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Maine Health Alert Network (HAN) System

PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Nirav D. Shah, MD, JD, Director, Maine CDC
Subject: Actions to Take Now for Community Transmission of COVID-19
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As of March 15, 2020, there are 7 confirmed and 5 presumptive positive COVID-19 cases in Maine. Community transmission is occurring in Cumberland County. The Maine Center for Disease Control and Prevention (Maine CDC) expects to see community transmission in other areas of Maine, possibly in the coming days. Such transmission will likely mean large numbers of patients needing medical care at the same time, stressing health care providers, hospitals, and other health care facilities. Critical systems, including emergency medical services, are likely to be affected, and should plan accordingly. Social distancing strategies should be implemented, even though they may impact daily activities and disrupt scheduled events.

Maine's Health and Environmental Testing Laboratory (HETL) is conducting testing for COVID-19, as is NorDx Laboratory Services. Health care workers caring for patients with COVID-19, close contacts of persons with COVID-19, and travelers returning from affected locations where community spread is occurring are at higher risk. For updates on the situation in Maine, visit www.maine.gov/dhhs/coronavirus.

The clinical spectrum of COVID-19 disease is not fully known 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 is currently available, nor are there FDA-approved medications for treatment of COVID-19.

WHAT TO EXPECT

Community transmission of COVID-19 is already occurring in Cumberland County, and more cases are expected. Such transmission will likely mean large numbers of patients needing medical care at the

same time, stressing health care providers and hospitals and other health care facilities. Critical systems, including emergency medical services, are likely to be affected, and should plan accordingly. Social distancing strategies should be implemented, even though they may impact daily activities and disrupt scheduled events.

ACTIONS TO TAKE NOW

- a. Meet with your staff to educate them on COVID-19 and what they may need to do to prepare. Maine CDC recommends educating staff on COVID-19, reviewing appropriate infection control practices, and management of patients with respiratory illness, including COVID-19.
- b. Implement 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. Optimize your facility's supply of [personal protective equipment](#) in light of potential shortages. Identify flexible mechanisms to procure additional supplies when needed.
- d. Safely triage and manage patients with respiratory illness, including COVID-19.
- e. Familiarize your institution with [infection prevention and control guidance](#) for managing COVID-19 patients.
- f. Work with the Maine CDC, health care coalitions, and other local partners to understand the impact and spread of the outbreak in your area.
- g. 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.
- h. 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.
- i. When possible, manage mildly ill COVID-19 patients [at home](#).

RECOMMENDATIONS FOR SPECIFIC SETTINGS

1. Outpatient facilities

- a. 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.
- b. Reschedule non-urgent outpatient visits as necessary.
- c. Reach out to patients at higher risk for COVID-19 (*e.g.*, elderly, those with medical comorbidities, 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 enough medication refills and provide instructions to notify their provider by phone if they become ill.
- d. Accelerate 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.
- e. Eliminate patient penalties for cancellations and missed appointments related to respiratory illness.

2. Inpatient facilities

- a. Reschedule elective surgeries.

- b. Shift elective urgent inpatient diagnostic and surgical procedures to outpatient settings, when feasible.
- c. Limit visitors to COVID-19 patients.
- d. Optimize your facility's supply of PPE in light of potential shortages.
- e. Implement plans 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 (known as "cohorting").
 - iii. Identifying dedicated staff to care for COVID-19 patients.

3. Long-term care facilities

- a. Facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations.
- b. Ask staff arriving for work at the facility to check in with one designated person to confirm that they have no symptoms of respiratory illness.
- c. Cancel communal dining and all group activities.
- d. Post visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
- e. Ensure hygiene supplies are available (e.g., tissues, waste receptacles, alcohol-based hand sanitizer).
- f. Take steps to prevent known or suspected COVID-19 patients from exposing other patients.
- g. Limit the movement of COVID-19 patients (i.e., have them remain in their room).
- h. Identify dedicated staff to care for COVID-19 patients.
- i. Observe newly arriving patients/residents for development of respiratory symptoms.

FOR MORE INFORMATION

- Maine CDC's COVID-19 website www.maine.gov/dhhs/coronavirus or by calling Maine CDC at **1-800-821-5821**.
- U.S. CDC's COVID-19 website <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

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