

March 13, 2020

Vanderbilt Health Employer Solutions: Live Q&A Forum on COVID-19

Brent McDonald:

We thank you very much for joining us. Today we've got a live Q&A session. I'm Brent McDonald. I lead Vanderbilt's employer solutions team, and I will serve as the moderator for this discussion. Our hope is that this call will help answer questions that you're facing as you look to protect both your employees and your businesses. We're very fortunate today to have a few experts with us to answer questions, and to share current information. Joining us today from Tennessee Department of Health is Dr. Mary-Margaret Fill. She is the Medical Epidemiologist, and leader for Communicable and Environmental Disease and Emergency Preparedness for Tennessee.

From Vanderbilt, we have Dr. Tom Talbot. He is our Chief Epidemiologist, and the senior leader for the COVID-19 response efforts at VUMC. We also have Dr. Lori Rolando. She is the director of Occupational Health & Wellness, and a member of VUMC's response team as well. Given the urgency around this topic, we wanted to create this forum in a timely manner. Initially we were hoping to host this as a live event in partnership with our friends at SmileDirectClub. However, caution prevailed, and we felt virtual forum would be more appropriate. That said, we recognize that virtual forums do have some limitations, and so we're going to ask for a little grace from all of you as we try to work through this next hour and manage this through a virtual forum.

None of the presenters are in the same room, so that does create a little bit of complication. We're going to follow a process here: We'll have about 30 minutes of presentation. You'll hear from both the Tennessee Department of Health as well as Vanderbilt. Then we will open up for questions. There are no presentation materials, so if you're trying to see materials, there aren't any at the moment. Each presenter will discuss current updates, and then will address your questions. Questions in this format can be challenging, so we're going to follow a very specific method. What we are going to do is, ask you to submit questions through one of two different methods. Either use the realtime chat box on the GoToMeeting if you logged in through GoToMeeting. Or please email questions directly to employersolutions@vumc.org.

That should be in your invitation information. We have team members monitoring that mailbox right now, and will pull your questions forward. We have high attendance expected on this call. We have over 46 different companies that represent multiple different industries. We expect varied questions. We'll do our best to try to answer questions that represent the broadest interest, but we know we can't get through all of them during this time frame. What we will also do is give back to you a summary of questions and answers. As well as this is being recorded, and we'll be able to share a link for the recording back to you all. With that, I'm going to ask you all to please mute your phones unless you are one of our speakers. I will first introduce our first speaker, Dr. Mary-Margaret Fill. Dr. Fill, will you please share with us the Department of Health's perspective as it relates to the employer community?

Dr. Mary-Margaret Fill:

Hi, Brent. Thanks so much for having me, and thanks to everyone for joining. We're excited to be able to share our perspectives from the Department of Health and give a brief update on the current situation in Tennessee and our ongoing activities, as well as what we're recommending for employers and businesses across the state. First of all, to start with, a brief situation summary. As I'm sure you all are aware from the ongoing coverage, as of yesterday at 2 PM, we have 18 presumptive confirmed cases of COVID-19 in Tennessee. That information the most up-to-date data and information can be found on

our website, if you haven't yet found and reviewed that. We're updating those case counts by 2 PM daily, so you can stay up-to-date on the most current data statewide, as well as the counties that are affected.

I think important to note in our current situation and statewide assessment, is that while we certainly have cases that have clear risk factors or high-risk travel or contact to confirmed cases, we are certainly seeing more cases that don't have clear risk factors identified. Which has certainly suggestive that there is community transmission happening at least in some regions of the state, which is not unexpected. I want to talk a little bit about our activities. I think first it's important to note that although I think the attention and focus on this has been certainly enhanced in the last 10 to 14 days, the Department of Health has actually been following this situation around the world since early January. We activated our state health operations center on January 16th and have been operating in a formal incident command system since that time.

Our activities have really fallen into a few big buckets, and I'll just touch on each of those briefly. The first is really around the information. All the more reason that we're so happy and glad to participate in calls like this is that for whatever reason, be it the era of social media, or just the fact that this is a new and emerging virus. There has been so much misinformation or incorrect information that has circulated about this evolving event. We are really doing our best to try to be a sharer of accurate and valid information, the very best that we can. We're doing that through many different formats. Again, I'll mention the website. If you just navigate to tn.gov/health, there's a big banner bar across the top and that will point you to our COVID-19 specific website, with the most up-to-date information and guidance.

On that website we do have a weekly situation summary that's updated on Fridays. You can receive information on the most current activities in Tennessee. We are also working in conjunction with the Tennessee Poison Center to staff a public information line. We are working to build that capacity because it has been such a high demand resource. To give you some idea, since the 5th of March when we set up that resource just over a week ago, that call line has fielded over 1100 calls, and these are really just intended for general questions. Similarly, we are fielding calls intended to be clinical calls from clinicians, but also general calls that are State Department of Health line.

We fielded well over 2000 calls since late January, and that number has really ramped up in the last week or so. To give you an idea, yesterday we had over 450 calls come into the Department of Health, so incredibly high volume. In the same vein of information is that, we are communicating and working closely with colleagues at the Centers for Disease Control and Prevention, as well as our partners in Metro and regional health departments across the state. We have calls with those two groups multiple times per week to both digest and receive the most accurate information.

Then trying to push that information out to our colleagues on the front lines, who are also doing an incredible job working with their local communities. The second big bucket of activities is really around clinical assessment and testing of patients. As I'm sure you're all aware, our state public health laboratory was one of the first five in the country to have capacity to test for COVID-9. Our role has really been trying to work with clinicians across the state, to determine if their patients qualify for testing at our state public health lab. Fortunately, we have seen a big increase on the availability of testing across the state and country in the last week or so. We now have at least three commercial laboratories who are offering testing, as well as hospital laboratories such as Vanderbilt, that have verified the [inaudible 00:08:31] themselves to begin testing the patient population, which is a huge help.

Then our third bucket has been around monitoring the health of returning travelers, and then of course, response activities to confirmed cases. With the initial cases that were identified, we have taken very

aggressive contact tracing measures working towards containment. However, as I already said at the beginning of my little spiel, I think important to note that as we see more cases, that those efforts will shift more from strict containment measures to more community mitigation measures. We'll continue to prioritize high risk contacts of cases so like healthcare workers that work in nursing homes or care for vulnerable populations. But just given the number of cases that we anticipate seeing across the state, we expect that full court press that we've done will have to be shifted to thinking more about how we can protect those most vulnerable among us and in our communities.

That's really where our partnership and work with the business community and employers across the state is so important. Because you all play a critical role in making that happen. I think hopefully most people have reviewed... CDC has nice guidance for businesses that they have developed, and I think a lot of this is really common sense information. But unfortunately reading it and digesting it and actually then implementing it in the real world is sometimes a little bit different. Some of the things that we've really tried to reinforce and push out is very common sense measures. That can become complex when implementing them in the real world. Things as simple as encouraging sick employees to stay home, is so important. There are complex issues that we fully acknowledge with regards to people having access to sick leave, and the real capacity to be able to do that.

But to the degree that we can, it is so important that people that are sick not come into the workplace. Of course, basic respiratory etiquette and hand hygiene is so important. Routine environmental cleaning. We've implemented a policy in our State Health Operations Center. We have four shifts of callers answering phones from 8:00 AM to midnight every day. That when you finish your shift, wipe down your keyboard, wipe down your phone. We have hand sanitizer readily available, really trying to incorporate as many of those measures into our routine activities as possible. Then certainly considerations about the size of meetings. If things can be virtual, if things can be done remotely or by email, and trying to avoid congregate settings as much as we can.

Really practice good social distancing is something that I think we all have to keep in mind, and can really have a huge impact as we've seen in other parts of the world on at least slowing the spread of virus in communities. Again, trying to protect those among us that are the most vulnerable and most at risk for complications and poor outcomes. I certainly have seen guidance from some employers and businesses. Limiting travel of staff. I think well the Department of Health doesn't have formal recommendations about yes or no.

I do think we at least want to encourage everyone to be really thoughtful about every meeting you have, about every travel you've committed to, about conferences. All of those steps to the degree that we can all stay away from each other a little bit. But still do our jobs and function to the best degree possible I think can be really helpful in decreasing the transmission of this virus. I will pause there. I think that's a good high-level overview, and certainly I will be available to answer some questions, or happy to clarify anything if there are some right now.

Brent McDonald:

Thank you very much for those comments, and I think we're going to have quite a few questions that build upon your themes. Before we tackle those questions though, let's now switch over to our members of the panel from the VUMC. If I may, Drs. Talbot and Rolando, would you care to share your comments on VUMC's perspective from a healthcare delivery institute, and as well as things that we are doing to protect our own employees?

Dr. Tom Talbot:

Sure. My role at Vanderbilt, so I hate to be saying in charge, because there's a lot of people in charge of a lot of roles. My background is an infectious disease physician, and I am in charge of the infection prevention program at Vanderbilt. We at Vanderbilt have been like Mary-Margaret noted with the state, really keeping an eye on what's happening in China. Towards the turn of the year being concerned of where that would spread. Beginning to start to mobilize and get a sense of if we would need to manage a surge of patients and how we would effectively protect our healthcare workers. How we would deliver safe care and manage surge. That's been along the way for a while. I think I do want to take a little bit of a step back because I've been asked a lot in the last few weeks about this that I think it may also help you in the context of your businesses.

Because we hear a lot, I think those of us who are in the bunkers and in this, really do see what we think may be headed our way. I think those that aren't kind of have heard, it's just a mild flu. Most people do fine. What's the big deal? I can't believe they canceled March Madness. I think it's really important, and I want to re-emphasize because from a healthcare system these concepts are essential, is that we are all basically little babies to this virus. No one has ever seen this virus before. We are not immune to this virus. Even though 15% may need to be in the hospital and a small percent die from it. If you take the large population that's still a gargantuan amount of people. It's different than flu season because hopefully we've gotten our flu vaccine to some degree prior to infections. This is different than flu. Thankfully while most people won't have a bad outcome, some do. The big concern from a healthcare system is, if all those people get sick very close together the healthcare system cannot manage that surge. We do not have the people, the supplies, the rooms. We can't. You hear a lot about dampen the curve, flatten the curve. What we're trying to do is not have a massive spike that overwhelms our healthcare system. As much as those of us living in the outbreak hate to think of extending this longer, we need to do that. Because if we can keep people from getting sick longer and even maybe getting sick at all, that really will not stress the healthcare system as much as it's going to be stressed.

We're already seeing concern across the country of availability of supplies. Like the protective equipment to protect our workers. When I see people in the general public just wearing a mask, it pains me, because that mask may be able to go to a healthcare worker, and it doesn't protect the public. We've seen hoarding of things like hand sanitizer and other things. It's really important that people understand all these cancellations and inconveniences in the way we do things. While you yourself or your loved ones may not be at such a risk, it may mean that someone you love who's at risk for complications can get the care they need, and have providers to care for them safely. I think it's really important to message that.

Mary-Margaret won't say this, I think, but I will, I think this is here. We are seeing it circulate. Vanderbilt since we started testing on Monday, has diagnosed 16 cases. It's in our communities. I think part of the folks relying on small numbers have to recognize we haven't had the ability to really start looking until really now. Even now, even though folks tell you anyone can get tested, we're still really limited on who can get tested. It's been around and so taking these precautions are important. I just want to say that to everybody because I don't want us to panic. I don't want you to go live in your basement with food from Costco. But I do think we have to do these things, and I've told folks we have to do things differently in our lives that may be a little bit uncomfortable, but we can still function.

It will be a little bit different for a while. That's what we've been operating with. At the hospital we really have been trying to make sure that A, we have the supplies that we need. A lot of our protective equipment was made and is made in China, particular our respirators. We've got to have those to safely protect our healthcare workers. Giving guidance on how we do that, even if it's something... If you've been at Vanderbilt, you know that sometimes when you're a patient, you have a massive team of people walk in the room, sometimes in double digits. We've actively saying, you know what, just maybe one or

two people is all you need to go in. Because you're using a mask, but maybe you don't need your mask, and we may need that mask in two months.

Basic infection prevention: All the things that we tell you to do in flu season, that sometimes we don't always do like wash your hands. Don't go to work while you're sick. This virus is very contagious. Definitely you need all of those things. Cough in your elbow, practice some distancing and etiquette. That's kind of things that we've been looking to do as well I think if there's a silver lining to the outbreak, we in Middle Tennessee in particular, are behind some areas of the world, and we can learn from those areas of the world. Like for example, Seattle's about four weeks ahead of us, and our goal is to not be where Seattle is now in four weeks. That's why you're seeing this aggressive display.

We're thinking about how we would handle if we had a bunch of healthcare workers who were sick and had to be furloughed. Or how we would handle people coming on the campus. In fact, Vanderbilt this week has actively restricted our campus: limiting visitors, locking down the entrances and having screening at all entrances. Because we really don't want folks coming in that could be sick and risk infecting other patients and other workers. Those are some of the things that you're seeing. Then anticipating will there be a point where we need to care for sick patients where we'll cancel elective surgery.

You have to recognize that healthcare continues. People have healthcare needs. They need to see their doctor, and I would encourage you to still see your doctor. You can see them safely. We've got to continue that. Because if people can't see their doctor and manage their medical care, they're going to get sick from their medical illness and come in the hospital as well. You really want to get folks tuned up and all that as well. That's really the big concept. I think messaging to all folks figuring out how to assess people safely. Really all the aspects that you think about. I think Lori will talk about it. She's tremendous for our healthcare worker health program. Which is such a huge piece, because if our workers aren't healthy and safe, they can't deliver healthcare. I want to let her talk about that. But that's what I wanted to tee up about our perspectives and where we are at Vanderbilt.

Dr. Lori Rolando:

Thanks, Tom. This is Lori Rolando. I'm the director of the occupational health clinic. My background is in occupational medicine, preventive medicine. Our role really is, as Tom alluded to, to think about how we're protecting our employees. How we're ensuring that they are staying safe. Our goal is to focus on how we protect our employees, how we keep them safe. How we manage those who are ill, and continue while we're doing that, to ensure that we're still able to provide those other mission critical services to the institution. Things like workers' comp care, immunizations, compliance-related programs and that sort of thing. But this has really come to the forefront, understandably.

Our goal is to really work as an extension almost of the Health Department, in the sense of we are charged with having a process to ensure our workforce is informed of what they need to do. Whether they are ill, as has been alluded to on multiple occasions already. If somebody is sick, they need to stay home. Having processes in place that make that easy and acceptable, is really important. Because I know from our standpoint we have a lot of folks who understandably, and I'm sure every institution does, they think about what they need to do for others, not what they need to do for themselves. Understanding that if they're ill, they're not helping themselves. If they're at work, they're not helping others, because they're potentially exposing others, and they're also not at their best.

We want to make sure that they are home and can recover. So if they're sick, we want to make sure that they know that if they're ill, they can stay home. In this particular situation, it's guiding folks to know when they need to be potentially evaluated for coronavirus. Letting folks know if they have certain symptoms that they've been exposed, even if they've not been exposed. I think one of the other things

that's been alluded to is, that early on we were seeing this related to travel. It's no longer related to travel, it's here. Travel history is not something that should be looked at as the deciding factor as to whether someone should be concerned about whether or not they have this infection. Knowing where to direct your employees to be evaluated.

If you have an occupational health component to your company, making sure that they know that they can go there, and will either be evaluated or directed to the location where they're doing those evaluations. If you don't have an in-house occupational health, but you have entities that you work with, making sure that you're in close contact with them. That you understand what their processes are, they understand what your needs are, and what level of communication needs to come back and forth. Because one of the other things that we do, is when we have folks who have been exposed, whether it be through travel, through caring for a patient, or being a contact of a coworker who's infected. We need to outreach to those folks to let them know you were exposed, and here's what you need to do next.

We have an automated process whereby we're able to gather that information. Get the information on the level of exposure. Ask them, can they still work, or do they have to be home because of the level of exposure? Make sure that they understand what that means and continue to touch base with them about the development of any symptoms. Because if they develop symptoms, then they need to go and be evaluated. Make sure they understand the importance of doing that. Making sure that managers are aware. Because as also has been alluded to, this is going to have an impact on workforces. If someone is home and only because of an exposure but they're not ill, are there work from home options? What does that mean for them having to use sick time or PTO? Will they get paid?

What are those processes? Then if they get ill, what's the process there? Having those conversations and having that communication so that everyone's on the same page. Again, focusing on how to protect yourself. A lot of what we're doing at our institution has been mentioned, but just to reiterate, everything from restricting visitation and screening visitors who are coming. Moving all meetings to online. Identifying folks who can work from home. Setting up formal processes so that that can be tracked and understood. What the expectations are if someone's working from home and it's not something that they normally would be doing. Social distancing. We're in a healthcare facility, so we have a process. We know there are certain populations of individuals who are at increased risk should they develop an infection.

A process for identifying if there are folks that might need to not work with those patients to minimize the risk, knowing that they're at an increased risk should they get ill. Immunosuppressed folks, older folks, pregnant women, things of that nature. Travel restrictions have been mentioned. Canceling events that are not mission critical, if need be. I think one of the biggest things as we've been planning all of this, is the need and the importance of regular communication. Having one central source of truth that everybody can look to. Then having that information disseminated through regular communication from both institutional level leadership, and department and workgroup level leadership. Having that calming message coming out, so that everybody knows what the institution is doing, what the employer is doing.

I think a lot of times not having information is what contributes to a lot of anxiety that folks have. Ensuring that they know what's being done, and they know what's being done to protect them, and the things that they need to do. Give them a little bit of I think agency and a stake in the game, and like they're active participants in making sure that everybody's protected. I think that's where we see it coming from our component. We're primarily responsible for ensuring that we know who needs to be evaluated, who needs to be assessed as an exposure. That we're communicating to them individually what they need to do. If they need to stay home, if they need to be at work, if they can be at work. Answering questions. Being available to provide direction when need be. Not just to the individuals, but

to the other areas of the institution when it comes to, can people work, can people not work? What do we need to do and that sort of thing? I'll stop there.

Brent McDonald:

Thank you very much. All three of you, thank you very much for your comments. Obviously you're saying some things that are relevant because our questions are exploding. We have gathered several questions, and if it's okay I'd like to transition now to questions and answers. Again, for those who are on the line, just given the fact that this is a virtual forum, the best way to submit questions is again through the chat bot that's on the actual web application, if you signed in that way, or email us a question at employersolutions@vumc.org.

I'm going to start off with a couple of questions that we've fielded. The first one, Dr. Fill is for you. I know we're going to lose you here in a few minutes. I wanted to get at least this question over to you. You mentioned community mitigation plans in your discussion. I think there is an interest in the community to understand what that means or what would we expect to see possibly happen over the coming weeks. Can you elaborate a little bit on what community mitigation plans would be?

Dr. Mary-Margaret Fill:

Sure, absolutely. I should say first that I think at least right now, although I certainly agree with what Dr. Talbot said, even though we are starting to see certainly evidence of community transmission, especially in some communities. I completely agree with what he said that, we realize that we are only detecting a proportion of cases right now, given the fact that diagnostic capacity is still not quite as widespread as we wish that it might be. The decisions about community mitigation strategies at the moment likely will not be dictated from the state of Tennessee. We're really encouraging that these conversations are ones that need to happen in individual communities across the state. Because what we will undoubtedly see is that, there may be communities more effected earlier than other communities.

They might want to make decisions that at a time would be applicable for them, but not necessarily applicable for their neighbors down the street, or across the state. I will say that CDC has recently released some guidance that I think is very helpful in thinking about the menu of options around community mitigation. Brent, I'm happy to share this with you if you want to push it out to the groups that were invited to join the call. It really walks through the different considerations that you might take based on different groups. There's separate tables and guidance for individuals and families. For schools and childcare. For assisted living facilities and adult day programs. For community and faith-based organizations, for healthcare. Then similarly a separate one for workplaces. Really it's things to consider based on what we see about the disease circulating in the community at any given time.

The categories are, first, the preparedness phase. Then if we're seeing minimal to moderate transmission or if we're seeing substantial transmission. The challenge is that there's no magic number. There's not a number that we say, "Well, we've had this many cases, so then we transition to this category from the first." These are decisions that we really recommend happen in conjunction with metro and regional health departments, and leadership of healthcare systems to really have a sense as to what's happening in communities in real time. Some of the things that I've already talked about. Social distancing at work, potentially limiting non-essential work travel, limiting large work gatherings. The more extreme version of that is considering extended telework arrangements. Ensuring flexible leave policies.

As we see, many school systems across the state have gone ahead and closed schools for a period of time. I think some decided to start spring break a little bit early, as we assess what's happening in communities across the state. Even that can have substantial trickle down effects on parents and

caregivers, as all of a sudden they don't have people to watch their children during the day. To the degree that workplaces can ensure flexible leave policies, or work from home policies, can be really important in ensuring that people are either not coming to work when they can't, or ensuring that families are cared for during what is a stressful and scary time for many people. Again, there's a whole menu of options here. I will also echo what Dr. Talbot said, which is that, we do have the advantage that there are states on the West Coast that are about a month ahead of us in this.

Learning from their experiences, learning from colleagues in Europe and other parts of the world about what has worked and what hasn't, I think will be really important. This is a big focus in communities all across the state as we think about how to best protect ourselves, but also ensure some ongoing societal function and ongoing business function and economy. We understand these are really complex decisions, with lots of big ramifications. I could talk about this for an hour in and of itself, so I will stop there. But again, I'm happy to share that resource. Similarly, the CDC actually has also shared their specific mitigation recommendations for the cities and states that are having the highest degree of transmission right now. For Seattle, Washington, for Santa Clara, California and for the area in New York state that's affected. Those can also be informative again to learn from those communities that are a little bit ahead of us in terms of the disease burden on the population right now.

Brent McDonald:

Well, thank you very much and we may actually take you up on that additional hour at another date. I think there are a lot of interest in this. What you could not see was, I would estimate about 50 employers on this phone all raise their hand and said they would like that material. If you will provide that to us, we will make sure to distribute that.

Dr. Mary-Margaret Fill:

Happy to do it.

Brent McDonald:

Thank you. Next question. I'm going to take it now down to a little bit more specificity. I'd like to know what specific symptoms should employees be looking for? In the event that they do feel like they are coming down with those symptoms, where should they go to be tested? Are there guidelines around should everyone be tested or not? That's a little bit more specific. I think our HR departments would like to know what to communicate to their employees on that. I'll probably hand that one over to our VUMC colleagues.

Dr. Tom Talbot:

Yeah, I'll start. A couple things. If you do not have any symptoms, even if you've been in contact with a known COVID patient, you should not be tested. Absolutely. I've put that out there. I think the advice we're giving is, we're really focused on what we know from the data, of folks that have a new onset to within the last few days, a week of lower respiratory symptoms, so a cough or shortness of breath. Things like I have a sore throat, I have a runny nose, I have congestion alone, really don't seem to be COVID. I think we're going to get an increasing confusion because everyone knows, we're allergy country, right? Everyone's going to start having their allergy symptoms flare in a couple of weeks.

My new runny nose and my sore throat may freak folks out. The advice I've given to folks, if it's all upper respiratory, it's not COVID. You may even have a little cough with your postnasal drip, if that's what you usually get with your allergies and this is typical, then I would not be concerned. If something is atypical, particularly with the cough, then that may warrant some evaluations. Fever is a good guide, but it's not

always present right at first. Then it does often have a flu like, so if you feel like you have the flu, that may be COVID as well. We are seeing from our call-in lines a fair number of folks that think they've been exposed to COVID. I was on a plane, and I think the known person in Williamson County was in that plane. My kids go to school together.

We've seen folks whose family members are a known contact, and they are managed by the Health Department where they [inaudible 00:36:20] symptoms. But their contacts, as long as the first contact is asymptomatic, do not need extra [inaudible 00:36:28] restriction. It's a scary thing. We see a lot of folks on mask. That's what we've been giving folks as guidance. Testing, I think there's a couple of things. All providers in Tennessee are able to test. I would just want to make sure that they have the protective equipment the gloves, gowns, mask and eye protection to do so, and evaluate those patients. Collect the swab through the state. Although as Mary-Margaret noted, they're really prioritizing to those really key demographic areas, so not necessarily that.

We do have some assessment sites through Vanderbilt, and we also have a call line that you can call and making further triage. Based on what your particular situation is, do you need to be referred to those or not? I'd encourage you to do that as well. We have been able to start testing, but our testing still is limited. We're really trying to triage folks that we think are more likely to have the disease from there as well. I know there is some discussion, I know some others. I know Ascension is doing some evaluations and HC evaluations. I don't know if they have the ability to test. There's some talk of some larger abilities, joined with Metro Health to do some collaborative piece. But those are a little early as well. I think for me big message is, if you think you've been in contact with someone and you have no symptoms, you are fine. The Health Department will reach out or will reach out if it's our folks. But really you need to have symptoms and certain symptoms to need a test.

Dr. Lori Rolando:

I don't have a whole lot to add to that. I would reinforce and echo the two really important points that Dr. Talbot made. Number one that he just reiterated about, if you are asymptomatic you don't need to be tested. Number two, if you are a contact of a contact, there's nothing that you need to do at this point. You can remain at where, if you're asymptomatic and you are a contact of someone who was a contact, you can be at work, you can continue to do your normal activities. If it gets to the point where you become an actual contact, then the health department or if you're within Vanderbilt we, or if you have an occupational health component that's doing that outreach, they will get in touch with you to let you know what your next steps will be.

Brent McDonald:

That was very, very helpful. Thank you. This next question really builds upon the fact that Nashville is a destination city, and there's a lot of tourism. None of our speakers tonight or today, excuse me, are going to be suggesting policy change specifically. I think it would be good just to have a couple of thoughts that you as employers could think about as you think about your employees in the service industry. The specific question is, this particular employer posed that they are in the service industry. They are basically serving and meeting with lots of new people, either coming into the city or just by the nature of their work. When do they need to be considering stopping and providing those services, or somehow reducing that activity? What are some of the things that they need to be thinking about as they educate their workforce in them? That's I think for all three of you.

Dr. Lori Rolando:

Well, I think to a certain degree, I think we've talked about, and please others chime in as well. We've talked about the importance of in mitigating the spread of this in terms of social distancing in thinking about minimizing large gatherings, minimizing large meetings, that sort of thing. One thing I would say is, I understand that it's the service industry, but to the extent possible, if these are initial meetings about contracts or about what kind of services you can provide. Doing them from a remote like what we're doing now. Do it through video conferencing or phone conferencing, and that sort of thing.

To a certain degree for folks in the service industry, I would think a lot of that may be dictated by what the entities that you're working with are starting to do. Because as you mentioned, we've seen a lot of cancellations and a lot of large groups and conferences and things of that nature that are being postponed. Some of that may even be answered for you. But I think the other thing is, the infection control precautions that everybody should be taking, and making sure that you got people are frequently washing their hands and covering their nose and mouth when they cough. Frequent hand sanitization and frequent cleaning of the areas that you're working in, and if people are sick, staying home. Tom or Mary-Margaret any additional thoughts on that?

Dr. Tom Talbot:

No, I think you're right. Only thing I could say is the basic things, not only encourage your workers if they are sick not to work, but really maybe actively messaging [inaudible 00:41:55] engage with. If you're sick we want to do business with you but maybe we can put that on hold for a little bit until you recover, kind of messaging.

Brent McDonald:

Okay thank you very much. I think this next question is probably something everyone's wrestling with and is very timely, and that is spring break travel. We have a lot of individuals that have plans to go. Many of us are disappointed that those plans are changing. The general concern is still out there. What considerations should I be making either as an employer for my employees when they travel and come back to work? What should the individual employee be thinking about as they consider travel plans, either domestically or internationally? Now we understand there's international limitations right now. That's the general question. Mary-Margaret, are you still with us?

Dr. Mary-Margaret Fill:

I am. I'm going to have to step away in just a second, but I do have a few insights I think for this question. I think first and foremost, we would obviously encourage people to stay on top of the CDC travel advisories. These are being updated frequently to assign countries as either a level one, two or three. Where we need to either potentially limit all nonessential travel or practice enhanced precautions. Right now if people travel to a level three country, they are advised and strongly encouraged to stay home for 14 days after they get back. That's not going to work, not going to school, not going out to the grocery store. Quarantining to the degree possible. Similarly, people that travel to level two countries should also, we ask that they limit their movement as much as possible, and basically stay home as well. I think that website and that guidance is really helpful in terms of framing risk.

I think the other consideration people need to have is that this is changing daily. Just like we saw with the presidential address this week, I think people need to consider that they could go somewhere and have a hard time getting back. Or have to quickly alter their plans depending on as the situation changes, guidance or restrictions that are put in place either here in the United States or in the country that they are traveling to. I think these are hard questions, and we know it's disappointing for many people to have to alter their travel, but I think we need to really be thoughtful about where we're

traveling, and also who's going. That's one last point I would make is that, especially if you are in a high risk group traveling with grandparents, or folks that have underlying health conditions. We really need to think twice about traveling, about cruising. About those activities where the complications and risks could be could be much greater.

Brent McDonald:

Thank you. Sorry, go ahead Dr. Talbot.

Dr. Tom Talbot:

That's right. Maybe not all three of us have been asked this question a ton in the last week. I'll tell you, my wife's an infectious disease physician and a flu researcher and the guidance that she gets to is that, what she says people with kids is, depending on where you're going if you were to get sick, is there someone that can watch your children while you're there? Is there healthcare that you trust that's there? If you need to get back, how can you get back? Again, this was before the Europe statements. Will you be able to get back safely?

I think it's a very individual decision. I think Mary-Margaret's point too about who you're traveling with, and those that are more at risk. I would not want to take my kids right now on a trip with grandma and grandpa. Just because I worry about grandma and grandpa right now. That's where we are. I think it's a personal decision. I've had a lot of friends after I advise them those words, they think about it and cancel their nice trips. Part of me feels guilty, but I realize, after we get all through this, we're all deserving of a big trip somewhere, but we'll figure that out.

Brent McDonald:

Thank you. Dr. Fill, if you're still with us, thank you so much for your contributions today and give the governor our regards.

Dr. Mary-Margaret Fill:

Thank you for your time.

Dr. Lori Rolando:

Thanks Mary-Margaret. Tom don't feel guilty. I will just throw out my own anecdotal bit of information. I was scheduled to go on a trip out of the country next week to a country that currently at least doesn't have a level three travel advisory, and that has been nixed. There's just in my mind if it's not essential, I would err on the side of caution and not take the risk.

Brent McDonald:

Thank you. Our next question is kind of a two-part question. The first piece of it is just dealing with the anxiety around this. We know there's a lot of misinformation. We're doing this today to try to help with some of that. Anxiety is real, and people internalize the uncertainty about this in many different ways. One of the questions is, are there resources for people that could help them navigate their anxiety around this issue? In their community, or there are other resources we might be able to point people to?

Then the second part of this question is that there is specific anxiety around... We know there's anxiety around toilet paper, but I would add that that similar anxiety seems to be mounting around our access to healthcare services. We heard earlier that we cannot manage through a surge if everybody comes at

one time. But what can we be doing to communicate to the employer community around one, if their team members are really dealing with anxiety around this, where we could point them. Two, if their specific anxiety around care access should it be needed, what can we do to alleviate that? That's my question. I think we've lost the Department of Health so Vanderbilt you're up.

Dr. Tom Talbot:

I can start. To the anxiety point, I think one thing that you're seeing, and I now wake up every morning and check Twitter and it actually is-

Dr. Lori Rolando:

Oh gosh, please don't.

Dr. Tom Talbot:

I actually wake up and it fills me with dread. I think part of it is we can be so inundated with information and a lot of it is misleading or false. I would even recommend if you're anxious about this get off Facebook and Twitter. Just disconnect from that, and find a few sources that you trust. I think the CDC has a really good website about information and facts. The Health Department. Don't get caught into the swirl of so-and-so who reported this live report from X, and it's going to cause Y and Z. I think we're seeing there's a beauty of being able to connect with each other in some ways that way, but there's also, it can be very psychologically harmful. I would just say find the few sources you trust and only go there and don't incessantly check Twitter and follow threads and Facebook, and whatever the kids use these days for media. Just really try and... Maybe we can see all this canceling of stuff in distancing as a way to distance us from that too would be my point.

Dr. Lori Rolando:

You stole my answer. I was going to say one of the most important things is to get your information from reputable and knowledgeable sources, not the internet. Because it just will inundate you and cause even more anxiety. I think also that goes back, I'll refer back to a point I made earlier about ensuring that folks are getting regular communication from leadership about what is going on, what the situation is, what you're doing to address it and getting that information. Pulling in information from those reputable sites like the CDC, the WHO, the Health Department, that sort of thing. A lot of employees don't know where to get their information in the absence of getting their information from their employer, will go to places like Twitter and Facebook. If they know that they can count on regular evidence-based information from you, then I think that will help keep them from seeking that information from those less than reliable sources.

Brent McDonald:

Well, I think the follow-up to that is, where do they get that information and what's the source of truth for them? One thing that I will offer is, if you're on this call, you've obviously been receiving messages from us. We will continue to commit to release information out to the community, the employer community via this forum. We will also provide information from Dr. Fill and CDC as we continue to pull some of that information together. We can be a source for you as you look to try to get that information. We are getting a little bit short on time. I'm going to ask one more question it's going to be two questions for you, really.

One is, in the event that one of our employers does have an employee who has tested positive, are there resources that the employers can contact in order to advise on how to deep clean the workspace,

or do any cleaning that might be necessary? That's part one. Part two is, what is a safe period of time for an individual who has been ill that they can then return to work? I'm going to assume that their care provider will provide that information, but it's also helpful in this forum just to talk about that briefly. Two questions. One is, if someone is sick at the workplace, where can the employer reach out to get guidance on workplace cleaning and disinfecting? Two, if somebody has been sick, how long do they need to be symptom-free before they return to work?

Dr. Lori Rolando:

I think question number two, and Tom please chime in, but I think that's a question that we've been getting a lot. The answer is, there's not a set time period that's universal for everyone. Because each person's clinical course is going to be different and the CDC just says they need to be afebrile, they need to have symptomatically improved quote unquote, and then they have to have two negative tests 24 hours apart. There's not a one size fits all answer to that. I think to your point at the beginning that their clinician will guide that is the right answer.

Now for folks who are just exposed but aren't ill, it's 14 days from the point of exposure. That we've got a good definitive recommendation on. If they need to be home it's for 14 days. But for people who are ill it varies person to person. For question one I'm not... The only resource that I'm really aware of is I know the CDC on their website has information about cleaning, and what to do for those areas, but I'm not aware of, I don't know Tom if you have any other thoughts on that at all.

Dr. Tom Talbot:

I think the big thing is to remember that many of our common disinfectants and cleaners are effective against the coronavirus. You'll see things on the news people in hazmat suits spraying down everything. Really it's the good cleaning you're supposed to be doing all the time with good disinfectant. Just make sure that we do it. A lot of times, particularly in places with high turnover, it gets harder to ensure that those surfaces are clean. That's I think a big piece. You don't need to vaporize the location. Just really clean it with a good disinfectant. I think on the CDC site there's a good site of just what disinfectants are effective too. They're most of the ones you think about.

Brent McDonald:

Okay thank you. I've got a follow-up question that came through. I think this may end up being an individual employer policy issue, but I'll throw it out there if there are any thoughts on this. That is... This is a follow-up to the travel question before. That is, if the employer is to encourage and does encourage employees not to travel but they still decide to do that, what does the employer do upon their return? I guess if they need to be quarantined, is that a paid period of time is an additional piece to that. I don't know if we have the right folks on the phone to answer that specific question, I'll throw it out there nonetheless.

Dr. Lori Rolando:

Whether or not they need to be home in quarantine depends on where they went. But as to how that's handled from an HR perspective, I think because you mentioned, I think that would be an individual employer decision as to whether it would be paid or additional use of their PTO, etcetera.

Brent McDonald:

Okay. We are still receiving questions but we're not going to be able to get through them all. I think as we wrap up, I'd like to just cover a couple of points with you. We will continue to collect those

questions. Please send us additional questions as you would like. We will capture those, and do our very best to get that back out to the community. First of all, I want to thank everybody who participated in today's call. We're going to try to honor the one o'clock stop time. We appreciate everybody who dialed in from the employer community, and we appreciate our speakers. We will do a couple things in follow-up to this. One is, we will document the conversations, we will document the answers and we'll send that out. We'll also provide a link to the recording of this session, if you want to share that with anybody. We will get the information that was discussed from the Department of Health and distribute that in our next meeting, our next excuse me communication.

To that end, we are sending out communications from employer solutions at Vanderbilt, once or twice a week right now. If you're not getting them and you would like to get them, please email us your contact information we will add you to the list. You may want to check your spam file because we do know that sometimes they've been blocked coming through. Please check that and make sure. That address one more time is employersolutions@vumc.org. Submit any remaining questions you might have as well as if you would like to make sure that you're added to our communications going forward. Again, thank you everybody for your participation. I want to thank the speakers. The SmileDirectClub was willing to host us on site, as I mentioned before. But we thought it would be better to go with a virtual. Thank you very much. Please look for more follow-up information from us soon. Have a good day.