

PLEASE DISTRIBUTE TO YOUR HEALTHCARE PROVIDERS

URGENT HEALTH BULLETIN

Additional Healthcare Provider Updates for COVID-19.

This document contains hyperlinks and can be accessed on our [Health Bulletin webpage \(https://kernpublichealth.com/health-bulletin/\)](https://kernpublichealth.com/health-bulletin/) or on the [COVID-19 webpage \(https://kernpublichealth.com/2019-novel-coronavirus/\)](https://kernpublichealth.com/2019-novel-coronavirus/)

March 18, 2020

Dear Kern County Healthcare Provider:

- **Case Identified in Kern County, not Kern resident.**

A person in [Kern County has tested positive for COVID-19](#). The patient is not a resident of Kern County, and is therefore not considered a “Kern County case.” The facility which tested the patient has evaluated all potential healthcare worker exposures and the Kern County Public Health Services Department (KCPHSD) continues to assess close contacts. It is likely that more cases will be identified in Kern County and healthcare personnel should plan and respond accordingly.

- **New Direct Public Health On-Call Number**

A new Public Health On-Call Number has been established for healthcare providers to reach public health staff after hours, on weekends, and on holidays. For urgent healthcare matters, including reporting COVID-19, please call **661-241-3255**. Due to the high call volume, you may have to leave a voicemail. Please be sure to clearly state your name, facility, and call back phone number. Staff will return your call as soon as possible.

- **Executive Order Regarding Healthcare Provider Work Restrictions**

On March 16, 2020, California Governor Gavin Newsom issued an [Executive Order](#) authorizing first responders, health and human services care providers and workers who are asymptomatic to continue working while taking precautions to prevent transmission. Whenever possible, healthcare providers should continue to follow [Infection Prevention and Control Recommendations](#) set forth by the U.S. Centers for Disease Control and Prevention (CDC).

- **Prioritization for COVID-19 Testing**

CDC’s Guidance for [Evaluating and Testing Persons for COVID-19](#) recommends clinicians use judgement to determine if the patient should be tested for COVID-19. Priorities for testing may include:

- Hospitalized patients
- Other symptomatic adults that put them at higher risk of poor outcomes (older adults, individuals with chronic medical conditions, and persons in immunocompromised states)
- Persons with close contact to a suspected or confirmed COVID-19 case or history of travel to affected geographic area within 14 days of illness onset.

Clinicians are strongly encouraged to test for other causes of respiratory illnesses, such as influenza, pertussis, coccidioidomycosis, and tuberculosis when clinically indicated. These infections not only have opportunities for clinical intervention, but can also have significant public health implications.

- **Specimen Collection and Testing**

Specimens are to be collected by the healthcare provider assessing the patient for COVID-19. Patients should not be sent to laboratory draw stations or KCPHSD for specimen collection. Ensure staff wear all the appropriate PPE during specimen collection. Per CDC [Specimen Collection Guidelines](#), use a synthetic fiber swab with plastic shaft (such as the same type of swab used for influenza testing) to collect a nasopharyngeal (NP) specimen. Insert swab into the nostril parallel to the palate and leave swab in place for a few seconds to absorb secretions. Place swab immediately into sterile tube of 2-3 ml of viral transport media (VTM). Currently, CDC recommends collecting only the NP swab. If both an NP and oropharyngeal (OP) swab are collected, combine both specimens into the same vial of VTM.

Specimens may be sent to a number of commercial labs, including [LabCorp](#), [Quest](#), and [WestPac](#). As of March 16, 2020 [ARUP](#) is no longer accepting specimens for COVID-19 testing. Please contact the laboratory directly to receive their specimen collection and transport instructions.

- **Reporting Requirement for COVID-19**

In accordance with [California Code of Regulations Title 17, Section 2500](#), COVID-19 is a condition with a reporting urgency requirement of “report immediately by telephone.” Any patient confirmed with or suspected of COVID-19, including any patient being tested for COVID-19, must be reported immediately. Due to the high volume of suspected cases, in addition to reports by phone, KCPHSD will accept notification through a [Confidential Morbidity Report \(CMR\)](#) faxed to 661-868-0261 or submitted electronically through the [California Reportable Disease Information Exchange \(CalREDIE\)](#). Please include the following information in the Notes section of the CMR:

- Clinical symptoms, including any notable imaging findings
- Exposure history (e.g. travel to an affected area or close contact with a confirmed case)
- Whether the patient was attended to by prehospital personnel (e.g. paramedics or emergency medical technicians)
- Name of laboratory where specimen is being sent for testing.

- **Personal Protective Equipment (PPE)**

Healthcare personnel (HCP) should follow all recommendations described in CDC’s [Infection Prevention and Control Recommendations](#), including all available engineering and administrative controls. All HCP should adhere to standard and transmission-based precautions. HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator or facemask, gown, gloves, and eye protection. When available, respirators (instead of facemasks) are preferred; however, respirators should be prioritized for situations where respiratory protection is most important, including the care of patients with pathogens requiring Airborne Precautions (e.g. tuberculosis, measles, varicella). Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne Infection Isolation Rooms (AIIRs) should be reserved for patients undergoing aerosol-generating procedures. Remember that PPE is one component of infection control and all other recommendations should also be carefully followed.

- **Return to Work Criteria for Healthcare Personnel (HCP) with Confirmed or Suspected COVID-19**

CDC has issued [interim guidance regarding criteria for HCP with suspected or confirmed COVID-19 infection](#) which includes a test-based and non-test-based strategies. Testing for clearance is available, but not required.

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- Test-based: resolution of fever without use of fever-reducing medication and improvement in respiratory symptoms and have two consecutive negative nasopharyngeal (NP) swabs collected at least 24 hours apart.
- Non-test-based: At least 72 hours have passed since recovery (resolution of fever without use of fever-reducing medication and improvement in respirator symptoms) and at least 7 days have passed since symptom onset.

When returning to work, HCP should

- Wear a facemask until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
 - Be restricted from contact with severely immunocompromised patients until 14 days after illness onset
 - Adhere to hand hygiene, respiratory hygiene, and cough etiquette
 - Self-monitor for symptoms and seek re-evaluation if respiratory symptoms recur or worsen.
- **Recommendations for Long Term Care Facilities**
On March 13, 2020, Centers for Medicare and Medicaid Services (CMS) provided updated [Guidance for Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\) in Nursing Homes](#). This includes recommendations to limit or discourage visitation in order to protect high risk populations such as those over 65 years of age and those with serious chronic medical conditions. The CDPH [All Facilities Letter \(AFL 20-22\)](#) summarizes the recommendations.

- **Considerations for all Healthcare Facilities**

In CDC's [Infection Prevention and Control Recommendations](#), Section 6 discusses managing visitor access and movement within the facility. While community transmission has not yet been confirmed in Kern County, healthcare facilities are encouraged to review the Additional Considerations During Periods of Community Transmission section, which includes assessing visitors for fever and respiratory symptoms, and determining when to start screening and restricting visitors.

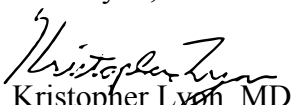
Previous bulletins regarding COVID-19

- [2019 Novel Coronavirus Guidance for Healthcare Providers](#)
- [Additional Guidance for Healthcare Providers and FAQs](#)
- [COVID-19 Update for Healthcare Providers](#)
- [Risk Assessment and Management of Healthcare Personnel with Potential Exposure to Coronavirus Disease 2019 \(COVID-19\) Clarification and Additional Testing Options Now Available](#).

The situation regarding COVID-19 continues to evolve in California, the U.S., and around the world. Interim guidance and recommendations are subject to change as more and more information becomes available. For the most up to date information, please refer to the [CDC website](#) and the [CDPH website](#).

If you have any questions, please contact KCPHSD by phone at 661-321-3000, via email at publichealth@kerncounty.com, or visit our [KCPHSD website](#).

Thank you,


Kristopher Lyon, MD
Health Officer