

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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Updated COVID-19 Guidance for Healthcare Professionals – April 21, 2020

The surge of patients with suspected and confirmed COVID-19 (infection with the SARS-CoV-2 virus) continues to challenge our healthcare systems and healthcare professionals (HCP) like you. The challenges of this pandemic continue to evolve as some materials needed to perform testing (PPE, swabs, transport media) have become limited even as the test kits/machines become more available. This continues to limit our ability to test broadly.

The health and safety of HCP and patients remain at the forefront of our efforts. As we learn more about COVID-19 and its ability to spread within healthcare facilities, the Connecticut Department of Public Health (DPH) continues to support implementation of guidance from the Centers for Disease Control and Prevention (CDC).

Universal Source Control in Healthcare Facilities

On April 4, DPH recommended that all HCP wear facemasks (i.e. FDA-cleared surgical masks, procedure masks, or filtering facepiece respirators) while in healthcare facilities.¹ Surgical or procedure masks should be reserved for HCP providing direct patient care, and N95 respirators should be primarily reserved for HCP involved in aerosol-generating procedures such as intubation/extubation, provision of oxygen via high-flow nasal cannula, nebulizer treatments, cardiopulmonary resuscitation (CPR), CPAP, BiPAP, open suctioning, and manual ventilation.² HCP not engaged in direct patient care should consider wearing cloth face coverings (or procedure mask if available) to reserve facemasks for HCP who provide direct patient care.

Covering the nose and mouth prevents transmission of SARS-CoV-2 via respiratory droplets, even from someone without symptoms. Thus, in addition to all HCP covering their mouth and nose, **ALL patients, visitors, and staff should wear face coverings at all times while in healthcare facilities, regardless of the presence of symptoms.** If a patient or visitor does not have their own face covering, a face covering (facemask or cloth covering) should be provided upon entry into the facility. A patient's nose and mouth should be covered as tolerated. Hospitalized patients may remove face coverings when alone in a room with a closed door, and should replace them (as tolerated) when leaving the room and before others enter the room. Patients under age 2 do not need to wear a face covering.

Screening at Healthcare Facility Entries

All HCP, patients, and visitors should also be screened for having a mask appropriately covering the mouth and nose upon entry into a healthcare facility, and be reminded to practice physical distancing within the healthcare facility. Everyone should continue to maintain distances of 6 feet apart from others as much as possible at all times; physical barriers offer additional protection.

Many healthcare facilities have limited entry points and implemented visitor restrictions, which protects HCP and patients by limiting the number of person-to-person exposures. For those who must enter healthcare facilities,

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temperature and symptom screening should be done before entry into the facility. HCP and visitors with fever or symptoms consistent with COVID-19 should not enter the facility. Patients with fever and symptoms consistent with COVID-19 should be triaged appropriately and placed under contact and droplet precautions with eye protection immediately (airborne precautions for aerosol-generating procedures).

PPE Preservation Strategies

Beyond the use of masks, use other PPE only when indicated by the patient's condition. Contact precautions should remain in place for patients with *C. difficile* and multidrug-resistant organisms (MDROs). To conserve PPE during this time of shortage, please refer to CDC guidance for Contingency and Crisis Capacity Strategies for PPE.³

COVID-19 PPE Donning/Doffing Procedures

HCP should avoid touching their face or facemask/respirator. Self-contamination can occur with inappropriate doffing (and donning if reusing PPE) techniques. Always perform hand hygiene after removing a facemask/respirator.

When using full PPE recommended for care of patients with suspected or confirmed COVID-19, HCP should adhere to recommended donning and doffing sequences to prevent contamination when using PPE.⁴ For printable donning/doffing checklists, please see reference #4. CDC states that hand hygiene should be performed before donning, if PPE is adjusted, and after doffing.

Working after Exposure to COVID-19

CDC now recognizes that in the context of ongoing community transmission of COVID-19, the benefits of formal contact tracing for exposures in healthcare settings are likely limited.⁵ During periods of widespread community transmission, CDC recommends healthcare facilities consider forgoing contact tracing for exposures in a healthcare setting in favor of universal source control and screening for fever and symptoms of COVID-19 before each shift. Asymptomatic HCP who had an unprotected exposure to COVID-19 can continue to work with a facemask on, avoiding direct care of immunocompromised patients if possible, while monitoring for fever and symptoms for 14 days after the exposure.^{5,6} Testing should only be pursued if symptoms arise until testing resources allow for broader testing.

With ongoing community transmission, HCP are at risk for exposure to COVID-19 both inside and outside healthcare facilities. When HCP become ill with suspected or confirmed COVID-19, it will be difficult to determine whether the exposure was at work or elsewhere. Universal source control and HCP screening before every shift helps limit HCP exposure to COVID-19 from patients and fellow HCP within healthcare facilities. DPH strongly encourages HCP to work in only one healthcare facility during the COVID-19 pandemic.

Shortage of Nasopharyngeal (NP) Swabs and Viral Transport Media/Universal Transport Media (VTM/UTM)

Due to supply chain disruptions and the significant demand for COVID-19 testing, NP swabs and VTM/UTM are in short supply. Many providers are now collecting oropharyngeal (OP) specimens, which are an acceptable alternative to NP specimens for COVID-19 testing.⁷ FDA has listed alternative swab and transport media options.⁸ Most influenza test kits can be used for NP (not OP) specimen collection for COVID-19 testing.

COVID-19 Testing Sensitivity and Specificity

Sensitivity and specificity of the current COVID-19 testing options are difficult to define at this time. Variables such as the specimen source (NP, OP, sputum, etc.), the expertise of the person collecting the specimen and the difficulty obtaining the specimen, the transport media used, and the stage of clinical disease (asymptomatic, pre-symptomatic, symptomatic, convalescing) may make comparisons difficult. In addition, as many of the new tests being offered have been released with emergency approval, the usual FDA examinations of the testing characteristics and reliability have not been performed beyond the laboratory's validation process.

Incomplete prevalence data and information related to the positive and negative predictive value of the tests is also unavailable. If a patient has a clinical picture consistent with COVID-19, a negative test should not rule out the infection.

Serologic/Antibody Tests

The FDA states that it is not aware of any antibody test that can prove a current COVID-19 diagnosis.⁹ Until further studies are conducted, **these tests cannot reliably determine who might have had COVID-19 and who might be immune to COVID-19.** It is important to note that most of the antibody test kits have not been reviewed or approved by the FDA, and negative results do not rule out SARS-CoV-2 infection.

Reporting Requirements for Laboratory-Confirmed COVID-19

CT DPH receives positive test results directly from testing laboratories. In accordance with reportable disease requirements, hospitals and healthcare providers must submit patient information for laboratory-confirmed COVID-19 cases they diagnose. Please report via the online portal here: <https://dphsubmissions.ct.gov/Covid/InitiateCovidReport>. ALL required fields should be completed, including race/ethnicity and occupation. Reporting for patients diagnosed in the hospital are typically completed by the infection control team. Please check with your facility regarding internal protocols for submitting case data to DPH.

Death Reporting

All COVID-19-associated deaths OR deaths in persons with confirmed or possible COVID-19 should be reported to the Office of the Chief Medical Examiner (860-679-3980).¹⁰ CDC recently published guidance for certifying deaths due to COVID-19¹¹ and offered a webinar for healthcare professionals on this topic.¹²

References: Note that COVID-19 websites are updated regularly. This guidance memo supplements the prior CT DPH provider guidance memos issued on March 16,¹³ March 23,¹⁴ and April 4.¹

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12. CDC. COCA https://emergency.cdc.gov/coca/calls/2020/callinfo_041620.asp
13. CT Important Information for Connecticut Physicians, APRNs, PAs, and RNs About COVID-19 – Guidance: <https://portal.ct.gov/-/media/Coronavirus/20200316-DPH-Important-Information-for-Connecticut-Physicians.pdf>
14. CT Guidance on PPE Conservation and Testing Strategies: https://portal.ct.gov/-/media/Coronavirus/20200324-Update_PPE_Testing_Info.pdf