Iroquois Healthcare Association

Coronavirus (COVID-19)

Hospital Resource Guide

Updated March 12, 2020

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Key Guidance and Information

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- Information for Healthcare Providers
- Case Reports of COVID-19 in NYS
- NYSDOH Health Commerce System *
- Information from the Governor
- LHD Contact Information

* Because NYSDOH distributes alerts and advisories through the HCS notification system, it is essential that hospitals and providers maintain up-to-date contact information in the HCS Communications Directory for their administrative and clinical leadership to be assured of receiving this information.

American Hospital Association

- AHA Resources & Advisories on COVID-19
- AHA News on COVID-19

Iroquois Healthcare Association

- IHA Emergency Preparedness Resources

New York State Executive & Regulatory Actions

Executive & Regulatory

Executive Order No. 202 Declaring State of Emergency Issued 3/7

Gov. Cuomo declared a state of emergency effective through April 6, 2020. The Executive Order provides for the temporary suspension or modification of certain state statutes and regulations which allow for actions including:

- Expedited procurement of essential supplies and resources;
- Non-nursing staff to collect specimens after training approved by NYSDOH, and under supervision;
- Non-patient specific testing orders to be written;
- Promulgation of emergency regulations;
- Completion of patient review as soon as practicable;
- Rapid discharge, transfer, or receiving of patients;
- EMS personnel to transport patients to quarantine locations other than just hospitals;
- Rapid approval for the use of telemedicine.

NYSDOH has indicated that guidance will be issued to help hospitals implement provisions of the Executive Order.

For additional information and resources relating to emergency waivers, please see the following Iroquois Healthcare Association document:

- **Temporary Suspension and Modification of Statutes and Regulations During Emergencies: A Guide for Healthcare Providers** IHA 2014

  This document identifies statutes and regulations that are likely to impede care during an emergency. In addition to listing potential statutory and regulatory barriers, the guide provides an overview of legal authorities, a description of the process for requesting waivers, and contact information.

Emergency Regulations: Investigation of Communicable Disease; Isolation and Quarantine Effective 3/9

The Public Health and Health Planning Council adopted emergency regulations which clarifies and/or codifies authorities, requirements and related procedures including:

- Local health department authority to investigate a disease outbreaks and cases, and reporting requirements;
- Local and state health department authorities to issue isolation and quarantine orders;
- Requirements, procedures and conditions for isolation and quarantine;
- Requirements that the attending physician report cases and suspected cases to the local health authority, provide for appropriate isolation, and advise other household members other members of precautions to prevent further spread of the disease;
- Requirements that clinical laboratories to report all test results for communicable diseases designated by the Commissioner as requiring prompt attention via the Electronic Clinical Laboratory Reporting System (ECLRS);
- Mandates that hospitals report syndromic surveillance data during an outbreak of a highly contagious disease. The emergency regulation notes that that most hospitals currently submit this data voluntarily;

- Permits the Commissioner to direct hospitals to take patients during an outbreak of a highly contagious communicable disease consistent with EMTALA.

NYSDOH

Nursing Home Guidance Letter Issued 3/6

The letter to nursing home administrators provides directives for preventing spread of COVID-19. The guidance addresses:

- What to do if a Resident is suspected of having a COVID-19 infection
- Visitor screening and restriction policies, and signage;
- Staff illness and sick leave policies;
- Staff exposure, quarantine and active monitoring ;
- PPE conservation; respirators

Interim Containment Guidance for Local Health Departments Issued 3/6

The interim guidance provides conditions for local health departments to issue orders for Mandatory Quarantine and Isolation, as well as Precautionary Quarantine The guidance establishes requirements for monitoring, sheltering conditions and provision of personal needs.

Criteria for Discontinuation of Quarantine of Patients with COVID-19 Issued 3/8

This NYSDOH Health Advisory sets the following minimum criteria for discontinuation of mandatory isolation:

- It has been at least seven days since the initial positive test for COVID-19;
- Resolution of fever without the use of antipyretic medication;
- Improvement in the signs and symptoms of the illness;
- Negative results for a molecular assay for COVID-19 from two consecutive sets of nasopharyngeal (NP) and oropharyngeal (OP) swabs at least 24 hours apart.

Federal Regulatory Actions & Guidance

HHS Secretary Declares Public Health Emergency Effective January 27, 2020

The Secretary of Health and Human Services pursuant to authority under section 319 of the Public Health Service Act, declared a public health emergency effective January 27, 2020.

As of March 12th, the President has not declared a major disaster or an emergency under the Robert T. Stafford Act or an emergency under the National Emergencies Act. For additional information on authorities provided under emergency declarations see the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) website.

When the President declares a major disaster or an emergency, and the HHS Secretary declares a public health emergency, the Secretary is authorized to take certain additional actions. Under section 1135 of the Social Security Act, the Secretary is authorized to temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements for healthcare providers to ensure that sufficient healthcare items and services are available to meet the needs of individuals enrolled in these programs in an emergency area. Under an 1135 waiver, healthcare providers unable to comply with one or more waiver-eligible requirements may be reimbursed and exempted from sanctions.

Please see the following Iroquois Healthcare Association documents for additional information and resources relating to emergency waivers:

- **CMS Emergency Preparedness Conditions of Participation CMS 1135 Waiver and Alternate Care Site Requirements: Recommendations for Compliance** IHA 2019

  This document includes a summary of CMS requirements relating to 1135 waivers and alternate care sites, along with recommendations for compliance, guidance on requesting and operating under an 1135 waiver, sample policies and procedures, and applicable references.

- **Temporary Suspension and Modification of Statutes and Regulations During Emergencies: A Guide for Healthcare Providers** IHA 2014

  This document identifies statutes and regulations that are likely to impede care during an emergency. In addition to listing potential statutory and regulatory barriers, the guide provides an overview of legal authorities, a description of the process for requesting waivers, and contact information.

CMS Memo: EMTALA Requirements and Implications Related to COVID-19 CMS Issued 3/9

The CMS memo reinforces EMTALA requirements for patient screening, stabilization and transfer, and latitude for setting up screening sites away from the ED. The memo includes FAQs emphasizing reliance on CDC guidance regarding isolation and infection control measures, and a fact sheet for addressing increased surges in the numbers of patients presenting to the ED.

- **EMTALA Screening Obligation**: Every hospital or CAH with a dedicated emergency department (ED) is required to conduct an appropriate medical screening examination (MSE) of all individuals who come to the ED, including individuals who are suspected of having COVID-19, and regardless of whether they arrive by ambulance or are walk-ins. Every ED is expected to have the capability to apply appropriate COVID-19 screening criteria when applicable, to immediately identify and isolate individuals who meet the screening criteria to be a potential COVID-19, to contact their state or local public health officials to determine next steps.
- **EMTALA Stabilization, Transfer & Recipient Hospital Obligations**: In the case of individuals with suspected or confirmed COVID-19, hospitals and CAHs are expected to consider current guidance of CDC and public health officials in determining whether they have the capability to provide appropriate isolation required for stabilizing treatment and/or to accept appropriate transfers. In the event of any EMTALA complaints alleging inappropriate transfers or refusal to accept appropriate transfers, CMS will take into consideration the public health guidance in effect at the time.

CMS Guidance for use of Certain Industrial Respirators by Health Care Personnel CMS Issued 3/10

The memo clarifies the application of CMS policies in light of recent CDC and FDA guidance expanding the types of facemasks healthcare workers may use in situations involving COVID-19 and other respiratory infections.

CMS Announces Infection Control Surveys CMS Issued 3/4

CMS announced that survey inspections will temporarily focus exclusively on issues related to infection control and other serious health and safety threats – beginning with nursing homes and hospitals.

Health care providers should immediately review and activate their infection control plans and policies CMS stresses that health care providers "must immediately review their procedures to ensure compliance" with CMS' infection control requirements as well as CDC's guidelines.

CMS issued the following memoranda:

Suspension of Survey Activities - Provides notice and information about the temporary focus of surveys on infection control and other emergent issues, and that statutorily-required inspections in nursing homes will continue.

Guidance for COVID-19 Infection Control and Prevention in Nursing Homes

Guidance for COVID-19 Infection Control and Prevention: FAQs and Considerations for Patient Triage, Placement and Hospital Discharge

The memorandum provides the following directives:

- Hospitals should monitor the CDC COVID-19 website for up to date information and resources.
- Hospitals should contact their local health department if they have questions or suspect a patient or healthcare provider has COVID-19.
- Hospitals should have plans for monitoring healthcare personnel with exposure to patients with known or suspected COVID-19, and refer to CDC's interim guidance on monitoring healthcare personnel.

FDA Emergency Use Authorization for PPE FDA Updated 3/6

The FDA approved CDC's request for an emergency use authorization (EUA) to allow certain NIOSH-approved "industrial" N95 respirators in healthcare settings (Also see March 11th clarification letter). A list of all NIOSH approved N95 respirators including FDA-approved "Surgical N95s" is available on the NIOSH website.

The EUA allows for emergency use of:

1. All disposable filtering facepiece respirators (FFRs) approved by NIOSH as non-powered air-purifying particulate FFRs, and
2. FFRs that were NIOSH-approved but have since passed the manufacturers' recommended shelf-life, for use in healthcare settings to prevent exposure to pathogenic biological airborne particulates

The list of respirators eligible for authorization under the EUA are included in Appendix A: NIOSH-approved FFRs and those subsequently authorized are listed in and Appendix B: Authorized Respirators includes respirators subsequently added as of March 6th.

Additional respirators may be added later as "Appendix B" on the FDA's EUA webpage. CDC recommendations on use of these respirators will be posted CDC's PPE webpage and further information will be posted on the FDA's EUA webpage.

The EUA notes that FFRs are not currently authorized for use beyond their manufacturer-intended shelf life or expiration date, but that if FDA authorizes such it will be posted at the EUA website.

Planning

Risk Assessment

COVID-19 Global Cases Johns Hopkins University Updated Daily

This map visualizes where cases of the COVID-19 are worldwide. It provides the latest figures for the number of confirmed cases, cases by country or region, and deaths.

Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19 CDC Updated 3/7

This interim guidance is intended to assist with assessment of risk, monitoring, and work restriction decisions for healthcare personnel (HCP) with potential exposure to COVID-19. It was updated on March 7th to make the following changes:

- Updating recommendations (HCP contact tracing, monitoring, and work restrictions in selected circumstances. These include allowances for asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. (See Additional Considerations and Recommendations);
- Removed requirement under "self-monitoring with delegated supervision" for healthcare facilities to actively verify absence of fever and respiratory symptoms when HCP report for work. This is now optional.
- Simplified risk exposure categories based on most common scenarios with focus on presence/absence of source control measures; use of PPE by HCP; and degree of contact with patient (i.e., prolonged vs. brief);
- Added language advising HCP to inform their occupational health program if they have travel or community-associated exposures as defined in Interim Guidance for Risk Assessment and Public Health Management of Persons with Potential COVID-19 Exposure in Travel-associated or Community Settings.

Healthcare facilities, in consultation with public health authorities, should use clinical judgment as well as the principles outlined in this guidance to assign risk and determine need for work restrictions. CDC is available for consultation by calling the Emergency Operations Center at 770-488-7100.

Interim Guidance for Risk Assessment and Public Health Management of Persons with Potential COVID-19 Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases CDC Updated 3/7

Recommendations in this document for actions by public health authorities apply primarily to US jurisdictions that are not experiencing sustained community transmission. CDC will provide separate guidance for US jurisdictions with sustained community transmission.

COVID-19 Risk Assessment and Public Health Decision Algorithm CDC Updated 2/28

This one-page algorithm details the risk assessment and public health management decision-making for possible cases of COVID-19, with each question referring to within the past 14 days. It details actions to take for high risk, medium risk, low risk, and no identifiable risk.

Checklists

COVID-19 Hospital Preparedness Assessment Tool CDC Updated 2/14

This five-page checklist highlights important areas for hospitals to review in preparation for potential arrivals of COVID-19 patients. Direct link to document.

Healthcare Professional Preparedness Checklist For Transport and Arrival of Patients With Confirmed or Possible COVID-19 CDC Updated 2/21

Highlights key steps for front-line healthcare personnel in preparation for transport and arrival of patients with confirmed or possible COVID-19.

COVID-19 Healthcare Planning Checklist **HHS ASPR** New 03/05

This checklist identifies specific activities for health care coalitions and jurisdictional partners to prepare for and respond to COVID-19. It is adapted from a variety of HHS Pandemic Influenza Pandemic Planning resources.

Checklist for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response

This checklist is intended to help healthcare facilities prioritize the implementation of the strategies following the prioritization used in the concept of surge capacity. The following strategies are categorized in a continuum of care and further organized according to the hierarchy of controls:

- Conventional Capacity Strategies consist of providing care without change in daily practices;
- Contingency Capacity Strategies may change practices but may not have a significant impact on patient care or HCP safety;
- Crisis/Alternate Strategies are not commensurate with current U.S. standards of care but may need to be considered during periods of expected or known N95 respirator shortages when N95 supplies are running low or the are no respirators left.

Planning Guidance

Steps Healthcare Facilities Can Take Now to Prepare for COVID-19 **CDC** Updated 2/29

Outlines preparedness actions for plan review, communication, public health collaboration, and protecting healthcare workers and patients.

Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 **CDC** Updated 2/29

Describes planning actions and public health collaborations to meet the goals of reducing morbidity and mortality, minimizing disease transmission, protecting healthcare personnel, and preserving healthcare system response.

Strategies to Prevent Spread of COVID-19 in LTCFs **CDC** Updated 2/29

Outlines general strategies to detect and prevent the spread of respiratory viruses.

Coronavirus Planning Toolkit **Massachusetts General Hospital** Updated 1/29

This 26-page document is a compilation of resources to support a healthcare organization's planning for high consequence infectious diseases (HCIDs) requiring airborne isolation plus contact isolation plus eye protection for healthcare workers and other staff who encounter the patient. Pathogens that fall in to this category include MERS, SARS, and the COVID-19. The resources will enhance the ability to follow the CDC's Identify, Isolate, and Inform algorithm, which is included in the document.

What Healthcare Personnel Should Know about Caring for Patients with Confirmed or Possible COVID-19 **CDC** Updated 2/29

Provides information to minimize risk of exposure when caring for confirmed or possible COVID-19 patients. Includes information on how COVID-19 spreads, infection control protections, environmental cleaning and disinfection, and when to contact occupational health services.

What Hospitals Should Do Now to Prepare for a COVID-19 Pandemic **Center for Health Security, Johns Hopkins University** Updated 2/27

Provides hospital administrators and clinicians specific information to prepare for a COVID-19 pandemic. It provides a table of HHS pandemic planning assumptions, lists top priorities and specific priority actions to be taken, and discusses how to proceed.

Topic Collection: Coronaviruses **HHS ASPR** Updated 2/12

Highlights key health and medical preparedness resources to help medical emergency planners and healthcare professionals learn more about managing patients experiencing illness from novel respiratory pathogens; understand related infection control principles in healthcare and community settings; and benefit from lessons learned from past for SARS, MERS, and Coronavirus outbreaks.

COVID-19 Public Health Legal Preparedness **American Bar Association** 2/18

This one-hour, 29-minute webinar provides an overview of the global and U.S. situation for the COVID-19, as well as public health planning considerations for state, tribal, local, and territorial health departments. Presentation Slides.

CDC: Preparing Communities for Potential Spread of COVID-19 **CDC** Updated 2/23

Describes how CDC is responding to the global outbreak of COVID-19 and preparing for the potential of community spread in the United States. It details how the CDC is preparing first responders, healthcare providers, and health systems; reinforcing state, territorial, and local public health readiness; and supporting communities, businesses, and schools.

Training

NETEC (National Ebola Training and Education Center) Guide on Coronavirus

This is a free resource that provides information and key updates on all emerging disease resource libraries, and also partners with CDC.

Healthstream - 2019 Novel Coronavirus

This is a resource that has recently been published by Healthstream, and includes background information on the COVID-19, as well as infection control and prevention considerations.

PPE Training Video for COVID-19 **NETEC**

18-minute video from National Ebola Training and Education Center (NETEC) provides guidance for the donning and doffing of PPE for COVID-19 following the CDC guidelines for standard precautions, contact precautions, airborne precautions, and eye protection. Link to additional guidance.

PPE Guidance for COVID-19 **NETEC**

This National Ebola Training and Education Center (NETEC) provides three guidance documents for COVID-19 PPE: COVID-19: PPE Donning and Doffing; PPE Competency Validation Checklist; and PPE Competency Validation Checklist - Instructor Guide. It also provides links to Contaminated Glove Removal instructions, and a just in time training video on PPE for COVID-19.

CDC Presentation: Strategies for Optimizing N95 Supplies **CDC**

This 55-minute webinar provides an overview of COVID-19 response, how health systems can prepare, and strategies for optimizing supply of N95 respirators. Discussion includes actions and strategies to stop the spread of COVID-19, engineering and administrative controls, PPE, and national readiness activities. Link to presentation slides.

PPE, Supplies & Resource Assessment

Process for Requesting Resources

New York State's Medical Emergency Response Cache (MERC) and the federal Strategic National Stockpile (SNS) are available to meet shortages of N95 respirators and other PPE and medical supplies.

A February 6th letter to CEOs from the NYS Commissioner of Health outlined the process by which hospitals can request critical PPE or other essential supplies when they are unable to order through their normal vendor, mutual aid, or jurisdictional partners. NYSDOH reissued this guidance on March 2nd, ***stressing the importance of making any requests for supplies no later than 10 days prior to the date you expect those supplies to be exhausted***. This 10 day period assists the NYSDOH in meeting supply requests in a timely way.

The Commissioner's letter advises hospitals to track essential supply inventories and estimate quantities needed in a surge situation.

The IHA 96 Hour Sustainability Assessment resources below may assist you in this.

- **96 Hour Sustainability Assessment Calculator, Chart and Tools** - Calculates the number of hours resources and assets may be sustained; and provides a visual analysis of sustainability periods and gaps that may impact operations.
- **96 Hour Sustainability Planning Guidance** - Provides step-by-step instructions for collecting data and conducting a sustainability assessment.

If a shortage is identified, the Commissioner's letter advises facilities to follow the protocol outlined below for requesting supplies:

- Use existing vendor agreements and procurement plans to place orders;
- Activate mutual aid agreements to obtain available supplies from those partners;
    - If requesting or providing assistance to another hospital, please refer to the IHA-sponsored
        - **Hospital Mutual Aid MOU** and
        - **MOU Summary of Provisions**.
- Notify the NYSDOH Regional Office of ongoing need.
- When existing agreements are exhausted, notify local OEM to identify any county resources.
- If local resources are exhausted, submit a request via county OEM to NYS OEM detailing:
    - Type and Quantity of PPE by size
    - Point of Contact at the requesting facility or system
    - Delivery location
    - Date request is needed to be filled by
    - Record of pending orders

NYSDOH stresses that requests should be submitted via your County OEM no later than 10 days before an item is out of stock.

NYS OEM will notify NYSDOH which will validate the request and determine its ability to meet the request from the state's MERC. If needed, NYS would request supplies from the federal SNS.

CDC Recommendations on PPE Use in Infection Control

Overview

Healthcare facilities should be reviewing their infection control supply inventories and taking steps to optimize supplies. This is particularly true for facilities that perform aerosol-generating procedures, so that appropriate PPE will be available for high-risk procedures as potential COVID-19 cases increase.

On March 10, CDC published updated Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings to reflect PPE supply demands and to support healthcare facilities in practical decision-making at the local level.

The updated interim guidance prioritizes the use of N95 respirators and other respiratory protection devices during high-risk procedures, while still protecting healthcare personnel with facemasks and eye protection during other routine patient care activities in the setting of temporary respirator shortages.

CDC's infection prevention and control guidance along with an FAQ document provide recommendations on the use of PPE for healthcare personnel caring for patients with confirmed or possible COVID-19 infection and are further described below.

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings CDC Updated 3/10

The interim guidance, updated on March 10th, is based on currently available information about COVID-19 and the current situation in the U.S., which includes reports of cases of community transmission, infections identified in healthcare personnel (HCP), and shortages of facemasks, N95 filtering facepiece respirators (FFRs), and gowns. CDC's recommendations allow that facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. When the supply chain is restored, CDC advises facilities to return to use of respirators for known or suspected COVID-19 patients. They further recommend that patients with known or suspected COVID-19 be cared for in a single-person room with the door closed, noting that airborne infection isolation rooms should be reserved for patients undergoing aerosol-generating procedures.

The March 10th revisions include the following recommendations:

- Based on analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. Available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
- 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).

- Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).

Healthcare Infection Prevention and Control FAQs for COVID-19 CDC Updated 3/10

Addresses infection prevention and control including recommendations on use of PPE. FAQs ere updated March 10th to align with the revised Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or PUI for COVID-19 in Healthcare Settings.

Frequently Asked Questions about Respirators and their Use CDC Updated 2/29

This CDC webpage provides technical guidance related to gowns, gloves and respirators. CDC also recommendations that healthcare personnel should adhere to Standard, Contact, and Airborne Precautions when caring for patients with confirmed or possible COVID-19 infection. These precautions include the use of PPE, including NIOSH-approved N95 respirators, gowns, gloves, face shield/eye protection, etc. This includes, but is not limited to, surgical N95 respirators. Please refer to links below for additional information:

- Standard Precautions for All Patient Care
- Isolation Precautions
- NIOSH-approved N95

PPE Supply and Conservation Strategies

Overview

Hospitals should review their policies for conservation of N95 respirators and other PPE based the CDC information and:

- Review and implement engineering and administrative controls, and conventional capacity strategies for conservation of N95 respirators as outlined in the CDC documents;
- Implement measures to control PPE stock to prevent unauthorized use or removal of PPE (particularly N95 respirators), while not unintentionally discouraging use when indicated.
- Coordinate N95 usage with their infection control teams to ensure that N95s are only used when appropriately indicated.

In a February 24th advisory message, NYSDOH recommends that N95 Respirators should only be utilized when necessary, and should not be used for influenza-like illness (ILI) for which there are no epidemiological concerns/indicators that coronavirus may be present.

CDC emphasizes that PPE is one aspect of patient and healthcare personnel (HCP) safety, and involves a high level of worker involvement and is highly dependent on proper fit and correct use. Additional safety measures including prompt screening and triage, limiting personnel in the room, hand hygiene, source control, and effective environmental cleaning must also be implemented and adhered to.

These recommendations, detailed in CDC's Strategies for Optimizing the Supply of N95 Respirators, urge healthcare facilities and personnel to employ multiple interventions through hierarchy of controls which may be adapted for increasing surge levels:

- Conventional Capacity Strategies which employ engineering and administrative controls, and controls for proper PPE use;

- Contingency Capacity Strategies which employ administrative controls focused on decreasing length of stay, and revised PPE controls including extended use and limited reuse of N95s;
- Crisis Alternate Strategies which could employ necessary adaptions to standard policies and protocols.

Information and recommendations on PPE conservation is available on the CDC webpages below.

Healthcare Supply of PPE **CDC** Updated 2/29

Based on the current COVID-19 situation and availability of PPE, the CDC has these specific recommendations. Topics on this web page are Who Needs PPE; Who Does Not Need PPE; Manufacturers and Distributors; Strategies for Optimizing Supply of N95 Respirators; and Frequently Asked Questions About Respirators and Their Use.

Strategies for Optimizing the Supply of N95 Respirators **CDC** Updated 2/29

Provides guidance on how to optimize supplies of N95 respirators in healthcare settings. The recommendations are intended for use by professionals who manage respiratory protection programs, occupational health services, and infection prevention programs in healthcare institutions to protect healthcare personnel from job-related risks of exposure to infectious respiratory illnesses.

The webpage outlines a framework for decisions to implement measures in under conventional capacity, contingency capacity and crisis alternative capacity. The webpage also includes:

- Checklist for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response
- Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Considerations for the COVID-19 Response

Hospitals should maintain any stockpiles of expired PPE that is past its intended shelf life until further guidance can be provided regarding the safety of its use. A February 21st advisory message from NYSDOH has advised that NIOSH is working with both OSHA and the FDA to determine additional guidance on use of expired PPE past its intended shelf life.

CDC Presentation: Strategies for Optimizing N95 Supplies **CDC** Updated 2/11

This 55-minute webinar provides an overview of COVID-19 response, how health systems can prepare, and strategies for optimizing supply of N95 respirators. Discussion includes actions and strategies to stop the spread of COVID-19, engineering and administrative controls, PPE and national readiness activities. Link to presentation slides.

Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings **NIOSH**

This NIOSH document recommends practices for extended use and limited reuse of NIOSH-certified N95 respirators. The recommendations are intended for professionals who manage respiratory protection programs to protect health care workers from job-related risks of exposure to infectious respiratory illnesses.

FDA Emergency use Authorization for PPE **FDA** **Updated 3/6**

The FDA approved CDC's request for an emergency use authorization (EUA) to allow certain NIOSH-approved "industrial" N95 respirators in healthcare settings (Also see March 11th clarification letter). A list of all NIOSH approved N95 respirators including FDA-approved "Surgical N95s" is available on the NIOSH website.

The EUA allows for emergency use of:

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4. FFRs that were NIOSH-approved but have since passed the manufacturers' recommended shelf-life, for use in healthcare settings to prevent exposure to pathogenic biological airborne particulates

The list of respirators eligible for authorization under the EUA are included in Appendix A: NIOSH-approved FFRs and those subsequently authorized are listed in and Appendix B: Authorized Respirators includes respirators subsequently added as of March 6th.

Additional respirators may be added later as "Appendix B" on the FDA's EUA webpage. CDC recommendations on use of these respirators will be posted CDC's PPE webpage and further information will be posted on the FDA's EUA webpage.

The EUA notes that FFRs are not currently authorized for use beyond their manufacturer-intended shelf life or expiration date, but that if FDA authorizes such it will be posted at the EUA website.

PPE Training Resources

PPE Training Video for COVID-19 NETEC

18-minute video from National Ebola Training and Education Center (NETEC) provides guidance for the donning and doffing of PPE for COVID-19 following the CDC guidelines for standard precautions, contact precautions, airborne precautions, and eye protection. Link to additional guidance.

PPE Guidance for COVID-19 NETEC

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Strategies for Optimizing N95 Supplies CDC

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Clinical Guidance for Healthcare Providers

Hospitals are screening and collecting travel history for patients presenting with fever and acute respiratory illness in accordance with CDC's recommendations. NYSDOH screening requirements established as part of the 2014 Commissioner's Order related to Ebola also apply.

Patients meeting CDC's criteria should evaluated as person under investigation (PUI), and CDC's infection prevention and control and patient management guidelines should be followed.

In the event of a PUI, healthcare providers should immediately notify both infection control personnel at their facility and the LHD where the patient resides. Reporting suspected/confirmed communicable diseases to LHD within 24hrs is mandated under 10NYCRR 2.10)

Clinicians and LHDs will consult in determining whether a patient is a PUI based on CDC criteria. NYSDOH has advised that it will provide 24/7 assistance to collect, store, and ship specimens.

Below are links to CDC's guidance for evaluating and reporting PUI for COVID-19.

Evaluating, Reporting, Testing & Specimen Collection

NYSDOH Interim Guidance: Protocol for COVID-19 Testing Applicable to All Health Care Providers and Local Health Departments (LHD) NYSDOH Issued 3/6

The new protocol directs that testing for COVID-19 shall be authorized by a health care provider when:

- An individual has come within proximate contact (same classroom, office, or gatherings) of another person known to be positive; or
- An individual has traveled to a country that the CDC has issued a Level 2 or Level 3 Travel Health Notice, and shows symptoms of illness; or
- An individual is quarantined (mandatory or precautionary) and shows symptoms of COVID-19 illness; or
- An individual is symptomatic and has not tested positive for any other infection; or
- Other cases where the facts and circumstances warrant as determined by the treating clinician in consultation with state and local department of health officials."

Please note that New York State's testing criteria differs from CDC's recommendations for Evaluating and Testing Persons Under Investigation (PUI) which are further outlined in CDC's Health Advisory dated March 8.

Evaluating and Reporting Persons Under Investigation (PUI) CDC Updated 3/4

Provides interim guidance for healthcare professionals regarding the COVID-19 in two sections:

- **Criteria to Guide Evaluation of PUI for COVID-19** Updated 3/4

Criteria for evaluation of PUI were updated March 4th to include a wider group of symptomatic patients. International Areas with Sustained (Ongoing) Transmission was last updated February 28th and includes:

  - China Level 3 Travel Health Notice
  - Iran Level 3 Travel Health Notice
  - Italy Level 3 Travel Health Notice
  - Japan Level 2 Travel Health Notice
  - South Korea Level 3 Travel Health Notice

- **Recommendations for Reporting, Testing, and Specimen Collection** Updated 2/28

Clinicians should immediately implement recommended infection prevention and control practices if a patient is suspected of having COVID-19, and notify infection control personnel at their healthcare facility and their local health department. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens below and Biosafety FAQs for handling and processing specimens.

Also see CDC's Health Advisory dated March 8th which provides additional updated information.

Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19
CDC Updated 3/9

Provides guidelines for specimen collection, shipping and testing procedures PUIs. Revisions were made on February 14th addressing appropriate specimen collection guidance and removal of serum guidance. Further revisions were made March 9th to reflect the following:

- Updates to all specimen storage guidelines for consistency with the FDA EUA; and
- Recommendation to include combined NP/OP specimens as an option for upper respiratory specimen collection.

Frequently Asked Questions about Biosafety and COVID-19 **CDC** Updated 3/2

Addresses specimen handling, storage, specimen handling, packaging and shipping, and other issues

Real-Time RT-PCR Diagnostic Panel: Fact Sheet for Providers **CDC** Updated 2/4

This three-page fact sheet informs healthcare providers of the significant known and potential risks and benefits of the emergency use of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel. This test is to be performed only using respiratory specimens collected from individuals who meet CDC criteria for COVID-19 testing.

Real-Time RT-PCR Diagnostic Panel: Fact Sheet for Patients **CDC** Updated 2/4

This two-page fact sheet is for patients whose sample(s) were tested for the COVID-19 using the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel. It contains information to help patients understand the risks and benefits of using this test for the diagnosis of 2019-nCoV infection.

Interim Guidance for Collection and Submission of Postmortem Specimens from Deceased PUI for COVID-19 **CDC** Updated 2/19

Provides specific guidance for the collection and submission of postmortem specimens from deceased PUI for COVID-19, and recommendations for biosafety and infection control practices during specimen collection and handling, including during autopsy procedures. The guidance can be utilized by medical examiners, coroners, pathologists, other workers involved in the postmortem care of deceased PUI, and local and state health departments.

Infection Control

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings **CDC** Updated 3/10

The interim guidance, updated on March 10th, is based on currently available information about COVID-19 and the current situation in the U.S., which includes reports of cases of community transmission, infections identified in healthcare personnel (HCP), and shortages of facemasks, N95 filtering facepiece respirators (FFRs), and gowns. CDC's recommendations allow that facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. When the supply chain is restored, CDC advises facilities to return to use of respirators for known or suspected COVID-19 patients. They further recommend that patients with known or suspected COVID-19 be cared for in a single-person room with the door closed, noting that airborne infection isolation rooms should be reserved for patients undergoing aerosol-generating procedures.

The March 10th revisions include the following recommendations:

- Based on analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. Available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.

- 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).
- Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).

Healthcare Infection Prevention and Control FAQs for COVID-19 CDC Updated 3/10

Addresses infection prevention and control including recommendations on use of PPE. FAQs ere updated March 10th to align with the revised Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or PUI for COVID-19 in Healthcare Settings.

Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes CDC Updated 3/10

Frequently Asked Questions about Respirators and their Use CDC Updated 2/29

This CDC webpage provides technical guidance related to gowns, gloves and respirators. CDC also recommendations that healthcare personnel should adhere to Standard, Contact, and Airborne Precautions when caring for patients with confirmed or possible COVID-19 infection. These precautions include the use of PPE, including NIOSH-approved N95 respirators, gowns, gloves, face shield/eye protection, etc. This includes, but is not limited to, surgical N95 respirators. Please refer to links below for additional information:

- Standard Precautions for All Patient Care
- Isolation Precautions
- NIOSH-approved N95

OSHA: COVID-19 Safety and Health OSHA Updated 2/13

Information for workers and employers about the evolving COVID-19 outbreak including links to interim guidance and other resources for preventing exposures to, and infection with, the novel coronavirus—now officially named COVID-19. Information topics are Hazard Recognition, Standards, Medical Information, Control and Prevention, Background, and Additional Resources.

CMS Information for Healthcare Facilities Concerning COVID-19 CMS Issued 2/6

This three-page memorandum urges the review of CDC's guidance, and encourages healthcare facilities to review their own infection prevention and control policies and practices to prevent the spread of infection. Direct link to document.

Protecting Healthcare Personnel

Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19 CDC Updated 3/7

This interim guidance is intended to assist with assessment of risk, monitoring, and work restriction decisions for healthcare personnel (HCP) with potential exposure to COVID-19. It was updated on March 7th to make the following changes:

- Updating recommendations regarding healthcare personnel (HCP) contact tracing, monitoring, and work restrictions in selected circumstances. These include allowances for asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. (See Additional Considerations and Recommendations);
- Removed requirement under "self-monitoring with delegated supervision" for healthcare facilities to actively verify absence of fever and respiratory symptoms when HCP report for work. This is now optional.
- Simplified risk exposure categories based on most common scenarios with focus on presence/absence of source control measures; use of PPE by HCP; and degree of contact with patient (i.e., prolonged vs. brief);
- Added language advising HCP to inform their occupational health program if they have travel or community-associated exposures as defined in Interim Guidance for Risk Assessment and Public Health Management of Persons with Potential COVID-19 Exposure in Travel-associated or Community Settings.

Healthcare facilities, in consultation with public health authorities, should use clinical judgment as well as the principles outlined in this guidance to assign risk and determine need for work restrictions. CDC is available for consultation by calling the Emergency Operations Center at 770-488-7100.

Healthcare Professional Preparedness Checklist For Transport and Arrival of Patients With Confirmed or Possible COVID-19 CDC Updated 2/21

Highlights key steps for front-line healthcare personnel in preparation for transport and arrival of patients with confirmed or possible COVID-19.

Clinical Management & Care

Interim Clinical Guidance for Management of Patients with Confirmed COVID-19 CDC Updated 3/7

This interim guidance is for clinicians caring for patients with confirmed infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes coronavirus disease (COVID-19).

The March 7th update includes additional information from recent reports including:

- Characteristics of patients based on recent epidemiologic data from China, including characteristics of patients with COVID-19 admitted to the intensive care unit and data on pediatric cases;
- Data regarding SARS-CoV-2 viral shedding among asymptomatic persons, and data from a recent report of viable SARS-CoV-2 isolation from stool;
- Accessibility of investigational drug therapies for ; treatment through clinical trial enrollment in the U.S.;
- Recently published pediatric surviving sepsis guidance.

CDC will update this interim guidance as more information becomes available. The guidance includes:

- Clinical Presentation
- Clinical Course
- Diagnostic Testing
- Laboratory and Radiographic Findings
- Clinical Management and Treatment
- Investigational Therapeutics
- Discontinuing Transmission-based Precautions or In-Home Isolation

Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19 **CDC** Updated 2/11

This guidance provides a framework for disposition of hospitalized patients with COVID-19. All patients should be evaluated on a case-by-case basis, and their disposition discussed with health care providers and public health departments. The page lists considerations for Hospitalized Patients with COVID-19 Under Transmission-Based Precautions, and Disposition of Hospitalized Patients with COVID-19.

FAQs: COVID-19 and Children **CDC** Updated 3/1

The information provided includes that there is no evidence that children are more susceptible, and that there have been very few reports of the clinical outcomes for children with COVID-19 to date.

Interim Considerations for Infection Prevention and Control of COVID-19 in Inpatient Obstetric Healthcare Settings CDC Updated 2/18

These infection prevention and control considerations are for healthcare facilities providing obstetric care for pregnant patients with confirmed COVID-19 or pregnant PUI in inpatient obstetric healthcare settings, including obstetrical triage, labor and delivery, recovery, and inpatient postpartum settings. Topics are Pre-hospital Considerations, During Hospitalization, Mother/Baby Contact, Breastfeeding, and Disposition.

FAQs: COVID-19 and Pregnancy **CDC** Updated 2/21

Topics include: pregnant women; transmission during pregnancy or during delivery; infants; and transmission through breast milk.

Laboratory

Frequently Asked Questions on COVID-19 Testing at Laboratories **CDC** Updated 3/10

Information for Laboratories COVID-19 Requests for Diagnostic Panels and Virus **CDC** Updated 3/1

Provides guidance for diagnostic tools, including how to order a reagent diagnostic tool, what the diagnostic tool includes, what other equipment labs will need to perform tests using the diagnostic tool, and what safety equipment labs should use when using the diagnostic tool.

Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with COVID-19 **CDC** Updated 2/10

Provides general and specific biosafety guidelines for handling COVID-19 specimens, as well as information about clinical laboratory testing; packing, shipping, and transport; and related resources to minimize the risk incurred in handling specimens from PUI.

Home Care

Implementing Home Care When Not Requiring Hospitalization **CDC** Updated 2/12

Preventing COVID-19 Spread in Homes and Communities **CDC** Updated 2/14

Disposition of Non-Hospitalized Patients with COVID-19 **CDC** Updated 2/11

EMS

Healthcare Professional Preparedness Checklist For Transport and Arrival of Patients With Confirmed or Possible COVID-19 **CDC** Updated 2/21

Highlights key steps for front-line healthcare personnel in preparation for transport and arrival of patients with confirmed or possible COVID-19.

Interim Guidance for EMS and 911 PSAPs for COVID-19 **CDC** **Updated 3/10**

Provides guidance and recommendations for preparing for and responding to PUI for COVID-19 infection. Recommendation address 911 PSAPs, Modified Caller Queries, EMS Clinicians and Medical First Responders, PPE, EMS Transport, Cleaning EMS Transport Vehicles, Follow-up and/or Reporting Measures, and EMS Employer Responsibilities. March 10th updates include:

- Updated PPE recommendations for the care of patients with known or suspected COVID-19:
- Facemasks are an acceptable alternative until the supply chain is restored. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
- 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.
- When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.
- Updated guidance about recommended EPA-registered disinfectants to include reference to a list now posted on the EPA website.

EMS Providers: Policy Statement 20-02: COVID-19 EMS Practitioner Guidance (V3.0)

NYSDOH Updated 2/14

EMS Providers: Policy Statement 20-03: COVID-19 County Emergency Managers, County EMS Coordinators, and PSAP Guidance (V1.0) **NYSDOH** Issued 2/14

Communication Material

NYSDOH Communication Material

Attention All Patients Sign: English, Spanish, French, Russian, Korean, Italian, Haitian Creole, Polish, Arabic, Simplified Chinese

Attention All Visitors Sign: English, Spanish, French, Russian, Korean, Italian, Haitian Creole, Simplified Chinese

Patient Card: English, Simplified Chinese, Traditional Chinese

Letter to Health Care Providers

Letter to Health Care Providers

NYSDOH FAQs About Monitoring and Movement Restrictions **NYSDOH** Issued 2/17

Also available in the following languages: Chinese Traditional, Chinese Simplified, Spanish, Bengali, Hatian Creole, Korean, Russian

CDC Communication Materials

Interim Guidance for Public Health Communicators CDC Issued 3/2

If you have returned from Hubei Province within the last 14 days, Check and Report Everyday **CDC** Updated 3/4

Public Health

COVID-19 Resources for State and Local Health Departments **CDC** Updated 2/24

This web page provides information and resources about COVID-19 for health departments. Information topics include:

- Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission **New 3/10**
- Interim Guidance for Public Health Personnel Evaluating PUIs and Asymptomatic Close Contacts of Confirmed Cases in Residential Settings
- Interim Guidance for Public Health Professionals Managing People With COVID-19 in Home Care and Isolation Who Have Pets or Other Animals
- Reporting a PUI or Laboratory-Confirmed Case for COVID-19
- Risk Assessment and Public Health Management of Persons with Potential COVID-19 Exposure
- Active Monitoring of Persons Exposed to Patients with Confirmed COVID-19 Updated 3/3
- If you have returned from Hubei Province within the last 14 days Updated 3/4
- Interim Guidance for Mass Gatherings or Large Community Events Updated 3/3
- Preventing COVID-19 Spread in Communities Updated 3/2
- Interim Guidance for Public Health Communicators Issued 3/2

NYSDOH Emergency Regulations: Investigation of Communicable Disease; Isolation and Quarantine **Effective 3/9**

The Public Health and Health Planning Council adopted emergency regulations which clarifies and/or codifies authorities, requirements and related procedures including:

- Local health department authority to investigate a disease outbreaks and cases, and reporting requirements;
- Local and state health department authorities to issue isolation and quarantine orders;
- Requirements, procedures and conditions for isolation and quarantine;

- Requirements that the attending physician report cases and suspected cases to the local health authority, provide for appropriate isolation, and advise other household members other members of precautions to prevent further spread of the disease;
- Requirements that clinical laboratories to report all test results for communicable diseases designated by the Commissioner as requiring prompt attention via the Electronic Clinical Laboratory Reporting System (ECLRS);
- Mandates that hospitals report syndromic surveillance data during an outbreak of a highly contagious disease. The emergency regulation notes that that most hospitals currently submit this data voluntarily;
- Permits the Commissioner to direct hospitals to take patients during an outbreak of a highly contagious communicable disease consistent with EMTALA.

Interim Containment Guidance for Local Health Departments Issued 3/6

The interim guidance provides conditions for local health departments to issue orders for Mandatory Quarantine and Isolation, as well as Precautionary Quarantine The guidance establishes requirements for monitoring, sheltering conditions and provision of personal needs.

Criteria for Discontinuation of Quarantine of Patients with COVID-19 Issued 3/8

This NYSDOH Health Advisory sets the following minimum criteria for discontinuation of mandatory isolation:

- It has been at least seven days since the initial positive test for COVID-19;
- Resolution of fever without the use of antipyretic medication;
- Improvement in the signs and symptoms of the illness;
- Negative results for a molecular assay for COVID-19 from two consecutive sets of nasopharyngeal (NP) and oropharyngeal (OP) swabs at least 24 hours apart.

NYSDOH Interim Movement and Monitoring Guidance for Asymptomatic Persons with Potential Exposure to COVID-19 NYSDOH Issued 2/6

NYSDOH FAQs About Monitoring and Movement Restrictions NYSDOH Issued 2/17

Also available in the following languages: Chinese Traditional, Chinese Simplified, Spanish, Bengali, Hatian Creole, Korean, Russian