



RCMA Leadership Call with RUHS Public Health March 19, 2020

Q&A

1. COVID-19

a. What is the incubation period for the virus?

We have not seen new information to suggest that it extends past the assumed 14 days incubation period. The median incubation period appears to be 3 to 5 days.

b. Why do healthcare workers get more severe cases?

As a general rule, there is systemic evidence to suggest that healthcare workers have more exposure since they are in contact with more patients. This may translate into greater severity based on their volume of work.

c. What percentage of patients are asymptomatic without significant fever or cough?

Most models do not test asymptomatic patients. More testing is needed to answer this question.

d. What, if any data is there on the sensitivity & specificity of the COVID-19 testing?

We are primarily using RT-PCR, which detects viral RNA. These tests are highly specific and sensitive. We are now using the CDC clinical discharge guidelines rather than requiring negative swabs, which may detect non-viable particles.

e. If we have a healthcare worker with cough and cold, can we get priority testing in order to get the worker back to work ASAP?

If it is reasonable to assume that testing is needed, it can be setup. Public health permission is not needed for testing by commercial labs.

2. TRIAGE

a. How and when do you intend to stage formal triage outside the ED for 1) preventing overuse of the ED, and 2) prioritizing the care of high-risk individuals?

Please consult your hospital surge plan. The guidance is via EMS to use the 911 system appropriately.

b. Urgent care centers are turning away patients who present with symptoms but without running a fever. These patients are being sent back out to the community and potentially spreading infection by showing up in physician offices without advanced warning. Triage guidelines are needed!

This is a licensing Issue.

c. Can anyone with URI symptoms be told they do not have COVID if there is a known wide variation of presentation from no symptoms to severe illness?

There is no way to tell if the individual is infected with COVID-19 without testing. There is room for a clinical assessment when taking the flu into consideration. Based on community prevalence, we cannot rule out that one has been infected based on flu-like mild symptoms. We can't stop an urgent care from turning away patients.

3. TESTING

a. We are being told Quest and LabCorp have tests, why is it that they are not able to test with them?

b. What is the procedure for testing

c. What kind of equipment is needed?

d. How can medical offices receive the test kits?

Swabbing under negative pressure is no longer required. Current CDC PPE guidelines include N95 mask, gloves, face mask and gown. NP/OP swabs are acceptable. LabCorp and Quest are using different collection kits. We are checking with the supply chain and will advise of any changes/availability. However, the county cannot supply providers with collection kits.

e. Where are the testing sites, and what is the protocol for sending people to be tested?

There are a number of testing sites, however they are moving. The central number regardless of site to make an appointment is 800-945-6171. This number can be called by the patient. No referral is needed. However, an appointment is required. (*edit*: This number may direct you to a website for west county testing.)

g. Are there different forms to fill out in order to keep accurate counts of URI patients testing positive for COVID-19? Is there a different fax number?

For non-coronavirus-related disease control reports, use the established fax number: 951-358-5102.

For coronavirus-related reports, use fax 951-351-6838. Use the CDC PUI form. No CMR form in addition is needed.

4. PROTECTING HEALTHCARE PROVIDERS

a. What is the health department doing and recommending to protect front-line primary physicians, and what can we do to help.

Please refer to your facility infection control plan. We are informing all patients should call ahead rather than just show up to offices as we recognize providers have limited PPE. Please update, implement and review your infection control plan.

b. Virtual Office/Telehealth Recommendations & Guidance

RCMA is developing a document to assist physicians with implementing Telehealth. It will be available next week along with a Webinar series. The county health system has adopted a Telehealth system.

c. Should ER and Urgent Care's receive extra training? We have patients being discharged by PA's and NP's and told they do not have COVID when no test has been performed. Some patients are not undergoing quarantine.

Guidance has been provided by the CDC and is rapidly changing. Clinical assessments can be made if testing is not immediately available or forthcoming. There are developments underway for rapid testing. Patients need to follow quarantine guidelines and are given specific instructions.

5. PPEs

a. McKesson has told physicians that they will only supply a limited number of masks per month (50) to each office with a limited the supply of PPE. This is not sufficient to provide for needs. What is the solution?

Unfortunately, there isn't one. Stocks are at a critical low.

b. Is the county able to provide N95 masks to doctors' offices?

The county stock in the warehouse is also running low. Public Health is searching for new supply lines and may be able to help in the future. Currently we are only able to supply Tier 1 providers (EMS, acute care hospitals), and even then we are not able to give them all they request. Please be cautious of unknown suppliers and pricing.

6. MEDICATIONS

a. Does the regulatory requirements to not overprescribe antibiotics still apply?

Yes, regulatory requirements still apply in general, though some were relaxed by the various executive orders. You should review these orders with your institution or legal counsel if you think you may benefit from these changes.

b. Use of Hydroxychloroquine for prophylaxis and for active disease. Also supply status of this in the county.

We have reviewed a French study that shows some potential. There are promising indicators yet things can change quickly. We are not aware of any supply shortages (*edit*: this is now changing and some pharmacies are starting to report they are out of stock). The county does not have a stock as there is no guidance today to use it as a treatment.

7. ELECTIVE SURGERIES

a. When should hospitals start limiting elective surgery?

b. When should hospitals and surgery centers start limiting outpatient surgeries?

I have no explicit guidance but facilities are strongly urged to delay non-essential procedures to free up PACU and SICU resources. RUHS-MC is now limiting to urgent elective and emergency procedures.

8. PUBLIC EDUCATION

a. What materials, resources and guidelines does the County want its clinicians to use when informing the public on health education, government guidelines, etc.

There are several toolkits on this website. <https://www.rivcoph.org/coronavirus>

b. Guidelines for in-home delivery of food items both cooked and supplies, and other online delivery system deliveries, suggestions for disinfection precautions

There seems to be no food-borne aspect to this. I suggest following personal hygiene guidelines.

c. Is there a way to get these resources to our homeless and underserved populations?

We have a Whole Community Unit presently addressing impacts to the homeless.

9. PHYSICIAN EDUCATION

a. Can we expect more timely communication with the physician community?

b. Would you be willing to host bi-weekly conference calls for the physician community?

Yes, we are willing to host additional calls via this format.

What are your general basic guidelines?

1. Determine whether or not a person has had contact.
2. Conserve M95 masks.
3. Maintain social distancing.
4. Reduce contact with patients.
5. Commit to treatment regardless.

10. OTHER

a. Statement from Richard Loftus, IM/Hospitalist @ Eisenhower Medical Center – is this being considered?

“The physicians at Eisenhower Medical Center have signed a petition to request that the Coachella Valley be placed under a quarantine similar to the “shelter in place” directives seen in the Bay Area. The physicians at EMC urge the RCMA, RUHS, and its affiliates to advocate for the safety and well-being of all clinicians serving at this time. The aforementioned would like to see more lobbying for the state to increase demand for necessary medical supplies in the Coachella Valley.”

Coachella Valley was disproportionately impacted at first. However, all areas may show additional infections. We are re-evaluating if the 10-person limit needs to be changed (*edit*: the Governor’s executive “Shelter in Place” order is now in effect, which generally supersedes the local orders; I’ll leave my previous comments here, though some do not completely apply anymore). Overall, the local police may not be able to enforce these orders. People appear to be understanding and following current orders and maintaining social distancing. Stronger rules may be enlisted as an endgame — however not today. This is subject to change.