

Q & A from the TDH COVID-19 Provider Webinars - Excerpt from August 7 Webinar

This is a rapidly-changing situation. Please refer to www.tn.gov/health or www.cdc.gov/coronavirus for the most recent updates.

Q: I noticed the CDC lists 15 min or more within 6-feet in defining direct contact. Is this a change? In TN, are we still going with 10 or more?

A: There was no specific evidence or policy statement to support the change from ≥ 10 -minute time frame to a ≥ 15 -minute time frame. TDH will continue to use the >10 min for the time being.

Q: What is the time required between seeing one sibling in an exam room (with a facemask on), going outside of the exam room and coming back, that would reset the clock for having no more than 10 min contact time with 6-feet to say or and provider is not exposed?

A: The CDC does not clearly define exposure as being consecutive minutes or cumulative. TDH has elected to consider the exposure in terms of consecutive minutes, although this could change should CDC further clarify its guidance. If the provider is in appropriate PPE (surgical mask or N95, eye protection, gown and gloves) the provider would not be considered “exposed” and would not require quarantine, regardless of time spent with the patient. If the provider was not wearing appropriate PPE and the patient tested positive for COVID-19, this exposure may be considered significant enough to warrant quarantine, even if the time spent in each session was less than 10 minutes. Public health should be consulted in these situations.

Q: We test for COVID-19 weekly because we work in a nursing home. Once a nurse has recovered, her test can remain positive for weeks—so do we keep testing weekly on these recovered individuals? If not, when do we resume weekly testing?

A: Staff who have been diagnosed with COVID-19 should not be re-tested for 90 days from the date of their positive test. Resume weekly testing after the 90-day period has elapsed.

Q: Did you say appropriate PPE is a shield and mask for patient contact?

A: Correct. Ideally, the provider would wear a surgical or N95 mask and eye protection when within 6ft of a potentially infectious patient, plus a gown and gloves for direct patient contact.

Q: So, you would recommend seeing WELL patients in full PPE as well? How do we mitigate risk to providers and staff when we book two siblings on the same day and say the well kid calls 2 days later and say they are positive? I want to avoid 14-day quarantine.

A: It's a very tough call, but children are most likely to become infected by the adults in their lives. Asking questions the day of the appointments, preferably prior to the patients arriving at the office, can help to determine if full PPE would be required for a well visit, in addition to awareness of your community's current transmission statistics. If you are in a low transmission county and the family denies symptoms in the household, you should be relatively safe. It's always best to wear a surgical or N95 mask and eye protection with all encounters. Remember, too, that a health care worker deemed “essential” may continue to work while quarantined so long as they are compliant with wearing a mask at all times.

Q: I purchased air purifiers for every exam room with MERV 13 medical-grade filters. (And we only see well children in these rooms currently.) Not sure this will just give a false sense of assurance or will help. Thoughts?

A: Not familiar with that particular equipment, but measures taken to improve air exchange can certainly reduce risk of transmission. The presence of one would not impact quarantine recommendations.

Q: What do “inconclusive” tests mean on PCR? Do we need to isolate or quarantine that employee until we get a repeat test that is conclusively positive or conclusively negative?

A: “Inconclusive” can mean different things, depending upon the laboratory. It may mean the specimen was not adequate for processing. It may mean the specimen had bacterial overgrowth that made detecting viral RNA difficult. It may also mean that the specimen was handled improperly. If an individual is in isolation because of symptoms they should remain in isolation and be retested as soon as possible. If an individual is in quarantine, retesting is not necessary, and they should complete their quarantine period.