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HEALTH Update 7: CDC Update to COVID-19 Interim Infection Prevention and Control Guidelines

March 12, 2020

Dear Colleague:

CDC has updated their infection prevention recommendations for healthcare settings as of March 10, 2020.

Briefly, updated interim guidelines now state “the collection of diagnostic respiratory specimens (e.g. nasopharyngeal swab) from a possible COVID-19 patient can be performed in a normal examination room with the door closed. Health care personnel in the room should wear N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.” However, aerosol-generating procedures (e.g. sputum induction) still require full airborne precautions in airborne isolation rooms. While sputum collection can occur if patients are coughing, sputum induction is no longer routinely recommended in the outpatient setting.

For further guidance on minimizing chances for exposures within your facility, please visit:

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

Excerpts from the aforementioned page are included below:

Collection of Diagnostic Respiratory Specimens

- When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 patient, the following should occur:
 - 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.

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

Summary of Changes to the Guidance:

- 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).

Thank you for your partnership in responding to the public health threat of COVID-19.

Sincerely,



Anne Gaddy, MD, MPH
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