

Katie Johnson: Good morning and welcome to Apple a Day, Lake Region Healthcare's Health and Wellness Podcast, where we feature news and information you can use to live a healthier life. I am Katie Johnson, your host, and my guest today is Sarah Brunn. She's our Infection Prevention Coordinator, and you've heard her on the program before. She's an excellent resource for any and all things infection prevention related, but especially a great resource now during COVID-19. Thanks for joining me, Sarah.

Sarah Brunn: Thanks for having me, Katie.

Katie Johnson: We decided that for this month's show, it would be a timely to do just kind of a COVID Q and A. We hear lots of questions that are kind of the same questions over and over and we'd like to use this forum to just kind of bring those forward and provide some good, consistent information to our listeners and to our audience. So you and I kind of collaborated, made a list of the things we think we're hearing most often.

Sarah Brunn: Mm-hmm (affirmative).

Katie Johnson: And I definitely agree with this one you contributed. "Do I have to wear a face mask when I'm out in public and why?" Well, we just joined Greater Fergus Falls and the City of Fergus Falls in Otter Tail County Public Health in this mask campaign. So I think it is really timely to address the face mask question, because you do see so many people that aren't wearing them.

Sarah Brunn: Right.

Katie Johnson: So is it really necessary?

Sarah Brunn: Yeah. So in Minnesota and North Dakota, there aren't any laws that say that you have to wear a face mask while you're out in public. But it is a recommendation from the CDC and from Minnesota Department of Health and from our local public health agency. And the reason that it's a recommendation is that wearing a mask in public can significantly cut down on potential exposure for other people. So when you have COVID-19, you might be able to spread it for a couple of days prior to having symptoms, and actually some people are infected with the virus and don't have symptoms at all but can still transmit it to other people. And so wearing a face mask while you're out in public decreases the risk to all the people that you come in contact with.

So if you're wearing a mask, you're actually protecting all of the people that come in contact with you, and you don't want to spread that virus to somebody who's vulnerable. We don't know just by looking at somebody in the store if they have a health condition that might make them especially vulnerable to COVID-19. So we're really encouraging people to wear masks when they're out in public or when they're in situations where they're with people that are not members of their household.

Katie Johnson: And I think it's important to remind people too that it doesn't replace the need for social distancing.

Sarah Brunn: Right.

Katie Johnson: And that it is about protecting others, not about protecting yourself is the reason that we wear them.

Sarah Brunn: Right, absolutely.

Katie Johnson: Another question that I've heard is, "What's the big deal with getting my hair cut? Why are hair salons you kind of on this last round or later round? If I can go to the grocery store, why in the world can't I get my haircut?"

Sarah Brunn: So the challenge with getting your hair cut is that you're in really close proximity with somebody for an extended period of time. So you think about how close your barber, how close your stylist is to you when they're cutting your hair or doing your eyelashes or your nails, they're really close to you for a long period of time. And so even with masking, we're eliminating that social distancing component and the closer you are to somebody, even if you're masked, the higher your risk. So that's why it has been this slow process to get back to opening our hair salons, our barbershops, those places where you are in really close proximity to other people. So that's the biggest piece. So I would say, if you are getting your haircut, I know I have an appointment in the next couple of weeks to get my hair cut. I'm really excited to get it done.

Katie Johnson: Me too, thank goodness.

Sarah Brunn: But my salon is requiring all of their patrons to wear a mask and they will be masking and wearing PPE themselves, and that is one of those things that's really important. Also, most salons are really spacing out between stations, so that there's that greater distance. And the initial order from the Governor is that they only operate at 25% capacity. And that, again, is just to enforce that social distancing and make sure that you're as safe as you can be in the situation.

Katie Johnson: Right. And kind of the same goes for bars and restaurants too and the reason that they're in that slower ramping up of restarting. And as much as we all want the haircut and want to go out and have that nice meal and support these people who have really been hurt, their livelihoods have been hurt, there is a reason for it. And it's good to hear that.

Sarah Brunn: Right, absolutely. And in restaurants and bars, it gets ramped up even a little bit more because you can't wear a mask. You can't wear a mask while you're eating a meal or drinking a beverage, and so potentially if you are in close proximity, especially indoors where there's poor ventilation, there's higher risk to you. I'm really grateful for the City of Fergus Falls for doing picnic tables for so many of the restaurants, basically anybody who asked for them, they're providing them.

So restaurants will be able to open in accordance with the rules and just be able to have social distancing and more ventilation because they're outside.

Katie Johnson: Right, yeah. That is fantastic.

Sarah Brunn: Mm-hmm (affirmative).

Katie Johnson: A lot of other questions are surrounding testing. Can I get tested for COVID and or can I get the antibody test? Do you want to talk a little bit about those?

Sarah Brunn: Right, absolutely. So the rules have changed really dramatically in terms of who can be tested for COVID-19, and basically, at Lake Region, we are testing anybody, even if you have just some of the minor symptoms. So the same processes we've had in place before, if you're concerned that you might have COVID-19 because of symptoms, even if it's you just have a runny nose and a sore throat, you can call and talk to one of our COVID nurses, and that would qualify you for a test. We also are testing some asymptomatic individuals. The number one asymptomatic person we would test is if you're in a household with somebody else who's been diagnosed with COVID-19, just so you know how long you need to isolate for.

Katie Johnson: Sure.

Sarah Brunn: So that's basically why. So if you test positive, then you have 10 days of isolation from that positive test where if you wait. And you still need to wait. If you've had exposure and you end up with a negative test, you still need to wait in quarantine for that period of time. But it just helps cut down on some of that for some people.

Katie Johnson: Sure.

Sarah Brunn: And for the antibody testing, basically the same thing, although for antibody testing, you need to call and talk to your provider. They're not ordering those through the COVID nurse line. So we would say there are some requirements. You either needed to have an exposure to somebody else with COVID-19 more than a couple of weeks ago, or you needed to have a febrile or upper respiratory infection early in the year.

Katie Johnson: Okay.

Sarah Brunn: So a previous infection since January, and your provider can order that test for you.

Katie Johnson: And the difference between those two tests again?

Sarah Brunn: So the difference, the antigen test or the PCR test, you maybe have heard it called those types of things, that's actually testing for the virus that might be

currently in your throat or in your nose and that's a test for an active infection with that virus that causes COVID-19. The antibody test only tells us if you've had a previous infection and you developed antibodies to it. So some people who've had a previous infection don't develop antibodies. They maybe are immunocompromised, their immune system doesn't work the same way. Also, there's a lot of different antibody tests on the market. We're pretty confident that the one that we're using is a good one, but there's different antibody tests that might cross react to other coronaviruses. So I would recommend that you talked to your provider when you decide whether or not you want to have that test done, because it doesn't necessarily provide us with a ton of information.

Katie Johnson: Right.

Sarah Brunn: But it might be reassuring to you if you had an upper respiratory infection at some point and really thought you might've had the COVID-19 virus that you could have that antibody test to tell you whether you did or didn't.

Katie Johnson: Sure, sure. That's good. So, for people who have had a test, sometimes we hear there's some confusion about where the test is sent and why they're sent to different places. Maybe one went to the Department of Health and one went to Mayo where we have our private screening done. Can you explain why that might happen?

Sarah Brunn: Right. So the Minnesota Department of Health has given us guidelines for where our tests should go, basically. So if you're an individual who lives or works in what we call a congregate living setting, so that would be an assisted living facility, a nursing home, a jail, a homeless shelter, those types of places, any place where we're a large group of people live together, those tests go to Minnesota Department of Health. And then also, if you receive dialysis or you work in a dialysis center, those tests go to Minnesota Department of Health. The thing that we all appreciate about that is that they don't charge anything for those tests, so that's beneficial, but there is really only a small number of tests that we can send that direction.

Katie Johnson: Sure.

Sarah Brunn: The remainder of the Lake Region tests go to Mayo and then at Prairie Ridge they utilize a reference lab called Quest. So there's a lot of different labs that we could potentially send to, but the remainder of all of our tests then would go to a reference lab.

Katie Johnson: Is the turnaround time similar?

Sarah Brunn: It is really similar. We've had really pretty outstanding turnaround time. Right now with everything that's occurring that you have heard about in the media with rioting in the Twin Cities, the Department of health lab had been shut

down for a few days, but they're back up and running and we received some results this morning.

Katie Johnson: Great.

Sarah Brunn: So the turnaround is generally 48 to 72 hours, sometimes a little quicker than that, depending on the situation.

Katie Johnson: Another thing we hear asked about testing is, "How many tests have you done?" Is it a few? Is it a lot? Do you have some numbers you could share?

Sarah Brunn: Yeah. At Lake Region we've done over 1100 tests. So I think that's a pretty decent number, especially since opening up our testing criteria, have tested a large number of people. At Prairie Ridge, they've run over 100 tests there, and honestly, part of that is just the community size.

Katie Johnson: Right.

Sarah Brunn: So a smaller community plus just more places, people in that area, could potentially go to seek care.

Katie Johnson: Sure.

Sarah Brunn: But I think it's pretty good that we've done 1200 tests in our smallish communities.

Katie Johnson: Yeah, absolutely, and we should mention that's as of June 1st, the recording date of this session. So that will change daily and go up daily. How many patients you have in the hospital right now with COVID-19? We hear this question all the time, especially people who are thinking about coming into the facility for some of their, maybe, routine medical work there. They're wondering, do you have COVID patients in the hospital? Do you have a whole bunch of COVID patients in the hospital? What's your response to that question?

Sarah Brunn: Right. So I think that's a reasonable question and it can feel scary to have patients with this diagnosis in the hospital. Honestly, we don't share any information about our patients that are currently hospitalized. We have hospitalized COVID-19 patients previously, and we have very, very strong safety measures that are put in place to make sure that all of our patients and staff remain safe, even when we have patients in the hospital that have this diagnosis. So we have modified our rooms in our different nursing units, including the ICU, to make sure that we can have negative pressure in those locations to ensure that our other patients stay safe. So the air from those rooms vent right to the outside and go through a filter before they go outside, so it really creates a safe environment, both inside and outside of the facility.

And then we have worked with our local manufacturers to make sure that we have enough personal protective equipment so that we, as healthcare providers, aren't spreading germs on our clothing to other patients. So even if you're taking care of somebody with COVID-19, you're wearing the appropriate items to keep both yourself safe and also to keep other patients safe. So, although I can't share the information specifically, I can assure you that you would be safe if you were in the hospital here.

Katie Johnson: Right. And I think when you think about all of the screening that we do for anyone to come into this facility, whereas all those asymptomatic people that might be wandering around at the other places that you're going, it makes me think it's probably safer here even if we do have some COVID patients at the time.

Sarah Brunn: Mm-hmm (affirmative).

Katie Johnson: Another question about hospitalized patients is, "Do you still expect a surge of those patients to happen? What's the latest on that?"

Sarah Brunn: Right, so that's a good question and one that is really difficult to answer.

Katie Johnson: Mm-hmm (affirmative).

Sarah Brunn: I will say that all of our predictions or models are really fluid in nature, meaning that you have to take the information that you have at the moment and the information that has occurred previously and put that all together by people that are much smarter than I am to come up with these models of predictions for when we might see a surge. Our current modeling predicts arise in cases at the end of June with a peak from late July to early September, and then tapering off again in the Fall. And, again, there's lots of thoughts about, could it potentially get worse again during influenza type season? And those are all great questions.

Katie Johnson: Mm-hmm (affirmative).

Sarah Brunn: And we look at the models, but I would say we're not putting all of our faith in modeling. We are doing what we can to stay prepared and to stay focused on safety, and that is really what our focus is as opposed to looking at when we might potentially get crazy busy.

Katie Johnson: Right. Right. I think it's safe and fair to say that we have a solid plan if and when that that does happen.

Sarah Brunn: Mm-hmm (affirmative).

Katie Johnson: But it's anybody's guess as to if or when it will happen.

Sarah Brunn: Yeah, absolutely.

Katie Johnson: A little bit more on whether or not it's safe to come and see your doctor in our facilities, whether that's for routine lab tests, getting your Well Child Checks back on course. Talk about your thoughts on how safe it is to come into not just this facility but all of our facilities and whether or not it is safe to do so and when.

Sarah Brunn: Mm-hmm (affirmative). I would say it's safe to do so now. You've noticed we've opened up a lot of our services again. So we're back to seeing patients for physicals, if it's appropriate and definitely for vaccinations for Well Child visits, those types of things. I think early on in the process before we knew really how the virus acted and before we had lots of safety measures in place, we had discouraged people for coming in for those types of things but now we have a lot of safety measures in place. So you'll notice when you call to make an appointment, they'll ask you some questions about your symptoms. When they call to do appointment reminders, they again ask you those same questions. And then when you get to the door, you're screened again by nursing staff who will check your temperature and ask you about your symptoms.

And we do that to make sure that patients who are potentially infectious can be seen in the most appropriate location. So those patients that would have a positive screen, we will definitely still see you in our organization, but we will do it in a location that's the safest for everybody in the organization. So it helps keep our employees safe, it'll help keep our patients safe.

Katie Johnson: Mm-hmm (affirmative).

Sarah Brunn: You'll also notice in our waiting rooms that the chairs have been turned around. So you can only sit in a certain chairs and we do that to really help enforce social distancing in our waiting rooms. If you were symptomatic, we wouldn't put you in a waiting room. We would take you right into a room so you can be comfortable that when you're sitting in the waiting room, you're not sitting with somebody who has the symptoms that are consistent with COVID-19. And also, we do universal masking. So we provide a face mask to everybody who comes into our building. If you're over two years old, you get a mask. And we do that to help contain any of your secretions. And you'll notice that all of our staff members are also wearing those masks, and our clinical staff are wearing eye protection as well.

So we're doing everything that we can possibly do in terms of barriers to make sure that people stay as safe as possible. And then we've bumped up our housekeeping type activities with enhanced cleaning, just to make sure that our rooms are clean for you and that you're as safe as you can be.

Katie Johnson: One of the arguments that I've heard, especially when it comes to adhering or maybe complying with the social distancing or the masking or the general

precautions, are that almost all the cases that are happening in Minnesota are in nursing homes anyway. How much truth is there to that?

Sarah Brunn: Right. So I wouldn't say that the majority of cases are happening in nursing homes. We have really broad community spread, meaning that we have cases in every single age group and in all different types of living situations. I would say that our nursing home and longterm care type residents are at highest risk for significant illness if they were to be infected. And so, I mean, that's really evident when you look at the numbers of deaths in Minnesota. Almost 82% of the deaths in Minnesota are in those in longterm care facilities or assisted living facilities. But I think what's most important to remember is that we need to protect that population really fiercely.

Katie Johnson: Mm-hmm (affirmative).

Sarah Brunn: Because they are so vulnerable, this virus spreads pretty easily, and so if you're a caregiver in a nursing home or you are delivering something there, all those types of things, and you are infected, the likelihood that someone could die from an infection if you were to pass it onto them is higher.

Katie Johnson: Right.

Sarah Brunn: So really it's not that young people can't get the infection. Everybody can get it and everybody can spread it. You're just more likely to die if you're older.

Katie Johnson: Right, that's good information. Finally, another common question is about events. "I have some big event planned." It's a wedding, it's a family reunion, a grad party, whatever it might be, almost everything seems to have been canceled as far as big events. "All of our festivals and fairs and those kinds of things have been canceled, but what do I do for my family event?" What's your best advice to people in that situation?

Sarah Brunn: Oh, this is such a hard question. And honestly, I have the same situation. I have a close family member who's getting married late in the summer and they have yet to decide exactly what's going to happen. They're kind of doing the wait and see at this point, as I think probably most people are. Honestly, a lot of people I know as well have chosen to just alter their plans somewhat. So whether they've made the choice to have it just be an immediate family type event and then plan a big party later on, that's probably what I've seen most frequently is to just do something small in the immediate and then choose to do something large later. And that would probably be my best advice.

We're still discouraging large gatherings of people and trying to ensure that we're really promoting social distancing as much as we can while we're still in this place of pretty significant community spread in Minnesota. And until we can start to see those cases really declining, new cases declining, I would say that's your best bet.



Katie Johnson: Mm-hmm (affirmative). Yeah. And I think about the current guidelines for businesses are probably good guidelines for us as individuals too. If you can do something where you can maintain distance and you can wear a mask, you can maybe think of the 25% capacity kind of rule being outdoors, all of those things are good things for us to take into account too.

Sarah Brunn: Yeah, absolutely.

Katie Johnson: Well, that brings us to the end of our list that we had compiled but there's probably just some more. I think we touched on a lot of it, but just some more basic information we should wrap up with one. Just to your average listener out there, what are the things that I should be really thinking about if I want to do what's best for me, for my family, and for my community?

Sarah Brunn: Mm-hmm (affirmative). Yeah. So I would just continue to encourage you to do those basic health practices. So things like washing your hands frequently, we continue to really encourage you to wear masks when you're out in public. That is just a great way to protect other people. So when we think about the safety of our community, that's probably the best thing you can do for the safety of your community is to start thinking about those things. Make sure you have your mask on, make sure your kids have their masks on. Right now, my kids are playing with other kids in a socially distanced type way, but they're masking when they're out with their friends, and it might seem silly and they may be embarrassed the first day, but it's really interesting how quickly they just get accustomed to wearing the mask and it's not a big deal.

So those would be the primary things. And then obviously, if you're sick, please, please stay home. And it's really so easy to get tested now at this point that we would encourage you if you have any of those symptoms that you call in and get a test set up. We're able to easily identify people's contacts if they're tested and it's harder to identify contacts if you just blow it off and you choose to not get tested. So definitely come in and get tested if you have symptoms.

Katie Johnson: Right. Great advice. Great information, Sarah Brunn, thank you so much for all that you've been doing for us and for our community throughout COVID-19 and for taking time to be on the show with me today.

Sarah Brunn: Thanks, Katie.

Katie Johnson: Sarah Brunn, Infection Prevention Coordinator at Lake Region Healthcare, my guest today for a COVID Q and A. And Katie and Sarah remind you that there is so much to do here. Stay healthy for it. Have a great day.