Chicago Department of Public Health

Health Alert

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

City of Chicago
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www.chicagohan.org

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URGENT Updated COVID-19 Guidance for Hospitals

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- **MINIMIZE FACILITY EXPOSURES TO THE PUBLIC, VULNERABLE PATIENTS AND HEALTHCARE PERSONNEL (HCP)**
  - Tighten visitor restrictions.
  - Though several commercial and hospital-based laboratories are now offering COVID-19 testing using a molecular assay, testing is NOT indicated for mildly ill or asymptomatic persons.
  - Advise patients with mild respiratory illness to STAY HOME; This will minimize possible exposures to HCP, patients and the public and reduce the demand for personal protective equipment.
  - ALL HCP should self-monitor by taking their temperature twice daily and assess for COVID-19 like illness. HCP with signs or symptoms of COVID-19 like illness should NOT work.
- **WE MUST PRESERVE PERSONAL PROTECTIVE EQUIPMENT SUPPLIES**
  - Use standard, contact, droplet precautions, and appropriate eye protection when caring for patients who are confirmed or suspected to have COVID-19.
  - An airborne infection isolation room (AIIR) is only required for patients undergoing an aerosol generating procedure (AGP). N95s should be preserved for AGPs (NP/OP swabs are no longer considered an aerosol generating procedure).
- **HEALTHCARE FACILITIES SHOULD PLAN NOW FOR ENHANCED SURGE CAPACITY**
  - Hospitals should minimize, postpone, or cancel electively scheduled operations, endoscopies, or other invasive procedures and minimize use of essential items needed to care for patients, including but not limited to, ICU beds, personal protective equipment, terminal cleaning supplies, and ventilators.

PROTECTING PATIENTS AND STAFF

Providers should strongly discourage persons who have a mild disease consistent with COVID-19 like illness and who do not require medical care from visiting a healthcare facility. Message clients who are at higher risk for more severe disease (e.g., older adults, persons with compromised immune systems or chronic health conditions such as heart disease, diabetes and lung disease) to limit the amount of time they spend with other people, especially outside the home, to reduce the possibility of being infected with the virus. Consider placing signage and greeters at entry points to screen persons seeking care and visitors by asking if they have a COVID-19 like illness. This will help avoid unnecessary exposures within the healthcare facility. As an alternative to in person evaluation, communicate with patients by telephone, electronic messaging or video conferencing. Evaluation for patients with severe illness, which might include worsening symptoms or difficulty breathing, should be done in an acute care facility. If a patient with COVID-19 like illness needs to be evaluated in person, instruct them to minimize contact with other persons, travel by private car if possible and, when available, use a facemask while traveling to the healthcare facility.

INFECTION CONTROL UPDATES

Healthcare facilities should implement and adhere to policies and practices that minimize exposures to respiratory pathogens including SARS-CoV-2. A continuum of infection control measures should be implemented before patient arrival, upon arrival, throughout the patient's visit, and until the patient's room is cleaned and disinfected. It is particularly important to protect individuals at increased risk for adverse outcomes from COVID-19 (e.g., older persons with comorbid conditions). Triage personnel should have a supply of

facemasks and tissues for patients with COVID-19 like illness that can be provided to them upon arrival. Source control (putting a facemask over the mouth and nose of a symptomatic patient) can help prevent transmission to others. Additionally, in the setting COVID-19 community transmission in Chicago, all healthcare personnel (HCP) are at some risk for exposure to COVID-19, whether in the workplace or in the community.

- **Therefore, the Chicago Department of Public Health (CDPH) is asking ALL HCP, regardless of whether they have had a known SARS-CoV-2 exposure, to self-monitor by taking their temperature twice daily and assessing for COVID-19 like illness.** Supervisors should screen employees involved in direct patient care for symptoms at start of shift.
- **If HCP develop any signs or symptoms of a COVID-19 like illness (for healthcare workers, fever cutoff is 100.0º F), they should NOT report to work.** If any signs or symptoms occur while working, healthcare workers should immediately leave the patient care area, inform their supervisor per facility protocol, and isolate themselves from other people. See section below on "Return-To-Work Considerations for Exposed or Recovered HCP" for additional guidance.

PERSONAL PROTECTIVE EQUIPMENT (PPE) UPDATE

As per the newest CDC guidance, patients can be managed with droplet precautions along with gown, gloves, and appropriate eye protection. This means that patients can be evaluated in a private examination room with the door closed. An airborne infection isolation room (AIIR) is no longer required by the CDC unless the patient will be undergoing an aerosol generating procedure (the CDC does NOT consider the collection of a NP or OP swab an aerosol generating procedure). If a private exam room is not readily available in the healthcare facility, ensure that the patient is not allowed to wait among other patients seeking care. Identify a separate space that allows the patient to be separated from others by ≥6 feet, with easy access to respiratory hygiene supplies. In some settings, patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.

PPE for Patients with Possible or Confirmed COVID-19

The safety of HCP is a top priority for CDPH. As we gain more understanding of COVID-19, our guidance will evolve. The use of standard, contact, and droplet precautions with eye protection is appropriate when caring for patients with possible or confirmed COVID-19.

- Personal protective equipment (PPE) should include: facemask (procedure or surgical mask) AND gown AND gloves AND eye protection (goggles or face shield, not personal glasses or contact lenses).
- CDPH recommends HCP do not need to use a fit-tested N95 respirator or Powered Air Purifying Respirator (PAPR) for routine (non-aerosol generating) care of a COVID-19 patient.
- Patients can be evaluated in a private examination room with the door closed.
- Supplies of PPE must be reserved for high-risk procedures due to potential supply chain constraints.

PPE for Aerosol Generating Procedures and COVID-19 Patients with Severe Illness Requiring ICU

While ample studies indicate the safety of droplet precautions which may also help prevent the complete exhaustion of fit-tested N95 respirators and PAPRs; higher level PPE will continue to be needed to protect HCP during critical and medically necessary aerosol generating procedures (e.g., intubation, suctioning) throughout the course of this outbreak.

- **Placing the patient in an AIIR and the use of a fit-tested N95 respirator or PAPR is still recommended for aerosol-generating procedures (e.g., intubation, suctioning, nebulizer therapy) and when caring for patients with severe illness requiring intensive care.**

These recommendations are based on our current knowledge of COVID-19 and other coronaviruses, are endorsed by subject matter experts in the field of infection control, and are aligned with the WHO Infection Control Guidance for COVID-19. According to the new Report on the WHO-China Joint Missions on Coronavirus Disease 2019: "Airborne spread has not been reported for COVID-19 and it is not believed to be a major driver of transmission based on available evidence; however, it can be envisaged if certain aerosol-generating procedures are conducted in health care facilities." Additionally, several studies, including a recent large randomized control trial, showed no benefit to the use of N95 respirators vs. facemasks in preventing influenza and other viral respiratory infections in HCP (Radonovich, 2019). While there may be differences in

droplet size between influenza and SARS-CoV-2, these measures are part of an overall infection control package designed to keep HCP safe: rapid identification and source control of symptomatic patients, strict adherence to respiratory and hand hygiene practices, training staff on correct use of PPE, and routine cleaning and disinfection of surfaces and equipment.

HEALTHCARE FACILITY PREPAREDNESS

Healthcare resources in Chicago will become strained in the weeks ahead and healthcare facilities should plan for enhanced surge capacity. Considerations might include closing nonessential services, cohorting patients, using non-patient care spaces for triage of patients suspected to have COVID-19, opening closed units, using ambulatory areas, discharging/transferring patients, and creating designated isolation spaces. Healthcare facilities are also encouraged to implement plans now for canceling elective admissions and procedures. The American College of Surgeons released a statement on March 13, 2020, recommending that health systems "minimize, postpone, or cancel electively scheduled operations, endoscopies, or other invasive procedures" and "minimize use of essential items needed to care for patients, including but not limited to, ICU beds, personal protective equipment, terminal cleaning supplies, and ventilators."

TREATMENT

Currently, medical care for COVID-19 is supportive. Corticosteroids should be avoided unless they are indicated for other reasons (e.g., COPD exacerbation, septic shock). The antiviral remdesivir is being studied as one experimental treatment. Criteria for compassionate use of the drug as per the manufacturer Gilead include a confirmed SARS-CoV-2 infection, pneumonia, and hypoxia (oxygen saturation ≤94% on room air). Exclusion criteria may include creatinine clearance 5 times normal. Clinicians interested in obtaining the drug can directly reach out to the National Institutes of Health or Gilead. In addition, see CDCs current Clinical Guidance at https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html

RETURN-TO-WORK CONSIDERATIONS FOR EXPOSED OR RECOVERED HCP

HCP should not come to work ill. Decisions on when to return to work after an illness or work exclusion should be made with clinic or facility Occupational Health or Infection Control representatives. The considerations in this table are intended to support Occupational Health and Infection Control representatives in making return-to-work determinations. Not all healthcare providers who become ill will choose to seek care and therefore would not be tested for COVID-19. Care should be taken to ensure the safe return of these HCP to healthcare settings. Currently, serial convalescent screens for COVID-19 are not routinely available, but guidance will be updated to reflect state- and facility-level changes in testing capacity.

Table: Considerations for HCP Return-to-Work

Exposure, Illness, & Work Exclusion			Return-to-work Recommendations	
HCP exposed to known case (hospital or community)	**HCP symptomatic**	**Work Exclusion**	**When can HCP return to work?**	**Additional Considerations**
Yes, and HCP not tested	No	No – but symptom monitor for 14 days after last exposure.	Immediately as long as asymptomatic.	CDPH does not recommend that asymptomatic HCP be tested for COVID-19; they should be allowed to work as long as symptom monitoring is ongoing through occupational health.
Yes, and HCP not tested	Yes	Yes	Whichever is longer: 14 days from exposure **or** 7 days after symptom onset **and** 72 hours after recovery*	The longer 14-day period accounts for sequential respiratory illness or co-infection. Existing sick policies should be used for determining time from symptom resolution to potential return to work. Symptom screen should occur before return to work.
Yes, and HCP COVID-19 test is positive	Yes/No	Yes	Whichever is longer: 7 days after symptom onset **and** 72 hours after recovery*	Symptom screen should occur before return to work.

*recovery is defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath). Lingering cough should not prevent a case from being released from isolation.

Adapted from the Oregon Health Authority, Public Health Division and the Centers for Disease Control and Prevention

ISOLATION AND QUARANTINE GUIDANCE FOR MANAGING PERSONS WITH POSSIBLE OR CONFIRMED COVID-19

Isolation and quarantine are different. These two terms are not interchangeable. Isolation refers to the separation of sick people with a contagious disease from people who are not sick. Quarantine refers to the separation of asymptomatic people who were exposed to a contagious disease to see if they become sick. When preparing to discharge patients with confirmed or possible COVID-19 from the emergency or inpatient department, or sending them home from an outpatient healthcare facility, instruct them to self-isolate and remind their household contacts to self-monitor (see below). The Chicago Department of Public Health DOES NOT require a negative COVID-19 test to release a patient from a healthcare facility.

DISCONTINUATION OF TRANSMISSION-BASED PRECAUTIONS FOR HOSPITALIZED PATIENTS

Typically, COVID-19 patients will remain in transmission-based precautions until they are discharged. When preparing to discharge a medically stable patient, healthcare facilities should evaluate the suitability of the residential setting for home care, consulting with Public Health as needed. Patients should receive instructions on safe home care (CDC guidance available here). Find additional considerations in CDC's Interim Guidance for Discontinuation of Transmission-Based Precautions Among Hospitalized Patients with COVID-19.

For patients with COVID-19 who require continued hospitalization for non-COVID-19 related medical conditions, providers should consult with their Infection Control Department to determine when transmission-based precautions should be discontinued. These conversations could be initiated when the patient is both a minimum of 7 days from last positive COVID-19 test and is a minimum of 72 hours post-resolution of fever (without use of antipyretics) and respiratory signs/symptoms, including cough. Facility visitor policies need to become more restrictive since community transmission of COVID-19 has been identified in Chicago. Current recommendations are that facilities should limit all visitors (except as necessary for hospital discharge processing and transportation). Limit points of entry to healthcare facilities to ensure appropriate signage or check in stations are accessible.

SELF-ISOLATION AT HOME

As a routine matter, persons who are not hospitalized but who have possible or confirmed COVID-19 should be instructed to isolate themselves in a private residence until 7 days following onset of illness AND 72 hours after being consistently afebrile without use of antipyretics and with resolving respiratory symptoms. Caregivers should consult a healthcare provider for children with fever and sore throat to determine if testing is indicated for other illnesses such as strep throat. Persons staying at home because of confirmed or presumed COVID-19 infection should not attend work or school and should avoid public settings and other situations that may permit close contact with others. This guidance applies to any person, regardless of whether they have received a laboratory-confirmed COVID-19 diagnosis, including healthcare workers. See CDC safe home care guidance and "What to do if you have confirmed or suspected COVID-19". See www.chicagohan.org/COVID-19 and www.chicago.gov/coronavirus for other patient focused materials.

SOCIAL DISTANCING AND SELF-MONITORING

We are entering a phase of the pandemic where social distancing may have the greatest impact on minimizing transmission. All Chicago residents are asked to practice social distancing, meaning that they should stay at home to the extent possible and only leave home for essential tasks. All Chicago residents should consider themselves as possibly exposed to SARS-CoV-2 and must therefore self-monitor for COVID-19 like illness – especially those who have had close contact with a person with possible or confirmed COVID-19 and those who are HCP. Close contact includes those persons who reside or provide care in the same household of the ill person or are an intimate partner of the ill person. Close contacts should monitor their health at all times, but should be particularly vigilant for 14 days starting from the last time there was close contact with the person while they were ill. Persons in whom COVID-19 like illness develops should isolate themselves at home and adhere to guidance on self-isolation at home for persons with confirmed or possible COVID-19 (see above). Such ill persons should only seek healthcare if they have severe or worsening illness. As a reminder, patients with mild illness do not need COVID-19 testing, unless it may change management.

MENTAL HEALTH DURING CRISES

Emotional reactions to this emerging health crisis are expected. Remind yourself, your staff and your patients that feeling sad, anxious, overwhelmed or having other symptoms of distress such as trouble sleeping is normal. If symptoms become worse, encourage them, and yourself, to reach out for support and help. Call 311 or NAMI Chicago Helpline 833-626-4244 for a mental health counselor. For after hours, there is the Crisis Text Line which serves anyone, in any type of crisis, 24-hours a day. Instructions: Text HELLO to: 741741 to access a trained crisis counselor. Also, please share the link to the city of Chicago's webpage for information on emotional coping, recovery and resilience across the lifespan during disasters and public health emergencies. Providers can direct people (especially during quarantine, isolation/social distancing) to access this psychoeducational information anytime. The information has been translated in several different languages.

Providers with questions can call the Chicago Department of Public Health at **312-746-SICK (7425);** note that this number is intended only for providers, not the public. Chicago healthcare providers and institutions are reminded to check COVID-19 resources available on the CDPH provider webpage (https://www.chicagohan.org/covid-19) and the CDC website.

Adapted from the New York City Department of Mental Health and Hygiene Health Alert #6
https://www1.nyc.gov/site/doh/providers/health-topics/novel-respiratory-viruses.page