

Minutes from 3-23 Coronavirus (COVID-19-19) Physician Advisory Group

1. Modification of PPE used in routine patient care- based on an unscientific article published in the New Yorker by surgeon Dr. Atul Gawande regarding his review of successful HCW approaches in countries who have successfully flattened the COVID-19 curve, the PAG is recommending:
 - a. Wear surgical masks for routine patient care. Suggestion to consider distributing 4 masks to each HCW to rotate use every 4 days 2-4 weeks, depending on available supplies. Would suggest wearing the same mask through whole day. Discard the mask only if soiled. It was challenged that mask be discarded if known contact with COVID-19 **suspect** patient. Counterpoint is that virus dies after 3 days...
 - b. Wear new pair of gloves with each patient and use good handwashing technique before and after use of gloves. We were uncertain what are stockpile of gloves are in ND... if/when low, get rid of this recommendation and continue with good handwashing. Reinforce good hand hygiene for all patient encounters (foam in, foam out). HCWs could consider gloving for patient care and changing gloves between patients depending on the supplies and policies of their institutions.
 - c. Sanitize exam room between each patient
 - d. Wear full PPE as recommended by NDDH/CDC guidance for patients with respiratory symptoms, particularly if performing potentially aerosolizing procedures. (This is a priority for HCW's evaluating patients with respiratory tract symptoms. We should also emphasize that patients with RTI symptoms should always call ahead, and preferentially be evaluated by telehealth or designated special care sites for possible COVID-19 patients, e.g. drive-through testing or special designated clinics for patients with RTI symptoms and then the section following would be for NON-RTI patients such as routine care etc.).
2. Modification of current recommendation for exposed healthcare workers:
 - a. If unmasked healthcare worker (HCW) is within 6 feet of a COVID-19+ patient, without having contact with that patient's secretions, for <15 minutes, that HCW may stay on job, wearing a mask x 7 days?, with twice daily temperature check and symptom evaluation (from HCW checklist below to be considered positive risk).
 - b. If unmasked HCW is within 6 feet of COVID-19+ patient for >15 minutes, then person should be self-quarantined for 2 weeks.
 - c. If unmasked HCW exposed for shorter time period develops fever $\geq 100.4^{\circ}\text{F}$ or ≥ 2 symptoms (subjective fever, chills, cough, sore throat, new onset myalgias or new onset fatigue, shortness of breath), then HCW must self quarantine and should be tested.
3. Question of whether we should get rid of fatigue and myalgia in symptom list for COVID-19-19 HCWs.

- a. Dr Hagen did some research to come up most common symptoms and discovered that incidence of fatigue and myalgia was higher in baseline population than the incidence of those sx in COVID-19 patients.
 - b. Dr. Carson countered that perhaps we should clarify those symptoms as "new onset" because they tend to be cited by most as common COVID-19 sx, yet he was interested in refining the case definition/syndrome definition of these patients.
 - c. We will discuss this topic on Thursday, once everyone has had a chance to read Dr. Hagen's findings.
4. Suggested current testing strategy clarification- Healthcare providers should perform COVID-19 testing in patients who are suspicious for having COVID-19, particularly if they meet the following criteria:
- a. Anyone with Fever ($T > 100.4$) OR 2 of the following sx- subjective fever, chills, cough, sore throat, new onset myalgias, new onset fatigue, shortness of breath
 - b. **IF** a particular health care setting is in short supply of COVID-19 testing equipment, restricted testing is advised, prioritizing patients with Fever ($T > 100.4$) OR 2 of the following sx- subjective fever, chills, cough, sore throat, new onset myalgias, new onset fatigue, shortness of breath and any of the following risk factors:
 - i. Patients hospitalized with respiratory illness
 - ii. Those living or working in congregate settings (LTCF, basic care facility, group home)
 - iii. Health care workers
 - iv. Testing for public health investigations and contact tracing

Mylynn, Kirby, Molly and others will review these recommendations in consideration of updating guidelines regarding each of these issues. Again, thank you all for your commitment to your patients and our great citizens of ND! Stay safe,
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