

flu, strep, other viruses (via the viral respiratory panel), as we would usually do. If they are positive for any of these, current data suggests much less likely to be COVID-19.

Do we HAVE to test for COVID-19?

No. There is no antiviral treatment for COVID-19. Whether a patient is confirmed to have COVID-19 doesn't change their individual care, as there is no drug available. Knowing if they have it helps us decide on quarantine times, and for notifying other exposed persons, and this is of course important. But it does not make a difference for the patient themselves.

How long does it take for testing for COVID-19 to get back, if the state approves it?

Currently 48-72 hours. While waiting, we advise quarantine.

What does it mean to quarantine?

Quarantine means to ask the patient to stay home and limit contact/exposure to others, unless they feel ill enough to require hospitalization, in which case, they should go to the hospital. If a patient has or fears they have the virus, but is able to drink fluids, is not having trouble breathing, they should stay home under quarantine. Right now, the CDC recommends 14 days of quarantine until better from the illness.

Does everyone with COVID-19 need to be hospitalized?

No. Having COVID-19 absolutely does not mean that a patient needs to be hospitalized. We follow the same criteria for hospitalizing someone that we would for any other illness. Trouble breathing with low oxygen levels and severe dehydration would be more common reasons that someone would need to be hospitalized with COVID-19.

How long after I was exposed to COVID-19 will it take for me to know if I have the illness?

On average, 5.1 days from exposure to illness, with a range of 1-14.

What is the risk of dying if infected by COVID-19?

Data collected as of now:

10-39 years old: 0.2% of patients infected died. (So, for every 100 people in this age group infected with COVID-19, less than 1 person died. For every 500 people infected with coronavirus in this age group, 1 death)

>40: 0.4% died. (for every 250 infected, 1 death)

>50: 1.3%

>60: 3.6%

>70: 8%

>80: 22%

COVID 19 treatment

There is no antiviral drug for COVID-19. COVID-19 is treated like any respiratory virus or cold is. There is no specific medicine that will "cure" the infection. The most important ways to help one's self recover: water, water, water (at least 2 liters or 8 cups per day) and rest. Staying hydrated and resting are the best that we have right now for overcoming this illness, unless a patient requires hospitalization.

There are experimental trials happening to figure out an antiviral treatment for COVID-19. These trials are only happening for critically ill patients in the ICU

A vaccine is also in the works. No word yet on when it will be available to the public.

How is COVID 19 spread?

From what we know now, it is transmitted to others by "droplets" and "fomites." Droplets mean that in order to become infected by the virus, another person's bodily fluids (think droplets from sneezing, coughing) must come into contact with us. All sick patients will be asked to wear a mask in the clinic, and not remove their mask for the duration of their visit unless asked by a nurse or physician. This is to limit respiratory droplets from sick patients.

Fomites are another way to spread this virus. Fomite means that the virus can survive on surfaces (seats, doorknobs, counters, hands). Because of this, we will use CDC approved disinfectants to clean rooms after every patient is seen. Fomite transmission is also important to remember when removing masks, picking up pens, using keyboards. The thought is that COVID-19 can survive on surfaces for up to 3 days! Our disinfectants in clinic are on the EPA list of approved disinfectants that work for COVID-19.

Handwashing is key for prevention by all healthcare staff above all else, even above wearing masks. Wash your hands with soap and water for at least 20 seconds before and after every patient encounter. Use hand sanitizer liberally. Wear gloves before touching patients. Wash your hands even after wearing gloves. Don't assume something is clean. Limit eating and drinking while providing patient care.

Additionally, to protect ourselves, all staff in patient care areas will be given N-95 masks. Nationally, there are limited masks, both the ones given to patients and especially N-95s. Please, do not lose your mask. N-95s are to be reused. Please wear it as much as you feel comfortable while working in patient care areas. We ask that you bear in mind a critical point: People have infected themselves with viruses by using non-disinfected hands to place or remove their own masks or by touching their face!!!! Please review the images below for proper "donning and doffing" to help protect yourself. Please use freshly cleaned hands to place or remove your own masks. Please do not make the mistake of feeling protected from infection from a patient because you wore a mask. Remember: droplet AND fomite. Wearing a mask is only helpful if you put on and take off the mask with disinfected hands.

I heard that there is a nationwide shortage of bleach, masks, and other equipment for safety. Are we prepared?

Our clinic has counted inventory for our masks, disinfectants, and other personal protection equipment (PPE). We are confident that we have enough to get us and our community through this pandemic. We also ask that all our staff use PPE thoughtfully, and to also guard our PPE. We are a team, and we need PPE to do this together as a team and stay well! Clinics have been devastated by theft of PPE from patients or staff – as most is on backorder. We will do our best to keep limited PPE out per day, and the rest locked to prevent devastating losses.

Can you get COVID-19 twice?

Unlikely, but not certain. The thought is that short term, at the least, one should be immune to reinfection. We will know more as more data collects.

Should I cancel travel plans?

We beg our staff to please limit travel as this pandemic arises. With the rest of the nation, we fear being at a shortage of staff to help care for our community. Please help us by making wise and limited travel plans, so that we can work as a team to be present for our community and country.

We recommend not traveling internationally, at all, and we recommend not going on cruises. The more you are out and about, the more likely you are to be exposed. Your exposure could lead to exposing others in this community. Travel safe, wash hands, limit travel.

Travel restrictions have been changing. Also keep in mind that if you travel, there is a chance that you may not be able to travel back home as new restrictions come.

What is OUR clinic and hospital doing to keep us safe, and our patients safe?**Clinic:**

All patients have option to wait in car for visit. Patient can check in, leave number, and wait from their car until ready.

Separated waiting room. As always, our clinic waiting room is divided by sick and well. Additionally, sick and well will now check in at separate front desks during day clinic. Elderly (over 60) well patients will be asked to wait either in their cars, or will be offered the waiting room at the back of the clinic to wait for their visit. This is to help protect our at risk population from infection.

Pregnant women will check in for their visits with Mrs. Dr. Sprys on the side door of the clinic, on her side of the pod. There will be a door bell for pregnant women to ring and they will be welcomed in by Mrs. Dr. Sprys's nurse. They can wait from their car or in empty patient rooms on Mrs. Dr. Sprys's part of the clinic.

All physicians/providers's clinic rooms will be divided by sick and well for the duration of their clinics. Well patients will not be roomed in sick rooms. Regardless, all rooms will be disinfected to the utmost in between visits - sick or well.

All patients upon entrance to the building will fill out a 3 question questionnaire. This questionnaire identifies patients at risk for COVID-19 infection. If they are at risk, they will be asked to wear a mask for the duration of their visit, unless asked by a physician or nurse to temporarily remove.

All sick patients upon entering the building will be required to wear a mask for the entirety of their visit.

Any otherwise immunocompromised patients who are well, not elderly, and not pregnant, will be asked to self identify at their check in, and they are welcome to wait from their car for their visit, or will be accommodated with a separate waiting area.

We ask that all patients coming for a clinic appointment limit accompanying guests to as few as possible, with a maximum of 1 adult accompanying guest. Children are welcome if a parent needs to bring them to their visit with them. We ask that no persons with cough or fever or other active signs of illness accompany any patients as a guest to their visit.

We will educate staff on how to properly swab for all respiratory viruses to protect themselves from infection in the event that the patient has COVID-19.

Hospital/ER:

All sick and at risk patients will be required to wear a mask in the building.

We are asking that patients be mindful of visitors. The reason for this is the potential for visitors to unknowingly carry COVID-19 infections and unintentionally infect other patients hospitalized as well as staff.

We ask for as few visitors in the hospital as possible, and no visitors who are or who have been sick in the last 14 days. No children under the age of 12 will be permitted unless they are patients.

We are limiting ER visitors to no more than 1 guest with a patient.

We ask that anyone who is currently or has been sick within 14 days avoid accompanying patients in the ER or waiting rooms.

The hospital will have one entry and exit only for the next 8 weeks. One entrance/exit allows that all persons entering the building receive individualized care, screening, and be offered a mask should they be ill or at risk.

We will educate staff on how to properly swab for all respiratory viruses to protect themselves from infection in the event that the patient has COVID-19.

EMS

We have provided our EMS team with N95 masks as well as additional personal protective equipment.

Specifically, because EMS teams are likely to perform procedures that are higher risk for airborne infection exposure, EMS has been outfitted with protective equipment suited for this exposure.

What can I tell patients to do to protect themselves?

Wash hands frequently with soap and water. Stay home when sick. Don't go to public places when sick, or within 2 weeks of being sick. When not sick, practice social distancing. Social distancing means to avoid crowded areas/events. Stay 6 feet away from other people when out in public. Limit travel.

We appreciate your hard work in helping us work as a team in the next few weeks, and for your help with educating our community! We will continue to update you as news arises. We also appreciate staff for helping us formulate a plan for protection of our community and staff from this illness, and we ask that you please continue to share ideas as they come. We are in this together!

How to put on and take off masks, gloves, safely:

<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

All data from this letter acquired from CDC, TDHS, NIH, CROI 2020

A handwritten signature in red ink, appearing to read "Eileen Sprys MD".

Dr. Eileen Sprys, MD