July 20, 2020

New Information From Your CPMG Medical Directors…
… always interesting to us – hopefully useful to you!

From: "Morris, Kenneth MD" <kmorris@rchsd.org>
Subject: CPCMG/RCPMS COVID CHRONICLES 7/17/2020

Good Evening:

These are semi-nightly updates for all CPCMG and RCPMS staff. Other valued community members which includes all CPMG affiliates and Radys Executives, as asked, have been included for the sake of collaboration. Please note that the information included herein is geared towards CPCMG & RCPMS staff and while generally useful to the broad community, all aspects may not always be applicable to your respective organizations.

For the 3rd week in a row, we will start off the Chronicles with "You Can't Make this Stuff Up!" We have all heard the story of the Clairemont Starbucks barista who was following company and San Diego Public Health policy and denied serving a woman who refused to wear a face covering. After cursing and flipping off the barista, the woman went on to social media to publicly shame the barista by posting the his picture and writing "*meet Lenen from Starbucks who refused to serve me cause I'm not wearing a mask. Next time I will wait for cops and bring a medical exemption*." The shaming created such a public outrage that $105,000 has been raised via GoFundMe on behalf of the barista (organized by a concerned Orange County citizen). Now, the woman behind the shaming wants half of the money raised from the GoFundMe page…Part of her defense is a hand written note from a chiropractor that says has "underlying health conditions that prevent her from wearing a mask." So far, no lawyer has agreed to take on her case.

The above case ties into the few cases of mask refusers that we have had that have been high anxiety producing for staff and providers. We feel that it is critical that we stick to our policy that does provide options to family members who are unable or unwilling to wear a face covering. We are highly confident that if a patient attempts to post negatively on social media about our policy that they will face the same public outrage. If we are caught not enforcing our policy, this creates a greater risk for our staff, patients and families. Please see our updated mask policy later in the Chronicles.

On Wednesday, encouraged by Dr. Breslow's precedent, I buried an "Easter Egg" deep into the Chronicles in the COVID-19 PCR TESTING OF STAFF/PROVIDERS paragraph. We had 24 respondents with the winner responding within 15 minutes of the posting. The first 3 respondents are Sarah Lindbäck, Dori Mortimer and Aysun Azimi who will be the proud recipients of a legally compliant Starbucks GC (and will be masked should they visit their local Starbucks). Thank you to everyone who responded and for reading the Chronicles cover to cover. We continue to have updated information and changing stories to make it important reading. Tonight's edition is particularly robust.

Lastly, if none of the above brought a smile to your face, perhaps adorable x 2 can fill the void? Dr. Naudin (Vista) submitted the **attached** photo of charming twins who came to their pre-K visits in full party attire and left with "*Olivia*" *Reach Out and Read* books. These two young ladies were not going to let Covid take a bite out of their social time!

RISK LEVEL

We remain at **Risk Level 4**.

- Access:
  - All sites remain open and all sites continue to see well and sick visits in a modified format
  - Most sites continue to see WCC's into mid-afternoon and are seeing WCC's of all ages
  - Some sites are piloting a well only format.
- Screening: Conducted on site each morning by a designated screener which includes a temperature check and risk assessment (symptoms and exposure).
- Self-monitoring: Throughout the day by all staff and providers.

SAN DIEGO COUNTY COVID-19 TRIGGERS

- Please click the Triggers Scorecard (SD County) to see how we are doing with all 13 of the criteria metrics across the 3 categories.
- As of 7/17/20, we are significantly failing the community outbreak metric with 13 outbreaks (>7 outbreaks in a 7 day period is failing), we are failing the case investigation metric at 24% within 24 hours (≥ 70% is passing) and the Case Rate of 154.3/100,000, which is greater than the baseline of 100/100,000.

CASES

CPCMG/RCPMS:

- Staff/Providers
  - One new positive provider cases (2 total to date-none with confirmed work related exposure).
    - We learned that another CPCMG provider has tested IgG positive. In the first week of March, the provider visited a daughter at a college campus in Los Angeles for a birthday party. The provider began with symptoms of extreme fatigue and a mild cough, but without fever 3 days after the LA trip and then missed the rest of the following week of work. At the time, they did not meet the criteria for COVID-19 and testing was not indicated. They felt better after a week, but did not feel

back to their usual self until almost a month later. They did work in the 48 hours preceding the onset of illness, but no other staff or providers from the affected site reported an illness over the following month.

- One new positive staff case (11 total to date-none with confirmed work related exposure)
  - We have a new case of an employee presenting with cough, sore throat, chills and headache after her scheduled shift on Monday. The employee had no known contacts, but spent the previous several days "eating at restaurants and walking around Mission Beach." Good social distancing, mask precautions and hand hygiene were utilized at work.

- Patients (53+ new cases over the past week->189+ total positive cases ending 7/11/2020)
  - For Radys samples, you no longer need to notify us unless there is a break in PPE or Physical Distancing.
  - For Quest/LabCorp samples, please continue to notify the Quality Team.
  - A sample of new cases
    - 5 Symptomatic & Exposed
    - 0 Asymptomatic & Exposed cases
    - 0 Asymptomatic & No Known Exposure Case.
  - MIS-C: We had a confirmed case from a South Bay 7 y/o patient who met the criteria for MIS-C (without evidence of shock). He was diagnosed with COVID on June 10th after a known exposure, but asymptomatic at the time of diagnosis. He subsequently developed a headache and brief abdomen pain as well as an itchy rash that appeared and disappeared quickly. The patient then re-presented 1 month after diagnosis with a high fever >103, headache and a red face and was referred by triage to the Radys ER using the MISC-C protocol. On arrival to the ER, the patient's fever resolved and his father left with f/u at the clinic the next day. A new hx of abdominal pain and vomiting was noted from the day prior and he was otherwise asymptomatic at the clinic. After the visit, the fever returned and the father returned to the ER. His work up revealed an elevated CRP, ESR, D-Dimer, PTT, Ferritin and Fibrinogen. The BNP and troponin were normal. He did not meet the criteria for KD and had a normal EKG/Echo. Per protocol, he was given IVIG and responded well.
    Learned Lessons: Known hx of COVID-19, with a new fever and abdominal pain ≤ 4 weeks following the Dx: think MIS-C in your differential.

Riverside County Covid Cases:

- Wed Evening 7/15: 3.3% increase-27,371 positive cases with 8.0% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 7/16: 2.9% increase-28,177 positive cases with 8.0% of the TOTAL cases being in children 0-17 y/o
- Friday Evening 7/17: 1.8% increase-28,695 positive cases with 8.0% of the TOTAL cases being in children 0-17 y/o
- 7 Day Rolling Average of Positive Tests: 16.7% (trending upward since early May)

San Diego County Covid Cases:

- Wed Evening 7/15: 2.6% increase-21,446 positive cases with 9.9% of the TOTAL cases being in children 0-19 y/o
- Thursday Evening 7/16: 1.9% increase-21,855 positive cases with 10.0% of the TOTAL cases being in children 0-19 y/o
- Friday Evening 7/17: 2.8% increase-22,489 positive cases with 10.0% of the TOTAL cases being in children 0-19 y/o
- 14 Day Rolling Average of Positive Tests: 6.1% (trending upward from a low of 2.54% on June 19th and a high of 6.3% on June 14th).

Statewide Covid Cases:

- Wed Evening 7/15: 3.2% increase-347,634 positive cases with 8.4% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 7/16: 2.4% increase-356,178 positive cases with 8.4% of the TOTAL cases being in children 0-17 y/o
- Friday Evening 7/17: 2.7% increase-366,164 positive cases with 8.4% of the TOTAL cases being in children 0-17 y/o
- 14 Day Rolling Average of Positive Tests: 7.4% (up 1.1% from 14 days ago)

SCHOOLS & REOPENING

The positive vibe from the opening preamble was quickly tempered by Governor Newsom's announcement today that any schools (both public and private) located in a county who is on the State's watch list, will not be permitted to reopen for onsite learning. This currently includes all schools in Southern California. Counties can reopen schools if the region has been off the state monitoring list for 14 days. The full updated guidance is included here.

For schools in counties that are permitted to reopen, they will have the following guidelines:

- Students in grades 3 to 12, along with staff, would be required to wear masks.
- Those who refuse could be sent home for distance-only learning.
- Kids in grades 2 and under will be strongly encouraged to wear masks.
- Staff would need to keep 6 feet between themselves and others.
- Students would be encouraged to do the same.
- The school day would start with "symptom checks," including temperature checks.
- Staff would be tested monthly for COVID-19.

Additionally, in schools that are opened, the following monitoring guidance was discussed:

- Any class that sees one case of COVID-19 will be sent home.
- An entire school will be sent home if "multiple cohorts" or more than 5 percent of the students test positive.
- An entire district will be sent home if 25 percent of their campuses are closed within a 14 day period.

COLLEGES & REQUESTS FOR COVID-19 TESTING

Several providers have begun to receive requests from colleges regarding requests for Covid testing. One provider noted that a college in Boise (guessing Boise State) is requesting a test 2 weeks before move in. I find this request ridiculous given that after testing, a family is likely to get on a plane or travel across the country staying in hotels and creating all sorts of new risk exposures. Additionally, teenagers and young adults have increasingly been shown to not make the best use of social distancing rules. 2 weeks is like a lifetime of Covid exposure opportunity for a college student.

TWEAKING THE SYSTEM

We continue to be aware of situations where parents are not being completely truthful or are answering our questions quite concretely with regards to symptoms, exposures, concurrent testing, etc. As we learn of these situations, we attempt to change our screening questions and protocols as both staff and providers. The latest:

- A family of 3 kids was screened negative outside (all 3 presented with fever, headache and stomach pain). They were asked about direct contact with a confirmed case of COVID-19 and answered no. After they were roomed, they were asked if anyone was sick at home and they revealed that their father was symptomatic and was awaiting his test results. All 3 children were tested and all tested positive. I think if reasonable suspicion of contact had been identified, all 3 children would have been seen outside. With other cases, the parents have not been truthful with the answers, because they have been afraid that we will not see them. They become more truth full once they are roomed.
- We have had a couple of cases where families have had their kids tested with CPCMG Quest/LabCorp testing or at State/County sites and then they schedule follow up visits requesting Covid testing at Radys (they have heard that Radys is faster). This of course comes without them mentioning that they already have testing swabs cooking elsewhere. When ordering testing, it may be prudent to ask the family if the child has already been tested and when it was done before ordering testing. This kind of abuse puts a strain on the system and really accomplishes nothing for the children being tested in most cases.

LEGAL EAGLE (from the desk of Steve Lewis & Ken Morris)

COVID-19 Work Clearance Letters

As noted in the 7/6/2020 Chronicles, we continue to receive requests for letters of clearance from COVID-19. At this time, we are not writing these clearance letters due to the uncertainty of COVID-19 and its transmissibility. As part of the CDC's FAQ's for Businesses, they note that "*employers should not require sick employees to provide a negative COVID-19 test result or healthcare provider's note to return to work*." The CDC goes on to say that employees with COVID-19 who have stayed home can stop isolation and return to work when they have met criteria. As we know, there are two options for clearing isolation: one is symptom/time based and the other is test based. We continue to recommend the symptom/time based option given the challenges with testing access.

In following Option 1, the CDC notes that *if in consultation with a healthcare provider (and local public health authorities knowledgeable about locally available testing resources), it is determined an employee will not have a test to determine if they are still*

contagious, the employee can leave home and return to work [after the symptom/time based isolation discontinuation criteria have been met].

We had one provider that we directed to give a copy of the above narrative (see **attached** snipped CDC Directive) and this seemed to satisfy the patient's employer.

We are contemplating creating an Epic letter option that would have the CDC narrative followed by a line something to the effect of "*I hear by attest that I have consulted with my healthcare provider*" with the parent/patient's signature to be affixed after the letter is printed. The letter could be forwarded via MyChart or printed and stamped at one of our offices depending on the source of the encounter.

Lastly, while this addresses employers and employees, we expect that this will likely be translational between schools and students.

ASTHMA & COVID-19

To date, we have had over 200 cases of Covid at CPCMG offices and several patients with at least moderate persistent asthma. To the best of my knowledge, none of our asthmatic patients have exhibited any respiratory symptoms or asthma exacerbations. We have had 1 or 2 Covid positive hospitalized patients which appear to be more tied to a co-morbid condition and not the Covid itself.

Some recent questions have been raised with regards to patients with a known history of asthma and being diagnosed with COVID-19. The questions revolved around whether there is any indication to increase the ICS dose or having a faster consideration for offering prelone/prednisone in the face of a positive Covid infection (but no asthma exacerbation).

After conferring with Dr. Stucky-Fisher (Radys DEBM) and Dr. Leibel (Asthma Director at Radys), we all concur that there is no evidence to suggest following the above course of action (increasing dosing or offering faster oral steroids). For patients already on an ICS, the direction given by the AAAAI (see following link) is to continue the prescribed ICS at its current dosing and NOT to discontinue the ICS. COVID-19 and Asthma: What Patients Need to Know Early on in the pandemic, concerns were raised that steroids could potentially make COVID worse. This fear has not been realized and more recently steroids have demonstrated to be effective in treating severely hospitalized patients with COVID-19.

I also shared the dialogue that I published in Wednesday's Chronicles re asthma and requests for mask waivers. They agreed with Dr. Rizzo's stance (American Lung Association) and all agreed that there should not be any change in expectations to wear a mask. This was also noted to be the same in the adult world, even including those who are on oxygen.

COVID-19 TEST RESULTS & NOTIFICATION OF PARENTS

The expanded C3 testing program has understandably brought a significant increase to our inboxes. We expect this to continue to rise. Our quality team has discussed a change in our COVID-19 resulting protocol with the Clinical Best Practice committee and the Incident Command Team (ICT). The following recommendations have been made:

- All positive results will need to continue to be called to a caregiver by a provider (or designee in certain scenarios)
- All negative results are released to patients via MyChart (I believe immediately)
- We are working with Radys such that Covid results can be released to parents for teens on MyChart (this may take 6+ weeks)
- For fastest access to results, parents should be strongly encouraged to sign up with MyChart (if feasible)
- **Upon ordering, patients should be instructed that they likely will not receive a call if their child's results are negative.**
    - For Radys testing, if a parent has not been called within 72 hours, they can assume that their testing is negative.
    - Quest and LabCorp results are taking 7+ days, caregivers should be educated accordingly.
- If a caregiver needs access to final results and they do not have access to MyChart, they should be instructed on how to contact your site for results.
- We are contemplating changing the auto expiration of Covid PCR orders to 7 days (so you will know if your patient has not received their testing or in the event of the small chance that a sample was misplaced).

None of the above precludes your site from calling patients with negative results if that is your choice. We expect to need about a week to make changes to AVS instructions and make sure that staff are properly informed.

EXPOSURE & TESTING (condensed)

If confirmed significant exposure and the patient is asymptomatic:

- If exposure was from household caregiver, okay to consider testing without waiting
- For most other direct exposures, consider waiting 5-7 days before initiating testing unless the patient become symptomatic

COVID COLLABORATIVE FOR CHILDREN (C3) & TESTING

The intent of the C3 program is offer testing for those during the course of their visit. At this time, we do not have the clinical support staffing bandwidth to accommodate testing requests outside of a visit.

Visits (either in person or via video visit) should be offered to those requesting testing for both clinical and business considerations. Priority should be given to symptomatic patients > asymptomatic patients with an exposure > asymptomatic patients for surveillance purposes only. **In time, we realize that requests for asymptomatic testing will increase and that we may not have the ability or desire to offer a visit.**

Encounters Pathways for Access to Testing

- CVC Video Visits: Offer testing at a CPCMG Regional Center or via Radys (Drive Through/WI)

- PCP Video Visits: Offer testing with a site clinical support visit or via Radys (Drive Through/WI)
- In Office Visits: Offer testing during the visit
- No Visit: Order via Radys (Drive Through/WI) or State/County locations

Other C3 Notes (Updates)

- All San Diego sites are now live
- We had begun a partial "go-live" in Riverside, but were forced to pause due to some challenges with the lock boxes and courier service. It is hoped that this will be resolved very early next week.
- We are looking at establishing a weekly auto-allocation of swabs for each site in order to meet demand, this should go live next week
- We have developed a manual requisition work flow to allow for easier ordering and collection of specimens from parents/caregivers. We expect to be able to do a "soft" go-live next week for parent/caregiver testing once the requisitions are distributed to your sites. We are not advertising this ability as of yet so that we do not inadvertently overtax the system.
    - Please note that all caregiver results will be managed by the Rady Hospital system (not by our providers and staff).
- **Setting Realistic Expectations**: Routine surveillance testing will take 24-48 hours (not 2 hours). This is still an improvement over Quest or LabCorp. For samples that need to be fast tracked (symptomatic, clinical concern, provider/staff), please place the green sticker on the bag. For providers/staff: This should be written in on the top of the requisition.

COVID ISOLATION CLEARANCE (repeated)

We recommend following a Time-based strategy or Symptom-based strategy for Covid positive patients.

- *Symptom-based strategy (symptomatic patients)*
    - 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*
- *Time-based strategy* (asymptomatic patients)
    - At least 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have 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.

TESTING CRITERIA (condensed)

Clinicians should use their judgment to determine if the patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. ***If you think a patient needs to be tested, please test them!***

Priority should be given to symptomatic patients > asymptomatic patients with an exposure > asymptomatic patients for surveillance purposes only. Note: C3 participating sites with adequate supplies may not need to prioritize testing given adequate testing access.

**Symptoms= fever, cough, congestion, runny nose, headaches, shortness of breath/difficulty breathing, sore throat, chills/repeated shaking with chills, nausea, vomiting, diarrhea, muscle aches, fatigue, new loss of taste or smell. Note that elderly people (and children) might not develop fever.*

RADYS COVID ANTIBODY TESTING FOR PROVIDERS/STAFF

For those with more than a curiosity, RCHSD's occupational health is offering COVID IgG antibody testing to any providers or staff (bring your badge). It is located at Building 12 with no appointment needed. Hours are **0700-14:30**, Monday-Friday with no physician orders required for providers/staff.

ANTIBODY TESTING CRITERIA (repeated for reinforcement)

Patient referrals to a Quest draw center must be asymptomatic for the previous 10 days AND must have the following testing limitations reviewed with them.

Limitations: When ordering antibody testing, the following limitations should be communicated to patients

- We do not know whether the presence of IgG antibody indicates full, partial or no immunity to COVID 19 and for how long.
- If an IgG antibody result is positive, we cannot rule in or out the positive as COVID-19 versus a non COVID-19 corona virus
- Antibody testing cannot rule out or rule in an active COVID-19 infection and if testing positive, we will need to follow this up with PCR testing.

The following are suggested for testing consideration:

1. Patients with a Hx of COVID-19 like illness* AND either have risk factors themselves or contact with other patients/caregivers at risk.
2. HCW's:
    a. With acute suspected COVID-19 symptoms > 7 days, but a negative PCR test*
    b. Who have recovered from a suspected past history of a COVID-19 like illness*
3. "Covid Toes" presentation
4. Any suspected KD, MIS-C cases or previous Hx of prolonged fever since March

*Note: 14 days past onset of sx's is preferable for testing due to increased accuracy.

INFECTION PREVENTION & CONTROL-Contact & Droplet Precautions

- Remember the 3 W's (for your everyday lives):
    - WEAR a face covering
    - WAIT 6 feet apart/avoid close contact
    - WASH your hands often or use hand sanitizer
- Eye Protection (**Updated**)
    - After discussion with our Quality Team, Clinical Best Practices Committee and Incident Command Team, we have chosen not to follow Radys lead of having eye protection for all patient care interactions.

        - We reviewed the new CDC recommendations published July 15th and the California Department of Public Health Facilities guidance from this week's meeting. If was acknowledged that eye protection recommendations are for healthcare personnel (HCP) only during direct close care encounters. In consultation with the CDC, it was acknowledged that "*eye protection might not necessarily have as much incremental protective benefit in settings where patients are reliably source controlled (e.g., an outpatient clinic where the patient wears a facemask throughout the visit)*." This would be CPCMG!
        - While we previously strongly recommended eye protection in the past for cases where a patient/family member might be unmasked, we are now requiring it. These scenarios remain unchanged:
            - A patient and/or companion is unwilling/unable to wear a face covering.
                - Includes children under 2 y/o.
            - During oropharynx examinations when you ask a patient to temporarily remove their face covering
            - During aerosol generating procedures (AGP's)
        - Expect more reinforcing information to be forthcoming on the topic
- CPCMG Directive on Use of Face Coverings / Face Masks (**Updated**)
    - As noted in the Wednesday Chronicles, we have had some challenges with a few parents unable/unwilling to following our mask policy. The following language has been adopted with the policy to distributed widely to CPCMG/RCPMS next week:

For CPCMG Visitors (defined as vendors, patients and their companions/caregivers)

- *Visitors (ages 2 and up) should be wearing their own cloth face covering upon arrival to the facility and throughout the visit unless directed by the provider to temporarily remove the mask.*
    - *Visitors without face coverings should be offered a facemask or cloth face covering, as supplies allow*
    - *If any visitors are unable or unwilling to wear the required face covering, the following options are offered if applicable:*
        - *Video Visit or patient to be seen in their car OR*
        - *Offer a face shield (to be returned after use) for older children and adults*
        - *If a visitor presents with a mask with an exhaust valve, please offer a face mask or face shield to the visitor (face shield to be returned after use)*
- *For patient visitors in a stroller or baby carrier, please use a light blanket or other covering over the stroller/carrier*

    - Our crack Quality team has revised the *CPCMG Safety Policy: Face Coverings Required* poster that now mentions that the face covering must be worn at all times throughout the visit (unless directed otherwise by a provider). These posters will be able to be placed in exam rooms and will be made available next week.

CMIO REPORT (from the desk of Dr. Michael Jacobson)

Let's send birthday well wishes to Dr. Jacobson today!

Knowledge Base

Please visit the CPCMG Knowledge Base for all sign-ups, knowledge articles, and tip sheets.

As a daily reminder to all staff and providers, if you have a fever (Temp ≥100.0), please do not come to work! If you are not feeling quite right, it is best to stay home. Besides taking care of yourselves, we need to keep co-workers and patients healthy.

Thanks,

-KM

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