



COVID-19 Telemedicine Guidelines May 18, 2020

Important Notes

*These testing guidelines are based on best available evidence, CDC and GA DPH Guidance, expert consensus and to prioritize testing for COVID-19 based on current limited laboratory testing capacity. As additional laboratory testing capacity is developed, more extensive testing to identify and isolate COVID-19 cases is recommended. All patients may be tested if desired regardless of symptoms.

- 1.Healthcare worker or close household contact of healthcare worker is a higher priority for testing because of the risks posed by exposing vulnerable patients and other HCWs. HCW include direct and indirect healthcare workers, employees of long term care facilities including skilled nursing facilities, personal care homes. Asymptomatic HCWs may remain on duty while awaiting test results. If positive, consult occupational or employee health before returning to duty. If SARS-CoV-2 Ab IgG positive, may return to work if afebrile x 3 days.
- 2. Critical Infrastructure Workers (CIW) should be prioritized for testing. CIW's include but are not limited to workers in the following sectors: military, law enforcement, fire, EMS, utilities, nuclear reactor plant, nuclear waste, government facilities, transportation, communications workers, information technology, emergency services, food and agriculture).
- 3. High risk conditions associated with poor outcomes:
- -Blood disorders (sickle cell disease or other blood dyscrasia)
- -Chronic **kidney disease**, stage 3,4, end stage renal disease
- -Chronic liver disease
- -Immunosuppression (cancer treatment, chemotherapy or radiation, organ or bone marrow transplantation, HIV/AIDS)
- -Pregnant or recently pregnant within two weeks
- -Inherited **metabolic disorders**
- -Clinically **significant heart disease** (congenital, CHF, clinically significant CAD)
- -Lung disease (severe asthma, COPD, chronic bronchitis, on home O2, cystic fibrosis)
- -Severe disabling neurologic disorders
- -Poorly controlled diabetes
- **4. Healthcare workers (HCW)** who had symptoms of COVID-19 but <u>test negative</u> may return to duty when they have no remaining symptoms or fever for 24 hrs without antipyretics. **HCW who <u>test positive</u> may return to work when** 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.
- 5. Critical Infrastructure Workers (CIW) / HCWs generally require clearance to return to duty by their respective occupational / employee health departments. SARS-CoV-2 specific Antibody IgG may be used to shorten isolation in asymptomatic HCW and CIW that test positive. If SARS-CoV-2 Ab IgG positive, may return to work if afebrile x 3 days.
- 6. **Pediatric patients** without high risk conditions generally do not benefit from testing unless they are symptomatic or have symptoms consistent with Kawasaki-like syndrome or Pediatric Multiorgan Inflamatory Response. Some children may present with atypical rash. Testing in pediatric patients is permissible and can be useful in close household contact with HCW, CIW, those with high risk conditions, or for surveillance. **Symptomatic children**10 yrs and older can be directed to drive up testing sites. Symptomatic children under 10 yrs should be directed to healthcare facilities to obtain testing if indicated.