Minutes of the Weekly Provider Luncheon Meeting
Held: Monday, March 2nd, 2020

1. **Announcements** –
   a. Dr. Scott Checketts' wife passed away Saturday after a battle with cancer. Please keep him and his family in your thoughts. There will be a viewing at Russon Mortuary, 1941 N Main in Farmington on Thursday, March 5th from 6-8 pm. Funeral will be Friday, March 6th at 11:00 a.m. with a viewing from 9:30-10:30. Friday's services will be held at the Flint Street Chapel, 200 N Flint Street in Kaysville. Her obituary is linked here.
   b. Dr. Chadd Nelson in no longer seeing patients here at Tanner Clinic so please help his former patients with their healthcare needs. We wish Chadd well.
   c. Dr. Stephen Merrell introduced himself. He is starting in Roy in April. Dr. Merrell practices family medicine and obstetrics.

2. **Dr. Dave Cook's Letter** – Theron read a letter from recently retired Dr. Dave Cook that thanked everyone for his association with a well-run clinic with really good people working here and for responding to his calls when he is seeking advice on behalf of missionary medical needs he services.

3. **Corona Virus Discussion/Presentation by Dr. Marc Anderson** – Dr. Anderson presented on his research about Covid-19. He discussed contagion and fatality rates (please see attached graphs). Also discussed how to triage and what to do if someone shows symptoms.
   a. If patient presents with fever, cough, and recent travel history to affected countries (an updated list of countries can be found in the link below), patient should immediately sanitize and be given a mask. Currently, these countries are Iran, Italy, China, Japan, Hong Kong, and South Korea.
   b. Best prevention is frequent washing of hands and avoiding touching your face
   c. Please send all patients that are expected Covid-19 patients to the health department for testing. Here is the information posted on the health department's website (https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html):
      i. If you are a health care provider evaluating a patient for suspected 2019 novel coronavirus (2019-nCoV) infection, please contact the Utah Department of Health immediately at ***888-EPI-UTAH***.
   d. Dr. Anderson recommends having your office staff clean everything with bleach each morning, lunch, and after clinic to prevent the spread as the virus is thought to be viable for a few hours on a hard surface.

Protecting Tanner Clinic Patients and Staff

- Hand sanitizer stations (motion-activated) should be placed just inside each front door with a mask station as well. (Should be done before they approach the check-in if possible). Lots of hand sanitizer stations throughout the clinic near elevators and bathrooms as well.
- Front desk staff will remind all patients to don a mask if they are sick and encourage them to use hand sanitizer before and after their visit (should have happened before, but this will be a second line of defense). Sick patients should not make it to a waiting room without sanitizing hands and donning a mask. If they are using tablets for check in, encourage sanitizer use before and after.
- Handwashing: Staff will be instructed to use sanitizer (preferably wall-mounted sanitizer in each hallway and in each room) after entering and after leaving each room. They will be instructed that all doorknobs should be assumed to be dirty (so use it after touching the doorknob). They should wash with soap and water when the hands feel sticky from sanitizer and before eating any snacks or meals.
- Staff should be encouraged to avoid touching their faces and should encourage patients to do the same with signage and gentle reminders.
- Exam rooms and waiting rooms can have signage regarding how to cough and sneeze. See example on next slide.
- Staff should stay home if they are feeling ill or have had a fever within 24 hours. If they have a lingering dry cough, they must wear a mask.

SNEEZE LIKE A VAMPIRE!
To prevent the spread of colds and the flu, **cough or sneeze into your elbow, not your hand** (because hands spread germs!)
If you cough, sneeze, or blow your nose into a **tissue**, dispose of the tissue, then **clean your hands** with sanitizer or soap and water (because germs can get through the tissue!)
Provincial Health Services Authority
PICNet
PROVINCIAL INFECTION CONTROL NETWORK OF BRITISH COLUMBIA

Official Utah Department of Health Alert and Update
COVID-19 Response – Persons Under Investigation Update
HAN #: 02292020-01

Intended audience: The public health and health care community

Title: Clarification on CDC criteria for evaluation of persons under investigation (PUI) for COVID-19

Summary/Background:
On February 27, 2020, the CDC changed the criteria that public health uses to decide who should be tested for COVID-19, known as persons under investigation (PUI). These criteria provide guidance for case-by-case evaluation by healthcare providers in consultation with public health and reflect the rapidly changing situation.

The CDC PUI criteria is summarized in the below table.

Clinical Features	&	Epidemiologic Risk
Fever **or** signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	**AND**	Any person, including healthcare workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	**AND**	A history of travel from affected geographic areas (see below) within 14 days of symptom onset
Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)	**AND**	No source of exposure has been identified

The above PUI guidance includes two significant updates:

1. Epidemiologic risk includes people who have traveled to geographic regions where sustained community transmission has been identified. These countries have at least a CDC Level 2 Travel Health Notice. As of 2/29/20, this includes: mainland China, South Korea, Italy, Iran, and Japan.
2. Patients with fever and severe lower respiratory illness without any epidemiologic risk AND no alternative explanatory diagnosis can be considered for testing for COVID-19 on a case-by-case basis. All testing decisions should be made in consultation with the Utah Department of Health (UDOH).

This HAN is meant to clarify how these PUI changes impact healthcare personnel receiving patients, especially with regards to the second update above. The UDOH confirmed the intent of this update with CDC.

The CDC and the UDOH are bound by the FDA's Emergency Use Authorization (EUA), which requires a patient meet CDC testing criteria to be tested for COVID-19. The new criterion for severe lower respiratory illness without an

epidemiologic risk is to allow selective testing of those in whom there is a high index of suspicion. It is NOT meant to be directive as to who must be tested. It is NOT the intention of CDC or the UDOH that everyone with severe lower respiratory illness who tests negative for common respiratory pathogens be considered a possible COVID-19 patient.

At this time, there is no evidence of widespread COVID-19 transmission in Utah or the U.S. The main risk factors for this disease are travel to an affected area and contact with a confirmed case. At this time, healthcare personnel caring for patients with fever and severe lower respiratory illness without any epidemiologic risk for COVID-19 should use contact and droplet precautions with eye protection (unless another diagnosis requires a higher level of precaution, e.g. tuberculosis).

For patients with fever and severe lower respiratory illness without any epidemiologic risk AND no alternative explanatory diagnosis, the UDOH recommends considering an infectious disease consultation in addition to consultation with public health. The decision to test for COVID-19 will be made based on a high index of suspicion. For example considerations might include:

- A clinical course typical for COVID-19; e.g. severe respiratory compromise following about a week of illness that began with cough, fever, perhaps with myalgia or headache.
- Careful exclusion of other causes of severe lower respiratory illness, including a range of causes of viral respiratory illness (e.g. respiratory FilmArray or similar broad panel).
- Ground Glass opacities on radiologic imaging studies (if available) typical of COVID-19.

The guidance is likely to change when there is widespread transmission of COVID-19 in Utah and the U.S.

Recommendations:

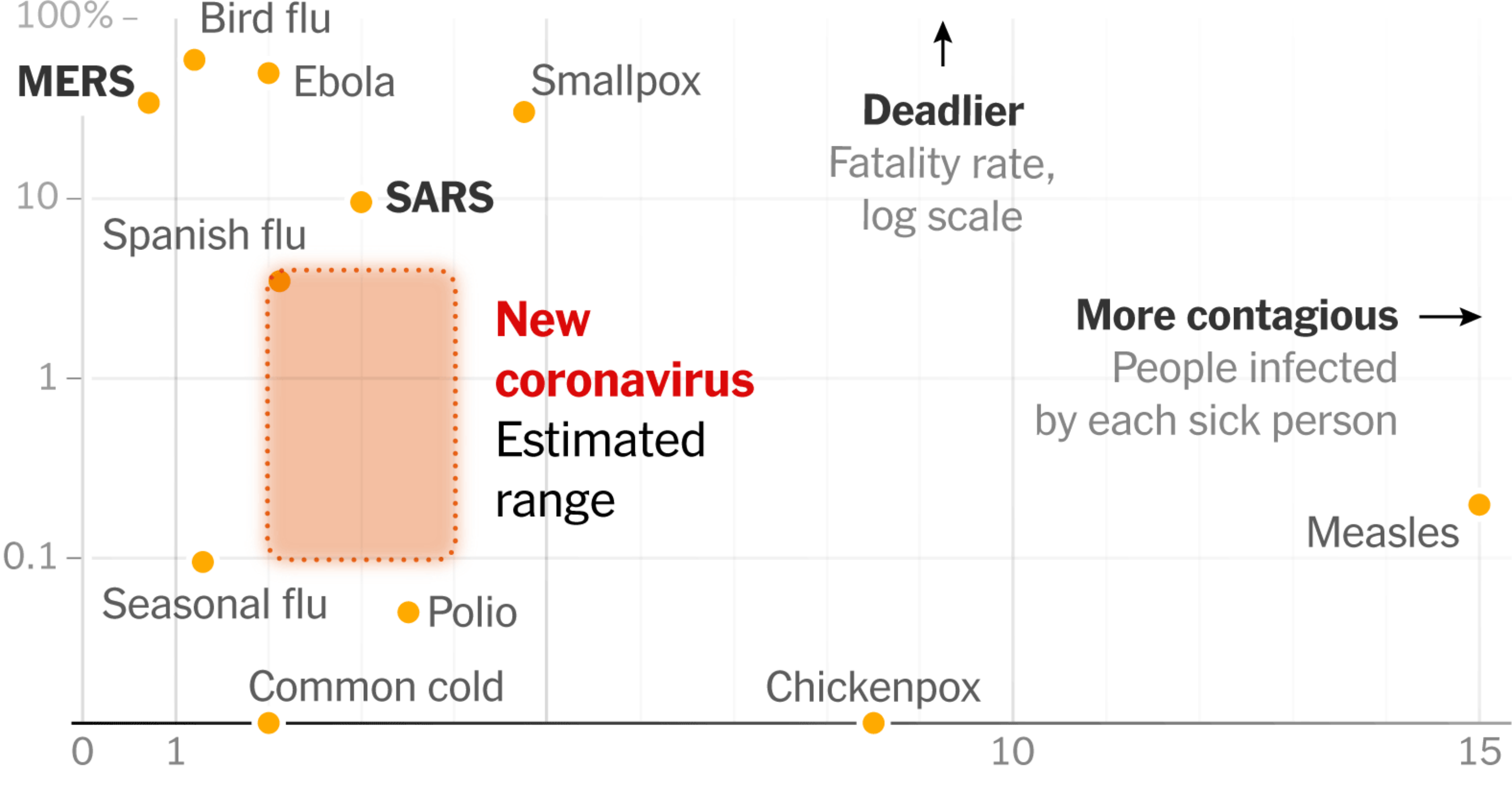
- Obtain a travel history of all patients presenting with fever or lower respiratory symptoms. Symptomatic patients who have traveled in the past 14 days to an area affected by COVID-19 should be assessed for the disease. Contact your local health department or the UDOH for COVID-19 testing guidance (1-888-EPI-UTAH / 1-888-374-8824).
- All patients in the healthcare setting who are being assessed for COVID-19 should be isolated in a private room with limited traffic and a closed door. The patient should wear a surgical mask when someone else enters the room.
- Patients who are being tested for COVID-19 but do not require hospitalization are recommended to adhere to home isolation until testing is completed.
- Healthcare personnel caring for patients with fever and severe lower respiratory illness WITHOUT any epidemiologic risk for COVID-19 should:
    - use standard, contact, and droplet precautions with eye protection;
    - proceed to work-up for common causes of respiratory illness (e.g., FilmArray);
    - if no alternative explanatory diagnosis, obtain an infectious disease consultation in addition to consultation with public health.
- After consultation with public health, if a patient is considered to be a PUI and is being tested for COVID-19, use standard, contact, and airborne precautions with eye protection when providing care.
- Healthcare personnel that cared for a PUI or a confirmed COVID-19 case should have their exposure risk assessed and be excluded from work based on the CDC's work restriction recommendations.

For More Information:

- UDOH COVID-19 Information: https://health.utah.gov/coronavirus
- CDC PUI guidance: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html
- CDC COVID-19 information for travel: https://www.cdc.gov/coronavirus/2019-ncov/travelers/

- CDC information for healthcare professionals: https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html
- CDC guidance for home isolation: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html
- CDC guidance for healthcare personnel exposure assessment and work restriction recommendations: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

Contact:
For questions, please call 1-888-EPI-UTAH (374-8824).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Bird flu
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Ebola
Smallpox
Deadlier
Fatality rate,
log scale
SARS
Spanish flu
New
coronavirus
Estimated
range
More contagious
People infected
by each sick person
Measles
Seasonal flu
Polio
Common cold
Chickenpox
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15

T-Mobile 7:20 PM 63%

what we know so far: wb.md/3ajo35y

WebMD

COLD VS. FLU VS. CORONAVIRUS

SYMPTOMS	COLD	FLU	CORONAVIRUS** [illegible]
Fever	Rare	High (100-102 F) Can last 3-4 days	Common
Headache	Rare	Intense	Unknown*
General Aches, Pains	Slight	Usual, often severe	Has been reported
Fatigue, Weakness	Mild	Intense, Can last up to 2-3 weeks	Common
Extreme Exhaustion	Never	Usual (starts early)	Unknown*
Stuffy Nose	Common	Sometimes	Has been reported
Sneezing	Usual	Sometimes	Has been reported
Sore Throat	Common	Common	Has been reported
Cough	Mild to moderate	Common, Can become severe	Common
Shortness of Breath	Rare	Rare	In more serious infections

Source: National Institute of Allergy and Infectious Diseases, CDC, WHO

4:30 PM · 3/2/20 · Sprinklr Publishing

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