2019 Novel Coronavirus (COVID-19)

Situational Update call
03/11/2020
COVID-19 Testing

• Timeline of COVID-19 testing by public health:
  – Initially CDC lab testing only was available
  – February 7, 2020: Chicago IDPH lab began testing
  – March 4, 2020: All 3 IDPH labs testing for COVID-19

• IDPH Lab testing for SARS-CoV-2
  – Limited reagents and capacity to test
  – Focus will be on specimens with higher priority indications for testing
  – Must be pre-authorized by the LHD in coordination with the clinician
  – Turnaround time (TAT) is 1-2 days
COVID-19 Testing: IDPH Labs

• Individuals with high priority indications for testing
  – Contacts (medium and high risk) to a lab-confirmed COVID-19 case who have with clinically compatible illness
  – Travelers to affected areas (CDC Level 2 and 3 travel warnings) who have clinically compatible illness
  – Hospitalized patients with unexplained pneumonia and physician suspicion of SARS-Co-V-2 infection
  – Individuals from congregate living settings or HCF with clusters of respiratory illness not due to influenza and suspected to be due to SARS-Co-V-2
  – Patients with higher risk from complications for whom rapid TAT will impact clinical care/outcomes.
  – Other situations of concern as determined in consultation with Public Health
COVID-19 Testing: Commercial Labs

• Testing now available through commercial labs
  – Should be utilized for lower priority specimen testing
  – LabCorp-started March 5, 2020
  – More labs expected to be coming online soon...
    IDPH will add to list at dph.Illinois.gov COVID-19 website.
  – TAT is 1-4 days or longer
COVID-19 Testing

• If a clinician is concerned about COVID-19 and testing at IDPH laboratory is not approved, the clinician should make a clinical decision regarding ordering testing through a private laboratory.
Specimen Collection

• Implement the most recently recommended infection prevention and control practices for testing and care if a patient is suspected of having COVID-19.
  – **Standard, Contact, and Airborne Precautions**, including the use of eye protection
  – Specimen collection should take place in an **AllR or in an examination room with the door closed** (Do not use a room where air is recirculated in the building without filtration.)

• Staff collecting NP specimens should be trained and competent in the process.
  – Training resource: https://www.youtube.com/watch?v=DVJNWefmHjE
COVID-19 Testing

• Key Points
  – Clinicians who suspect COVID-19 should assess for determination of high-priority testing
    • May do so in consultation with public health
  – If testing at IDPH laboratory is not approved, the clinician should make a clinical decision regarding ordering testing through a private laboratory.
  – Healthcare facilities and providers should set up accounts with commercial labs offering SARS-Co-V-2 testing for lower priority specimens.
  – Continue to contact your local health department for IDPH Lab testing of higher priority specimens.
COVID-19 Testing: Who to Call

- Patients should not be referred directly to the local health department or to the IDPH COVID-19 hotline for decision making about testing.
- The decision to test remains a clinical decision — with LHD pre-authorization provided by the LHD to the clinician.
# Known Public Location Exposures

<table>
<thead>
<tr>
<th>Exposure Dates</th>
<th>Location</th>
<th>Incubation Period Ends</th>
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<tbody>
<tr>
<td>2/19/2020-2/26/2020</td>
<td>N/S A’Sara Cruise Ship Middle East Voyage</td>
<td>3/11/2020</td>
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<tr>
<td>3/4/2020</td>
<td>Union Station Chicago, IL</td>
<td>3/18/2020</td>
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<tr>
<td>3/4/2020</td>
<td>Amtrak Train 303 Chicago, IL to St. Louis, MO</td>
<td>3/18/2020</td>
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New Guidance

- Interim Guidance for Outpatient Hemodialysis Facilities Tuesday, March 10, 2020
- Keeping Workplaces, Homes, Schools, or Commercial Establishments Safe Tuesday, March 10, 2020
- Resources for Institutes of Higher Education Sunday, March 8, 2020
- COVID-19 and Cruise Ship Travel Sunday, March 8, 2020
- Environmental Cleaning and Disinfection Recommendations Sunday, March 8, 2020
- People at Risk for Serious Illness from COVID-19 Sunday, March 8, 2020
- Communication Resources for Travelers Sunday, March 8, 2020
- What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 (COVID-19) Saturday, March 7, 2020
- Preventing COVID-19 Spread in Communities Saturday, March 7, 2020
- If you have returned from Hubei Province within the last 14 days, Check and Report Everyday Wednesday, March 4, 2020
- Interim Guidance for Public Health Professionals Managing People With COVID-19 in Home Care and Isolation Who Have Pets or Other Animals Wednesday, March 4, 2020
LHD Case Investigation Steps

WebPortal Resource

- Confirm diagnosis (likely will receive a verbal report from IDPH, followed by a fax (to LHD and Provider) and import of ELR into I-NEDSS. Merging the ELR into I-NEDSS will create the case.
- Notify the provider and confirm the patient is in appropriate airborne isolation and full PPE is being adhered to. If patient was not hospitalized, confirm the patient is being isolated at home and other household members are being appropriate managed/separated from the case.
- If healthcare exposures (hospitalized patient, ED visit, LTC, notify the infection control professional.
- Organize your response team (insert incident command structure)
- Complete the case investigation, confirm the onset date and determine all potential exposures, documenting this information in I-NEDSS. Identify all movement since onset date and persons who would be considered close contacts, attendance in congregate settings, occupation and work schedule. If health care worker, alert IDPH immediately.
  - Quarantine any close contacts per the above guidance.
    - Contact employers/schools as needed
    - Issue orders of Quarantine within 48 hours
    - Set up monitoring in REDCap
  - Isolate any symptomatic close contacts and arrange for testing per (link to this guidance).
    - Contact employers/schools as needed
    - Issue orders of Isolation within 48 hours
    - Set up monitoring in REDCap
- Oversee case’s hospitalization, release to home isolation, and release from isolation (two negative specimens).
Hospital Investigation Process

Checklist for Hospital Investigation for COVID-19

- Identify if patient arrived by personal vehicle, EMS, or other means (If EMS, will need to reach out to service for contacts and PPE/IPC measures used)
- Identify all healthcare personnel (HCP) who have had contact with patient or in patient room since admission
  - Providers, nurses, medical assistants, patient care techs, EVS, dietary services, radiology staff, contracting staff (who removes sharps containers, etc), security officers, chaplains, behavioral therapists, clerks, other ancillary staff with access to patients. Include laboratory staff who have processed patient specimens
    - Consider time stamps on entrance, triage, move to room, admit or transfer to floor to narrow list and identify all
    - Consider security footage review for areas of patient movement to ensure all HCP identified
  - Determine exposure risk of all identified HCP
    - Identify staff/POC to perform HCP risk assessments
    - Use HCP risk assessment tool: attached
      - CDPH can assist in arbitration on a case-by-case basis
  - Determine your policy for work restriction of HCP based on risk-assessment
    - Identify staff/POC for HCP to communicate work restriction policy and recommendations
    - CDC provides best practice recommendations for Medium or High Risk exposures to be work restricted
    - CDC also provides allowances for return to work of Medium or High Risk HCP who are asymptomatic if these individuals are needed to continue facility functions
      - CDCPH can assist in determining which strategy is a good fit
    - CDC provides best practice guidance on symptom monitoring with delegated supervision
      - In Chicago, this involves entry of HCP names and contact information into a RedCap Database which will then provide twice daily email symptoms monitoring
      - Ideally all HCP with exposure, including Low Risk, will complete RedCap symptom monitoring and have a pre-shift phone call with occupational health to confirm afebrile and no symptoms.
        - If volume too high, pre-shift symptom verification should be focused on Medium and High Risk HCP if continuing to work

REDCap Tool for Monitoring
Other OHP Updates

• IDPH Poling Guidance
• Mapping of data on testing rates
• Use of same transport media for NP and OP specimens.
• New guidelines for PPE
  – Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
• Long Term Care and Hospice CMS Guidance for Infection Control
EMS Guidance Updates

Update as of March 10, 2020
Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States

Who does this apply to?

This guidance applies to all first responders, including:

- law enforcement
- fire services
- emergency medical services
- emergency management officials

***who anticipate close contact with persons with confirmed or possible COVID-19 in the course of their work.
Summary of Key Changes for the EMS Guidance:

• 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.