



Technical Bulletin



Date: January 31, 2020
Topic: CDC Updated Interim Infection Prevention & Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus in a Healthcare Setting.
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To: Health Care Providers, Medical Facilities and Laboratories

Background

On January 31, 2020, the Centers for Disease Control & Prevention (CDC) released updated clinical guidance and persons under investigation (PUI) criteria for 2019-nCoV. As of today, there has been one (1) PUI identified in Southern Nevada. There are currently no laboratory confirmed cases in Nevada. Nationally, six (6) laboratory confirmed cases have been reported. Person-to-person transmission has been occurring in China and is now confirmed to have occurred in the U.S. A level four (4) travel warning was announced on January 30, 2020, which recommends no travel to China.

Characterization and Evaluation of Persons Under Investigation (PUI)

It is important that health care providers obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. The CDC clinical criteria for a 2019-nCoV patient under investigation (PUI) have been developed based in part on what is known about MERS-CoV and SARS-CoV and are subject to change as additional information becomes available.

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact ² with a laboratory-confirmed ^{3,4} 2019-nCoV patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from Hubei Province , China within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization ⁴	AND	A history of travel from mainland China within 14 days of symptom onset

The criteria are intended to serve as guidance for evaluation. All suspect or probable patients should be promptly evaluated and immediately discussed with the local/state health departments on a case-by-case basis even if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

Healthcare Infection Prevention & Control Guidelines:

Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility. All healthcare facilities

must ensure that their personnel are correctly trained and capable of implementing infection control procedures; individual healthcare personnel should ensure they understand and can adhere to infection control requirements.

The CDC guidance is based on the currently limited information available about 2019-nCoV related to disease severity, transmission efficiency, and virus shedding duration. This cautious approach will be refined and updated as more information becomes available and as response needs change in the United States. This guidance is applicable to all U.S. healthcare settings. **This guidance is not intended for non-healthcare settings (e.g., schools) OR to persons outside of healthcare settings.** Below is a summary of the updated guidance, but full details can be found at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control.html

1. **Minimize Chance for Exposures:** Ensure facility policies and practices are in place to minimize exposures to respiratory pathogens including 2019-nCoV. Measures should be implemented before patient arrival, upon arrival, and throughout the duration of the affected patient's presence in the healthcare setting.
2. **Adherence to Standard, Contact and Airborne Precautions, Including the Use of Eye Protection:** Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the healthcare setting. Elements of Standard Precautions that apply to patients with respiratory infections, including those caused by 2019-nCoV, are summarized below. Attention should be paid to training and proper donning (putting on), doffing (taking off), and disposal of any Personal Protective Equipment (PPE). A full description of Standard Precautions that are required for all patient care is provided here: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/>. All Health Care Providers (HCP) who enter the room of a patient with suspected or confirmed 2019-nCoV should adhere to Standard, Contact, and Airborne Precautions.
3. **Manage Visitor Access and Movement Within the Facility:** Establish procedures for monitoring, managing and training visitors.
4. **Implement Engineering Controls:** Consider designing and installing engineering controls to reduce or eliminate exposures by shielding HCP and other patients from infected individuals.
5. **Monitor and Manage Ill and Exposed Healthcare Personnel**
 - Movement and monitoring decisions for HCP with exposure to 2019-nCoV should be made in consultation with public health authorities.
 - Facilities and organizations providing healthcare should implement sick leave policies for HCP that are non-punitive, flexible, and consistent with public health guidance.
6. **Train and Educate Healthcare Personnel**
 - Provide HCP with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
 - HCP must be medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required.
 - Ensure that HCP are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.
7. **Implement 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 (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for

2019-nCoV 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 2019-nCoV.

- 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](#).

8. Establish Reporting within Healthcare Facilities and to Public Health Authorities

- Implement mechanisms and policies that promptly alert key facility staff including infection control, healthcare epidemiology, facility leadership, occupational health, clinical laboratory, and frontline staff about known or suspected 2019-nCoV patients (i.e., PUI).
- Communicate and collaborate with public health authorities.
 - Promptly notify state/local public health authorities of known or suspected 2019-nCoV patients (i.e., PUI). Facilities should designate specific persons within the healthcare facility who are responsible for communication with public health officials and dissemination of information to HCP.

Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019-nCoV:

CDC has developed interim guidance for staff at local and state health departments, infection prevention and control professionals, healthcare providers, and healthcare workers who are coordinating the home care and isolation of people who are confirmed to have or being evaluated for 2019-nCoV infection. The interim guidance can be found here: [Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus \(2019-nCoV\)](#)

Reporting:

Healthcare providers should **immediately** notify both infection control personnel at their healthcare facility and their local/state health department in the event of a PUI for 2019-nCoV.

- Nevada Division of Public and Behavioral Health (DPBH): (775)-684-5911 (M-F 8:00 AM to 5:00 PM); (775)-400-0333 (after hours)
- Southern Nevada Health District (SNHD): (702)-759-1300 (24 hours)
- Washoe County Health District (WCHD): (775)-328-2447 (24 hours)
- Carson City Health and Human Services (CCHS): (775)-887-2190 (M-F 8:00 AM to 5:00 PM); (775)-887-2190 (after hours)

Clinical Specimen Collection:

- Upon identification of a PUI, DPBH will immediately contact CDC's Emergency Operations Center (EOC) to coordinate specimen collection and shipment through the Nevada State Public Health Laboratory (NSPHL). **At this time, diagnostic testing for 2019-nCoV can only be conducted at CDC.**

For More Information: Please contact DPBH M-F 8:00 AM to 5:00 PM at (775)-684-5911. The after-hours line can be contacted at (775)-400-0333.



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References:

<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>

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

<https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html>

<https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>