

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Renée D. Coleman-Mitchell, MPH
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

Updated Guidance for COVID-19: PPE Conservation and Testing Strategies

As the COVID-19 pandemic continues to escalate, we are addressing the challenges of ensuring the safety of our healthcare workforce. The health and safety of Connecticut's healthcare personnel is a top priority, as your work is vital to the health of our state's residents. We have heard and understand concerns that you might have about your safety, the health of your household members, and the resources you have to care for patients with COVID-19.

We thank you for your service and your ability to adapt to rapidly changing guidelines, protocols, and procedures. As we learn from the experiences of our colleagues in areas where COVID-19 has swept through, we expect continued changes in strategies for the care of healthcare personnel and their patients.

COVID-19 Testing

Increased utilization of COVID-19 testing has allowed the identification of COVID-19 across our state, which has informed decisions about community mitigation ("Stay Safe, Stay Home"). It is important to remember that COVID-19 testing is a shared resource, and judicious ordering of testing allows for those most in need to receive results in a timely manner.

The Connecticut State Public Health Laboratory (SPHL) conducts COVID-19 testing 7 days a week. SPHL testing is reserved for the following groups of patients, based on recommendations from the Infectious Diseases Society of America.¹

- 1) Hospitalized patients with fever $\geq 100.4^{\circ}\text{F}$ and lower respiratory illness
- 2) Healthcare workers employed in a hospital setting with fever $\geq 100.4^{\circ}\text{F}$ and lower respiratory illness
- 3) Residents of congregate settings with fever $\geq 100.4^{\circ}\text{F}$ and lower respiratory illness

Specimens should be stored at $2-8^{\circ}\text{C}$ and delivered to SPHL (receiving 24/7) with a completed CT SPHL COVID-19 requisition form accompanying each specimen.

- A single nasopharyngeal (NP) swab is recommended by CDC. Correct collection technique is important for minimizing the risk of false negative results.²
- If NP swabs are not available, oropharyngeal (OP) swabs are acceptable (please note on requisition form)
- If viral transport media is unavailable, consider other FDA-approved options: <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2#whatif>
- CT SPHL Requisition Form: <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/laboratory/labhome/lab-forms/2019nCoV-req20final.pdf>

DPH epidemiologists will communicate results to Hospital Infection Prevention contacts as soon as they become available from SPHL. This allows for conservation of PPE once negative results are communicated, and for appropriate



Phone: (860) 509-7995 • Fax: (860) 509-7910
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



containment measures in response to positive results. Clinical laboratories will receive SPHL reports via previously established communication routes. Results for specimens collected outside of hospitals will be communicated to the ordering provider noted on the requisition form.

Personal Protective Equipment (PPE) Stewardship and Conservation

Patient volume will likely increase in the coming days and weeks. Many healthcare facilities have contingency plans for this surge, including alternate spaces for patients with suspected or confirmed COVID-19. Source control is the first step in containment; this includes placing a surgical mask on patients with respiratory symptoms and cohorting these patients apart from others. In addition to PPE, there are many infection prevention measures that should be in place throughout the healthcare facility: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

With shortages in the PPE supply chain, healthcare facilities are implementing strategies to optimize PPE and equipment based on CDC guidance.³ When supplies are critically low, we are challenged with applying different standards of care which may be uncomfortable for many providers. Adhering as much as possible to the basics of infection prevention (source control, minimizing exposures, and hand hygiene) will be vitally important. As patient volume increases and PPE supply decreases, PPE management will be a shared responsibility among all healthcare personnel and healthcare facilities. PPE management includes:

1. Minimizing the need for PPE

- Implement telemedicine or telephone triage whenever possible
- Install physical barriers (e.g. glass or plastic windows) in reception and triage areas
- Restrict the number of staff entering rooms of patients with known or suspected COVID-19
- Bundle care activities to minimize the number of times staff need to enter the room

2. PPE stewardship: Reserving PPE for those providing direct patient care and using PPE appropriately per CDC guidance, which is based on currently available data about COVID-19^{4,5}

- Patients with suspected or confirmed COVID-19 should be evaluated in a private room with the door closed, with as few people as necessary in the room.
- Patients can be managed with droplet and contact precautions, with eye protection. PPE should include: **facemask (procedure or surgical mask) AND gown AND gloves AND eye protection (goggles or face shield).**
- **N95 respirators should be conserved for colleagues who perform aerosol-generating procedures, including intubation, open suction, and administration of nebulizer treatments.** N95 respirators should only be used by healthcare personnel who have been fit tested.
- Airborne infection isolation rooms (AIIRs, also known as negative-pressure rooms) should be used for high-risk aerosol-generating procedures (e.g. intubation, extubation, or bronchoscopy) where droplets from deep in the lungs could be aerosolized or generate very small droplets.
- Collection of NP or OP swabs are not considered aerosol-generating procedures, per CDC.
- PPE can also be conserved by minimizing testing of non-hospitalized patients, whose test results would not change management by self-isolation at home.

3. Shifting PPE supplies for use in care of patients with confirmed or suspected COVID-19.

- CDC recommends postponing all elective ambulatory provider visits, inpatient and outpatient elective surgical and procedural cases, routine dental and eyecare visits, as well as elective and non-urgent admissions.
- PPE from facilities with reduced or no patient interactions can be used in facilities seeing COVID-19 cases.
- DPH is coordinating PPE donations here: <https://portal.ct.gov/Coronavirus/Pages/Request-for-Personal-Protective-Equipment>

To prevent self-contamination during PPE use, please ensure that any staff using PPE are properly trained on donning and doffing (putting on and taking off) the PPE.

Reporting confirmed COVID-19 to CT DPH

COVID-19 is now both laboratory and provider reportable in Connecticut. CT DPH receives positive test results directly from testing laboratories. In accordance with reportable disease requirements, providers must complete a COVID-19 Case Report Form (CRF) for any laboratory-confirmed COVID-19 case. There are two options for completing a CRF:

- Fax fillable PDF: https://portal.ct.gov/-/media/DPH/EEIP/Forms/nCoV_PUI_Form.pdf
- Complete form online: <https://dphsubmissions.ct.gov/Covid/InitiateCovidReport>

Healthcare personnel exposed to patients with COVID-19

CDC has guidance for monitoring and work restrictions for healthcare personnel who had prolonged close contact (within 6 feet) with a COVID-19 patient. Decisions to furlough should take into account the level of exposure and the PPE used during interaction with the patient. Healthcare personnel without direct contact with the patient or their secretions/excretions and no entry into the patient room are considered to have no identifiable risk.⁶

In some instances, healthcare personnel with medium/high-risk exposures may be able to return to work in less than 14 days, with additional restrictions (e.g. temperature/symptom checks, wearing a facemask while at work, and limiting care of high-risk patients). The Healthcare-Associated Infections Program at DPH can assist with these decisions.

Healthcare personnel with COVID-19 signs or symptoms

With community transmission of COVID-19, it is important that healthcare personnel practice social distancing to protect themselves and their patients. When healthcare personnel become ill, it may be difficult to determine if they were exposed at work or elsewhere.

DPH recommends that healthcare personnel monitor their temperature and symptoms daily and not enter a medical facility if ill with respiratory symptoms. Some healthcare facilities may implement temperature and symptom checks before and during work.

Healthcare personnel who are ill should not be permitted to work. If COVID-19 is suspected, healthcare personnel should be evaluated as soon as possible. Healthcare personnel with suspected or confirmed COVID-19 should not work for at least 7 days after symptom onset AND at least 72 hours since resolution of fever without fever-reducing medication AND improvement in respiratory symptoms.⁷

References:

1. IDSA Statement on COVID-19 Testing: <https://www.idsociety.org/globalassets/idsa/public-health/covid-19-idsa-testing-intro.pdf>
2. CDC Guidelines for Clinical Specimens: <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>
3. CDC Strategies to Optimize PPE & Equipment: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
4. CDC Interim Infection Prevention and Control Recommendations: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
5. WHO Infection prevention and control during health care when novel coronavirus infection is suspected: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)
6. CDC Interim Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
7. CDC Return-to-Work Criteria for Healthcare Workers: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>