

# Novel Coronavirus (COVID-19)

## Los Angeles County Department of Public Health Preventing and Managing COVID-19 in Outpatient Facilities Frequently Asked Questions

These frequently asked questions (FAQs) were developed to address common questions related to the prevention and management of COVID-19 in outpatient facilities.

### 1. What is the definition of Health Care Personnel?

Health care personnel (HCP) are defined by the Centers for Disease Control and Prevention (CDC) as including but not limited to: emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

### 2. We have been reporting all our facility HCP cases of COVID-19 to Los Angeles County Department of Public Health (LAC DPH). When do we report outbreaks to LAC DPH?

The definition of an outpatient healthcare facility (HCF) outbreak is where there are 3 or more confirmed COVID-19 cases in patients and/or HCP with evidence of epidemiological linkage. Epidemiological linkage is defined as a potential common area of contact (e.g., same nursing unit, shared break room) or contact with same infected person within a 14-day time period.

HCF outbreaks should be reported by emailing to [CovidOutpatient@ph.lacounty.gov](mailto:CovidOutpatient@ph.lacounty.gov).

### 3. Do HCP need to be quarantined if a patient or a co-worker tests positive?

HCP should be excluded from work and should self-quarantine at home for 14 days if they have had any of the following high-risk exposures to a confirmed COVID-19 case while they were infectious:\*

- If they had close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24- hour period)
  - While not wearing a medical respirator or facemask
  - While not wearing eye protection if the case was not wearing a medical facemask or cloth face covering.
- If they had direct unprotected contact with infectious secretions/excretions .
- If they were not properly protected (i.e. not wearing both an N95 respirator and eye protection) while in the same room during an aerosol-generating procedure conducted on the case.

\*A person with COVID-19 is considered to be infectious from 2 days before their symptoms started until their isolation period ends. Asymptomatic patients with a positive SARS-CoV-2 diagnostic (viral) test are considered to be infectious from 2 days before their test was taken until 10 days after their test was taken.

Facilities should be aware that break rooms and other common spaces where staff congregate are higher risk settings for transmission between HCP. Facilities should pay particular focus on keeping these areas safe from COVID-19 transmission. See FAQ# 9 *How do we protect staff from COVID-19 exposures to each other?*



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Facilities that are experiencing critical HCP shortages may allow exposed HCP to return to work under some circumstances as described in LAC DPH Guidance for Monitoring Healthcare Personnel:

<http://publichealth.lacounty.gov/acd/docs/HCWMonitoring.pdf>

#### 4. Should HCPs be quarantined if they are a close contact to a COVID-19 case in the community?

Yes. If a HCP had close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24 hour period) with a confirmed COVID-19 case outside of work, they must follow notify the HCF. They should be excluded from work and are required to follow [quarantine orders and instructions](#). They may return to work 14 days after their last close contact with the case.

Exceptions for staffing shortages may be made for non-household exposures (see *Considerations for Facilities Excluding Large Numbers Of HCP* in the LAC DPH [Guidance for Monitoring Healthcare Personnel](#)). No exceptions should be made for HCP who are close-contacts to a household confirmed case (i.e., the HCP lives with the infected person). They may return to work 14 days after their last close contact with the case.

#### 5. If a HCP is being quarantined due to a community exposure, can they return with negative SARS-CoV-2 test?

No. The incubation period for COVID-19 is thought to extend to 14 days following exposure. False negative tests are to be expected during the incubation period. Negative testing during quarantine does not allow an exposed person to be released from quarantine early.

For more information on return to work see LAC DPH Guidance for Monitoring Healthcare Personnel:

<http://publichealth.lacounty.gov/acd/docs/HCWMonitoring.pdf>

#### 6. Who should be informed if a patient/visitor in the clinic tests positive for COVID-19?

All non HCP who were close contacts of the infectious patient/visitor while at the HCF should be notified of their exposure and provided with quarantine orders and instructions:

<http://publichealth.lacounty.gov/acd/ncorona2019/covidquarantine/>.

Facilities should ensure that there are systems in place to prevent exposures between patients/visitors including universal source control for all patients, visitors, and staff; limiting the number of patients in waiting rooms/common areas; and arranging seating such that patients/visitors can sit at least 6 feet apart.

When there are possible exposures from an infected patient/visitor to HCP, facilities should inform the exposed HCP and determine if there were any high-risk exposures. See FAQ#3 *Do HCP need to be quarantined if a patient or a co-worker tests positive?*

#### 7. Who should be informed if a HCP in the clinic tests positive for COVID-19?

Any patients or visitors who were close contacts to a HCP with laboratory-confirmed COVID-19 while they were infectious must be notified of their exposure and provided [quarantine orders and instructions](#). This includes those who were close contacts to an infected HCP who was wearing appropriate PPE during the exposure.



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All co-workers who were close contacts to the infectious HCP must be informed of their possible exposure and assessed for risk. See FAQ#3 *Do HCP need to be quarantined if a patient or a co-worker tests positive?*

### 8. How should staff perform cleaning and disinfection for COVID-19 in outpatient facilities?

- Increase the frequency of cleaning and disinfection in the facility, particularly the high-touch areas (e.g., doorknobs, light switches and biometric machines).
- Clean and disinfect surfaces (e.g., exam tables, chairs) used in the care of patients.
- Validate that the product used for surface disinfection is active against SARS-CoV-2, the virus that causes COVID-19. Refer to the EPA approved list on the website: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>
- Follow the manufacturer's label instructions for proper use and dilution of the disinfectant.

### 9. How do we protect staff from COVID-19 exposures to each other?

HCPs should wear medical face masks or higher for universal source control at all times while they are in the healthcare facility. Non-medical face coverings do not offer reliable protection in higher risk settings.

Break rooms and other common spaces where staff congregate are higher risk settings for transmission between HCP. Facilities should pay particular focus on keeping these areas safe from COVID-19 transmission including the following:

- Ensure 6 feet physical distancing is implemented throughout the facility, particularly in the break/lunchrooms when staff remove their facemasks to eat and drink.
- Consistently emphasize and encourage use of medical facemasks except when actively drinking and eating.
- If feasible, create outdoor break spaces.
- If only indoor break rooms are available, optimize indoor air quality by opening windows or utilizing filtration systems. Please see: <https://www.epa.gov/coronavirus/ventilation-and-coronavirus-covid-19>
- Place signage in any common spaces (e.g. nursing stations, break rooms) to remind all to maintain physical distancing of more than 6 feet and universal masking.
- Stagger lunch breaks and ask staff to sign-up for specific time slots to minimize the number of staff sharing the breakroom at any one time.
- Remove chairs in break/lunchrooms to limit number of staff gathered in the room at one time
- Ensure hand sanitizers or hand washing stations are readily available at the break rooms.
- Clean and disinfect high touch areas and surfaces in the commonly used congregate staff rooms.

### 10. When should HCPs be tested for COVID-19?

HCP with any signs or symptoms of COVID-19 should be prioritized for SARS-CoV-2 diagnostic testing, even if the symptoms are mild. Asymptomatic HCP who are part of an outbreak investigation, part of facility-wide surveillance testing, or who were close contacts to a case in the community (including household contacts) should be tested. Testing for return to work clearance is not recommended.

Note: viral testing is not recommended for asymptomatic HCP who have had laboratory confirmed COVID-19 within the past 90 days. See [Patients with a History of Recent Recovery](#) from COVID-19 for more information.



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### 11. What should a facility do if a HCP has symptoms of possible COVID-19 illness? And when can they return to work if COVID-19 isn't ultimately diagnosed?

HCP should have a plan to evaluate HCP with signs and symptoms of possible COVID-19 illness. It is recommended that symptomatic HCP be evaluated by a clinician. SARS-CoV-2 diagnostic viral testing is recommended for HCP with even mild symptoms of possible COVID-19 infection. Symptomatic HCP with compatible symptoms and no clear alternate diagnosis should be told to isolate at home pending clinical evaluation and testing.

- A single negative SARS-CoV-2 RT-PCR result is adequate to exclude COVID-19 in symptomatic staff with lower epidemiologic risk (e.g. non-clinical staff, no known COVID-19 exposure) and/or lower clinical suspicion. A negative test result from a lower sensitivity assay (e.g. antigen tests and some [molecular tests](#)), however, should be considered presumptive and confirmation with RT-PCR is recommended.
- Two negative RT-PCR tests at least 24 hours apart are recommended to exclude COVID-19 in HCP with higher clinical suspicion and/or higher epidemiologic risk (e.g. those with direct patient care or with high-risk COVID-19 exposures).

For HCP who had symptoms of possible COVID-19 and had it ruled out, either with negative PCR test(s) and/or with a clinical assessment that COVID-19 is not suspected (e.g. clear alternate diagnosis), then return to work decisions should be based on their other suspected or confirmed diagnoses.

Note: HCP in quarantine due to community exposure or a high-risk work exposure may not be released early on the basis of negative SARS-CoV-2 test results.

See LAC DPH HCP Monitoring Guidance: <http://publichealth.lacounty.gov/acd/docs/HCWMonitoring.pdf>

### 12. When can a HCP with laboratory confirmed COVID-19 return to work?

HCP may return to work when they are no longer infectious. See *Return To Work Protocol For HCP With Confirmed COVID-19* section in the LAC DPH HCP Monitoring Guidance: <http://publichealth.lacounty.gov/acd/docs/HCWMonitoring.pdf>.

### 13. Can I refer to specific recommendations developed by professional societies or associations?

Yes. Many professional societies have developed more specific guidelines for various healthcare settings. Providers and office managers should develop a plan using both general guidance developed by LAC DPH and more specific guidance tailored to the practice type to ensure a safe environment for patient care.

### 14. What is the best way to protect our staff during influenza season?

It is imperative for all health care facilities to prepare for the possibility that both influenza and SARS-CoV-2 viruses may be circulating together this fall and winter. Influenza vaccine is recommended as the best method for influenza prevention and should be offered and strongly encouraged for employees. Given that the symptoms of both COVID-19 and flu are hard to distinguish, accurate and prompt influenza diagnosis is important for appropriate clinical decision making and return to work recommendations. We encourage facilities to create a plan for testing and appropriately triaging individuals with flu-like symptoms.

See CDC Influenza Information for Health Professionals <https://www.cdc.gov/flu/professionals/index.htm>



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### 15. What personal protective equipment (PPE) is recommended for use with patients who have confirmed or suspected COVID?

In alignment with CDC guidelines, HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection. Cal/OSHA Interim guidance recommends N95 respirators be used for the care of confirmed or suspected COVID-19 patients. Initial respirator fit testing is required before an employee uses a respirator, or when an employee changes to a different model, make, or size of respirator.

For more information, please see:

- CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>
- Cal/OSHA Interim Guidance on COVID-19 for Health Care Facilities (8-6-20) <https://dir.ca.gov/dosh/coronavirus/Cal-OSHA-Guidance-for-respirator-shortages.pdf>

**Additional questions not addressed in this FAQ can be answered by contacting the LAC DPH COVID-19 Outpatient Team at [CovidOutpatient@ph.lacounty.gov](mailto:CovidOutpatient@ph.lacounty.gov).**

### DPH COVID-19 Provider Call-Line:

- Healthcare provider questions on testing, reporting, hospital discharges, or other COVID-related issues
- Facility or worksite administrators to report an outbreak or cluster
- Monday through Friday, 8:00am-5:00pm, call 213-240-7941. For time-sensitive questions after hours, call 213-974-1234 and ask for the on-call clinician

### Helpful Resources:

- LAC DPH COVID-19 Healthcare Provider Information Hub: <http://publichealth.lacounty.gov/acd/ncorona2019/>
- Healthcare Facilities: Managing Operations During the COVID-19 Pandemic: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html#outpatient-ambulatory>
- LAC DPH Guidance for Monitoring Healthcare Personnel: <http://publichealth.lacounty.gov/acd/docs/HCWMonitoring.pdf>
- CDC Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- CDC Return to Work Guidance <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>
- Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>
- Strategies to Mitigate Healthcare Personnel Staffing Shortages: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

