Montana Health Alert Network

DPHHS HAN
UPDATE
Cover Sheet

DATE

March 11, 2020

SUBJECT

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

INSTRUCTIONS

DISTRIBUTE to your local HAN contacts. This HAN is intended for general sharing of information.

- Time for Forwarding: **As Soon As Possible**
- Please forward to DPHHS at hhshan@mt.gov
- **Remove this cover sheet before redistributing and replace it with your own**

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Categories of Health Alert Messages:

<u>Health Alert</u>: conveys the highest level of importance; warrants immediate action or attention.
<u>Health Advisory</u>: provides important information for a specific incident or situation; may not require immediate action.
<u>Health Update</u>: provides updated information regarding an incident or situation; unlikely to require immediate action.
<u>Information Service</u>: passes along low level priority messages that do not fit other HAN categories and are for informational purposes only.

Please update your HAN contact information on the Montana Public Health Directory

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reference only
DPHHS Subject Matter Resource for more information regarding this HAN, contact:

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DPHHS Health Alert Hotline:
1-800-701-5769

DPHHS HAN Website:
www.han.mt.gov

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SITUATION UPDATE

Montana local and state public health officials continue to closely monitor and respond to the COVID-19 outbreak caused by the novel coronavirus, SARS-CoV-2. Please review the information below and share with relevant partners. Please keep in mind that information is changing quickly.

Epidemiology Update

There are currently zero reported cases of COVID-19 in Montana. However, there has been one Montana resident visiting Maryland who has tested presumptive positive. The individual is currently hospitalized in Maryland. Maryland public health officials are investigating possible sources of illness. **At this time, the investigation appears to rule out Montana as a location of exposure, nor have any close contacts been identified in Montana.** More information will be distributed as it becomes available.

Thirty returning travelers have been monitored since February 1, and 26 have successfully completed the 14-day monitoring period. Four individuals are currently being monitored. Please find up to date information on COVID-19 in Montana at:

https://dphhs.mt.gov/publichealth/cdepi/diseases/coronavirusmt

For up to date global case numbers:

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports

For U.S. case numbers:

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

Changes have occurred concerning the CDC PUI definition: New guidance from CDC on 3/9/2020 expanded the criteria for COVID-19 assessment and testing to include individuals who are >65 years of age or those who have underlying conditions that may put them at higher risk for severe disease. We continue to encourage clinicians to use their clinical judgment to determine if a patient has signs and symptoms compatible with COVID-19 and to continue to consult with public health to pursue testing.

Laboratory Update

The Montana Public Health Laboratory (MPHL) is conducting testing on patients that meet the guidelines in the attached CDC HAN message. Although there continues to be national coverage on the shortage of test kits from CDC, MPHL is in a good position right now and does not anticipate having issues. However, we continue to ask providers to be judicious when ordering testing and to work through their local health contacts to assist with assessment and facilitate patient testing when indicated.

New guidance under the Emergency Use Authorization (EUA) allows for nasopharyngeal and oropharyngeal swabs to be placed in the same tube of viral transport media for transport and testing. We will still accept swabs placed in separate tubes, but to optimize the use of transport media and test kits, using one tube is recommended. 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.

Specimens received by the MPHL Monday through Friday by 11:00 AM will generally be tested the same day, with results out by 5:00 PM. Specimens received after 11:00 AM will generally be tested the next business day. Testing volumes may impact turn-around times, and reporting times may vary.

Please see the attached laboratory fact sheet for more information on testing and contact information for the MPHL.

EMERGENCY MEDICAL SERVICES

EMS & Trauma Systems Section will be sending out another summary of CDC COVID-19 guidance this week to all EMS services. This virus continues to spread rapidly, and even though many sectors of business and the public are considering ways to isolate, EMS responders will be called to respond to patients with respiratory symptoms and possibly patients that are suspected of having COVID-19. As with all patients, EMS needs to continue to be diligent about protecting the patient and themselves by appropriately using protection, including applying a simple surgical mask to the patient. For suspected COVID-19 patients, providers are recommended to don PPE and consider limiting the number of responders who have direct contact with the patient. EMS needs to continue to monitor current CDC guidance for EMS at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html.

Recommendations

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, gowns, 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 CDC website.

HOSPITALS

Use of Juvare's EM Resource – We are monitoring daily bed census and other inventory statuses that are included. Please continue to update daily. Regional Healthcare Coalition Coordinators are available to assist with updating Juvare's EM Resource site. COVID-19 Healthcare Planning Checklist:

https://dphhs.mt.gov/Portals/85/publichealth/documents/PHEP/PDR/COVID19/CVD19HlthPlnChlst.pdf

PPE Shortage Request Process

We are aware of PPE shortages across the State and Nationally. Unfortunately, Montana, like many other states, is experiencing the same issues regarding the acquisition of resources. It is important to note that every option for purchasing, from alternate vendors, is expected to be exhausted since we cannot use our federal funds to supplant

the normal requirements for a facility to be in business. As of right now, we are pushing for local health departments, healthcare facilities, and other health providers to implement the CDC's [Strategies for Optimizing N95 masks](#) and to reach out to the alternate purchasing vendors. I understand you may have attempted/are attempting these two strategies, thank you.

Since PPE is becoming very difficult to acquire, we are talking with our federal partners about these concerns. At this time, we currently do not have a significant public health emergency that would qualify the State of Montana to receive federal assets. If a significant public health event occurs, it may open other federal and state assets that can be utilized. However, even if we receive inventory from state and federal resources, at this time, please be aware that due to a limited amount of inventory (both at the State and Federal level), we at the state must be judicious in how we determine the need for material. If we sent inventory to everyone, for everyday use, we would be eliminating resources more quickly, leaving us with nothing for patient care of a highly infectious disease patient.

We would also like to make a clarification about the document we sent out last week labeled "Request Questions for Medical Material." This document was not intended to solicit requests, but rather a planning tool for facilities. The original intent was to provide a checklist of actionable items that need to be taken before a request is to be made. Additionally, this form was not meant to be used to order additional supplies in preparation for the case. These are steps that need to be taken to help the State of Montana justify a federal request in the event of a significant public health event.

PPE Usage Calculator

The link below will take you to a useful tool to determine your PPE needs. Please adjust the sample numbers to match your own facility/agency information with this Hospital PPE Planning Tool:
https://dphhs.mt.gov/Portals/85/publichealth/documents/PHEP/PDR/COVID19/PPECalc.xlsx

PPE Usage for Infection Control

Updated PPE recommendations for the care of patients with known or suspected COVID-19:

- Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
    - o Facemasks protect the wearer from splashes and sprays.
    - o Respirators, which filter inspired air, offer respiratory protection.
- When the supply chain is restored, facilities with a respiratory protection program should return to the use of respirators for patients with known or suspected COVID-19. Facilities that do not currently have a respiratory protection program, but care for patients infected with pathogens for which a respirator is recommended, should implement a respiratory protection program.
- Eye protection, gowns, 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 the need for an airborne infection isolation room (AIIR).

Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne Infection Isolation Rooms (AIIRs) (See definition of AIIR in appendix) should be reserved for patients undergoing aerosol-generating procedures (See Aerosol-Generating Procedures Section)

Determine your Conventional, Contingency, Crisis Strategies (Decided by the facility as to which category). Crisis Standards of Care guidance is available. Alternate Purchasing resources have been provided previously.

Updates to CDC Recommendations

Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

Interim Guidance for Discontinuation of In-Home Isolation for Patients with COVID-19:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

Other PPE and Infection Control Information

Please see CDC Guidance for infection control for more information:

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

CLINICIANS

Recommendations

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Priorities for testing may include:

1. Hospitalized patients who have signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.

2. Other symptomatic individuals such as, older adults (age ≥ 65 years) and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).

3. Any persons including healthcare personnel, who within 14 days of symptom onset had close contact with a suspect or laboratory-confirmed COVID-19 patient, or who have a history of travel from affected geographic areas (see below) within 14 days of their symptom onset.

There are epidemiologic factors that may also help guide decisions about COVID-19 testing. Documented COVID-19 infections in a jurisdiction and known community transmission may contribute to an epidemiologic risk assessment to inform testing decisions. Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).

Mildly ill patients should be encouraged to stay home and contact their healthcare provider by phone for guidance about clinical management. Patients who have severe symptoms, such as difficulty breathing, should seek care

immediately. Older patients and individuals who have underlying medical conditions or are immunocompromised should contact their physician early in the course of even mild illness.

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 new *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

Recommendations

PPE

See *PPE Usage for Infection Control* under the Hospital Section.

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.

Additional Considerations

See the *Additional considerations during times of widespread community transmission* section of *Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings* (URL above) for additional language regarding the minimizing exposure and visitor sections.

LOCAL PUBLIC HEALTH DEPARTMENTS

Recommendations

Please share the information in this HAN with your local partners.

SCHOOLS

Recommendations

Guidance for administrators of US childcare programs and K-12 schools. CDC has provided this guidance to help administrators of public and private childcare programs and K-12 schools prevent the spread of COVID-19 among students and staff.

GENERAL INFORMATION

Recommendations

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

- **Environmental cleaning and disinfection recommendations.** This [guidance](#) provides recommendations the cleaning and disinfection of rooms or areas of those with suspected or with confirmed COVID-19 have visited.

- **Information on municipal water and COVID-19.** The COVID-19 virus has not been detected in drinking water. Conventional water treatment methods that use filtration and disinfection should remove or inactivate the virus that causes COVID-19. This page highlights current information on "[Drinking Water, Recreational Water and Wastewater: What you need to know](#)".

- **Mass gatherings.** Guidance is now available that is intended for organizers and staff responsible for planning mass gatherings or large community events in the United States. For more information regarding planning considerations for this topic, please see [Get Your Mass Gatherings or Large Community Events Ready for Coronavirus Disease 2019.](#)

DPHHS Technical Guidance for COVID-19: Specimen Collection

How do I order a COVID-19 PCR test?

- You must first consult with local and/or state public health prior to ordering any testing.
- Once approved, the state public health laboratory will walk you through the ordering process.

Timing of Specimen Collection

Specimens should be collected as soon as patient is identified as a suspected COVID-19 case regardless of symptom onset.

Specimen Types

Collect a **nasopharyngeal** and **oropharyngeal** swab using only those with a synthetic tip (e.g., polyester, dacron) and an aluminum or plastic shaft.

*Place both swabs into a **single tube** of viral transport media or universal transport media.

Do not use swabs with cotton tips and wooden shafts or swabs made of calcium alginate.

A sputum sample may be collected if the patient has a productive cough and placed in a sterile container. Induction of sputum is not recommended.

Specimen Storage

Refrigerate all specimens promptly after collection. Specimens should be shipped within 72 hours of collection on cold packs. **Only freeze if transport will be over 72 hours.**

Specimen Labeling and Documentation

All specimens must be labeled with:

 *Patient name and a unique identifier, such as medical record # or date of birth
 *Specimen type
 *Date collected

For more information please visit

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

How do I fill out the requisition?

Use MTPHLs standard Public Health Laboratory Request Form and write COVID-19 test in the "Comments" section.
Be sure to fill out all Patient Information and Specimen Details, including Date of Onset.

When are results available?

PCR results are typically available the same day the specimen is received at MTPHL Mon–Fri. *STAT weekend testing is available upon consultation.*

If the specimens need to be submitted to CDC, the results should be available within 3-days of receipt.

How do I transport the specimen to the laboratory?

- Once approved, the specimens may be transported by courier or overnight by FedEx or UPS
- Specimens must be placed into a box, packaged as Category B and sent in cold condition.

Safety Note

Health care personnel collecting clinical samples from potentially infectious patients should follow infection prevention and control recommendations.
Sample processing should be performed in at least a Class II biological safety cabinet following a minimum of biosafety level 2 guidelines. Please refer to the CDC website for specimen handling and biosafety guidelines.

https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html

Who should I contact for testing information?

- MTPHL lab toll free number 1-800-821-7284

- Collection supplies available upon request.

ATTENTION VISITORS

STOP

For the protection of our residents and staff, we ask that you do not visit at this time to avoid introduction of COVID-19 in our facility.

If you have an urgent visitation need, please contact:

Visitation for special events, such as birthdays, may be considered after consultation with facility staff.

ATTENTION VISITORS

For the protection of our residents and staff, we ask that you do not visit if you have any signs of respiratory illness such as (but not limited to):

- **Cough**
- **Sore throat**
- **Chills**
- **Fever**
- **Body aches**

PublicHealth IN THE 406

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Our resident and staff members' health and safety are our priority. Thank you in advance for your understanding.