2019 NOVEL CORONAVIRUS (COVID-19)

An outbreak of pneumonia of unknown cause was identified in Wuhan City, Hubei Province, China in mid–December. It was reported to the World Health Organization (WHO) on December 31, 2019. The cause was determined to be a novel (new) form of betacoronavirus and was given the name **COVID-19.** The incubation period continues to officially be considered 2-14 days; however, there are some studies that suggest a longer incubation period. Persons with COVID-19 can transmit the disease to others before they begin to show symptoms themselves. The WHO has issued a COVID-19 epidemic global risk assessment level of "high" and has declared a global health emergency.

COVID-19 can be spread via droplets, airborne particulates, direct and indirect contact. Virus is also present in urine and feces of infected patients.

The COVID-19 mortality rate appears to be standing steady at 2%. Of those who have died, 80% were over the age of 60, 75% had underlying health conditions, and two-thirds were men. Although children have been infected with COVID-19, most do not experience severe symptoms. There have been newborn infants who have tested positive for COVID-19. It is not clear if the newborns were infected via maternal-fetal transmission or if the infections were nosocomial. Please contact your NYSNA representative if you have concerns about this matter.

United States
The number of confirmed COVID-19 cases in the U.S. is rising rapidly. Several states have identified community acquired transmission (i.e., the infected person had not recently traveled to a country where COVID-19 is prevalent.

Patients Under Investigation
The CDC recommends that patients in the United States who meet the following criteria should be evaluated as a COVID-19 PUI:

Fever or signs/symptoms of lower respiratory illness *(e.g., cough or shortness of breath)*	**AND**	Any person, including healthcare workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever **and** symptoms of a lower respiratory illness *(e.g., cough or shortness of breath)* requiring hospitalization	**AND**	A history of travel from affected geographic areas within 14 days of symptom onset
Fever with severe acute lower respiratory illness *(e.g., pneumonia, ARDS)* requiring hospitalization and without alternative explanatory diagnosis *(e.g., influenza)*	**AND**	No source of exposure has been identified

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Healthcare Facility Preparedness

The **CDC recommends** that healthcare facilities take the following steps in order to be prepared for suspected COVID-19 patients:

- Stay up to date on the latest information about signs and symptoms, diagnostic testing and case definitions for COVID-19

- Review infection prevention and control policies and CDC infection control recommendations for COVID-19 for:
  - Assessment and triage of patients with acute respiratory symptoms
  - Patient placement (e.g., isolation rooms)
  - Implementation of standard, contact and airborne precautions (including gowns, gloves, face shield or goggles and N95 respirators for healthcare worker protection)
  - Visitor management and exclusion
  - Source control measures for patients (e.g., put facemask on suspect patients and isolated them)
  - Requirements for performing aerosol-generating procedures

- Be alert for patients who meet the persons under investigation (PUI) definition (see table on reverse side)

- Know how to report a potential COVID-19 case or exposure to facility infection control leaders and public health officials

- Make sure staff know whom to see for an occupational health evaluation following an unprotected exposure, when to seek that evaluation and how to do so

Detailed healthcare professional guidance can be found at **cdc.gov**

Healthcare Worker Safety

Healthcare workers who may come within 6 ft. of a PUI should take the following measures to protect themselves from exposure:

- Immediately place a surgical or procedure mask on the patient to limit exposing others to the virus (please note: masks do not protect the wearer from exposure; a respirator such as an N95 or PAPR must be used to prevent exposure)

- Don PPE including gloves, gown, face shield or goggles, N95 respirator or PAPR (please note: healthcare workers must be fit-tested and medically cleared to where an N95 or any other type of respirator)

- Wash hands frequently, for at least 20 seconds, with warm water and soap

- Do not touch mouth, nose or eyes with unwashed hands

NYSNA strongly recommends that healthcare facilities also take the following critical steps to ensure a safe work environment and adequate patient care:

- Adequate staffing levels to triage, assess and treat patients who have been diagnosed with, or need assessment for, possible COVID-19 infection

- Adequate negative-pressure isolation rooms are available to isolate PUIs and/or confirmed cases of COVID-19.

- Adequate supply of the recommended PPE to ensure the safety of hospital staff

- Immediately train all healthcare staff on COVID-19 including current rates of infection, modes of transmission, patient triage, isolation and treatment protocols, and infection control measures (including PPE and engineering controls) to protect healthcare staff

Situational updates and more detailed guidance on healthcare facility preparedness, infection control measures and preparing for patient surges can be found at bit.ly/nysnancov

Contact your facility's NYSNA Representatives if you have questions or concerns regarding COVID-19. NYSNA's Health & Safety Representatives can be reached at healthandsafety@nysna.org

All information in this practice alert is accurate as of the date of its writing. However, as this is a rapidly changing situation, this alert will be updated as new information becomes available.

Sources: U.S. Center for Disease Control, World Health Organization, OSHA, NYS and NJ Departments of Health

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