COVID-19 Frequently Asked Questions

MercyOne is closely monitoring COVID-19 (2019 novel coronavirus) developments and following guidelines from the Centers for Disease Control and Prevention (CDC) and Iowa Department of Public Health (IDPH). Like all health care organizations, we have been in frequent contact with communicable disease officials with the IPDH and the CDC.

Your safety, and the safety of those we serve, is of the utmost importance. Please find answers to common questions below. Should you have additional questions, please contact MercyOneInfo@mercydesmoines.org.

1. What is COVID-19?

- Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS-CoV, SARS-CoV, and now with this new virus (named SARS-CoV-2).

A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

A diagnosis with coronavirus 229E, NL63, OC43, or HKU1 is not the same as a COVID-19 diagnosis. Patients with COVID-19 will be evaluated and cared for differently than patients with common coronavirus diagnosis.

COVID-19 spreads like influenza does - primarily between people who are in close contact (within about six feet) by respiratory droplets when an infected person coughs or sneezes and via direct contact with respiratory secretions. Patients are thought to be most contagious when symptomatic.

It is estimated that about 80% of those who have COVID-19 will experience mild illness, which will not require medical help. Seniors and people with pre-existing heart and lung diseases have the greatest mortality risk with COVID-19.

2. I am not a clinician; what do I do to protect myself?

Safety precautions are the same for everyone:

- Wearing a cloth mask is advised by the CDC. See fit instructions here.
- Avoid close contact with people who are sick
- Cover your nose and mouth when you cough or sneeze
- Thoroughly wash your hands with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing
- Avoiding touching your eyes, nose and mouth
- Disinfect surfaces and objects using a regular household cleaning spray or wipe
3. What do I do if I think I may have COVID-19?
   • Stay home if you are sick
   • If you have symptoms consistent with COVID-19 (fever, cough, or difficulty breathing), and you have been in close contact with a person known to have COVID-19, you should don a surgical mask and contact your employee health team and your medical provider.
   • Then notify your supervisor.
   • If you feel ill while at work, notify your supervisor.
   • Notify your supervisor if a colleague comes to work sick.

4. How can I learn more about managing colleague workplace exposure?
   • If you have questions about pay or sick leave, please contact your Human Resource leader.

5. How do we care for equipment used for a Person Under Investigation (PUI) in the clinic, ED or hospital?
   • Use dedicated equipment for this patient.
   • Disinfect reusable equipment prior to use for others.
   • Use routine cleaning and disinfection procedures and products.

6. What are the procedures for laundry, food service utensils, regular and medical waste used by a Person Under Investigation (PUI)?
   • Use routine procedures.

7. What is MercyOne doing to keep patients safe?
   • MercyOne continues to work with the Centers for Disease Control and Prevention (CDC), along with state and local authorities, to monitor COVID-19 and ensure we are prepared.
   • Our system-wide incident command team is in place led by Stephanie Baron, vice president of clinical quality and safety.
   • We are ensuring we have plans for monitoring health care personnel with exposure to patients with known or suspected COVID-19.
   • Signs are posted at entrances with instructions to individuals with symptoms of respiratory infection
   • Facemasks are required for all patients and visitors upon entry to the facility.
   • Signs are posted in triage areas (e.g., ED entrances) advising patients with fever or symptoms of respiratory infection and recent travel, to immediately notify triage personnel so appropriate precautions can be put in place.
   • Alcohol based hand sanitizer for hand hygiene is available at each entrance and in all common areas.
   • A separate well-ventilated space will allow waiting patients to be separated by 6 or more feet from other patients and visitors with easy access to respiratory hygiene and cough etiquette supplies.
   • Processes are being put in place that will allow for suspect patient screening without compromising the safety of other patients/visitors.
   • Patients with confirmed or suspected COVID-19 are rapidly moved to an AIIR if available, or, a private room with the door closed.
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- Triage personnel are trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspect cases.
- We have a process which occurs after a suspect case is identified to include immediate notification of facility leadership/infection control.
- We have a process to notify local or state health department of a suspect case soon after arrival.
- We have a process for receiving suspect cases arriving by ambulance.

8. Is MercyOne restricting visitors due to COVID-19?
   - No visitors are allowed in our facilities at this time
     - Some visitor exceptions will be made for extenuating circumstances, including:
       - Children admitted to the hospital
       - Maternity units
       - Patients receiving end-of-life care
     - For approved exceptions, only one visitor per patient will be allowed. They must be:
       - 18 years of age or older
       - Either immediate family members, powers of attorney, guardians or patient representatives
       - Healthy with no symptoms of illness, including respiratory or fever
   - If visiting a COVID-19 Patient, the following criteria must be followed:
     - Restrict visitors from entering the room of known or suspected COVID-19 patients (i.e., PUI). Alternative mechanisms for patient and visitor interactions, such as video-call. Consider exceptions based on end-of-life situations or when a visitor is essential for the patient’s emotional well-being and care.
     - If essential for the patient’s emotional well-being, visitors to patients with known or suspected COVID-19 (i.e., PUI) should be scheduled and controlled to allow for screening for symptoms of acute respiratory illness before entering the health care facility. Limit their movement within the facility after leaving the isolation room.
     - Provide instruction, before visitors enter patients’ rooms, on masking, hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the patient’s room.
     - Maintain a record (e.g., log book) of all visitors who enter patient rooms. Do not allow them to be present during Aerosol Generating Procedures.
   - MercyOne has suspended all volunteer activities until further notice.

9. What if a patient presents that is presenting symptoms of COVID-19 OR tells me that they believe they have COVID-19?
   - Identify:
     - Apply updated CDC person (patient) under investigation (PUI) criteria. These criteria include clinical presentation and epidemiologic risk details (exposure to confirmed COVID-19 or recent return from areas outside the U.S. with widespread/sustained transmission or fever and severe respiratory illness without alternative explanatory diagnosis (e.g., influenza)
     - Use EMR to assess and document findings of PUIs and others with significant travel history.
   - Isolate:
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- For PUIs, provide a mask, move to a private room (the patient can be placed in an AIIR if available though it is not required UNLESS aerosol generating procedures are expected), order Droplet and Contact Precautions, and place Precautions sign on room entry door.
- Colleague Personal Protective Equipment (PPE) should include a facemask
- Gown, Gloves & Eye Protection. Limit the number of employees caring for this patient

- Inform:
  - Immediately notify infection prevention/control personnel at the facility who will, in turn, notify local/state public health of any suspect PUI for COVID-19.
  - Public health personnel will collaborate with colleagues and clinicians on decision to test the PUI for COVID-19 and provide approval for this testing.
  - Specimens will need to be transferred to the Iowa State Hygienic Lab in Iowa City. A discussion with local public health is recommended ahead of time to determine which courier will be utilized for specimen shipment. Once commercial laboratories are capable of testing for COVID-19, arrangement would occur with the commercial lab.

- Post-evaluation & disposition:
  - The decision to monitor a patient in the inpatient or outpatient setting should be made on a case-by-case basis.
  - This decision will depend not only on the clinical presentation, but also on the patient’s ability to engage in monitoring and the risk of transmission in the patient’s home environment.
  - See the Iowa Department of Public Health’s just in time guidance and share with the patient as appropriate.

10. What is appropriate Personal Protective Equipment (PPE) for the COVID-19 patient?

- The CDC has adopted the position that facemasks AND eye protection are protective of our colleagues and clinicians to care for Person Under Investigation (PUI) or confirmed COVID-19 UNLESS performing an aerosol generating procedure or collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) (see examples below).
- Personnel must wear N95 or PAPR prior to performing aerosol generating procedures (AGPs) on a PUI or patient with COVID-19. AGPs include, but are not limited to:
  - collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab)
  - sputum induction,
  - open suctioning of airways,
  - tracheal intubation,
  - bronchoscopy,
  - non-invasive ventilation,
  - tracheotomy,
  - cardiopulmonary resuscitation, etc.
- Use Standard, Droplet, & Contact Precautions - Including the Use of Eye Protection:
  - Patient Placement: Place a patient with known or suspected COVID-19 (i.e., PUI) in a private room (use an airborne infection isolation room AIIR IF available). Reserve admission to an AIIR to those who are critically ill AND likely to need aerosol generating procedure(s) [examples above].
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ii. If the patient does not require hospitalization they can be discharged to home in consultation with state or local public health authorities. Pending transfer or discharge, place a face

iii. on the patient and isolate him/her in a room with the door closed.

11. How do I appropriately wear, and care for, my N-95 respirator?
   • Please refer to CDC recommendations located at: www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

12. Where can I get more information on correct donning (putting on) and doffing (taking off) Personal Protective Equipment (PPE) procedures?
   • Please refer to CDC recommendations located at: www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf

13. I was asked to transport a patient with suspected COVID-19; what do I do?
   • Refer to your hospital’s isolation policy for contact and droplet isolation.
   • Transport and movement of the patient should be limited to medically essential purposes. If being transported outside of the room, such as to radiology, health care personnel (HCP) in the receiving area should be notified in advance of transporting the patient. For transport, the patient should wear a facemask to contain secretions and be covered with a clean sheet.
   • If transport personnel must prepare the patient for transport (e.g., transfer them to the wheelchair or gurney), transport personnel should wear all recommended Personal Protective Equipment (PPE) in alignment with your hospital’s isolation policy for contact and droplet isolation. Once the patient has been transferred to the wheelchair or gurney (and prior to exiting the room), transporters should remove their gown, gloves, and eye protection and perform hand hygiene.
   • If the patient is wearing a facemask, no recommendation for PPE is made typically for health care personnel (HCP) transporting patients with a respiratory infection from the patient’s room to the destination. However, given current limitations in knowledge regarding COVID-19 and following the currently cautious approach for risk stratification and monitoring of health care personnel caring for patients with COVID-19, use of a facemask by the transporter is recommended for anything more than brief encounters with COVID-19 patients.
   • After arrival at their destination, receiving personnel (e.g., in radiology) and the transporter (if assisting with transfer) should perform hand hygiene and wear all recommended PPE.

14. What personal protective equipment (PPE) should be worn by environmental services (EVS) personnel who clean and disinfect clinic or hospital rooms of patients with COVID-19?
   • In general, only essential personnel should enter the room of patients with COVID-19.
   • Routine cleaning and disinfection procedures (e.g. applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label) are appropriate for COVID-19 in health care settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. Coronaviruses are enveloped viruses, meaning they are one of the easiest types of viruses to kill with the appropriate disinfectant products. The EPA published a list of disinfectants that are effective against
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These viruses on 3/3/2020. Contact Infection Prevention and Control for investigation and guidance on use of disinfectants that are in use but not on this EPA list N.

- To minimize the number of colleagues needing to enter the room and to conserve use of available personal protective equipment for a patient under investigation or confirmed COVID-19, daily cleaning and disinfection of the occupied patient room will be provided by clinical personnel caring for the patient.
- Management of laundry, food service tray and utensils, and medical waste should also be performed in accordance with routine procedures.
- For inpatient locations, if testing of the PUI does not confirm active infection, follow routine discharge cleaning and disinfection procedure.
- After the patient leaves the room, terminal cleaning may be performed by EVS personnel.
  - IF the patient was on airborne precautions (i.e. aerosol generating procedures were performed) EVS should DELAY ENTRY into the room until 1.5 hours has elapsed.
- EVS personnel should wear a mask, gown and gloves when performing terminal cleaning. Eye protection should be added if splashes or sprays during cleaning and disinfection activities are anticipated or otherwise required based on the selected cleaning products. Shoe covers are not recommended at this time for personnel caring for patients with COVID-19.

15. What do I need to know when discharging a patient that has/had COVID-19?

- The decision to discharge a patient from the hospital/clinic should be made based on the clinical condition of the patient.
- If Transmission-Based Precautions must be continued in the subsequent setting, the receiving facility must be able to implement all recommended infection prevention and control recommendations.
- The provider or designee must call the hospital to inform them of the patient in order to evaluate capacity and safe patient handoff. If it is an emergency situation, EMS will manage patient transport.
- Although COVID-19 patients with mild symptoms may be managed at home, the decision to discharge to home should consider the patient’s ability to adhere to isolation recommendations, as well as the potential risk of secondary transmission to household members with immunocompromising conditions.
- See the Iowa Department of Public Health’s just in time guidance and share with the patient as appropriate.
- Additional information is available here: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html

16. When is it safe to discontinue Transmission-based Precautions for hospitalized patients with COVID-19?

- The decision to discontinue Transmission-Based Precautions for hospitalized/clinic patients with COVID-19 should be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. This decision should consider disease severity, illness signs and symptoms, and results of laboratory testing for COVID-19 in respiratory specimens.
- More detailed information about criteria to discontinue Transmission-Based Precautions are available here: www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html
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17. Will I be told if a patient in our facility has been diagnosed with COVID-19?
   • If coronavirus is confirmed in Iowa or in our facility, applicable communication will be distributed in alignment with HIPPA regulations. In addition, leaders from our infectious diseases and infection prevention teams, along with other expert clinicians and other health care providers, will work closely with local, state and federal health officials to apply up to date recommended guidelines.

18. What are the MercyOne preparedness efforts to monitor, protect and contain further spread of COVID-19?
   • MercyOne is committed to the safety of patients, community, and colleagues. In all instances, including those related to the treatment of patients with suspected or confirmed COVID-19, Human Resources (HR) policies and practices are consistent with our Mission and values. Those principles, along with our MercyOne commitment to a just and safe work environment, guide our decision making.
   • Our decisions are guided by recommendations provided the Centers for Disease Control and Prevention (CDC) as well as adherence to federal, local and other regulatory bodies related to colleague and health care personnel rights.
   • The outbreak of COVID-19 continues to be fluid and changing, and we may need to modify our response in the future. Any updates will be communicated through our available networks
   • Over the coming days, weeks and months, using guidance from the CDC and in partnership with local agencies and officials, colleagues may be asked to participate in drills and preparation to ensure that everyone will know what to do to stay safe and be prepared.
   • MercyOne provides and support ongoing infection prevention and control strategies for all colleagues and clinicians. These include principles of respiratory hygiene and cough etiquette, hand hygiene, and use of isolation precautions when caring for patients with suspected infectious diseases. Guidance reflecting ongoing CDC recommendations has been developed and distributed. Colleagues also have been provided resources on general questions by their affiliated ministry’s IPC team. The CDC as well as state public health agencies also have current information about this outbreak on their websites and colleagues are encouraged to access this as well.
   • Appropriate drills and training as needed will be provided across the system to ensure that colleagues who will be at the front line in treating these patients are competent in both care of the patient and all infection control procedures and practices.

19. What should I say if a patient or visitor asks me about COVID-19?
   • At MercyOne your safety, and the safety of all those we serve, is of the utmost importance.
   • Encourage them to practice good hand hygiene, cover their cough, and encourage others too.
   • Encourage them to stay home if they are ill and contact their primary care provider by phone or call 911 if it is emergent.
   • Encourage them to check the IDPH, CDC or WHO websites for more detail.

20. I am traveling for work or personal reasons. Do I need to do anything before I return to work?
   • Colleagues are not required to alert their manager of personal travel plans – unless they are traveling internationally and/or have knowledge that they may have had an
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exposure to a person with confirmed COVID-19 in the past 14 days for CommonSpirit Health or 10 day for Trinity Health colleagues. If any of these scenarios are true, colleagues are required to report this to their manager before returning to work.

Follow CDC guidance on travel within the U.S.

Although colleagues are not required to report personal travel within the U.S., be aware that several states have Executive Orders in place that require self-quarantine for 14 days for CommonSpirit Health or 10 day for Trinity Health colleagues* after traveling to a state that is identified as highly endemic for COVID-19: (go to https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html to see which states are considered highly endemic). If you choose to travel to one of these states and you return to work in a state with an Executive Order in place, you may be required to take PTO or unpaid time off to quarantine for 14 days for CommonSpirit Health or 10 day for Trinity Health colleagues*. Note that COVID-19 prevalence in each state is a dynamic situation and the circumstance when you begin non-essential travel may differ from the circumstance when you return.

In states where an Executive Order does NOT exist, colleagues who have non-essential travel to highly endemic states (positive test rate higher than 10 per 100,000 residents, or higher than a 10% test positivity rate, over a seven-day rolling average) will be treated as having had a high-risk exposure.


21. What will happen if a patient is confirmed to have COVID-19 at my workplace location?

- All MercyOne locations will follow CDC protocols for evaluating and reporting potential cases of COVID-19 and all other infectious diseases. Suspected cases will go through channels established by the CDC for diagnosis confirmation.

- Patients who present with symptoms, as outlined by the CDC, and have recently traveled or been in proximity with someone who has traveled to affected areas, are immediately isolated. If there is a confirmed case identified at your work location, local public health and leaders at the location will provide additional guidance. They will help determine the best location for treatment and assist with a transfer to another location if they determine that to be the best next step for the patient. Additional instructions for those who may have been exposed will be provided.

22. Can I request to be released from caring for patients with suspected or confirmed COVID-19?

- Colleagues who request to be released from caring for patients suspected or confirmed to have COVID-19 may be released if they meet the criteria for accommodation under the Americans with Disabilities Act (ADA), criteria for exclusion based on guidance issued by the United States Centers for Disease Control and Prevention (CDC), or consistent with any other applicable local, state or federal laws/regulations. Such
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requests should be directed to HR and Employee (Occupational) Health Services (EHS) and will be handled on a case-by-case basis in accordance with MercyOne policies.

- Before making this request, consider that COVID-19 is widespread in certain communities; there would be as much chance of exposure outside the workplace. There are select regions in the U.S. currently experiencing widespread infections.

23. What if I suspect that I have been exposed to or contracted COVID-19 while providing services on behalf of MercyOne?

- We follow Occupational Health and Safety (OSHA) and Worker's Compensation, and ministry policies and regulations to prevent and manage exposure of our colleagues and clinicians. These will govern in the event a colleague or the organization suspects a colleague has contracted COVID-19 or any other type of infectious disease while providing services on behalf of MercyOne. Employee (Occupational) Health Services (EHS) and Infection Prevention and Control (IPC) will work together with public health to provide any recommended post-exposure care recommended by the CDC.

24. What do I do if a member of the news media asks me questions about how MercyOne is preparing for COVID-19 or a patient?

- Refer the contact to your location's marketing and public relations team.

25. What is required if I traveled for work internationally, or believe I had unprotected exposure during work to a lab-confirmed case? If I am directed to self-quarantine for COVID-19, will I be paid?

- Colleagues are required to report potential exposure before coming to work. Out of caution for our colleagues and communities, MercyOne is requiring any colleague who has traveled internationally and/or who has knowledge that they may have had an exposure to a person with confirmed COVID-19 in the past 14 days (incubation period as currently defined by the CDC) self-report such exposure before reporting to work. Impacted colleagues should discuss with their leader if work from home options are available. Please visit the CDC After-Travel Precautions page.

Please note that the CDC recommends travelers avoid all nonessential international travel. There is a restricted re-entry to the U.S. for travel in some countries.

Prior to reporting to work, colleagues are required to report any COVID-19 exposure to Employee Health. Each ministry will determine, between employee/occupational health and HR, exactly what reporting number/area to use. Upon reporting the exposure, Employee Health will facilitate a screening interview and may coordinate further medical screening by Employee (Occupational) Health Services (EHS) as appropriate.

EHS will consult with the Infection Prevention & Control (IPC) team at the colleague's affiliated ministry for a determination before the colleague will be allowed to return to work, based on CDC guidance on risk assessment for the circumstances. The CDC guidelines will determine the level of risk and whether we will require further evaluation or require the colleague to stay off work during the 14-day incubation period.
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If EHS and IPC, in collaboration with public health, determine a colleague should remain off work during the 14-day incubation period, that colleague will be placed on a paid administrative leave and will not be required to utilize paid time off, sick or other time-off banks during the incubation period. We will continually review this practice as new information about COVID-19 becomes available from the CDC and other authorities.

26. What if I contract COVID-19 during non-work-related activities such as non-MercyOne-sponsored mission trips, travel, or other exposure during non-work time?

- In the event of contracting COVID-19 infection during non-work-related activities, the normal policies governing paid time off, unpaid time off, attendance, leave and Family Medical Leave Act (FMLA) will apply.

27. Can I work from home, if we have that option?

- Not everyone has the ability to work from home. Should the need arise, the availability of technology, combined with your job duties, will dictate whether this is a potential option. Your leader will provide timely information about work-from-home options within your department.

28. What are my options related to the use of low census (flexing), PTO and unemployment? If my work location closes temporary due to COVID-19 and I am unable to work at home, will I have to use my PTO hours?

- Colleagues may be able to be temporarily reassigned to a different role or capacity to help during this time as needs are identified in the market. You should work with your Leader for opportunities that may become available.

- Colleagues may choose to take low census (flex) time unpaid or may choose to use paid time off (PTO). Colleagues with reduced or no work hours related to COVID-19 may be eligible for partial or full unemployment benefits.

- Colleagues are encouraged to call Iowa Workforce Development at 1-866-239-0843 for more details. Information is available at www.iowaworkforcedevelopment.gov.

- Iowa Workforce Development has implemented updates to its leave policy for filing unemployment insurance benefits following the enactment of the CARES Act. Effective March 29, 2020, colleagues who are or will be laid off, or are unable to work for reasons related to COVID-19, will no longer be required to use all paid leave prior to being eligible for unemployment insurance benefits. This change is not retroactive and claims will not be backdated prior to the week of March 29, 2020, for new or existing claims by individuals who work for employers, according to the Iowa Workforce Development.

The policy requiring claimants to use all available paid leave prior to filing for unemployment benefits was necessary to help sustain the Iowa Unemployment Trust Fund, which is funded entirely by employers doing business in Iowa and is the source of all benefit payments to claimants. The enactment of the CARES Act has provided a significant source of additional funding for claimants, and this policy change reflects the evolving situation.
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29. What if I am afraid to come to work because of fear of exposure?
   • We are fortunate to be members of a strong, agile national system that is bringing our full resource capability to ensure excellent patient care and colleague safety. We have designed safe processes and training to ensure that we contain risk and keep colleague safety at the forefront of our work. We will carefully monitor and follow all OSHA, CDC and other guidelines regarding colleague safety. Therefore, all current performance, attendance and leave policies remain in place and continue to apply.
   • If you are feeling anxious, consider the following:
     i. You are fully supported and have many resources available to you.
     ii. You are encouraged to speak with your manager and Human Resources.
     iii. If you are not eligible for an approved leave of absence and you choose not to come to work, you may be asked to resign from your position. You should work with your Human Resources team for options as well as to understand the impact to your benefits and refer to the Iowa Workforce Development website or call 1-866-239-0843 for eligibility for unemployment in this situation. www.iowaworkforcedevelopment.gov. Typically if a colleague resigns from a position, unemployment is not available.
     iv. You also have access to abundant, free resources to help you manage anxiety and concerns about health risks through our Employee Assistance Programs:
        1. CommonSpirit colleagues can access Vital Work Life through the Inside CHI website or 877-679-3819
        2. Trinity Health colleagues, please contact Carebridge through the MyBenefits website or 800-437-0911.

30. What if a 'Shelter-In-Place' is declared for the region or the state of Iowa? What does this mean for me as a healthcare colleague?

   As the Nation comes together to slow the spread of COVID-19, on March 16, the President updated Coronavirus Guidance for America. This guidance states:

   “If you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule.”

   As applied to health care workers, those working within a hospital and/or health care delivery system, or in support of the operation of a hospital or health care delivery system are deemed critical and essential and are categorically exempt from “shelter-in-place” and “state-of-emergency” declarations.

   Consistent with the guidance provided by the Department of Homeland Security, those who work at MercyOne and perform or provide services are deemed to be essential and have a special responsibility to be at work and maintain a normal work schedule in support of safe and uninterrupted patient care delivery.
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31. What clinical procedures are we following?
   • Please follow your leaders’ direction on clinical procedures. Consistent and correct use of personal protective equipment (PPE), frequent hand hygiene and proper decontamination of surfaces and equipment are critical to slowing or preventing the transmission of COVID-19.

32. What protocol do I follow while we are waiting for a patient’s coronavirus test results?
   • Please follow your facility’s existing isolation policy.

33. Can a provider disclose Protected Health Information to a third-party whom the provider believes is at risk of contracting COVID-19?
   • With respect to family and friends, if the patient objects the provider cannot disclose unless a disclosure is required to prevent or control a disease or condition which is a serious imminent threat to the individual or the public. Friends and family can be advised to follow CDC guidelines. In addition, the provider can encourage the patient to disclose to the friend/family member.

Disclosure in spite of the patient’s objection must be necessary for prevention or control of the COVID-19 virus to be permitted by HIPAA and the necessity must be documented. Infection control leaders must be consulted regarding reliance on this HIPAA exception to confirm the danger or imminent threat.

Other third parties may include health care professional, the general public and employers. For these other third parties, if he patient has a confirmed COVID-19 test then the provider will report to the appropriate public health agency and that agency will be responsible for contacting third parties.

34. Is information an employee provides to their treating provider covered by HIPAA?
   • Yes. The treating provider should obtain a HIPAA-compliant authorization to disclose PHI.

35. Should a treating provider contact or disclose a positive COVID-19 test to an employer?
   • If the patient has a confirmed COVID-19 test then the provider will be required to report to the appropriate public health agency and that agency will be responsible for contacting third parties. The provider should encourage the patient to follow CDC guidance and if the patient asks for a work excuse the provider can provide the excuse to the patient. In addition, the provider should obtain a HIPAA-compliant authorization before disclosing directly to the employer. The provider cannot disclose to an employer if the patient has not provided a HIPAA-compliant authorization.
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36. What is a work-related COVID-19 exposure?
   • Any unprotected, work-related exposure to a suspect or confirmed case of COVID-19 that arise out of and in the course of employment.

37. Are all work-related COVID-19 exposures supposed to be reported through the colleague incident reporting program?
   • Yes, all incidents that are work-related must be reported, whether or not the colleague is symptomatic or has been diagnosed with COVID-19.
   • If all required Personal Protective Equipment (PPE) is used while exposed to a suspect or confirmed COVID-19 case, this is NOT a work-related exposure and a colleague incident report does not need to be completed.

38. Can I delay reporting and gatekeeping work-related COVID-19 exposures in the colleague incident reporting program if the colleague tests negative or does not have any symptoms of COVID-19?
   • Yes, if the ministry has a robust system to track exposed colleagues that captures the fundamental information necessary to enter an incident at a later date, provided the colleague either did not become symptomatic or was diagnosed as not having COVID-19.

39. What is a robust system to track work-related COVID-19 exposures?
   • Information must include the critical elements that will support incident entry at a later date. Those elements at minimum must include:
     i. Colleague Name
     ii. Colleague Employee ID
     iii. Date of Work-Related Exposure
     iv. Date Work-Related Exposure Reported to Ministry
     v. How Exposure Occurred (e.g. aerosolizing procedure, caring for a patient prior to patient being diagnosed with COVID-19, handling contaminated equipment without proper personal protective equipment (PPE), etc.)
     vi. Specific Location Where Exposure Occurred (if available)

40. Can I delay reporting and gatekeeping work-related COVID-19 exposures in the colleague incident reporting program if the colleague tests positive or has symptoms of COVID-19?
   • No, you cannot delay reporting any positive or presumptive positive diagnoses of work-related COVID-19 exposures in the colleague incident reporting program. They must be immediately reported and gate kept.

41. Should all work-related COVID-19 incidents be exported to TPA?
   • No, only those incidents meeting one of the following requirements should be exported to TPA:
     i. A COVID-19 diagnosis from a physician
     ii. A laboratory confirmed COVID-19 test.

42. If a physician diagnosis for COVID-19 is positive, but a subsequent lab test is negative, how should this be reported?
   • Physician diagnosis of COVID-19 is a scenario we may experience to a high degree of frequency. Patients may be seen by a physician and given a positive diagnosis based on history and presenting symptoms. If a physician diagnoses a patient...
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with COVID-19, there will not be a subsequent reversal for that diagnosis for purposes of reporting. The incident should be entered into the colleague incident reporting system utilizing the “positive” categories identified in the Infectious Disease Capture in the colleague incident reporting system and exported to TPA.

Thank you for everything you do in support of our Mission.

Like all health care organizations, we have been in frequent contact with communicable disease officials with the State of Iowa Department of Public Health and the CDC. We continue to follow our own protocols, as well as following the recommendations issued by the CDC, which includes frequent hand washing, disinfecting surfaces and other infection control measures.

We will continue to monitor the situation and will provide updates as we can. MercyOne’s highest priority is the health and safety of those we serve and keeping our colleagues and community safe at all times.