

# Novel Coronavirus (COVID-19) & Health Care Providers

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*This content was published prior to the combination of Dentons Davis Brown. Learn more about Dentons Davis Brown.*

As the number of confirmed novel coronavirus cases (COVID-19) continues to grow, we recommend health care providers take time now to review and update their policies and procedures relating to public health emergencies and infectious disease outbreaks.

Although the risk to Iowans is currently low, providers should have protocols they are prepared to execute should a suspected or confirmed case of COVID-19 be identified within their organization or community. Below are precautions every provider can take now to prepare.

## Plan for the worst-case scenario

In Iowa, we sometimes assume “it won’t happen here” but it’s impossible to predict where a suspected case of COVID-19 could be reported. You need to plan for the worst-case scenario.

Regardless of whether you are a critical access hospital, urban health system, rural health clinic or large specialty provider, you should be prepared for the possibility that a suspected case may walk in or call your facility.

These individuals may not present as patients but could be employees, visitors, contractors, or medical staff members. Due to the variety and scope of the issues involved, as well as the seriousness of the repercussions if not handled appropriately and swiftly, it is not feasible to wait until a case presents itself to work through these issues.

Providers should know how they will respond from the first moment of patient interaction, ensuring their protocols include the most recent Iowa Department of Public Health (IDPH) and the Centers for Disease Control (CDC) guidance.

## Iowa Department of Public Health and Centers for Disease Control

Both the IDPH and the CDC have numerous recommendations and guidance available:

- A checklist for providers who may come in contact with a potentially infected individual,
- A hospital-specific checklist
- Guidance for assessing when employees exposed to potential COVID-19 may return to work
- Patient screening protocols
- EMS Personnel and First Responder guidance for responding and transporting Potential COVID-19 patients

Identify who within your organization should be involved in planning for, and responding to, suspected or confirmed

## Identify key internal personnel and involve them in the planning process

COVID-19 cases. Consider all areas that could be impacted or may be involved in your response, including non-patient care personnel, such as human resources and public relations. Consider a variety of potential scenarios, such as how a suspected case of COVID-19 in your community could influence patient and employee behaviors.

We also recommend you discuss these issues with other organizations within your community who may also be impacted, such as first responders and emergency medical services, other health care providers and organizations, your local public health department, school nurses and student health organizations.

## Implement patient screening protocols

Implement patient screening protocols recommended by Iowa Department of Public Health (IDPH). As the situation develops, these recommendations may change. Providers should ensure they have tasked the appropriate individual(s) with monitoring IDPH and CDC websites frequently for any updates or changes to the current guidance.

Issues to consider and questions to answer as you develop or update your protocols:

- If patients call your facility concerned they may have or been exposed to COVID-19, who will talk to and screen them over the phone? If there is the potential they have been exposed to COVID-19 what will you tell them to do? Will you direct them to stay home or go to a hospital ED or another location? Will this depend on whether they are exhibiting symptoms? Is your advice consistent with what other community providers are advising?
- If the patient presents to your facility, where will you take the patient?
- Who will you notify internally if someone calls or arrives at the facility?
- How will you determine if the patient should be tested for COVID-19?
- Who will contact IDPH?
- If testing is approved by IDPH, who will perform the testing?
- What precautions will be taken to protect employees and others while the patient is in your care?
- Until the test results come back, will employees who have been exposed to patients continue to report to work or remain at home? Will this vary depending on the level and type of exposure?
- If the test results come back positive, what is your process for determining if employees who were exposed to these patients can return to work? If employees were exposed and in the interim were exposed to other patients, what additional notifications may be required and who will handle this?
- If you are an institutional provider, how will you respond to a suspected inpatient or resident exposure to COVID-19?
- How will you respond if an employee has a suspected or confirmed case of COVID-19? How may the perception that an employee, including potentially a direct care worker, impact you? Similarly, what if the potentially infected individual is a contractor, vendor, or visitor who was recently at your facility?
- How might the community respond if there is a suspected or confirmed case of COVID-19 within your community? Is your facility prepared to handle volumes of calls or patients requesting testing?
- If you are a hospital, is your hospital prepared to handle an influx of patients who may need to be admitted with COVID-19 symptoms?

- Who will respond to media, employee, patient and other inquiries?

Do not forget to educate your employees and contracted staff on protocols and any changes to the protocol. This applies not just to providers but to any employee or staff who may come in contact with a patient requesting assistance due to possible COVID-19 exposure, such as your clinic and reception area staff, EMS and Emergency Department personnel, nursing staff, and other medical staff.

## **Posting notices and signs**

Institutional providers, such as long-term care facilities or inpatient hospital units, should request persons exhibiting cold or flu symptoms refrain from visiting patients or entering patient care areas. This is a good practice anytime, especially during flu season.

You may also consider posting signs at visitor entrances reminding visitors of these precautions. All providers, including outpatient providers, ambulatory surgery centers and pharmacies should consider posting signs encouraging people to report symptoms if they have visited China or been in contact with someone who has.

For potential visitors to your facilities who have recently been to China or live with and/or have been in close contact with someone who has, we recommend you post notices requesting they contact you first prior to visiting so you can ensure it is safe. If they are asymptomatic and it has been more than 14 days since the individual has returned to the United States, based on the current CDC information regarding the suspected incubation period, at this time we are not recommending that you restrict their visitation absent another concern or additional information from CDC and IDPH. Again, this information could change so it is important to frequently monitor the most recent guidance and revise your policies as needed.

## **Confidentiality policies**

Remind employees of your confidentiality policies. Employees should not access patient records without a job-related reason. If there is a suspected COVID-19 case in your community it may be tempting for employees to look for information, including accessing the patient's medical record. Now is a good time to remind employees accessing patient information without a job-related reason is a violation of your policies and may result in disciplinary action up to and including termination.

The Office of Civil Rights has issued guidance reminding providers of their confidentiality obligations and the ways in which protected healthcare information (PHI) may be released in emergency situations, such as an outbreak of infectious disease.

## **Review sick and family leave policies**

Review your employment policies, including sick and family leave policies. Employees, especially those with underlying health conditions or those caring for children, elderly parents, or a sick family member may be hesitant to come to work if they are concerned about potential exposure. Alternatively, you may have employees who have recently traveled to China or who live with someone who has.

## **Assess and monitor supply chains**

Consider whether your supply chain would be disrupted due to events in China. If you currently purchase medical supplies or other products manufactured in China, you should monitor potential supply disruption and plan accordingly. Even if your supplies are not manufactured in China, consider whether your supply chain may be disrupted due to higher than normal demand. For example, some countries are already warning of potential shortages in protective surgical masks.

## The Big Picture

Right now, COVID-19 may seem like a hypothetical and far off issue for Iowa healthcare providers. It very well could remain that way, but now is the time to review your policies, protocols, and personnel so you are prepared for the worst-case scenario.

For more information about the coronavirus/COVID-19, read these blog posts:

- Employment - COVID-19 in the workplace
- Immigration - travel ban in place
- Business - commercial concerns
- Education - what schools should consider

## Your Key Contacts



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