

COVID-19: Frequently asked questions

Patient-physician relationship questions

1. What tips should I give my patients to prevent the spread of novel coronavirus (SARS-CoV-2)?

During the COVID-19 pandemic, the public should be careful to:

- Wash your hands often
- Avoid close contact with people outside of your home
- Cover your nose and mouth with a mask when around others
- Minimize contact with those who are sick
- Avoid touching your eyes, nose and mouth
- Stay home when you are sick
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe
- If you suspect you may have COVID-19, call ahead before visiting your doctor

Those who suspect they may have been exposed to the virus should minimize their contact with others if they experience a fever and symptoms of respiratory illness.

Read more advice from the CDC.

2. What are the most common myths about COVID-19 that physicians should dispel for patients?

Misinformation about COVID-19 is being shared across social media and other platforms at alarming speed.

Physicians will want to address common myths on the spread of the virus, prevention efforts, treatment options and potential cures that could negatively impact patient health.

Read the biggest misconceptions.

3. What should I tell my patients about traveling during the COVID-19 pandemic?

Travel dramatically increases an individual's chance of getting infected and infecting others and should be undertaken with caution.

The CDC recommends that travelers postpone all non-essential travel outside of the U.S. Individuals who must travel internationally should be aware that plans are likely to be disrupted by canceled flights, mandatory quarantines and closed borders.

In terms of domestic travel, the CDC recommends you stay home as much as possible and practice social distancing. Be aware that some communities within the U.S. may require visitors to quarantine for 14 days upon entering a community or when returning home from a trip

Encourage patients to read and follow the CDC's considerations for travelers before embarking on any kind of trip.

Clinical questions

1. When should I test patients for COVID-19 with viral tests (nucleoid acid or antigen tests)?

The CDC is regularly updating guidance on who physicians should test for COVID-19.

Currently, there are five considerations for when viral tests, which are used to diagnose acute infection, are appropriate, though final decisions about testing are made by state and local health departments or health care providers based on local situations. These considerations include:

- When individuals present signs or symptoms consistent with COVID-19
- To control transmission when an asymptomatic individual is suspected to have been exposed to SARS-CoV-2
- For early identification of asymptomatic individuals without known or suspected exposure in special settings
- To determine the resolution of an infection
- In public health surveillance efforts for SARS-CoV-2

Clinicians should consult with their local or state health department or the labs that perform their diagnostic services.

2. What is the purpose of antibody (or serology) tests and when do I use them?

Antibody test looks for antibodies that are made by the immune system in response to a threat. Antibodies can take several days or weeks to develop after you have an infection and may stay in your blood for several weeks after recovery. As a result, antibody tests should not be used to diagnose an active coronavirus infection.

Use of antibody tests should currently be limited to population-level seroprevalance study, evaluation of recovered individuals for convalescent plasma donations. Antibody tests should not be offered to individuals as a method of determining immune status. Individuals receiving positive test results may falsely assume it is safe to discontinue physical distancing.

For additional information see the CDC's overview of testing for SARS-CoV-2 and the FDA's coronavirus testing basics (PDF). The AMA has also developed guidance on antibody tests.

3. How do I treat patients with confirmed COVID-19?

People with COVID-19 should receive supportive care to help relieve symptoms either at home or in a clinical setting as symptoms demand. For severe cases, treatment should include care to support vital organ functions.

At present, no drug has been proven to be safe and effective for treating COVID-19. There are no Food and Drug Administration (FDA)-approved drugs specifically to treat patients with COVID-19.

Some patients with COVID-19 have received intravenous remdesivir, an investigational antiviral drug that was reported to have in-vitro activity against SARS-CoV-2, for compassionate use outside of a clinical trial setting.

As of June 15, the FDA has revoked emergency use authorization of hydroxychloroquine and chloroquine to treat COVID-19.

In the event that an adverse drug event is suspected or observed from any medication used to prevent or treat COVID-19, we urge health care providers to submit a report to FDA MedWatch. COVID-19 or coronavirus should be referenced in the report to the FDA.

Read the NIH Coronavirus Disease 2019 (COVID-19) Treatment Guidelines.

4. How do I know when it is safe for patients to discontinue home isolation?

As of July 20, persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days* have passed since symptom onset **and**
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications **and**
- Other symptoms have improved

A limited number of persons with severe illness may produce replication-competent virus beyond 10 days, that may warrant extending duration of isolation for up to 20 days after symptom onset. Consider consultation with infection control experts.

Read the full CDC guidance. There is separate guidance for immunocompromised patients.

Infection prevention and control questions

1. How do I establish effective staff safety protocols?

When communicating with staff, the CDC recommends that health care facilities are aware of the following best practices:

- Implement source control for all visitors, patients and staff entering your practice or health care facility, regardless of symptoms.
- Encourage patients and visitors to wear cloth masks when visiting to prevent transmission from non-symptomatic individuals.
- Screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your health care facility.
- Ensure proper use of personal protective equipment (PPE).
- Conduct an inventory of available PPE.
- Encourage sick employees to stay home

Read the full guidance for health care facilities on the CDC website.

2. What steps can doctors take to stay healthy during the COVID-19 pandemic?

The CDC recommends specific safety measures that health care professionals can take to minimize exposure to PUI and confirmed COVID-19 cases and prevent the spread of infection within health care facilities. Those steps include:

- Implement source control for everyone entering a health care facility (e.g., health care personnel, patients, visitors), regardless of symptoms.
- Set guidelines to help triage patients with symptoms congruent with COVID-19.

- Utilize sanitation and hygiene stations.
- Demonstrate proper use of PPE, including eye protection.
- Assist in monitoring and restricting access for visitors and other nonessential personnel.

Read the full interim infection prevention and control recommendations.

3. How can health care facilities manage PPE supplies during the COVID-19 pandemic?

The CDC's updated infection prevention and control guidance (as of March 10) notes that face masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. In this case, respirators should be prioritized for procedures likely to generate respiratory aerosols, which pose the highest risk to health care professionals.

If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.

Read the full CDC guidance on optimizing supply PPE and the interim infection prevention and control recommendations.

4. What should physicians do when they have been exposed to COVID-19?

All health care professionals are at some risk for exposure to COVID-19, whether in the workplace or in the community.

Health care professionals in any of the risk exposure categories (high, medium, low or no risk) who develop signs or symptoms compatible with COVID-19 must contact their established point of contact (public health authorities or their facility's occupational health program) for medical evaluation prior to returning to work.

Facilities could consider allowing asymptomatic health care professionals who have had an exposure to a patient with COVID-19 to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program.

Read the full interim U.S. guidance from the CDC.

Practice management questions

1. What can physicians do to manage increased capacity and conserve PPE in practices and health systems?

PPE remains difficult to obtain as health care facilities and physician practices return to business as usual during the ongoing COVID-19 crisis. Having patients opt for telehealth visits offers an opportunity to conserve PPE, but non-urgent procedures and other in-person visits cannot be delayed indefinitely.

Engineering and administrative controls can also prevent unnecessary exposures at health care facilities and optimize PPE supplies, but further action is needed to preserve staff, personal protective equipment and patient care supplies while also ensuring staff and patient safety and expanding available hospital capacity during the COVID-19 pandemic.

Explore the JAMA Network™ discussion on novel ideas for conserving PPE.

2. What options are available for private practices to continue to treat patients during the pandemic?

Private practices have the option to utilize telehealth to treat patients outside the exam room.

Given the special circumstances of the COVID-19 pandemic, the federal government announced that the Office for Civil Rights (OCR) would not impose penalties on physicians using telehealth in the event of noncompliance with regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA) during the crisis.

Read the AMA's quick start guide to telehealth to start implementing digital tools in your practice.

Ethical questions

1. How do physicians enforce quarantine while respecting patients' autonomy?

A physician's primary duty during a public health emergency like the COVID pandemic is to protect the health of the community.

In a quarantine situation, each individual physician's role is to engender cooperation by communicating clearly and by acknowledging the natural fears and feelings of powerlessness that infectious disease outbreaks create. In some circumstances, however, when persuasion fails and a patient poses a risk to others but won't voluntarily adhere to isolation, physicians should support

mandatory quarantine.

The *AMA Code of Medical Ethics* (E-8.4) states that during a public health crisis, it is a physician's duty to:

- Educate patients and the public about the nature of the public health threat, potential harm to others, and benefits of quarantine and isolation.
- Encourage patients to adhere voluntarily to quarantine and isolation.
- Support mandatory quarantine and isolation when a patient fails to adhere voluntarily.
- Inform patients about and comply with mandatory public health reporting requirements.

Read more on quarantine from the *AMA Journal of Ethics* or read the *Code* guidelines.

2. How do physicians respond to colleagues who fail to report an exposure to COVID-19?

No one relishes the prospect of confronting a friend, but when a colleague poses a threat to patient welfare, physicians are ethically obligated to report their suspicions in the interest of patient safety.

The *AMA Code of Medical Ethics* (9.4.2) recommends that physicians who become aware of or strongly suspect that conduct threatens patient welfare or otherwise appears to violate ethical or legal standards should:

- Report the conduct to appropriate clinical authorities in the first instance so that the possible impact on patient welfare can be assessed and remedial action taken. This should include notifying the peer review body of the hospital, or the local or state medical society when the physician of concern does not have hospital privileges.
- Report directly to the state licensing board when the conduct in question poses an immediate threat to the health and safety of patients or violates state licensing provisions.
- Report to a higher authority if the conduct continues unchanged despite initial reporting.

Read more from the *AMA Journal of Ethics* or read the *Code* guidelines.