply chain issues, testing had to be limited. Since the DPH lab use was prioritized for health care personnel, hospitals were asked to look into their triage practices to help correct.

**TESTING – PATIENTS/HEALTH CARE WORKERS**

**Race/Ethnicity documentation**

*As of 4/9/2020, the Division of Public Health announced it is requesting any provider who orders a test for a patient must indicate information about the patient’s race and ethnicity. Collection of information on race and ethnicity as it relates to testing status, hospitalization, and mortality associated with COVID-19 is essential to understanding the unique challenges and inequities facing communities of color. While this virus has not created the circumstances that brought about health inequities, it will continue to exacerbate existing and alarming social inequities along racial and ethnic lines (housing stability, employment status, health care access, food security). Clear data on patients’ access to timely testing, clinical encounters, and mortality rates will help to best prepare physicians to coordinate medical resources to leverage the greatest and most equitable level of care possible for all patients in a timely manner.*

**Will frontline health care providers be tested, as they are at higher risk for exposure and may be spreading to others?**

DPH values all aspects of the health care spectrum. Health care providers are considered a priority group, not just those working at hospitals, but across all modalities.

**How should health care provider testing be handled, through their own physician, at the physician office where they work, or through the DPH lab?**

Ideally, it is recommended that the health care provider see their own physician for consultation about testing. The health care worker would not need to see their physician unless clinically necessary. The health care provider should have symptoms prior to contacting their physician. DPH prioritizes for health care workers, however, this can change depending on the circumstances at the time. If there is a desire to access the DPH lab for the actual testing, contact DPH first for approval. There would need to be a plan to get the specimen to the DPH lab.

**Do stable patients need to be tested or just isolate at home?**

Patients with symptoms should remain at home. There are situations where patients do not need to be tested.

**Should children be tested if they have a fever and dry cough?**

Assess your patients to determine the need to be tested. Children can be infected as well, though they are not at high risk.

**What is the false negative rate on testing?**

In the beginning of the pandemic, testing was giving a significant negative rating, which has now been corrected. The CDC is comfortable with no confirmation being needed for false negatives.

**Responsibilities for patients being discharged from the hospital**

Many times the patient’s primary care physician is not involved in ordering a COVID-19 test for the patient. Sometimes, the patient is in the hospital and the testing is initiated at the hospital. Many patients can be well enough at that point that they do not need to stay in the hospital while waiting for test results and they are released to their home. Patients have been instructed to contact their primary care physician at that point. This is an excellent opportunity for the physician to utilize telemedicine, stressing that the patient needs to remain at home. It is understood that this can be a



frustrating position for the primary care physician since they did not initiate the testing. DPH confirmed that the ordering physician is responsible for sharing the testing results with the patient.

## **USE OF HYDROXYCHLOROQUINE**

**Patients with Lupus, rheumatoid arthritis, etc., who need this medication are unable to get it due to supply shortages. Providers are prescribing this medication for themselves and staff prophylactically. (4/9/2020)**

- Pharmacists are now controlling the amount being prescribed
- There is no proven efficacy and, therefore, not supported for use for COVID-19 by DPH
- DMMA is requiring pre-authorization unless the patient was previously prescribed Hydroxychloroquine
- DPH will work with the Medical Society of Delaware on language for a public health order

### ***Supplies of Hydroxychloroquine and Chloroquine***

In a letter from the Division of Professional Regulation dated March 24, 2020, regarding the supply of hydroxychloroquine and chloroquine supplies, it was announced that a number of complaints have been received regarding the improper and over prescribing of both these drugs during the COVID-19 pandemic. Prescriptions are being given for these medications to new patients to have on hand if they experience signs of infection. **To date, there are no studies to prove efficacy or safety of these drugs to treat COVID-19 in a community setting.** The FDA has not approved these drugs to treat viral infections. These drugs are used in very limited instances in a clinical setting for very critically ill patients with COVID-19. As a result of the improper and over prescribing of hydroxychloroquine, shortages of the drug are being reported statewide. One Delaware health system and a number of pharmacies have instituted restriction of the use of hydroxychloroquine to infectious disease patients only. New prescriptions are being limited to a 14-day supply, unless the patient is previously established on the medication in which case they are limited to a 30-day supply. Prescribers, pharmacies and pharmacists are encouraged to adopt similar policies. **PLEASE REFRAIN FROM PRESCRIBING THESE DRUGS PROPHYLACTICALLY FOR COVID-19 EXPOSURE.**

## **RETURN TO WORK AFTER INFECTION/EXPOSURE**

***On 4/30/2020 DPH released [updated guidance](#) for discontinuation of home isolation, as well as return-to-work guidance for persons with suspected, presumed, or confirmed COVID-19 infection. Due to the nature of information which continues to emerge about the disease and virus, the information is subject to change.***

Effective 4/10/2020: Depending on the clinical suspicion of COVID-19, symptomatic persons under investigation (PUIs) for whom an initial rRT-PCR test is negative may be candidates for removal of any isolation and travel restrictions immediately. Asymptomatic persons should not undergo testing at this time as a negative result does not preempt the requirement for self-isolation completion.

The CDC and DPH guidance addresses risk categories for exposure of health care workers. The risk category depends on the PPE worn at the time of exposure. Health care facilities are also expected to make its own risk assessment. In a crisis situation, it may decide to send workers back sooner. The risk assessment is key in answering questions about return to work.

**Management of Potential Exposure in a Health Care Setting** *(This guidance applies to exposures in a health care setting to persons with confirmed COVID-19, or a person who is diagnosed empirically with COVID-19 without confirmatory testing.)* Facilities could consider allowing asymptomatic employees who have had an exposure to a person infected with COVID-19 to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. These employees should still report temperature and absence of symptoms each day prior to starting work. Facilities should have exposed employees wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks. If the employee develops even mild symptoms consistent with COVID-19, they must cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work. Facility occupational health or infection prevention personnel should consider restricting the employee with

exposure from high-risk patient care areas, including but not limited to: NICU, units housing immunosuppressed non-COVID-19 patients, or other fragile patient populations.

### **Management of Potential Exposure in a Community Setting** *(This guidance applies to a potential exposure in community setting to persons with confirmed COVID-19)*

**High-risk category exposures** should be directed to quarantine for 14 days. No public activities. Daily active monitoring, if determined appropriate by public health.

**Medium-risk category exposures** should be recommended to remain at home or in a comparable setting and not permitted to return to work for 14 days. Practice social distancing. Self-monitoring by employee.

**Low-risk category exposures** have no restriction on movement and should practice self-monitoring. Facilities could consider allowing asymptomatic employees who have had exposure to continue to work after options to improve staffing have been exhausted and in consultation with occupational health (if available). Report temperature and absence of symptoms each day prior to starting work. Exposed employees could be required to wear a facemask (health care workers) or cloth face covering (non-health care workers) while at work for 14 days after exposure if there is sufficient supply of facemasks. If mild symptoms consistent with disease develop, employee must cease patient care activities, don a facemask and notify their supervisor or occupational health prior to leaving work. If person is a health care worker, facility occupational health or infection prevention personnel should consider restricting employee with exposure from high-risk patient care areas, including but not limited to: NICU, units housing immunosuppressed non-COVID-19 patients, or other fragile patient populations.

### **Discontinuation of Home Isolation/Return to Work for SYMPTOMATIC Persons with CONFIRMED or SUSPECTED COVID-19** *(Options include a time-since-illness-onset and time-since-recovery ["non-test-based"] strategy and a "test-based" strategy.)*

**Time-since-illness-onset and time-since-recovery strategy ("non-test-based" strategy):** Persons with *CONFIRMED* or *SUSPECTED* COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

- At least 3 days (72 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); **and**,
- At least 7 days have passed *since symptoms first appeared*.

*After discontinuation of home isolation, persons must continue to avoid sustained close contact with others, maintain strict social distancing and hand hygiene, and not return to work for an additional 4 days (for a total of 7 days without symptoms) due to the possible risk of continued infectiousness. Persons may return to work after this 7-day symptom free period, however, should continue to recognize the risk of infectiousness and self-monitor for symptoms.*

**"Test-based" strategy (simplified from initial protocol):** A test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity, as well as convenient access to testing. At this time, test-based strategy should **ONLY** be employed for persons with *CONFIRMED* COVID-19 infection.

Persons who have *CONFIRMED* COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation and return to work under the following conditions:

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart (total of two negative specimens)

### **Health Care Personnel, Critical Infrastructure Personnel, and Essential Services Workers**

Critical infrastructure personnel/essential services workers should practice self-monitoring. DPH recommends that individual risk assessments for COVID-19 exposures based on setting, personnel, and type of activity be performed:

- Pre-Screen - Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.
- Regular Monitoring - As long as the employee doesn't have a temperature or symptoms, they should self-monitor under the supervision of their employer's occupational health program (if available).
- Wear a mask – employee should wear a face mask at all times while in the workplace for 14 days after last exposure.
- Social distance – employee should maintain 6 feet and practice social distancing as work duties permit.
- Disinfect and clean workspaces – clean routinely offices, bathrooms, common areas, shared electronic equipment

Health care personnel and critical infrastructure/essential services workers may be allowed to return to work 3 days following fever resolution and improvement in respiratory symptoms while wearing a mask after options to improve staffing have been exhausted [facilities have self-identified as operating under crisis staffing patterns] and in consultation with occupational health (if available). Employee should still report temperature and absence of symptoms each day prior to starting work. Facilities should have exposed employees wear an appropriate face covering (i.e. medical facemask for direct patient care workers or cloth face covering for all others) while at work for the 14 days after the exposure event. If the employee develops even mild symptoms consistent with COVID-19, they must cease work activities, wear a face covering (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.

Facility occupational health or infection prevention personnel should consider restricting health care personnel employees returning following isolation discontinuation from high-risk patient care areas, including but not limited to: NICU, units housing immunosuppressed non-COVID-19 patients, or other fragile patient populations. Returning health care personnel may be directed to care for COVID-positive patients.

### **Discontinuation of Home Isolation/Return to Work for ASYMPTOMATIC Persons with CONFIRMED COVID-19.**

Individuals with *CONFIRMED* COVID-19 who have **not** had any symptoms may discontinue home isolation when at least 10 days have passed since the date of their first positive COVID-19 diagnostic test **and** have had no subsequent illness. If there has been illness subsequent to first positive test, the individual must proceed according to the guidance for symptomatic persons with confirmed COVID-19 above.

**Immunity and Re-infection:** The immune response, including duration of immunity, to COVID-19 infection is not yet understood. It is not yet known whether similar immune protection will be observed for persons infected with COVID-19 as seen with MERS-CoV and SARS-CoV-1 infections. If there is a new exposure the quarantine process and evaluation should be restarted.

### **OUTCOMES**

#### **Has there been any data on the outcome of patients who have been ventilated?**

Delaware has not had any deaths (as of 3/25/2020) so our data is limited. Data from Wuhan, China suggests poor outcomes for those intubated.

As we have more experience, it has been noted that the number of patients successfully taken off ventilators is less than 10% (US not Delaware statistics).

### **PPE / SUPPLIES - AVAILABILITY**

For supply orders, DPH recommends first checking with the physician's normal channels and own supply chains as these sources have improved before making a request from the State. If your supply chain cannot assist, you can request supplies from the State's stockpile utilizing the [SHOC Resource Request Form](#). DPH cannot guarantee fulfillment of order

as resources are limited; however, they will do their best to address. Requests to the State are reviewed on a daily basis and allocated.

**How can practices obtain masks to expedite patient care and maintain staff safety in outpatient health care facilities?**

DPH released health alert notice on PPE guidelines, supplies and usage. N95s should only be used for high risk procedures (aerosol procedures). Offices are urged to do their own risk assessments to determine if the use of N95 masks are required. Please visit the MSD Coronavirus Resource page to instructions and SHOC order form for at <https://tinyurl.com/MSDCOVID19>

**How do we get help with obtaining PPE?**

Visit the MSD Coronavirus Resource Page for PPE order instructions and SHOC order form at <https://tinyurl.com/MSDCOVID19>

DPH is relying on health care facilities/practices to obtain their own PPE through their supply chain. Delaware is also requesting PPE supplies through the national stockpile, as is every state in the US. Supplies are first diverted to high priority areas (places where there is a significant increase in positive cases, such as long term care facilities, hospitals, and facilities that perform emergency procedures). For these reasons, Delaware cannot fulfill orders or provide the full quantity asked for by Delaware providers. PPE conservation is a must.

**What is the turnaround time between submitting a request to the State for masks and receiving them?**

Requests are reviewed on a daily basis. The SHOC order form allows providers to identify the level of priority. Providers are asked to please be honest about their need and available supply on hand. DPH is hearing that supply vendors are getting restocked and providers are asked to first check with their supply chain vendor before ordering from DPH.

**PPE Training**

Because of the shortage of PPE supplies, the Division of Public Health stressed the importance of training on the use of PPE with health care workers. Donning and doffing training/refresher training are important for staff using PPE to avoid any inappropriate use of PPE. Training videos can be found online. Below is a link to one example of online training: Trillium Health Partners – Mississauga Hospital. “Donning and Doffing of PPE” March 17, 2020. <https://www.youtube.com/watch?v=cCzwh7d4Ags>

**What is DPH’s recommendations for use of sewn masks?**

DPH thanks the community for its support in this time of crisis. DPH cautioned on what materials are used. Some may be too heavy and may prevent clear breathing. Sewn masks may be better used on the patient than the health care provider. A risk assessment is needed.

**Has Delaware reached out to universities and other organizations about using 3D printers for producing face shields?**

This has been mentioned in conversations with other public health leaders and states. It was noted that the University of Delaware has at least one, if not two, 3D printers and there are plans online for printing face shields.

**TELEMEDICINE**

The Medical Society of Delaware has created a [Telemedicine Payer Guideline for Reimbursement](#) resource sheet which provides the latest answers on the use and reimbursement of telemedicine services for CMS, DMMA, Aetna, AmeriHealth Caritas, Cigna, Highmark, Highmark Health Options, and United Healthcare. Note that this is a moving target and the guideline is updated as information changes.

**Can telemedicine be done from home?**

Flexibility will be introduced, and doing telemedicine from home will become an option. The state is working on making that an option.

### **Are all face to face platforms allowed to be used for telemedicine?**

Please refer to OCR for guidance, for example face time is allowed, tick tock is not. <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

### **Insurance Commissioner Trinidad Navarro was guest participant on the call 4/2/2020. Below is the information he shared.**

He clarified that the Department of Insurance (DOI) does not have authority over the reimbursement process by insurers. The DOI does not oversee CPT codes, does not manage billing modifiers, and does not manage a provider's actions on billing. The DOI is being as proactive as possible during this time and wants to help ensure the provider's voice is heard. If a provider feels they are not being treated correctly by an insurer and they cannot resolve the issue on their own, please contact the DOI for assistance ([insurance.commissioner@delaware.gov](mailto:insurance.commissioner@delaware.gov)). The DOI has been in touch with insurers letting the insurers know they do need to continue to abide by Delaware regulations. The DOI has authority over commercial payers, but not self-insured (ERISA) plans. If a provider is unsure whether a patient's insurance plan falls under ERISA, the DOI offered to make phone calls on behalf of the provider.

ERISA plans are federally-backed plans. The Medical Society of Delaware has been in contact with Delaware's Federal legislators asking that these plans also follow along with the actions of commercial insurers. In May it was announced that the House passed a bill for ERISA plans for follow telemedicine guidelines that commercial insurers are following with regard allowing audio only calls, reimbursement, etc.

Title 18 of the Delaware Code indicates that telemedicine services will be reimbursed as if the provider saw the patient in person ([Title 18, Chapter 33, §3370](#)).

### **Are all insurers required to pay for telemedicine visits?**

The DOI reached out to the "big 4" insurers. All plans are different. Most major medical plans (commercial payers) are covering deductibles and copays. Deductibles and copays may not be covered by self-insured, "skinny," and other standalone plans. The State of Delaware (self-insured plan), however, has recently announced it will cover telehealth costs.

### **Is telehealth via video the only option to receive reimbursement?**

It is the practice's discretion whether use of phone vs. video is used. The phone option can be used when a video option is not available. Office visits by phone will be reimbursed. Currently, during COVID-19, video is not a requirement for reimbursement on commercially regulated insurance plans. Under the current State of Emergency declaration, the requirement for video has been suspended. The DOI informed the "big 4" commercial payers that there is an expectation for telephone visits to be reimbursed at the in-office rate. The telephone visit does not have to be through a smart phone.

### **Answers to questions about the Medicare telehealth services from CMS**

CMS has released a video providing answers to common questions about the Medicare telehealth services benefit. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and the Coronavirus Preparedness and Response Supplemental Appropriations Act. To view the video, visit <https://tinyurl.com/MLNVid20>

### **Are all insurers required to waive copays?**

In a press release issued 4/2/2020, Highmark indicated that those in network will not incur any deductibles. This applies to the commercial insurance.

### **Can insurers stop requesting prior authorizations during the COVID-19 crisis?**

The goal is to have more time for physicians to take care of their patients during this time. DOI is working with the Governor's office that prior authorizations not be required for COVID-related billing. For prior authorizations that are for non-COVID treatment, the DOI is currently working with the "big 4" insurers to relax or remove the requirement.

The insurers are being asked not to do any auditing and to push deadlines further out to help relieve some of the administrative burden.

**Will insurance be cancelled for non-payment of premium?**

No one will lose their insurance coverage during this time due to non-payment. Cancellations have been frozen for all types of insurance. The Federal government has been asked if the ACA insurance market could be re-opened for people to sign up for coverage.

**SURGE CAPACITY**

**What is the projected hospital need, the current capacity, and the gap?**

Delaware is in the process of performing this projection. Currently, Delaware has the projected capacity. We are looking at other states' models and gathering data.

**AMBULATORY CARE CENTERS FOR COVID19 POSITIVE AND PUI**

**ChristianaCare COVID-19 Ambulatory Care Center**

ChristianaCare offers an ambulatory care center located at the Health Care Center at Christiana in Newark. The service is designed to safely care for the clinical needs of adult or pregnant COVID positive patients and has been extended to include person under investigation (PUI). Services currently available include in-person provider visits for patients who need in-office medical and/or perinatal care and includes ultrasound, lab, and x-ray services. Call (302) 428-2110 to refer your patient for care. [Click for more information about these services.](#)

**Beebe Healthcare COVID Positive Care Center**

Beebe Medical Group opened a COVID Positive Care Center at the Georgetown Walk-In at 21635 Biden Ave, Ste. 1010, Georgetown and will operate Monday through Friday. Care is provided for COVID-19 positive patients and patients who are suspected to have COVID-19 who need direct care but do not need to be hospitalized. Appointments are required with an order from a health care provider. Orders can be sent to the Beebe Medical Group who will reach out to schedule an appointment with the patient. For patients without access to a primary care provider, patients can call the screening line at (302) 645-3200. Language interpretation is available through the screening line as well as the Care Center. The Beebe Walk-In in Georgetown will be temporarily closed while it is used for the COVID Positive Care Center. Walk-In Care options for residents and visitors can be sought on Route 113 in Millsboro and at the Rehoboth Health Campus on Route 24.

**IMPORTANT ANNOUNCEMENTS**

***Do Not Work If You Have COVID-19 Symptoms (until screened and cleared) or Have Tested Positive***

The Division of Public Health has asked that any health care provider who has symptoms of coronavirus to not go to work and possibly expose others to the virus. It is strongly recommended to go through the screening process (self quarantine while waiting for the results) prior to going back to work if the results are negative. ***Health care providers are not to go to work sick.***

**Division of Public Health Call Center**

(866) 408-1899 / Hearing impaired can dial 7-1-1

[DPHcall@delaware.gov](mailto:DPHcall@delaware.gov)

Hours of Operation (as of 4/20/2020 Call Center Hours changed due to reduced volume of calls):

M-F 8:30 a.m. to 4:30 p.m.

Sat 10 a.m. to 4 p.m.

Sun Closed

The Call Center is open to take questions from the public, schools, medical providers, and community organizations.

[Coronavirus.delaware.gov](http://Coronavirus.delaware.gov)

DPH asks any Delaware health care, long term care, residential, or other high-risk facility with questions or concerns to email:

[DPH\\_PAC@delaware.gov](mailto:DPH_PAC@delaware.gov) or call the DPH Call Center (866/408-1899) and press ext. 2

5/5/2020