

**PENNSYLVANIA DEPARTMENT OF HEALTH**  
**2020– PAHAN - 490 – 3-24-UPD**  
**UPDATE: Interim Infection Prevention and Control**  
**Recommendations for Patients with Known or Patients**  
**Under Investigation for 2019 Novel Coronavirus (2019-**  
**nCoV) in a Healthcare Setting**



<b>DATE:</b>	3/24/2020
<b>TO:</b>	Health Alert Network
<b>FROM:</b>	Rachel Levine, MD, Secretary of Health
<b>SUBJECT:</b>	<b>UPDATE: Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019-nCoV) in a Healthcare Setting</b>
<b>DISTRIBUTION:</b>	Statewide
<b>LOCATION:</b>	n/a
<b>STREET ADDRESS:</b>	n/a
<b>COUNTY:</b>	n/a
<b>MUNICIPALITY:</b>	n/a
<b>ZIP CODE:</b>	n/a

**This transmission is a “Health Update”: provides important information for a specific incident or situation; may not require immediate action.**

**HOSPITALS:** PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

- Due to receipt of many questions regarding the CDC guidance for infection prevention and control in healthcare facilities updated on March 10, 2020, and issued by DOH on March 11, 2020, DOH has clarified specific points within the guidance by communicating directly with CDC.
- CDC and DOH recommend a combination of standard precautions and transmission-based precautions for COVID-19 patients including:
  - Eye protection, gloves and gown;
  - A filtering facepiece respirator (e.g., N95) is preferred; facemasks are an acceptable alternative if the supply chain of respirators cannot meet demand; and
  - Patient placement in a single-person room with the door closed; reserve airborne isolation rooms for aerosol generating procedures.
- The supply chain for PPE continues to be severely strained across the nation. Facilities must evaluate their current stockpiles and supply chain to guide local decisions for PPE use and allocation.
- Implement PPE optimization strategies to extend supplies. See CDC [guidance](#) and [checklist](#).
- Please report any confirmed cases of the COVID-19 by calling DOH at **1-877-PA-HEALTH (1-877-724-3258)** or your local health department.

The Pennsylvania Department of Health (DOH) is releasing the following guidance to reiterate and clarify guidance released on March 10, 2020 from the Centers for Disease Control and Prevention (CDC): “**Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019-nCoV) in a Healthcare Setting,**” and the Pennsylvania Department of Health on March 11, 2020.

**Due to receipt of many questions DOH has clarified specific points within the guidance by communicating directly with CDC.**

**Key points for current infection prevention and control practices for suspected and confirmed cases of COVID-19 within healthcare settings:**

**Standard and Transmission-based Protocol:**

CDC’s current guidance recommends the use of Standard and Transmission Based Precautions. The CDC does not use the terms droplet or airborne precautions in this guidance. For COVID-19, the necessary transmission-based precautions do not align with established droplet or airborne transmission-based guidelines. Transmission-based precautions prescribed for COVID-19 are a new precaution type.

DOH recognizes the difficulty caused by creating a new set of practices in the midst of a health emergency, educating staff on those practices, and providing consistency of care. CDC recommendations are informed by the best available evidence about transmission of SARS-COV-2, the virus that causes COVID-19.

**Patient/Resident Room Placement:**

- Place a patient/resident with known or suspected COVID-19 in a single-person room with the door closed. The patient/resident should have a dedicated bathroom.
- Patients do **not** need to be cared for in an Airborne Infection Isolation Room (AIIR). Procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible. Ideally, AIIR rooms should be used if aerosol generating procedures are performed on known or suspected COVID-19 patients/residents.
- AIIRs should be reserved for patients/residents with conditions that require AIIR rooms, such as patients/residents with Tuberculosis (TB) or measles.

**Masks:**

- Ideally, N95 or higher filtering facepiece respirators or powered air-purifying respirators (PAPRS), collectively referred to as respirators, should be used for caring of patients/residents with suspected or confirmed COVID-19.
- Although it is preferable that Healthcare Personnel (HCP) wear respirators to care for suspected or confirmed cases of COVID-19, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During these periods, respirators should be prioritized for aerosol generating procedures and for pathogens that require Airborne Precautions such as TB.
- Facilities should maintain an inventory of respirators.
- The facility should continue to evaluate respirator inventory on an ongoing basis. When inventory is replenished, and the facility determines that an adequate supply of respirators

exists, the facility should reinstate the use of respirators for patients with suspected or confirmed COVID-19.

- Respirators or facemasks should be donned before entering the patient/resident room.
- Review CDC's Strategies to Optimize Supply of N95 Respirators.

### **Eye Protection:**

Eyeglasses do not provide enough protection. HCP should wear a face shield or goggles.

### **Hazard and Supply Chain Evaluation:**

Evaluation of the supply chain for respirators and other personal protective equipment (PPE) is an iterative process that involves facility and regional-level insight. Decisions about contingency use of PPE can not be made on a state-wide basis and must be evaluated within each facility or localized health system.

The facility-level decision to adjust PPE usage, including the use of facemasks instead of respirators, must be informed by CDC guidance entitled [Strategies for Optimizing PPE and Equipment](#). This guidance offers a series of strategies or options to optimize supplies of PPE in healthcare settings when there is limited supply. Three general strata are used to describe surge capacity and can be used to prioritize measures to conserve supplies along the continuum of care.

- **Conventional capacity:** measures consist of providing patient care without any change in daily contemporary practices. This set of measures, consisting of engineering, administrative, and personal protective equipment (PPE) controls should already be implemented in general infection prevention and control plans in healthcare settings.
- **Contingency capacity:** measures may change daily standard practices but may not have any significant impact on the care delivered to the patient or the safety of healthcare personnel (HCP). These practices may be used temporarily during periods of expected shortages.
- **Crisis capacity:** strategies that are not commensurate with U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods of known eye protection shortages.

Decisions to implement measures in contingency capacity and then crisis capacity should be based on:

- Consideration of all conventional capacity strategies first.
- The availability of N95 respirators and other types of respiratory protection.
- Consultation with entities that include some combination of: [local healthcare coalitions](#), federal, state, or local public health officials, appropriate state agencies that are managing the overall emergency response related to COVID-19, and state crisis standards of care guidance. Even when state/local coalitions or public health authorities can shift resources between health care facilities, these strategies may still be necessary.

### **Important Links:**

[Pennsylvania Healthcare Coalitions](#)

[Strategies for Optimizing the Supply of PPE](#)

[Checklist for Healthcare Facilities for Supply of N95 Respirators for COVID-19](#)

[CDC Interim Infection Prevention and Control Guidance \(March 10, 2020\)](#)

[2020-PAHAN-486-03-11-ALT Infection Prevention and Control Recommendations](#)

Please report any confirmed cases of SARS COV-2, the virus that causes COVID-19 through the DOH electronic disease surveillance system, PA-NEDSS or by calling DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

Categories of Health Alert messages:

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.

<p>This information is current as of March 24, 2020 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.</p>
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