

On U.S. front lines of COVID-19 care—a time for clear thinking

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One of the first laboratory confirmed cases of coronavirus disease (COVID-19) in the U.S. was in Illinois, a woman who had recently traveled to Wuhan, China. Her husband was later diagnosed with the disease—officially dubbed COVID-19 by the World Health Organization this week. The couple represented the first human-to-human transmission in the U.S.

Lynwood Jones, MD, chairs the infectious diseases department at Amita Health St. Alexius Medical Center in Hoffman Estate, Illinois, which cared for the two patients who are now at home in isolation under guidance of the Centers for Disease Control and Prevention (CDC) and the Illinois Department of Public Health.

Dr. Jones recently spoke with the AMA and offered a firsthand account of how his organization cared for these two patients with COVID-19 and protected their physicians and health professionals.

“I don’t think anybody has been prepared for this. One of the big issues is everybody is afraid,” said Dr. Jones. “People are afraid of the coronavirus, but they’re not afraid of the flu and everybody has said that over the past few weeks.”

The AMA encourages physicians to stay up to date on this evolving situation and has provided COVID-19 resources for doctors, other health professionals and the public. As more information is made available about COVID-19, the AMA will update the public, physicians and other health professionals.

Determine next step for patients

The typical physician practice or medical office is not equipped with airborne isolation rooms or N95 respirator masks. However, they can be equipped with surgical masks. When a patient presents with coughing or a runny nose, “the best thing to do is put a mask on the patient, get them out of the

waiting room and attend to them as quickly as possible,” said Dr. Jones.

“Since it is cold and flu season, the first thing you’re asking patients is travel history with themselves and travel history with their relatives,” he said. “Most people don’t have a [relevant] travel history and you treat them like any other respiratory illness until you get more information.”

If there are travel issues, the CDC recommends physicians contact their health care facility’s infection control department as well as state and local health department rather than sending the patient directly to the emergency department.

Follow protection protocols

Physicians and other health professionals caring for a patient with COVID-19 must take proactive measures in protecting their own health too.

Amita Health followed the CDC’s guidance by placing the patients in airborne and contact isolation. The team also wore face shields and goggles to further protect themselves.

Read about the eight ways to protect doctors caring for patients with COVID-19.

“We actually had a CDC team come to our hospital as well as the Illinois Department of Public Health and Cook County, so we were taking a lot of the lead from them,” said Dr. Jones. “This is a worldwide issue, but we’ve been through the worldwide issue with Ebola and SARS [severe acute respiratory syndrome].”

The CDC has provided updated infection prevention and control guidance specific to COVID-19 to help educate physicians and other health professionals. This guidance will be updated as more information becomes available and as response needs change in the U.S.

Drain on medical team

“The first advice I would give for physicians is when they have a patient come in and they suspect an infectious disease, take their own pulse first and not to panic,” said Dr. Jones. “You actually rely on your training, whether the person has coronavirus, tuberculosis or measles.”

While the hospital does run despite everything, there is still a drain on the medical team. The biggest question was trying to rule out possible contacts, which left many people afraid.

“In the hospital I would see people who were double-masked or people who had N95s walking around,” he said, adding that “the biggest issue is to try to dampen down your own fears and then try to think logically.”

“Many of our employees had to be furloughed, but I’m happy to say that none of those [health care workers] turned positive,” said Dr. Jones.

Why preparation is key

“It is similar to the way we were prepared for Ebola. We only had a few cases and those were all from the outside except for two nurses, but the whole world geared up for Ebola,” said Dr. Jones, adding that organizations should have a plan in the event that a patient presents with COVID-19. And once a plan is in place, run through what to do.

“Everybody says, ‘Well, it’s never going to happen to me.’ But that’s what they said in Dallas several years ago,” said Dr. Jones, referring to the first patient to be diagnosed with Ebola in 2014. The patient, Thomas Eric Duncan, died and two nurses who cared for him became infected.

“The biggest issue is to have a plan,” Dr. Jones said.