

## VCHIP CHAMP VDH COVID-19

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### **Practice Issues – Discussion on Testing Plans for Healthcare Workers**

*Breana Holmes, MD, VDH:* At the request of the Agency of Human Services (AHS) Secretary, general guidance will be coming out today about the parameters surrounding reopening outpatient healthcare settings. I recognize many of you have always been open and never closed. Stephanie Winters (VMS) and I are both involved. We know intermittent testing does not have a lot of science behind it, and your feedback has been shared daily. I appreciate your ongoing observations about imperfect processes. The hospital systems, VMS, VAHHS, and Bi-State Primary Care association are working with the AHS team. I have pointed out, with your help, that the primary care lane that is not attached and associated with the VMS or Bi-State also has a voice as well. If you are an independent practice, there will be a plan for a checklist to consider when making your plans. Health systems will write their own. These are plans that do not have to be submitted anywhere. These are plans that you keep and produce, if asked. It's just required that you have one in place. The goal is to convince parents this is safe, since this is a public-facing experience. The health care systems are testing their workers with some regularity. Some have pointed out that it should be consistent across practices but the standardization is tricky. Others have said even defining healthcare workers is problematic. Questions include the following: If you test positive, then what? When can HCW return to work? I can help think through with you all about the specifics of a testing plan template. If the supply chains hold up, you can collect your and your staff's specimens via anterior nares to avoid full PPE NP testing at testing sites.

*William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics:* If you are trying to convince the public that they are entering a very safe environment, there is some potential advantage to say "we test everyone on Monday mornings, and no one in our office has ever tested positive. We have processes in place to monitor and quarantine should a result become positive." There are not great incentives for health care workers to test. If they are asymptomatic, the true risk of being infected is relatively low. We do run into the issue that there is a potential if you are positive, you will have to step out. It does have enormous implications for when you can practice again, as the virus stays in the system for a long time. What if a scheduler tests positive? Are they put on furlough, even though there is limited interaction with patients? Are they put on worker's compensation? There are tremendous economic issues for many people in the office. I expect that, dependent on the prevalence in the community, the risk that people perceive and a variety of issues, people can develop a variety of testing algorithms for their facility.

*Stephanie Winters, VMS:* We are trying to gain clarity around the requirement for practices and have not received final confirmation or the green light that it is final. The plans only need to be put forward by hospitals and ambulatory surgical centers. Other medical practices are encouraged to have a plan, but it doesn't need to be submitted. The hospital association is also putting out guidance for testing of healthcare workers, including frequency recommendations. That could be helpful for offices to see and perhaps follow. It does talk about how it should be an ongoing periodic monthly testing of healthcare workers who encounter patients, testing symptomatic health care workers, and managing follow-ups. Contact tracing being done by the health department is also mentioned. It talks about who administers the test, pop-up sites, and so forth. The guidance has been reviewed by the health department and the Governor's task group. We are in touch with Bi-State every day.

*Breana Holmes, MD, VDH:* When you see the guidance coming out today, it is going to say that you need to create a plan and not much more. As we get good solid template examples of how big systems are doing it, they will be available to you to reuse as appropriate.

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*Paul Parker, MD, Richmond Pediatric and Adolescent Medicine:* I have more questions than answers. I thought it would be helpful to put our heads together for those of us who want to work together and come up with a consistent plan. I think it is helpful to the general public if we apply some form of consistency to this process, not that the public would know that. If the state is recommending we do monthly testing, that does not reassure me that we are protecting our patients. If we do, we should do it in a way that makes sense.

*Breana Holmes, MD, VDH:* Dr. Parker is willing to be a point person for this and we can think this through together. Put forward your ideas and sticking points in the chat box. My biggest first statement is you have to make a plan; this is not an opt out. This is a Vermont approach. I work very hard to revisit everything every two weeks. With this asymptomatic testing push, we all want to re-evaluate that at the end of May. You all have a different force around you about public perception and exposure. Also, note the CDC has the following two pathways for asymptomatic to return to work if tested positive: 1) based on just time because you have no symptoms; you can return to work 10 days after a positive test or 2) testing return to work pathway; we do not recommend this because the virus can stay in your system for a long time.

*Joe Nasca, MD, Northwestern Medical Center:* Why not test healthcare workers for other viruses (i.e. HIV, Hep-C, etc.). Where is the science behind this? We would need to be tested at least 3 times a week for this to mean anything. This philosophy is for a political agenda and not real science.

*William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics:* There are lots of agendas (i.e. national, state, local agendas) and they are sometimes not entirely aligned. Trying to balance the interests of the various stakeholders is remarkably challenging. We are unique in Vermont that we have a gathering of voices of pediatricians in one place. For this particular illness, there is a tremendous fear and unbelievable amount of public information to which we have to respond to instantaneously, putting more pressure on trying to use science to guide our decision making.

*Joe Nasca, MD, Northwestern Medical Center:* I've been open and on call since March 16<sup>th</sup> and have been trying to operate as safely as possible. That seems to be good enough for my patients to feel reassured. Why isn't that good enough for the public?

*Breana Holmes, MD, VDH:* This is a small state, and pediatricians do have a voice. Everyone in this group is talking to each other. We really value having a place to come and hear your thoughts on this call that VCHIP has convened. Also, note that school nurses are considered healthcare workers and do need to make a plan. Dr. Parker is offering to get heads together. We are happy to use this call or set up another call. Once we see some examples of testing plans, we can build templates for primary care testing plans.

*Ashley Miller, MD, South Royalton Health Center:* I have a really hard time saying negative tests prove we are safe to interact with the public. We are providing our own fake news. Unless we are testing daily, with the 45-minute tests so we have immediate results.

*William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics:* A negative test only states that at a single point in time, the HCW does not have detectable virus. You are correct, that if one really wants to reassure everyone that the HCW is not infectious, then testing needs to be done very frequently, e.g. every 72 hours.

*Breana Holmes, MD, VDH:* I recognize that a negative test is one moment in time. It's not all that reassuring. The clinical value is that if you do have the virus, you'll step out of care. The CDC has two pathways to return to work for asymptomatic people. 1) Based on time, because you have no symptoms so you can return to work after 10 days after a positive test if you are asymptomatic. The other pathway I do NOT recommend, 2) The testing return to work pathway. We learned with our corrections officers that there are asymptomatic folks who still have PCR positive tests up to 5 weeks after a positive test. With some of the national news it's 2 months.

*Paul Parker, MD, Richmond Pediatric and Adolescent Medicine:* If asymptomatic testing currently pursued through pop-up sites reveals very low prevalence, will the State ease this requirement for HCWs?

*Breena Holmes, MD, VDH:* I'm not sure about that, but it will be discussed for weeks to come.

*William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics:* We would always test symptomatic HCW.

*Jill Rinehart, UVMMMC Pediatric Primary Care:* Has there been any HCW to patient transmission of COVID in VT?

*Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics:* Not that I know of, but, I don't know if suspected instances of this would necessarily be publicly available.

*Alicia Veit, MD, Timber Lane Pediatrics:* What is the goal of having a "plan"?

*Ashley Miller, MD, South Royalton Health Center:* I really think we should be pushing that we are safe because we are wearing appropriate PPE, cleaning well, separating patients temporarily and spatially. If we focus on the negative tests, lots of the public will focus just on this, and they will feel they are safe if they have a negative test.

*Alex Bannach, MD, North Country Pediatrics:* I agree! My understanding is that we have to write a plan, but that plan could be to screen clinically and test only if symptomatic which is what we are doing.

*Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics:* This is a potential approach--have a plan in place to screen for symptoms and/or identify those who have had a potential exposure, etc. Do more targeted testing rather than wide-scale.

*Ashley Miller, MD, South Royalton Health Center:* Dr. Bannach- I think I'm going with your plan, currently we are temping, checking symptoms upon entry of our staff, and recording. We will obviously test positive symptomatic folks and send them home. As of yet, we have not had anyone ask us if we are testing.

*Carol Hassler, MD, UVMMMC Developmental Pediatrics:* It seems to me that the most reassuring (and safe--better than incompletely understood tests results) is to be sure we are wearing well-fitting masks, and great hygiene.

*Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics:* I agree that the biggest factor is careful triage, appropriate use of PPE, and workflows.

*Ashley Miller, MD, South Royalton Health Center:* So, if a HCW is asymptomatic and positive, we are going to keep them out of work for 10days? They can't work even if they are wearing an N95?

*William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics:* Positive HCW **cannot** work until they meet some time or test based criteria.

*Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics:* There really isn't ever an indication for an infected person to wear an N95, I don't think that would make a difference.

*Joe Nasca, MD, Northwestern Medical Center:* What about false positives?

*Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics:* False positives are always a possibility, but for this circumstance I think one would have to assume any positive test is true and react accordingly.

*Ashley Miller, MD, South Royalton Health Center:* So, what we have heard about the tests: we can get anterior nares from our local hospital, we have asked for test kits on wed, they are not here yet, hopefully this afternoon, and we are told by the time our courier picks it up, it gets back to the lab etc., it will be 72 hours if we are lucky, to get results.

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*Ashley Miller, MD, South Royalton Health Center:* If I am asymptomatic, then there is great disincentive for me to be tested, as a solo MD in my practice, with a part time NP. If I test positive, I'm done for 10days? What if my NP and I both test positive? Or my RNs? This will shut our practice down and create a large barrier to care for our patients.

*Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics:* I agree. This is the challenge.

*Becky Collman, MD, Collman Pediatrics:* Same for me, only just me, no NP! It would be devastating to the practice!

*Paul Parker, MD, Richmond Pediatric and Adolescent Medicine:* If asymptomatic positives can return to work after ten days without testing (though may remain positive for an indeterminate amount of time) the rationale for testing at all escapes me -- some inconsistencies there.

*Lori Racha, MD, UVMMC Pediatric Primary Care:* If the purpose of the testing is to reassure patients, then it would seem that rotating testing within an office would be helpful. 25% of the office could get tested per week and the messaging to parents would be that testing is ongoing and that staff spend more time with each other than with individual patients and therefore would be more "at risk" and likely to test positive earlier. Just a thought.

*Toby Sadkin, MD, Northwestern Medical Center:* I do not think that we should embrace a plan for testing asymptomatic HCW's. It is not based in science; is not practical; and should not be reassuring to anyone. Seems best to use appropriate PPE and test/stay home if symptomatic.

*David Nelson UVMMC Emergency Department:* I'm not sure why Private Practice HCW need to be tested if asymptomatic - testing is not required of Hospital HCW if asymptomatic.

*William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics:* Alas, UVMMC will actually begin testing some HCW. And, UVMMC at this time are using a test based strategy to return to work. For example, I think those in IR at UVMMC are in the que to start testing.

*Jill Rinehart, MD, UVMMC Pediatric Primary Care:* Wait-- isn't it going to be mandatory for the hospital if the state says it is?

*Paul Parker, MD, Richmond Pediatric and Adolescent Medicine:* Has anyone had any parent ask if there is testing of HCWs in the office?

*Alex Bannach, MD, North Country Pediatrics:* No.

*Jill Rinehart, MD, UVMMC Pediatric Primary Care:* Not me.

*Rachel Destito, APRN, Essex Pediatrics:* As far as I know, we haven't had parents ask.

*Dayna Stimson, DNP, Rainbow Pediatrics:* We have not had any parents ask about HCW testing.

*Ashley Miller, MD, South Royalton Health Center:* So, if we say asymptomatic don't infect people, that pre-symptomatic become symptomatic in 48-72 hours, then the 10 days out of work makes no sense.

*Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics:* We can't say with certainty that those who remain asymptomatic don't infect others. Plus, one can't predict who will remain asymptomatic or who will develop symptoms in the future.

*Ashley Miller, MD, South Royalton Health Center:* I agree with the asymptomatic piece Dr. Lee, but even if we ignore that, and look at pre-symptomatic, haven't we said that these people will be symptomatic in 48 hours, i.e. when we contact trace we contact trace 48 hours before they become symptomatic, so if we are going to keep people out who are asymptomatic and positive, couldn't we only keep them out for 72 hours?

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*Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics:* I understand your logic, but I am not sure that we can say with certainty that ALL who test positive and are pre-symptomatic will present within 72 hours. There is likely a range that won't ever be completely defined. The 10 days guidance is from CDC, so it would be difficult to argue developing a policy that directly contradicts CDC guidance. I feel your pain.

*Paul Parker, MD, Richmond Pediatric and Adolescent Medicine:* Feedback for the Governor and Health Commissioner: Telling us to make a plan without specific science-based guidance sounds a lot like the approach President Trump is taking. Just saying.

*Jill Rinehart, MD, UVMMC Pediatric Primary Care:* Right on.

*Dayna Stimson, DNP, Rainbow Pediatrics:* I agree, if we are going to be asked to make a plan, having some serious guidance is really important.

*Ashley Miller, MD, South Royalton Health Center:* I would then also say, how do you know I wasn't sick 2 weeks ago and my asymptomatic positive isn't that prolonged positivity you were just talking about?

*Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics:* As Dr. Raszka said, the first positive test in an asymptomatic person is the proxy for first day of symptoms in a symptomatic patient--in symptomatic patients by 10 days they are very unlikely to be infectious.

*Monica Fiorenza, MD, Timber Lane Pediatrics:* What are the parameters that UVM is using for when asymptomatic patients are being required to be tested? All hospitalized patients, certain outpatient procedures, other visits? From a patient prospective, if they are asymptomatic and are being required to be tested, I would think patients would want the staff members taking care of them would be tested.

*William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics:* UVMMC is requiring all hospitalized patients to be tested. They are working on pre-procedure testing pathways.

*Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics:* All admitted patients (for any indication) and all undergoing pre-specified procedures, mainly those at risk for being aerosol-generating.

*Lori Racha, MD, UVMMC Pediatric Primary Care:* I understand that HCW testing is problematic but I think it is the lack of scientific evidence that makes it hard to come up with firm templates. So how do we get more evidence? I think we just go ahead and do the testing, for now.

### **Pediatric Multi-System Inflammatory Syndrome (MIS-C)**

*Breana Holmes, MD, VDH*

The CDC final case definition came out yesterday. They are calling it MIS-C. It is now a reportable disease to the public health system.

### **Questions/Discussion**

**Q: Reading through the child care stuff now, "If you are notified that a staff member, or a child in your care is being tested for COVID-19 with symptoms anyone considered a close contact should quarantine for 48 hours or until test results come back. If the test results are positive (child or staff member has COVID-19), then continue to quarantine for 14 days. If negative (child or staff member does not have COVID-19), then complete self-observation" didn't we say that this wasn't the case for families, but we are doing this for child care providers?**

**Q: What is the plan for availability of increased testing as the pop ups filled up very quickly? Also, is there clear guidance for COVID testing as non-emergent procedures are now being scheduled? We have a child that needs a negative COVID test prior to PET placement. Local testing is only available M-F and child needs a Sunday test. Will testing locations increase hours and opportunity?**

*A: Breena Holmes, MD, VDH: It's recommended that you order the test in a regular test site and not a pop-up site and those still exist. Most recently, the HAN has posted a grid for where the regular tests can be done. This is a push until the end of May and a new one was announced this morning. On our website it's posted at the top. You can see what's full and what's open.*

**Q: Do you have recommendations for "return to daycare" for children with chronic illness. Is it okay for a child with well-controlled asthma to attend daycare?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: I have supported children with well controlled chronic conditions can return to child care.*

**Q: Any concrete guidance of reintegrating sick visits into the practice? Is procedure mask, goggles, gown, gloves enough for all sick visits? When do we need N 95? What about need to keep exam rooms closed between sick patients for a period?**

**Q: Another daycare question, they are saying 25 kids is ok, but is that based on room size too?**

**Q: How frequently are they testing staff who works in prisons, nursing homes, etc.?**