A Publication for Direct Patient Care Providers

New and Updated Resources on Infonet

- [Updated specialty consults telemedicine training information for nursing and physicians](#)

- [Medication Delivery and Storage for COVID-19 Designated Areas and COVID-Positive or Suspected Patients](#)

Conserve Hand Sanitizer by Using Soap and Water

Hand sanitizer is in high demand throughout the nation and across UPMC. Fortunately, **soap and water** are widely available and the **preferred method for hand hygiene**.

Please use soap and water whenever possible to help maintain a supply of hand sanitizer for situations when hand washing is not an option.

Proper Precautions for a COVID-19 Negative Patient

When a patient is negative for COVID-19 or any other respiratory illness but is still having symptoms, maintain droplet/contact isolation and apply standard precautions.

COVID-19 Town Hall for Providers and APPS

Another provider Town Hall discussion is scheduled for **7 a.m., Thursday, April 9**, with Drs. Donald M. Yealy, Raymond Pontzer, and Richard J. Waddas. This one-hour virtual session provides national and regional COVID-19 updates, and will include topics our providers raised in system forums. We also will answer additional questions.

[CLICK THIS LINK TO JOIN](#) at 7 a.m., Thursday, April 9.

- **Advance planning note: You must log in through Microsoft Teams or a desktop browser. If you plan to join from a cell phone, please [download the Teams app](#) prior to the meeting.**
- Participants join in listen-only mode, but you are encouraged to ask questions via the event Q&A chat box.
- A recording of a session will be available on Infonet so you may view again and share with colleagues.

If you missed the previous Town Halls on March 26 and 27, you can [watch a recording](#). Answers to the questions our providers raised in those sessions are available in this [Provider Town Hall Q&A document.](#)

Caring for All Patients With Dignity and Respect

As we all continue to work in response to the COVID-19 public health crisis, implementing our Emergency Operations Plan and the guidelines provided by public health authorities, it is important to be mindful of the UPMC commitment to non-discrimination in patient care.

We treat every patient and family with dignity and respect, and we ensure everyone has equal access to health care. This includes our patients who have disabilities and other underserved populations. [Refer to this guide for more information about how to care for COVID-19 patients with disabilities](#). More information is also available by searching ["disability resources" on Infonet](#).

Be Aware of Potential Fraud

The U.S. Department of Health and Human Services Office of Civil Rights issued a notice that individuals are posing as an OCR investigators and contacting HIPAA covered entities in an attempt to obtain protected health information (PHI). The individual identifies on the telephone as an OCR investigator, but does not provide any verifiable information relating to an OCR investigation.

Contact the Office of Patient & Consumer Privacy (OPCP) or your Privacy Officer if anyone from the OCR — or any other government entity — reaches out regarding a patient or requesting protected health information, so that the identity of the investigator can be verified first and the request can be handled appropriately. Contact OPCP at PrivacyAskUs@upmc.edu or check out Infonet for a listing of contacts for UPMC's Privacy Officers.

Be aware of potential fraud schemes related to COVID-19. Take a look at the FBI public service announcement for more information.

Rapid COVID-19 Test Not in Use

The UPMC laboratory team evaluates many tests, including a rapid COVID-19 result at the bedside. The goal of this test was to seek an early and accurate answer to "Are you infected?" for patients with and without symptoms.

Based on initial assessments the UPMC laboratory team cannot yet release the rapid test for clinical use. The test was not able to reliably detect low level viral loads that are common in asymptomatic patients.

Clinicians and providers should continue to order COVID-19 testing through the process outlined on Infonet:

- Inpatient testing process

- Outpatient testing process

Expanded Testing Now Available for COVID-19 Patients and PUIs

The Laboratory Service Center (LSC) developed updated risk assessments and safety guidelines for common laboratory activities. The updated guidelines outline appropriate mitigation efforts (ex. biological safety cabinets) that can be utilized in laboratories, which will allow for safe handling and performing of most laboratory tests. Each individual hospital laboratory will determine the local test menu at that site, and will communicate this directly to each local command center. If limited menus remain, these will be continually updated on the Infonet.

While safe lab handling is now largely possible in the laboratories, tests should only be ordered based on critical need for the patient, and when possible should not be ordered until the COVID test result is available or marked as PUI. Using discretion in ordering will limit potential exposure for both the staff collecting samples as well as the laboratory staff performing the lab work.

The pneumatic tube systems can NOT be used for COVID or PUI patients, and all samples from a PUI/COVID positive patient must be hand delivered to the laboratory with clear communication to the laboratory of the patient's COVID status.

Lastly, the safe handling practices are largely manual processes negate automated efficiencies and likely have delayed turnaround times. For this reason, use existing point-of-care devices for COVID patients whenever possible.

COVID-19 Viral Shedding

What is known about the onset and duration of viral shedding and the period of infectiousness for COVID-19 is evolving. It is possible to detect SARS-CoV-2 RNA in the upper or lower respiratory tract of some for weeks after illness onset, similar to infections with MERS-CoV and SARS-CoV. However, detection of viral RNA does not necessarily mean that infectious virus is present.

Separately, reports of asymptomatic infection (detection of virus and potential for transmission from an individual who has no symptoms) and pre-symptomatic transmission (transmission from an individual prior to the onset of symptoms) with SARS-CoV-2. The significance of the role these potential methods of transmission play in the SARS-CoV-2 epidemic is unknown.

Based upon this information, we do not anticipate any changes to testing or clinical care guidance.

No asymptomatic patients or employees are COVID-19 tested at this time due to the lack of known sensitivity in this population. High-risk procedures will continue to be performed as per previous guidance.

This information about viral shedding will be integrated into UPMC policies in the following areas.

Contact Tracing

Based upon revised guidelines from the Allegheny County Health Department (ACHD) and PA Department of Health (DOH), UPMC adjusted the timeframes associated with contact tracing for employees who have experienced an exposure to an individual with suspected or confirmed COVID-19 at work. Contact tracing for exposures will now include the 48-hour period preceding the onset of initial signs or symptoms of infection in individuals with suspected or confirmed COVID-19. This 48-hour period includes contacts made with UPMC employees working in outpatient or Emergency Department settings.

After an exposure at work, staff may continue working until the PUI test result returns. During this period, staff must:

1.   Wear a facemask at all times while at work.

2.   Be restricted from contact with severely immunocompromised patients.

3.   Adhere to hand hygiene, respiratory hygiene, and cough etiquette.

4.   Self-monitor for symptoms and seek re-evaluation from Employee Health if respiratory symptoms develop.

Should the PUI test negative, exposed staff may resume working without restriction.

Should the PUI test positive, exposed staff will follow Employee Health recommendations, which will depend upon degree of exposure and level of PPE.

Contact tracing for patients diagnosed in the ED may need to include outpatient visits within 48-hours prior to their ED evaluation.

Return to Work After Exposure Leave Has Ended

After a mandated leave due an exposure, upon returning to work, the staff must:

1.   Wear a facemask at all times while at work

2.   Adhere to hand hygiene, respiratory hygiene, and cough etiquette

3.   Self-monitor for symptoms and seek re-evaluation from Employee Health if respiratory symptoms recur or worsen.

Return to Work after COVID-19 Infection

UPMC uses a non-test based strategy for employees to return to work after recovering from a COVID-19 infection. All the following criteria must be met:

1.   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,

2.   At least 7 days have passed *since symptoms first appeared*

3. After returning to work, staff must:

    a. Wear a facemask at all times while at work

    b. Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset

    c. Adhere to hand hygiene, respiratory hygiene, and cough etiquette

    d. Self-monitor for symptoms, and seek re-evaluation from Employee Health if respiratory symptoms recur or worsen

Modification of Return to Work or Stay at Work Due to Sustained Community Spread or Degradation of Staffing Resources

Facilities may allow asymptomatic staff with a significant exposure to a COVID-19 patient to continue to work if needed and in consultation with their occupational health program.

Staff must wear a face mask while at work for the 14 days after the exposure event and participate in active health monitoring prior to work.

If staff develop any symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor and Employee Health services immediately.

Cerner COVID-19 Resources Page Now Available

To safely care for our patients now and in the future, UPMC launched an electronic intake page in Cerner called COVID-19 Resources Page. The goal of this page is to:

*   Centralize up-to-date COVID-19 management resources

*   Link to management PowerPlans

*   Gather data required for reporting to public health authorities (DOH, CDC)

*   Inform QI efforts around COVID-19

*   Provide an easy and safe way to guide patients towards the use of experimental therapies

The page also contains a brief form that collects basic information to be completed by the clinician for every patient with suspected or confirmed COVID-19. The form should take less than one minute to complete and will provide valuable information for the COVID-19 leadership group and facilitate easy access for our patients to novel potential treatments for COVID-19 disease.

The form instructs the clinician to read the following statement to the patient: "There are no known treatments for COVID-19. Would you like to hear about potential additional therapies?" and record the response. A "yes" response will trigger UPMC study personnel to evaluate and enroll potential candidates independent of your involvement.

Thank you for your ongoing efforts to care for our COVID patients and be on forefront of innovation. We can together give the best care, now and moving forward.