



NOTICE - Interim Guidance for Indoor COVID-19 Testing

(November 17, 2020)

OVERVIEW

Purpose: This Interim Guidance for Indoor COVID-19 Testing document is meant to serve as a reference for indoor COVID-19 community testing. The guidance is drafted by the Maryland Department of Health and includes organizational recommendations, expert contribution, and community testing teams experiences. The information may be amended as COVID-19 understanding increases and lessons learned from the field prove valuable.

Intended Audience: Any organization conducting indoors COVID-19 testing or specimen collection.

Introduction: Outdoor testing remains the “gold standard” for safe COVID-19 testing and should be continued to the extent possible. When outdoor testing is not conducive, an indoor site may be considered.

Key Guidance Elements: The following broad categories should be considered when developing indoor testing sites and are detailed further in this document.

Category	Topics
I. Space	Space, square footage, and administrative and engineering controls
II. Access	Client flow and location accessibility
III. Cleanliness	Cleaning surfaces and personal hygiene
IV. Operations	Ventilation

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I. Space

- Consider max occupancy for square footage. Consider information provided in “Understanding the impact of social distancing on occupancy” (FEMA, October 2020).
- Calculate desired social distancing according to floor space or occupants ([calculator](#)).

Administrative Controls:

- Identify common areas or situations where staff may have direct contact with clients including intake processes and assisting through the testing process.
- Develop and implement a policy to prevent clients (except those that live together or require caretakers) from gathering in groups and maintain a 6-foot separation between an individual or groups of individuals while waiting for testing.

- Consider posting signs in parking areas and entrances that clients can call or text from their vehicle when they reach the facility directing them to leave extra belongings in their vehicle, wear cloth face coverings, and maintain a 6-foot separation from other people.
- When possible, identify separate testing areas for testing symptomatic and asymptomatic clients so that they do not cross.
- Encourage clients that live together, that include both symptomatic and asymptomatic members, to separate to prevent vulnerable clients (new babies, older, immunocompromised) from exposure to symptomatic test rooms.
- Only allow service animals in the facility.

Engineering Controls

- When possible, identify separate testing areas for testing symptomatic and asymptomatic clients so that they do not cross.
- Install transparent shields or other physical barriers to separate employees and clients where 6-foot separation is not an option.
- Use visual cues such as decals or colored tape on the floor, placed 6-feet apart, to indicate where clients are to stand when physical barriers are not possible. If cones are used, larger cones with high visibility colors are recommended to reduce tripping risk.
- Leave walking pathway doors open. If door closure is needed, consider adding less-touch door openers or appoint designated staff to assist with doors.
- Locate spaces for staff to have rest breaks indoors allowing for 6-foot separation. Avoid spaces near hot zones, areas for clean and dirty storage (including hazard waste), refrigeration for specimens, and donning and doffing areas.

II. Access

- Recommended Client Flow:
 - Clients should wait in the vehicle upon arrival
 - Clients will be screened for symptoms and their registration paperwork completed
 - Based on symptom screen, clients are ushered through a one-way entrance and into separate areas in the building until specimen collection
 - Waiting periods are minimized to prevent congestion
 - Clients exit one-way back to the parking lot

III. Cleanliness

- Follow the [Guidance for Cleaning and Disinfecting](#) to develop, follow, and maintain a plan to perform regular cleanings.
- Avoid use of rooms with carpets, wallpaper, textured ceilings, cluttered areas, curtains, blinds, etc.
- At least daily, clean and disinfect all surfaces with EPA-registered disinfectants approved for COVID-19 that are frequently touched by multiple people, such as door handles, desks, light switches, faucets, workstations, keyboards, telephones, handrails. Ensure contact times for the disinfectants are observed. If hard surfaces are dirty, clean them using a detergent or soap and water before you disinfect them.
- Remind clients and staff to wash their hands often with soap and water for at least 20 seconds. If soap and water are not available, hand sanitizer with at least 60% alcohol should be used. Provide and post hand-washing instructions for best education and practices. Post

instructions at entrances and in strategic places on hand hygiene, COVID-19 symptoms, wearing cloth face coverings, and cough and sneeze etiquette.

- Use no-touch trash cans when possible. Wear gloves when removing trash.
- If paperwork requires handwriting, provide short disposable pencils or pens that clients can keep.
- Discourage use of personal cell phones in populated areas.
- All hot zone items (including sanitizer bottles, wipe bins, chairs, coolers) should be cleaned and contained (by gloved staff) before moving to storage areas.

IV. Operations

Building Readiness:

- Evaluate the building including its mechanical and life safety systems to determine its readiness.
- Check for hazards associated with prolonged shutdown of the suggested area such as mold, stagnant water, underserviced electric, plumbing, lighting, and faulty equipment.
- Ensure that ventilation systems in the facility operate properly
- Increase circulation of outdoor air as much as possible by opening windows and doors and using fans. Airflow is more important than ventilation with the goal of moving air outside the building and not onto staff or clients. Airflow should always be directed such that air is moving from the area of testing towards outdoors, or unoccupied areas. Airflow can be checked simply using a smoke tube.
 - Windows and doors should only be open if not posing a safety or health risk for clients.
 - Fans should be used with intention and caution, directing aerosols away from staff and clients. When HEPA filtration is in place, ceiling fans can be used. Otherwise, fans should be directed towards the intended directional airflow.

Identify Potential COVID-19 Exposures:

- Conduct a thorough hazard assessment to identify potential hazards that could increase risks for COVID-19 transmission. Identify common areas where people could have close contact (within 6-feet) with others — for example check-in areas, waiting areas, and routes of entry and exit.
- Consider taking steps to improve ventilation in the building, in consultation with an HVAC professional:
 - Increase the percentage of outdoor air, (e.g., using economizer modes of HVAC operations) potentially as high as 100% (first verify compatibility with HVAC system capabilities for both temperature and humidity control as well as compatibility with outdoor/indoor air quality considerations).
 - Increase total airflow supply to occupied spaces.
 - Disable demand-control ventilation (DCV) controls that reduce air supply based on temperature or occupancy.
 - Consider using natural ventilation to increase outdoor air dilution of indoor air when environmental conditions and building requirements allow.

Optimize Central Air Filtration:

- Increase air filtration to as high as possible (ASHRAE recommends a minimum filtration rating of MERV 13 or higher for alternate care sites, although HEPA filtration is recommended for aerosol generating procedures) without significantly diminishing design airflow.
- Consider running the HVAC system at maximum outside airflow for 2 hours before and after occupied times, in accordance with industry standards.
 - For small rooms, ideally a facility whose HVAC units are mounted on an external wall and able to accommodate some outdoor air dilution as opposed to internal, 100% recirculation units (2)
 - For open floor plans, ideally the HVAC has air supply at one end of the space and air return at the other end of the space (2)
 - For staff respite areas, ideally be in a room separate from the patient care area; at a minimum it should not be in a location near the air return (2). It should also allow for space to distance when eating or drinking if lunches are not staggered.
 - Facilities with generator support are optimal (2)
- Consider using portable high-efficiency particulate air (HEPA) fan/filtration systems to help enhance air cleaning especially in higher-risk areas.
- Ensure exhaust fans in restroom facilities are functional and operating at full capacity.
- Consider using ultraviolet germicidal irradiation (UVGI) as a supplemental technique to inactivate potential airborne viruses.
- Consider cool-down periods for small test rooms, especially for symptomatic test rooms, to decontaminate and burst airflow/ ventilation.
- For specific air movement and air exchanges per hour according to the space; please refer to the [CDC Guidelines for Environmental Infection Control in Health-Care Facilities](#) (2003)

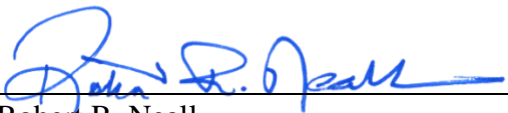
Elevators and Escalators:

- Encourage clients to take stairs when possible. Ensure adequate ventilation in enclosed stairways.
- Where feasible, designate certain stairwells or sides of stair-wells as “up” and “down” to better promote 6-foot separation.
- Limit the number of people in an elevator and leave steps empty between passengers on escalators.
- Post signs reminding occupants to minimize surface touching.
- Consider adding supplemental air ventilation or local air treatment devices in frequently used elevator cars.

References

1. Understanding the impact of social distancing on occupancy (Oct 7,2020).
https://www.usfa.fema.gov/coronavirus/planning_response/occupancy_social_distancing.html
2. Considerations for alternate care sites (April 24, 2020).
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html>
3. [ASHRAE Guidance for Healthcare: Alternate Care Sites](#)

This Notice is effective immediately and shall remain in effect until it is revised or until the state of emergency has been terminated and the proclamation of the catastrophic health emergency has been rescinded.



Robert R. Neall
Secretary