COVID-19 Frequently Asked Questions

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.

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

PRACTICE RESTRICTIONS/CLOSURES
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.

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?

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. Delaware is also seeking volunteers through the Delaware Medical Reserve Corps for any health care professional including those who are retired.

**EXPOSURE/RISK**
Are N95 masks required?
The WHO and CDC recommendations are to use N95 masks when performing high risk procedures. Otherwise, health care providers can wear regular masks.

In order to protect health care workers, should everyone wear a mask?
For general public contact, masks are not mandatory. Everyone treating a patient with symptoms consistent with COVID-19 should wear a mask and PPE.
Is mask wearing recommended when seeing patients with no COVID-19 symptoms?
If you are sure the patient is symptom free, it is not necessary to wear a mask. However, we are seeing a mix of patients: those that have symptoms and those that have no symptoms who are testing positive. A suggestion is to wear a mask throughout the day and to conserve use of PPE.

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. There is not an urgency for patients to be tested.

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.
If the health care worker was exposed, there is nothing to do at that time. 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 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.

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.

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.

TESTING KITS
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

Will there be a rapid test available in our community?
The Division of Public Health is actively looking into rapid testing as another modality (Rapid antibody tests have been ordered; assessing the best way to utilize these tests). There are concerns at this time with false positives and false negatives. Once processes are completed, including in house validation, Delaware is eager to get this into play. 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.

TESTING SITES
For commercial and state testing, what are turnaround times for results?
- Commercial labs provide results 2-4 days*
- State lab turnaround time is 1-2 days* (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.

*Commercial labs are back logged (as of the 3/31/2020 message) and are taking up to 12-13 days or longer to return testing results.

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.

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.

What is the number of negative cases tested?
As of the 3/31/2020 call, DPH reported 3,700 negative cases. Dr. Rattay indicated this is probably an under estimate as keeping track of total cases tested has been challenging. Commercial labs were not reporting negative results when testing first began.

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
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.

**Should asymptomatic health care workers be tested?**
No. This is to help preserve the limited test kit supply.

**When will Delaware ramp up testing for asymptomatic people?**
In general, DPH is not expecting to test asymptomatic people. The CDC has guidance on the evolution of the pandemic and we currently know there is significant community spread. Everyone should act as if they have the coronavirus and practice safe distancing. Asymptomatic testing could be helpful for research or surveillance purposes; however, we are currently experiencing a problem now with the availability of testing supplies.

**What is the false negative rate on testing?**
In the beginning, 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.

**RETURN TO WORK**

**How long after an infection is a person considered non-infectious?**
CDC recommends 72 hours to relieve someone from isolation. DPH has a slightly different recommendation: 3 days after having no further symptoms, with the addition of four days observing self-distancing and wearing PPE if in the work setting up to day 14 (considered fully recovered 7 days after resolution of symptoms). Then days 7-14 continue to self-monitor. If symptoms appear, they should be re-evaluated.
For patients/health care workers who test positive, how long until they can go back into the mainstream?
Patients are considered fully recovered seven days after the resolution of their symptoms (three days after symptoms resolve they are no longer required to self-isolate at home; however, they must continue to practice extreme social distancing for the remaining four days).

What is the process for return to work for a health care worker?
If the health care worker tests negative, they should follow their employer’s HR process. There should be no fever for 24 hours without use of pain meds or fever reducing medication.


The CDC 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.

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.

PPE / SUPPLIES - AVAILABILITY
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

PPE conservation guidance has been released. PPE conservation is a must. There is a fine balance between conservation of PPE and protection within your health care workforce. Examples of balancing use and conservation: 1) a health care worker having direct patient contact vs. one who does not; and 2) health care worker age, with older age being a higher risk factor. These are examples of scenarios to consider when determining use of PPE equipment.

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). Gowns, hand sanitizer have been ordered by the state, but has not been received. There is a low supply of face masks and face shields. For these reasons, Delaware cannot fulfill orders or provide the full quantity asked for by Delaware providers. PPE conservation is a must.
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

In addition to PPE shortage, we are also facing a shortage of disinfecting supplies. Current supplies will only support ongoing operations for 2-4 weeks for most practices. Does the state have any resources for these, or recommendations?

• Ordering instructions and SHOC order form can be found on the MSD Coronavirus Resource page at https://tinyurl.com/MSDCOVID19
• Green Hill Pharmacy is offering free hand sanitizer to practices. Call 302-660-8847. The pharmacy indicated 3/24/2020 that it will be opening up this offer to the public.

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
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/professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

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.

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.
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.

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Division of Public Health Call Center
(866) 408-1899 / Hearing impaired can dial 7-1-1
DPhcall@delaware.gov

Hours of Operation (as of 3/29/2020 Call Center Hours changed due to reduced volume of calls):
M-F 8:30 a.m. to 6:00 p.m.
Sat-Sun 10 a.m. to 4 p.m.

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

3/31/2020