Montana Health Alert Network

DPHHS HAN
Information Sheet

DATE

March 18, 2020

SUBJECT

Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 (COVID-19)

SITUATION UPDATE

China's PPE manufacturing is coming back on-line. For situational awareness on Montana's disaster response, please see the following link (google chrome is best browser for this page):

https://montana.maps.arcgis.com/apps/MapSeries/index.html?appid=7c34f3412536439491adcc2103421d4b

Epidemiology Update

To date, over 7300 cases of COVID-19 have been reported in the United States, with community wide transmission identified in four states (Washington, New York, Illinois, and California). All but West Virginia have confirmed at least one case.

https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html

Montana is reporting 11 cases of COVID-19, including a part-time resident* who was not in the state at the time of their exposure or after diagnosis.

- Case 1*: Female in 70s who is a part time resident of Montana and Maryland. This individual had travel to the west coast of the U.S. prior to onset of symptoms and no recent Montana connections were identified.

- Case 2: Male in 40s from Gallatin County. Not hospitalized. International travel to Europe.

- Case 3: Female in 50s from Yellowstone County. Not hospitalized. International travel to Africa.

- Case 4: Male in 50s from Broadwater County who sought care in Lewis and Clark County. Not hospitalized. Travel to the west coast of the U.S.

- Case 5: Male in 50s from Silver Bow County. Not hospitalized. Travel to the west coast of the U.S.

- Case 6: Female in 30s from Missoula County. Not hospitalized. Travel to east coast of the U.S.

- Case 7: Male in 50s from Missoula County. Not hospitalized. At this time, no travel outside of Montana has been reported and the individual was at an attended by another Montana case.

- Case 8: Female in their 20s from Yellowstone County. Additional information is being collected at this time.

- Case 9: Male in their 20s from Missoula County. Not hospitalized. No travel outside of Montana has been reported but is likely connected to a previously identified case.

- Case 10: Male in 20s from Gallatin County. Not hospitalized. Travel to Europe.

- Case 11: Male in 20s from Gallatin County. Not hospitalized. TThis individual is an out of state resident and will not be officially counted as a Montana case.

The five counties with cases are working on contact investigations with assistance from the state health department. Early information collected from the investigations indicates that most had self-isolated once symptoms began, as had their household members. In addition, early indications are that health care providers and patients made every effort to minimize risks in health care settings.

Laboratory Update

The volume of testing at the Montana Public Health Laboratory (MPHL) has greatly increased and we continue to ask providers to be judicious when ordering testing and to work through their local health contacts to facilitate patient testing when highly suspect. In order to try and maintain an optimal turnaround time for critical patients, we are asking providers to identify highly suspect and/or hospitalized patients on our laboratory requisition in the comment section.

New guidance under the Emergency Use Authorization (EUA) allows for nasopharyngeal swabs only, placed in a tube of viral transport media for transport and testing. MPHL has ordered nasopharyngeal swabs and transport media and will continue to fill requests as we are able. In the meantime, FDA has issued additional guidance, in the event of shortages of media, which can be found here:

https://www.fda.gov/medical-devices/emergency-situations-medical-devices/faqs-diagnostic-testing-sars-cov-2#troubleobtainingviraltransport

All specimens for COVID-19 testing need to be packed properly, in a box, and shipped in cold condition. Specimens that may have a delay in transport >72 hours should be frozen and shipped on dry ice.

Testing volumes have dramatically increased, which may impact turn-around times, and reporting times may vary. In addition, specimens received after 11:00 AM will generally be tested the following day. MPHL is expanding courier service and has increased testing to seven days/week to keep up with demand. The expanded courier service with additional site information and times will be communicated soon.

If you have questions, please contact the MPHL at 800-821-7284.

EMERGENCY MEDICAL SERVICES

As the effects of COVID-19 continue to evolve, DPHHS is committed to closely monitoring the situation and the needs of EMS and other responders. Continuing clarification of patient screening, treatments, personal protection and decontamination are being relayed as it becomes available.

Montana statutes allow a volunteer EMS service in rural areas to staff an ambulance with one EMT and one trained driver. Through the provision of department authority to waiver licensing requirements for up to 6 months to avoid a significant hardship, the department is offering this waiver to all EMS services during COVID-19. This may effectively double the workforce for many services that were required to staff with two licensed ECPs and decrease the risk to providers, especially for low acuity patients. The waiver form is available at:

https://dphhs.mt.gov/publichealth/emsts.

Recommendations

The national shortage of personal protection supplies rises to the top of everyone's requests for assistance. The department is recalling small caches of masks for redistribution to EMS services as a short-term relief to this need. As supplies of PPE becomes available, we will work closely with EMS as front-line providers to receive new stock. However, this shortage is expected to continue into the foreseeable future and EMS will need to continually take stock of their inventory and optimize the use of personal protection supplies as much as possible. Please review CDC guidance for EMS at:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html

HOSPITALS

Hospitals should begin planning for High census in a patient surge. Planning for a potential emerging infectious disease pandemic, like COVID-19, is critical to protecting the health and welfare of our nation. To assist state, local, tribal, and territorial partners in their planning efforts, the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response has developed the following checklist. It identifies specific activities your jurisdiction can do now to prepare for, respond to, and be resilient in the face of COVID-19. Some of the activities in this checklist are specific for COVID-19, however many, pertain to any public health emergency. This checklist is adapted from a variety of HHS Pandemic Influenza Pandemic Planning resources. It is not intended to set forth mandatory requirements by the Federal government. Each jurisdiction should determine for itself whether it is adequately prepared for disease outbreaks in accordance with its own laws and authorities. We strongly encourage continued review of HHS' Centers for Disease Control (CDC) COVID-19 guidance which is available on their website for the most current information.

https://www.phe.gov/Preparedness/COVID19/Documents/COVID-19%20Healthcare%20Planning%20Checklist.pdf

Recommendations

Infection Control

Infection control recommendations were last updated on March 10th, 2020. As a reminder, adhere to Standard and Transmission-Based Precautions. HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator or facemask, gown, gloves, and eye protection. When available, respirators (instead of facemasks) are preferred; they should be prioritized for situations where respiratory protection is most important and the care of patients with pathogens requiring Airborne Precautions (e.g., tuberculosis, measles, varicella).

The collection of the nasopharyngeal (NP) swab is not considered an aerosol generating procedure. Therefore, NP swabs do not need to be collected in an airborne infection isolation room. If N95s are available, they can be used, but if they are not, facemasks are allowed. Continue to use eye protection, gloves, and a gown.

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 within the "Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings" guidance found here:

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

PPE

DPHHS is collecting information from Juvare EM Resource to determine needs for disbursement of PPE once we receive any. PPE Usage Calculator (attach). Alternate purchasing resources need to be utilized (attach). Strategies for the Optimization of Stretching the Inventory (to include reuse, expired masks, industrial mask use):

https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

OSHA relief for mask-fit testing provided - the Occupational Safety and Health Administration (OSHA) released Temporary Enforcement Guidance - Healthcare Respiratory Protection Annual Fit-Testing for N95 Filtering Facepieces During the COVID-19 Outbreak. Annual fit tests can be suspended if the employee has already been fit tested to that respirator. The guidance can be found here:

https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit

PPE optimization strategies: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html [cdc.gov]

This guidance provides options for extended use, reprocessing, and reuse of the various PPE components given current shortages of PPE being reported in many areas of the country.

Isolation

The Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 document provides guidance on when healthcare workers with confirmed or suspected COVID-19 can return to work and includes options for basing this decision on test-based criteria and non-test-based criteria. There is additional guidance on what precautions these healthcare workers need to take when they return to work.

https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html

The *Discontinuation of Home Isolation for Persons with COVID-19* document provides options for basing discontinuation decisions on test-based criteria and non-test-based criteria.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

CLINICIANS

Recommendations

Dental Clinicians

CDC Developing Guidance Regarding Responding to COVID-19 in Dental Settings can be found here:

https://www.cdc.gov/oralhealth/infectioncontrol/statement-COVID.html

PH reminder: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html [cdc.gov]

CDC urges healthcare facilities and clinicians to delay and reschedule elective ambulatory visits, surgeries and admissions, and routine dental and eye care to preserve staff, personal protective equipment, and patient care supplies, ensure staff and patient safety, and expand available hospital capacity during the COVID-19 pandemic.

LONG-TERM CARE

CDEpi has created two posters for long-term care and other facilities to use when enacting visitor restrictions for your convenience. Interim guidance to prevent COVID-19 introduction into a long-term care facility is available in the document entitled Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes. The current Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings has been released and can be found at this link:

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

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Healthy People. Healthy Communities.
Department of Public Health & Human Services

Preparing for COVID-19: Long-term Care Facilities, Nursing Homes guidance was released by CDC and can be found here:

https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

Recommendations

Preparation

Updated guidance recommends that nursing homes:

- Restrict all visitation except for certain compassionate care situations, such as end of life situations
- Restrict all volunteers and non-essential healthcare personnel (HCP), including non-essential healthcare personnel (e.g., barbers)
- Cancel all group activities and communal dining
- Implement active screening of residents and HCP for fever and respiratory symptoms

PPE

- See the *Infection Control* and *PPE* subsections under the Hospital recommendations.

Rooming

1. Airborne Infection Isolation Rooms (AIIRs) should be reserved for patients undergoing aerosol-generating procedures.
2. Patients with known or suspected COVID-19 can be cared for in a single-person room with the door closed.
3. Facilities could consider designating entire units with dedicated HCP to care for those with known or suspected HCP, which will also help facilitate the extended use of respirators, facemasks, and eye protection.

Nursing homes and other long-term care facilities can take steps to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19). Each facility will need to adapt this checklist to meet its needs and circumstances based on differences among facilities (e.g., patient/resident characteristics, facility size, scope of services, hospital affiliation). This checklist should be used as one tool in developing a comprehensive COVID-19 response plan. The checklist can be found here:

https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

LOCAL PUBLIC HEALTH DEPARTMENTS

CDEPI has developed investigation guidelines for local public health investigation of newly diagnosed cases, including contact tracing and reporting. CDEPI staff will be working closely with local public health jurisdictions following this guidance for all COVID-19 cases.

Recommendations

Coronavirus Disease 2019 (COVID-19) Investigation Guidelines (3.17.2020) will be sent via a separate email.