



Novel Coronavirus (COVID-19): Updates for Healthcare Providers

March 20, 2020

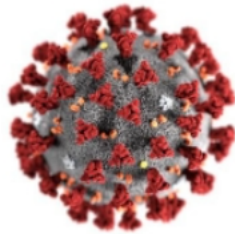
Housekeeping

- **All guidance presented here may be quickly out of date due to this rapidly evolving situation.**
- **Slides and recording will be made available following this call.**
- **All lines are muted.**
 - Enter questions in the chat box
 - We will address as many as possible during the call

Coronavirus Disease (COVID-19)

☎ COVID-19 Public Information Number [877-857-2945](tel:877-857-2945) Available 10 a.m. – 10 p.m. CST Daily

PLEASE NOTE: COVID-19 is a reportable disease in Tennessee.



Novel Coronavirus

Infectious agent: *severe acute respiratory syndrome coronavirus2 (SARS-CoV-2)*

Situation Summary: In December 2019, Chinese health authorities identified an outbreak of pneumonia associated with a novel, or new, coronavirus which has resulted in thousands of confirmed cases in China. Additional cases have been identified in a growing number of other international locations, including the United States. There are ongoing investigations to learn more. Click here to access CDC's COVID-19 webpage for the most up to date information:

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>.



We Know...

- Many PCPs don't have PPE
 - We don't have PPE to distribute
 - You may need to do what you can to protect yourselves and still see patients
- Testing is not adequate
 - Limited by lab capacity, reagent supply, supplies for specimens
- Hospital EDs are overwhelmed
- Health Departments are overwhelmed

TDH Response

- Incident Command Center activated Jan 15, 2020
- Public info line 10a-10p 7d/week 877-857-2945
 - Received 3,200+ calls in one day this week
 - Capacity is ~300/day
- ADDITIONAL Public Info Line to be operational soon!
 - Number to follow
- Call center for clinicians 8am-8pm 7d/week answering 100s of calls from clinicians every day
- On-call overnight 7d/week for public health emergencies

Provider Response

- Develop new standard operating procedures
- Postponing elective visits
- Telehealth visits
- Posting signs asking pts to call
- Meeting pts outside w mask
- Testing outside
- Bringing pts in through an alternate door and rooming immediately
- PPE for staff w/ direct contact w/ pt
- Dedicated staff exposure

COVID-19 Testing Terminology

Test Kits: Term used by CDC and other outlets to describe laboratory reagents that are used to perform SARS-CoV-2 (virus that causes COVID-19) detection.

*Not sent to providers or healthcare facilities or provider offices

Clinical Specimens:

- Samples (NP/OP swabs, lower respiratory specimens, nasal wash/aspirate) that are sent to laboratories to test for SARS-CoV-2 (virus that causes COVID-19).
 - Synthetic swab in Viral Transport Media OR
 - e-SWAB in Amies Media

COVID-19 Patient Assessment and Testing

- Initial triage, assessment, and clinical specimen collection for patients with respiratory illness **can safely be completed in most clinical settings using appropriate precautions**
- Local public health cannot test your patients
- Not appropriate to send them to EDs for testing
- There is no recommendation to test asymptomatic patients
- Clinicians do not need TDH permission to send testing to a commercial lab

Testing

- Consider testing for flu and sending resp viral panel before COVID-19 testing
- Put swab in viral transport medium
- Label with pt name and DOB
- Send to outside lab unless pt is high risk and warrants rapid turnaround for testing
 - TDH authorization for testing: 615-741-7247
- Send pt home to self-isolate until results return
- Immediately notify local public health of positives

*CDC guidance changed 3/13 to require only NP and no longer NP and OP swabs

Laboratory Testing

- Commercial (LabCorp, Quest, AEL)
 - Providers do NOT need to call TDH to order testing
 - Specimens must be collected by healthcare provider according to laboratory guidelines
 - Most labs will only work with contracted providers
 - **CALL LABS BEFORE SENDING SPECIMENS TO ENSURE YOU'RE IN COMPLIANCE WITH THEIR PROCEDURES!**
 - **Positive cases are IMMEDIATELY REPORTABLE. Do not assume public health is aware!**
 - **Fax positive results to TDH at 615-741-3857 or call local public health to report.**

Laboratory Testing

- Clinical lab/healthcare facility
 - Clinical laboratories within some healthcare systems have internal testing for their patients (Vanderbilt, primarily)
 - Criteria for testing deferred to performing facility
- Alternative Testing Sites
 - <https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>
 - Limited testing at county health departments

TDH Prioritization for COVID-19 Testing

Testing through the State Public Health Laboratory (SPHL) must be approved in advance by TDH and a PUI number assigned. Testing is for these priority populations:

Symptomatic individuals who report:

- Direct contact with a confirmed COVID-19 case
- Travel to a high-risk international or domestic location with evidence of widespread community transmission within the 14 days prior to symptom onset
- Pregnancy or severe immunocompromise
- High-risk occupation (healthcare worker, anyone working with elderly/at-risk populations)
- Severe pneumonia/ARDS of unknown etiology
- Being uninsured

State Public Health Lab Testing

- Polyester swab in viral transport medium

OR

- Polyester swab in sterile saline

OR

- eSwab in Amies media

Talking to Patients

- Inform symptomatic patients with pending testing that they are to self-isolate until testing returns
- Give realistic expectations of lab turnaround (2 days from SPHL, 4-5 days from commercial labs (possibly longer))
- Notify positive patients
 - Let them know it may be a couple days before they hear from public health
 - Let them know to start telling close contacts to self-quarantine
 - They are to isolate for 7 days + 72 hours from when they feel well
 - Household contacts are in quarantine for 14 days from when they feel well

<https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/TestedGuidance.pdf>

<https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/CaseGuidance.pdf>

<https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/CloseContactGuidance.pdf>

TDH Updated PPE Recommendations

Setting	Target Personnel	Activity	Type of PPE or procedure
Triage	Healthcare personnel	Preliminary screening (not direct contact)	Maintain spatial distance of >3 ft No specific PPE required for HCP
	Patient with respiratory symptoms	Any	Place surgical mask on patient Minimize time in waiting room
Patient Room	Healthcare personnel	Direct patient care	Gown, gloves, facemask, eye protection (goggles or face shield)
	Healthcare personnel	Specimen collection ¹	Gown, gloves, facemask, eye protection (goggles or face shield) *Depending on PPE supply, consider use of N-95 respirator if there is concern about aerosol generation during specimen collection (no AIIR required)
	Healthcare personnel	Aerosol-generating procedures ²	Gown, gloves, N-95 respirator, eye protection (goggles or face shield)
	Patient with respiratory symptoms	Routine clinical care	To the degree possible, patients with respiratory symptoms should wear a surgical mask during encounters with the healthcare team

Conserving PPE

- Surgical masks are fine unless suctioning/intubating
- Alternatives to surgical masks:
 - Bandanas? Diapers? Layers of tissues and gauze?
- Alternatives to gowns:
 - Contractor trash bags? Cloth patient gowns that are laundered?
 - Lab coats? Combination pieces of clothing? Disposable coveralls?
 - Health care workers who are not gowned are considered low-risk and will not be quarantined if exposed
- Alternatives to gloves:
 - Food service gloves,? Plastic grocery bags?
- Alternatives to eye protection:
 - Swim goggles? Sports goggles? Construction goggles?

<https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/PPEConservationGuidance.pdf>

Keeping Your Office Healthy

- Have a STRICT policy
 - NO ONE in your office comes to work if they are not feeling well
 - They should remain isolated at home until they feel well for at least 72 hours.
 - **No exceptions**
 - May mean closing the clinic
 - Please be proactive

General Precautions

- Wash hands
- Hand sanitizer
- Social distancing
- Avoid mass gatherings
 - If you can't be 3-6 feet from the next person, don't go
- Avoid small enclosed air spaces when possible (public transportation, theaters)
- Avoid non-essential travel. Outdoor spaces are great!

Scenario

- Patient presents to the office
 - spends 20 minutes in the waiting room
 - nurse calls the patient back, takes vitals in the hallway, takes patient to a room, takes a history
 - pt states he has not felt well and has had fever and cough
 - nurse puts a mask on the patient and leaves the room
 - physician, wearing a mask, examines the patient and decides to submit a test for COVID to a commercial lab and patient is sent home to self-isolate.
 - 5 days later, the office is notified of the positive test.

What now?



Outcome

- Pt is isolated for 7 days from symptom onset, plus 72 hours from return to wellness. Household contacts are quarantined x 14 days from when the case is well
- All waiting room contacts that were within 6 feet of the patient for ≥ 10 minutes are contacted and quarantined x 14 days
- Nurse is furloughed and quarantined x 14 days
- Provider is NOT furloughed because both (s)he and the pt were masked during the encounter
- If pt lingered in the hallway for more than 10min, anyone within 6 feet is contacted and quarantined

Avoid Exposures in the Office

- Post a sign on the door for patients with fever, cough, +/- SOB to return to their vehicle and CALL first
- Meet symptomatic pts with a mask
- Mask all employees who will be within 6 feet of a person with symptoms
- Isolate patient in a room with a closed door
- Anyone with direct contact should wear eye protection, face mask, gloves and a gown; however, providers NOT wearing a gown will NOT be quarantined if there's exposure so long as all other PPE is worn and pt is masked
- Wash hands! Clean surfaces!

www.tn.gov/health

www.cdc.gov/coronavirus



Questions