We’ve all learned this new term “social distancing” and understand that we’re supposed to increase distance from one another. What is that safe distance and why is this so important in preventing the spread of COVID-19?

Social distancing – putting 6 feet between you and any other person – is key to becoming infected. That’s the distance droplets from a sneeze or cough can travel. And, at that distance, you’re not likely to come in contact physically, either.

For those identified as “high risk” by the CDC, what extra precautions should they be taking now that we have confirmed cases of community spread COVID-19?

First off, community spread means that you are sick, and you gave what you had to me. I may or may not know where I was exposed. It’s usually about 5-7 days from exposure before someone experiences symptoms – then you start getting the sniffles, have muscle aches and dry cough. So those who are at high-risk need to be aware of this and the rest of us need to be responsible so we don’t spread this.

During one of the press conferences, you mentioned that only acetaminophen was safe to use if you have COVID-19 – and to avoid other over-the-counter pain medications containing aspirin such as ibuprofen, naproxen, and aspirin itself. Are there other alternatives should someone not be able to take acetaminophen because of an allergy?

Normally when we get a viral infection and we have the muscle aches and fever and pains ad joint aches that come with that, we’ve always said Tylenol or Motrin. There’s also Aleve and regular aspirin. So, there are those four NSAIDS (nonsteroidal anti-inflammatory drugs). Of those, Motrin and Advil, which are ibuprofen, Aleve, which is naproxen, and aspirin are off limits right now if you have COVID-19. These are not metabolized well by the kidney to start with and when you are ill and you are not drinking as many fluids that even makes it harder. There’s also something in there that seems to be affecting cytokines and the process that helps regulate the immune system’s response. So, that only leaves Tylenol (acetaminophen), which is a pain reliever and will reduce fever. If you are allergic to Tylenol, that really doesn’t give you much to take. The best thing would be to use cold compress on your forehead or take a tepid (room temperature) bath or shower if you are running fever. Unfortunately, it’s just going to be truly miserable.

What are the best over-the-counter medications to take if you have COVID-19?

If you have just minor, typical symptoms, Delsym is a good one but any of the cough suppressants for the cough and sore throat. For the runny nose, congestion, Sudafed works well; however, you have to get it from the pharmacist for the one that contains a decongestant. Vicks vapor rub on the chest – do not put in your nose – works well, too. And stay home regardless if you get tested or not.
Many of our employees are now working remotely – and at the same time, their children are learning from home or they may be the caregiver for another family member. What are some ways to balance work and home life now that they are so closely connected?

That is difficult; we’re used to having separate parts of our days. When we are working from home, it’s sometimes hard for children to compartmentalize. They are used to home meaning their time with you. Try setting some boundaries, such as an identified place for “work.” Set a timer for every 45-50 minutes or so; work during that time, and then take a break and give them some undivided attention.

What cleaning products should I use at home to protect my family against COVID-19?

Any average over the counter cleaner and disinfecting solution such as Lysol or Pine Sol will work. Bleach is another option. Check the label for wording such as “kills flu or viruses.” Make sure you regularly clean high-touch areas such as counters, door knobs, keyboards and electronics including your phone and iPad.

What about homemade masks? Are they useful?

It’s been encouraging to see so many from the community wanting to help. We have to be cautious, however, in wearing PPE that will keep our health care providers and others safe. Those are not CDC or any kind of accredited body certified masks; however, they may help prolong the life of a surgical masks by wearing them over the mask as a cover. For the general public, they are fine to wear as a protective layer; just know they are not equal to or just as good as a surgical mask.

What are the CDC parameters with pregnancy and COVID-19?

There is a slightly higher risk; were not seeing any transfer of COVID-19 between the placenta and mom. Now, if you have an infected mom when the baby is born, then you have to decide if it’s best to separate them or how to protect the infant. The mom should probably wear a mask anytime she’s holding the baby or when she’s breastfeeding. So far, we’re not showing any cross over of the virus into breast milk.

Do we need to get some kind of documentation to show that we are high risk and should work from home a little longer than others?

There is no additional documentation needed at this time. We would like that to continue to be a conversation between you and your direct supervisor, so you can talk through what your needs are as an employee and also the needs of the supervisor.

What are your thoughts on keeping children in day care? Day cares have been deemed “essential.”

The CDC has said children can get infected, but they tend to do very well with the infection; much better than an adult. The idea of keeping daycares open is to try to keep income coming in as best as possible, but it is a two-edged sword. The daycares that aren’t closing are most likely doing more stringent cleaning and frequent cleaning in high touch areas to try to cut down on exposure.

How are we ensuring the safety of our TTUHSC, TTP, and UMC housekeepers? Are they wearing gloves and PPE as well? NOTE: TTUHSC contracts custodial services for the university and TTP; UMC operates separately from the university.

There are no mandates at this time; however, TTUHSC custodial staff and security have been observed wearing gloves and protective masks and eyewear.

Is there an estimate where the US is on the (pandemic) curve right now? How about Texas?

There’s a map that’s been put out by (Johns Hopkins) that shows where things are. That red bubble that you see on the map, the more cases that are present, the bigger the bubble is. A couple of cities in the state of Texas have gone on shut down because they’re trying to slow the spread. If we continue to practice social distancing, we can slow this down.

Is it true that anyone with no symptoms can carry and spread the virus?

Yes. There is about a five-day incubation period where someone who is infected may not show any symptoms but can still be a carrier of the virus. There is also some evidence that once you test positive and recover, you can still carry the virus for up to 1 month, but we’re still not sure if you are infectious that long.
Is COVID-19 really a lot more serious than getting the flu for people who do not have a weak immune system? I hope this won’t be a seasonal virus from now on.
Yes. It may turn out to eventually not be as serious if we build up enough immunity to it, but COVID-19 is a very serious infection.

How many of the 15 infections are actually Lubbock residents? How many out of towners (if any) have come to Lubbock for treatment of COVID-19?
The number of confirmed cases changes daily. The City of Lubbock Health Department provides information on their website for confirmed COVID-19 cases.

Do we have proof that high temperatures in summer will help stop the spread this virus?
We have no idea. We see the typical influenza types diseases tend to wane as the weather warms, and that would be nice, but we shouldn’t count on that. There have been outbreaks in the warmer parts of Mexico and Central America where the temperature is in the 80s and 90s. We will have to wait and see.

There has been a trend these last several days of folks crafting handmade cotton masks. While it’s understood that is not 100% effective, would you recommend wearing one when out in public? Surely something is better than nothing, sick or not, no?
The CDC says there is no need to wear a mask if you do not have symptoms; however, it would not hurt to wear one of these handmade cotton masks. If you do have symptoms, it is advisable to wear some type of protective covering on your face and nose to help prevent spread if you cough or sneeze. Just don’t go and buy the N95 or the surgical masks. Those are needed for health care providers.

Is the shortage enough to warrant your endorsement of as many who can to go and donate blood at this time?
We are always in need of blood. Our level of trauma hasn’t slowed down. (Lubbock) has the only Level 1 trauma center, so all of the traumas from the outlying communities come here. Collection centers are doing their best to ensure that it’s a safe environment. If you are a regular donor, please continue to donate. If you have never donated before, now might be a good time to do so and serve as a good way to give back to your community.

When do you think this is going to peak, nationally and locally?
Right now, we don’t know for sure. It depends on how strict we are about our own practices of social distancing. South Korea has a model that was put into place with very strict distancing and self-isolation. They seemed to have managed the curve very well while other countries such as Italy and possible the UK were not quite as aggressive and are seeing serious consequences from not being able to manage the curve. We can’t predict when this will peak, because we don’t know how serious individuals are taking social distancing.

Can you tell us about Phase IV?
Phase IV is part of our Emergency Remote Working Operational Phases. In this phase, we have all of our workforce off campus except for those in mission-critical roles.

Will this delay the School of Health Professions Dean and TTUHSC President searches?
The School of Health Professions Dean search is about 75% complete. At this time, we plan on interviewing the last candidate and completing the results of that search. The status of the Presidential search would need to come from the TTU System.

Do you have an approximate ETA on when we can go back to campus to work?
Not at this time. Our goal is to monitor the situation in the communities that we serve. We’re going to watch how in those community acquired infections progress and that will help our leadership team in conjunction with the TTU System office make the determination of when it’s safe, to bring you back to campus.

I am severely immune compromised and always wear a surgical mask on my short excursions to treatment. How often can I use my mask before you recommend I replace it. I have limited stock.
If you’re not sick, I’d say one full day. Right now, we’re limiting ours to one full day. You might try wearing a top mask, such as the handmade ones, over your surgical mask to add a second layer as a filter to help make it last longer.
Should we wear masks when we go to grocery stores?
The CDC says right now no. Please leave the surgical masks and N95 masks for health care individuals. Limiting your time out to be as brief as possible is recommended.

I meant, the curve we are working to flatten. Where are we on supplies to treat the sick?
If we don't slow down the spread, we are going to run into a shortage of hospital beds, PPE, ventilators – and possible health care providers. That's why it is so important to slow down the community spread. Supplies are holding out for now, but we have to take this seriously and slow down the spread.

Approximately how many from TTUHSC are affected?
At this time, there are no confirmed cases of COVID-19 related to our university students, faculty or staff.

What precautions are being taken to protect the Managed Care side of TTUHSC?
We have a task force that focuses solely on Managed Care, which is led by Dr. Cindy Jumper and includes individuals such as Bill Rodriguez, Dr. Denise Shields and their teams. They are reporting daily and are very sensitive to the unique needs of the populations in our managed care areas. They are watching this carefully.

Will we learn the identity of the person or persons that have been infected with COVID-19 at the HSC? So, we will know if we have been in contact with these individuals.
When a positive COVID-19 case is identified in a community, the local public health office is responsible for sharing that information with the public, regardless of where the person received the test. TTUHSC is to be notified before any public announcement if a case involves our community, but we defer to the health department to share the information publicly.

How many strains does COVID-19 have?
At least one that we know of: COVID-19.

Will you communicate the Phase IV on/off via other media routes besides email (such as the news, our Tech Alerts, etc.)? If we go into Phase IV tomorrow, then end up being at home, and we don’t have access to internet and our emails, then how will we know that the phase level has changed and when normal operations are back up and running?
We are utilizing social media. Our Town Hall meetings, like this one, is an example of another way, and we can also explore things such as Tech Alert to keep you informed.

What is community spread?
Community spread occurs when someone who is infected comes into contact with someone else and spreads the virus to another person in the community. However, since symptoms don’t typically appear until five to seven days after exposure, many people may not know where they contracted the virus due to community spread.

I am now hearing that a new symptom that has been discovered from current patients is the loss of smell or taste and digestive issues. Do we know if this has a symptom found in any of the Lubbock patients? These have been symptoms that are reported. Perhaps it's because you have a stuffy nose, and you don't smell well. Some people are also presenting with GI disturbances, some nausea and vomiting.

Which Phase are we at right now, 3 or 4? And what does that phase mean for support operations?
Purchasing? Receiving? Travel?
We are now in Phase IV. That means we have essentially closed campus, and everyone not in a mission-critical role is working remotely. The goal is to keep our students, faculty and staff safe and healthy while still maintaining university operations.

If we passed someone in a store who is sick, do we wait until symptoms come up to get checked?
Yes, unless you know that person has been tested and is infected. If you have concerns, call your health care provider.

Is it true that pregnant employees are not considered high risk?
Based on the CDC guidelines, people who are pregnant should be monitored since they are known to be at risk with severe viral illnesses. At this time, however, data on COVID-19 has not shown an increased risk.