



**LAC DPH Health Advisory:  
Ambulatory Patients with COVID-19;  
Healthcare Personnel Monitoring  
March 28, 2020**



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*This message is intended for primary care, urgent care, and emergency medicine providers in Los Angeles County.*

*Please distribute as appropriate.*

**Note:** Since this LAHAN was published, the period of exposure risk to contacts has been revised from the “onset of symptoms” to “48 hours before symptom onset” of the case. See the April 1, 2020 LAHAN Revised COVID-19 Exposure Period for more information.

### Key Messages

- Los Angeles County Department of Public Health (LAC DPH) is asking clinicians to ensure that outpatients with presumed and confirmed COVID-19 self-isolate and that their close contacts are quarantined.
- A minority of outpatients with COVID-19 will rapidly deteriorate. Patients with risk factors for severe illness, such as older age and certain underlying medical conditions, who are managed in the outpatient setting should be closely monitored and provided with clear instructions on when to seek immediate medical attention.
- All healthcare personnel (HCP) should monitor themselves twice daily for fever or respiratory symptoms because of the potential for unidentified exposure to COVID-19 (see Healthcare Personnel Monitoring, Isolation, and Exposures below).
- The Centers for Disease Control and Prevention (CDC) released a [HAN](#) today, *Severe Illness Associated with Using Non-Pharmaceutical Chloroquine Phosphate to Prevent and Treat Coronavirus Disease 2019*. The CDC asks clinicians to counsel patients on the importance of taking medications only as prescribed and as directed by healthcare providers and to discourage patients from using non-pharmaceutical chloroquine phosphate. At this time, there are no routinely available pharmaceutical products that are FDA-approved for the prevention or treatment of COVID-19.

### Situation

The number of laboratory-confirmed COVID-19 cases continues to rapidly increase in LA County. Diagnostic testing capacity for COVID-19 and supplies of personal protective equipment continue to be constrained. LAC DPH continues to urge healthcare providers to refrain from testing patients with mild symptoms who can be managed at home. In the setting of widespread community transmission, anyone with signs or symptoms of viral respiratory tract infection should be presumed to have COVID-19 (see [March 25 LAHAN](#)).

Health Officer Orders were issued on March 25 that require all individuals who test positive for COVID-19 and any individuals who are presumed to have COVID-19 to follow [isolation orders](#). Additionally, those who have been in close contact with a known or suspected COVID-19 case must follow [quarantine orders](#) for 14 days from their last exposure to infected person.

LAC DPH is prioritizing the investigation of laboratory-confirmed cases identified in hospitalized patients, some health care personnel, and residents of congregate living facilities, such as skilled nursing facilities and assisted living facilities. For patients not requiring hospitalization with presumed or confirmed COVID-19, LAC DPH is asking clinicians to provide detailed instructions to their patients about:

1. The importance of self-isolation and quarantine, and
2. The signs of worsening COVID-19 illness and to seek urgent medical care if those signs develop.

Clinicians should establish procedures for closely monitoring patients at increased risk for severe disease, such as older adults, persons with underlying medical conditions, and pregnant women, because of the potential for rapid clinical deterioration. For more information on the clinical course of COVID-19 refer to the CDC [Clinical Guidance Management of Patients with Confirmed Coronavirus Disease](#).

Detailed instructions for clinicians to share and review with patients and their contacts are available in multiple languages on the Print Materials [webpage](#) of the LAC DPH COVID-19 Provider [website](#). See below for more information.

### **Summary of Isolation and Quarantine Recommendations**

- Patients with presumed or confirmed COVID-19 should be instructed to isolate themselves and follow [home isolation](#) instructions. Symptomatic patients awaiting COVID-19 test results should be presumed infectious and instructed to continue to follow home isolation instructions regardless of a negative result.
- Healthcare providers should instruct all symptomatic patients (presumed or confirmed) to provide all of their close contacts (including household members, intimate partners, and caregivers) with [home quarantine](#) instructions.
- Persons who are asymptomatic and are not close contacts to a presumed or confirmed case may be given the [What to do if I'm exposed](#) handout.

### **High-Risk Patients**

Clinicians should closely monitor their patients who are at increased risk for severe disease, such as older adults, persons with underlying medical conditions, and pregnant women (see CDC [High-Risk Conditions](#)). If these patients are living alone or are the only responsible adult in the home, it is prudent to contact them frequently as there is potential for rapid clinical deterioration.

### **Key Education for Patients with Presumed or Confirmed COVID-19**

Providers are asked to discuss the [home isolation](#) instructions with patients. Key points to emphasize from the instructions include:

- **Duration of isolation:**  
All symptomatic patients, regardless of test status must stay home until at least 7 days have passed after their symptoms first appeared AND at least 3 days after they have recovered. Recovery means that their fever has been gone for 72 hours without the use of fever-reducing medications **and** their respiratory symptoms (e.g. cough, shortness of breath) have improved. Instruct the patient not to leave their home during this time, except for urgently needed medical care.
- **What to do if seeking medical care:**  
If the patient needs to be seen in person for medical care, advise them to call ahead if possible to alert the medical facility that they have COVID-19. Advise that if they have life-threatening symptoms to call 9-1-1 and to tell the dispatch personnel of their COVID-19 status.
- **Prevent transmission in the household:** Instruct the patient to stay in a specific room and away from other people in the home as much as possible. It is particularly important that they stay away from people who are at higher risk of serious illness. Discuss the importance of hand hygiene, covering coughs and sneezes, and not sharing personal household items. Instructions for [cleaning the home](#) are available in multiple languages.
- **Monitor for severe disease:** Review the warning signs of more severe disease including shortness of breath, weakness, and confusion. For patients at high risk for severe illness, make a plan for what to do if their symptoms worsen, including when to call 9-1-1. If patients live alone or do not have another adult in the house, discuss with them who could do virtual daily check ins.
- **Management of close contacts:** Household members, intimate partners, caregivers, as well as any additional people who were within 6 feet of the patient for 10 minutes while they were symptomatic or who have had unprotected contact with their body fluids, and/or secretions (such as sweat, saliva, sputum, nasal mucus, vomit, urine, or diarrhea) are considered to be “close contacts”. All close contacts should be quarantined at home for 14 days beyond their last contact to the patient. Discuss with the patient who they may have exposed and instruct them to give [home quarantine](#) instructions to all close contacts.

### **Counseling for Compliance**

We need your help to make sure that patients understand the importance of the home isolation and quarantine orders and that these orders are legal mandates that must be followed. Motivational interviewing and counseling can help patients identify potential challenges to complying with the orders and consider how they can be overcome. If appropriate, offer referral resources to help patients find food or other necessities such as the 24/7 County Information Line 2-1-1 and 2-1-1

website <https://www.211la.org>. Provide mental health referrals as needed. Ask if their work will allow them to telework or if they need a letter to excuse them from work. Discuss with patients if they have adequate supplies of essential medicines and strongly recommend medication delivery services if available.

Acknowledge how inconvenient and isolating home isolation or quarantine can be. For patients who do not understand the need for such strict measures, please explain the critical need to protect everyone in LA County during this time when no one has immunity to this new infection and that many people can get very sick and die if the infection continues to spread.

### **Healthcare Personnel (HCP) Monitoring, Isolation, and Exposures**

Given community spread of COVID-19, LAC DPH recommends that all HCP self-monitor each day prior to starting work with patients. The goal of this screening is early identification of HCPs with symptoms of respiratory illness to prevent possible exposures of other facility staff and patients within the healthcare facility.

- All HCP should self-monitor twice daily, once prior to coming to work and the second, ideally timed approximately 12 hours later for possible symptoms of COVID-19 (i.e., elevated temperature >100.0F and/or cough or shortness of breath).
- If HCP note any symptoms, they should contact their place of work immediately and isolate at home.
- If a HCP develops a fever or cough while at work they should immediately stop working. DPH recommends that any HCP who worked while symptomatic in an acute or long-term care facility receive [expedited SARS-CoV-2 testing](#) through the DPH Public Health Laboratory.

#### *Discontinuation of Home Isolation and Return to Work for Health Care Workers*

HCP may discontinue home isolation when both of the following time-since-illness-onset and time-since-recovery conditions are met:

- 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 7 days have passed *since symptoms first appeared*.

After returning to work they should:

- Adhere to hand hygiene, respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles);
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen;
- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer; and

- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset.

See CDC [Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 \(Interim Guidance\)](#)

### **Exposures**

Recommendations for HCP with close contact to COVID-19 must take into consideration the dynamic balance between HCP and patient safety, the reality of community spread of COVID-19, and the need for an adequate workforce.

- HCP who have had medium or high-risk workplace exposures should not work for 14 days after contact with the case, with considerations made for critical staffing shortages.
- HCP with low risk or negligible workplace exposures should continue to work with daily symptom self-monitoring.
- HCP who are close household contacts to a presumed or confirmed COVID-19 case should inform their workplace for return to work guidance and should be assumed to have medium-risk exposure.

See LAC DPH [Guidance for Monitoring Health Care Personnel](#) for more detailed guidance about exposure risk categories and considerations for facilities with workplace shortages.

### **Reporting**

#### **Los Angeles County DPH Acute Communicable Disease Control:**

*COVID-19 associated deaths* must be reported by healthcare providers by phone or secure email immediately.

- Telephone 888-397-3993 or 213-240-7821 or complete the [Novel Coronavirus Death Report](#) form and send via secure email to [COVIDdeath@ph.lacounty.gov](mailto:COVIDdeath@ph.lacounty.gov).

*Positive COVID-19 lab results from clinical labs* (not PHL) must be reported by healthcare providers within one day.

- Complete a Medical Provider [COVID-19 Report Form](#) and send by fax 888-397-3778 or by secure email to [COVID19@ph.lacounty.gov](mailto:COVID19@ph.lacounty.gov).

#### **Long Beach Health and Human Services:**

- To report a case of COVID-19, fill out the [Long Beach COVID-19 Report Form](#) and fax the form and a copy of the positive laboratory result to 562.570.4374 or secure email to [LBEpi@longbeach.gov](mailto:LBEpi@longbeach.gov).

#### **Pasadena Public Health Department:**

- To report a case of COVID-19, fill out the [COVID-19 Report Form](#) here and fax to 626-744-6115, **and** call 626-744-6089 [Weekdays 8am-5pm (closed every other Friday) or after hours call 626-744-6043].

**Visit the LAC DPH COVID-19 Provider website for up-to-date resources and guidance** <http://publichealth.lacounty.gov/acd/ncorona2019/>

This communication was sent by Sharon Balter, MD, Director, Division of Communicable Disease Control and Prevention, Los Angeles County Department of Public Health

To view this and other communications or to sign-up to receive LAHANs, please visit <http://publichealth.lacounty.gov/lahan>