

PLEASE DISTRIBUTE TO YOUR HEALTHCARE PROVIDERS

URGENT HEALTH BULLETIN

Universal Masking in Healthcare Settings, Resuming Deferred Healthcare Services, Discontinuation of Isolation, Community-Based COVID-19 Testing Sites, Serology Testing, Coordination with Skilled Nursing Facilities

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/)

May 6, 2020

Dear Kern County Healthcare Provider:

- **Health Officer Order for Universal Masking of Healthcare Workers**

On April 14, 2020, a [Health Officer Order](#) was issued which requires universal masking of all healthcare workers and patients while in a healthcare facility. This includes acute care settings, outpatient settings, and medical first responders. This should be done in accordance with standard and transmission-based precautions. Universal masking is performed in addition to, not in lieu of, other established transmission-reduction and infection control procedures. Healthcare workers should wear a facemask at all times while in the facility and wear an N95 respirator (or greater protection) when likely to engage in aerosol-generating procedures. Healthcare workers assessing or caring for a suspected or confirmed COVID-19 patient must continue to wear all of the appropriate PPE, including an N-95 respirator (or facemask if respirator is not available), gown, gloves, and eye protection.

Patients, including those without respiratory symptoms, should also wear a facemask while in a healthcare facility, as tolerated. Patients may also wear a cloth face covering. Cloth face coverings are not appropriate for healthcare workers while on duty.

Maintaining 6 feet away from others (social distancing) and appropriate hand washing are the most effective methods for reducing transmission of COVID-19. Wearing a mask does not replace these measures. Universal masking also does not replace policies to screen staff for symptoms and exclude staff from working when ill.

- **Resuming Deferred and Preventive Healthcare Services**

On April 27, 2020, CDPH provided [Guidance for Resuming Deferred and Preventive Healthcare Services](#). Several factors should be considered when determining when to resume deferred and preventative healthcare services. These factors include local COVID-19 epidemiology, PPE availability through normal vendor channels, testing capacity and turnaround time, sufficient qualified staff to provide all care and follow up, implementation of appropriate infection control procedures, and prioritization of scheduled services. The plan should also include indicators which would cause the facility to scale back on services, should there be a need to do so. Prior to resuming these services in Kern, facilities must consult with the Health Officer and submit an [attestation form](#).

- **Discontinuation of Transmission-Based Precautions in Healthcare Settings,**

On April 30, 2020 [CDC Criteria for Discontinuation of Transmission-Based Precautions in Healthcare Settings](#). This included the following changes:

- Name of the “non-test-based strategy” has been changed to “symptom-based strategy” for symptomatic patients and “time-based strategy” for asymptomatic patients.
- Transmission based precautions have been extended from 7 days to **10 days** since symptom onset in symptomatic patients and time since diagnostic test for asymptomatic patients.
- There is no longer a preference as to which strategy is used to discontinue isolation; however there is a note to “consider consulting with local infectious disease experts...for patients who might remain infectious longer than 10 days (e.g. severely immunocompromised).

Detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

For Symptomatic Patients:

- Symptom-based strategy: 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 **10 days** have passed since symptoms first appeared.
- Test-based strategy: Resolution of fever without fever-reducing medications and improvement of respiratory symptoms and negative results from an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-Cov-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens). Of note, there have been reports of prolonged detection of RNA with direct correlation to viral culture.

For Asymptomatic Patients:

- Symptom-based strategy: At least **10 days** have passed since the first positive COVID-19 diagnostic test, assuming the patient has not subsequently developed symptoms since their positive test. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.
- Test-based strategy: Negative results from an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-Cov-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens). Note, because of absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Discontinuation of empiric transmission-based precautions for patients suspected of having COVID-19 can be made based on negative results from at least one FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2

- If higher level of clinical suspicion for COVID-19 exists, consider maintaining precautions and performing a second test for SARS-CoV-2.
- If the patient suspected of COVID-19 is never tested, discontinuation can be made based upon the non-test-based strategy.

Patients can be discharged from the healthcare facility whenever clinically indicated. Meeting the criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge.

- **Criteria for Return to Work of Healthcare Personnel with Suspect or Confirmed COVID-19**
Similarly, CDC updated the [Criteria for Return to Work for Healthcare Personnel with Suspect or Confirmed COVID-19](#) on April 30, 2020 with the same symptom/time-based strategy and test-based strategy. In addition, after returning to work healthcare providers should:
 - Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used.
 - Facemask for source control does not replace the need to wear a N95 or higher-level respiratory (and other recommended PPE) when indicated, including caring for patients with suspected or confirmed COVID-19.
 - Of note, N95 or other respirators with an exhaust valve might not provide source control.
 - Self-monitor for symptoms and seek re-evaluation should respiratory symptoms recur or worsen.
- **Discontinuation of Isolation for Persons Not in Healthcare Settings and Return to Work**
On May 3, 2020, CDC updated the [Criteria for Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings](#) to follow the same symptom/time-based strategy and test-based strategy outlined for discontinuation of precaution in healthcare settings.
 - CDC continues to recommend persons who may have been exposed to COVID-19 quarantine for 14 days after last exposure. Therefore, it is possible that a person known to be infected with COVID-19 could be released from isolation earlier than a person who is quarantined because of the possibility of being infected. Persons on quarantine need to wait the full 14 days to ensure they do not develop symptoms of COVID-19 infection.
- **Community-Based Testing Sites**
In conjunction with the California Department of Public Health, there are now three community-based testing sites in Kern County, with more expected soon. Locations can be found on [Kern County's State COVID-19 Testing sites webpage](#). Patients do not need a referral from healthcare providers, but must meet current criteria for [laboratory testing prioritization](#). Testing is completely free to the patient; however, appointments are required and advance registration is completed online. Registration is available in English and in Spanish. Currently, one site is a drive-thru clinic (patients stay in the vehicle and specimens are collected through the vehicle window) while the other two are inside local buildings. Patients will be able to access their test results and bring them to their healthcare provider; healthcare providers will not be able to access the test results directly.
- **Serology Testing for COVID-19**
As serology testing for COVID-19 becomes more widely available, healthcare providers should use caution when choosing and interpreting test results. Please refer to FDA's website for antibody tests with [emergency use authorization](#) (EUA). CDC, FDA, NIH and others are currently evaluating the performance of several commercially available antibody tests. Sensitivity and specificity vary widely and antibody tests should not be used as the sole bases to diagnose someone with an active SARS-CoV-2 infection. It is currently not known if antibodies from SARS-CoV-2 infection provide immunity from a future infection, what amount of antibody would be protective, or the duration of that protection. Studies are currently underway.

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- **Skilled Nursing Facilities (SNFs) Receiving Patients Suspected or Confirmed with COVID-19**

At this time, Kern County Public Health Services Department is not authorizing or designating specific SNFs to receive COVID-19 patients. In accordance with [AFL 20-25.2](#) and [AFL 20-33](#), all SNFs should be prepared to receive and care for patients with suspected or confirmed with COVID-19 infection. Transfers from hospitals to SNFs do not need to be explicitly approved by KCPHSD, but hospitals must provide advance notice to the SNF that a patient is preparing to be transferred. Both hospitals and SNFs should follow CDC's criteria for [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19](#).

Additionally, in accordance with [AFL 20-43](#), all SNFs must report daily to CDPH information regarding staffing levels, the number of COVID-19 patients, equipment availability and other needs of the facility.

- **Report All COVID-19 Deaths to Coroner's Office**

In accordance with Government Code Section 27491 and Health and Safety Code 102850, deaths due to COVID-19 must be reported to the Coroner's office, just like any other communicable disease. This is in addition to any reports made to KCPHSD.

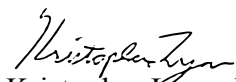
Previous bulletins from KCPHSD regarding COVID-19

- [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](#)
- [Additional Healthcare Provider Updates for COVID-19](#)

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 Eyon, MD
Health Officer