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COVID-19 Guide for When Someone Tests Positive

TMA COVID-19 Task Force

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This guide contains basic steps that physicians can follow should a staff member or a patient test positive for COVID-19 in their outpatient clinic (for inpatient facilities, please seek guidance from the infection control personnel at your facility). For more specific, local-level, and accurate guidance, please contact your [local health department](#). Positive COVID-19 test results should always be reported to your local health department ([Texas Department of State Health Services \(DSHS\)](#), 02/14/20).

Step 1

Follow routine cleaning and disinfection procedures. ([Centers for Disease Control and Prevention \(CDC\)](#), 06/19/2020)

- The recommended practices for environmental infection control, cleaning of rooms, and PPE to be worn by environmental services personnel is available in [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) and [Healthcare Infection Prevention and Control FAQs for COVID-19](#).
- Refer to [List N](#) on the Environmental Protection Agency (EPA) website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Consider using [log charts](#) to track cleaning and disinfecting throughout your practice throughout the day. Having a log to guide staff will help ensure consistency and keep cleanings timely.
- For information on infection prevention and control, see TMA's [COVID-19 Infection Prevention and Control for Outpatient Clinics Frequently Asked Questions](#) (FAQs).

Step 2

Notify your staff of the potential exposure and implement appropriate work restrictions as necessary.
(CDC, 05/29/2020)

- Assess staff according to the following adaptation of CDC's [Healthcare Personnel \(HCP\) Assessment Guide](#):

HEALTHCARE PERSONNEL (HCP) ASSESSMENT GUIDE

EXPOSURE	PERSONAL PROTECTIVE EQUIPMENT USED	WORK RESTRICTIONS
HCP who had close contact (< 6 feet) for ≥15 minutes with the person with confirmed COVID-19 or had unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.	<ul style="list-style-type: none"> HCP not wearing a respirator or face mask HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or face mask 	<ul style="list-style-type: none"> Exclude from work for 14 days after last exposure. Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19. Any HCP who develop fever or symptoms consistent with COVID-19 should immediately arrange for medical evaluation and testing.
HCP who spent any duration of time while performing an aerosol-generating procedure on the person with confirmed COVID-19.	<ul style="list-style-type: none"> HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure 	<ul style="list-style-type: none"> Exclude from work for 14 days after last exposure. Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19. Any HCP who develop fever or symptoms consistent with COVID-19 should immediately arrange for medical evaluation and testing.
HCP other than those with exposure risk described above.	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> No work restrictions. Follow all recommended infection prevention and control practices, including wearing a face mask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19, not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19 at the beginning of their shift. Any HCP who develop fever or symptoms consistent with COVID-19 should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.

- To determine the time period when individuals with confirmed COVID-19 could have been infectious:
 - For individuals **with confirmed COVID-19 who developed symptoms**, consider the exposure window to be two days before symptom onset through the time period when the individual meets [criteria for discontinuation of Transmission-Based Precautions](#)
 - For individuals with confirmed COVID-19 **who never developed symptoms**, determining the infectious period can be challenging. In these situations, collecting information about when the asymptomatic individual with COVID-19 may have been exposed could help inform the period when they were infectious.
 - In general, individuals with COVID-19 should be considered potentially infectious from two days after their exposure until they meet [criteria for discontinuing Transmission-Based Precautions](#).
 - If the date of exposure cannot be determined, although the infectious period could be longer, it is reasonable to use a starting point of [two days](#) prior to the positive test through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions.
- If staffing shortages occur, it might not be possible to exclude exposed HCP from work. For more detailed information and considerations, refer to [Strategies to Mitigating HCP Staffing Shortages](#):
 - During crisis capacity levels requiring the mitigation of staff shortages, allow asymptomatic HCP who have had an [unprotected exposure to](#) SARS-CoV-2 but are not known to be infected to continue to work.
 - These HCP should still report temperature and absence of symptoms each day before starting work. These HCP should wear a face mask (for source control) while at work for 14 days after the exposure event. A face mask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding [universal source control](#) during the pandemic.
 - If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing.
 - If HCP are tested and found to be infected with SARS-CoV-2, they should be excluded from work until they meet all [Return to Work Criteria](#) (unless they are allowed to work as described [here](#)).
- **Comply with confidentiality requirements for any staff member who tests positive for COVID-19 or may have been exposed to COVID-19. ***See “Other Considerations” below.*****
- For staff monitoring, consider using [log charts](#) to track and assess staff temperatures.

Step 3

Notify any patients who may have been exposed and recommend appropriate public health guidance.
 (CDC, 06/04/2020)

- Assess patients according to the following adaptation of CDC's [Public Health Guidance for Community-Related Exposure](#):

PUBLIC HEALTH GUIDANCE FOR COMMUNITY-RELATED EXPOSURE

PATIENT	EXPOSURE TO	RECOMMENDED PRECAUTIONS
Patient who had close contact (< 6 feet) for ≥15 minutes with the person with confirmed COVID-19.	<ul style="list-style-type: none"> Person with COVID-19 who had symptoms (in the period from two days before symptom onset until they meet criteria for discontinuing home isolation) Person with COVID-19 who did not have any symptoms (in the two days before the date of specimen collection until they meet criteria for discontinuing home isolation) 	<ul style="list-style-type: none"> Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times. Check temperature twice a day and watch for fever, cough, or shortness of breath, or other symptoms of COVID-19. Instruct patients to seek appropriate diagnostic viral testing and follow CDC guidance if symptoms appear. If patients want a test but are asymptomatic, wait at least five to eight days post exposure to test to avoid false negatives (CDC, 06/25/20). Avoid contact with people at higher risk for severe illness from COVID-19.
All other patients who did NOT have close contact (< 6 feet) for ≥15 minutes with the person with confirmed COVID-19.	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> No notification necessary. However, always urge all of your patients to wear masks or face coverings when in public and around others who do not live in their household, practice social distancing, and other personal prevention strategies.

- **Be mindful of patient privacy laws and regulations. ***See “Other Considerations” below.*****
- Review the American Medical Association’s [Code of Medical Ethics Opinions 3.2.1, 8.11, and 8.4](#). Opinion 3.2.1 recommends restricting disclosure to the minimum amount necessary and notifying the patient when possible. Opinion 8.11 touches on notifying public health authorities, and Opinion 8.4 recommends educating patients about public health threats, potential harm to others, and the benefits of quarantine and isolation.

Other Considerations:

- **You should consult with your retained counsel to discuss the potential implications of various state and federal laws and regulations that may apply when a staff member or patient tests positive for COVID-19 or when providing notice of such event. For example, there are state and federal privacy laws, such as [HIPAA Rules](#) and [Texas Occupation Code Section 159.004\(1\)](#) (patient-physician communications) and [Texas Health and Safety Code Section 611.004\(1\)](#) (applicable to mental health and intellectual disability patients’ confidential information), as well as employment laws like the Americans with Disabilities Act and Occupational Safety and Health Act that may apply depending on who tested positive, who is being notified, and what personal information is provided.**
- Consider incorporating these basic steps into an established plan, [as recommended by the CDC](#), in coordination with your local health department, for your practice to respond to COVID-19 exposures among staff and patients.
- For patients who test positive for COVID-19, consider [doing your part in contact tracing](#).
- You may have to explain to those who may have been exposed to COVID-19 that testing too early for COVID-19 during an infection may produce a false negative ([CDC, 06/25/20](#)). As such, the recommendation is to not test immediately after exposure (the [incubation period](#) for COVID-19 is thought to extend to 14 days, with a median time of four to five days from exposure to symptoms onset).
- For staff travel exposures to COVID-19, see CDC’s [Public Health Guidance for Potential COVID-19 Exposure Associated with International Travel or Cruise Travel](#).
- Contact your professional liability insurance carrier (for example, [Texas Medical Liability Trust](#) [TMLT]) to discuss additional risk management practices relating to COVID-19.

For more COVID-19 information, please refer to the following resources:

[CDC Coronavirus COVID-19 website](#)

[TMA COVID-19 Resource Center](#)

[DSHS Coronavirus Disease \(COVID-19\) website](#)

CDC 24/7 COVID-19 Clinician Guidance Hotline at (770) 488-7100

DSHS COVID-19 Call Center: 2-1-1 Option 6, Monday-Friday, 7 am-8 pm; DSHS email:
coronavirus@dshs.texas.gov

TMA Knowledge Center (800) 880-7955 or knowledge@texmed.org

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