TUESDAY, MARCH 10:
CORONAVIRUS:
AN UPDATE FROM IDPH
Anthony Pudlo, PharmD, MBA, BCACP
Vice President of Professional Affairs
Iowa Pharmacy Association
Webinar Information

All participants will be muted during the presentation.

- Questions can be submitted directly to the facilitator via the question feature located on your control panel
- All questions submitted will be answered at the end of the presentation

This session will be recorded and made available for reviewing

- When available, you will receive a follow-up-email with instructions on how to access the recording
Discussion topics

◦ Background on COVID-19 & current epidemiology
◦ Update on screening & testing
◦ Infection Control and Clinical Guidance
◦ Resources for Healthcare Facilities
◦ Preparedness Planning
◦ Communication
◦ Q&A
Background on COVID-19

- Large family of viruses
- Some infect animals, some infect people, and a few infect both
- Seven are known to infect humans
  - 4 are common (229E, NL63, OC43 and HKU1)
    - Usually self limiting mild to moderate upper respiratory illness (like the common cold)
    - Most people infected with at least one in their lifetime
    - Detected on some standard respiratory illness panels

  - 3 are rare (MERS-CoV, SARS-CoV, & 2019-nCoV)
    - Can be more severe- pneumonia & life-threatening illness
    - Will not be identified on standard respiratory illness panels
Background on COVID-19

• First identified in Wuhan, Hubei Province, China
  • Many of the initial patients in the outbreak had a link to a large seafood and live animal market in Wuhan, China, suggesting animal-to-person spread

• Now person-to-person spread in communities in 35 different countries
  • Between people who are in close contact with one another (within about 6 feet)
  • Via respiratory droplets produced when an infected person coughs or sneezes.
  • These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

People are likely most contagious when they are most symptomatic (the sickest). It may be passed by touching a surface or object that has the virus on it and then touching your mouth, nose, or eyes, but this is not thought to be the main way the virus spreads.
Secretive Church Sect At The Center Of South Korea's Coronavirus Outbreak

Coronavirus Cases Outside China Are Accelerating Rapidly. Here's What to Know

Coronavirus Live Updates: Iran's Deputy Health Minister Tests Positive

An Italian doctor staying at a resort in the Canary Islands was also feared to have the virus. New outbreaks in Asia, Europe and the Middle East are renewing fears of a coming global pandemic.

Here's what you need to know:
- As infections slow in China, they increase elsewhere around the world.
- The health official leading Iran's coronavirus task force has tested positive.
- A large hotel in Tenerife, Spain, is on lockdown.

Impact of the Coronavirus Ripples Across Asia: 'It Has Been Quiet, Like a Cemetery'

Across the region, from Japan to Thailand, tourist sites, hotels and shops have emptied out as fear of the outbreak has shut down travel.
Global Perspective

83,694 confirmed cases
2,861 deaths
53 countries with cases

Countries with confirmed cases:
- China: 76,959 cases
- Republic of Korea: 2,337 cases
- International conveyance: 705 cases
- Italy: 450 cases
- Iran (Islamic Republic of): 265 cases
- Japan: 210 cases
- Singapore: 96 cases
- United States of America: 59 cases
- Germany: 46 cases
- Kuwait: 45 cases
- Thailand: 41 cases
- France: 38 cases
- Bahrain: 36 cases
- Spain: 32 cases
- Malaysia: 24 cases
- Australia: 23 cases
- United Arab Emirates: 19 cases
- United Kingdom: 19 cases
- Viet Nam: 16 cases
- Canada: 11 cases
- Iraq: 7 cases
- Sweden: 7 cases
- Oman: 6 cases
- Switzerland: 6 cases
- Austria: 5 cases
# International Travel Notices

## Widespread sustained (ongoing) transmission and restrictions on entry to the United States

CDC recommends that travelers avoid all nonessential travel to the following destinations. Entry of foreign nationals from these destinations has been suspended:

- China ([Level 3 Travel Health Notice](#))
- Iran ([Level 3 Travel Health Notice](#))

## Widespread sustained (ongoing) transmission

CDC recommends that travelers avoid all nonessential travel to the following destinations:

- South Korea ([Level 3 Travel Health Notice](#))
- Italy ([Level 3 Travel Health Notice](#))

## Sustained (ongoing) community transmission

CDC recommends that older adults or those who have chronic medical conditions consider postponing travel to the following destinations:

- Japan ([Level 2 Travel Health Notice](#))

## Limited community transmission

Travelers should practice usual precautions at the following destination:

- Hong Kong ([Level 1 Travel Health Notice](#))
### COVID-19: Confirmed Cases in the United States

<table>
<thead>
<tr>
<th>Category</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel-related</td>
<td>12</td>
</tr>
<tr>
<td>Person-to-person spread</td>
<td>5</td>
</tr>
<tr>
<td>Total confirmed cases</td>
<td>15</td>
</tr>
<tr>
<td>Total tested</td>
<td>451</td>
</tr>
</tbody>
</table>

*This table represents cases detected and tested in the United States through U.S. public health surveillance systems since January 21, 2020. It does not include people who returned to the U.S. via State Department-chartered flights.*

### COVID-19: Cases among Persons Repatriated to the United States

<table>
<thead>
<tr>
<th>Location</th>
<th>Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wuhan, China</td>
<td>3</td>
</tr>
<tr>
<td><em>Diamond Princess Cruise Ship</em></td>
<td>43</td>
</tr>
</tbody>
</table>

### COVID-19: Cases and Persons Under Quarantine among Repatriated Persons from Diamond Princess, by Location

<table>
<thead>
<tr>
<th>Location</th>
<th>Currently Under Quarantine</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travis Air Force Base</td>
<td>149</td>
<td>12</td>
</tr>
<tr>
<td>Lackland Air Force Base</td>
<td>134</td>
<td>6</td>
</tr>
<tr>
<td>University of Nebraska Medical Center</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Providence Sacred Heart Medical Center</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Medically cleared in Japan</td>
<td>N/A</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>288</td>
<td>43</td>
</tr>
</tbody>
</table>
The Iowa Dept. of Public Health will update the following chart with numbers of Iowans being monitored and tested for COVID-19 on Monday, Wednesday and Friday.

February 28, 2020

<table>
<thead>
<tr>
<th>People Being Monitored by Public Health</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asymptomatic (no symptoms)</td>
<td>13</td>
</tr>
<tr>
<td>Symptomatic (with symptoms) &amp; being tested</td>
<td>0</td>
</tr>
<tr>
<td>Completed public health monitoring</td>
<td>31</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COVID-19 Testing in Iowa</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>0</td>
</tr>
<tr>
<td>Negative</td>
<td>3</td>
</tr>
<tr>
<td>Pending</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
</tr>
</tbody>
</table>

Monitoring began February 3, 2020, in accordance with recommendations from the President’s Task Force on Coronavirus.
Expanded Screening & Testing Guidance
Healthcare screening at or before registration

All Iowa healthcare facilities should implement screening procedures before or at patient check-in.

**Screening questions:**

1. Do you have a fever or respiratory symptoms (e.g., cough or difficulty breathing)?
2. Did you travel from an affected geographic area* within 14 days of getting sick?
3. Did you have close contact with a person laboratory confirmed to be infected with COVID-19 within 14 days of getting sick?

*affected geographic areas currently include China, Iran, Italy, Japan, South Korea (as of 02/27/20)
Screening patients

If the answer to at least two of the three screening questions is yes, and

- If screening was conducted before the patient presented for care, direct the patient to don a surgical mask and enter the facility through a private entrance (if possible).

- If the screening was conducted at patient check-in, direct the patient to don a surgical mask and do not allow the patient to sit in the waiting room.
  - Immediately direct the patient to an exam room or another well-ventilated area that allows patients to be separated by 6+ feet
Assessing Patients

Healthcare provider should assess the patient (using Standard, Contact & Airborne Precautions, including use of eye protection) in a private room with the door closed, ideally an airborne infection isolation room.

During the assessment, please collect the following information:

1. Respiratory symptoms
2. Vital signs including measured or subjective fever
3. Date of illness onset
4. Location and date of travel to affected area
5. Description of any contact with ill persons in affected area
6. Description of any contact with the healthcare system in affected area
Assessing Patients

If symptoms are present and travel history is re-affirmed, please contact the Iowa Department of Public Health who will provide guidance on whether testing is needed.

During business hours call 800-362-2736 or after hours call 515-323-4360 (ask State Patrol to page the epi on call)
# Testing Criteria

<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>&amp;</th>
<th>Epidemiologic Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever(^1) or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)</td>
<td>AND</td>
<td>Any person, including health care workers(^2), who has had close contact(^3) with a laboratory-confirmed(^4) COVID-19 patient within 14 days of symptom onset</td>
</tr>
<tr>
<td>Fever(^1) and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization</td>
<td>AND</td>
<td>A history of travel from affected geographic areas(^5) within 14 days of symptom onset</td>
</tr>
<tr>
<td>Fever(^1) with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization(^6) and without alternative explanatory diagnosis (e.g., influenza)(^8)</td>
<td>AND</td>
<td>No source of exposure has been identified</td>
</tr>
</tbody>
</table>

\(^1\) Patients with fever. \(^2\) Defined as: patient, health care worker or close contact. \(^3\) Close contact is defined as: any interaction of at least 15 minutes or more and within 6 feet of a person with COVID-19. \(^4\) Laboratory-confirmed COVID-19 is defined as positive by real-time RT-PCR. \(^5\) Affected geographic area is defined as any place outside of your community where a case of COVID-19 has been confirmed. \(^6\) Severe acute lower respiratory illness is defined as severe pneumonia requiring hospitalization. \(^7\) ARDS is acute respiratory distress syndrome. \(^8\) This includes other respiratory illnesses that require hospitalization.
Testing can be conducted at SHL now

The test takes about 3-4 hours to complete, if a result is positive the specimen will be sent to CDC for confirmation, however public health officials would likely act on a presumptive positive from SHL
Just in time guidance for healthcare providers testing patients for 2019-nCoV

Updated 02/12/2020

Checklist for Healthcare Providers Testing Patients for 2019-novel Coronavirus
Updated 02/11/2020

☐ Do you have proper personal protective equipment?
  - Respirator - N95 or PAPR
  - Gowns
  - Gloves
  - Eye Protection - Goggles or Face shield
  - Droplet/surgical mask on patient

☐ Do you have the right supplies to collect specimens?
  - A nasopharyngeal swab and oropharyngeal swab should be collected.
  - See specimen collection guidance on page 3 for more detail.
  - Do you have synthetic fiber swabs with plastic shafts?
    - Do not use calcium alginate swabs or swabs with wooden shafts.
  - Do you have viral transport media?
  - Do you have the test request form to include with specimens?
  - Have you labeled each specimen collection tube with patient name & date of birth?

☐ Is the patient in a negative pressure room or in a patient room with the door closed?

☐ Have you made a list of any healthcare providers or other patients exposed to the patient being tested prior to their patient being isolated or putting on a facemask?
  - Please make a list of any healthcare providers who interacted with the patient prior to the patient wearing a facemask or the healthcare provider wearing appropriate PPE.
  - Please make a list of any other patients exposed to this patient prior to their isolation or the patient wearing a facemask.

☐ If you are discharging the patient to their home, have you educated the patient?
  - Please advise the patient to go directly home and isolate themselves from other people and animals in the home.
  - Please advise the patient that public health will be contacting them to issue them public health orders shortly.
  - Please provide a paper copy of the guidance for home care (page 2 of this document).
  - Please provide several facemasks for the patient to use on the way and while at home if they need to walk through a common area of the home to get to the self-isolation area.

☐ After the patient has been discharged:
  - Complete routine cleaning and dispose of waste under normal protocol.
  - Leave the room out of circulation for 2 hours.

☐ Have you provided patient contact information to public health? Please provide the following:
  - Patient name
  - Patient address
  - Patient phone
  - Patient date of birth
Recommendations for patients being discharged to their home

Updated 02/05/2020

Stay home except to get medical care
You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Do not use public transportation, ride sharing, or taxis.

Separate yourself from other people and animals in your home
As much as possible, you should stay in a specific room and away from other people and all animals in your home. Also, you should use a separate bathroom, if available.

Call ahead before visiting your doctor
If you have a medical appointment, call the healthcare provider and tell them that you have or may have 2019-nCoV infection. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

Wear a face mask
You should wear a face mask when you are around other people (e.g., sharing a room or vehicle) and before you enter a healthcare provider's office. If you are not able to wear a face mask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a face mask if they enter your room.

Cover your coughs and sneezes
Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can and wash your hands with soap and water for at least 20 seconds. If soap and water are not available, immediately clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

Clean your hands
Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Avert sharing personal household items
You should not share clothes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home. After using these items, they should be washed thoroughly with soap and water.

Monitor your symptoms
Seek prompt medical attention if your illness is worsening (e.g., shortness of breath or difficulty breathing). Before seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, 2019-nCoV infection. Put on a face mask before you enter the facility. These steps will help the healthcare provider's office to keep other people from getting infected or exposed. Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

For additional information visit: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

This guidance will be used in the event of exposure to a confirmed 2019-nCoV patient or exposure to a suspect patient when laboratory results will be delayed greater than 72 hours.

<table>
<thead>
<tr>
<th>Epidemiologic Risk Factors</th>
<th>Exposure Category</th>
<th>Public Health Monitoring</th>
<th>Public Health Orders &amp; Work Restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Healthcare provider performs or is in the room when aerosol generating procedures or</td>
<td>High</td>
<td>Public Health monitors remotely twice daily for fever and respiratory symptoms</td>
<td>Issue Voluntary Home Confinement for High Risk Persons AND</td>
</tr>
<tr>
<td>procedures likely to generate higher concentrations of respiratory secretions are</td>
<td></td>
<td></td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>performed (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>nebulizer therapy, sputum induction)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AND</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare provider is NOT wearing a fit tested N95 (or higher level respirator) and eye</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>protection (goggles or face shield)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Medium Risk

<table>
<thead>
<tr>
<th>Epidemiologic Risk Factors</th>
<th>Exposure Category</th>
<th>Public Health Monitoring</th>
<th>Public Health Orders &amp; Work Restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Healthcare provider performs or is in the room when aerosol generating procedures or procedures likely to generate higher concentrations of respiratory secretions are performed (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) AND Healthcare provider <strong>IS</strong> wearing a fit tested N95 (or higher level respirator) and eye protection (goggles or face shield) AND Healthcare provider is <strong>NOT</strong> wearing a gown or gloves</td>
<td>Medium</td>
<td>Public Health monitors remotely twice daily for fever and respiratory symptoms</td>
<td>Issue Voluntary Home Confinement for Medium Risk Persons AND Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>C. Healthcare provider has prolonged* close contact with patient AND Patient is <strong>NOT</strong> wearing a facemask AND Healthcare provider is <strong>NOT</strong> wearing a fit tested N95 (or higher level respirator) and eye protection (goggles or face shield)</td>
<td>Medium</td>
<td>Public Health monitors remotely twice daily for fever and respiratory symptoms</td>
<td>Issue Voluntary Home Confinement for Medium Risk Persons AND Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>D. Healthcare provider has prolonged* close contact with patient AND Patient <strong>IS</strong> wearing a facemask AND Healthcare provider is <strong>NOT</strong> wearing a fit tested N95 (or higher level respirator) and eye protection (goggles or face shield)</td>
<td>Medium</td>
<td>Public Health monitors remotely twice daily for fever and respiratory symptoms</td>
<td>Issue Voluntary Home Confinement for Medium Risk Persons AND Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>E. Healthcare provider has direct contact with secretions/excretions of patient AND Healthcare provider is <strong>NOT</strong> wearing gloves and did <strong>NOT</strong> perform immediate hand hygiene</td>
<td>Medium</td>
<td>Public Health monitors remotely twice daily for fever and respiratory symptoms</td>
<td>Issue Voluntary Home Confinement for Medium Risk Persons AND Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>Epidemiologic Risk Factors</td>
<td>Exposure Category</td>
<td>Public Health Monitoring</td>
<td>Public Health Orders &amp; Work Restriction</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td><em><em>F. Healthcare provider has prolonged</em> close contact with patient</em>*</td>
<td><strong>Low</strong></td>
<td>Public Health OR Healthcare Facility monitors remotely twice daily for fever and respiratory symptoms</td>
<td>Issue Order to Submit to Self-Monitoring AND No work exclusion</td>
</tr>
<tr>
<td>Patient IS wearing a facemask</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare provider IS wearing a fit tested N95 (or higher level respirator)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare provider is NOT wearing all three of the following: eye protection (goggles or face shield), a gown, AND gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>G. Healthcare provider is caring for or having contact with the secretions/excretions of a patient</strong></td>
<td><strong>Low</strong></td>
<td>Public Health OR Healthcare Facility monitors remotely twice daily for fever and respiratory symptoms</td>
<td>Issue Order to Submit to Self-Monitoring AND No work exclusion</td>
</tr>
<tr>
<td>Healthcare provider IS wearing all of the following: a fit tested N95 (or higher level respirator), eye protection (goggles or face shield), a gown, AND gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>H. Healthcare provider has a brief</strong> interaction with a patient but does not have direct contact with the secretions/excretions of the patient (e.g., brief conversation at triage desk; briefly entering a patient room but not having direct contact with the patient; entering the patient room immediately after they have been discharged)</td>
<td><strong>Low</strong></td>
<td>Public Health OR Healthcare Facility monitors remotely twice daily for fever and respiratory symptoms</td>
<td>Issue Order to Submit to Self-Monitoring AND No work exclusion</td>
</tr>
<tr>
<td>Patient MAY or MAY NOT be wearing a facemask</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare provider is NOT wearing all of the following: a fit tested N95 (or higher level respirator), eye protection (goggles or face shield), a gown, AND gloves</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Public Health Monitoring by Risk Level

<table>
<thead>
<tr>
<th>RISK LEVEL</th>
<th>PUBLIC HEALTH ORDERS ISSUED</th>
</tr>
</thead>
</table>
| **HIGH RISK**          | High Risk Voluntary Home Confinement  
                          ○ If not cooperative Home Quarantine | |
| **MEDIUM RISK**        | Medium Risk Voluntary Home Confinement  
                          ○ If not cooperative Home Quarantine | |
| **LOW RISK**           | Order to Submit to Self-Monitoring                                                          | |
| **NO IDENTIFIABLE RISK** | No public health order will be issued                                                        | |
Infection Control

Continue to advise use of standard, contact, airborne precautions and face shield or goggles.

Patient in airborne infection isolation room if possible, or room with closed door.

Routine waste disposal and environmental cleaning.

Potential that guidance may evolve over time.
CDC Interim Guidance

Infection Prevention


Clinical Management


Obstetric Guidance


EMS


Home Care

Coronavirus Disease 2019 (COVID-19) Hospital Preparedness Assessment Tool

All U.S. hospitals should be prepared for the possible arrival of patients with Coronavirus Disease 2019 (COVID-19). All hospitals should ensure their staff are trained, equipped and capable of practices needed to:

- Prevent the spread of respiratory diseases including COVID-19 within the facility
- Promptly identify and isolate patients with possible COVID-19 and inform the correct facility staff and public health authorities
- Care for a limited number of patients with confirmed or suspected COVID-19 as part of routine operations
- Potentially care for a larger number of patients in the context of an escalating outbreak
- Monitor and manage any healthcare personnel that might be exposed to COVID-19
- Communicate effectively within the facility and plan for appropriate external communication related to COVID-19

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)
Be Prepared

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 your state and local health department websites for the latest information.

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 key healthcare and public health partners in your community. Make sure you know about healthcare and public health emergency planning and response activities in your community. Learn about plans to manage patients, accept transfers, and share supplies. Review any memoranda of understanding (MOUs) with affiliates, your healthcare coalition, and other partners to provide support or assistance during emergencies.

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. For example, know how to reach your local or state health department in an emergency.
Communicate with Staff & Patients

**Communicate about COVID-19 with your staff.** Share information about what is currently known about COVID-19, the potential for surge, and your facility’s preparedness plans.

**Communicate about COVID-19 with your patients.** Provide updates about changes to your policies regarding appointments, providing non-urgent patient care by telephone, and visitors. Consider using your facility’s website or social media pages to share updates.
Protect Workforce

Screen patients and visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your healthcare facility. Keep up to date on the recommendations for preventing spread of COVID-19 on CDC’s website.

Ensure proper use of personal protection equipment (PPE). Healthcare personnel who come in close contact with confirmed or possible patients with COVID-19 should wear the appropriate personal protective equipment.

Conduct an inventory of available PPE. Consider conducting an inventory of available PPE supplies. Explore strategies to optimize PPE supplies.

Encourage sick employees to stay home. Personnel who develop respiratory symptoms (e.g., cough, shortness of breath) should be instructed not to report to work. Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
Protect Patients

**Stay up-to-date** on the best ways to [manage patients with COVID-19](#).

Separate patients with respiratory symptoms so they are not waiting among other patients seeking care. Identify a separate, well-ventilated space that allows waiting patients and visitors to be separated.

Consider the strategies to prevent patients who can be cared for at home from coming to your facility potentially exposing themselves or others to germs, like:

- Using your telephone system to deliver messages to incoming callers about when to seek medical care at your facility, when to seek emergency care, and where to go for information about caring for a person with COVID at home.
- Adjusting your hours of operation to include telephone triage and follow-up of patients during a community outbreak.
- Leveraging telemedicine technologies and self-assessment tools.
Healthcare Professional Preparedness Checklist
For Transport and Arrival of Patients With Confirmed or Possible COVID-19

Front-line healthcare personnel in the United States should be prepared to evaluate patients for coronavirus disease 2019 (COVID-19). The following checklist highlights key steps for healthcare personnel in preparation for transport and arrival of patients with confirmed or possible COVID-19.

Stay up to date on the latest information about signs and symptoms, diagnostic testing, and case definitions for coronavirus disease 2019.

Looking Ahead

Risk to U.S. and Iowa is still currently low but we recognize the potential for sustained community spread of this virus.

Public health at local, state and federal level taking opportunity to encourage preparedness for potential pandemic.

Appropriate time to review pandemic plans and communicate with regional partners.
Health Care Coalition Role

Engage partners to review, update, and adjust preparedness plans for pandemic response (LPHA, Hospitals, EMS, EMA, Fire, Law, etc.)

Reminder on Goal 1 and key domains of preparedness funding:

- **Community Resilience** – update assessments, review data, update plans
- **Strengthen Incident Management** – review resource documentation in EMResources, share/inform coalition on availability of resource sharing; consider COOP plan updates.
- **Strengthen Information Management** – manage, send, and receive information vital to public health, healthcare partners and the public.
- **Strengthen Countermeasures & Mitigation**
- **Strengthen Surge Management** – review surge exercises and consider lessons learned and how those may apply to a strained healthcare system.
EMA structure for support needs

Consider the Health Care Coalition (HCC) an additional resource for regionalized planning and response efforts.

If county and HCC resources cannot support local needs, additional resource requests should be handled through county emergency management agency.

IDPH and HSEMD are in close partnership during this event, and will remain in regular communication about trends and anticipated changes that may impact state and local response capabilities.
Resource Availability

Emergency Department Status
Available Hospital Beds by Type
Available Ventilators
Available Negative Air Flow Rooms
Weekly Updates-HAN Alert
Visual Sharing of Resources Among Coalitions
<table>
<thead>
<tr>
<th>Hospital Region</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
<th>Cover-all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blank Child's Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Broadlawns Medical Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grasselli Regional Medical Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hansen Family Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iowa Lutheran Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iowa Methodist Medical Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manning Regional Health Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mary Greeley Medical Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MercyOne Des Moines Medical Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MercyOne West Des Moines Medical Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methodist West Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Anthony Regional Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Joseph Memorial Community Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UnityPoint Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Resource Availability

Personal Protective Equipment

Iowa Assessment

- EMResource Inventory-Weekly Updates-HAN Alert
- Visual Sharing of Resources Among Coalitions

- **CDC Resources**
  - CDC-NIOSH/OSHA guidance for use of expired respirators-In clearance

- **Manufacturers and Distributors:** Given decreases in exports from select countries (e.g., China, India, Taiwan) and increases in demand due to the outbreak, manufacturers of select types of PPE are reporting increased volume of orders and challenges in meeting order demands. Plans to surge manufacturing globally are underway.
Workforce Considerations: Actively encourage sick employees to stay home

Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever, signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants).

Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.

Maintain flexible policies that permit employees to stay home to care for a sick family member.
- More employees may need to stay at home to care for sick children or other sick family members than is usual.

If companies provide contract or temporary employees, talk to them about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
Workforce Considerations

Prepare for possible increased numbers of employee absences due to illness in employees and their family members, dismissals of early childhood programs and K-12 schools due to high levels of absenteeism or illness:

- Employers should plan to monitor and respond to absenteeism at the workplace.
- Cross-train personnel to perform essential functions so that the workplace is able to operate even if key staff members are absent.
- Assess your essential functions and the reliance that others and the community have on your services or products. Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize customers, or temporarily suspend some of your operations if needed).
Public Communication
Confidentiality

COVID-19 cases will only be identified at a state level. IDPH is posting updated numbers of people being monitored, tested and test results every Monday, Wednesday and Friday.

There is no public health benefit in identifying the location of individuals being monitored or tested.

“We always carefully balance patient privacy and safety with potential risk to the public’s health in accordance with state and federal laws. We will share information as quickly as we can when an individual is monitored, tested or is a confirmed case in Iowa and we will always share key messages when there is action that is needed by the public to protect their health.”

In the event of a case identified or managed in a facility, IDPH would plan to work closely with that facility to balance these factors and have a joint information-sharing plan.
Social Media

Follow IDPH on Twitter (@IAPublicHealth) and Facebook (@IowaDepartmentofPublicHealth).
  ◦ Share and re-tweet our messages.

Visit the IDPH COVID-19 web page for infographics.
  ◦ IDPH will continue to develop new infographics for your use.

Don’t engage the trolls.
  ◦ If there is blatant misinformation, offer correct information.

February 2020

WHAT IS NOVEL CORONAVIRUS?

WHERE IS IT?
Novel coronavirus is a respiratory virus that began in China, and cases have been detected in travelers from China to other countries, including the U.S.

HOW IS IT SPREAD?
The virus is spread when an infected person coughs or sneezes and tiny droplets land on people nearby - just like colds and the flu.

WHAT ARE THE SYMPTOMS?
• Fever
• Cough
• Shortness of breath

HOW DO I PREVENT IT?
There is no vaccine for novel coronavirus. Prevention is the same as for colds and flu: Clean your hands frequently. Cover coughs and sneezes. Contain germs - stay home when ill.

AM I AT RISK?
The risk of novel coronavirus to the general public is low. Risk is currently associated with recent travel to China.

February 2020

Common Coronaviruses vs. Novel Coronavirus (2019-nCoV)

Common

1. Coronavirus
2. Coronavirus
3. Coronavirus
4. Coronavirus

2019-nCoV is a New Coronavirus

2019-nCoV is a new coronavirus. The novel (new) coronavirus is associated with an outbreak that began in Wuhan, China in 2019.

Most people will be infected with at least one of the common coronaviruses. Common coronaviruses are diagnosed by a healthcare professional and cause cold-like symptoms.

Most U.S. cases have been associated with travel to China. 2019-nCoV has caused moderate to severe illness and death, and testing for novel coronavirus can only be conducted at CDC.

The novel coronavirus risk to Iowans is currently low.

Influenza is a bigger risk to Iowans. There is still time to get your flu shot. Protective measures are recommended to combat the virus:

- Clean your hands.
- Cover the cough and sneeze.
- Contain germs by staying home when ill.

February 2020
IDPH Public Information Officer

Polly Carver-Kimm

Polly.Carver-Kimm@idph.iowa.gov

515-281-6693

515-401-7988 (text)
Summary: Healthcare Facilities

Recognize the potential for community spread and likely need to adjust approach as things evolve.

Importance of developing plans now to consider potential challenges around things like PPE, therapeutics and vaccine supply when available, and maintaining workforce.

Anticipate ways public health and clinical partners can work together to reduce spread, minimize morbidity and mortality, protect healthcare workforce, and preserve routine care delivery.
Questions?
Extra Slides
Ongoing screening of travelers from mainland China

Per the President’s Task Force on Coronavirus

- The screening of travelers from mainland China will continue due to the high rate of illness being reported.
- There is no plan to expand traveler screening to include travelers from additional affected areas at this time because the rates of illness in those areas is significantly lower than the rates being reported in China.
Screening Returning Travelers

Flights from China

- Flights funneled to 11 airports
  - JFK, ORD, SFO, SEA, HNL, LAX, ATL, IAD, EWR, DFW, DTW
- Symptomatic travelers will be assessed by healthcare providers prior to release
- Asymptomatic travelers will be allowed to continue to their destination
  - State Health Department notified of returning travelers
  - Assess travelers to assign risk category
Public Health Risk Categories

High Risk

- **Travel from Hubei Province, China**
- Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting for a person with laboratory-confirmed 2019-nCoV infection without using recommended precautions
Public Health Risk Categories

Medium Risk

- Seated within 6 feet of a laboratory-confirmed case of 2019-nCoV on an airplane (~2 seats in each direction)
- Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting as a person with laboratory-confirmed 2019-nCoV infection using recommended precautions
- Travel from mainland China outside Hubei Province
Public Health Risk Categories

**Low Risk**
Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with laboratory-confirmed 2019-nCoV infection for a prolonged period of time
On an aircraft, being seated within two rows of a symptomatic traveler with laboratory-confirmed 2019-nCoV infection

**No Identifiable Risk**
Interactions with a person with symptomatic laboratory-confirmed 2019-nCoV infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room
High Risk Order

1. Take temperature twice daily and report to LPH
2. Must not leave your home without prior authorization from IDPH
3. Should not have direct contact with dogs, cats, livestock or other animals
4. If you develop any symptoms of 2019-nCoV immediately call the Department at (800) 362-2736.
   - If emergency medical treatment is required for unrelated health issues (e.g. chest pain or severe accidental injury at home), you should call 911 for an ambulance and you must inform the operator of the 911 line and ambulance personnel that you are being monitored by public health for possible exposure to 2019-nCoV.
5. You should inform your employer or school that you are under voluntary home confinement and are not authorized to physically come to the work place or school.
   - You may work or learn from home via electronic or other remote means if appropriate.
Medium Risk Order

Same requirements as high risk order with the following allowance:

You may leave your home to participate in any non-congregate outdoor activity, such as jogging, walking, or biking, while maintaining a six (6) foot distance from others.
Low Risk Order-
Order to submit to self-monitoring

1. Take temperature twice daily and report to LPH

2. If you develop any symptoms of 2019-nCoV immediately call the Department at (800) 362-2736.
   • If emergency medical treatment is required for unrelated health issues (e.g. chest pain or severe accidental injury at home), you should call 911 for an ambulance and you must inform the operator of the 911 line and ambulance personnel that you are being monitored by public health for possible exposure to 2019-nCoV.

3. Restrict your travel. You are ordered to refrain from using mass transportation, including airplanes, trains, cruise ships, or long-distance busses, unless you receive written permission from the Iowa Department of Public Health prior to engaging in such travel. You must call the Iowa Department of Public Health at (800) 362-2736 or (515) 323-4360 to request written permission to engage in such travel.
Working with the Media

Be prompt.
- Return calls and schedule interviews as soon as possible.
- Ask for deadlines and prioritize accommodating them.

Avoid speculation.
- When the situation changes, we will communicate that.

Acknowledge uncertainty and anxiety.

Be transparent, but always put confidentiality first.
If respirator facemasks become more necessary due to a widespread infectious outbreak, like coronavirus, it could be bad news for people with beards.
INNOVATIVE PARTNERSHIPS WITH TELLIGEN:
IPA MEMBERS SHARE THEIR SUCCESSES

Questions? Contact IPA at IPA@iarx.org or 515-270-0713