

This is an official
DHEC Health Update

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**Updated and Interim Guidance for SC Healthcare Providers for
Testing for Coronavirus Disease (COVID-19)**

Summary

An increasing number of COVID-19 cases caused by the novel coronavirus, named SARS-CoV-2, have been seen in the U.S. and throughout the world. South Carolina now has confirmed cases and as more patients are seeking care through ambulatory settings, DHEC is providing updated guidance, particularly for outpatient health care providers. DHEC is also reminding all providers of the criteria for testing for COVID-19. For an extensive discussion of patient evaluation and testing for COVID-19, see [HAN from March 5, 2020](#). Providers who are receiving this alert from another party and are not registered to receive HANs should consider registering at <https://apps.dhec.sc.gov/Health/SCHANRegistration/> if they wish to receive HANs directly. Updates will be provided through the HAN network.

Please note:

1. At this time, testing is not recommended for asymptomatic individuals. It is only recommended to test patients with symptoms per the following criteria:
 - a. Symptomatic individuals (fever and/or respiratory symptoms) can be tested if they were a contact of a COVID-19 case OR were in an area with sustained and widespread community transmission.
 - b. Symptomatic individuals (fever and/or respiratory symptoms) can be tested if they don't meet the above criteria AND a more likely explanation for their symptoms has been considered and ruled out (e.g. with a respiratory panel).
 - c. In some situations, testing can be considered even if another infectious agent has been identified; for example, if a severely ill patient tests positive for another causative agent but is deteriorating and/or the course seems atypical, testing would be indicated.
2. Testing for COVID-19 is available through DHEC's Public Health Laboratory.
 - a. DHEC cannot provide direct clinical services, and patients should not be directed to call DHEC for testing.

- b. Healthcare providers must evaluate the patient first, then consult with DHEC about testing. **Specimens cannot be sent to the Public Health Laboratory without a DHEC consultation.**
 - c. To request consultation for testing through the DHEC lab, contact your regional epidemiology office (see contact information at the end of this document). **Please call the region for the county your patient lives in**, not where the provider's office is located.
3. Commercial tests for COVID-19 may also be available through Quest, LabCorp and ARUP or others at this time. Contact your laboratory service provider for details.
- a. For patients being seen in the outpatient setting who will be discharged home with recommendations to self-isolate, consider use of existing commercial testing.

General Guidance for Outpatient Providers

- Ask patients to call ahead or inform the office upon arrival if they have any symptoms of any respiratory infection.
- Upon arrival, place a mask over the patient's nose and mouth and physically separate patients from other patients in common waiting areas.
 - Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies.
 - In some settings, medically-stable 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.
- Provide supplies for respiratory hygiene and cough etiquette, including 60%-95% alcohol-based hand sanitizer, tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, patient check-ins, etc.

Patient Placement in the Facility

- Place a patient with known or suspected COVID-19 (i.e., PUI) in a single-person room with the door closed. Ensure the patient is wearing a facemask.
- An Airborne Infection Isolation Room, or AIIR, (if one is available) that has been constructed and maintained in accordance with current guidelines should be reserved for patients undergoing aerosol-generating procedures.
- If an AIIR is indicated but not available:
 - patients who require hospitalization should be transferred as soon as is feasible to a facility where an AIIR is available.
 - Patients who do not require hospitalization can be placed in a single-person room with the door closed. Ideally, this should not be any room where room exhaust is recirculated within the building without HEPA filtration. See environmental infection control section below.
- If the patient does not require hospitalization, they can be discharged to home if deemed medically and socially appropriate after specimens have been collected. Pending transfer or discharge, ensure patient wears a facemask and isolate him/her in an examination room with the door closed.

Patient Care

- Conduct a clinical assessment, including asking questions about recent travel (within 14 days) and potential sick contacts.
- Conduct flu and/or other appropriate diagnostic testing in office, as applicable.
- If there is a clinical concern for COVID-19:
 - contact DHEC regional epi for consultation regarding testing at the DHEC Public Health Laboratory
 - **OR** if you are utilizing a commercial lab for testing, follow the guidance from that lab.
 - Please note: Details regarding specimens requested and storage may be different depending on the lab.
- Specimens should be collected using appropriate infection control measures.

DHEC Public Health Laboratory Specimen Information (Providers must call DHEC first, before submitting specimens):

- Nasopharyngeal swab AND oropharyngeal swab (NP/OP) specimens are requested.
- Induction of sputum is not recommended.
- Use only synthetic fiber swabs with plastic shafts.
- Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. NP and OP specimens may be kept in separate vials or combined at collection into a single vial.
- Store specimens at 2-8°C for up to 72 hours after collection. If a delay in testing or shipping is expected, store specimens at -70°C or below.

Infection Control for Healthcare Personnel in the Outpatient Setting

Reference: [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)

Healthcare personnel evaluating PUI or providing care for patients with confirmed COVID-19 should use Standard Precautions, Contact Precautions, Airborne Precautions, and use eye protection (e.g., goggles or a face shield).

- All health care professionals (HCP) should perform hand hygiene before putting on PPE and after removing PPE (hand washing or alcohol-based hand sanitizer that contains 60-95% alcohol)
- Recommendations include use of gown, gloves, eye protection and respiratory protection (N95 or other similar protection respirator, if available).
 - If the facility does not have access to N95 or other respirators, a facemask can be used along with use of gown, gloves and eye protection.
 - Available N95/respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
 - If there is a limited supply of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes or sprays are anticipated and high-contact patient care activities.

Infection Control for Specimen Collection

HCP collecting specimens should adhere to Standard, Contact, and Airborne Precautions, including the use of eye protection.

- This means use of a gown, gloves, N95 or other similar respirator and eye protection (goggles or face shield).
- If a N95 or respirator is not available, a face mask should be used along with gown, gloves and eye protection.
- Collection of diagnostic respiratory specimens (e.g. NP swab) is likely to induce cough or sneezing. It is recommended to limit the number of people in the room at the time of specimen collection and collect these specimens as the last procedure for the patient.
- These procedures should take place in an AIIR or in an examination room with the door closed. Ideally, the patient should not be placed in any room where room exhaust is recirculated within the building without HEPA filtration.

Environmental Infection Control

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

- Facilities should keep a log of all persons who care for or enter the rooms or care area of these patients.
- It is not yet known how long COVID-19 remains infectious in the air. In the interim, it is reasonable to apply a similar time period before entering the room without respiratory protection as used for pathogens spread by the airborne route (e.g., measles, tuberculosis), i.e. approximately 1-2 hours after the patient leaves the room. This time period depends on the number of air exchanges for the room. In addition, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.
- Dedicated medical equipment should be used for patient care.
- All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19.

If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions.

Provide patients with the information regarding home care

Reference: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

CDC Factsheet <https://www.cdc.gov/coronavirus/2019-ncov/downloads/sick-with-2019-nCoV-fact-sheet.pdf>

Basic guidance for patients:

- Stay home except to get medical care.

- As much as possible, separate yourself from other people and animals in your home.
- Call ahead before visiting your doctor, an ED or urgent care center.
- Wear a facemask when you are around other people and before entering a health care provider's office.
- Cover your mouth and nose when you cough or sneeze. Then immediately wash your hands with soap and water or use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Clean your hands often using soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Avoid sharing personal household items.
- Clean all "high-touch" surfaces every day.
- Monitor your symptoms and seek medical attention if your illness is worsening.

Information for close contacts of patients being tested

Reference: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html#precautions>

Household members, intimate partners, and caregivers in a nonhealthcare setting may have close contact with a person with symptomatic, laboratory-confirmed COVID-19 or a person under investigation. Close contacts should monitor their health; they should call their healthcare provider right away if they develop symptoms suggestive of COVID-19 (e.g., fever, cough, shortness of breath).

Resources for Additional Information

- CDC Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19) (updated February 12, 2020) https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidance-home-care.html
- CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (updated March 10, 2020) 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
- CDC Interim US Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19) (updated March 7, 2020) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

DHEC contact information for reportable diseases and reporting requirements

Reporting of Coronavirus Disease 2019 (COVID-19) as a Novel Infectious Agent is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2020 List of Reportable

Conditions available at:

<https://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2020			
Mail or call reports to the Epidemiology Office in each Public Health Region			
MAIL OR FAX TO:			
<u>Lowcountry</u> Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg 4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051	<u>Midlands</u> Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York 2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993	<u>Pee Dee</u> Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg 1931 Industrial Park Road Conway, SC 29526 Fax: (843) 915-6502 Fax2: (843) 915-6506	<u>Upstate</u> Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union 200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373
CALL TO:			
Lowcountry Office: (843) 441-1091 Nights/Weekends: (843) 441-1091	Midlands Office: (888) 801-1046 Nights/Weekends: (888) 801-1046	Pee Dee Office: (843) 915-8886 Nights/Weekends: (843) 915-8845	Upstate Office: (864) 372-3133 Nights/Weekends: (864) 423-6648
For information on reportable conditions, see https://www.scdhec.gov/ReportableConditions		<u>DHEC Bureau of Communicable Disease Prevention & Control</u> Division of Acute Disease Epidemiology 2100 Bull St • Columbia, SC 29201 Phone: (803) 898-0861 • Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902	

Categories of Health Alert messages:

Health Alert	Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory	Provides important information for a specific incident or situation; may not require immediate action.
Health Update	Provides updated information regarding an incident or situation; unlikely to require immediate action.
Info Service	Provides general information that is not necessarily considered to be of an emergent nature.