



Technical Bulletin



Date: March 25, 2020
Topic: Coronavirus Disease 2019 (COVID-19) -REVISED
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To: Health Care Providers -Read Receipt Requested

Background

According to The Centers for Disease Control and Prevention (CDC) an outbreak of respiratory disease caused by a novel coronavirus was first detected in China and has now been detected in almost 70 locations internationally, including in the United States. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19").

Current Situation:

As means of preparation the Division of Public and Behavioral is providing basic guidance for healthcare personnel (HCP) on infection prevention practices for COVID-19. Per guidance from CDC this guidance is based on the currently limited information available about COVID-19 related to disease severity, transmission efficiency, and shedding duration. This cautious approach will be refined and updated as more information becomes available and as response needs change in the United States. Please see the below best practices for hand hygiene, personal protective equipment (PPE), environmental services (EVS), and patient isolation. Information on patient/resident isolation and environmental services have been updated in *italics*. For up to date infection prevention information from CDC click [here](#).

CMS announces new measures to protect nursing home residents from COVID-19

The new measures CMS announced March 13, 2020, which supersede prior CMS guidance, constitute the agency's most aggressive and decisive recommendations with respect to nursing home safety in the face of the spread of COVID-19. They include:

- Restricting all visitors, effective immediately, with exceptions for compassionate care, such as end-of-life situations;
- Restricting all volunteers and nonessential health care personnel and other personnel (i.e. barbers);
- Cancelling all group activities and communal dining; and
- Implementing active screening of residents and health care personnel for fever and respiratory symptoms.

The guidance directs nursing homes to restrict visitation except in certain compassionate cases, like end-of-life. In those cases, visitors will be equipped with personal protective equipment (PPE) like masks, and the visit will be limited to a specific room only.

For full details please go to:

<https://www.cms.gov/newsroom/press-releases/cms-announces-new-measures-protect-nursing-home-residents-covid-19>

Hand Hygiene

- HCP should perform hand hygiene using alcohol-based hand sanitizer (ABHS) before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves.
- Hand hygiene in healthcare settings also can be performed by washing with soap and water for at least 20 seconds.
- If hands are visibly soiled, use soap and water before returning to ABHS.
- Healthcare facilities should ensure that hand hygiene supplies are readily available in every care location.

PPE

CDC issues updated COVID-19 PPE recommendations. The Summary of Changes to the Guidance includes:

- *Updated PPE recommendations for the care of patients with known or suspected COVID-19:*
 - *Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.*
 - *Facemasks protect the wearer from splashes and sprays.*
 - *Respirators, which filter inspired air, offer respiratory protection.*
 - *When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Facilities that do not currently have a respiratory protection program, but care for patients infected with pathogens for which a respirator is recommended, should implement a respiratory protection program.*
 - *Eye protection, gown, and gloves continue to be recommended.*
 - *If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.*
- *Included are considerations for designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients and options for extended use of respirators, facemasks, and eye protection on such units. Updated recommendations regarding need for an airborne infection isolation room (AIIR).*
 - *Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne Infection Isolation Rooms (AIIRs) (See definition of AIIR in appendix) should be reserved for patients undergoing aerosol-generating procedures (See Aerosol-Generating Procedures Section)*
- *Updated information in the background is based on currently available information about COVID-19 and the current situation in the United States, which includes reports of cases of community transmission, infections identified in healthcare personnel (HCP), and shortages of facemasks, N95 filtering facepiece respirators (FFRs) (commonly known as N95 respirators), and gowns.*
 - *Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).*

For full details please go to:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Gloves

- Perform hand hygiene, then put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated.
- Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

Gowns

- Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled.
- Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use.
- Cloth gowns should be laundered after each use.

Respiratory Protection

- Use respiratory protection (i.e., a respirator) that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering facepiece respirator before entry into the patient room or care area.
- Disposable respirators should be removed and discarded after exiting the patient's room or care area and closing the door. Perform hand hygiene after discarding the respirator.
- If reusable respirators (e.g., powered air purifying respirator/PAPR) are used, they must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.
- Respirator use must be in the context of a complete respiratory protection program in accordance with Occupational Safety and Health Administration (OSHA) Respiratory Protection standard ([29 CFR 1910.134external icon](#)).
- Staff should be medically cleared and fit-tested if using respirators with tight-fitting facepieces (e.g., a NIOSH-certified disposable N95) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.

Eye Protection

- Put on eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area.
- Remove eye protection before leaving the patient room or care area. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.

Environmental Infection Control

- Dedicated medical equipment should be used for patient care.
- All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures are appropriate for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions.

- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
- Detailed information on environmental infection control in healthcare settings can be found in CDC's [Guidelines for Environmental Infection Control in Health-Care Facilities](#) and [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#) [section IV.F. Care of the environment].
- *Once the patient has been discharged or transferred, HCP, including environmental services personnel, should refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles (more information on [clearance rates under differing ventilation conditions](#) is available). After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use*

Patient/Resident Isolation

- Isolate the patient with known or suspected COVID-19 in an Airborne Infection Isolation Room (AIIR), if available. If an AIIR is not available, patients who require hospitalization should be transferred as soon as is feasible to a facility where an AIIR is available. If the patient does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially [appropriate](#). Pending transfer or discharge, place a facemask on the patient and isolate him/her in an examination room with the door closed. Ideally, the patient should not be placed in any room where room exhaust is recirculated within the building without HEPA filtration.
- For specific details on how to properly implement patient isolation please refer to the CDC's 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings which can be found at: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>
- *As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients. Dedicated means that HCP are assigned to care only for these patients during their shift.*
- *Determine how staffing needs will be met as the number of patients with known or suspected COVID-19 increases and HCP become ill and are excluded from work.*

Nursing Home specific information:

- *Airborne Infection Isolation Room (AIIR) is Not Available*
- Facilities without an AIIR are not required to transfer the patient assuming: 1) the patient does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19. (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>)
- A nursing home can accept a patient diagnosed with COVID-19 and still under Transmission-based Precautions for COVID-19 as long as it can follow CDC guidance for transmission-based precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released [Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19](#).
- The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the patient does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed

medically and socially [appropriate](#). Pending transfer or discharge, place a facemask on the patient and isolate him/her in a room with the door closed.

Senior Care Centers/Residential Care specific information

- If someone meets the criteria below, it is important to place them in a private room away from others and ask them to wear a face mask. Immediately notify your local health department. They will provide you with guidance. This does not negate the requirement to notify the resident's physician if a resident becomes ill, upon onset of illness, to ensure the resident receives appropriate care, including but not limited to, transferring a resident to a higher level of care.

Staff, visitors, or residents who are:

- Ill with a fever, cough, or difficulty breathing AND have traveled from an affected area in the last 14 days.
- Ill with fever, cough, or difficulty breathing AND have been identified by Public Health as a recent close contact of a confirmed COVID-19 case or had recent close contact with someone who is being evaluated for COVID-19 infection.

Cohorting of patients/residents

Cohorting is the practice of grouping together patients who are colonized or infected with the same organism to confine their care to one area and prevent contact with other patients. Cohorts are created based on clinical diagnosis, microbiologic confirmation when available, epidemiology, and mode of transmission of the infectious agent. It is generally preferred not to place severely immunosuppressed patients in rooms with other patients.

Duration of Isolation Precautions for PUIs and confirmed COVID-19 patients

- Until information is available regarding viral shedding after clinical improvement, discontinuation of isolation precautions should be determined on a case-by-case basis, in conjunction with local, state, and federal health authorities.
- Factors that should be considered include: presence of symptoms related to COVID-19 infection, date symptoms resolved, other conditions that would require specific precautions (e.g., tuberculosis, *Clostridioides difficile*), other laboratory information reflecting clinical status, alternatives to inpatient isolation, such as the possibility of safe recovery at home.
- For additional information refer to the [Interim Considerations for Disposition of Hospitalized Patients with COVID-19](#).

Contact information for Nevada's health authorities is below:

- Nevada Division of Public and Behavioral Health
 - 24-hour phone: (775) 684-5911
 - <http://dpbh.nv.gov/>
- Carson City Health & Human Services
 - Business hours: (775) 887-2190
 - After hours: (775) 887-2190
 - <https://gethealthycarsoncity.org/>
- Southern Nevada Health District
 - 24-hour phone: (702) 759-1300
 - <https://www.southernnevadahealthdistrict.org/>
- Washoe County Health District
 - 24-hour phone: (775) 328-2447

- <https://washoecounty.us/health/>

Nevada's chief medical officer, Dr. Ihsan Azzam, is requesting that all health care providers sign and date this document acknowledging they have read the entire document.

Name of Health Care Facility: _____ License Number: _____

Health Care Facility Representative's Signature: _____ Date: _____

**PLEASE RETURN COMPLETED FORM BY FAXING TO 775-684-1073 or EMAILING TO:
nwasserman@health.nv.gov BY MARCH 31, 2020.**