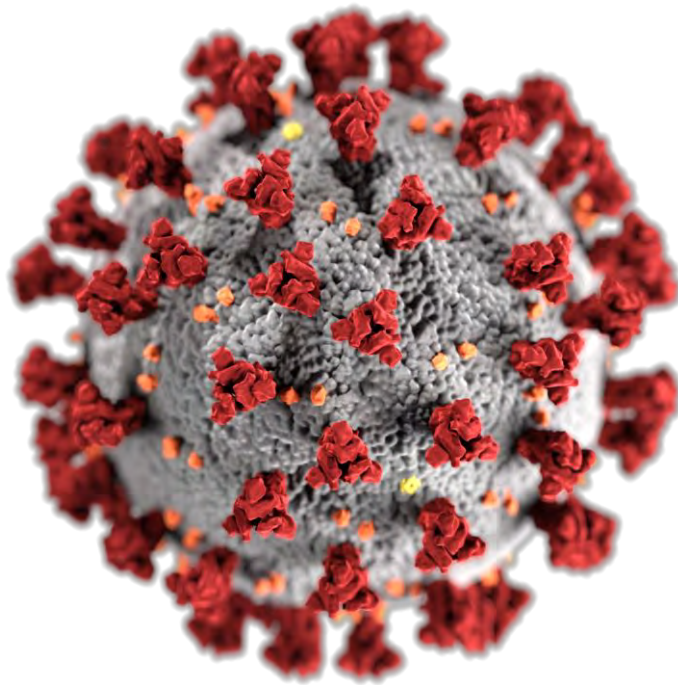


Catholic Health Outpatient Handbook for COVID-19



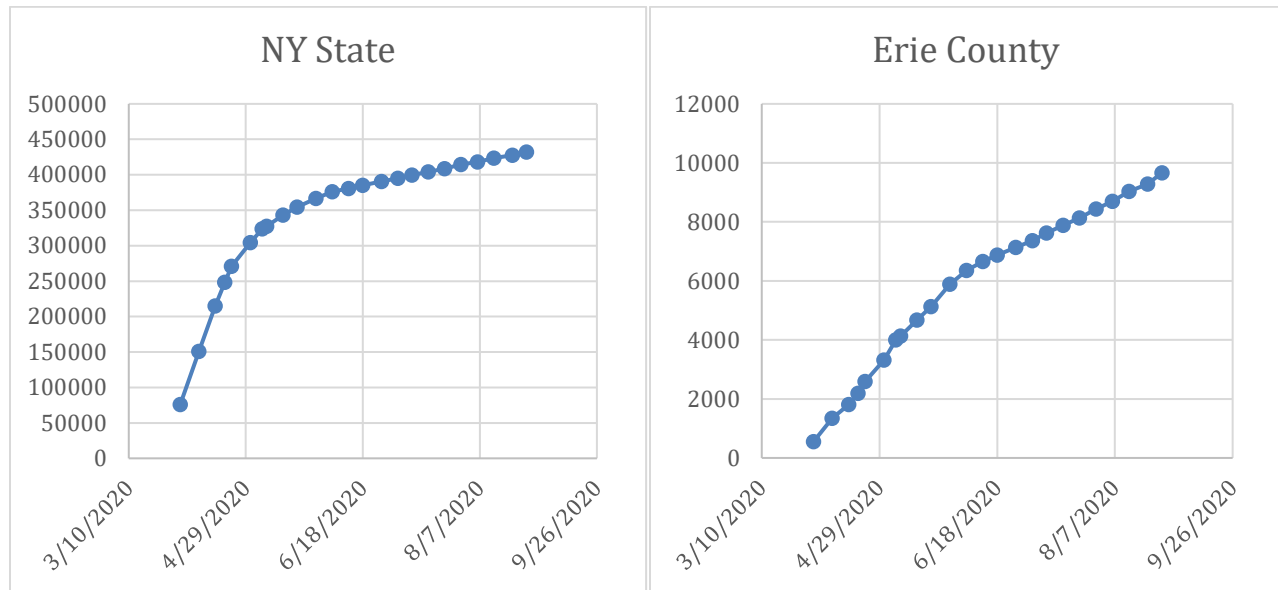
Interim update on testing, current status and progression of the pandemic, New York State and CDC policies, and information to share with patients.

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State of the Pandemic

Total Confirmed Cases in NY State and Erie County



- Most models suggest outbreak likely to last 18-24 months
- 60-70% threshold for "herd immunity"
- Compared to flu, longer incubation period and larger asymptomatic fraction
- Uncertain pre/symptomatic/asymptomatic shedding period

New York State Reopening

<https://forward.ny.gov/>

Reopening strategy as of 08/13/2020:

- All regions of the state have entered phase 4 reopening
- Higher education, Pre-K to Grade 12 schools, low-risk outdoor and indoor arts & entertainment, media production, professional sports competitions with no fans
- Malls in phase 4 region can open if they have advanced HVAC systems
- NYC (without indoor activity-malls, restaurants, cultural institutions)
- All 64 SUNY campuses have developed plans to resume on-campus activities and in-person learning for the Fall 2020 semester.

Medical Society of the State of New York (07/07/20)

MSSNY has established a confidential helpline phone number (1-844-P2P-PEER), text line (Text NYFRONTLINE to 741-741) and an email address (p2p@mssny.org) so that physicians may be connected with a peer 24 hours a day/7 days a week. In addition to offering a trained, empathetic ear, peer supporters may provide information on specific resources that can offer further support, provide positive coping skills, or connect physicians to professionals for more focused assistance.

Summary of Interim Guidance of In-Person Instruction at Pre-K to Grade 12 Schools During the COVID-19 Public Health Emergency

- Face coverings are required when social distancing cannot be maintained
- Schools will be screening with daily temperature checks, positive threshold at 100.0F
- Schools will also use questionnaires either remotely or on-site to determine whether the staff (daily) or student (periodically) has had contact with symptomatic or test-positive individuals, has had positive COVID-19 tests, has experienced symptoms consistent with COVID-19 including temperature of >100.0F in the last 14 days, or has traveled internationally or from a state on the New York State Travel Advisory list in the last 14 days - positive screens will be referred to providers
- Return to school protocols are left to the individual school in question; however, *return to school is required to have at least 1 piece of documentation from a health care provider indicating an evaluation, a negative COVID-19 test, and documentation supporting symptom resolution, or documentation supporting release from isolation (if originally COVID-19 positive).*

NY Travel Advisory List

This list is frequently changed. For an up-to-date list, visit:

<https://coronavirus.health.ny.gov/covid-19-travel-advisory>

Based upon Governor Cuomo's Executive Order 205, issued June 25, 2020, the following states and territories meet the criteria for required quarantine (of 14 days):

Alabama, Arkansas, California, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Minnesota, Mississippi, Missouri, Nebraska, Nevada, North Carolina, North Dakota, Oklahoma, Puerto Rico, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Virgin Islands, Wisconsin

This is based upon a seven-day rolling average, of positive tests in excess of 10%, or number of positive cases exceeding 10 per 100,000 residents.

A travel enforcement operation will commence at airports across the state to help ensure travelers are following the state's quarantine restrictions. As part of the enforcement operation, enforcement teams will be stationed at airports statewide to meet arriving aircrafts at gates and greet disembarking passengers to request proof of completion of the State Department of Health traveler form, which is being distributed to passengers by airlines prior to, and upon boarding or disembarking flights to New York State.

All out-of-state travelers from designated states must complete the form upon entering New York. Travelers who leave the airport without completing the form will be subject to a \$2,000 fine and may be brought to a hearing and ordered to complete mandatory quarantine. Travelers coming to New York from designated states through other means of transport, including trains and cars, must fill out the form online.

Diagnosis

Update on Testing

General turnaround time for non-urgent cases is several days. The NYS Department of Health recommends calling ahead of time to ensure that testing is appropriate.

All testing samples should be clearly labeled with the full name, date of birth, address, and phone number of the patient to allow for contact tracing if positive.

Rapid point-of-care (POC) antigen tests for COVID-19 are available, and are the only category of tests that are **not** automatically reported to the NYS DOH via the electronic laboratory reporting system. These test results should be manually reported to Covidproviderinfo@health.ny.gov. Compared to PCR tests, they are about 80% as sensitive.

Antibody testing does not slow down PCR testing (they use different supply chains). Many testing labs (e.g. LabCorp) now allow for specimens to be mailed in.

Update on Pediatric COVID-19

Most reported cases of pediatric COVID-19 are mildly symptomatic or asymptomatic. On severe cases of pediatric COVID-19:

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6932e3.htm>

Based on a study of 576 children hospitalized and reported in COVID-NET from 03/01/20 - 07/25/20, the cumulative COVID-19 associated hospitalization rate in children was 8.0/100,000, and was highest among children less than 2 years of age (24.8/100,000)

- Hispanic/Latino children (16.4/100,000) and African-American children (10.5/100,000) had the highest cumulative rates of COVID-19 associated hospitalizations
- 33.2% of hospitalized children with complete chart reviews were admitted to the ICU; 42.3% had one or more underlying conditions, with the most common being obesity (37.8%), chronic lung disease (18.0%), and gestational age <37 weeks (15.4%)
- Case fatality rate remains low: 1 (0.5%) among the 208 hospitalized children with dispositions available died during hospitalization

Children and Multisystem Inflammatory Syndrome in Children (MIS-C)

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6932e2.htm>

Multisystem inflammatory syndrome in children (MIS-C) is a newly identified systemic inflammatory disorder that appears in children 2-4 weeks after the onset of COVID-19. Symptoms may include fever, abdominal pain, vomiting, diarrhea, rash, conjunctivitis, fatigue, and neck pain.

- Based on 570 MIS-C patients with onset between 03/02/20 - 07/18/20 reported to the CDC
- Primarily with symptoms of shock, fever, GI symptoms, cardiac damage, and elevated inflammatory markers; this cluster of clinical indicators accounts for 35.6% of cases and the rest have overlap with acute COVID-19, had a less clinical course, or had features of Kawasaki disease.

Scenario Guidance for COVID-19 Testing

Presentation	COVID-19 Testing (testing not advised if another diagnosis is confirmed such as RSV or influenza)	Required PPE
No acute respiratory symptoms ¹ and no known close contact with COVID-19 case in 14 days	Testing not indicated	No additional PPE required
Asymptomatic (no acute respiratory symptoms) and afebrile WITH close contact to COVID-19 case in past 14 days	Testing may be performed but should NOT eliminate instruction to quarantine, even if negative. Testing asymptomatic individuals with an exposure history can be beneficial for public health tracing purposes and when there are other household members that could be exposed to an asymptomatic infected person under quarantine following a known high-risk exposure. Self-quarantine ² 14 days from last close contact, regardless of testing Advise to self-monitor for symptoms and fever by checking temperature twice daily, and test if symptoms emerge	No additional PPE required
Febrile without respiratory symptoms AND close contact to COVID-19 case in past 14 days	Testing indicated Advise to self-isolate until symptom resolution even if not tested.	Mask patient; providers utilize PPE
Asymptomatic but in contact with someone under quarantine (NOT infected)	Testing not Indicated Individuals with history of close contact with a quarantined individual (not an infected individual) do not require quarantine unless the quarantined person develops COVID-19. Remind patient that close contact should be avoided with quarantined individuals (this is the point of quarantine)	No additional PPE required
Acute respiratory symptoms and no COVID-19 close contact history	Consider Testing if no other clear cause (e.g. Influenza positive) Indicated for patients with high transmission risk jobs or lifestyles and in patients with significant comorbid conditions Indicated if individual considered likely to be non-adherent to self-isolation instructions (e.g. report cannot miss work etc.) Advise to self-isolate ³ even if not tested.	Mask patient; providers utilize PPE
Acute respiratory symptoms AND COVID-19 close contact history	Testing Indicated Advise to self-isolate until symptom resolution even if not tested.	Mask patient; providers utilize PPE

¹ Acute respiratory symptom is defined as any new cough, hypoxia, or shortness of breath.

A close contact is defined as being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case.

² Self-quarantine is the process of keeping a person WITHOUT signs of disease but at risk for developing disease due to a high-risk exposure away from others during the infection incubation period to avoid transmission in community in the event the individual becomes ill with disease.

³ Discontinuing Home Isolation: Isolation is the process used to keep symptomatic individuals with suspected or confirmed infection away from others. Home isolation can be discontinued when all of the following criteria are met: A) at least 10 days have passed since symptoms onset, AND B) at least 24 hours have passed since last fever without use of antipyretics, AND C) symptoms have improved. For high transmission risk occupation patients call DOH for additional guidance.

Instruct the patient to call the office for additional instructions if symptoms worsen.

Treatment

Continuing Treatment for Patients Discharged After Hospitalization with COVID-19

The only interventions known to be effective that may be continued outpatient are:

- Dexamethasone, started usually at 6mg IV daily while hospitalized, converted to 6mg PO daily outpatient, for a total of 5 days. Total length and dosage may be modified by the attending physician based on symptoms and response to therapy.
- Oxygen supplementation.

There continues to be no evidence that ACEI/ARBs, lopinavir/ritonavir (Kaletra), NSAIDs, or zinc have any harm or benefits in the clinical course of COVID-19. There is some data suggesting that hydroxychloroquine or chloroquine can cause harmful side effects while remaining ineffective for COVID-19 treatment.

There is no evidence that dexamethasone is beneficial for patients without at least severe illness (i.e. at least requiring supplemental oxygen to maintain oxygen saturation $\geq 94\%$ on room air)

Care for Post-Discharge Patients Diagnosed with COVID-19

Patients in a Skilled Nursing Home or Long-Term Acute Care Facility Setting

Updated from prior guidelines, a test-based decision to discontinue transmission-based precautions *is no longer recommended*.

The decision to discontinue transmission-based precautions should *only* be made using a symptom-based strategy, except in the case of asymptomatic patients. Meeting criteria for discontinuation of transmission-based precautions is not a prerequisite for discharge.

1. Asymptomatic patients (without severe immunocompromised state such as AIDS, chemotherapy for cancer, genetic disorders of immunocompromise, taking prednisone in excess of 20mg/day for more than 14 days, or transplant immunosuppression)
 - At least 10 days have passed since the first positive viral (PCR) test
2. Mild-to-moderate illness (without severe immunocompromised state):
 - At least 10 days have passed since symptoms first appeared, AND
 - At least 24 hours have passed since last fever without use of antipyretics, AND
 - Symptoms have improved
3. Severe-to-critical illness (with or without severe immunocompromised state):
 - At least 10 days and up to 20 days have passed since symptoms first appeared, AND
 - At least 24 hours have passed since last fever without use of antipyretics, AND
 - Symptoms have improved, AND
 - Consider consultation with infection control experts
4. Asymptomatic patients (with severe immunocompromised state)
 - At least 10 days and up to 20 days have passed since the first positive viral test

The above recommendations also apply to healthcare workers diagnosed with COVID-19 seeking to return to work.

The above recommendations are based on studies indicating that for patients with mild-to-moderate illness, live virus could only be recovered before 10 days since symptoms onset, even though PCR tests could remain positive for many weeks after, suggesting that in many cases, transmission stops long before patients test PCR-negative.

For those with severe-to-critical illness, the threshold for recovering live virus was before 3 weeks since symptom onset. Once again, PCR positivity does not necessarily mean that live virus could be recovered.

CDC definitions for severity of illness and severely immunocompromised state is as below:

Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO₂) ≥94% on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50%.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction

The studies used to inform this guidance did not clearly define “severely immunocompromised”. For the purposes of this guidance, CDC used the following definition:

Some conditions, such as being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.

Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.

Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

Additional information is available at the CDC website:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

Information for Discussions with Patients

Social Distancing, Self-Isolation, and Use of PPE

Social distancing is defined as staying at least 6 feet from other people, avoiding large group gatherings, and staying out of crowded places and avoiding events where there may be mass gatherings.

Self-isolation is a strategy to segregate suspected or confirmed COVID-19 cases (e.g. symptomatic patients) while they are ill. Home self-isolation may be discontinued when all of the following criteria have been met:

- At least 10 days have passed since symptoms first appeared, AND
- At least 24 hours have passed since last fever without use of antipyretics, AND
- Symptoms have improved

Self-isolating patients should perform the following, in addition to standard social distancing and hygiene practices (such as hand washing, cough etiquette, social distancing, and wearing a mask):

- Have their own room with its own bathroom.
- Have one or few caregivers to bring them food and necessities, and dispose of trash.
- Have their own trash bags for disposal of waste, tied up and ready for caregivers.
- Clean and disinfect high-touch surfaces such as phones, doorknobs, keyboards, tablets, tabletops in their room, or bathrooms. Household cleaners and disinfectants are sufficient.
- Do not share utensils, bedding, or towels with other people in the household.
- Self-monitor twice daily by taking their own temperature.
- Avoid using shared or public transportation if possible.

Self-quarantine is intended for asymptomatic patients with an exposure event, either by close contact with a suspected or confirmed COVID-19 case, or travel to a COVID-19 endemic area. Patients advised to self-quarantine should stay at home as much as possible for 14 days and check their own temperature twice daily. They should also try to stay away from vulnerable populations such as the elderly, nursing home residents, and those with immunocompromising medical conditions.

Proper PPE for the general public without a diagnosis of COVID-19 but who are concerned about transmitting respiratory droplets via coughing, sneezing, and talking, includes a cloth facemask as recommended by the CDC.

Frequently Asked Questions

Is there a vaccine available for COVID-19?

- There is currently no vaccine available for COVID-19. Vaccine development generally takes 12 to 18 months. The best way to protect yourself is to practice social distancing, good hand hygiene and cough etiquette, and to avoid touching your face. There are currently several vaccines undergoing or projected to undergo phase 3 trials:
 - Adenovirus vector vaccine ChAdOx1 nCoV-19 (University of Oxford and AstraZeneca)
 - Undergoing phase 3 trials
 - mRNA-1273 mRNA vaccine (NIAID and Moderna)
 - Undergoing phase 3 trials - COVE study (NCT04470427)
 - Sinovac inactivated vaccine (Sinovac Biotech)
 - Undergoing phase 3 trials
 - mRNA vaccine BNT162b1 (Pfizer and BioNTech)
 - Projected to enter phase 3 trials soon

Is there a treatment (or prophylaxis) available for COVID-19?

- Hospitalized patients may receive supportive care. There is some evidence that low-dose steroids (dexamethasone) are beneficial in helping patients with severe COVID-19 recover. There is little to no evidence as of this time that other experimental treatments such as remdesivir and convalescent plasma help patients with COVID-19. There is no evidence for effective prophylaxis or prevention for COVID-19.

How is COVID-19 transmitted?

- The SARS-CoV-2 coronavirus is transmitted through person-to-person contact. This comes mostly in the form of droplet transmission (via coughing, sneezing, or talking) with close contacts (those within 6 feet of each other). Asymptomatic persons, including children, infected with the virus may also transmit the virus. The virus can also be potentially spread through fomite contact by touching an object with viral particles, and then touching a mucous membrane (eyes, nose, or mouth).

What PPE should be recommended to the general public?

- As of April 4, 2020, the CDC is recommending that the general public wear a cloth face covering when going out in public, for example to go to the pharmacy or the grocery store. Cloth face coverings should not be placed on children under the age of 2, those with trouble breathing, and those who would have trouble removing the mask without assistance.

Should I stop or change certain medications?

- There is currently no evidence that ACE inhibitors or ARBs cause positive or negative outcomes in patients with COVID-19. Patients currently on ACE inhibitors or ARBs should continue their current regimen.
- There is currently some evidence based on a meta-analysis that statins are correlated with improved outcomes in patients with COVID-19. Patients currently on statins should continue their current regimen.
- There is currently no evidence that lopinavir/ritonavir (Kaletra) helps to prevent or treat COVID-19. Patients on a stable HIV regimen should not change to one with lopinavir/ritonavir for this purpose.
- There is no evidence that NSAIDs cause negative outcomes in patients with COVID-19.
- There is currently no evidence whether the benefit derived from prednisone for other indications (e.g. for rheumatologic diseases or COPD) outweighs any possible detriment in the case of COVID-19 patients.

When can I go back to work?

- Symptomatic patients without severe immunocompromised states who are diagnosed with COVID-19 that self-care at home may return to work after the transmission-based precautions are no longer necessary:
 - At least 10 days have passed since symptoms first appeared, AND
 - At least 24 hours have passed since last fever without use of antipyretics, AND
 - Symptoms have improved
- Asymptomatic patients without severe immunocompromised state who have laboratory-confirmed COVID-19 may return to work after 10 days have passed since their first positive COVID-19 diagnostic test, and if they have had remained asymptomatic duration this time.
- Asymptomatic patients with severe immunocompromised state who have laboratory-confirmed COVID-19 may return to work after 10 days, and up to 20 days, have passed since their first positive COVID-19 diagnostic test, and if they have had remained asymptomatic duration this time.

Once I get COVID-19, can I get it again?

- In general, people seem very unlikely to get the virus again in the first 6 months after their initial diagnosis. However, there have been several reports of people diagnosed with a 2nd bout of COVID-19:
 - A 33-year-old male from Hong Kong recovered from a mild symptomatic case of COVID-19, and then acquired a different strain of COVID-19 from Europe after traveling there, but remained asymptomatic.
 - A 25-year-old male from Nevada recovered from COVID-19, and had two consecutive negative COVID-19 PCR tests. Two months later, he appears to have been infected with a genetically distinct SARS-CoV-2 virus from his first illness, with more severe illness during the 2nd infection.
 - A patient from Belgium was reported to be infected twice with COVID-19, 3 months apart.
 - An immunocompromised patient from the Netherlands was reported to be infected twice with COVID-19.

Can COVID-19 harm children, newborns, fetuses, or pregnant women?

- Children seem to be, in general, less symptomatic compared to adults, but they may still develop severe illness and transmit the virus. They may also develop a severe illness in conjunction with a sepsis-like syndrome called multisystem inflammatory syndrome in children (MIS-C) that occurs 2-4 weeks after the initial diagnosis of COVID-19.
- Pregnant women have the same risk of getting COVID-19 as the general population.
- Pregnant women have a higher risk of getting severely ill from viral illnesses in general, and should always take proper precautions to protect themselves from viral illnesses by avoiding sick people, practicing good hand hygiene, and disinfecting frequently touched surfaces.
- It is unknown if mother-to-child transmission of coronavirus is possible, but it is unlikely.
- Newborns may still get infected through normal person-to-person transmission.

Can COVID-19 be transmitted via breast milk?

- Based on a small study in JAMA involving 18 women with suspected or confirmed symptomatic COVID-19, in 64 provided samples of breast milk, no live virus could be grown from any of the samples of breast milk. A single sample had detectable viral RNA but could not grow live virus.
- Based on the same study above, Holder pasteurization (heating breast milk to 62.5°C/145°F for 30 minutes then cooled to 4°C) not only destroyed all live virus, but sufficiently broke up viral RNA such that no viral RNA was recoverable at all.

Contact Numbers

Emergency Department contact numbers:

- Mercy Hospital: 716-828-2664
- Mercy Ambulatory Care Center: 716-821-4513
- Kenmore Mercy Hospital: 716-876-1517
- Mount St. Mary's Hospital: 716-298-2395
- Sisters of Charity Hospital-Main Street Campus: 716-862-1820

Department of Health contact numbers:

- Erie County DOH: 716-858-7690
- Niagara County DOH: 716-439-7430
- Cattaraugus County DOH: 716-373-8050

CHS Care Management contact information:

- Kenmore Mercy Hospital
 - 2950 Elmwood Avenue, Kenmore, NY 14217
 - CareManagementKMH@chsbuffalo.org
 - 716-447-6098 phone
 - 716-447-6535 fax
- Mercy Hospital of Buffalo
 - 565 Abbott Road, Buffalo, NY 14220
 - CareManagementBMH@chsbuffalo.org
 - 716-828-2345 phone
 - 716-828-2714 fax
- Mount St. Mary's Hospital
 - 5300 Military Road, Lewiston, NY 14092
 - CareManagementMSM@chsbuffalo.org
 - 716-298-2255 phone
 - 716-298-2095 fax
- Sisters of Charity Hospital
 - 2157 Main Street, Buffalo, NY 14214
 - CareManagementSOC@chsbuffalo.org
 - 716-862-1140 phone
 - 716-862-1889 fax
- Sisters of Charity Hospital-St. Joseph Campus
 - 2605 Harlem Road, Cheektowaga, NY 14225
 - CareManagementSJC@chsbuffalo.org
 - 716-891-2555 phone
 - 716-891-2556 fax

Additional Resources

Comprehensive Resources

Center for Disease Control and Prevention Information for Healthcare Professionals

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

World Health Organization Coronavirus Disease 2019 (COVID-19) Resources and Information

<https://www.afro.who.int/news/who-coronavirus-disease-2019-covid-19-resources-and-information>

National Institute of Health Coronavirus (COVID-19) Information

<https://www.nih.gov/coronavirus>

Infectious Disease Society of America COVID-19 Resource Center

<https://www.idsociety.org/public-health/COVID-19-Resource-Center/>

New York State Healthcare Providers COVID-19 Information Update

<https://coronavirus.health.ny.gov/information-healthcare-providers>

New York City Department of Health COVID-19 Information for Providers

<https://www1.nyc.gov/site/doh/covid/covid-19-providers.page>

American College of Physicians Coronavirus Disease 2019 (COVID-19) Information for Internists

<https://www.acponline.org/clinical-information/clinical-resources-products/coronavirus-disease-2019-covid-19-information-for-internists>

Epidemiology

Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

<https://coronavirus.jhu.edu/map.html>

Novel Coronavirus (COVID-19) Outbreak Timeline Map by HealthMap

<https://www.healthmap.org/covid-19/>

Appendix

[Appendix: CDC Flyer: How to Protect Yourself and Others Page 1](#)

[Appendix: CDC Flyer: How to Protect Yourself and Others Page 2](#)

[Appendix: CDC Flyer: 10 Ways to Manage Respiratory Symptoms at Home](#)

[Appendix: Erie County Public Health Laboratory COVID-19 Testing Form](#)

[Appendix: Cepheid Xpert® Xpress SARS-CoV-2 Order Labels](#)

How to Protect Yourself and Others

Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

Know how it spreads



- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- The best way to prevent illness is to avoid being exposed to this virus.
- The virus is thought to spread mainly from person-to-person.
 - » Between people who are in close contact with one another (within about 6 feet).
 - » Through respiratory droplets produced when an infected person coughs, sneezes or talks.
 - » These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
 - » Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Everyone should

Clean your hands often



- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid close contact



- Avoid close contact with people who are sick.
- Stay at home as much as possible.
- Put distance between yourself and other people.
 - » Remember that some people without symptoms may be able to spread the virus.
 - » Keeping distance from others is especially important for people who are at higher risk of getting very sick. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

CS 316291A 04/06/2020

Cover your mouth and nose with a cloth face cover when around others



- You could spread COVID-19 to others **even if you do not feel sick**.
- Everyone should wear a cloth face cover when they have to go out in public, for example to the grocery store or to pick up other necessities.
 - » Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- The cloth face cover is meant to protect other people in case you are infected.
- **Do NOT use a facemask meant for a healthcare worker.**
- Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.

Cover coughs and sneezes



- If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Throw used tissues in the trash.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect



- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>
- If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfection.

10 ways to manage respiratory symptoms at home

If you have fever, cough, or shortness of breath, call your healthcare provider. They may tell you to manage your care from home. Follow these tips:

1. **Stay home** from work, school, and away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.



6. **Cover your cough and sneezes.**



2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



3. **Get rest and stay hydrated.**



8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.



4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.



10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.



CS 315822-A

03/12/2020

For more information: www.cdc.gov/COVID19



ERIE COUNTY PUBLIC HEALTH LABORATORY
 503 Kensington Avenue, Building AA, Buffalo, NY 14214
 Tel: (716) 898-6100 Fax: (716) 898-6110 E-mail: ecphl@erie.gov

PATIENT & PROVIDER INFORMATION	Patient Name :			<u>LAB USE ONLY</u> SPECIMEN BARCODE LABELS
	Date of Birth (mm/dd/yyyy):		Gender:	
	Patient Address:			
	City:	State:	Zip:	
	Telephone:	Guardian's Name (if applicable):		
	Guardian's address: (if applicable and if different than patient's address)			
	Provider Name:	Provider License Number:		
	Submitting Facility Name: Catholic Health System			
	Mail reports to:			
Phone #:	Fax:			
SPECIMEN	Specimen Collection Date: _____ Collection Time: _____ Collected by: _____			
	Source <input type="checkbox"/> Nasopharyngeal (NP) swab <input type="checkbox"/>			
Virology: <input type="checkbox"/> SARS-CoV-2 ¹				
Chief complaint:				
¹ CONSULT WITH LABORATORY PRIOR TO SPECIMEN SUBMISSION ² SEND OUT TEST - LIMITED AVAILABILITY				
Special Services: (See reverse side for available services and fee schedule)				
<input type="checkbox"/> _____				
Special Requests / Additional information				
FAX REPORTS to (716) 862-1885 Catholic Health Laboratory				

Patient Label or

Name: _____

DOB: _____

COVID REQUEST INFORMATION

(Help lab save testing reagent)

- 1) Provider: **Order COVID** test in Soarian/
meditech/medhost
- 2) **Collect** swab & label
- 3) **Answer-** Is patient an inpatient or being
admitted?
 Yes
 No
- 4) **Answer-** Is patient a CHS associate or
provider?
 Yes
 No
- 5) **Answer** - Is patient from a nursing home
or Clearview?
 Yes
 No
- 6) **Submit** this slip to lab with the specimen

REVISION 4/3

Patient Label or

Name: _____

DOB: _____

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REVISION 4/3

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REVISION 4/3