Is Your Health System Prepared for Covid-19?

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2020 NFPRHA NATIONAL CONFERENCE

Updated (with corrections) on 3.16.2020

Outline

- Terminology
- The disease
- Protecting yourself
  - General, travel (esp airplanes)
  - Community transmission
- Businesses
- Ambulatory health centers
  - Protecting patients and staff
  - HCW exposures

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Search

Coronavirus Disease 2019 (COVID-19)

中文 | Español

https://www.cdc.gov/coronavirus/2019-ncov/index.html

What You Should Know

- How it spreads
- Symptoms
- Prevention & treatment

Situation Updates

- Situation summary
- Cases in the U.S.
- Global locations with COVID-19

Information For

- Communities, schools, and businesses
- Healthcare professionals
- Health departments

Implications for NFPRHA

	Business-as-usual	World of COVID-19
Focus	Our patients	Our patients Our co-workers Our families Ourselves
Location	National policy, regional variation	Global
Timing	Slow moving	Rapid; accelerating
Economics	Solvency	Supply shock and demand shock
Solutions	Familiar	Confusing; many unknowns
Confidence in fed gov't	Variable	Yikes!!

Terminology

- **The virus**
  - Initially: 2019 novel coronavirus (2019-nCoV)
  - WHO (on 2/11/20)
    - SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)
- **The respiratory illness**
  - COVID-19: Coronavirus disease 2019
- **Acute respiratory illness (ARI) symptoms**
  - Fever, cough, shortness of breath (SOB; dyspnea)
  - Uncommon: sore throat, nasal congestion

COVID-19: The Disease

Risk Assessment Level for COVID-19

- Widespread sustained transmission and restrictions on travel to the United States
- Widespread sustained (ongoing) transmission
- Sustained (ongoing) community transmission
- Risk of limited community transmission

CDC, as of 3/5/20

https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

SARS-CoV-2: Transmission

- **Person-to-person spread**
  - People who are in close contact (≤ 6 feet)
  - Respiratory droplets produced by a cough or sneeze
    - Droplets enter mouth or nose or inhaled into lungs
    - May include sputum, serum, blood, stool, urine
    - Airborne transmission unlikely
- **Contact with infected surfaces or objects**
  - Touching a surface or object that has the virus and then touching their own mouth, nose, or possibly their eyes
  - Not thought to be the main way the virus spreads

https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html

Course of COVID-19

- **Incubation period (no symptoms)**: 5-6 days (range 2-11 days)
  - Symptoms are often mild at first and most patients recover without the symptoms becoming more serious
  - % of truly asymptomatic infections is unclear; relatively rare; doesn't appear to be a major driver of transmission (WHO)
- For a subset who get worse **after the onset of symptoms**
  - **Day 4-5:** seek care because of shortness of breath and early pneumonia
  - **Day 7**: may become critically ill
  - After **day 11**, most patients who survive on way to recovery

Clinical Presentation of Hospitalized COVID-19 Patents in Wuhan

- **Clinical symptoms**
  - 99% Fever
  - 70% Fatigue
  - 59% Dry cough
  - 35% Myalgia
- **Less common symptoms**
  - Headache
  - Dizziness
  - Abdominal pain
- **Lab findings**
  - 70% Lymphopenia (progressive in non-survivors)
  - 58% Elevated LDH

Wang D, et al, JAMA 2020

Summary of 72,14 COVID-19 Cases in China

Age distribution

- 3% >80
- 87% 30-79
- 8% 20-29
- 1% 10-19
- 1% <10

Spectrum of disease

- 81% Mild
- 14% Severe
- 5% Critical

Wu Z et al., JAMA 2020

WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) Report

- Joint mission consisting of 25 international experts co-headed by the WHO and China
- **55,924 lab-confirmed cases**
- Median age 51 (range 2 days-100 years; IQR 39-63)
  - 78% between 30-69 years old
- 51% male, 77% from Hubei Province
- Most transmission clusters occurred within families
  - Secondary attack rate in households ~3-10%
  - Although there have been ~2,000 lab-confirmed COVID-19 cases [illegible] HCP, 88% were from Hubei (mainly from Wuhan early in the epidemic) and so[illegible] likely linked to household exposures
  - Transmission within healthcare settings does not appear to be a major feature of COVID-19
- Children under 18 years: only 2.4% of cases—very few with severe or critical disease

https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf

Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)

- 55,924 laboratory confirmed cases
  - 88 % fever
  - 68 % dry cough
  - 38 % fatigue
  - 33 % sputum production
  - 19 % shortness of breath
  - 14 % sore throat
  - 14 % headache
  - 15 % myalgia or arthralgia
  - 11 % chills
  - 5 % nausea or vomiting
  - 5 % nasal congestion
  - 4 % diarrhea
  - 1 % hemoptysis
  - 1 % conjunctival congestion

https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf

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Symptom Guide

Allergies

- Sneezing
- Stuffy or runny nose
- Cough
- Headaches
- Rash

Cold

- Sneezing
- Stuffy or runny nose
- Sore throat
- Aches and pains
- Mild cough, if any

Flu

- Fever
- Cough (usually dry)
- Fatigue
- Aches and pains
- Headaches

COVID-19

- Fever
- Cough
- Shortness of breath
- Fatigue

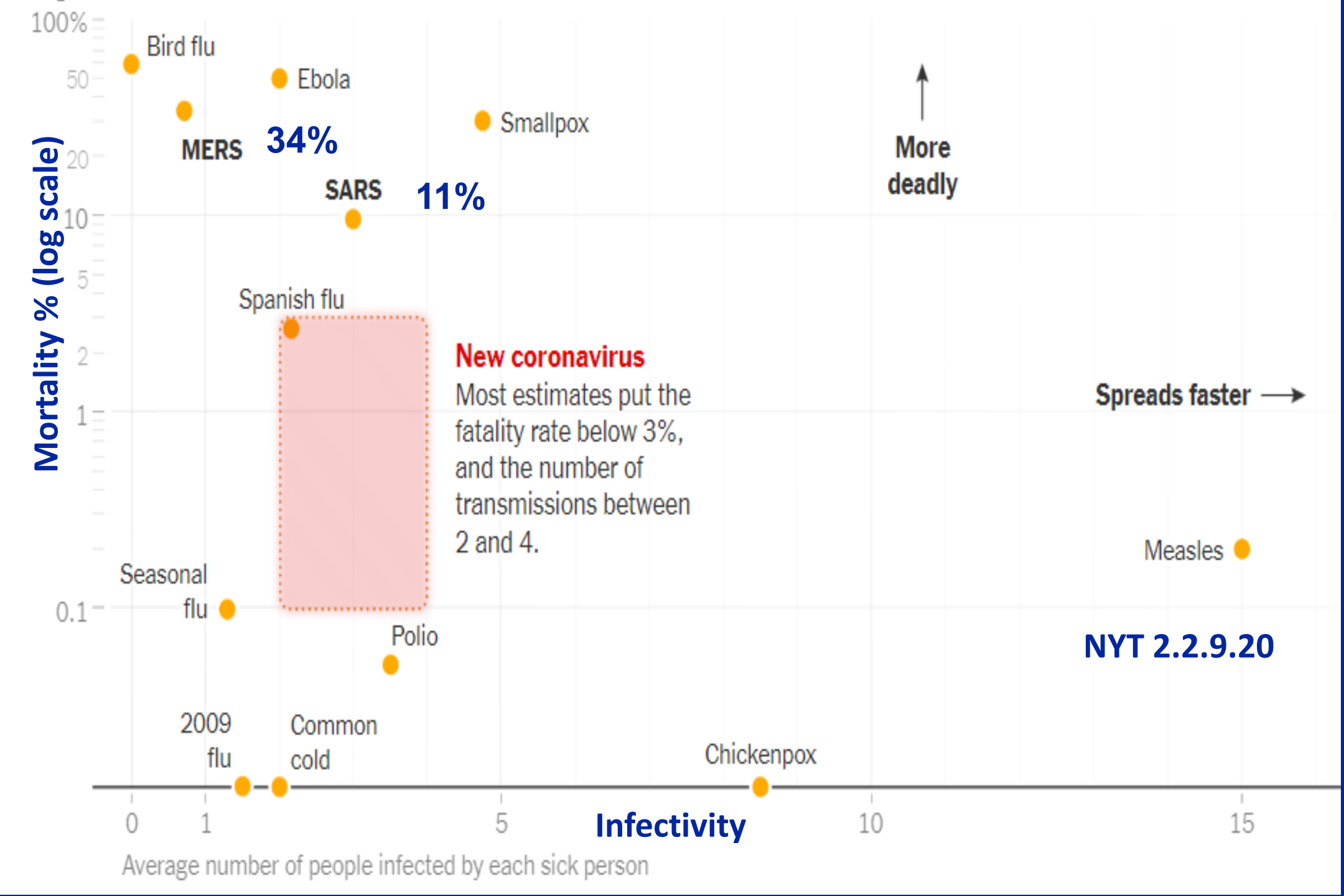
JOHN MUIR HEALTH

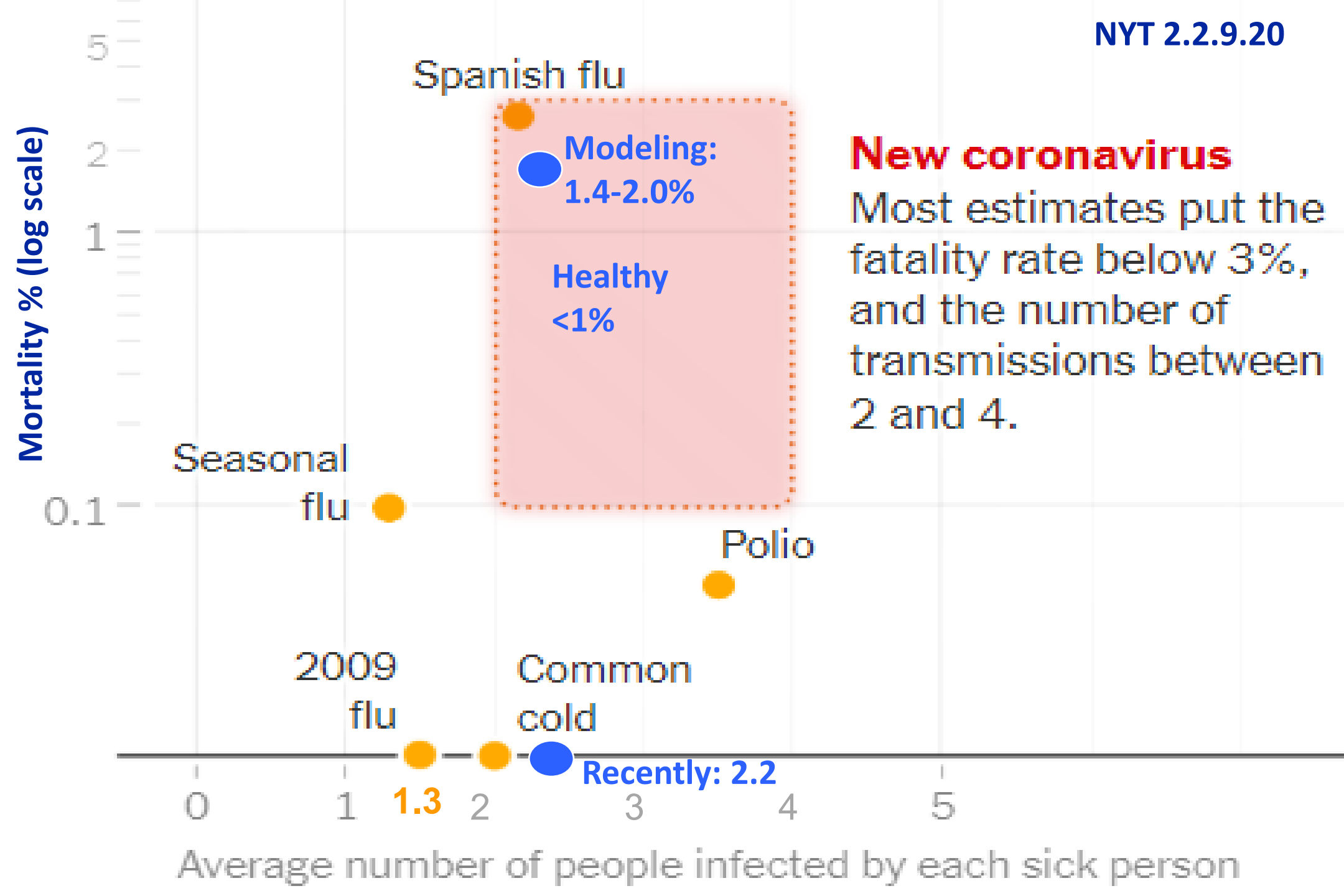
Sources: American College of Allergy, Asthma, and Immunology, Centers for Disease Control, World Health Organization

Who Is Most At Risk From Infection?

- SARS-CoV-2 *and* flu are most dangerous to those ≥ 60 or have chronic illnesses
  - HTN, diabetes, chronic respiratory dz, CV disease, cancer
- Death rates among infected men in China exceed those in women, especially ≥ late 40s
- Disease in children appears to be relatively rare and mild with 2.4% of the total reported cases < 19 years old
- Whether SARS-CoV-2 poses as serious a threat to pregnant women is not known

WHO 2/20


Mortality % (log scale)
100%
50
20
10
5
2
1
0.1
Bird flu
Ebola
MERS
34%
Smallpox
SARS
11%
More deadly
Spanish flu
New coronavirus
Most estimates put the fatality rate below 3%, and the number of transmissions between 2 and 4.
Spreads faster
Measles
Seasonal flu
Polio
NYT 2.2.9.20
2009 flu
Common cold
Chickenpox
0
1
5
10
15
Infectivity
Average number of people infected by each sick person


NYT 2.2.9.20
Mortality % (log scale)
5
2
1
0.1
Spanish flu
Modeling:
1.4-2.0%
Healthy
<1%
New coronavirus
Most estimates put the fatality rate below 3%, and the number of transmissions between 2 and 4.
Seasonal flu
Polio
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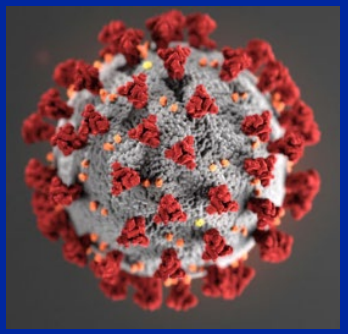
Common cold
Recently: 2.2
1.3
0
1
2
3
4
5
Average number of people infected by each sick person

SARS-CoV-2 Testing

- Tests available rapidly in other countries, but slow in US
  - Initial tests error-prone, time consuming, short supply
  - Now more widely available, faster results
  - CDC now permits labs to develop own versions
- Real-time reverse transcription–polymerase chain reaction (RT-PCR) to detect unique SARS-CoV-2 antigen (not antibodies)
- Nasopharyngeal and oropharyngeal swabs used
- CDC has not issued guidelines re: who to test
  - If symptoms, may be first tested for flu; SARS-CoV-2 if neg
  - Ordering is “up to clinical judgement” of clinician

Protecting Yourself

CDC: Personal Protective Measures



- **Hand hygiene**
  - Wash hands often with soap and water for at least 20 seconds
  - If not, use alcohol-based hand sanitizer with > 60% alcohol
- **Respiratory (aka cough) etiquette**
  - Cover your cough or sneeze with your elbow or a tissue, then throw the tissue in the trash and wash your hands
- Avoiding touching your eyes, nose, and mouth
- Clean and disinfect frequently touched objects and surfaces
- Stay home when you are sick
- Avoid close contact with people who are sick
- Get a flu vaccination, if you haven't already

Stop Touching Your Face!

It's a quirk of human nature that we touch our eyes, noses and mouths all day long. It's also a major way we pick up infections like coronavirus.

Tara Parker Pope NYT March 3, 2020

"If there is one behavior change that could prevent infection, it's do not touch your T-zone."

How to Stop Touching Your Face

We know it's hard. Try these four tricks to help limit the number of times you touch your face each day to help prevent the spread of the coronavirus.

Photo Illustration by The New York Times, Getty Images

NYT, March 6, 2020

Keep a box of tissues handy

- When you feel the urge to scratch an itch, rub your nose or adjust your glasses, grab a tissue and use that instead of your fingers

Identify triggers

- Wear glasses instead of contacts to discourage eye rubbing
- Wear a mask as a physical barrier against touching the nose or mouth

Keep your hands busy

- Lace your hands together in your lap

Chill

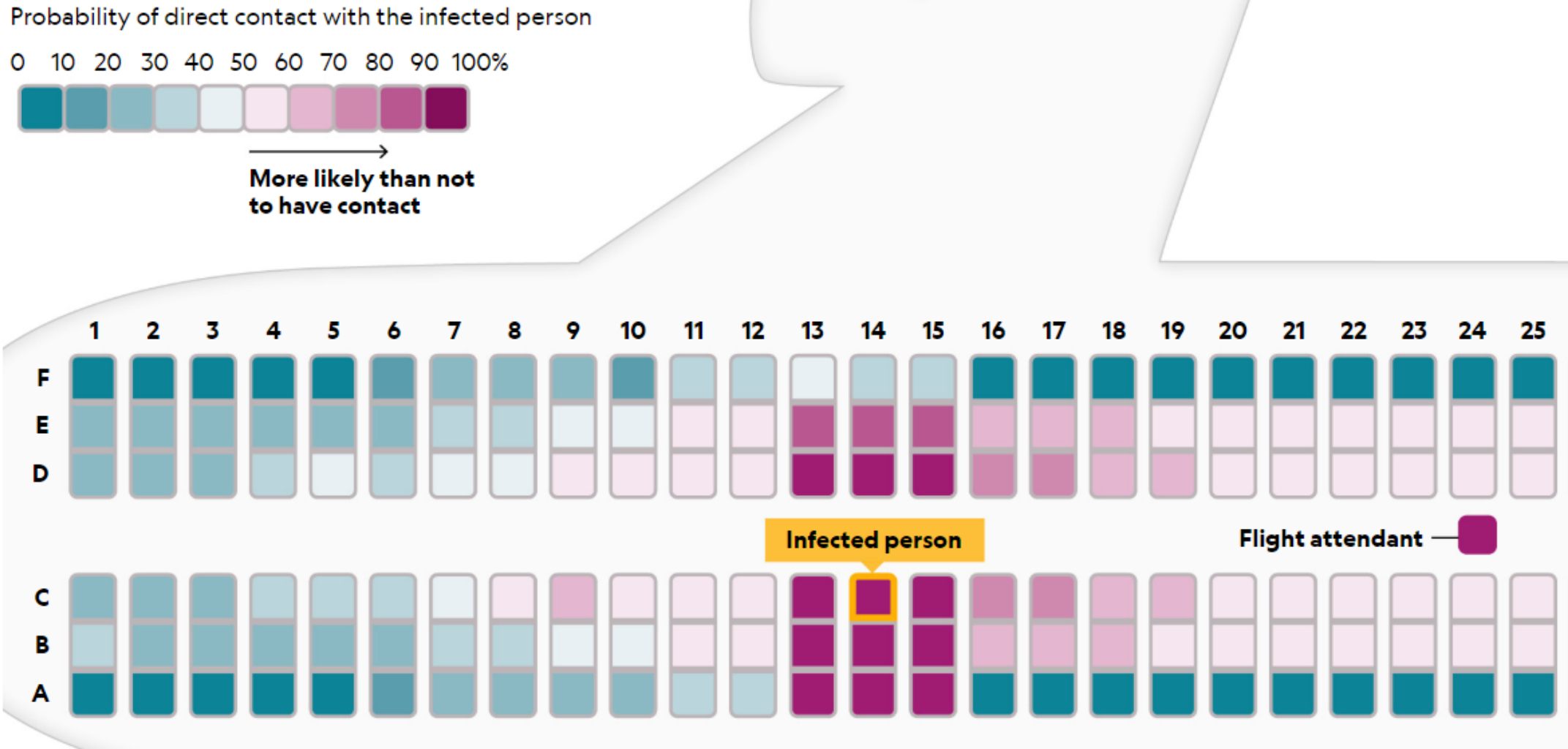
- Try to reduce stress over all

Air Travel

LM Ohlson, NYT, Feb. 10, 2020

- Flu risk: exposure ≤ 6 feet of infected person for ≥ 10 min
- Watch where you sit!
  - The WHO defines contact with an infected person as being seated within two rows of one another
- Move vents to blow on hands, not mouth, face or nose
- No food on directly on tray tables, seats, or seat pocket
- 3 reasons to wear a face mask (optimally, N95 mask)
  - If you have a respiratory infection, to protect others
  - To protect your T-zone from your hands
  - If your *neighbor* has a respiratory infection

Passengers in window seats have the lowest likelihood of coming in contact with an infected person...



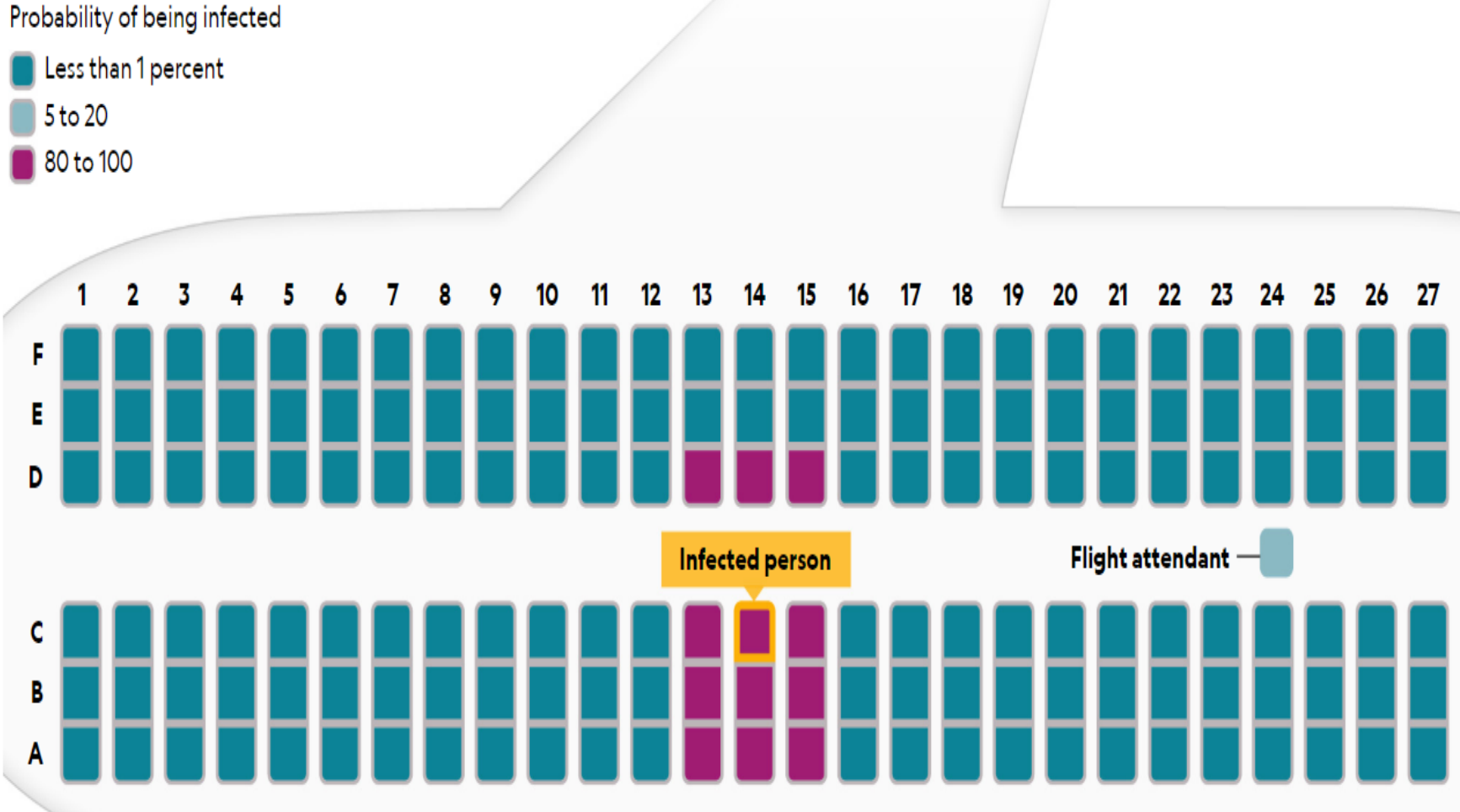
Hertzberg et al PNAS 2018:115(14);3623-27

NATIONAL GEOGRAPHIC

Amy McKeever, March 6, 2020

REN

...but illnesses are most likely to be transmitted only to passengers within one row of the infected person.



Social Distancing…
The “Elbow Bump”

U.S. Surgeon General Vice Admiral Jerome M. Adams, right, bumps elbows with Connecticut Gov. Ned Lamont as they meet the Connecticut State Public Health Laboratory, March 2, 2020, in... **more**

Community spread in the US could require a shift from containment to mitigation strategies such as social distancing in order to reduce transmission

Such strategies could include

- **Isolating ill persons (including voluntary isolation at home)**
- **Voluntary home quarantine after contact**
- **Facemasks when community settings when ill**
- **School closures and dismissals**
- **Mass gathering modification, postponement, cancellations**
- **Telecommuting and remote meeting options**

Fauci AS, Lane HC, Redfield R. Covid-19 — Navigating the Uncharted. NEJM 2.28.20

Interim Guidance for Businesses and Employers

Plan, Prepare and Respond to Coronavirus Disease 2019

This interim guidance is based on what is currently known about the coronavirus disease 2019 (COVID-19). The Centers for Disease Control and Prevention (CDC) will update this interim guidance as needed and as additional information becomes available.

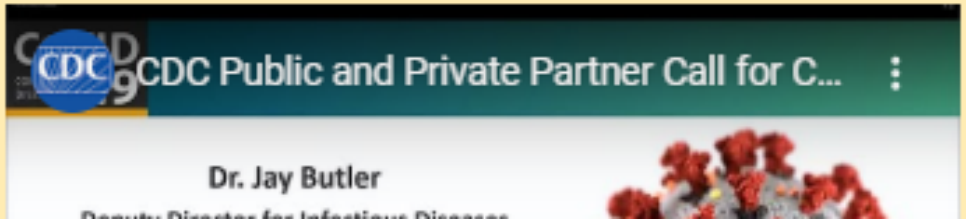
CDC is working across the Department of Health and Human Services and across the U.S. government in the public health response to COVID-19. Much is unknown about how the virus that causes COVID-19 spreads. Current knowledge is largely based on what is known about similar coronaviruses.

Coronaviruses are a large family of viruses that are common in humans and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people, such as with MERS-CoV and SARS-CoV. The virus that causes COVID-19 is spreading from person-to-person in China and some limited person-to-person transmission has been reported in countries outside China, including the

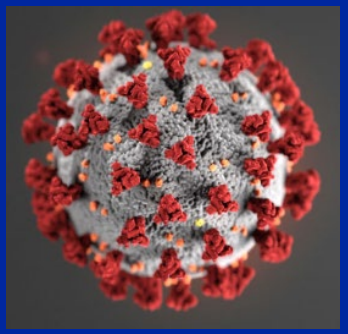
CDC Industry Guidance

- Resources for Airlines
- Resources for the Ship Industry

CDC Public and Private Partner Call for COVID-19 — March 4, 2020

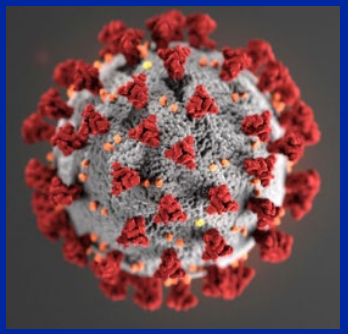


Actively Encourage Sick Employees to Stay Home



- Employees should notify their supervisor and stay home if they are sick
- Employees who have symptoms of *acute respiratory illness*
  - Stay home
  - Do not return until free of fever (≥ 100.4° using an oral thermometer), signs of a fever, and any other symptoms for ≥ 24 hours, without the use of fever-reducing or other medicines (e.g. cough suppressants)

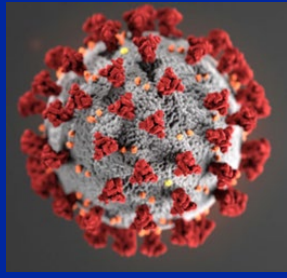
Separate Sick Employees



- Employees who appear to have ARI symptoms upon arrival to work, or who become sick during the day, should be separated from other employees and be sent home immediately

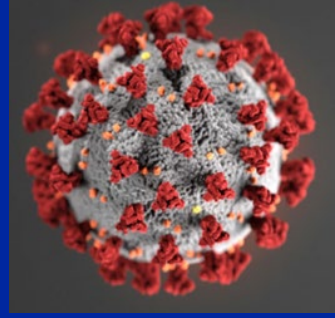
- Sick employees should use respiratory (cough) etiquette

Emphasize Respiratory Etiquette and Hand Hygiene by All Employees



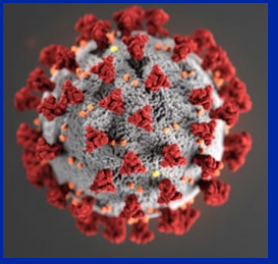
- Posters at workplace entrance and areas where likely seen
- Provide tissues and no-touch disposal receptacles
- Instruct employees to clean their hands often
  - Soap + water used preferentially if hands are visibly dirty
  - Provide alcohol-based hand rubs in the workplace
- Perform routine environmental cleaning

Advise Employees Before Traveling to Take Certain Steps



- Check the CDC's Traveler's Health Notices for the latest guidance and recommendations for each country
- Advise employees to check themselves for ARI symptoms before travel; notify supervisor and stay home if sick
- Employees who become sick while traveling should notify supervisor; promptly call a HCP for advice, prn

Additional Measures in Response to Sporadic Importations of the COVID-19



- Employees who are well but who have a **family member** with COVID-19 should notify supervisor and refer to CDC guidance on risk assessment of potential exposure
  - If confirmed, employers should inform employees of possible exposure, **but maintain confidentiality** (ADA)
  - Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance to conduct a risk assessment of potential exposure

Ambulatory Health Centers

Resources for Healthcare Facilities

Steps Healthcare Facilities Can Take

Interim Guidance for Healthcare Facilities

Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF)

Page last reviewed: February 29, 2020

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases

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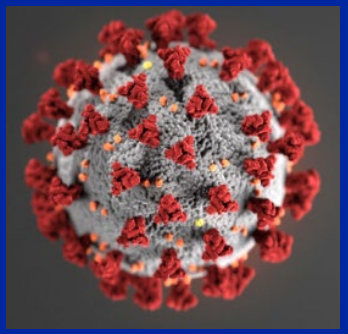
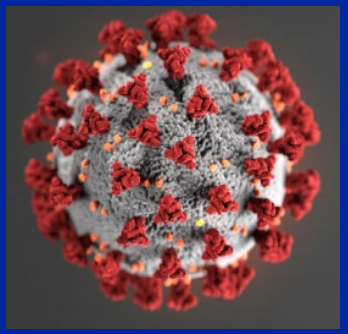
Stay Informed About The Local COVID-19 Situation



- Know where to turn for reliable, up-to-date information in your local community

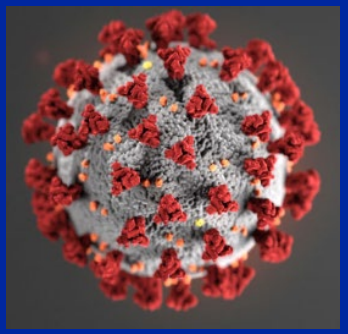
- Monitor the CDC COVID-19 website and state and local health department websites for the latest

Develop, or Review, Your Facility's Emergency Plan



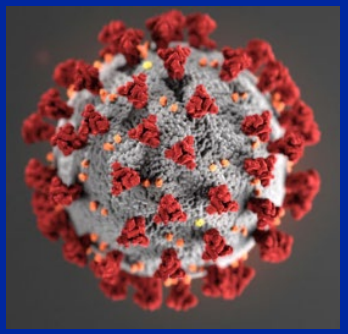
- A COVID-19 outbreak in your community could lead to staff absenteeism
- Prepare alternative staffing plans to ensure as many of your facility's staff are available as possible

Establish Relationships With Healthcare and Public Health Community Partners



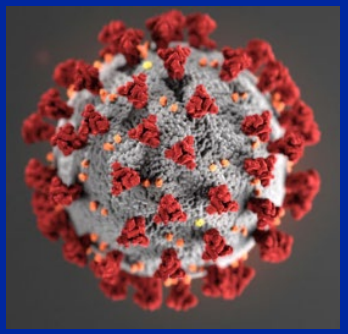
- Know about healthcare and public health emergency planning and response activities in your community
- Plans to manage patients, accept transfers, share supplies
- Review MOUs with affiliates, your healthcare coalition, and partners to provide support or assistance

Create an Emergency Contact List



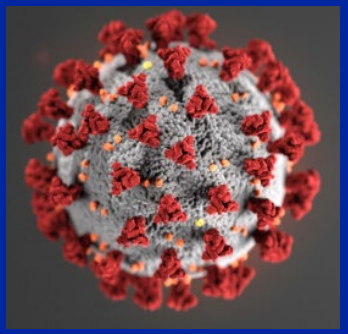
- Develop and continuously update emergency contact lists for key partners and ensure the lists are accessible in key locations in your facility

Communicate with Staff and Patients



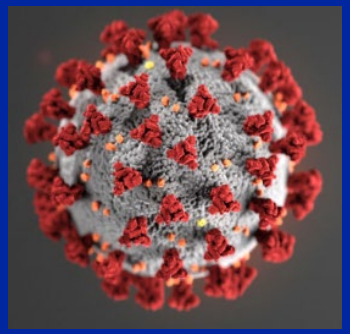
- **Your staff**
  - Share information about what is known about COVID-19, the potential for surge, and your preparedness plans
- **Your patients**
  - Updates about changes to your policies re: appointments, providing non-urgent care by phone, and visitors
  - Consider using your facility's website or social media pages to share updates

Protect Your Workforce



- Screen patients and visitors for symptoms of ARI before entering your healthcare facility
  - Keep up to date on the recommendations for preventing spread of COVID-19 on CDC's website.
- Proper use of personal protection equipment (PPE)
  - HCPs who come in close contact with confirmed or possible COVID-19 patients should wear PPE

Protect Your Workforce



- **Conduct an inventory of available PPE**
  - Consider conducting an inventory of PPE supplies
  - Explore strategies to optimize PPE supplies
- **Encourage sick employees to stay home**
  - Personnel who develop ARI symptoms should be instructed not to report to work
  - Ensure that your sick leave policies are flexible and consistent with public health guidance
    - Make employees are aware of these policies

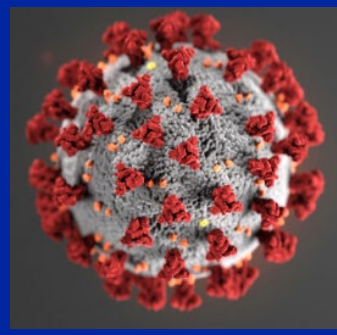
Health Care *Facility* Adaptations

Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings

Updated February 21, 2020

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.htm

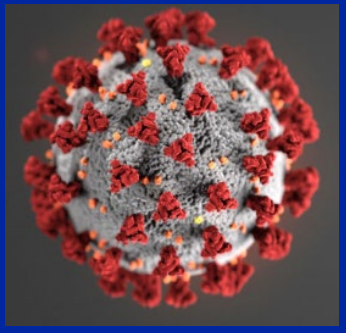
Minimize Chance for Exposures



Before arrival

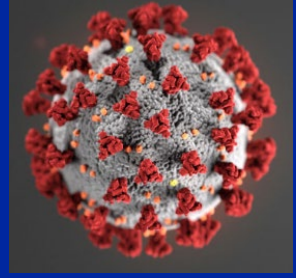
- When scheduling appointments, instruct patients and to call ahead or inform HCP upon arrival if they have symptoms of ARI and take preventive actions
  - Wear a facemask upon entry to contain cough, follow triage procedures

Upon Arrival and During the Visit



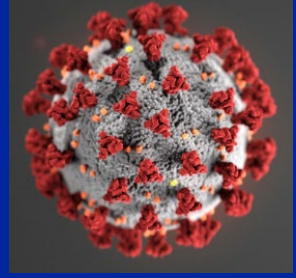
- Ensure all persons with symptoms of ARI adhere to respiratory etiquette, hand hygiene, and triage procedures
- Consider posting visual alerts (e.g., signs, posters) at the entrance and in strategic places
  - How to use facemasks or tissues to cover nose and mouth when coughing or sneezing
  - Dispose of tissues in waste receptacles
  - How and when to perform hand hygiene

Upon Arrival and During the Visit



- Ensure that patients with ARI symptoms are not allowed to wait among other patients seeking care
- Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet
- Medically-stable patients might opt to wait in a personal vehicle where they can be contacted by mobile phone when it is their turn to be evaluated

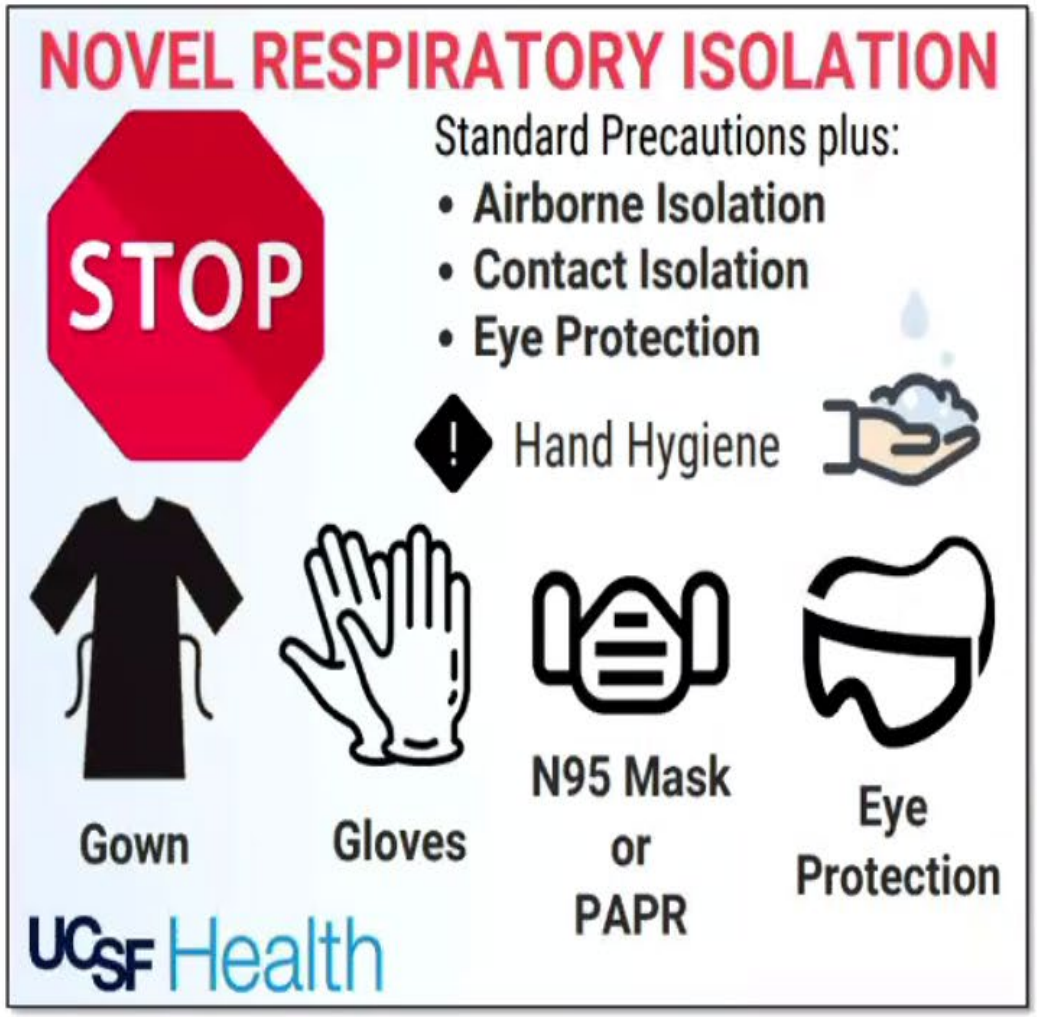
Upon Arrival and During the Visit



- Implement triage procedures to detect persons under investigation (PUI) for COVID-19 during or before patient triage or registration. All patients should be asked about
  - Symptoms of an acute respiratory infection
  - History of travel to areas experiencing transmission
  - Contact with possible COVID-19 patients
- Provide supplies for respiratory hygiene and cough etiquette
  - 60%-95% alcohol-based hand sanitizer (ABHS), tissues
  - No touch receptacles for disposal
  - Facemasks at facility entrances, waiting rooms, etc.

Novel Respiratory Isolation

- Minimize number of staff
- Patient must not leave room unless medically needed
- If must leave room for procedure or test, must call receiving location and HEIP
- Visitors are prohibited
- Healthcare personnel entering the room are asked to self-monitor for 14 days



Protection of Health Care *Providers*

What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 Infection

Healthcare personnel (HCP) are on the front lines of caring for patients with confirmed or possible infection with coronavirus disease 2019 (COVID-19) and therefore have an increased risk of exposure to this virus. HCPs can minimize their risk of exposure when caring for confirmed or possible COVID-19 patients by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE).

How COVID-19 Spreads

There is much to learn about the newly emerged COVID-19, including how and how easily it spreads. Based on what is currently known about COVID-19 and what is known about other coronaviruses, spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts.

cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html

CDC Person Under Investigation Criteria (2/27/20)

Clinical Features	&	Epidemiologic Risk
Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	**AND**	Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	**AND**	A history of travel from affected geographic areas[1] (see below) within 14 days of symptom onset
Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)	**AND**	No source of exposure has been identified

[1]Currently includes China, South Korea, Japan, Iran, and Italy

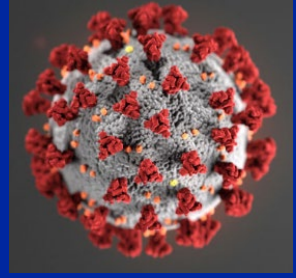
What To Do If You or a Staff Member Have Been Exposed

…Think "Needle Stick" Precautions

Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19)

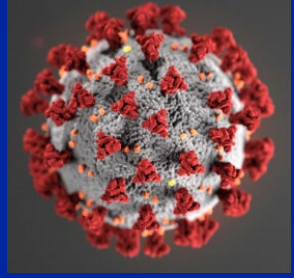
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

HCP Exposure



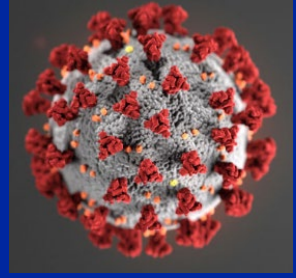
- Allow asymptomatic HCP who has had an exposure to continue to work after consultation with occ health program
  - Report temp and absence of symptoms daily prior to work
- Facilities could have exposed HCP wear a facemask at work for 14 days after the exposure event (if sufficient supply)
- If HCP develops even mild symptoms c/w COVID-19
  - Cease patient care activities
  - Don a facemask (if not already wearing)
  - Notify supervisor or occupational health prior to leaving

Self Observation



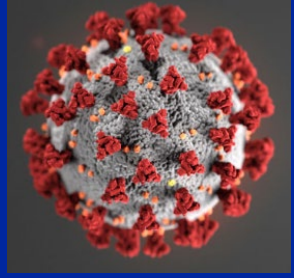
- Self-observation means people should remain alert for subjective fever, cough, or difficulty breathing
- If they feel feverish or develop cough or SOB
  - Take their temperature
  - Self-isolate, limit contact with others
  - Seek advice by telephone from a HCP or health department to determine need for evaluation

Self-Monitoring



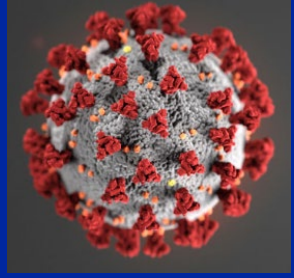
- Monitor self for fever by taking their temperature twice a day and remain alert for respiratory symptoms
- Provide a plan for whom to contact if they develop fever or ARI symptoms during the self-monitoring period to determine whether evaluation is needed

Self-Monitoring with Delegated Supervision



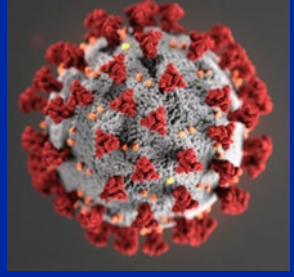
- **HCP performs self-monitoring *with oversight by their healthcare facility's occupational health or infection control program in coordination with the health department, if both the health department and the facility are in agreement***
- **On scheduled work days, could consider checking temp and assessing symptoms prior to starting work**

Self-Monitoring with Public Health Supervision



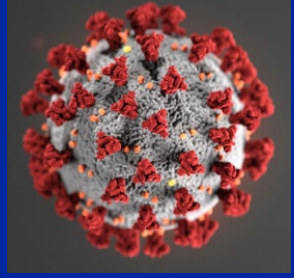
- Public health authorities assume the responsibility for oversight of self-monitoring for certain groups of people
  - Establishing initial communication
  - Provide a plan for self-monitoring
  - Clear instructions for notifying the health department *before* the person seeks health care for ARI symptoms
- Health authorities also may check in intermittently with these people over the course of the self-monitoring period.

Active Monitoring (HCP)



- State or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms
- For high- or medium-risk exposures, CDC recommends this communication occurs at least once each day
- Active monitoring can be delegated by the health department to the HCP's healthcare facility occupational health or infection control program

Close Contact (Healthcare Exposures)



- Being within 6 feet of a person with COVID-19 for a prolonged period of time, or
- Having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand)

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 *(until 14 days after last potential exposure)*	Work Restrictions for Asymptomatic HCP
Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., source control)			
HCP PPE: None	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing a facemask or respirator	High	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing eye protection[a]	Medium	Active	Exclude from work for 14 days after last exposure
HCP PPE: Not wearing gown or gloves[a,b]	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator) [b]	Low	Self with delegated supervision	None

Epidemiologic risk factors	Exposure category	Recommended Monitoring for COVID-19 *(until 14 days after last potential exposure)*	Work Restrictions for Asymptomatic HCP
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HCP PPE: Not wearing eye protection	Low	Self with delegated supervision	None
HCP PPE: Not wearing gown or gloves[a]	Low	Self with delegated supervision	None
HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)	Low	Self with delegated supervision	None

Low-risk Exposures

- Self-monitoring with delegated supervision until 14 days after the last potential exposure
- Asymptomatic HCP are not restricted from work
  - Check temp twice daily; be alert for ARI symptoms
  - Afebrile and asymptomatic before reporting for work
  - If fever ($\geq$ 100.0°F or subjective) OR ARI symptoms, self-isolate and notify public health authority
- Healthcare facilities could consider
  - Check temp and asses symptoms prior to work
  - Report temp and symptoms to Occ Med prior to work

Highlights of Maine Family Planning Policy

- As an employee, if you have a fever, cough, or shortness of breath, please stay home
  - We ask that you be fever free (without fever reduction medication) for 24 hours before returning to work
- Call Center staff will inform patients that if they have cough, fever or SOB, stay home and be rescheduled
- Patients with cough, fever or shortness of breath will be asked to reschedule and given the CDC patient handout
  - We will attempt to meet their medical needs without an in-person visit via telephone consult, DTP visit, etc.

Highlights of Maine Family Planning Policy

- Temporal artery thermometers ordered for all clinic sites
- While COVID-19 remains a health threat, staff will check the temp of all patients upon call from the waiting room
  - In a designated "triage room" closest to the waiting room
  - Patients with T $\geq$100.4 will be asked to reschedule
  - Staff should put on PPE (mask, goggles if patient is coughing) and ask the patient to don a mask

Highlights of Maine Family Planning Policy

- Symptomatic patients should be advised that they can be tested for COVID-19 at an ED or Urgent Care Center
- Use disinfectant wipes to clean all surfaces the patient was in contact with in the “triage” and waiting rooms
- We will be displaying CDC educational posters about COVID-19 in the waiting rooms at all clinic sites

One case — the first documented instance of community transmission in the U.S. — left more than 200 hospital workers under quarantine and unable to work for 2 weeks

“It’s just not sustainable to think that every time a health care worker is exposed they have to be quarantined for 14 days”

Loss of Clinic Staff

- **Self quarantine**
  - ARI symptoms
  - Contact with COVID-19 patient or PUI
    - Community exposure
    - Clinic exposure
- **Caregiver role**
  - Kids out-of-school or sick
  - Elderly parents
- **Public health deployment**

Unresolved Issues

- Testing, testing…
- Compensation for “days off”
- More specific guidance for ambulatory care facilities, especially FQHCs, FPCs, private offices, etc.
  - What can family planning clinics and community clinics do to reduce the number of patient appointments when staffing has been compromised?

KEEP CALM AND DO YOUR HOMEWORK

CDC COVID-19 Resources

Evaluating and Reporting Persons Under Investigation (PUI) for COVID-19
https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html?deliveryName=FCP_8_DM21038

Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings
https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html&deliveryName=FCP_8_DM21038

Clinical Guidance for Management of Patients with Confirmed COVID-19
https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html?deliveryName=FCP_8_DM21038

Implementing Home Care of People Not Requiring Hospitalization for COVID-19
https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html?deliveryName=FCP_8_DM21038

Disposition of Non-Hospitalized (In- Home) Isolation for Patients with COVID-19
https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html?deliveryName=FCP_8_DM21038

Information on COVID-19 and Children and Pregnant Women
https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnant-women.html

Considerations for Infection Prevention and Control of COVID-19 in Inpatient Obstetric Healthcare Settings
https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html

Breastfeeding for a Mother Confirmed or Under Investigation For COVID-19
https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html