



10/02/2002

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

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Date: October 2, 2020 at 5:00:38 PM PDT
Subject: CPCMGR/CPMS COVID CHRONICLES 10/2/2020

These are biweekly updates for all CPCMGR 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 CPCMGR & RCPMS staff and while generally useful to the broad community, all aspects may not always be applicable to your respective organizations.

Since the inception of the Chronicles, I have tried my best to focus on the changing science and not on the politicizing of COVID-19. It has sometimes been a challenge considering the strong criticism that our government has received regarding the handling of the pandemic and the lack of adherence to public health recommendations. In a stunning piece of news, unless you completely tune out the media, you are all aware that the President of the United States and his wife have tested positive for COVID-19.

Being in health care, our commitment to the Hippocratic Oath tells us that no matter the patient and no matter the scenario, we should do our best to uphold the highest professional and ethical standards to bring our patients back to good health. I'm sure that you all will join me in hoping that the president and his wife will make a full recovery from this dreadful infection.

Following the developing science of COVID-19, during a time of heightened focus around discrimination, we have learned that the SARS-CoV2 virus does not discriminate against who it chooses to infect. It doesn't matter if you are the President of the United States or the president of your local book club. It also doesn't matter if you are healthy and wealthy or poor and sickly. We are all at risk for contracting COVID-19. For some, our risks are greater should we contract the dreaded virus.

Early on in the pandemic, the White House reportedly began conducting daily testing of the President, key staff and visitors. The lesson learned here is that testing alone does not prevent COVID-19. If we want to put an end to the pandemic, we all need to continuously and without fail follow the 3 W's while at work and while in our communities: **WEAR a face covering--WAIT 6 feet apart/avoid close contact--WASH your hands often or use hand sanitizer.**

While the outbreak at the White House is unfortunate, it was likely avoidable if health recommendations had been followed with a united effort. I cannot even begin to imagine the task at hand of figuring out who to quarantine at the oval office and from all of the recent crowded public rallies. Let's remember that in addition to protecting ourselves, we all should remember the unstated oath of needing to protect everyone around us.

In tonight's edition, we have some updates on new and existing topics for the following:

- Covid Cases
 - New Staff Covid Case
 - RCPMS Quality Team Notification Request
- Health Equity Metrics & Blueprint for a Safer Economy
- Return to Learn
- Infrared Thermometers & Radiation Concerns
- Covid & The Kids (2 studies)
- Outdoor Zoom & Telemedicine
- COVID-19 Vaccines Update
- COVID-19 County Testing Centers
- COVID-19 Drive Through Testing-Update
- Infection Prevention & Control
 - Contagious Disease Exposure Management (repeated due to repeated queries)

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.

COUNTY COVID-19 TRIGGERS

- Please click the Triggers [Scorecard \(SD County\)](#) to see how San Diego is doing with all 13 of the criteria metrics across the 3 categories. Some triggers are included in the CA Blueprint Triggers below. As of 10/2/2020:
 - SD is failing the community outbreak metric with **28** outbreaks (>7 outbreaks in a 7 day period is failing).
 - [SDSU Cases](#) (as of 10/1/2020):
 - SDSU Living On Campus Related: 403 students
 - SDSU Non Residential: 685 students, 8 faculty/staff, 14 visitors
 - The 6 faculty/staff were connected to an auxiliary of SDSU
 - Totals: 1,088 students (includes confirmed and probable cases) and 22 non-students
- CA [Blueprint for a Safer Economy](#) Triggers as of 9/29/2020.

- **CA**
 - COVID-19 Adjusted Case Rate per 100K: 7.0 (up from 6.4 on 9/22/2020)
 - Testing Positivity Rate: 3.4% (down from 3.6%)
- **SAN DIEGO**
 - COVID-19 Adjusted Case Rate per 100K: 6.7 (down from 6.9 on 9/22/2020)
 - Testing Positivity Rate: 3.5% (down from 3.8% on 9/22/2020)
 - Tier Status: **Substantial-Tier 2**
 - San Diego is expect to remain in the **Red** Tier until their cases rate drops below 3.9/100,000, which is an average of <133 new cases per day.
- **RIVERSIDE**
 - COVID-19 Adjusted Case Rate per 100K: 6.7 (equals rate of 6.7 on 9/22/2020)
 - Testing Positivity Rate: 4.8% (down from 5.8% on 9/22/2020)
 - Tier Status: **Substantial-Tier 2**

Measure	Higher Risk → Lower Risk of Community Disease Transmission***			
	Widespread Tier 1	Substantial Tier 2	Moderate Tier 3	Minimal Tier 4
Adjusted Case Rate for Tier Assignment** (Rate per 100,000 population* excluding prison cases^, 7 day average with 7 day lag)	>7	4-7	1-3.9	<1
Testing Positivity^ (Excluding prison cases^, 7 day average with 7 day lag)	>8%	5-8%	2-4.9%	<2%

- The “Healthy Compliance Call Center” line that allows the SD public to report violations can be reached at (858) 694-2900.

COVID CASES (as of 10/2/2020)

- **CPCMG COVID Positive cases: 2**
 - Both cases (from early March) were confirmed via antibody testing.
 - Contact tracing: no work related exposure
- **RCPMS Positive Cases: 14**
 - We have one new case of a medical assistant testing positive. They initially had symptoms of slight congestion felt to be allergies given improvement with medications. They continued to work with full PPE and hygiene precautions, but felt worse with achiness and headaches 2 days later and did not come into work. Subsequent evaluation by their PCP was felt to be the “flu,” but was Covid tested with results returning positive. Preliminary contact tracing revealed no known exposures nor any contact with a patient recently testing positive (although an asymptomatic family member that was tested for unrelated surveillance reasons returned positive at the same time that results became known

for the employee). Tracing to date has also not revealed any break in PPE with other staff or patients.

- 10 of 14 positive cases with contact tracing linked to outside exposures
- 3 of 14 positive cases with unconfirmed etiologies. Contact tracing revealed no work related exposure

- **RCPMS Quality Team Notification**

With the new case of a staff member testing positive, the Quality Team would like to remind everyone that we feel it is important to engage us early in the process, even if you feel that new symptoms might be due to an existing allergy or other condition. Like with our narrative regarding symptoms after a flu shot, we will consider each consult on a case by case basis. Consulting the quality team will not result in an automatic exclusion from work while waiting for testing results and/or symptoms to resolve. Ultimately, if low risk you might request and/or we might offer Covid testing more for assurance and still permit you to work with PPE and hygiene precautions. With higher risk concerns, you may be asked to stay home while awaiting results. The take home message: please engage the Quality Team early in the process so that we can assure that your health and the health of those around you is protected.

- **CPCMG Patient Positive Cases**

- For the week ending 9/26/2020: 37+ new cases over the past week->607+ total
 - For Radys samples, you do not 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.

Riverside County Covid Cases:

- Tuesday Evening 9/29: 0.4% increase-59,173 positive cases with 9.3% of the TOTAL cases being in children 0-17 y/o
- Wednesday Evening 9/30: 0.4% increase-59,405 positive cases with 9.3% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 10/1: 0.1% increase-59,488 positive cases with 9.3% of the TOTAL cases being in children 0-17 y/o
- Friday Evening 10/2: 0.7% increase-59,934 positive cases with 9.3% of the TOTAL cases being in children 0-17 y/o

San Diego County Covid Cases:

- Tuesday Evening 9/29: 0.5% increase-46,985 positive cases with 13.3% of the TOTAL cases being in children 0-19 y/o
- Wednesday Evening 9/30: 0.4% increase-47,180 positive cases with 13.4% of the TOTAL cases being in children 0-19 y/o
- Thursday Evening 10/1: 0.6% increase-47,485 positive cases with 13.4% of the TOTAL cases being in children 0-19 y/o
- Friday Evening 10/2: 0.6% increase-47,791 positive cases with 13.4% of the TOTAL cases being in children 0-19 y/o

Statewide Covid Cases:

- Tuesday Evening 9/29: 0.3% increase- 807,425 positive cases with 10.4% of the TOTAL cases being in children 0-17 y/o
- Wednesday Evening 9/30: 0.4% increase- 810,625 positive cases with 10.4% of the TOTAL cases being in children 0-17 y/o
- Thursday Evening 10/1: 0.4% increase- 813, 687 positive cases with 10.4% of the TOTAL cases being in children 0-17 y/o
- Friday Evening 10/2: 0.4% increase- 817,277 positive cases with 10.4% of the TOTAL cases being in children 0-17 y/o

HEALTH EQUITY METRICS & BLUEPRINT FOR A SAFER ECONOMY

The California Department of Public Health (CDPH) released details regarding a health equity metric to help guide counties in their continuing efforts to more effectively fight COVID-19. It requires more intensive efforts to prevent and mitigate the spread of COVID-19 among Californians who have been disproportionately impacted by this pandemic. The equity metric, which is part of the Blueprint for a Safer Economy announced on August 28, is designed to reduce COVID-19 cases in all communities and takes effect on October 6.

It has been clearly documented that certain communities - low-income, Black, Latino, Pacific Islander, and essential workers – have been disproportionately impacted by COVID-19 in terms of higher rates of infection, hospitalizations, and deaths. These disparities create a public health imperative to address exposure in all communities, including especially those disproportionately impacted, as a measure to protect all communities....In order to advance to the next less restrictive tier, depending on its size, a county will need to meet an equity metric and/or demonstrate targeted investments to eliminate disparities in levels of transmission.

For San Diego & Riverside: Counties must ensure that the test positivity rates in its most disadvantaged neighborhoods, as defined as being in the lowest quartile of the Healthy Places Index (HPI) census tracts, do not significantly lag behind its overall county test positivity rate. In addition to counties submitting a plan that details targeted investments for disadvantaged neighborhoods, the following guidance was given in order for a county to move to a less restrictive tier (goes into effect for the October 13th tier assignment).

- Currently, in order for a county to move to a less restrictive tier, they must meet the case rate AND test positivity threshold for the lower threshold for two consecutive weeks. Now, counties must also meet the following:
 - In order for a county to move from purple→red, their lowest quartile HPI census tracts' test positivity must also be $\leq 8\%$. Note: both Riverside and San Diego are already in the red tier.
 - In order for a county to move from red→orange, their lowest quartile HPI census tracts' test positivity must be within 5% of the orange tier threshold, or $\leq 5.2\%$. Note: Riverside is at 4.8% overall and San Diego is at 3.5% overall.
 - In order for a county to move from orange→yellow, their lowest quartile HPI census tracts' test positivity must be within 10% of the yellow tier threshold, or $\leq 2.1\%$.
- NEW Accelerated Tier Progression for counties attending to the lowest quartile HPI test positivity rate.
 - For counties in purple or red tiers, if the county's case rate is declining but has not met threshold for the next less restrictive tier, the county can still progress

to the next less restrictive tier if both the countywide and the county's lowest quartile HPI census tracts' test positivity rate meets the threshold for the tier that is two tiers less restrictive than the current tier for two consecutive weeks.

- San Diego & Riverside are both currently in the orange tier for test positivity (while case rates remain in the red tier). If we can get our countywide and lowest quartile HPI census tract positivity rate <2% then our counties can progress to the orange tier (even if case rates remain in the red tier of 4-7/100K).

RETURN TO LEARN

It was announced that after much anticipation, SDUSD will be bringing back a small percentage of vulnerable students beginning October 13th. The sessions will be for students in elementary school grades who are experiencing learning loss or are special education students with high needs. The U-T reports that as many as 12,000 of the district's roughly 100,000 students will be able to participate. Group sessions will be limited to six students at a time in each classroom for transitional kindergarten through third grade, and eight students in fourth and fifth grades.

Elsewhere, most San Diego County school districts have either reopened or plan to reopen this month at some level. In the hard hit South Bay, 3 districts (Sweetwater, San Ysidro and South Bay) are remaining closed to in-person learning for the rest of 2020 and until the case rate improves in that region.

At SDSU, more than 1,000 students have tested positive, but the infection rate is slowing and the school is set to resume a limited number of in-person classes on October 12th. At UCSD, testing was conducted on arriving students and 10 have tested positive to date. USD has had 4, Pt. Loma Nazarene has had 2 and Cal State San Marcos has had 8. All of the latter universities appear to have benefitted from the knowledge of the SDSU experience.

INFRARED THERMOMETERS & RADIATION CONCERNS

During the July 11th edition of the Chronicles, in the opening narrative, I touched base on some of our sites experiencing patients/families refusing to have their temperatures taken with our touchless infrared thermometers (although they were willing to have the temperatures taken with the temporal touch scanners). It appears that some of our sites are having a resurgence of families refusing to have their or their children's temperatures taken.

At the time, several social media threads were being circulated claiming that the infrared thermometers can cause "damage to your retinas or kill your neurons." Others claimed that the same thermometers could cause damage to the pineal gland in your brain. From Dr. Haris Sair, director of neuroradiology at Johns Hopkins University, "*The device picks up natural infrared wavelengths emitted by the human body. They don't send infrared light or wavelengths into the body... and they do not pose a risk to the pineal gland.*" Please know that the threads generating the above concerns are false with the devices having sensors working similar to the television remote controls that we all use in our everyday lives. The only potential radiation being emitted comes from the batteries that we also use in our everyday lives. Ironically, the temporal touch scanners that we traditionally use also work with infrared scanning technology!

COVID & THE KIDS

Can Children Transmit COVID-19?

A very large [study](#) was just published in *Science* that draws several conclusions regarding epidemiology and transmission dynamics of COVID-19. The study looked at nearly 85,000 cases and 575,000 of their contacts.

- While there was much initial debate early in the pandemic whether children can be infected or transmit COVID-19, the study found that there was a high prevalence of children infection from other children who were contacts of cases around their own age (they can contract it and transmit it). 5,300 school-aged children in the study had infected 2,508 contacts, but were more likely to spread COVID-19 to other children of a similar age.
- A small number of people are contributing to causing a majority of the new infections. 71% of the cases had no secondary cases linked after reviewing contact tracing. 5% of the people accounted for 80% of the infections detected by contact tracing.
- In general, infected people tend to spread the virus to others in similar age groupings. This makes sense when you consider group dynamics.

Do Children Get Infected as Often as Adults Following Exposure to COVID? (from Radys Town Hall)

In the [systematic review and meta-analysis](#) including 32 studies comprising over 41,000 children and adolescents with nearly 270,000 adults meeting the inclusion criteria, the answer is likely NO. Why? We don't know per Dr. Bradley. Children and adolescents < 20 y/o had a 44% lower odds of secondary infection with SARS-CoV-2 compared with adults ≥ 20 y/o. This figure was most marked in those younger than 10-14 years of age. While the study above demonstrates that children can transmit COVID-19, the data from this study was insufficient to conclude whether transmission of COVID-19 by children is lower than adults.

OUTDOOR ZOOM & TELEMEDICINE

Many of us have enjoyed the comforts of Zoom from our backyards with many of our patients doing the same during a telemedicine visit. With a typically mild climate without extreme weather or wild animals, Southern California is a pretty good place to host these kind of interactions. Perhaps the greatest outdoor peril I have encountered this year was coming across a rattler perched in front of the CAO in April. From the mountains of Kentucky comes a cautionary [tale](#) from a recent telemedicine visit.

While setting up for the visit, the wife of Dr. Hood's patient started screaming when a copperhead snake had wrapped itself around her leg sinking its fangs into her ankle. Fortunately, the doctor and his staff jumped into action, directing the patient to the ER where she ended up being okay.

Dr. Hood reminds all of us that if we or our patients are setting up outdoors, we should be aware of the following:

- Check out your surroundings (ensure no animals, insects or even planes are going to cause a distraction or make things difficult to communicate)
- Make sure that nobody else is within hearing or viewing range (this goes for indoors as well in particular for telemedicine visits). You wouldn't let a stranger come wander into your exam room at clinic and nor should you while performing a telemedicine visit at home!

- Make sure your backdrop is not going to send a wrong message to your patient (like counseling about gun safety with a BB gun mounted to your wall).

COVID-19 VACCINES UPDATE

During the 9/25/2020 Chronicles, I mentioned that the Johnson & Johnson Vaccine became the 4th US vaccine to begin Phase 3 trials. They are expected to enroll 60,000 participants. J&J is now set to be the 3rd vaccine (after Moderna and AstraZeneca) to enroll San Diego participants (3,000-3,500) with its research sites to be in the city of San Diego (M3 Wake Research) and National City (UCSD). We already have one provider that I know of that was selected to be part of the Moderna trial to get either the vaccine or a placebo injection. In order to sign up for the J&J trial:

M3 Wake Research: Call or text 'COVID' to 619-330-0756 or visit www.covidstudies.org

UCSD: Visit www.covidvaccinessd.com or call 619-742-0433

In case you hadn't heard, one of the other Covid vaccine candidates from the biotech firm, Inovio, halted their trial due to an FDA inquiry. After responding to the inquiry, it may take another 30 days before trials can resume (if permitted).

COVID-19 COUNTY TESTING CENTERS

All of the 37 San Diego County-run testing locations will now be offering testing for children 6 months old to 12 y/o (previously, it was only offered to children 12 y/o and older). Go to the [find a testing site](#) link for a map of locations. Please note that the selected sites still say testing for 12 y/o and older and has not been updated yet.

COVID-19 DRIVE THROUGH TESTING AT CPCMG (repeated with update)

- MCC, El Cajon, Scripps Ranch and Vista are now running drive through testing pilots.
- As a reminder, testing is for **appointment only** at this time. Referrals for testing requests should be run through regional testing centers or front office pools.
- Please do not order the Covid-19 test during the video visit. They will be ordered on the back end.
- Referring Patients to a Regional Testing Center: When referring patients to a regional testing Center for **COVID-19** testing, it is important to let families know that they will be contacted within 24 hours to set up a time. There should not be an expectation that the patient is going to be swabbed on the same day or during any particular time frame. In most cases, a patient can be swabbed by the following day (if not the same day), but please do not promise a specific date/time. Each regional testing site will work their queue as best as possible and assist with an alternative option if this becomes necessary.

Note: For flu and strep testing referrals, every effort will be made to get patients in within 24 hours given the time sensitivity involved with potential changes in management. This is a fluid process that we are working on.

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, please wait 5-7 days before initiating testing unless the patient becomes symptomatic

COVID COLLABORATIVE FOR CHILDREN (C3) & TESTING (repeated)

For CPCMG, The intent of the C3 program is offer testing for those during the course of their visit. This does not preclude us from order testing without a visit, but we need to be mindful of clinical support bandwidth. Having drive through testing does open up a new opportunity to offer needed testing without a visit when warranted.

If ordering testing for asymptomatic and exposure, please follow the EXPOSURE & TESTING paragraph above.

- Let's continue to set realistic expectations from the outset. It may take 48-72 hours for results.
- 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.

Encounter Pathways for Access to Testing

- CVC Video Visits: Offer testing at a CPCMG Regional Center or via Radys (Drive Through/WI) OR CPCMG Drive Through if Regionally Available
- PCP Video Visits: Offer testing with a site clinical support visit or via Radys (Drive Through/WI) OR CPCMG Drive Through if Regionally Available
- In Office Visits: Offer testing during the visit
- No Visit: Order via Radys (Drive Through/WI) OR CPCMG Drive Through if Regionally Available OR State/County locations

Caregiver Testing

We have developed a manual requisition work flow to allow for easier ordering and collection of specimens from parents/caregivers. All sites should have this available.

- In order to not tax our internal bandwidth, for the time being, we suggest offering testing of caregivers when it is not available to them and/or when results will have a clinical impact on your patients
 - Concerns re a false positive
 - Child has tested positive and family members are being evaluated
 - Scenarios where it may impact who can or will be the caregiver
- Please note that all caregiver results will be managed by the Radys Hospital system (not by our providers and staff).
 - Radys is working on a build that will send an email to the tested parents to allow them to sign up for their own MyChart. This will allow them to see their results and print them out as needed.
 - It is permissible for providers to look up a parent's results in Epic (with their permission of course).

COVID POSITIVE ISOLATION CLEARANCE (repeated)

A test-based strategy is no longer recommended to determine when to discontinue home isolation, except in rare circumstances.

Please follow a Time-based strategy or Symptom-based strategy for Covid positive patients.

- Symptom-based strategy (symptomatic patients)
 - At least 10 days* have passed since symptom onset **and**
 - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications **and**
 - Other symptoms have improved

*A limited number of persons with severe illness or who are severely immunocompromised may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation for up to 20 days after symptom onset. Consider consultation with infection control experts.

- Time-based strategy (asymptomatic patients that remain asymptomatic)
 - At least 10 days have passed since the date of their first positive COVID-19 diagnostic test (20 days for severe immunocompromised patients).

PCR TESTING CRITERIA (repeated)

We continue to offer routine surveillance testing to our patients and families through our partnership with Radys and the C3 program.

*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.

For non-C3 participating sites, SD County offers the following [testing priorities](#).

In general, the CDC [recommends](#) no re-testing within 3 months for persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery. For those previously diagnosed positive who develop new symptoms within 3 months, the CDC [recommends](#) possible retesting and isolation in consultation with an infection control expert, if no alternative etiologies are identified.

**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 (repeated)

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 reference)

Patient referrals to a Quest/LabCorp 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 (for Quest or LabCorp). For Radys submissions, we have a level of assurance that a positive result is specific to COVID-19.
- 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
5. Any concerns for a false positive COVID-19 PCR test (after 14 days have passed from test result)

*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 Reminders
 - Scenarios for required eyewear:
 - 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)
 - Employees should wear eye protection in addition to their mask if working in prolonged close proximity with another employee
- Mask & Face Covering Measure Reminders
 - A mask or face covering should be worn anytime an individual comes within 6 feet of another individual while in one of our buildings.
 - All patients / family members / visitors/ vendors are required to wear a face covering (with exceptions for children < 2 y/o).
 - All patient facing positions require a face mask while working in patient care areas.

- All positions where it is not possible to maintain 6 feet of separation on a regular basis, requires all day use of a face mask/face covering.
- Contagious Disease Exposure Management (submission from Safety Team-**repeated**)
 - Our current policy is attached via the following MCN policy link: <https://rcpms.ellucid.com/documents/view/983> We are continually seeking guidance and direction on our albuterol use in clinic process (included herein) in order to find the safest best practices. Please see the following refresher points:
 - **In-Clinic Albuterol Administration:** In order to reduce the risk of infection to both patients and staff, we have switched from our normal nebulized treatments to the more enclosed system of metered dose inhalation (MDI's). All clinical sites currently have supplies of:
 - Albuterol MDI's: These are to be used to give the ordered dose of albuterol, then disinfected and utilized for the next order of albuterol.
 - Aerochamber Spacers: The current recommendation is that they are to be used for an individual patient and the PT can be given the spacer to take home after the administration. There are currently 2 types of Aerochamber spacers that are in clinical inventory:
 - **Mouthpiece Spacers:** These are recommended for children 8yo and older.
 - **Facemask Spacer:** These are recommended for children under 8yo or are unable to follow instructions for normal inhalation of albuterol therapy.
 - More Spacers and MDI inventory can be requested from Wendi Wu at the CAO.

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

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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