**In general, make every effort to interview by telephone, text monitoring system, or video conference. Temperature monitoring could be reported by phone or shown to a provider via video conferencing.**

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| **Activity** | **Environment** | **Recommended PPE** | **Donning/Doffing** | **Other Considerations** |
| Interviewing and assessing **persons with symptoms** (COVID-19 PUI) | Residential | * Gown * Gloves * Eye protection * N95 Respirator | **Donning:** PPE should be put on outside of home prior to entry into the home.  **Doffing:** PPE should be removed outside of home and discarded in an external trashcan before departing location. | If unable to don/doff PPE outside of home:   * Don face protection before entering the home and doff after exiting home. * Alert person within home of your entrance/exit and request they move to a different room or keep ≥ 6 ft. distance before entering and donning gown and gloves or doffing gown and gloves before your exit. |
| Interviewing or assessing **asymptomatic close contacts** of a lab- confirmed COVID-19 case. | Residential | * Stay ≥ 6 ft. away during further interactions even if entering the home environment. * Facemask recommended for public health staff and individual.   [As of July 15,2020:](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html)   * **HCP working in facilities located in areas with moderate to substantial community transmission** are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis).   They should also:  Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters.  **For HCP working in areas** **with minimal to no community transmission,** HCP should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses. Universal use of a facemask for source control is recommended for HCP. |  | * Staying ≥ 6 ft. away and outside of home, ask if contact has fever (temperature ≥ 100°F, cough (new or different), shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, or sore throat. * If no symptoms are reported, contact or traveler should be instructed to take temperature and report results.   1. If fever is not detected, maintain > 6 ft. distance and complete assessment using facemask.   2. If fever is detected, contact is unable to report temperature, or symptoms or fever are reported, then refer to PPE guidance for   interviewing persons **with** symptoms. |
| Interviewing persons with unknown risk status or who cannot be reached by phone, email, or electronic communication to determine if they have symptoms of or if they are in close contact to a lab- confirmed case of  COVID-19 | Residential | Potential:   * Gloves * Gown * Eye protection * N95 respirator or facemask | Potential:  **Donning:** PPE should be put on outside of home prior to entry into the home.  **Doffing:** PPE should be removed outside of home and discarded in an external trashcan before departing location. | Remove PPE and maintain > 6 ft. distance only if the individual is asymptomatic. Ask about other COVID-19 symptoms including fever (temperature ≥ 100°F), cough (new or different), shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, or sore throat. |

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| **Activity** | **Environment** | **Recommended PPE** | **Donning/Doffing** | **Other Considerations** |
| Diagnostic respiratory specimen collection (all) | Residential | * Gown * Gloves * Eye protection * N95 Respirator preferred (if N95 not available, facemask is acceptable) | **Donning:** PPE should be put on outside of home prior to entry into the home.   * Gown first, then respirator, then goggles, then gloves.   **Doffing:** PPE should be removed outside of home and discarded in an external trashcan before departing location.   * Remove gloves first. Perform hand hygiene. * Then remove eye protection, then gown, and finally respirator. * Perform hand hygiene. | * Conduct outdoors if climate allows (e.g., in a backyard). * If in home, specimen collection should be performed in the area of the house where the individual being tested self-isolates. * Only PH personnel and individual being tested should be in the room. * Collecting diagnostic respiratory specimens (NP) may induce coughing or sneezing. * Note: Obtaining an NP swab is not considered an aerosol-generating procedure (AGP). |
| Interviewing or assessing **persons with symptoms** (COVID-19 PUI) | Public health clinic | * Gown * Gloves * Eye protection * N95 respirator preferred, but facemask acceptable | * Interview must be conducted in an AIIR or private room with door closed. * Donning must be performed outside of the AIIR room. * Doffing must be performed outside of the AIIR room in a private room with door closed. Follow PPE sequence for don   and doff. | * Clients with symptoms should be instructed to wear a facemask. * Use AIIR or private room with door closed. * Consult health director after assessment to determine if hospitalizations is required. |
| Interviewing or assessing **asymptomatic close contacts** of a lab- confirmed COVID-19 | Public health clinic | * Maintain ≥ 6 ft. distance from client * Facemask recommended and preferred; use cloth face covering if there are no facemasks. * **HCP working in facilities located in areas with moderate to substantial community transmission** are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis).   They should also:  Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters.   * **For HCP working in areas with minimal to no community transmission,** HCP should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses. Universal use of a facemask for source control is recommended for HCP. |  | * Maintain > 6 ft. distance from client assessed. * Facemask recommended and preferred for HCP. If no facemasks, can use cloth face covering. * Patient/client/visitor is advised to use cloth face covering. |

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| **Activity** | **Environment** | **Recommended PPE** | **Donning/Doffing** | **Other Considerations** |
| Diagnostic respiratory specimen collection (all) | Public health clinic | * Gown * Gloves * Eye protection * N95 respirator preferred, but facemask acceptable | * Specimen collection must be performed in an AIIR or private room with door closed. * Must follow PPE sequence for donning and doffing when assessing a client with symptoms. * Perform non-aerosol-generating procedures first, and aerosol- generating procedure last. | * Use AIIR or private room with door closed. * Only PH personnel and individual being tested should be in the room. * Collecting diagnostic respiratory specimens (NP) may induce cough or sneezing.   + Perform non-aerosol-generating procedures first, and aerosol-generating procedures last.   + If non-AIIR, leave room unused for 2 hours after specimen collection and disinfect. |
| Daily clinic operations | Public health clinic | * See column 5, and * For HCPs: facemask recommended and preferred. If no facemasks (surgical masks), a cloth mask may be used. * **For patient/client: use of HCP working in facilities located in areas with moderate to substantial community transmission** are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis). * They should also: * Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters. * **For HCP working in areas with minimal to no community transmission,** HCP should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses. Universal use of a facemask for source control is recommended for HCP. |  | * Health department clinics serve niche roles and do not provide acute care. Screen everyone coming into LHD for fever (temperature ≥ 100°F), cough (new or different), shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, or sore throat. * Post visual alerts (see [here](https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf) and [here](https://www.cdc.gov/coronavirus/2019-ncov/downloads/health-alert-all-travelers.pdf)) at entrances and in strategic places providing instructions regarding hand hygiene, respiratory hygiene, and cough etiquette. * Have surgical masks, hand sanitizer, and tissues to use in the event someone has respiratory symptoms. * Individuals with symptoms should be evaluated by a healthcare provider who is wearing full PPE (gown, gloves, eye protection, and N95 respirator). |
| VDH staff involved in regulatory activities in healthcare facilities, including but not limited to newborn screening, radiological health, nursing home inspections, child specialty clinics, and environmental health | Hospitals, nursing facilities, and other community clinical settings | * See column 5, and * VDH staff are advised to wear facemask or cloth face covering. |  | * If in a healthcare setting **and** not involved in direct patient care, all VDH staff should wear facemask or cloth face covering for universal source control, practice hand and cough hygiene, and social distancing. |

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| **Activity** | **Environment** | **Recommended PPE** | **Donning/Doffing** | **Other Considerations** |
| Staff engaged in home visiting for maternal/child home visiting programs and LTSS screenings. | Home-based visits | * See column 5, and * Ask client(s) to wear cloth face covering * **For patient/client: use of HCP working in facilities located in areas with moderate to substantial community transmission** are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis).   They should also:  Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters.   * **For HCP working in areas with minimal to no community transmission,** HCP should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses. Universal use of a facemask for source control is recommended for HCP. |  | * For home visiting maternal/child health activities, consider using telemedicine or other secure communication applications to complete visits. If a home visit must be made, screen household members for COVID-19 symptoms including fever (temperature ≥ 100°F), cough (new or different), shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, or sore throat. If any household members screen positive, see if visit can be rescheduled. If that is not possible, use full PPE (gloves, gown, eye protection and either N95 respirator or facemask) during visit. Practice social distancing to the extent possible, good hand hygiene, etc. If household members screen negative, HCP are advised to wear surgical mask, and ask clients to wear cloth mask if available. If other household members are present, please ask them to remain at least 6 feet away or in another room. * For nurses completing LTSS screenings for Medicaid, use telemedicine if possible. If a home visit must be made, screen household members for COVID-19 symptoms including fever (temperature ≥ 100°F, cough (new or different), shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, or sore throat. If any household members screen positive, see if visit can be rescheduled. If that’s not possible, use full PPE and infection control measures described in the bullet above. If household members screen negative, follow instructions in bullet above. |
| Staff involved in routine office settings | Office settings | * See column 5 * Social distancing and cloth face covering |  | * Practice CDC recommendations for reducing the spread of COVID-19 in [community settings.](https://www.cdc.gov/coronavirus/2019-ncov/community/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fpreparing-individuals-communities.html) Review COOP plans and update information in the HAN system to enhance   official communication. |

Information from CDC Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings (see <https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html>), and Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (see <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>).

Hand hygiene should be performed before putting on and after removing PPE using alcohol-based hand sanitizer that contains 60-95% alcohol.

Eye protection = goggles or a disposable face shield that covers the front and sides of the face

Respirator = NIOSH-approved N95 filtering face piece respirator or higher AIIR = Airborne Infection Isolation Room

PPE Sequence for donning and doffing PPE: <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

Facemask = standard surgical mask

Updated guidelines regarding eye protection: [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html), July 15, 2020, CDC.