

Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) per the CDC

Mode of transmission: Early reports suggest person-to-person transmission most commonly happens during close exposure (being within approx. 6 feet for a prolonged period of time as occurs during caring for a patient or having unprotected direct contact with infectious secretions or excretions of the patient with bare hand)* to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs or sneezes, airborne transmission from person-to-person over long distances is unlikely.

	Recommendation	Further Recommendation / Rationale
Isolation	Droplet / Contact	Place a patient with known or suspected COVID-19 in a single-person room with the door closed. The patient should have a dedicated bathroom. Limit transport and movement of the patient outside of the room to medically essential purposes. Whenever possible, perform procedures/tests in the patient's room.
	Airborne (AIIR)	Airborne Infection Isolation Rooms (AIIRs) should be reserved for patients who will be undergoing aerosol-generating procedures. Although spread of SARS-CoV-2 is believed to be primarily via respiratory droplets, the contribution of small respirable particles to close proximity transmission is currently uncertain. Airborne transmission from person-to-person over long distances is unlikely.
Discontinuation of Isolation	Maintain for duration of hospitalization	The duration of viral shedding is also variable; there appears to be a wide range, which may depend on severity of illness. In another study of 137 patients who survived COVID-19, the median duration of viral RNA shedding from oropharyngeal specimens was 20 days (range of 8 to 37 days).
Personal Protective Equipment (PPE)	Facemask, gown, gloves, eye protection	HCP who enter the room of a patient with known or suspected COVID-19 should adhere to precautions and use a respirator or facemask, gown, gloves, and eye protection. Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses.
Respirator or Facemask	Facemask	Put on a respirator or facemask (if a respirator is not available) before entry into the patient room or care area.
	N95	N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure Disposable respirators and facemasks should be removed and discarded after exiting the patient's room or care area and closing the door.
Eye Protection	Goggles or face shield	Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection. Remove eye protection before leaving the patient room or care area or immediately outside the room.
Gloves	Gloves with all patient contact	Put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.
Gowns	Isolation gown with all patient contact	Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area or immediately outside the room. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
Transport	Patient to don face mask	If being transported outside of the room, such as to radiology, healthcare personnel (HCP) in the receiving area should be notified in advance of transporting the patient. For transport, the patient should wear a facemask to contain secretions and be covered with a clean sheet. If the patient is wearing a facemask, no recommendation for PPE is made typically for HCP (healthcare personnel) transporting patients with a respiratory infection from the patient's room to the destination. If transport personnel must prepare the patient for transport (e.g., transfer them to the wheelchair or gurney), transport personnel should wear all recommended PPE (gloves, a gown, respiratory protection that is at

	Recommendation	Further Recommendation / Rationale
		<p>least as protective as a fit-tested NIOSH-certified disposable N95 filtering facepiece respirator or facemask—if a respirator is not available—and eye protection [i.e., goggles or disposable face shield that covers the front and sides of the face].</p> <p>Use of a facemask by the transporter is recommended for anything more than brief encounters with COVID-19 patients.</p> <p>Additional PPE should not be required unless there is an anticipated need to provide medical assistance during transport (e.g., helping the patient replace a dislodged facemask).</p> <p>Once the patient has been transferred to the wheelchair or gurney, transporters should remove their gown, gloves, and eye protection and perform hand hygiene.</p>
Aerosol generating procedures (AGPs)	N95 mask	<p>Aerosol generating procedures are procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible.</p> <p>HCP in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.</p> <p>The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.</p> <p>AGPs should ideally take place in an airborne isolation room.</p>
Collection of Respiratory Specimens	N95 mask	<p>When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 patient, the following should occur: HCP in the room should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.</p>
Cleaning	<ul style="list-style-type: none"> • Sanicloth Prime • Oxivir • Virex • Bleach 	<p>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.</p> <p>Once the patient has been discharged or transferred, HCP, including environmental services personnel, should refrain from entering the vacated room without PPE until sufficient time has elapsed for enough air changes to remove potentially infectious particles.</p> <p>Environmental services (EVS) should wear all recommended PPE when in the room. PPE should be removed upon leaving the room, immediately followed by performance of hand hygiene.</p> <p>The disinfectants listed on the left have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2, COVID-19.</p>
Hand hygiene	Alcohol-based hand sanitizer/rub or soap and water	<p>HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.</p> <p>HCP should perform hand hygiene by using alcohol-based hand rub (ABHR) with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.</p>
Medical Equipment	Dedicate to patient	<p>Dedicated medical equipment should be used when caring for patients with known or suspected COVID-19. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.</p>
Linen	Routine procedure	Management of laundry should be performed in accordance with routine procedures.
Food trays	Routine procedure	Management of food trays and utensils should be performed in accordance with routine procedures.
Trash	Routine procedure	Management of trash should be performed in accordance with routine procedures.