



## **COVID-19 Frequently Asked Questions**

**3/25/2020 – Changes to symptom guidance:** Now including myalgia and sore throat in addition to fever, cough, and shortness of breath.

### **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.

### **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.

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

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

### **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 is actively looking into rapid testing as another modality

### **How long after an infection is a person considered non-infectious?**

CDC recommends 72 hours to relieve someone from isolation.

### **For patients/health care workers who test positive, how long until they can go back into the mainstream?**

A person should be symptom free for three days and utilize extreme caution for the balance of 4 days; isolate at least 7 days from resolution (day one of the 7 day period is the day testing is performed). They would need to wear PPE.

**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.

**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>

**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, mask. Gloves are either to be changed between patients or use hand sanitizer on gloves between patient contact.

**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 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.

**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 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.

**Are there plans to open testing sites?**

Stationary testing sites are being opened in every county across the state. Please see MSD Coronavirus Resource Page for information on testing sites at <https://tinyurl.com/MSDCOVID19>

**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.

Testing site locations are not being publicly announced, as locations may change

<https://coronavirus.delaware.gov/testing/>

**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.

**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.

**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.

**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.

**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 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. Visit the MSD Coronavirus Resource Page for more information at <https://tinyurl.com/MSDCOVID19>

**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.

**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.

**What to do 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 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.

**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.

**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.

**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.

**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>

**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.

**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.

**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 asymptomatic health care workers be tested?**

No. This is to help preserve the limited test kit supply.

**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.

**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.

**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>

**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.

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

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

**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>

**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.

**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.

The Division of Public Health has asked that any health care provider who have 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. DPH will be coming out with stronger language on screening staff and those patients coming to the office.

3/25/2020