



# **COVID-19 Guidance for Primary Care Practices, Communities, Businesses and Schools**

**Maryland Department of Health  
Maryland Primary Care Program  
Program Management Office**

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# Agenda

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- ❖ What is COVID-19?
- ❖ What is the role of primary care?
- ❖ What is the State doing?
- ❖ Strategies for Everyone
- ❖ Takeaways

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# Guidance for Primary Care Practices, Providers and Staff

*COVID-19*

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# What is COVID-19?

# Basic Facts

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- ❖ *Coronaviruses* are a family of viruses that cause disease in animals and humans, including the common cold, severe acute respiratory syndrome (SARS), and Middle East Respiratory Syndrome (MERS)
- ❖ COVID-19 is a new or novel coronavirus, also called SARS-CoV-2



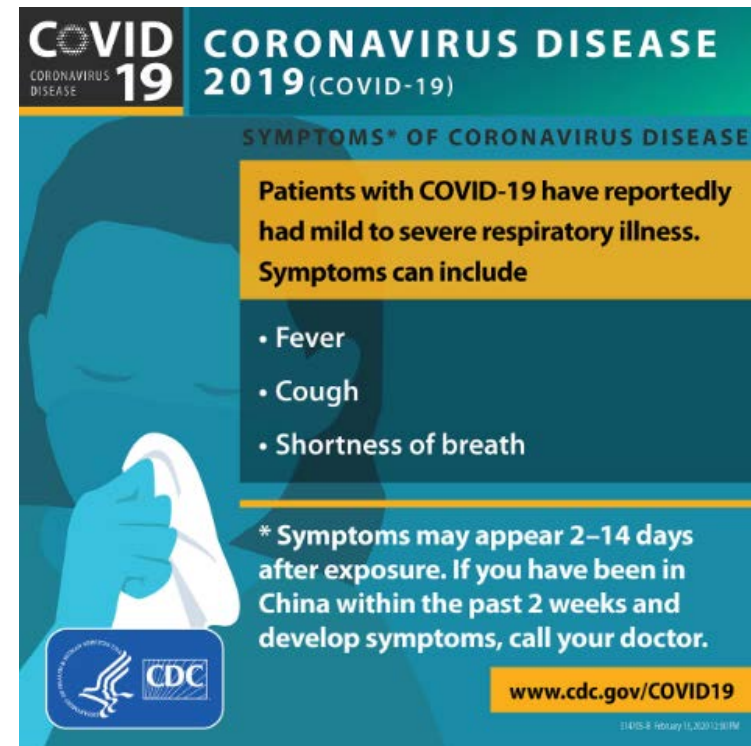
# Key Factoids

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- ❖ Caused by a newly discovered coronavirus, COVID-19 disease is similar to the common cold, SARS and MERS
- ❖ Neither treatment nor vaccine exist yet
- ❖ COVID-19 infection, at least 10x more deadly than seasonal flu, is spreading globally
- ❖ Prevention is key to mitigating transmission
- ❖ Older and immunocompromised people are at risk of serious morbidity and mortality
- ❖ Primary care practices play key roles against COVID-19

# Transmission and Symptoms

- ❖ Spreads person-to-person, primarily through respiratory droplets (cough, sneeze)
- ❖ Can be picked up from surfaces
- ❖ Incubation period: 2 – 14 days, 5 days on average
- ❖ Symptoms:
  - Fever, cough, shortness of breath
  - Pneumonia and respiratory failure in severe cases

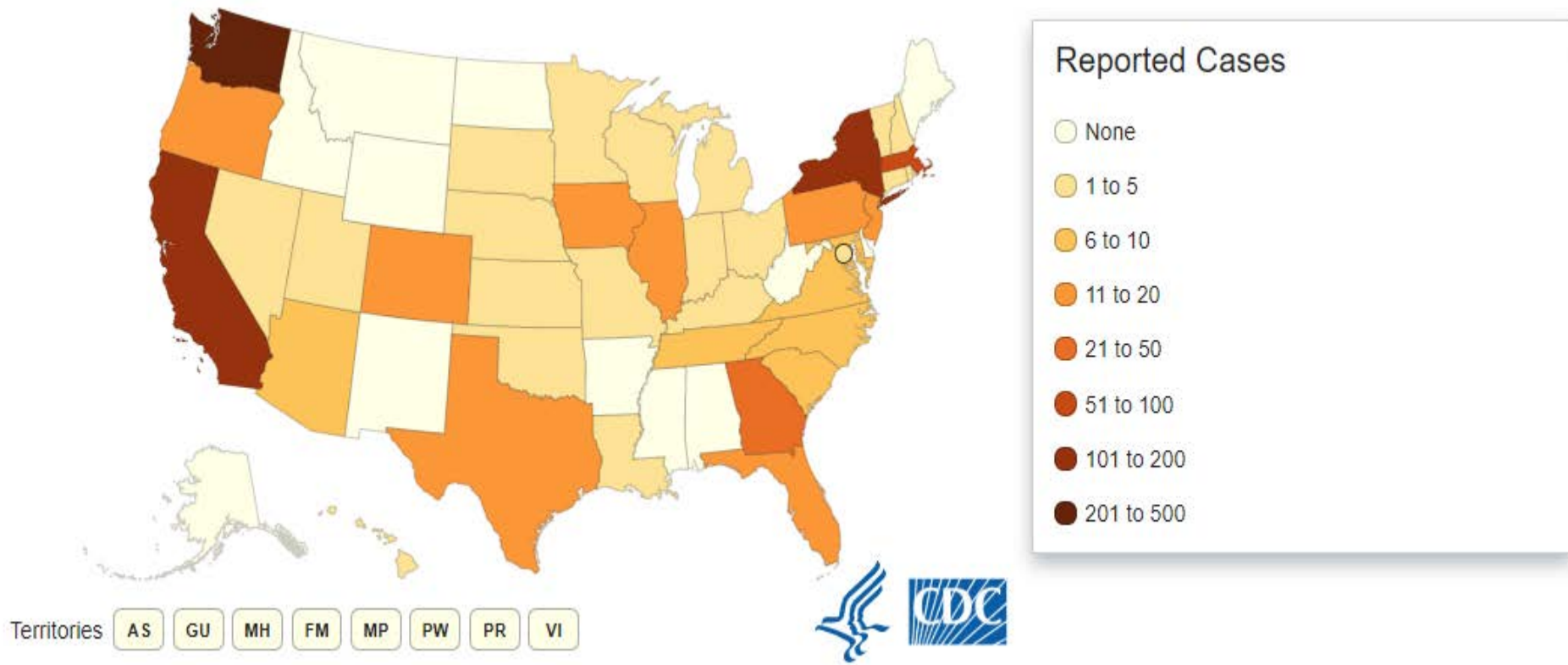






# U.S. Locations with Confirmed COVID-19 Cases

As of March 11, 2020



# **Epidemiology of COVID-19**

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- ❖ COVID-19 was first identified in Asia, but is now circulating globally
- ❖ First cases in Maryland identified 3/5/2020
- ❖ No ethnic or racial group is at greater risk than others of developing COVID-19
- ❖ All age groups can be affected, though people over 60 years old and those with compromised immune systems appear to be at risk of more serious disease

# Overview of COVID-19 in Maryland

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- ❖ As of 3-12-20, there are 12 cases including community transmission
- ❖ Governor Hogan established an expert “Coronavirus Response Team”
- ❖ Maryland Emergency Management Agency (MEMA) daily coordinating calls
- ❖ Maryland Department of Health (MDH) daily coordinating calls
- ❖ Measures are being developed to mitigate community transmission
- ❖ Testing being expanded

*COVID-19*

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# What are the roles of Primary Care Practices?

# Primary Care Roles

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- ❖ Prevention and treatment
- ❖ Provider, Staff and Patient Safety
- ❖ Identifying High-Risk Patients
- ❖ Communications
- ❖ Evaluate
- ❖ Test
- ❖ Staying Current

# Prevention and Treatment

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- ❖ No prescription medication treatment
- ❖ Support telephonically and with telemedicine
- ❖ Usual OTC support
- ❖ Seriously ill with pneumonia need hospitalization
- ❖ No vaccine yet - perhaps available by 2021 earliest
- ❖ Encourage influenza vaccination to prevent flu

# Provider, Staff and Patient Safety

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- ❖ Preparing the office
  - Designated room
  - Masks for patients with cough
  - Triage out of waiting areas
- ❖ Rooming the patient
  - Closed door, well-ventilated
  - Possible outdoor screening
  - Minimal contact
- ❖ Cleaning and hygiene
- ❖ Remote care and monitoring preferred for high-risk patients as appropriate

# Identifying High-Risk Patients

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- ❖ Use data from CRISP and EMR
- ❖ Chronically ill, frail, elderly, DM, COPD, ESRD, immunocompromised, etc.
- ❖ Use clinical intuition
- ❖ Use Pre-AH tool
  - Avoid unnecessary ED, Urgent Care and Hospital visits
    - ✓ Contagion
    - ✓ Overcrowding
- ❖ Care Team interventions



# Communications

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- ❖ To all patients
  - Call ahead
- ❖ To high-risk patients
- ❖ Templates and consistent messaging
  - State-provided
  - Independent
- ❖ Telephonic and telemedicine - approved
  - [Medicare](#)
  - [Medicaid](#)
  - [Commercial](#) – CareFirst Medical Policy 02.01.072A

# Evaluate Patients: CDC Guidelines for Evaluation

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- ❖ Clinicians should use their judgment and CDC guidelines to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested.
- ❖ Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, as well as the clinical course of illness.
- ❖ Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g. cough, difficulty breathing).
- ❖ Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.

# Testing

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- ❖ Selection of testing candidates - use [CDC guidelines](#)
- ❖ On-site Primary Care [requirements](#) for Personal Protective Equipment (PPE) updated
- ❖ Collecting test samples – use [CDC guidelines](#)
- ❖ Commercial labs **test, but do not collect samples**
  - LabCorp
  - Quest Diagnostics
- ❖ State Lab tests - only by direction from local health departments

# Staying Current - Sources

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- ❖ [CDC](#)
- ❖ [MDH website](#)
- ❖ Local Health Departments
- ❖ [CONNECT](#)
- ❖ Clinician Letters
- ❖ Weekly MPDCP webinar updates on Thursdays at 5pm

**If you have other questions, please call 211**

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# Guidance for Communities

# **Social Distancing at Home**

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- ❖ Keep at least 3 feet from others generally, 6 feet from people who are sick
- ❖ Avoid touching face and mouth
- ❖ Limit face-to-face contact
- ❖ If you have a family member who is sick, stay home as well if told to do so by public health official or health care provider (Voluntary Home Quarantine)

# If You Are Sick

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- ❖ Stay home except for medical care
- ❖ Separate yourself from other people and animals
- ❖ Call ahead before seeing the doctor
- ❖ Wear a face mask *if you are sick\**
- ❖ Always cover your cough and sneezes
- ❖ Don't share household items
- ❖ Clean your hands, "high-touch" surfaces often
- ❖ Monitor your temperature and symptoms

\*Face masks are NOT recommended for people who are well or without symptoms

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# Guidance for Non-Health Care Businesses



# Prevention Strategies at Work

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- ❖ Routine environmental cleaning, especially “high-touch” surfaces
- ❖ Communicate openly with employees about COVID-19 – avoid stigma towards staff, customers
- ❖ For employees who are traveling:
  - Check [CDC Traveler’s Health Notices](#) for guidance related to travel
  - Advise employees to take their temperature, not travel if they are feeling sick
  - Employees on travel should notify employers and refrain from travel while feeling sick

# Personal Protective Equipment (PPE)

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- ❖ Employees who are not sick do not need to wear masks or respirators – CDC does not recommend these (except in health care settings)
- ❖ Other PPE should be based on risks for infectious disease generally (gloves for food handlers, etc.), not specifically for COVID-19
- ❖ Employees who are sick should not be at work, whether with a face mask or not – in exceptional circumstances, employees who are symptomatic should wear a face mask to reduce droplet transmission

# Social Distancing at Work

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- ❖ Limit close face-to-face work generally
- ❖ Consider alternatives to in-person large meetings
  - Encourage conference calls, telework wherever possible, especially when recommended by public health officials

# Strategies for Employers

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- ❖ Encourage sick employees to stay home:
  - Promote policies that encourage employees to stay home when they or family members are sick
  - Employees who are sick should not return to work unless fever- and symptom-free for at least 24 hours (consult with health care provider or public health officials for additional guidance)
  - Do not require a note from a health care provider for employees who are out sick – health care providers are likely to be very busy, and people with mild symptoms may have been told to avoid medical offices to limit spread
  - Encourage companies that provide contractual employees to adopt these policies

## **Continuity of Operations Plans and COVID-19**

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- ❖ Review HR policies and practices to ensure consistency with laws, health department guidance
- ❖ Adopt policies where possible to promote social distancing, flexible work practices, including telecommuting
- ❖ Clearly identify triggers for activating COOP
- ❖ Ensure communications in place to rapidly notify personnel of changes in situation
- ❖ Be aware of other events that may affect operations/staffing (e.g., child care, school closures)
- ❖ Monitor travel status of employees

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# Guidance for Schools

# Before COVID-19 Cases Occur

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- ❖ Review, update, and implement emergency operations plans
- ❖ Clarify staff and student policies regarding staying home when sick and spreading germs at work
- ❖ Review handwashing and cleaning policies and practices with staff, students
- ❖ Monitor absenteeism
- ❖ Establish procedures to isolate staff or students who become sick at school, and make sure parents understand policies and procedures for picking up a sick child
- ❖ Maintain regular cleaning procedures
- ❖ Ensure communications plans are updated for staff and parents

# When COVID-19 Cases Occur in Schools

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- ❖ Coordinate with public health agencies in considering or implementing dismissal policy, including communications
- ❖ If dismissals or closures are implemented, additional considerations to discuss:
  - Postponement or cancellation of extracurricular activities or events
  - Communicating advice about social distancing outside of school
  - Continuity of education
  - Continuity of meal programs
  - Continuity of services for children with special needs



*COVID-19 Response*

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# Strategies for Everyone

# Strategies for Everyone – I

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- ❖ Avoid images, policies, or guidance that encourages stereotypes or stigma against any group
- ❖ Communication, planning and preparation, and general prevention (good hand hygiene, avoiding spread of virus through cough and sneeze, cleaning of “high-touch” surfaces, and social distancing) are the most effective strategies at this point

# Strategies for Everyone – II

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- ❖ During an outbreak in your community, CDC recommends the everyday preventive measures listed previously — especially staying home when sick—and these additional measures:
  - Keep away from others who are sick.
  - Limit face-to-face contact with others as much as possible
  - Consult with your healthcare provider if you or your household members are at high risk for COVID-19 complications
  - Wear a facemask if advised to do so by your healthcare provider or by a public health official
  - Stay home when a household member is sick with respiratory disease symptoms, if instructed to do so by public health officials or a health care provider (Voluntary Home Quarantine)

# Environmental Cleaning

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- ❖ Cleaning should emphasize “high-touch” areas
- ❖ EPA list of disinfectants registered for use against COVID-19 (SARS-CoV-2) available at:  
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- ❖ CDC interim guidance for cleaning in homes with suspected or confirmed COVID-19:  
<https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html>

# Resources and References

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- ❖ Maryland Department of Health Coronavirus Website (<https://phpa.health.maryland.gov/Pages/Novel-coronavirus.aspx>)
- ❖ CDC Coronavirus Website (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>)
- ❖ CDC Interim Guidance for Homes and Communities (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>)
- ❖ CDC Interim Guidance for Businesses (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html>)
- ❖ CDC Interim Guidance for Childcare and Schools (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html>)
- ❖ CDC Travel Website (<https://wwwnc.cdc.gov/travel/>)

# Resources for Specific Groups

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- ❖ Community- and Faith-Based Organizations  
(<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-community-faith-organizations.html>)
- ❖ Mass Gatherings and Large Community Events  
(<https://www.cdc.gov/coronavirus/2019-ncov/community/mass-gatherings-ready-for-covid-19.html>)
- ❖ Non-Pharmaceutical Interventions for Specific Groups  
(<https://www.cdc.gov/nonpharmaceutical-interventions/index.html>)