**MDH/MHA Call 3/19/2020**

*Notes by Karen Peterson*

*Several MDH representatives on the call, unfortunately they were not good about identifying themselves when they talked.*

The call opened with a recommendation to read a study led by Neil Ferguson of the UK (<https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf>) which outlines non-pharmaceutical options, and probable outcomes if nothing is done, case isolation occurs, or social distancing is enforced, with allowances for age groups. If nothing is done, they estimate 81% of the population will be infected and the virus will be fatal for 2.2 million Americans. A three-month quarantine/isolation program could reduce that by half, though risk of re-emergence following the three months is significant, and there would still be a demand for ICU beds significantly higher than supply can manage.

**MN Testing Update**: reference to the new testing alert given by Governor Walz (<https://www.health.state.mn.us/news/pressrel/2020/covid031720.html>) The problem is more than just shortage of testing kits, there is also a lack of lab materials needed to process the tests. Currently MDH has 2400+ specimens that they are unable to process. Mayo testing is also halted.

**Transmission**: highest concern is for people in hospitals or long term care facilities, and the people who care for them. Careful observation and symptom assessment is required for all staff working with patients who have tested positive for COVID-19, and all staff are assigned a risk factor (low, medium or high) based on their symptoms (or lack thereof). This assessment must be done actively (direct interview with staff) vs passively (having staff complete a survey or fill out a form). If a facility does not have the capability to implement a risk assessment strategy, MDH will lead efforts. Identifying information for staff assessed at medium or high must be reported to MDH within 24 hours, and those assessed as low within 72 hours.

**Transfers**: any patient who has tested positive – MDH must be informed prior to a transfer, whether to another facility or discharge home to home care, to ensure the receiving facility or agency is fully aware of the patient’s status.

**Out-patient settings reporting**: Conduct staff assessments to assign low, medium or high risk for employees caring for COVID-19 patients. Medium and High – report information to MDH within 24 hours, Low: simply send number of staff in this category (not individual specifics) within 72 hours.

**Employees testing positive**: report to MDH within 24 hours, gather exposure information if possible. Self-quarantine until:

3+ days normal temperature, without fever-reducing medication, or

7+ days being asymptomatic

Mask for 14 days or until all symptoms gone, whichever is longer

Strict handwashing protocol, trust in self-reporting

**PPE**: National Crisis Centers are distributing supplies from warehouses based on population. In MN coming to 8 regional centers. Supplies arriving 3/18-20; we are not sure how many shipments we will be getting in total. We do know that there will still not be enough to meet the demand in MN. Everyone must work on conservation methods. Submit requests to regional center, provide evidence of need, no “extras’ will be distributed – only meet immediate critical needs.

Reference to the MDH Crisis Standards of Care webpage (<https://www.health.state.mn.us/communities/ep/surge/crisis/index.html>)

Specifically the Ethical Checklist (<https://www.health.state.mn.us/communities/ep/surge/crisis/checklist.pdf>) which helps you determine if your policies/procedures are being determined with the right criteria

Then there was a 30-minutes Q&A, they were restricting questions to hospital-related. A recording o the call will be available soon.