



# Department of Health

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**DATE:** February 25, 2020

**TO:** Healthcare Facilities, ESRD Facilities, Clinical Laboratories,  
Local Health Departments

**FROM:** NYSDOH Bureau of Healthcare Associated Infections

**Health Advisory:**  
**Update on COVID-19 for Healthcare Facilities: Infection Control,  
Healthcare for Asymptomatic Persons Being Monitored,  
Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting,  
PPE Conservation Strategies, and Laboratory Reporting**

**Please distribute immediately to:**

Infection Preventionists, Hospital Epidemiologists, Occupational/Workforce Health Directors,  
Case Managers/Discharge Planners/Care Coordinators, Nursing Directors, Clinic Managers,  
Nursing Unit Managers, Medical Directors, Administrators, Clinical Laboratory Directors,  
Directors of Environmental Services, Infectious Disease Physicians, Critical Care Medicine  
Nurses and Physicians, Emergency Medicine Nurses and Physicians,  
Emergency Medical Services, and Risk Managers

## **Background**

The New York State Department of Health (NYSDOH) and the Centers for Disease Control and Prevention (CDC) continue to closely monitor the emergence of respiratory illness caused by a novel coronavirus (COVID-19). Health officials in China have reported tens of thousands of infections with person-to-person spread, including reports of transmission to healthcare personnel. To date, there have been 14 confirmed cases of COVID-19 in the United States (plus 39 cases in repatriated persons) with no confirmed cases in New York State.

The purpose of this advisory is to distribute the most up-to-date interim guidance from the CDC for healthcare facility infection prevention and control.

## **Infection Control**

Healthcare facilities in New York State should carefully review the interim infection prevention and control recommendations issued by CDC regarding patients who require or might require further evaluation for COVID-19 (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html> and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-prevention-control-faq.html>), including:

- Minimize the chance for exposure through communication with patients, other healthcare facilities, and emergency medical services (EMS) personnel before patient arrival.
- Ensure triage procedures (e.g. signage, travel questions) are in place at the facility point of entry to detect and isolate patients who might require further evaluation for COVID-19. Immediately offer a facemask to these patients, if tolerated.
- Adhere to Standard, Contact, and Airborne Precautions plus eye protection. Patients being evaluated for COVID-19 should be isolated in an airborne infection isolation room (AIIR), if

available. If an AIIR is not available, isolate the patient in an examination room with a facemask on the patient (if tolerated) and with the door closed until discharge or transfer.

- Keep a log of persons entering and leaving the room of a person under investigation (PUI) or person confirmed to have COVID-19.

### **Healthcare for Asymptomatic Persons Being Monitored for COVID-19**

CDC has provided guidance for healthcare providers seeing afebrile ( $T < 100.0^{\circ} \text{F}$ ) and otherwise asymptomatic persons who are being monitored by local health departments for potential risk of COVID-19. Please review FAQ #3 at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-prevention-control-faq.html>. The guidance refers to essential care during the monitoring period that does not relate to COVID-19 (office visits, dialysis, etc.)

If it comes to the attention of healthcare providers either by patient report or via local health department notification that an essential appointment is scheduled during the time a patient is being monitored for COVID-19, then the patient's reported afebrile and asymptomatic status should be verified shortly before the visit, such as by phone. Standard Precautions, along with any other transmission-based precautions indicated by the patient's medical history (not related to COVID-19) should be used. Personal protective equipment (PPE) for COVID-19 (N95 or equivalent, gloves, gown, eye protection) are NOT indicated for these patients. If before the visit the patient cannot be reached or if the patient is experiencing fever or any other symptoms possibly related to COVID-19, then healthcare providers should discuss the situation with the local health department before the patient presents for care.

If a patient under monitoring presents for care without fever/symptom pre-screening, and there are no fit-tested staff and/or PPE (N95 or equivalent, gown, gloves, eye protection) on site, then offer a mask to the patient, ask about symptoms, immediately place the patient in a private room, and maintain a 6-foot distance as possible except for brief interactions (e.g. taking temperature or handing the patient a thermometer). If the patient is afebrile and asymptomatic, then the patient can exit the private room and the visit can continue as planned. If fever ( $T \geq 100.0^{\circ} \text{F}$ ) or other symptoms consistent with COVID-19 are present, then the patient should remain in the private room wearing a facemask, and the healthcare provider should immediately call the local health department.

### **Management of Healthcare Personnel with Exposure in a Healthcare Setting**

CDC has issued interim guidance on the management of healthcare personnel with potential exposure to COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>). Healthcare facility infection control staff and occupational/workforce health staff should carefully review this guidance. NYSDOH is aware that some New York healthcare providers have been deployed as part of federal Disaster Medical Assistance Teams (DMATs) to care for patients with COVID-19 out of state and have since returned to New York State.

- Review definitions of exposure categories, recommended monitoring, and work restrictions.
- Prepare for the need to monitor personnel with exposure to a patient who is a PUI or a confirmed case of COVID-19. Healthcare worker monitoring should be done in coordination with the NYSDOH and local health department.

### **PPE Conservation Strategies**

CDC has issued guidance on PPE conservation strategies:

- "Healthcare Supply of Personal Protective Equipment" at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html>

- “Strategies for Optimizing the Supply of N95 Respirators” at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-supply-strategies.html>
- “Frequently Asked Questions about Respirators and their Use” at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>
- “Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings” at <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

Please review this guidance and your policies for conservation of N95 respirators and other PPE. NYSDOH recommends that facilities carefully review and implement, as appropriate, engineering and administrative controls and conventional capacity strategies for conservation of N95 respirators, as outlined in the above documents (limit the number of healthcare providers entering the room of a patient when an N95 respirator is indicated, seek alternatives to N95 respirators, etc.) Additionally, facilities should implement measures to control PPE stock to prevent unauthorized use or removal of PPE (particularly N95 respirators), while not unintentionally discouraging use when indicated.

### **Laboratory Reporting**

Laboratories should note that the reporting of "coronavirus" from some respiratory virus panel assays without clarification is causing confusion and elevated levels of concern. The Clinical Laboratory Evaluation Program is therefore suggesting that laboratories offering these tests include a statement on the final report clarifying the assay specificity and that it does not reflect on the patient's status with regard to COVID-19.

In accordance with CDC guidance, respiratory specimens from PUIs for COVID-19 should be handled with routine biosafety level 2 (BSL-2) safety precautions. Any procedures with the potential to generate aerosols should be performed in a Class II Biological Safety Cabinet. For other tests such as routine hematology and chemistry, laboratories should follow standard laboratory safety practices. More detailed information can be found at: <https://www.cdc.gov/coronavirus/2019-nCoV/lab/lab-biosafety-guidelines.html>

**Patients who meet or might meet the COVID-19 PUI criteria should be reported immediately to your local health department and to your infection control department.**

- PUI criteria: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>
- Local health department contacts: [https://www.health.ny.gov/contact/contact\\_information/](https://www.health.ny.gov/contact/contact_information/)

General questions or comments about this advisory can be sent to [icp@health.ny.gov](mailto:icp@health.ny.gov).