TO: Vermont Health Care Providers
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Preparing for Community Transmission of COVID-19 in Vermont

SUMMARY – As of March 5, 2020, cases of the new coronavirus disease (COVID-19), have been reported in the U.S. and at least 81 countries around the world. Widespread sustained transmission has been reported in China, Iran, Italy, and South Korea. Community spread has been reported in several other countries, including parts of the U.S. (California, Oregon, Washington). Community spread in Washington state led to the first death in the U.S. from COVID-19, the first reported case of COVID-19 in a health care worker, and the first outbreak in a long-term care facility.

At this time, most individuals in the U.S. have little immediate risk of exposure to the virus, and the virus is not currently spreading widely in the U.S. Health care workers caring for patients with COVID-19, close contacts of persons with COVID-19, and travelers returning from affected international locations where community spread is occurring are at higher risk. The situation is rapidly evolving. For updates on the situation in Vermont: healthvermont.gov/covid19

The entire clinical spectrum of COVID-19 disease has not been entirely elucidated yet, but reported illnesses have ranged from mild to severe. Available information suggests most patients with COVID-19 have mild illness, with severe illness occurring in only 15-20% of patients. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, dyspnea). Risk factors for serious disease associated with COVID-19 include older age and co-morbidities (e.g., heart disease, lung disease, and diabetes). No vaccine to prevent COVID-19 has been developed, nor are there medications approved for treatment of COVID-19.

What to expect: More cases of COVID-19 are likely around the globe, including within the U.S. Widespread transmission of COVID-19 in the U.S. may occur, which could mean large numbers of patients needing medical care at the same time, stressing health care providers and hospitals/other health care facilities. Critical systems, including emergency medical services, are likely to be affected, and should plan accordingly.

REQUESTED ACTIONS

1. **Testing for COVID-19:** Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19, and whether the patient should be tested. Patients who have signs and symptoms compatible with COVID-19, and history of travel from an affected geographic region or history of contact with a confirmed COVID-19 patient, should be tested for COVID-19. Decisions on which patients to test should be based on clinical judgment and a history of possible exposure.

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Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). It is important to consider other potential etiologies of the patient's illness, including other more common respiratory viruses such as influenza and respiratory syncytial virus (RSV). Consider testing for any person, including health care workers, who have had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas within 14 days of symptom onset.

Collecting diagnostic respiratory specimens is likely to induce coughing or sneezing. Individuals in the room during the procedure should, ideally, be limited to the patient and the health care provider obtaining the specimen. Health care providers who are collecting specimens should adhere to Standard, Contact, and Airborne Precautions, including the use of eye protection. These procedures should take place in an airborne infection isolation room or in an examination room with the door closed.

2. **Actions to take now to prepare for an outbreak of COVID-19:**

    a. Designate a time to meet with your staff to educate them on COVID-19 and what they may need to do to prepare.
    b. Explore alternatives to face-to-face triage and visits. Instruct patients that if they have respiratory symptoms they should call before they leave home, so staff can be prepared to care for them when they arrive.
    c. Plan to optimize your facility's supply of personal protective equipment in the event of shortages. Identify flexible mechanisms to procure additional supplies when needed.
    d. Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients.

3. **Actions to take if COVID-19 is spreading in your community:**

    a. Work with the Health Department, health care coalitions, and other local partners to understand the impact and spread of the outbreak in your area.
    b. Designate staff who will be responsible for caring for suspected or known COVID-19 patients. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and proper use of personal protective equipment.
    c. Monitor health care workers and ensure maintenance of essential health care facility staff and operations. For example, be aware of recommended work restrictions and monitoring based on staff exposure to COVID-19 patients.
    d. When possible, manage mildly ill COVID-19 patients at home.

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Considerations for specific settings (In addition to above):

1. **Outpatient facilities**

   a. Reschedule non-urgent outpatient visits as necessary.
   b. Consider reaching out to patients who may be a higher risk of COVID-19-related complications (e.g., elderly, those with medical co-morbidities, and potentially other persons who are at higher risk for complications from respiratory diseases, such as pregnant women) to ensure adherence to current medications and therapeutic regimens. Confirm they have sufficient medication refills and provide instructions to notify their provider by phone if they become ill.
   c. Consider accelerating the timing of high priority screening and intervention needs for the short-term, in anticipation of the possible need to manage an influx of COVID-19 patients in the weeks to come.
   d. Symptomatic patients who need to be seen in a clinical setting should be asked to call before they leave home, so staff are ready to receive them using appropriate infection control practices and personal protective equipment.
   e. Eliminate patient penalties for cancellations and missed appointments related to respiratory illness.

2. **Inpatient facilities**

   a. Reschedule elective surgeries as necessary.
   b. Shift elective urgent inpatient diagnostic and surgical procedures to outpatient settings, when feasible.
   c. Limit visitors to COVID-19 patients.
   d. Plan for a surge of critically ill patients and identify additional space to care for these patients. Include options for:
      i. Using alternate and separate spaces in the ER, ICUs, and other patient care areas to manage known or suspected COVID-19 patients.
      ii. Separating known or suspected COVID-19 patients from other patients ("cohorting").
      iii. Identifying dedicated staff to care for COVID-19 patients.

3. **Long term care facilities**

   a. Limit visitors to the facility
   b. Post visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette
   c. Ensure supplies are available (tissues, waste receptacles, alcohol-based hand sanitizer)

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    d. Take steps to prevent known or suspected COVID-19 patients from exposing other patients

    e. Limit the movement of COVID-19 patients (e.g., have them remain in their room)

    f. Identify dedicated staff to care for COVID-19 patients.

    g. Observe newly arriving patients/residents for development of respiratory symptoms.

ADDITIONAL RESOURCES and INFORMATION – Recommendations are likely to change as the situation develops. Providers are encouraged to consult the resources below for additional information.

- 2019 Novel Coronavirus (CDC)
- Evaluating and Reporting Persons Under Investigation (PUI) (CDC)
- Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus Infection (CDC)
- Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19 (CDC)
- Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings (CDC)
- Guidance and Resources on Healthcare Supply of Personal Protective Equipment (CDC)

If you have any questions, please contact the HAN Coordinator at 802-859-5900 or vthan@vermont.gov

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