

## Examen Diario de Detección de Exposición al COVID-19: Paciente y Visitantes

Debido a las preocupaciones mundiales sobre el cuidado de la salud debido al Novel Coronavirus (COVID-19) y en un esfuerzo por proteger a los pacientes, el personal y los visitantes, estaremos cumpliendo con las recomendaciones del Departamento de Salud Pública de California.

Todos los pacientes deben completar el examen de detección de síntomas de una potencial exposición al Novel Coronavirus (COVID-19) antes de su cita.

Preguntas del Examen	Respuesta	
	Fecha Previa a la Cita:	Fecha en el Consultorio:
<p><b>1. ¿Tiene el paciente un nuevo inicio de cualquiera de los siguientes síntomas?</b></p> <ul style="list-style-type: none"> <li>Fiebre (objetiva o subjetiva)</li> <li>Síntomas respiratorios: nuevo o empeoramiento de la dificultad para respirar, tos, o escurrimiento nasal, dolor de garganta o una reciente pérdida del gusto o del olfato</li> <li>Dolores musculares inexplicados</li> <li>Síntomas gastrointestinales: diarrea, náuseas, vómitos</li> <li>Enrojecimiento de los ojos: enrojecimiento +/- lagrimeo: conjuntivitis no relacionada con alergias</li> </ul>	SÍ NO	SÍ NO
<p><b>2. ¿Ha dado resultado positivo el paciente a la prueba del COVID-19 en los últimos 14 días?</b></p>	SÍ NO	SÍ NO
<p><b>3. ¿Vive el paciente con alguna persona con un caso de COVID-19 confirmado?</b></p>	SÍ NO	SÍ NO
<p><b>4. ¿Ha estado el paciente en contacto cercano con alguna persona diagnosticada con, o que se sospecha que tiene, COVID-19 durante los últimos 14 días?</b></p> <p><i>(Para el personal médico: contacto cercano se refiere a un entorno no relacionado con el trabajo)</i></p>	SÍ NO	SÍ NO

\* De acuerdo con las respuestas del formulario de detección, se le puede pedir al paciente que re programe las visitas en el consultorio

### Anexos:

- Anexo A: Herramienta para el Examen, Directrices para la Duración del Aislamiento
- Anexo B: FAQ-UCOE Examen Diario del Paciente/Visitante

## FAQ: UCOE Patient-Visitor Daily Screening

### 1. What are the screening criteria for visitor & patients in our UCOE sites?

Patients and visitor's complete screening prior to site entry for

- 1) Recent diagnosis of COVID-19,
- 2) Recent unprotected close contact exposure to a person diagnosed with COVID-19, and
- 3) Signs and symptoms of COVID-19 as required by Fresno Department of Public Health and CDC.

### 2. Why is domestic or international travel not a screening question for patients or visitors?

All visitors and patients that enter our UCOE offices are required to wear a surgical mask and sanitize their hands upon entry. Visitors are limited in the time spent and location where they can spend time at our sites. Safety measures established in lobby areas ensures patients physical distance.

California does not have a mandatory quarantine order for visitors or citizens returning from international or domestic travel. Only a few states have mandatory quarantine orders for visitors and citizens returning from domestic and/or international travel (e.g. AK, HI, NY/CT/NJ).

### 3. When is it safe to schedule a patient for an in-office visit after testing positive for COVID-19?

CCFMG follows Discontinuation of Isolation Interim Guidance established by CDC and Fresno Health Department to determine when a person is no longer infectious and therefore, safe to resume in-office visits.

CCFMG has incorporated a screening tool to help UCOE sites determine when it is appropriate to end isolation for patients. (Attachment: A)

### 4. Why are confirmed COVID-19 patients not required to have a negative test results before allowing an in-office visit?

Available data indicate that a person with mild to moderate COVID-19 remain infectious no longer than 10 days after symptom onset. After 10 days, a person can continue to shed detectable SAR-CoV-2 RNA in the upper respiratory specimens for up to 3 months without being transmissible. These findings strengthen the justification for relying on symptom based, rather than test based strategy for ending isolation of these patients.

## COVID-19 (Coronavirus) Protocol for UCOE Healthcare Sites

### Coronavirus Background:

COVID-19 belongs to a family of viruses called coronaviruses. This family of viruses is associated with respiratory illness, and can range from very mild, such as a cold, to severe diseases like Severe Acute Respiratory Syndrome.

### Modes of Transmission:

Early reports suggest person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs or sneezes. Droplets can land in the mouth, nose, or eyes of people who are nearby or possible be inhaled into the lungs of those within close proximity. The contribution of small respiratory particles, sometimes called aerosols or droplet nuclei, to close proximity transmission is currently uncertain. The period at which a person infected with COVID-19 can transfer virus to others starts 48 hours before the onset of their symptoms and ends 10 days after the onset. Currently, airborne transmission from person-to-person over long distances is unlikely. [CDC.gov/coronavirus/2019-ncov/infection-control](https://www.cdc.gov/coronavirus/2019-ncov/infection-control)

### Employee Daily Screening:

Employees are required to complete a [daily screening](#) form twice daily, per the CCFMG Employee Daily Screening Procedure effective 3/30/20.

### Patient and Visitor Screening:

Staff will call patients a day before their appointment to screen the patient for COVID-19. Patients & Visitors will be screened upon entering UCOE sites using the **COVID-19 Daily Screening: Patients and Visitors Screening Form**. Anyone who screens positive should not enter UCOE facilities and be referred to follow up with their primary care physician.

### Workplace Protocols:

- **Physical Distancing** – All staff must abstain from physical contact and maintain a distance of at least 6 feet apart when feasible. Rearrangement of workstations may be necessary in order to maintain physical distancing requirements.

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- **Face Covering** - All staff are required to wear a mask at all times except when alone in a private office. Face covers must cover both mouth and nose (cloth and surgical are acceptable) and is not a substitute for—but rather something that is done in addition to—maintaining appropriate physical distance. When interacting with patients, staff will don both a mask and eye protection.
- **Hand Washing/Hygiene** - All staff must practice good hand hygiene by washing their hands with soap and water for 20 seconds or longer. Hand sanitizer is available during times when soap and water is not available by applying a significant amount to palm and rubbing thoroughly until dry for 20-30 seconds. Staff should avoid touching their face, mouth, nose, or eyes. When sneezing or coughing, staff should cover their face with their elbow and face away from other staff or patients.
- **Workspace**
  - Your Local Space** - Workstations may need adjustment to allow physical distancing. Mark “Do not use” on stations that should not be shared. Consult with your manager if any workstation requires evaluation.
  - Physical Barriers** - No physical barriers will be in place at this time since distancing and masking will adequately prevent the spread of COVID-19 between staff. Staff can request a physical barrier for areas that conduct direct patient care and transactional areas such as check-in desks.
- **Common Areas and Shared Property** -
  - Kitchens/Breakrooms** - Break rooms may be used only if occupants can comply with physical distancing guidelines. Kitchen areas with high touched surfaces, such as refrigerator handles, microwaves, cabinets and sink fixtures should be disinfected by EPA-approved products several times a day. To avoid many of these high-touch surfaces, we suggest you bring meals that do not require refrigeration or heating. A self-contained cooler bag is recommended. Staff should avoid bringing food to share.
  - Meeting Rooms** - Continued use of RingCentral, Zoom and Skype conference calls is strongly encouraged in lieu of in-person meetings. When virtual meetings is not available and an in-person meeting is scheduled
    - Sit every other chair or, if practical, arrange chairs six feet apart
    - Wipe down tabletops and chair arms before and after your meeting
    - Wipe down audio equipment and speakerphone control panels before and after your meeting

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## Patient Care Areas

- **Physical Distancing** - Set up lobbies to allow patients to be at least six feet apart. Place visual alerts, such as signs and posters in appropriate languages, at entrances and in strategic places. Reduce crowding in lobbies by asking patients to remain outside if feasible. The installation of physical barriers (e.g. plexiglass) implemented at check-in & check-out areas.
- **Face Coverings** - Patients & Visitors must wear a face covering before entrance. If a patient arrives to their appointment without a mask, UCOE will provide a surgical mask.

- **Infection Prevention**

Hand Hygiene - Hand sanitizer is available at locations with greater likelihood of contact with people, and at entrances.

Environmental Infection Control—Office Managers will assign staff to disinfect waiting areas several times the day with an EPA-approved disinfectant. High touch payment systems are disinfected between each use.

Direct Patient Care—Staff & Providers must wear a mask (e.g. surgical mask or N95) **AND** eye protection (e.g. goggles or face shield) during every close and prolonged patient encounter. Cloth masks are not appropriate for medical personnel to use in the course of a clinical encounter. Respirators (N95-type masks) are the best for protecting health care workers and should be used in any high-risk aerosolizing procedure. Surgical masks are approximately 40-50% efficient at filtering viral particles and should be used by providers and staff for source control.

## References:

<https://www.jhsph.edu/covid-19/articles/the-right-mask-for-the-task.html>

<https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data>

[https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e2.htm?s\\_cid=mm6914e2\\_x](https://www.cdc.gov/mmwr/volumes/69/wr/mm6914e2.htm?s_cid=mm6914e2_x)

<https://www.co.fresno.ca.us/Home/ShowDocument?id=42424>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/overview/index.html>

## COVID-19 Duration of Isolation Guidelines for UCOE

1. For symptomatic patient's (suspected or confirmed COVID-19):
  - Symptom-based strategy for mild to moderate illness. Can discontinue isolation if:
    - At least 10 days have passed since symptoms first appeared and
    - At least 1 day (24 hours) have passed since last fever without the use of fever-reducing medications and
    - Other symptoms (e.g., cough, shortness of breath, body aches, etc.) have improved
  - Symptom-based strategy for severe to critical illness or who are severely immunocompromised. Can discontinue isolation if:
    - At least 20 days have passed since symptoms first appeared and
    - At least 1 day (24 hours) have passed since last fever without the use of fever-reducing medications and
    - Other symptoms (e.g., cough, shortness of breath, body aches, etc.) have improved

**High-risk populations of severe/critical illness (Per Mayo Clinic):** Persons with underlying health conditions such as:

- Lung disease
- Heart disease
- Weakened immune system
- Diabetes
- Obesity
- Liver Disease
- Kidney Disease
- Cancer
- Blood disorders that affect oxygen transport

*Note: A patient does not need to be in a high-risk group to have a severe or critical infection of COVID-19.*

2. For **asymptomatic patients** with confirmed COVID-19:
  - Time-based strategy. Can discontinue isolation if:
    - 10 days have passed since the date of their first positive COVID-19 diagnostic test (the date of specimen collection), assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based (and in some special cases test-based strategy in consultation with physician/infectious disease specialist) should be used.

- Time-based strategy for severely immunocompromised. Can discontinue isolation if:
    - 20 days have passed since the date of their first positive COVID-19 diagnostic test (the date of specimen collection), assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based (and in some special cases test-based strategy in consultation with physician/infectious disease specialist) should be used.
3. For **asymptomatic patients** who were **exposed to confirmed COVID-19 person**:
- **Critical infrastructure workers** (as defined by Cybersecurity and Infrastructure Security Agency):
    - Recommendation is still to send worker home to quarantine for 14 days. Employer can consider having employee work from home/remotely.
    - However, if work is unable to be done from home and there is shortage of staff at work, then critical infrastructure workers can continue to work. They **MUST** wear a mask at all times and ? adhere to distancing, hand hygiene and symptom/temperature screening guidelines. (Decided by their place of employment)
  - **NOT a critical infrastructure worker**:
    - Worker should be sent home to quarantine for 14 days from their last exposure.
    - Can consider working from home/remotely. (Decided by their place of employment)
4. For COVID positive patients who are tested a second time and test positive again, the second and subsequent tests can be disregarded if the symptom-based strategy is being followed, and the patient is otherwise recovering. In general, such multiple testing for clearance or diagnostic purposes should not be performed. Per the CDC, research indicates that after 10 days of symptoms, viral culture studies indicate that individuals are not infectious any longer, even if RNA is identified in the nasal epithelium (which is what explains the positive tests in patients after 10 days or even longer in some cases). Please refer to the CDC Memo about this for more information: [https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fstrategy-discontinue-isolation.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fstrategy-discontinue-isolation.html)
5. **Reminder: Masks must be used around other people—this means both at work and in social/public spaces. For confirmed COVID-19 positive individuals, they must wear a mask in their home to protect their family members.**

**6. Other symptoms:** People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with any of the following symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea