

COVID-19 Frequently Asked Questions for Providers

- 1. Should providers report to the Dept. of Health whenever they test a patient for COVID-19, even if test is from commercial lab?**

No.

- 2. For pediatrics, do you have any recommendations for protecting young healthy children who need to be seen for well-child check from sick patients? We can delay older, healthy children for well-visits but the younger ones need vaccines. Some thoughts in my practice included designating a 'sick' vs 'well' rooms or scheduling only well checks in morning and sick in afternoon. Any other ideas?**

The American Academy of Pediatrics has published [recommendations](#) for primary care pediatric offices in terms of addressing well child and sick visits and provision of immunizations.

- 3. Does Tricore/Dept. of Health/Quest do specimen collection (performing the actual nasopharyngeal swab) or just lab testing of pre-collected samples?**

No, providers need to conduct the nasopharyngeal swab, put specimen in viral medium, and send to the lab.

- 4. Can we get guidance/criteria for quarantines and isolation for our dorm students who have contacts or when they are a contact of contact, especially when sharing bathrooms, etc.?**

Per [CDC](#): If cases of COVID-19 have not been identified among residents of on-campus community housing, students may be allowed to remain in on-campus housing.

If cases of COVID-19 have been identified among residents of on-campus community housing, work with local health officials to take additional precautions. Individuals with COVID-19 may need to be moved to temporary housing locations. These individuals will need to self-isolate and monitor for worsening symptoms according to the guidance of local health officials. Close contacts of the individuals with COVID-19 may also need temporary housing so that they can self-quarantine and monitor for symptoms. Consult with local health officials to determine when, how, and where to move ill residents.

Residents identified with COVID-19, or identified as contacts of individuals with COVID-19, should not necessarily be sent to their permanent homes off-campus. Sending sick residents to their permanent homes could be unfeasible, pose logistical challenges, or pose risk of transmission to others either on the way to the home or once there. Institutes of Higher Education (IHE) should work with local health officials to determine appropriate housing for the period in which they need to self-isolate and monitor for symptoms or worsening symptoms.

Remember to consider all types of IHE-affiliated housing when making response plans. Distinct housing types (e.g., residence halls, apartments, fraternity and sorority houses) and situations (e.g., housing owned and run by the IHE, housing on the IHE campus but not run by the IHE) may require tailored approaches.

5. I have a question about how one can get Fit-Tested for an N95 mask?

UNM clinical staff can make [appointments](#) for N95 masks fittings at:. The state is exploring other options as well as will provide updates soon.

6. What protection is recommended for Home Health Care staff as they do house calls with home bound frail elderly patients?

The NM Assoc. for Home & Hospice Care has a [clearinghouse](#) of COVID-19 information for home health, hospice, and personal care workers.

7. If a patient comes from a hotspot, but, is asymptomatic, should they be tested?

No

8. Should I wear an N95 mask when conducting a nasopharyngeal swab on a possible COVID-19 patient?

Per [CDC](#): When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 patient, the following should occur:

- HCP in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
- The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
- Specimen collection should be performed in a normal examination room with the door closed. Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

9. French physicians are recommending avoiding ibuprofen and use only acetaminophen for fever control in COVID19 cases. What is the data?

In a 3/17 call, the [CDC](#) did not recommend using NSAIDs (e.g., Ibuprofen) as anti-inflammatory agent (see ~19:00 minute mark of recording). NSAIDs may not be good for patients with tendency to bleed easily because it can interfere with platelet function. In addition, heavy ibuprofen use is not good for patients with impaired renal function.

10. Any role in screening asymptomatic staff/providers for temperatures > 100oF with the intent of sending the staff home until fever resolves or enough symptoms develop to warrant swabbing?

Per [CDC](#): If health care providers develop any fever (measured temperature >100.0oF or subjective fever) **OR** respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat) they should immediately self-isolate and notify their local or state public health authority and healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation. During this time, these providers should undergo active monitoring, including restriction from work in any healthcare setting until 14 days after their last exposure.

11. How long is a COVID-19 (+) patient supposed to self-quarantine? Just until symptoms resolve, for 7 days, for 14 days? I've heard varying recommendations.

Per [CDC](#): People with COVID-19 who have stayed home (home isolated) can stop home isolation under the following conditions:

If you will not have a test to determine if you are still contagious, you can leave home after these three things have happened:

- You have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers) AND;
- other symptoms have improved (for example, when your cough or shortness of breath have improved); AND,
- at least 7 days have passed since your symptoms first appeared.

If you will be tested to determine if you are still contagious, you can leave home after these three things have happened:

- You no longer have a fever (without the use medicine that reduces fevers) AND;
- other symptoms have improved (for example, when your cough or shortness of breath have improved) AND;
- you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.

12. Are there any areas of need where healthcare workers could work/volunteer when not scheduled at regular position? Will there be a database created to contact workers willing to do so?

Here's how you can help during COVID-19

- Keep your distance, and practice self-care.
 - Buy local.
 - Make an appointment to [donate blood](#).
 - Help elders. Email ALTSD-Volunteers@state.nm.us with subject: READY TO HELP.
 - Check on vulnerable acquaintances.
 - Buy only what you need; don't hoard.
- Donate supplies to [shelters](#) and [foodbanks](#).