

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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Updated Guidance for COVID-19 – April 4, 2020

Connecticut is in the acceleration phase of the COVID-19 pandemic, and the challenge of caring for an increasing number of patients with limited personal protective equipment (PPE) is expected to continue for weeks to come. We recognize that the conditions you are working under are extraordinarily difficult, and we applaud your efforts to maintain a high level of care for your patients.

With growing evidence for pre-symptomatic shedding of SARS-CoV-2 and the growing prevalence of COVID-19 in our state, the **Connecticut Department of Public Health (DPH) is now recommending that all healthcare personnel (HCP) wear surgical masks (facemasks) while in healthcare facilities.** Some healthcare organizations have already instituted a “universal masking” policy that requires this.

Universal Masking of Healthcare Personnel (HCP)

Masking all HCP when PPE is otherwise not indicated can help protect HCP from pre-symptomatic transmission in the healthcare setting. Universal masking can also prevent pre-symptomatic HCP from transmitting the virus to other HCP and patients.

HCP who provide direct patient care should wear a medical-grade/FDA-regulated surgical mask, and follow CDC recommendations for extended use and re-use.¹ Those who do not provide direct patient care can wear a cloth or homemade mask to conserve surgical masks for direct patient care.

Wearing a mask must not replace social distancing. All staff and patients should continue to maintain distances of 6 feet apart from others as much as possible during all interactions, and with physical barriers between people when possible. It is vitally important for HCP to avoid touching their face or their facemask. Inappropriate technique during the doffing (taking off) process of facemasks can lead to contamination. Surgical masks should be carefully removed without touching the outer surface of the mask, and the mask should be folded with the outer surface facing inward, then stored in a clean sealable paper bag or breathable container if it is to be reused.¹

Return-to-Work Recommendations for Healthcare

DPH’s return-to-work recommendations for healthcare workers and first responders was distributed on 3/30/20.² At this time, the test-based criteria in CDC guidance³ is not feasible for widespread use in Connecticut due to limited testing resources. When testing resources allow, CDC’s test-based criteria can be used to determine when HCP can return to work. DPH guidance will be updated as needed.



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COVID-19 Testing Updates

The testing landscape in Connecticut continues to change as new modalities are becoming available. As hospital laboratories take on testing and turn-around-times for commercial testing decrease, many Connecticut hospitals are now using testing resources other than the State Public Health Laboratory (SPHL). **SPHL continues to prioritize residents of congregate settings, hospital healthcare workers, and hospitalized patients who have a fever and lower respiratory disease.** SPHL is now supporting much of the testing for nursing homes and other congregate settings.

For outpatient providers evaluating patients who do not meet any of the above criteria, DPH recommends using clinical judgement and testing stewardship when deciding whether to order a COVID-19 test. If a patient can safely isolate at home⁴ and the test result would not change management of the illness, they should self-isolate at home without testing. Patients without symptoms consistent with COVID-19 should also NOT be tested. When testing becomes more widely available and turn-around-time shortens, we can take a broader approach to testing.

At this time, DPH recommends clinicians **prioritize testing for people who interact with others while providing essential services⁵ AND have symptoms consistent with COVID-19.** A positive test result in this group of people can lead to public health containment measures that can impact essential services. A negative test result could allow the worker to return to essential work, however a second negative test (≥ 24 h between specimens) is recommended if COVID-19 is suspected.³ Symptomatic household contacts of people who provide essential services can be considered for testing.

Atypical Presentations of COVID-19

The potential for COVID-19 to initially present without respiratory symptoms adds to the challenges of diagnosis and containment. There are reports suggesting loss of olfactory (smell) and taste senses could be presenting symptoms. Gastrointestinal symptoms might also present before respiratory symptoms. Clinical judgement and testing stewardship should be used when deciding to test patients with these symptoms, taking into consideration the testing guidance above.

Off-Label Use of Hydroxychloroquine and Azithromycin

The U.S. Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) allowing hydroxychloroquine sulfate and chloroquine phosphate products donated to the Strategic National Stockpile (SNS) to be distributed and prescribed by doctors to hospitalized teen and adult patients with COVID-19, as appropriate, when a clinical trial is not available or feasible.

DPH strongly advises against off-label use of hydroxychloroquine and azithromycin in the outpatient setting for COVID-19 prophylaxis or treatment, as there is not enough safety and efficacy data at this time. It is important to note that both hydroxychloroquine and azithromycin can cause QT prolongation (cardiac risks), and both these medications should be conserved for those who require them for indicated purposes.

Reporting confirmed COVID-19 to CT DPH

CT DPH receives positive test results directly from testing laboratories. Where possible, ordering providers should enter the patient's home address on test requisition forms, so town of residence can be reported with positive results.

Laboratory-confirmed COVID-19 cases are provider-reportable, and the reporting requirement involves completion of a COVID-19 Case Report Form (CRF). There are two options for completing a CRF:

- Fax fillable PDF: https://portal.ct.gov/-/media/DPH/EEIP/Forms/nCoV_-PUI_Form.pdf
- Complete form online: <https://dphsubmissions.ct.gov/Covid/InitiateCovidReport>

References

This guidance memo supplements the prior CT DPH provider guidance memos issued on March 16⁶ and March 23⁷, which provided more detail about PPE stewardship and conservation and procedures for submitting specimens to SPHL.

Note that COVID-19 websites are updated regularly.

1. CDC Strategies for Optimizing the Supply of Facemasks, Crisis Capacity Strategies: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html#crisis-capacity>
2. CT Facility Licensing and Investigations Section Blast Fax 2020-24: Guidance for Use of Isolation Orders, Return-to-work: <https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing--Investigations/Blast-Faxes/Blast-Fax202024-Guidance-for-Use-of-Isolation-Orders-ReturntoWork.pdf>
3. CDC Return-to-Work Criteria for Healthcare Workers: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>
4. CDC Discontinuation of Home Isolation for Persons with COVID-19 (Interim Guidance): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
5. CT Business Exemptions for Coronavirus – Executive Order 7H: <https://portal.ct.gov/DECD/Content/Coronavirus-Business-Recovery/Business-Exemptions-for-Coronavirus>
6. CT Important Information for Connecticut Physicians, APRNs, PAs, and RNs About COVID-19 – Guidance: <https://portal.ct.gov/-/media/Coronavirus/20200316-DPH-Important-Information-for-Connecticut-Physicians.pdf>
7. CT Guidance on PPE Conservation and Testing Strategies: https://portal.ct.gov/-/media/Coronavirus/20200324-Update_PPE_Testing_Info.pdf