On Tuesday, March 10th, Centers for Disease Control and Prevention updated their *Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.*

An abbreviated summary of the important changes includes:

- **Updated PPE recommendations for the care of patients with known or suspected COVID-19:**
  - Facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand
    - Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
  - **Eye protection, gown, and gloves continue to be recommended.**
    - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.

- **Updated recommendations regarding need for an airborne infection isolation room (AIIR).**
  - Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne Infection Isolation Rooms (AIIRs) should be reserved for patients undergoing aerosol-generating procedures (See Aerosol-Generating Procedures Section)

- **Precautions When Performing Aerosol-Generating Procedures (AGPs)**
  - Procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible.
    - **HCP in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.**
    - 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.
    - **AGPs should ideally take place in an AIIR.**
    - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control.

- **Collection of Diagnostic Respiratory Specimens**
  - 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 N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.**
    - 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 specimen collection.
Specimen collection should be performed in a normal examination room with the door closed.

Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control.

- **Mode of Transmission**
  
  Early reports suggest person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. The contribution of small respirable particles, sometimes called aerosols or droplet nuclei, to close proximity transmission is currently uncertain. **However, airborne transmission from person-to-person over long distances is unlikely.**

- **Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).**

For additional information and expanded infection prevention recommendations, please go to: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html