**Application**

For the purpose of this guidance, healthcare personnel (HCP) refers to all persons, paid and unpaid, working in healthcare settings and engaged in patient-care activities involving face-to-face interaction with persons known or suspected to have COVID-19 infection or within their environment; individuals who are asymptomatic contacts who have been exposed to a lab-confirmed case of COVID-19; or individuals who are in quarantine without known exposure to a lab-confirmed case of COVID-19, but who have traveled to a high-risk area. These individuals may include public health nurses, epidemiologists, or clinicians. Examples of high-risk activities include:

* Interviewing patients in the home;
* Triaging and assessing patients;
* Entering examination rooms or patient rooms to provide care, clean, disinfect the environment, or obtain clinical specimens; and
* Handling soiled medical supplies or equipment, or coming into contact with potentially contaminated environmental surfaces.

In addition, VDH personnel may be continuing their routine duties in public health clinics and community settings, hospitals, nursing facilities, and other environments where COVID-19 may be present. Recommendations in this document may apply to these personnel as well.

All VDH personnel should be aware that—as with any emerging infectious disease—the situation is constantly evolving, so guidance and recommendations for the selection of personal protective equipment (PPE) may change as VDH continues to monitor the situation closely.

**Reference Infection Control Information for COVID-19**

* The Centers for Disease Control and Prevention (CDC) includes public health clinics in its 2016 recommendations publication, “[Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care](https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf).”
* The CDC additionally has released COVID-19-specific guidance:
  + [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](https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html)[Infection Control Guidance for Healthcare Professionals about Coronavirus (COVID-19)](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html)
  + [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)
* Staff involved in face-to-face monitoring or interaction with patients who are infected or suspected of being infected with COVID-19 should adhere to [Standard, Contact, and Airborne](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html) precautions, including the use of eye protection.

**Procedures**

**General Recommendations:**

1. Public health personnel should make every effort to interview COVID-19 PUIs, asymptomatic contacts of a laboratory-confirmed case of COVID-19 by telephone, text monitoring systems, or secure video conferencing. Temperature monitoring could be reported by phone or shown to a provider via video conferencing.

2. All patients, clients, and visitors should be screened for COVID-19 upon entry to a local health department for clinical services (e.g., medical, dental, refugee, TB, STI). Please ask about COVID-19 symptoms/signs (e.g., feeling feverish or patient has taken temperature, cough, shortness of breath, new onset sore throat or muscle aches, new onset loss of taste or smell). Take individual’s temperature. If he/she has a temperature > 100°F or other COVID-19 symptoms, he/she should be given a facemask to wear, asked to sit in an area of waiting room away from others, and his/her appointment should be rescheduled.

3**.** Per VDH’s [Latex Reduced Environment Policy](http://vdhweb.vdh.virginia.gov/human-resources/wp-content/uploads/sites/3/2017/07/safety-latex-free.pdf), non-latex gloves should be used whenever possible. VDH’s [Respiratory Protection Policy](http://vdhweb.vdh.virginia.gov/human-resources/wp-content/uploads/sites/3/2017/07/safety-respiratory-protection.pdf) states that all employees who are required to wear a respirator device will receive an initial medical evaluation, initial and annual fit testing for the respirator they will use, and initial and annual training in respiratory protection. It is the responsibility of the Health Director to ensure that a sufficient number of employees have been fit tested to be able to respond to routine or outbreak situations. Generally, staff should remove personal protective equipment (PPE) in the following order: gloves, goggles or face shield, gown, respirator. All personnel are encouraged to review CDC guidance regarding [the selection and use of PPE](https://www.cdc.gov/hai/pdfs/ppe/PPEslides6-29-04.pdf), including procedures for [donning and removing](https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf). In addition to the visual and written descriptions provided in those links, TRAIN course [1087637](https://www.train.org/virginia/admin/course/1087637/) includes a video that provides an extensive review of donning and removing (doffing) PPE for contact, droplet, and airborne precautions. Please note, however, that the video contains general information not specific to the COVID-19 response. Personnel must adhere to the guidance contained in this document.

**Optimizing Use of N95 Respirators**

**Per CDC guidance for** [**optimizing the use of N95 respirators**](https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-supply-strategies.html)**, HCP should limit the amount of face-to-face contact with clients.** This can be accomplished by using means of telemedicine in place of in-person visiting. Health departments must respond to other infectious diseases that require the use of an N95 or equivalent respiratory protection device. Therefore, **every health district must have at least two (2) public health nurses, one (1) epidemiologist, and one (1) clinician who are fit-tested and available for immediate response.**

For COVID-19 response, and to conserve masks, the CDC is recommending “just-in-time” fit testing. Health departments may already have a plan for such testing incorporated into their pandemic plans.

Nursing/clinical staff should also be trained in collecting oropharyngeal, [nasopharyngeal](https://www.youtube.com/watch?v=zqX56LGItgQ&feature=emb_title), and sputum specimens. Plans for “just-in-time” fit testing should be developed in the event that a more comprehensive response is needed.

**Interviewing and Assessing Persons with Symptoms (PUI for COVID-19)**

If public health personnel must interview a PUI in his or her home, the public health personnel should wear recommended PPE, including a gown, gloves, eye protection (e.g., goggles or a disposable face shield that covers the front and sides of the face), and respiratory protection that is at least as protective as a NIOSH-approved N95 filtering face piece respirator, as recommended in the [Interim Infection Control 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](https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html). Additionally, the following guidelines should be followed:

* Before putting on and after removing PPE, hand hygiene should be performed using alcohol-based hand sanitizer that contains 60-95% alcohol.
* PPE should ideally be put on outside of the home prior to entry.
* If unable to put on all PPE outside of the home, it is preferable that face protection (i.e., eye protection and respirator) be put on before entering. Alert any persons within the home that public health personnel will be entering, and ask them to move to a different room, if possible, or to keep at least a 6-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves.
* Conduct the interview and gather needed information.
* Ask PUI if an external trash can is present at the home, or if one can be left outside for the disposal of PPE.
* PPE should ideally be removed outside the home and discarded into an external trash can before departing location. PPE should not be taken from the PUI’s home into public health personnel’s vehicle.
* If unable to remove all PPE outside of the home, it is preferable that face protection (i.e., respirator and eye protection) be removed after exiting the home. If gown and gloves must be removed in the home, ask persons within the home to move to a different room, if possible, or keep at least a 6-foot distance in the same room. Once the entry area is clear, remove gown and gloves and exit the home. Once outside the home, perform hand hygiene using alcohol-based hand sanitizer that contains 60 to 95% alcohol, remove face protection, and discard PPE by placing in external trash can before departing location. Perform hand hygiene again.

**Interviewing and Assessing Persons Without Symptoms (Asymptomatic Close Contacts Who Have Been Exposed to a Lab-Confirmed Case of COVID-19)**

Public health personnel should make every effort to interview asymptomatic contacts of a laboratory-confirmed case of COVID-19 or asymptomatic returning travelers by telephone, text monitoring system, or secure video conferencing. Temperature monitoring could be reported by phone or shown to a provider via video conferencing.

If public health personnel must interview the asymptomatic close contact in person, public health staff should stay at least 6 feet away from the asymptomatic close contact and ask if he or she has had 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 the interview and assessment occur in the home environment, public health personnel should not enter the home until these questions have been asked, and the asymptomatic close contact or returning traveler has been determined to be fever-free by temperature measurement. If the individual has no COVID-19 symptoms and is afebrile, public health staff should wear a surgical mask (facemask) while in the home conducting the interview. Ask the individual to wear a facemask if one is present.

Per guidelines issued by the CDC on July 15, 2020, **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.

Per new recommendations by the CDC on July 15, 2020, **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.

If the asymptomatic close contact reports fever or COVID-19 symptoms, he or she should be considered a PUI and referred for further medical evaluation as appropriate. If public health personnel remain on-site to assist with transfer to facilitate medical evaluation, they should wear recommended full PPE, including a gown, gloves, N95 respirator, and eye protection. Public health personnel should document temperature measurement and description of symptoms.

If the asymptomatic close contact does not report fever or COVID-19 symptoms, he or she should be instructed to take his/her temperature and report the result. If the asymptomatic close contact or traveler denies symptoms and fever is not detected, it remains appropriate to stay at least 6 feet away during further interactions, even if entering the home environment. Public health staff are advised to wear a facemask and eye protection in the home, and ask the contact or traveler to wear one also, if available.

If the individual is not able to take his or her own temperature, public health personnel should follow these guidelines:

* Perform hand hygiene.
* Put on full PPE (a facemask, gloves, gown, and eye protection).
* Check the individual’s temperature.
* If the individual is afebrile, remove gloves, gown and faceshield and discard. Continue to wear facemask while in the home.
* Perform hand hygiene using alcohol-based hand sanitizer that contains 60-95% alcohol.

**Interviewing Persons with Unknown Risk Status or Who Cannot Be Reached by Phone, Email, or Electronic Communication to Determine if They Have Symptoms or if They Are a Close Contact to a Lab-Confirmed Case of COVID-19**

If initial attempts for phone/email contact have been unsuccessful and a home visit is necessary, the public health worker should take a cautious approach and follow these guidelines:

* Don an N95 respirator, gown, eye protection, and gloves. A distance of at least 6 feet should be mainained from the person being interviewed. Ask if he or she has had 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. Ask if he or she has known contact with a confirmed case. Do not enter the home until these questions have been answered and the person has been determined to be fever-free by temperature measurement.
* If the person reports fever or symptoms, do not remove any PPE and interview the individual. Maintain a distance of at least 6 feet from the person.
* If the public health professional must assist the PUI, he or she should remove his or her gloves, perform hand hygiene, and don new gloves before determining if additional treatment or evaluation of the index client or family members is warranted.
* If the person does not report fever or COVID-19 symptoms, he or she should be instructed to take his/her temperature and report the results to health department staff. If the person denies COVID-19 symptoms and fever is not detected, a distance of at least 6 feet away should be maintained during further interactions. At this point, public health staff may remove gloves, gown, and eye protection. Since the interview is taking place in a non-healthcare setting, public health staff may continue to wear N95 mask or a facemask. A facemask is all that is needed. Discard other PPE and perform hand hygiene.
* If the patient does not respond, leave a letter in a plain envelope attached to the door, instructing the individual living at the residence to contact the health department. Do not leave any personally identifiable information in the letter.

**Diagnostic Respiratory Specimen Collection for All Individuals (i.e., PUIs for COVID-19, Asymptomatic Close Contacts) Who Are at Home**

* Testing for the virus, SARS-CoV-2, that causes COVID-19 should be conducted outdoors if climate allows. If conducted in the home, specimen collection should be performed in the area of the house where the individual being tested is self-isolated.
* Only the public health personnel and individual being tested should be in the room when testing is performed.
* Collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) is likely to induce cough or sneezing.
* Specimen collection should be the last activity performed just before leaving the home or outdoor collection area.
* Public health personnel collecting specimens should wear full recommended PPE, including a gown, gloves, eye protection, and respiratory protection that is at least as protective as a NIOSH-approved N95 filtering face piece respirator (see CDC guidance document [Interim Infection Control 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](https://www.cdc.gov/coronavirus/2019-ncov/php/guidance-evaluating-pui.html)). While an N95 respirator is preferred, a surgical mask (facemask) is acceptable.
* Before putting on and after removing PPE, hand hygiene should be performed using alcohol-based hand sanitizer that contains 60-95% alcohol.
* PPE should ideally be put on outside of the home prior to entry.
* If unable to put on all PPE outside of the home, it is preferable that face protection (i.e., eye protection and N95 respirator or facemask) be put on before entering. Alert any persons within the home that the public health personnel will be entering, and ask them to move to a different room, if possible, or to keep at least a 6-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves.
* Ask person being tested if an external trash can is present at the home, or if one can be left outside for the disposal of PPE.
* PPE should ideally be removed outside the home and discarded in an external trash can before departing location. PPE should not be taken from the PUI’s home in public health personnel’s vehicle.
* If unable to remove all PPE outside of the home, it is preferable that face protection (i.e., respirator or facemask, and eye protection) be removed after exiting the home. If gown and gloves must be removed in the home, ask persons within the home to move to a different room, if possible, or keep at least a 6-foot distance in the same room. Once the entry area is clear, remove gown and gloves and exit the home. Once outside the home, perform hand hygiene using alcohol-based hand sanitizer that contains 60-95% alcohol, remove face protection, and discard PPE by placing in external trash can before departing location. Perform hand hygiene again.

**Daily Clinic Operations/Home Visiting/Inspection Visits/Office Staff**

Most VDH clinics serve niche populations and do not provide acute care. Clinics should post visual alerts and signs/posters (see [Stop the Spread of Germs](https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf) and [Coronavirus Disease Health Alert](https://www.cdc.gov/coronavirus/2019-ncov/downloads/health-alert-all-travelers.pdf) signs) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, cough etiquette, and face covering. Clinics should have surgical masks, hand sanitizer, tissues, and no-touch trash receptacles to use in the event someone has respiratory symptoms. Individuals who report symptoms of respiratory illness or COVID-19 symptoms should be given a surgical mask to wear and encouraged to reschedule their appointment. Every effort should be made to accommodate requests for rescheduling appointments.

Individuals with symptoms consistent with COVID-19 should be placed in an airbone infection isolation room (AIIR) or private room with the door closed and evaluated by a healthcare provider who is wearing a gown, gloves, eye protection, and an N95 respirator. More information can be found [here](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html).

Every effort should be made to accommodate clients requesting clinical services requiring face-to-face interactions. If possible, minimum of 6-ft distance should be maintained between client and HCP, the client should wear a face covering, and the HCP should wear a surgical mask or cloth face covering (cloth mask) during the interaction. It should be noted that clients may require a physical exam and the healthcare worker will not be able to maintain a 6 foot distance. Per guidelines issued on July 15, **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.

Per new recommendations by the CDC on July 15, 2020, **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. See Table 1 below for PPE recommendations for local health department clinical services, and find additional PPE guidance on the [VDH intranet](http://vdhweb.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/) (under the “Investigation” tab).

*Note*. Per current CDC guidance, universal source control is recommended for all people in healthcare facilities. For HCPs, use of a facemask (surgical mask) is advised and preferred; if facemasks are not available, a cloth face covering (cloth mask) may be used. However, a cloth mask is not considered a type of PPE. For patients and visitors, use of a cloth mask is advised and preferred; surgical masks should be reserved for HCPs.

**Table 1: PPE Recommendations for Local Health Department Clinical Services**

| **Clinical Service** | **PPE for Staff** | **Protective Equipment for Client/Patient** |
| --- | --- | --- |
| Nursing Assessment | HCP should use facemask and gloves; cloth face covering could be used as a last resort if facemask is unavailable; maintain social distance of at least 6 feet.  **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.  **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. | Cloth face covering |
| Phlebotomy | HCP should use facemask and gloves.  **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.  **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 | Cloth face covering |
| Immunization Services | HCP should use facemask, and gloves; cloth face covering could be used as a last resort if facemask is unavailable; maintain social distance of at least 6 ft when obtaining medical history.  **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.  **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 | Cloth face covering for children over 2 years and adults. |
| Maternity Services | HCP should use facemask during physical examinations and follow-up exams; cloth face covering could be used as a last resort if facemask is unavailable; maintain social distance of 6 feet during clinical assessment.  **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.  **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 | Cloth face covering |
| Family Planning Services | HCP should use face mask; cloth face covering could be used as a last resort if facemask is unavailable during clinical assessment; maintain social distance of 6 feet.  HCP should use facemask during physical examination, pelvic examination, and collection of specimens for STI testing.  HCP and client should use facemask during the insertion and removal of LARCs. In addition, HCP should use gloves during LARC procedure.  **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.  **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 | Cloth face covering  Facemask during LARC procedure |
| STI Services | **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.  **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 | Cloth face covering |
| Refugee Services | HCP should use facemask; cloth face covering could be used as a last resort if facemask is unavailable; maintain social distance of 6 feet during clinical assessment.  HCP should use facemask during physical examination. | Cloth face covering |
| Dental Services | DHCP should wear a facemask at all times in the dental setting.  Personnel not involved in direct patient care, such as clerical staff, may wear face covering.  All DHCP involved in direct patient care must use an N95 respirator or a respirator that offers a higher level of protection, such as disposable filtering facepiece respirators, powered air-purifying respirators (PAPRs), or elastomeric respirators.  If a respirator is not available, a combination of a surgical mask and full-face shield should be used. Ensure the surgical mask is cleared by US FDA as a surgical mask.  If PPE is not available, procedures should not be performed; refer clients to another facility.  Eye protection: goggles or full-face shield that covers front and side of face  Gloves  Gown |  |
| TB Services | When interviewing or educating patients with latent TB infection (LTBI), active TB disease, or presumptive TB: use telemedicine or phone to the greatest extent possible. Minimize in-person visits. Provide patient with thermometer and scale, if possible.  **LTBI care**: monthly clinical assessments by telehealth or phone   * Treatment: 3HP preferred; use video enhanced therapy (VET) instead of in-person direct observation of therapy (DOT). * If in-person visit needed (e.g., blood draw), HCP should wear surgical mask and gloves, and patient should wear surgical or cloth mask.   **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.  **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  **Clinical visit—active pulmonary, pleural or laryngeal TB disease**, **infectious patient**: use AIIR, if available   * HCP: N95 respirator, gloves, gown, eye protection * Patient: surgical mask * Treatment: mail medications to patient, if possible. Use VET. * Monthly assessment visits by VET as long as patient is improving and approved by treating clinician.   **Clinical visit–non-infectious patientt with pulm, pleural, or laryngeal TB**:   * HCP: wear surgical mask and gloves.   **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.  **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   * Patient: wear surgical or cloth mask. * Same instructions as above re: medication, VET, and monthly VET assessments (instead of in-person visit) as long as patient is improving and approved by treating clinician.   **Clinical visit–extrapulmonary TB**: use AIIR, if available   * For HCP: until pulm, pleural, or laryngeal TB ruled out, HCP advised to wear full PPE (N95, gown, gloves, eye protection) * Patient: wear surgical mask * Treatment: same as above re: medication, VET, monthly assessments by VET as long as patient improving and approved by treating clinician.   **Extrapulmonary TB—once communicable TB ruled out:** HCP should wear surgical mask and gloves; patient can wear surgical or cloth mask.  **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.  **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  **End of treatment for active TB disease**: in-person visit advised. HCP should wear surgical mask and use gloves for exam; patient should wear cloth mask.  **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.  **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 | Facemask or cloth face covering (cloth mask). Please also see notes below this table. |

**Additional Notes Regarding PPE and TB Care**

HCP who have completed initial fit testing should wear a respirator designed to protect the HCP from infectious particulates. Most health department employees have been fit tested to use an N95 respirator without an exhalation valve. However, some health department staff have been fitted to use N100 respirators with exhalation valves. It is important to note that while a respirator with an exhalation valve protects the wearer, it does not protect others. Respirators with exhalation valves should not be used during the COVID-19 response unless there are no other options. If a respirator with an exhalation valve is used, a surgical mask must be worn over the respirator and exhalation valve to protect both the wearer and others.

Respirators can be reused unless they are soiled, damaged, or misshapen. If makeup is seen on a mask, it should be considered soiled and discarded.  As efforts are in place to reuse and extend the use of respirators, makeup should not be worn. For COVID-19 response, a face shield may be worn over respirators to prevent surface contamination.

More information on reuse and extended use can be found on the [CDC website](https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html) and [here](https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirators-strategy%2Fcrisis-alternate-strategies.html).

Respirators should be stored in a protective covering between uses. A paper bag is a recommended storage container as the bag is porous and allows the respirator to air out after wearing.

The U.S. Department of Labor’s Occupational Safety and Health Administration (OSHA) issued new temporary enforcement guidance for respirator fit testing in healthcare during COVID-19 Outbreak (see [OSHA website](https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit)). This guidance temporarily suspends the annual fit testing requirement of N95 filtering facepiece respirators. However, initial fit tests for HCP with the same model, style, and size respirator are still required.

**Guidance for VDH Radiological Compliance Officers and VDH Staff in Office Settings**

Additionally, radiological health/nursing facility inspection staff should respect and follow the facility’s PPE and/or infection control recommendations.

Staff working in office settings should refer to [CDC guidelines](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) for preventing the spread of COVID-19 in communities, including staying home when ill, frequent handwashing, respiratory etiquette, face covering, and monitoring official communication channels for updates.

**Guidance for U.S. HCP with Potential Exposure in a Healthcare Setting to Patients with COVID-19.**

Per a CDC update from June 18, 2020, [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html), was updated. This interim guidance is intended to assist with assessment of risk and application of work restrictions for asymptomatic healthcare personnel (HCP) with potential exposure to patients, visitors, or other HCP with confirmed COVID-19. Additional infection prevention and control recommendations, including more details about universal source control in healthcare settings, can be found [here](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html).

**Additional Resources**

* Centers for Disease Control and Prevention. [Coronavirus Disease 2019 (COVID-2019](https://www.cdc.gov/coronavirus/2019-ncov/index.html)) website.
* Virginia Department of Health. [Coronavirus Disease (COVID-19)](http://vdhweb.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/) website.