



# ALEXANDRIA HEALTH DEPARTMENT

## Communicable Disease Division

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## March 15, 2020 – Updated, Interim COVID-19 Lab Testing Criteria

Dear Colleague:

This letter contains a summary of significant updates on COVID-19 testing criteria, testing logistics, and PPE recommendations as outlined in the VDH Clinician letter sent out on 3/13/2020. <http://www.vdh.virginia.gov/clinicians/clinician-letters/>

\*Please designate someone in your office to read and share the detailed information about testing for COVID-19 found through the following link. Most answers to provider questions are found in this document:

[http://www.vdh.virginia.gov/content/uploads/sites/13/2020/03/Provider\\_FAQ\\_03132020\\_final.pdf](http://www.vdh.virginia.gov/content/uploads/sites/13/2020/03/Provider_FAQ_03132020_final.pdf)

### -----UPDATED TESTING GUIDANCE-----

COVID-19 testing can occur through two avenues (details for each are below):

#### A. Testing through the Virginia State Lab:

- NEW CRITERIA for testing by Virginia Department of Health (VDH) at the state lab (DCLS) are below.
- If you have a patient meeting these criteria, please call the Alexandria Health Department (AHD) to request approval for testing by DCLS:

##### **1. Hospitalized Patient**

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- Fever **AND**
- Clinically or radiographically diagnosed pneumonia requiring hospitalization **AND**
- Who tested negative on a respiratory virus panel for all pathogens **AND**
- For whom no alternative diagnosis is available

##### **2. Nursing Home or Long-Term Care Facility Patient**

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- Fever or signs/symptoms of lower respiratory illness **AND**
- Who tested negative for influenza on initial work-up **AND**
- Who tested negative on a respiratory virus panel for all pathogens **AND**
- For whom no alternative diagnosis is available

##### **3. Close Contacts\***

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- Close contact with a lab-confirmed COVID-19 patient within 14 days of onset **AND**
- Fever or signs/symptoms of lower respiratory illness

\*Close contact is defined as: **a)** being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case – or – **b)** having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

**Please note:** The state's and our ability to verify someone's claim to be a close contact to a laboratory-confirmed COVID-19 patient is limited and could delay disposition from your facility. Providers can use a commercial laboratory for this circumstance.

**B. Testing through a commercial laboratory.**

**\*\*\*\*\*NOTE: You do not need to contact AHD and VDH to receive approval to test at commercial laboratories\*\*\*\*\***

- Consider clinical presentation, course of illness and exposure history (e.g. has been to area with community spread). Maintain higher index of suspicion for patients who have:
  - Fever or signs/symptoms of lower respiratory illness **AND**
  - Negative test for all respiratory virus panel pathogens, including influenza **AND**
  - No alternative diagnosis

**Attached to this letter is a CDC information sheet that we recommend giving to patients who are awaiting test results. If you would like to print the colored version follow this link <https://www.cdc.gov/coronavirus/2019-ncov/downloads/10Things.pdf>**

-----**UPDATED PPE GUIDANCE**-----

All providers should use the appropriate personal protective equipment (PPE) when evaluating and collecting specimens for potential COVID-19 patients. Providers should

- **Immediately triage and place mask on patients with fever and cough**
- **Follow this PPE guidance to collect specimens (e.g. NP and OP swabs) safely:**
  - HCP in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
  - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
  - Specimen collection should be performed in a normal examination room with the door closed.
  - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.
  - Do not perform any aerosolizing procedures (e.g. induced sputum) without the patient being in a negative pressure isolation room

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**To contact us, please call on our PROVIDER ONLY line. During business hours Monday-Friday call 703-746-4951. Weekends and Evenings 571-259-8549.**

**NOTE: This line is not appropriate for patient use and should not be given to the public.**

Thank you for your efforts to prevent and control the spread of communicable diseases in Alexandria. We anticipate that this guidance may change soon and we will keep you updated. We appreciate all you are doing during the challenging and rapidly changing time.

Sincerely,



Anne Gaddy, MD, MPH, Deputy Health Director

*\*\*This document is a modified version of one developed by Arlington County Public Health.*

## **VDH Interim Guidance: Personal Protective Equipment Recommendations for Suspected or Confirmed COVID-19 Cases in Shortage Situations**

This guidance applies to all healthcare settings in Virginia. The Virginia Department of Health (VDH) is aware of supply chain issues related to personal protective equipment (PPE). CDC has developed an easy-to-use [checklist](#) of strategies to optimize the supply of N95 respirators listed in order of priority and preference. In addition, VDH is recommending the following steps:

### **Step 1. Report Shortages to Regional Health Coalition**

Regional health coalitions are tracking PPE shortages to inform VDH guidance and may be able to provide contact information for vendors or leverage supplies. Contact information can be found at <https://vhass.org/regional-info/>. Report type of PPE or supply item(s) in shortage, the vendor, and the reason for the reported shortage (allocation, back-order, etc.).

### **Step 2. Implement Conventional Capacity Strategies**

- Limit number of patients going to hospital or outpatient setting by developing mechanisms to screen patients for acute respiratory illness prior to their non-urgent care or elective visits or procedures
- Utilize telemedicine and nurse advice lines to screen and manage patients seeking evaluation
- Exclude all healthcare personnel (HCP) not directly involved in the patient's care
- Limit face-to-face HCP encounters with patient by bundling care activities to minimize room entries
- Minimize visitors to patient with known or suspected COVID-19
- Use alternatives to N95 respirators, where feasible, including other classes of filtering facepiece respirators, elastomeric half-mask and full facepiece air purifying respirators, or powered air purifying respirators (PAPRs)

For more information, see [CDC Conventional Capacity Strategies](#)

### **Step 3. Implement Contingency Capacity Strategies**

- Use N95 respirators and facemasks beyond the manufacturer-designated shelf life after ensuring the integrity has not been compromised; more information related to using N95 respirators beyond manufacturer-designated shelf life can be found [here](#)
- Extend the use of N95 respirators by wearing the same N95 respirator for repeated close contact encounters with several patients, without removing the respirator between patient encounters; N95 respirators will need to be discarded following specific procedures; more information can be found [here](#)
- Reuse the same N95 respirator (per one HCP) for multiple encounters with patients, but remove it after each encounter; N95 respirators will need to be discarded following specific procedures; more information can be found [here](#)

For more information, see [CDC Contingency Capacity Strategies](#)

### **Step 4. Implement Crisis/Alternate Strategies**

After conventional and contingency capacity strategies have been implemented and supplies are still running low, use the following guidance:

**VDH Interim Guidance: Personal Protective Equipment Recommendations  
for Suspected or Confirmed COVID-19 Cases in Shortage Situations**

- Prioritize the use of N95 respirators and facemasks by activity type using [Table 1](#); when the supply chain is restored, facilities should return to using respirators for patients with known or suspected COVID-19.
- If there are shortages of gowns, they should be prioritized for:
  - Aerosol-generating procedures
  - Care activities where splashes and sprays are anticipated
  - High-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing, such as:
    - dressing
    - bathing/showering
    - transferring
    - providing hygiene
    - changing linens
    - changing briefs or assisting with toileting
    - device care or use
    - wound care

Table 1. Suggested facemask or respirator use, based upon distance from a patient with suspected or confirmed COVID-19 and use of source control\*

HCP planned proximity to the case patient during encounter	Facemask or respirator determination	
	Patient masked for entire encounter (i.e., with source control)	Unmasked patient or mask needs to be removed for any period of time during the patient encounter
HCP will remain at greater than 6 feet from symptomatic patient	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: no facemask or respirator	
HCP will be within 3 to 6 feet of symptomatic patient	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: facemask	
HCP will be within 3 feet of symptomatic patient, including providing direct patient care	Facemask	N95 respirator/ elastomeric /PAPR, based on availability
HCP will be present in the room during nasopharyngeal or oropharyngeal specimen collection	N95 or higher-level respirator (or facemask if a respirator is not available); patient should be placed in private room with door closed	
HCP will be present in the room during aerosol generating procedures (e.g., sputum induction, open suctioning of airways) performed on symptomatic persons	N95 respirator/ elastomeric /PAPR, based on availability; patient should be placed in Airborne Infection Isolation Room	

\*Based on availability, organizations may require and/or individuals may voluntarily choose to utilize higher levels of protection;  
Sources: [www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html) and [www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html](http://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html).

For more information, see [CDC Crisis/Alternate Strategies](#)

**Step 5. Assess if Sustained Community Spread is Occurring**

- The [VDH COVID-19 website](#) provides information on the number of confirmed or presumptive positive cases of COVID-19 in Virginia by county.

**VDH Interim Guidance: Personal Protective Equipment Recommendations  
for Suspected or Confirmed COVID-19 Cases in Shortage Situations**

- The [VDH COVID-19 website](#) will provide information on where sustained (ongoing) transmission is occurring in Virginia.
- In areas with sustained (ongoing) community transmission, acute care facilities will be quickly overwhelmed by transfers of patients who have only mild illness and do not require hospitalization.
- Respiratory protection is recommended in [Table 2](#); during severe resource limitations, consider excluding HCP who may be at higher risk for severe illness from COVID-19, such as those of older age, those with chronic medical conditions, or those who may be pregnant, from caring for patients with confirmed or suspected COVID-19 infection.

Table 2. Suggested respiratory protection, based upon distance from a patient with suspected or known COVID-19 in areas with sustained community spread\*

HCP planned proximity to the case patient during encounter	Facemask or respirator determination
HCP will remain at greater than 6 feet from symptomatic patient	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: no facemask or respirator
HCP will be within 3 to 6 feet of symptomatic patient	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: facemask
HCP will be within 3 feet of symptomatic patient, including providing direct patient care	Facemask
HCP will be present in the room during nasopharyngeal or oropharyngeal specimen collection	Facemask; Patient should be placed in private room with door closed
HCP will be present in the room during aerosol generating procedures (e.g., sputum induction, open suctioning of airways) performed on symptomatic persons	N95 respirator/ elastomeric /PAPR, based on availability: Patient should be placed in Airborne Infection Isolation Room

\*Based on availability, organizations may require and/or individuals may voluntarily choose to utilize higher levels of protection.  
Sources: [www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html).  
[www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html](http://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html)

- 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 (e.g., tuberculosis, measles), should implement a respiratory protection program.

**References**

- [CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
- [CDC Strategies for Optimizing the Supply of N95 Respirators](#)

# 10 things you can do to manage your health at home

## If you have possible or confirmed COVID-19:

1. **Stay home** from work, school, and away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.



2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



3. **Get rest and stay hydrated.**



4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.



6. **Cover your cough and sneezes.**



7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.



9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.



Please go to [www.cdc.gov/covid19-symptoms](https://www.cdc.gov/covid19-symptoms) for information on COVID-19 symptoms.

