COVID-19 Screening Toolkit
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**Some of these materials are available in additional sizes and languages on the CDC website.

*Revised/Added March 13, 2020
Purpose Statement

Competing Guidance, Orders and Regulations on Limiting Visitors
There is growing confusion among providers, state affiliates, the media, and surveyors about all the guidance from states, CMS and AHCA/NCAL on limiting visitors and other individuals from entering the building. All this various guidance is trying to accomplish the same thing: **prevent COVID-19 from getting into the building.** This is best accomplished by decreasing the number of people entering nursing homes or assisted living communities to as few people as possible without creating a total ban (except in a few places with high COVID-19 community spread).

Entering into a discussion on who has stricter or less strict guidance, or on the subtle differences between each detracts from the main message, which is to **limit individuals entering the facility to those that are absolutely necessary.**

This virus is dangerous to residents. We need to prevent it from coming in as much as possible. That means all people who are not needed to meet the resident’s needs or keep operations going, should be asked to not enter.

Our Main Purpose and Goal
Keeping the focus on limiting entry and rigorous screening should be able to answer most questions about how to implement. Getting caught up with all the subtle differences in descriptions, examples and definitions misses the main purpose and goal, which is to **protect the health and welfare of our residents.**

Who is included in “all”?
The virus does not discriminate by types of people entering or reasons for entering. So, "all" means **any human being.**

What is considered “necessary” or who needs to enter?
This is going to be an individual facility/community decision based on the risk/benefit on a case by case basis. However, given the high case fatality rate among the elderly (estimated at 15-20 percent currently), we should lean toward an abundance of caution and **discourage visitors unless it is absolutely necessary.** We encourage providers to explain this to families to help them understand that entry is being limited to protect their loved ones.

Clearly, we can't have a complete ban on people entering. For example, there will be circumstances where a spouse, son/daughter, or close friend needs to enter, or a vendor may need access to help install medical equipment.

Screening Process
To further achieve our goal, **we should as much as possible, screen all those who must enter** by asking them questions to see if they have any respiratory symptoms and if they have a high-risk exposure to COVID-19. How to screen and what questions to ask will vary and change as we learn more. Try to follow CDC guidance, but local health department or state guidance may vary. Set up a process that considers the purpose of screening and avoid “analysis paralysis.”

The screening process must apply to **any individual** who needs to enter, including staff, surveyors, government officials, contractors, consultants, family members and friends. It may not be possible to screen 100 percent of people entering given the building design, staffing, etc. So, direct providers back to the purpose, which is to limit people from entering the building as much as possible to lower the chance of COVID-19 infecting any of the residents.

In terms of staff, they should also be screened as much as possible. Your screening process must balance the risk with having workforce available to care for the residents and the physical layout of the building. Educate your staff on the screening process and encourage them to stay home if they do not meet **any** of the screening criteria.

Individuals Entering the Building
Also, any individual who does come into the building should be washing their hands or using an alcohol-based hand rub to help reduce the chance of spread. While in the building, they should follow social distancing and not shake hands and hug.

March 13, 2020
VDH Resources
VDH Updated Guidance on Testing for COVID-19

On March 4, 2020, the Centers for Disease Control and Prevention (CDC) removed clinical and epidemiologic criteria for considering an individual to be a patient under investigation (PUI) for COVID-19. At this point the Division of Consolidated Laboratory Services (DCLS), Virginia’s state lab, has received a very small number of test kits from CDC so has a limited capacity for testing. Until private labs are able to provide testing and DCLS receives additional test kits, we need to continue to use some clinical and epidemiologic criteria to identify patients most likely to be infected with SARS-CoV-2. These criteria are as follows:

1. Person who had close contact* with a laboratory-confirmed COVID-19 patient within 14 days of onset AND fever or signs/symptoms of a lower respiratory illness;

2. Person with travel to a country with a Level 2 or 3 Travel Advisory or an area with confirmed ongoing community transmission within 14 days of onset AND has fever and signs/symptoms of a lower respiratory illness AND tested negative for influenza on initial work-up (rapid or confirmatory)**;

3. Person who resides in a nursing home or long-term care facility AND who has fever or signs/symptoms of a lower respiratory illness AND who tested negative for influenza on initial work-up (rapid or confirmatory) ** AND a respiratory virus panel negative for all pathogens** AND no alternative diagnosis

*Close contact is defined by CDC as:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.

Note: Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.

** Initial work-up for influenza can be a rapid influenza diagnostic test or confirmatory PCR test performed at a routine laboratory. Initial work-up using the respiratory virus panel (if applicable) should be performed at a routine laboratory.
Purpose: This tool is intended to assist with risk assessment, monitoring, and work restriction decisions for healthcare personnel (HCP) with potential exposure to COVID-19 in healthcare settings. It is based on CDC’s Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19) (last updated on March 7, 2020) and is subject to change. If COVID-19 is confirmed, the local health department will work with the facility to delineate roles and responsibilities for conducting this risk assessment and monitoring potentially exposed HCP.

This guidance applies to HCP with potential exposures in a healthcare setting to patients with confirmed COVID-19. However, HCP could be exposed in the community or during travel. For exposures occurring in the community or during travel, refer to the CDC’s Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases.

HCP: For the purposes of this document HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. For this document, HCP does not include clinical laboratory personnel.

I. Interview Information

Date of Assessment: MM / DD / YYYY

Facility conducting the assessment? □ Facility of potential exposure □ Local Health Department

Facility Address: ________________________________

Name of Person Conducting the Assessment: ________________________________

Phone number: ________________________________

Email address: ________________________________

Who is providing information about the healthcare worker?

□ Self (the healthcare worker) □ Other, specify person and reason: ________________________________
# II. Healthcare Personnel (HCP) Contact Information

*Note: The Healthcare Personnel who had contact with a COVID-19 case will be referred to as HCP from this point forward.*

Last Name: ____________________________ First Name: ____________________________

DOB: _______________  Age: ______  Sex: □ Male  □ Female

Home Street Address: ____________________________ Apt. #: __________

City: ____________________________ County: ____________________________ State: ____________________________

Phone number: ____________________________ Email address: ____________________________

Emergency Contact:

Last Name: ____________________________ First Name: ____________________________

Phone Number: ____________________________

# III. Healthcare Personnel Occupation

- □ Admission/reception clerks
- □ Case Manager
- □ Environmental services/Cleaning Staff
- □ Facilities/maintenance worker
- □ Food services worker/Dietary
- □ Infection Control Team
- □ Laboratory worker
- □ Mid-Level Provider: Physician assistant/Nurse Practitioner
- □ Nurse (Specify: LPN, RN, nursing assistant, other): ____________________________
- □ Occupational therapist
- □ Pharmacist
- □ Phlebotomist
- □ Physical therapist
- □ Physician
- □ Radiology technician
- □ Respiratory therapist
- □ Social Worker/Spiritual Guidance
- □ Speech therapist
- □ Student (specify type): ____________________________
- □ Transport
- □ Volunteer (specify role): ____________________________
- □ Other: ____________________________
IV. COVID-19 Case-Patient Information

*If the HCP was exposed to multiple COVID-19 patients, complete a separate form for each COVID-19 exposure.

At the time of this assessment, is the COVID-19 patient:  □ Confirmed  □ Probable  □ Unknown

Was your exposure to the COVID-19 patient in a US Facility?  □ Yes  □ No
  - If Yes, what is the COVID-19 ID: __________________ (health department to provide)
  - If No, in what country was the exposure? ______________________________________

Facility Name: ___________________________ Facility Type: ___________________________
Street Address: ___________________________
City: ____________________ County: ____________________ State: ____________
Occupational Health or Primary Contact: _______________________________________
Phone number: ___________________________

Is/was the COVID-19 patient:
  □ Inpatient  □ Outpatient  □ Employee  □ Family member visiting a patient
  □ Non-family visitor to a patient  □ Unknown  □ Other: ___________________________

Date of illness onset of COVID-19 case: MM / DD / YYYY

Notes:

V. Exposures to a COVID-19 Infected Patient

1. Date of visit or admission date of the COVID-19 confirmed patient: MM / DD / YYYY
   Discharge date, if applicable: MM / DD / YYYY
   Date of death, if applicable: MM / DD / YYYY

2. At any time during the patient’s stay, while you were not wearing all recommended PPE¹, did you have any brief interactions with the patient such as:
   □ Yes  □ No  □ Unsure
   - Brief conversation at a triage desk; or
   - Briefly entering the patient’s room but not having direct contact with the patient or their secretions/excretions; or
   - Entering the patient’s room immediately after they were discharged.
### Coronavirus Disease 2019 (COVID-19)
### VDH Healthcare Personnel Risk Assessment Tool

3. At any time during the patient’s stay, did you have direct contact with the patient or their secretions/excretions?
   - □ Yes
   - □ No – Go to Section VI.
   - □ Unsure

4. About how many separate times during the patient’s stay did you have contact with the patient or their secretions/excretions?
   - □ 2 times or less
   - □ 3 – 5 times
   - □ 6 – 10 times
   - □ > 10 times

5. List date(s) (or date range) when you had contact with the patient or their secretions/excretions. *(Use additional paper to capture all dates, if needed)*
   - □ MM / DD / YYYY
   - □ MM / DD / YYYY
   - □ MM / DD / YYYY
   - □ MM / DD / YYYY

6. List location(s) of primary work site(s) where you had contact with the patient or patient secretions/excretions (Floor, wing, unit, room#, laboratory, etc):

7. Before you had contact with this patient, what level of knowledge did you have about COVID-19?
   - □ A lot
   - □ Some
   - □ A little
   - □ None

8. At any time during the patient’s stay, did you perform, or were you present in the patient’s room during a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction).
   - □ Yes
   - □ No – Go to #9
   - □ Unsure

   a. During all of the time(s) you were present or performing procedures listed in number 7, did you always wear a respirator (e.g., N95 respirator)?
      - □ Yes
      - □ No
      - □ Unsure

   b. At any time while you were present or performing procedures listed in #7, did you wear a facemask instead of a respirator?
      - □ Yes
      - □ No
      - □ Unsure

   c. During all of the time(s) you were present or performing procedures listed in #7, did you always wear eye protection?
      - □ Yes
      - □ No
      - □ Unsure

   d. During all of the time(s) you were present or performing procedures listed in number 7, did you always wear a gown and gloves?
      - □ Yes
      - □ No
      - □ Unsure

9. At any time during the patient’s stay, did you have prolonged close contact with the patient while the patient was not wearing a mask?
   - □ Yes
   - □ No – Go to #10
   - □ Unsure
### Coronavirus Disease 2019 (COVID-19)
#### VDH Healthcare Personnel Risk Assessment Tool

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| a. Did you always wear a respirator\(^2\) (e.g., N95 respirator) during prolonged close contact with the patient? | □ Yes  
□ No  
□ Unsure |
| b. At any time did you wear a facemask instead of a respirator\(^2\) during prolonged close contact with the patient? | □ Yes  
□ No  
□ Unsure |
| c. Did you always wear eye protection\(^1\) during prolonged close contact with the patient? | □ Yes  
□ No  
□ Unsure |
| d. Did you always wear gown and gloves during prolonged close contact with the patient? | □ Yes  
□ No  
□ Unsure |

10. At any time during the patient’s stay, did you have prolonged\(^3\) close contact with the patient while the patient was wearing a mask?  
□ Yes  
□ No – Go to #11  
□ Unsure

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| a. Did you always wear a respirator\(^2\) (e.g., N95 respirator) during prolonged close contact with the patient? | □ Yes  
□ No  
□ Unsure |
| b. At any time did you wear a facemask instead of a respirator\(^2\) during prolonged close contact with the patient? | □ Yes  
□ No  
□ Unsure |
| c. Did you always wear eye protection\(^1\) during prolonged close contact with the patient? | □ Yes  
□ No  
□ Unsure |
| d. Did you always wear gown and gloves during prolonged close contact with the patient? | □ Yes  
□ No  
□ Unsure |

11. At any time did you have extensive body contact with the patient (e.g., rolling the patient)?  
□ Yes  
□ No – Go to Section VI  
□ Unsure

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| a. Did you always wear gown and gloves when having extensive body contact with the patient? | □ Yes  
□ No  
□ Unsure |

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1 PPE=personal protective equipment. PPE for COVID-19 includes: N95 respirator or equivalent (preferred), facemask, eye protection (goggles or face shield), gown, and gloves.

2 While respirators confer a higher level of protection than facemasks, and are recommended when caring for patients with COVID-19, facemasks still confer some level of protection to HCP, which was factored into our assessment of risk.

3 For HCP potentially exposed in healthcare settings, CDC recommends considering anything longer than a brief (e.g., less than 1 to 2 minutes) exposure as prolonged.
## VI. Healthcare Personnel Symptom Assessment

1. Have you experienced fever\(^1\) or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) in the period since the COVID-19 patient was admitted?
   - □ Yes
   - □ No
   - □ Unsure

2. Date of first symptom onset: MM / DD / YYYY

3. Please check all symptoms that you are experiencing, and date of onset for each:
   - □ Cough – onset: __________________
   - □ Sore throat – onset: ______________
   - □ Shortness of breath – onset: __________
   - □ Fever – onset: _______________
     highest temp: _____________

4. Please check any other symptoms you are also experiencing:
   - □ Chills
   - □ Vomiting
   - □ Nausea
   - □ Diarrhea
   - □ Headache
   - □ Fatigue
   - □ General Malaise
   - □ Rash
   - □ Conjunctivitis
   - □ Muscle Aches
   - □ Joint Aches
   - □ Loss of Appetite
   - □ Nose Bleed
   - □ Other: ___________________________

\(^1\)Fever is either measured temperature >100.0°F or subjective fever.

### Risk Level Assignment:

- □ High
- □ Medium
- □ Low
- □ No Identifiable Risk

Both high- and medium-risk exposures place HCP at more than low-risk for developing infection; therefore, the recommendations for active monitoring and work restrictions are the same for these exposures. However, these risk categories were created to align with risk categories described in the CDC’s *Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases*; use that Interim Guidance for information about the movement, public activity, and travel restrictions that apply to the HCP included here.

The highest risk exposure category that applies to each person should be used to guide monitoring and work restrictions.
Epidemiologic Risk Classification for Asymptomatic Healthcare Personnel Following Exposure to Patients with COVID-19 or their Secretions/Excretions in a Healthcare Setting, and their Associated Monitoring and Work Restriction Recommendations

<table>
<thead>
<tr>
<th>Epidemiologic risk factors</th>
<th>Exposure category</th>
<th>Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)</th>
<th>Work Restrictions for Asymptomatic HCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prolonged close contact with a COVID-19 patient who was wearing a facemask (i.e., source control)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCP PPE: None</td>
<td>Medium</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing a facemask or respirator</td>
<td>Medium</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing eye protection</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>HCP PPE: Not wearing gown or gloves[^a]</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>Prolonged close contact with a COVID-19 patient who was not wearing a facemask (i.e., no source control)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HCP PPE: None</td>
<td>High</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing a facemask or respirator</td>
<td>High</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
</tr>
<tr>
<td>HCP PPE: Not wearing eye protection[^b]</td>
<td>Medium</td>
<td>Active</td>
<td>Exclude from work for 14 days after last exposure</td>
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<tr>
<td>HCP PPE: Not wearing gown or gloves[^b]</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
<tr>
<td>HCP PPE: Wearing all recommended PPE (except wearing a facemask instead of a respirator)[^b]</td>
<td>Low</td>
<td>Self with delegated supervision</td>
<td>None</td>
</tr>
</tbody>
</table>

HCP=healthcare personnel; PPE=personal protective equipment
\[^a\]The risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient).
\[^b\]The risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction). For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.
Coronavirus Disease 2019 (COVID-19)
VDH Healthcare Personnel Risk Assessment Tool

Additional Scenarios:

- Refer to the footnotes above for scenarios that would elevate the risk level for exposed HCP. For example, HCP who were wearing a gown, gloves, eye protection and a facemask (instead of a respirator) during an aerosol-generating procedure would be considered to have a medium-risk exposure.
- Proper adherence to currently recommended infection control practices, including all recommended PPE, should protect HCP having prolonged close contact with patients infected with COVID-19. However, to account for any inconsistencies in use or adherence that could result in unrecognized exposures, HCP should still perform self-monitoring with delegated supervision.
- HCP not using all recommended PPE who have only brief interactions with a patient regardless of whether patient was wearing a facemask are considered low-risk. Examples of brief interactions include: brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or the patient’s secretions/excretions; entering the patient room immediately after the patient was discharged.
- HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room are considered to have no identifiable risk.
HEALTH DISTRICT DIRECTORS - REVISED February 18, 2020

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CMS Resources
DATE: March 9, 2020

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED)

Memorandum Summary

- **CMS is committed** to taking critical steps to ensure America’s health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.

- **Guidance for Infection Control and Prevention of COVID-19** - CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, including revised guidance for visitation.

- **Coordination with the Centers for Disease Control (CDC) and local public health departments** - We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: [https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html)).

Background

CMS is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus.

Guidance

Facility staff should regularly monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day.
Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the overarching regulations and guidance, we’re providing the following information (Frequently Asked Questions) about some specific areas related to COVID-19:

**Guidance for Limiting the Transmission of COVID-19 for Nursing Homes**

**How should facilities monitor or restrict visitors?**
If visitors meet the criteria below, facilities may restrict their entry to the facility. Regulations and guidance related to restricting a resident’s right to visitors can be found at 42 CFR §483.10(f)(4), and at F-tag 563 of Appendix PP of the State Operations Manual. Specifically, a facility may need to restrict or limit visitation rights for reasonable clinical and safety reasons. This includes, “restrictions placed to prevent community-associated infection or communicable disease transmission to the resident. A resident’s risk factors for infection (e.g., chronic medical conditions) or current health state (e.g., end-of-life care) should be considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious.”

Facilities should actively screen and restrict visitation by those who meet the following criteria:

1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
2. In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or are ill with respiratory illness.
4. Residing in a community where community-based spread of COVID-19 is occurring.

For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use Personal Protective Equipment (PPE) such as facemasks (see expanded guidance below).

**Limiting visitors and individuals: Expanded recommendations:**
CMS is providing the following expanded guidance to prevent the spread of COVID-19 (in addition to the information above about restricting visitors).

- **Restricting** means the individual should not be allowed in the facility at all, until they no longer meet the criteria above.
• **Limiting** means the individual should not be allowed to come into the facility, except for certain situations, such as end-of-life situations or when a visitor is essential for the resident’s emotional well-being and care.

• **Discouraging** means that the facility allows normal visitation practices (except for those individuals meeting the restricted criteria), however the facility advises individuals to defer visitation until further notice (through signage, calls, etc.).

1. Limiting or Discouraging visitation:
   a) **Limiting:** For facilities that are in counties, or counties adjacent to other counties where a COVID-19 case has occurred, we recommend limiting visitation (except in certain situations as indicated above). For example, a daughter who visits her mother every Monday, would cease these visits, and limit her visits to only those situations when her mom has a significant issue. Also, during the visit, the daughter would limit her contact with her mother and only meet with her in her room or a place the facility has specifically dedicated for visits.

   b) **Discouraging:** For all other facilities (nationwide) not in those counties referenced above, we recommend discouraging visitation (except in certain situations). See below for methods to discourage visitation. Also see CDC guidance to “stay at home” [https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html#stay-home](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html#stay-home).

2. Facilities should increase visible signage at entrances/exist, offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility (if supply allows). Also, provide instruction, before visitors enter the facility and residents’ rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident’s room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above.

3. In addition to the screening visitors for the criteria for restricting access (above), facilities should ask visitors if they took any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If so, facilities should suggest deferring their visit to a later date. If the visitor’s entry is necessary, they should use PPE while onsite. If the facility does not have PPE, the facility should restrict the individual’s visit, and ask them to come back at a later date (e.g., after a 14 days with no symptoms of COVID-19).

4. In cases when visitation is allowable, facilities should instruct visitors to limit their movement within the facility to the resident’s room (e.g., reduce walking the halls, avoid going to dining room, etc.)

5. Facilities should review and revise how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors as long as they are following the appropriate CDC guidelines for
Transmission-Based Precautions. For example, hospice workers can enter a facility when using PPE properly.

6. In lieu of visits (either through limiting or discouraging), facilities can consider:
   a) Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
   b) Creating/increasing listserv communication to update families, such as advising to not visit.
   c) Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.
   d) Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility’s general operating status, such as when it is safe to resume visits.

7. When visitation is necessary or allowable, facilities should make efforts to allow for safe visitation for residents and loved ones. For example:
   a) Suggest limiting physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging, and remaining six feet apart.
   b) If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., “clean rooms”) near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.
   c) Residents still have the right to access the Ombudsman program. If in-person access is allowable, use the guidance mentioned above. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).

8. Visitor reporting:
   a) Advise exposed visitors (e.g., contact with COVID-19 resident prior to admission) to monitor for signs and symptoms of respiratory infection for at least 14 days after last known exposure and if ill to self-isolate at home and contact their healthcare provider.
   b) Advise visitors to report to the facility any signs and symptoms of COVID-19 or acute illness within 14 days after visiting the facility.

How should facilities monitor or restrict health care facility staff?
The same screening performed for visitors should be performed for facility staff.

- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
  o Immediately stop work, put on a facemask, and self-isolate at home;
  o Inform the facility’s infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
  o Contact and follow the local health department recommendations for next steps (e.g., testing).
Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html).

**When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?**

Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

**Please check the following link regularly for critical updates, such as updates to guidance for using PPE:** [https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html).

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident’s diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

**When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?**

A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released [Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html).

Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

**Note:** Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. **Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).**
Other considerations for facilities:

- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs), reinforce strong hand-hygiene practices, tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, resident check-ins, etc.
  - Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse’s stations, phones, internal radios, etc.).

Will nursing homes be cited for not having the appropriate supplies?

CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.

What other resources are available for facilities to help improve infection control and prevention?

CMS urges providers to take advantage of several resources that are available:

**CDC Resources:**

- Infection preventionist training: https://www.cdc.gov/longtermcare/index.html
CMS Resources:


Contact: Email [DNH_TriageTeam@cms.hhs.gov](mailto:DNH_TriageTeam@cms.hhs.gov)

*NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.*

**Effective Date:** Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management
AHCA/NCAL Resources
Taking Reasonable Efforts to Prevent COVID-19 From Entering Your Skilled Nursing Center  
(as of March 9, 2020)

The top priority at this point with COVID-19 is to prevent the virus from entering your nursing home given the high case fatality rate in the elderly, which preliminary data shows it at 15% or greater. Evaluations from prior viral epidemics that spread like COVID-19 found that actions taken early in outbreaks (such as social distancing, restricting interaction with others, washing hands) can significantly reduce the spread of the virus. Waiting until the virus is spreading in the community is often too late.

As such, AHCA strongly recommends five actions to help prevent the entry of COVID-19 into your facilities whether or not it has been found in your surrounding community.1

1. Allow entry to only individuals who need entry.
2. Restrict activities and visitors with potential for exposure.
3. Actively screen individuals entering the building and restrict entry to those with respiratory symptoms or possible exposure to COVID-19.
4. Require all individuals entering the building to wash their hands at entry.
5. Set up processes to allow remote communication for residents and others.

#1 Restrict entry to only individuals who need entry, such as:

- Facility employees, contractors and consultants who are needed to keep the operations running and assure the residents’ needs are met.
- Government officials who in their capacity require entry (e.g., CDC or public health staff).
- Immediate families or friends who need to visit for critical or time sensitive reasons such as hospice-related visits, complete medical authorizations, etc. These visitors should be instructed to limit their movement within the facility.

Visitor Exceptions: AHCA/NCAL’s recommendation is NOT for a complete ban on all visitors. The circumstances for the reason for entry need to be taken into consideration, particularly for immediate family members (e.g. spouse or sons/daughters) but routine social visits are strongly discouraged. The rationale for this best practice should be explained, and alternative methods of communications offered. We recommend that the resident (or the resident representative) be consulted to determine if a resident wants or needs a specific visitor, including immediate family members, and to allow entry if they do not meet any of the screening exclusion criteria in #3 below.

#2 Restrict activities and individuals with potential for exposure, including:

- Visitors, when there are any confirmed COVID-19 cases in the surrounding community. This does not apply to workforce needed to keep the operations going and to meet resident needs.

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1 These recommendations build upon what CMS and CDC currently recommend. We urge members to adopt these additional best practices when possible based on the growing data about the high mortality rate among the elderly over the age of 80 with chronic disease (estimated at 15%), who comprise the majority of our residents. Waiting until the virus starts to spread in the community, has been shown in prior viral epidemics to be too late. (Note the case fatality rate in the Kirkland WA SNF was over 50% based on data available on King County Health Departments website as of 3-7-20). To date, nearly all the deaths in the United States have been in individuals over the age of 70.
• Other visitors for routine social visits, tours with prospective residents or their families, and outside group activities (e.g., school groups or bands, etc.) should be restricted.
• Cancel activities that take residents into the community to public places particularly with large gatherings, such as mall, movies, etc. (note: this does NOT apply to residents who need to leave the building for medical care such as dialysis, medical visits, etc).
• Internal group activities should be restricted, especially if: a) the facility has residents with respiratory symptoms (who should be in contact isolation per CDC guidance); b) if COVID-19 is in the surrounding community; and/or c) the ability to restrict visitors is challenging in the facility.

Facilities should also continue to use CDC recommended signage reminding people that anyone with symptoms of respiratory illness should not enter the facility, including employees, government officials and contractors.

#3 Actively try to screen all individuals entering the building, including employees, contractors, volunteers, visitors, new admissions, government officials, and health care professionals. The screening process\(^2\) should include asking individuals for:

• Respiratory symptoms (fever, sore throat, cough and new shortness of breath); [Please note: As of March 7, taking temperatures is not included in any CDC or CMS recommendations and AHCA/NCAL is not recommending taking temperatures. Extenuating circumstances should be taken into consideration, but in these cases, individuals should use gown, mask and gloves during their visit.]
• International travel within the last 14 days to areas where COVID-19 cases have been confirmed.
• Anyone who has worked in another health care setting with confirmed COVID-19 cases (this may change as COVID-19 spreads in your community)

#4 Require all individuals entering the building to wash their hands at entry.

• If technically possible, set up hand washing and/or alcohol-based hand rub (ABHR) stations immediately inside all entryways with signage reminding people to wash before entering.
• Have each person who enters the center immediately wash their hands or use hand sanitizer before they do anything else.
• Encourage them to wash their hands or use ABHR throughout their time in the building and in accordance with CDC recommendations. CDC recommendations includes increasing the access to ABHR.
• Clean and disinfect frequently touched objects and surfaces following manufacturer’s directions.
• Remind people to not shake hands or hug with each other, staff or residents during this epidemic.

\(^2\) See AHCA screening tool available on AHCA/NCAL COVID19 website.
#5 Set up a process to allow remote communication for residents and others.

- Ensure emergency contact information for family members and the resident representative is up to date.
- Develop alternative means of communications for residents to visit and talk with loved ones, such as video chat, telephone, texting or social media.
- Inform residents or their representatives of these changes using clear, concise, jargon-free messages that express empathy for their situation while simply explaining the policy.
- Ensure proactive communication with residents’ families, loved ones, contractors, volunteers, etc. to make them aware of these restrictions; and to keep them up to date.
- Develop a process for family members to communicate with the facility to get answers to their questions.

Frequently Asked Questions

Who should NOT enter your center?

- Anyone who has symptoms of respiratory illness or has traveled internationally within the last 14 days to areas where a COVID-19 outbreak has been confirmed.
- If COVID-19 is confirmed in your surrounding community, visitors should be restricted. This does not apply to the facility workforce or contractors.
- Any one has worked in another healthcare setting with COVID-19 patients (this may change as COVID-19 spreads in your community)

Who should be screened?

- Anyone who is entering your center including staff, visitors, contractors and government employees.

How do I conduct a respiratory symptom screen?

- Ask and observe for signs or symptoms of acute respiratory: (cough or sneezing or shortness of breath).
- Ask for symptoms of fever, sore throat, cough, shortness of breath.
  
  - Please note: As of March 7, taking temperatures is not recommended.

What if a person refuses and tries to enter?

- Explain the rationale for the restriction and need to keep all the residents safe.
- Offer them an alternate way to communicate with the person they want to see.
- Talk with the resident or person they want to see, to make sure they want to see the person and explain that person’s request.
- Use best judgement and assess extenuating circumstances for entry.
  
  [Note: this guidance is not a ban on all visitors and SNFs cannot be expected to physically restrain individuals from entering but should do what is feasible to explain the rationale for the restriction. Federal regulations permit SNFs to limit visitation if it poses a clinical or safety risk].
Resources to Facilitate Communication

AHCA/NCAL offers a number of communication resources on our coronavirus website (www.ahcancal.org/coronavirus), including:

- Screening tool for visitors
- Template letters for families and residents
- Template letters for employees
- Template statement and talking points for impacted and non-impacted facilities
- A guide on communication plans during an emergency

AHCA/NCAL strongly recommends all centers review the CDC guidance on COVID-19 by checking the CDC website frequently as guidance and recommendations are continuing to rapidly evolve.

Please email COVID19@ahca.org with any questions.

For additional information and resources on the virus, visit our dedicated website on this issue: www.ahcancal.org/coronavirus.
Taking Reasonable Efforts to Prevent COVID-19 From Entering Your Assisted Living Community  
(as of March 9, 2020)

The top priority at this point with COVID-19 is to prevent the virus from entering your assisted living community given the high case fatality rate in elderly over the age of 80 with preliminary data showing it at 15% or greater. Evaluations from prior viral epidemics that spread like COVID-19 found that actions taken early in outbreaks can significantly reduce the spread of the virus. Waiting until the virus in spreading in the community is often too late.

As such, AHCA/NCAL strongly recommends the following actions to help prevent the entry of COVID-19 into your facilities regardless of whether your surrounding community has confirmed cases.¹

1. Limit entry to only individuals who need entry.
2. Restrict activities and visitors with potential for exposure.
3. Restrict individuals who have respiratory symptoms or potential COVID-19 exposure out of an abundance of caution.
4. Require all staff entering the building to wash their hands upon entry and encourage all essential visitors do so as well.
5. Set up process to allow remote communication for residents and others.

We recognize that assisted living communities are committed to providing a home-like environment for their residents, many of whom are high functioning, mostly independent individuals. In addition, assisted living settings vary in size, scope of care, and policies. In certain assisted living communities, residents are able to enter and exit the building freely and family members may have unlimited access to the community to visit at any time. We also recognize that many assisted living communities have multiple entrances without any receptionist or a receptionist at limited times, which may make it challenging to monitor entry at all entrances and at certain times of day.

However, due to the very serious impact COVID-19 will continue to have on our elderly population and those with underlying conditions, we are recommending that you evaluate your current visitation policies to determine whether some of these best practices could be implemented at your communities. Because of the diverse nature of assisted living, each community must focus on steps they are able to enact now to mitigate COVID-19 in their communities, taking into account their state regulations, local health department guidance, staffing capabilities, residents’ rights and family concerns.

#1 Limit entry to only individuals who need entry, such as:
- Facility employees, contractors, consultants who need to keep the operations running and assure the residents’ needs are met.
- Government officials who in their capacity require entry (e.g., CDC or public health staff).

¹ These recommendations build upon what CMS and CDC currently recommend. We urge members to adopt these additional best practices when possible based on the growing data about the high mortality rate among the elderly over the age of 80 with chronic disease (estimated at 15%), who comprise the majority of our residents. Waiting until the virus starts to spread in the community, has been shown in prior viral epidemics to be too late. (Note the case fatality rate in the Kirkland, WA skilled nursing facility was over 50% based on data available on King County Health Departments website as of 3-7-20). To date, nearly all the deaths in the United States have been in individuals over the age of 70.
• Immediate families or friends who need to visit for critical or time sensitive reasons such as hospice-related visits, complete medical authorizations, etc.

Exceptions: AHCA/NCAL’s recommendation is NOT for a complete ban on all visitors. The circumstances for the reason for entry need to be taken into consideration, particularly for immediate family members (e.g. spouse or sons/daughters), but routine social visits are discouraged. The rationale should be explained, and alternative methods of communications offered. We strongly recommend that the resident (or the resident representative) be consulted to determine if a resident wants or needs a specific visitor, including immediate family members, and allow entry if they do not meet any of the screening exclusion criteria in #2 below.

Some best practices that may be possible in your facility include:

• Post signage clearly in your facility. The CDC provides sample signage for your use to ensure that all those entering or exiting your buildings are aware of the risks associated with COVID-19 and the recommended precautions they should take.
• Notify all residents, family members and other loved ones. Ask your residents to strongly encourage their family members and friends to not visit for the time being.
• Establish specific visiting hours. Specifically, consider limiting visitors to only daytime hours (e.g., 9:00 a.m. to 7:00 p.m.) when staff can more closely monitor a visitor entrance.
• Close more than one entry point in accordance with life safety regulations. Consider having one central entry location (e.g., main entrance).
• Enact a sign-in policy to encourage all visitors to check in with staff and conduct possible screening for COVID-19.

#2 Restrict activities or individuals with potential for exposure, including:

• Visitors, when there are any COVID-19 confirmed cases in the surrounding community. This does not apply to workforce needed to keep the operations going and to meet resident needs.
• Other visitors for routine social visits, tours with prospective residents or their families, and outside group activities (e.g., school groups or bands, etc.) should be restricted.
• Cancel activities that take residents into the community to public places particularly with large gatherings, such as mall, movies, etc. (Note: this does NOT apply to residents who need to leave the building for medical care such as dialysis, medical visits, etc.).
• Internal group activities should be restricted, especially if: a) the facility has residents with respiratory symptoms (who should be in contact isolation per CDC guidance); b) if COVID-19 is in the surrounding community; and/or c) the ability to restrict visitors is challenging in the facility.

Facilities should also continue to use CDC recommended signage reminding people that anyone with symptoms of respiratory illness should not enter the facility, including employees, government officials and contractors.

#3 Restrict individuals who have respiratory symptoms or potential COVID-19 exposure out of an abundance of caution, including employees, contractors, volunteers, visitors, new admissions, government officials, and health care professionals. Post notices for individuals to assess their risk which would include any individuals with:

• Respiratory symptoms (fever, sore throat, cough and new shortness of breath); and
[As of March 9, taking temperatures is not included in any CDC or CMS recommendations and AHCA/NCAL is not recommending taking temperatures. Extenuating circumstances should be taken into consideration, but in these cases, individuals should use gown, mask and gloves during their visit.]

- International travel within the last 14 days to areas where COVID-19 cases have been confirmed.
- Anyone who has worked in another health care setting with confirmed COVID-19 cases (this may change as COVID-19 spreads in your community).

Anyone who is symptomatic for respiratory illness or has traveled within the last 14 days to areas where a COVID-19 outbreak has been confirmed, including communities in the United States that are exhibiting community spread should not enter the community (extenuating circumstances may be taken into consideration; but those individuals must wear mask, gown and gloves to reduce the risk of spreading any viruses).

#4 Require all staff entering the building to wash their hands upon entry and encourage all essential visitors do so as well.

- If possible, set up hand washing and/or alcohol-based hand rub (ABHR) stations immediately inside all entryways with signage reminding people to wash before entering.
- Ask each person who enters the community to immediately wash their hands or use hand sanitizer before they do anything else.
- Encourage them to wash their hands or use ABHR throughout their time in the building and in accordance with CDC recommendations. CDC recommendations include increasing the access to ABHR.
- Clean and disinfect frequently touched objects and surfaces following manufacturer’s directions.
- Remind people to not shake hands or hug each other, staff or residents during this epidemic.

#5 Set up a process to allow remote communication for residents and others.

- Ensure emergency contact information for family members and the resident representative is up to date.
- Develop alternative means of communications for residents to visit and talk with loved ones, such as video chat, telephone, texting or social media.
- Inform residents or their representatives of these changes using clear, concise, jargon-free messages that express empathy for their situation while simply explaining the policy.
- Ensure proactive communication with residents, loved ones, contractors, volunteers, etc. to make them aware of these restrictions and to keep them up to date.
- Develop a process for family members to communicate with the facility with questions.

Frequently Asked Questions

Who should NOT enter your assisted living community?

- Anyone who has symptoms of respiratory illness or has traveled within the last 14 days to areas where a COVID-19 outbreak has been confirmed.
• Anyone who has traveled internationally within the last 14 days to areas where COVID-19 cases have been confirmed.
• Anyone who has worked in another health care setting with confirmed COVID-19 cases (this may change as COVID-19 spreads in your community). This does not apply to workforce needed to keep the operations going and to meet resident needs.

How do I inform people about entry restrictions?
• Post signage at all entries, CDC and others have posters that you may consider using.
• Communicate with your residents and their families
• Communicate with your vendors, contractors, consultants, etc.

What if a person refuses and tries to enter?
• Explain the rationale for the restriction and need to keep all the residents safe.
• Offer them an alternate way to communicate with the person they want to see.
• Talk with the resident or person they want to see, to make sure they want to see the person and explain that person’s request.
• Use best judgement and assess extenuating circumstances for entry.

Resources to Facilitate Communication
AHCA/NCAL offers a number of communication resources on our coronavirus website (www.ahcancal.org/coronavirus), including:

• Template letters for families and residents
• Template letters for employees
• Template statement and talking points for impacted and non-impacted facilities
• A guide on communication plans during an emergency

AHCA/NCAL strongly recommends all long term care facilities review the CDC guidance on COVID-19 by checking the CDC website frequently as guidance and recommendations are continuing to rapidly evolve.

Please email COVID19@ahca.org with any questions.

For additional information and resources on the virus, visit our dedicated website on this issue: www.ahcancal.org/coronavirus.
Guidance to SNFs on Admissions from and Discharges to Hospitals Relating To COVID-19
(as of March 13, 2020)

This document answers some common questions regarding how to transfer patients with a confirmed COVID-19 diagnosis, when to accept or not accept COVID-19 patients from the hospital, and what to do about other patients who do not have a COVID-19 diagnosis.

Please note: this guidance may be used in the assisted living setting as well. Recognizing that assisted living communities vary across the country, refer to state-based requirements and level of care capabilities within the assisted living community.

**When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?**

Consistent with [CMS memo](https://www.cms.gov/Medicare/Provider-Participation/Enforcement/Downloads/2020-03-09-COVID-19-Admissions.pdf) of March 9, 2020:
- Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC.
- Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming:
  - 1) the resident does not require a higher level of care and
  - 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.
- The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care.
  - Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident’s diagnosis, and precautions to be taken including placing a facemask on the resident during transfer.
- If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate.
- Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

Please check the [CDC website on Recommendations for Patients with Suspected or Confirmed Coronavirus in Healthcare Settings](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-settings/index.html) regularly for critical updates, such as updates to guidance for using PPE.

Please also check the [CDC website for Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes](https://www.cdc.gov/coronavirus/2019-ncov/nursing-homes/guidance-for-patients.html) for additional updates for long-term care facilities.
When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?

Consistent with CMS memo of March 9, 2020:

- A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission Based Precautions for COVID-19 as long as the facility can follow CDC infection prevention and control guidance, including proper precautions.
  - Consult with local and/or state health department before accepting resident as they may have different or more specific guidance based on latest developments.
- If a nursing home cannot follow transmission-based precautions, it must wait until these precautions are discontinued.
  - AMDA guideline notes that based on experience with similar viruses, people with severe illness will shed more virus and for a longer period of time than those with mild COVID-19 infection. People with severe illness may continue to shed virus even 12 days after symptom onset. The decision of when people no longer require isolation precautions should be made on a case-by-case basis and in consultation with public health officials. Such a decision will need to take into account the severity of the illness, comorbid conditions, resolution of fever, and clinical status of the individual.
- CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19. Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC Interim Guidance for further details).

AMDA recommends that nursing homes accept patients recovering from COVID-19 only after consultation with the local and/or state health department and referring facility. If limited resources make this impracticable, AMDA recommend that nursing homes should accept residents with a known COVID-19 infection when that individual can be placed in a private room with a closed door and when there is sufficient and adequately trained staff to care for that individual.

When should a nursing home not accept a resident with known or suspected COVID-19?

If any of the following conditions exist in the nursing home that would not allow for proper Transmission-Based Precautions to be implemented, do not admit a person with known COVID-19:

- [List of conditions]

March 13, 2020
• No PPE for proper precautions (facemask, isolation gown, gloves, goggles or disposable face shield) or limited to extent that PPE is not readily available. Consider N95 or other respirators where indicated.
• Unable to restrict resident with COVID-19 to their room
• Unable to ensure resident with COVID-19 will wear facemask or cover mouth and nose with tissues if they must leave the room
• Unable to cohort resident with COVID-19 with other residents who have been diagnosed with COVID-19 or provide single person room with door closed and dedicated bathroom.
• Unable to dedicate health care providers to work only on unit where resident with COVID-19 will reside

How should a nursing home respond to a request to admit a person who:
• has unknown COVID-19 status;
• is in a hospital that has COVID-19 cases;
• resides in the community with COVID-19 cases with community spread;
  or
• resides in the community with COVID-19 cases without community spread?

Prior to accepting for admission, perform screening including:
• Fever or symptoms of respiratory infection (e.g., cough, sore throat, or shortness of breath);
• Contact with an individual with COVID-19;
• International travel within the last 14 days to affected countries. Information on high-risk countries is available on CDC’s COVID-19 travel website.

If suspected of COVID-19, follow process above for “when should a nursing home not accept a resident with known or suspected COVID-19” and “when should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital”.
Variations between AHCA Recommendations and CMS Revised Guidance on for Visitation during COVID-19

The new guidance issued by CMS on 3/9/2020 has the same goals and instructions for preventing COVID-19 from entering facilities as AHCA’s guidance, with a few areas of slight variation.

### Areas of slight variation in guidance

<table>
<thead>
<tr>
<th>Screening Protocol:</th>
<th>AHCA</th>
<th>CMS</th>
<th>Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory symptoms</td>
<td>Yes</td>
<td>Yes</td>
<td>AHCA does not recommend temperature checks; CMS mentions “offering” them but does not require. Temperature checks will pull nurses off the floor.</td>
</tr>
<tr>
<td>Anyone who has worked in another health care setting with confirmed COVID-19 cases</td>
<td>Yes</td>
<td>No</td>
<td>CMS does not specifically mention this; AHCA notes that this recommendation may need to change if COVID-19 is widespread in the community</td>
</tr>
<tr>
<td>In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or are ill with respiratory illness</td>
<td>No</td>
<td>Yes</td>
<td>Slightly different wording: AHCA does not mention contact, but recommends restricting all visitors when there are any confirmed COVID-19 cases in the surrounding community</td>
</tr>
<tr>
<td>Been on a cruise or in another setting with confined crowds in the last 14 days</td>
<td>No</td>
<td>Yes</td>
<td>Both CMS and AHCA guidance is to allow visitors if absolutely necessary – CMS also specifies either restricting visitors who have been on a cruise or large crowds, or asking them to wear masks</td>
</tr>
<tr>
<td>Require all individuals to wash hands at entry</td>
<td>Yes</td>
<td>No</td>
<td>CMS does not specifically require but suggests providing instruction on hand hygiene</td>
</tr>
<tr>
<td>Create “clean rooms” and disinfect after use</td>
<td>No</td>
<td>Yes</td>
<td>CMS suggests this as best practice for visitors to meet with residents; AHCA does not as it may not be feasible</td>
</tr>
<tr>
<td>Restrict interaction with other stakeholders (volunteers, vendors, suppliers)</td>
<td>No</td>
<td>Yes</td>
<td>CMS suggest suppliers leave supplies outside; AHCA recommends screening everyone at entry and limit for essential visits</td>
</tr>
<tr>
<td>Recommends restricting gatherings in the community (outside the facility)</td>
<td>Yes</td>
<td>No</td>
<td>AHCA notes obvious exception for health care visits outside the facility</td>
</tr>
<tr>
<td>Recommends restricted activities inside the facility (internal group activities)</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

### Both AHCA and CMS recommend

- Recommend further restrictions or limitations to visitation and, generally, discourage visitation at this time
- Screen for international travel within the last 14 days to areas where COVID-19 cases have been confirmed
- Encourage other methods of communication for residents interacting with their loved ones
- Update emergency contact info with families
- Encourage restricted movement when visitation occurs
- Social distancing practices, such as no hand shaking or hugging
- Recommend **signage** at entry, and elsewhere, and education on other infection control strategies (hand hygiene, social distancing)
- Recommend visitors use PPE
Prevent COVID-19:
Screening Checklist – Recommendations for SNF Visitors

“…because of the ease of spread in a long term care setting and the severity of illness that occurs in residents with COVID-19, facilities should discourage visitation and begin screening visitors even before COVID-19 is identified in their community.” - CDC, March 11, 2020

ALL individuals (employees, family, visitors, government officials) entering the building should be asked the following questions:

1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry?
   - Yes
   - No – please ask them to do so.

2. Ask the individual if they have any of the following respiratory symptoms?
   - Fever (checking for temperature is not necessary)
   - Sore throat
   - Cough
   - New shortness of breath
   - If YES to any, ask them to not enter the building. They may or may not have COVID-19, and the potential consequences to COVID-19 entering the building is serious enough to ask them to not enter even though they may not have it. Many populations outside of the elderly do not show any symptoms but are able to transmit the virus to others.
   - If NO to all proceed to question #3.

3. Ask the individual if they have:
   - Travelled internationally within the last 14 days to areas where COVID-19 cases have been confirmed
   - Worked in another health care setting that has confirmed COVID-19 cases (this may change as COVID spreads in the community)
   - If YES to any, ask them to not enter the building
   - If NO to all, proceed to question #4

4. Ask the visitor the purpose for their visit/entry:
   - Employees and contractors involved in meeting the resident’s needs or maintaining the operations of the facility should be allowed
   - Immediate family members, approved by the resident or resident’s representative, who do not screen positive for #2 or #3 above, should be allowed
   - Immediate family members’ visits for critical or time sensitive reasons such as hospice related visits, complete medical authorizations, etc. should be allowed but need to use mask, gown and gloves.
   - Routine social visits should be strongly discouraged

5. Remind the individual to:
   - Wash their hands or use ABHR throughout their time in the building
   - Not shake hands with, touch or hug individuals during their visit

NOTE: This is not a complete ban on all visitors, but routine social visits are discouraged. The rationale should be explained, and alternative methods of communications offered.

RATIONALE: COVID-19 is extremely dangerous for SNF residents with early estimates of at least a 15% mortality rate for older adults 80+ years old. Many populations outside of the elderly do not show any symptoms but are able to transmit the virus to others. The risk of entering the building is large enough to ask them to not enter.
To Our Employees:

We know some of you are concerned about the spread of COVID-19 (the new coronavirus) and how it may impact us here at [FACILITY NAME]. Ensuring our staff and residents are in a safe and healthy environment is our first priority. At this time, we don’t have any cases in our [CENTER/COMMUNITY]. The Centers for Disease Control and Prevention (CDC) have recommended a variety of steps that we are implementing to help reduce the potential for the virus to enter our building. However, we need your help in battling COVID-19. Below are some examples of how you can help protect yourselves and our residents, as well as prevent the spread throughout the community.

1. **Sick employees should stay home.** At this time, we request that you stay home if you have any symptoms of respiratory illness. Those symptoms include: cough, fever, sore throat, runny nose, and/or shortness of breath.

2. **Notify us if you develop respiratory symptoms while at work.** These include: cough, fever, sore throat, runny nose, and/or shortness of breath.

3. **Practice proper hand washing hygiene.** All employees should wash their hands for at least 20 seconds or use alcohol-based hand sanitizer that contains at least 60-95% alcohol upon entering the building and before and after interaction with residents. Soap and water should be used preferentially if hands are visibly dirty.

4. **Cover your mouth and nose with a tissue when coughing or sneezing.** Please review the [CDC’s information on coughing and sneezing etiquette](https://www.cdc.gov/coronavirus/2019-ncov/when-how-to-cough-sneeze.html).

5. **Perform routine environmental cleaning.** Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. No special cleaning is necessary for COVID-19.

Our [CENTER/COMMUNITY] is following the recommendations of the CDC on using basic contact precautions to prevent the spread, which includes wearing gowns and gloves when interacting with residents who present symptoms—as we always do. We also are staying up to date with the CDC recommendations as they may continue to change. In addition, our [CENTER/COMMUNITY] is in close contact with the local and state health department and are following their guidance.

We are asking all non-essential visitors to avoid coming to the building unless absolutely necessary, and actively screening individuals—including staff—who enter. We are posting signs on our entryway doors to notify visitors of this policy and request that they not enter the building.

We will notify you if any residents or staff are diagnosed with COVID-19. Should you have any questions, please feel free to contact [POINT OF CONTACT AND CONTACT INFO].

For additional information, please visit the CDC’s coronavirus disease [information page](https://www.cdc.gov/coronavirus/2019-ncov.html).

Sincerely,

[FILL IN YOUR CENTER INFORMATION]
To Our Residents and Family Members:

We know many of you are concerned about the spread of COVID-19 (the new coronavirus) and how it may impact us here at [FACILITY NAME]. Ensuring residents are cared for in a safe and healthy environment is our first priority. At this time, we don’t have any cases in our [CENTER/COMMUNITY]. The Centers for Disease Control and Prevention (CDC) have recommended a variety of steps that we are implementing to help reduce the potential for the virus to enter our building. However, we need your help in battling COVID-19. Below are some examples of how you can help protect the residents, as well as prevent the spread throughout the community.

At this time, we request that family and friends do not visit the center. Out of an abundance of caution, we are limiting all visitors to our facility unless absolutely necessary. We are posting signs on our entryway doors to notify visitors of this policy and actively screening individuals, including staff, who need to come into the building.

We understand that connecting with your loved ones is incredibly important, and there are a variety of other ways you might consider communicating with them. These may include telephone, email, text, video chat or social media. If you believe a visit to the center is necessary, we request that you contact [POINT OF CONTACT AND CONTACT INFO] prior to your arrival.

Please make sure we have your most current, emergency contact information. We want to make sure we efficiently communicate with you should there be any new developments. Please reach out to [POINT OF CONTACT AND CONTACT INFO] with your updated contact information.

Residents [AND PATIENTS], please help prevent the spread of infection by exercising proper hand washing hygiene as well as coughing and sneezing etiquette. We offer hand washing and alcohol-based hand sanitizer stations throughout the building, which you are welcome to use. Please also avoid shaking hands and hugs with any individual. If you are experiencing a cough, fever, sore throat, runny nose, and/or shortness of breath, please let a staff member know immediately.

Our [CENTER/COMMUNITY] is following the recommendations of the CDC on prevention steps, including following strict handwashing procedures, and in many circumstances, wearing gowns and gloves when interacting with residents who present symptoms. We also are staying up to date with the CDC recommendations as they may continue to change. In addition, our [CENTER/COMMUNITY] is in close contact with the local and state health department, and we are following their guidance.

We will notify you if any residents or staff are diagnosed with COVID-19. Should you have any questions, please feel free to contact our center at: [PLEASE FILL IN YOUR CENTER’S CONTACT INFORMATION AND TAILOR TO MEET YOUR CENTER’S NEEDS.]

For additional information, please visit the CDC’s coronavirus disease information page.

Sincerely,

[FILL IN YOUR CENTER INFORMATION]
Motivo por el que estamos restringiendo el ingreso de personas al edificio

La situación del brote actual de coronavirus COVID-19 significa que es crucial que adoptemos todas las precauciones posibles. Tenemos que evitar que este virus ingrese a nuestro centro. Nuestra mayor prioridad es proteger la salud y la seguridad de nuestros residentes.

El Centro para el Control de Enfermedades (CDC) ha llevado a cabo un análisis cuidadoso de la tasa de mortalidad entre los ancianos, especialmente aquellos que padecen de demencia u otras enfermedades crónicas. Los expertos recomiendan que adoptemos acciones para limitar el ingreso de personas a nuestro edificio así como asegurar que los empleados enfermos se queden en sus casas.

Los datos más recientes muestran que:
- La tasa de mortalidad entre las personas mayores de 80 años a nivel de la población general es del 15% en la China.
- El informe de la Organización Mundial de la Salud (WHO) estima que la tasa de mortalidad es de 21.9% para los adultos mayores de 80 años.
- En el hogar de ancianos en el Estado de Washington, hay 50 residentes cuyos análisis dieron resultados positivos para el virus COVID-19. Hasta el 9 de marzo de 2020, 19 de ellos habían fallecido. Esta es una tasa de mortalidad bastante alta.

Existe el riesgo de que algunas personas que aparentemente están saludables ingresen a los hogares de ancianos e infecten a los residentes. Los estudios de epidemias virales en el pasado indicaban que un retraso en la prevención no era efectivo. Estos estudios muestran que cuanto antes limitemos las interacciones de unos con otros y lavemos nuestras manos frecuentemente los virus se propagarán con mayor lentitud.

Estos hechos han llevado a recomendar la imposición de limitaciones severas a los visitantes. Este es el motivo por el que hemos adoptado esta medida en este momento.

Esperamos que comprendan la explicación de por qué estamos solicitando a las personas que limiten sus visitas. Es probable que esta medida evite que usted vea físicamente al miembro de su familia o amigo. La salud y la seguridad de nuestros residentes constituyen nuestra mayor preocupación. Estamos comprometidos con hacer todo lo que esté en nuestras manos para protegerlos.

Les insinuamos ponerse en contacto con [NOMBRE DEL HOGAR] si tienen cualquier pregunta. Por favor asegúrense de que el centro tenga actualizada toda su información de contacto. Gracias por apoyar estos esfuerzos.

Atentamente,

[INGRESE EL NOMBRE/INFORMACIÓN DE CONTACTO PARA EL HOGAR]
Reason We Are Restricting Individuals from Entering our Building

The current COVID-19 outbreak situation means that it is critical that we take every precaution possible. We must prevent this virus from entering our center. Protecting our residents' health and safety is our top priority.

The CDC has done a careful review of the death rate in the elderly, especially those with dementia or chronic diseases. Experts are recommending we take action to limit individuals from entering our building and to ensure sick employees stay home.

Early data shows that:
- The mortality rate for people over 80 in the general population is 15% in China.
- The World Health Organization report estimates the mortality rate at 21.9% for those over 80.
- At the nursing home in Washington state, there have been 50 residents who have tested positive for the COVID-19 virus. As of March 9, 2020, 19 of those have died. This is a high death rate.

There is a risk that people who appear healthy will enter nursing homes and infect residents. Studies of past viral epidemics where recommending prevention was delayed were not effective. These studies show that the sooner we limit interactions with each other and wash your hands frequently virus spreads more slowly.

These facts have led many to recommend severe limitations on visitors. This describes why we have taken this action now.

We hope this explains to you why we are asking people to limit their visits. This may prevent you from physically seeing your family member or friend. Our residents' health and safety are our top concern. We are committed to doing everything we can to protect them.

Please feel free to contact [ABC Nursing Home] with any questions. Please make sure we have your latest contact information. Thank you for supporting these efforts.

Sincerely,

[ENTER NAME/CONTACT INFO FOR FACILITY]
AHCA/NCAL Video Messages for Family Members and Residents

AHCA/NCAL has prepared video message about the recommendation to limit visitors to nursing homes and assisted living communities. These messages feature Dr. David Gifford, a geriatrician and chief medical officer of AHCA/NCAL, explaining the reasoning behind this recommendation and how families/residents can help prevent the spread of COVID-19.

You can share these videos from our YouTube channel, or download a direct copy (.mp4) to circulate on your own channels, such as your closed-circuit channels in your facilities:

**Message for Families and Friends:** [Share on YouTube](#) | [Direct download](#)

**Message Residents and Patients:** [Share on YouTube](#) | [Direct download](#)
STATEMENT & TALKING POINTS FOR FACILITIES WITHOUT CORONAVIRUS
Infection Prevention and Control in Nursing Homes and Assisted Living Communities
Updated: March 9, 2020
[TAILOR FOR YOUR USE]

PRESS STATEMENT:

“We are acting now and have reviewed our infection prevention and control policies and procedures, as this is key to preventing coronavirus and other common viruses. We are ensuring that our staff and residents are practicing proper hand hygiene, [FOR SNFs and ALs WITH PREVENTIONIST: and we have a trained infection preventionist who is taking the lead on facility risk assessment for this and other infections]. It’s critical that we remind all employees who are sick to stay home and ask all family members and volunteers to avoid visiting our [center/community] for the time being. We are in very close communication with local and state health officials to ensure we are taking the appropriate steps.”

TALKING POINTS:

- Resident safety is a top priority for [FACILITY NAME]. Every resident and family should have a clean, safe living environment. We agree that the spread of this novel virus is a critical issue that requires attention. Our goal is to try and keep the virus out and if it is found in the center, to minimize the spread to anyone else.
- [FACILITY NAME] is in close contact with our local and state health departments, as well as the CDC, to stay up to date on the information to prevent and manage the spread of Coronavirus.
- We rely on local, state and federal resources to help prevent the spread of this virus, and we appreciate everything they’re doing at this time.
- We have reviewed and updated our infection prevention and control plans and our emergency communication plan.
- We have reinforced to our staff that anyone who is sick should stay home.
- We are following the same infection prevention procedures used during flu season: handwashing, using alcohol-based hand sanitizers, covering coughs, and disinfecting the environment.
- We are asking non-essential visitors, including family members, contractors, and volunteers to avoid visiting our facility for the time being. Loved ones can communicate with residents by using video chat, calling, texting, or checking in on social media.
- We need to make sure family members have given us the most current emergency contact information, so we can continue to keep them informed should there be any new developments.
COMMON MEDIA QUESTIONS:

Should families who are worried move their loved ones out of skilled nursing centers or assisted living communities?
  o No. Moving the elderly or frail is risky and often can cause other complications that have long-lasting impacts. Research around moving residents out of buildings because of natural disasters and other emergency events has proven this over time. CDC does not currently recommend transferring residents either home or to the hospital.

  • How concerned are you for skilled nursing center or assisted living residents?
    o We know that the frail and elderly are very susceptible to this virus. That’s why we are limiting visitors, asking employees to stay home when ill, and in close communication with our local health department, CDC and CMS to ensure we have the latest information and resources available.

  • Are you having trouble getting supplies like masks and gowns?
    o We have heard that some long term care providers are having some of the same difficulties as other health care providers getting masks and gowns. In our facility, we [PROVIDE INFO ON YOUR SUPPLIES]. We are reaching out to the state and local health departments and area hospitals when we are unable to place orders for equipment we need.
    o It’s important to remind the public that the CDC does not recommend masks for the general public at this point, so we can prioritize this equipment for health care workers.

BACKGROUND:

  • To decrease the risk of viral outbreaks in long term care centers, two processes need to be in place.
    o First, efforts should focus on how to decrease the introduction of viruses into a facility.
    o Second, steps to decrease the spread of a virus between residents need to be in place and followed consistently.
    o Even then, outbreaks may still occur. Facilities should have a process to limit the spread of a virus and also treat individuals with an infection to decrease the risk of illness exacerbation, hospitalization, and in severe cases, death.

  • Steps to help prevent the introduction of a virus into long term care centers (or any health care facility) include:
    o Limiting all non-essential visitors from entering the facility, including family, volunteers and contractors.
o Requiring individuals visiting a facility to wear a mask when viral infections are at increased levels in the community (e.g., influenza). [Note: as of March 2 this is not recommended by the CDC]

o Encouraging frequent hand hygiene by making alcohol-based hand sanitizer dispensers readily available, in locations such as in or near each resident’s room as well as in the entry area and common areas.

o Immunization of health care workers (e.g. influenza, measles, diphtheria, pertussis, chicken pox) or limiting health care workers physical interaction with residents when not immunized or using masks when such viral infections are found at increased levels in the community.

- Steps to help decrease the risk of viral spread within a facility include:
  - Ongoing hand hygiene at high levels. This can be achieved with: Readily available alcohol-based hand sanitizers in locations such as in or near each resident’s room, entry ways, common areas, etc.
  - Regular and frequent internal monitoring systems of hand hygiene with regular feedback to staff.
  - Visual reminders that hand hygiene helps residents stay healthy.
  - Early identification of viral infections that cause upper respiratory illness (e.g., “colds”, “flu”, or “winter crud”) that lead to steps that prevent viral spread. Preventative measures include: Early contact isolation and droplet protection for individuals with flu-like symptoms before a definitive diagnosis is made. This includes: Keeping ill individuals away from healthy individuals (e.g., ideally by cohorting ill residents together, though cohorting may not be possible given the physical space and structure of facilities).
  - Use of masks on residents with symptoms if they need to leave their rooms, which should be severely restricted.
  - Use of personal protective equipment by staff and visitors for droplet protection.
  - Use of appropriate cleaning products on surfaces that are cytotoxic for common viral infections and changing these cleaning products when the harder to kill infectious agents are identified and requires special cleaning products, such as C. diff, norovirus and adenovirus, which should be readily available to the facility staff.

- CMS issued infection control regulations for nursing homes in November 2016. These regulations were designed to help decrease the risk of infectious outbreaks in nursing centers and require each nursing center to have an infection control plan that must describe:
  - An infection prevention and control program. The facility must establish an infection prevention and control program that includes an Antibiotic Stewardship Program and designate at least one Infection Preventionist;
  - A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
When and to whom possible incidents of communicable disease or infections should be reported;
- Standard and transmission-based precautions to be followed to prevent spread of infections;
- When and how isolation should be used for a resident; including but not limited to: The type and duration of the isolation, depending upon the infectious agent or organism involved, and;
- A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
- The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
- The hand hygiene procedures to be followed by staff involved in direct resident contact.

The CMS regulations also require each nursing center to designate at least one employee to serve as an Infection Preventionist, who is both a clinician (e.g. nurse) and has received additional training and certification in infection control.
- There are three training programs available including one designed by AHCA/NCAL. They all require approximately 20 to 25 hours of training.

Assisted living communities should refer to their state regulations on infection control requirements, but AHCA/NCAL is encouraging all assisted living communities to review guidance put forth by the CDC and AHCA/NCAL, as well as consult their local/state health department for COVID-19.

AHCA/NCAL has recommended several steps to help decrease the risk of future viral outbreaks in long term care facilities:
- AHCA/NCAL has offered to provide our certificate course for free to those centers who provide care to high risk individuals (e.g. pediatrics, ventilators, HIV, transplants, and ESRD).
- State health departments should ensure each nursing center has alcohol-based hand sanitizers that are readily available to each room and at entry to the facility as well as in common areas for staff and visitors.
- State health departments should ensure all health care workers receive the influenza vaccine. If a worker chooses to decline the vaccine, during periods of time when there is an increase in influenza virus in the community, that individual should be required to wear a mask. If they are unable to wear a mask, they should not provide direct patient care. Several states and hospitals have adopted this type of approaches.
- State health departments should assure health care facilities use appropriate cleaning supplies that are cytotoxic to common viruses and pathogens (per CDC and EPA labeling for claims against common viruses and pathogens). All health
Care facilities should have a supply of additional cleaning agents for hard to kill pathogens when such pathogens are identified or suspected (e.g. C. diff, adenovirus, norovirus).
STATEMENT & TALKING POINTS FOR FACILITIES WITH CORONAVIRUS
Infection Prevention and Control in Skilled Nursing and Assisted Living Communities
Updated: March 2, 2020
[TAILOR FOR YOUR USE]

PRESS STATEMENT:

“We are doing everything we can to ensure we stop the spread of this within our facility/community. We are in very close communication with local and state health officials to ensure we are taking the appropriate steps at this time. Our staff and residents are following the recommended preventative actions, and we have asked family and visitors to not visit our facility until the virus has been eradicated.”

TALKING POINTS:

• Resident safety is a top priority for [FACILITY NAME]. Every resident and family should have a clean, safe living environment. We agree that the spread of this novel virus is a critical issue that requires attention.

• [FACILITY NAME] is in close contact with our local and state health departments, as well as the CDC, to stay up-to-date on the information to prevent and manage the spread of Coronavirus.

• Skilled nursing and assisted living providers will need to rely on local, state and federal resources to help prevent the spread of this virus.
  o Detailed technical assistance from CDC and other public health agencies is necessary to help track and prevent its spread.

• We have reviewed and updated our infection prevention and control plans and our emergency communication plan.

• We have reinforced to our staff that anyone who is sick should stay home.

• We are following the same basic procedures used during flu season: handwashing, using alcohol-based hand sanitizers and covering coughs.

DEPENDING ON THE LOCAL HEALTH DEPARTMENT RECOMMENDATIONS:

• We are limiting contractors and visitors, including family members. Family can visit by using Skype or calling, texting or checking in on social media.

OR

• We are not permitting visitors and outside contractors per the direction of the local health department. Family can visit by using Skype or calling, texting or checking in on social media.
COMMON MEDIA QUESTIONS:

Should families who are worried move their loved ones out of skilled nursing centers or assisted living communities?
   o No. Moving the elderly or frail is risky and often has long-lasting impacts. Research around natural disasters and other emergency events has proven this over time. CDC does not currently recommend transferring residents either home or to the hospital.

   • How concerned are you for skilled nursing center or assisted living residents?
     o Just like the flu, we know that the frail and elderly are especially susceptible to this virus. That’s why we are in close communication with our local health department, CDC and CMS to ensure we have the latest information and resources available.

   • Are you having trouble getting things like masks and gowns?
     o Long term care providers are having some of the same difficulties as other health care providers getting masks and gowns. Providers should contact their state and local health departments if they are unable to place orders for equipment they need. It’s important to note that CDC does not recommend masks for the general public at this point.

BACKGROUND:

• To decrease the risk of viral outbreaks in long term care centers, two processes need to be in place.
  o First, efforts should focus on how to decrease the introduction of viruses into a facility.
  o Second, steps to decrease the spread of a virus between residents need to be in place and followed consistently.
  o Even then, outbreaks may still occur. Facilities should have a process to limit the spread of a virus and also treat individuals with an infection to decrease the risk of illness exacerbation, hospitalization, and in severe cases, death.

• Steps to help prevent the introduction of a virus into long term care centers (or any health care facility) include:
  o Keeping all ill individuals from visiting the facility, including family, volunteers and employees.
  o Requiring individuals visiting a facility to wear a mask when viral infections are at increased levels in the community.
    ▪ Not applicable if visitors are not being permitted.
  o Encouraging frequent hand hygiene by making alcohol-based hand sanitizer dispensers readily available, in locations such as in or near each resident’s room as well as in the entry area and common areas.
  o Immunization of health care workers (e.g. influenza, measles, diphtheria, pertussis, chicken pox) or limiting health care workers physical interaction with residents when
not immunized or using masks when such viral infections are found at increased levels in the community.

- Steps to help decrease the risk of viral spread within a facility include:
  - Ongoing hand hygiene at high levels. This can be achieved with: Readily available alcohol-based hand sanitizers in locations such as in or near each resident’s room, common areas, etc.
  - Regular and frequent internal monitoring systems of hand hygiene with regular feedback to staff.
  - Visual reminders that hand hygiene helps residents stay healthy.
  - Early identification of viral infections that cause upper respiratory illness (e.g. “colds”, “flu”, or “winter crud”) that lead to steps that prevent viral spread. Preventative measures include: Early contact isolation and droplet protection for individuals with flu-like symptoms before a definitive diagnosis is made. This includes: Keeping ill individuals away from healthy individuals (e.g. ideally by cohorting ill residents together, though cohorting may not be possible given the physical space and structure of facilities).
  - Use of masks on residents with symptoms if they need to leave their rooms, which should be severely restricted.
  - Use of personal protective equipment by staff and visitors for droplet protection.
  - Use of appropriate cleaning products on surfaces that are cytotoxic for common viral infections and changing these cleaning products when the harder to kill infectious agents are identified and requires special cleaning products, such as C. diff, norovirus and adenovirus, which should be readily available to the facility staff.

- CMS issued infection control regulations in November 2016. These regulations were designed to help decrease the risk of infectious outbreaks in nursing centers and require each nursing center to have an infection control plan that must describe:
  - An infection prevention and control program. The facility must establish an infection prevention and control program that includes an Antibiotic Stewardship Program and designate at least one Infection Preventionist;
  - A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
  - When and to whom possible incidents of communicable disease or infections should be reported;
  - Standard and transmission-based precautions to be followed to prevent spread of infections;
  - When and how isolation should be used for a resident; including but not limited to: The type and duration of the isolation, depending upon the infectious agent or organism involved, and;
  - A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and

- The hand hygiene procedures to be followed by staff involved in direct resident contact.

- The CMS regulations also require each nursing center to designate at least one employee to serve as an Infection Preventionist, who is both a clinician (e.g. nurse) and has received additional training and certification in infection control.
  - There are three training programs available including one designed by AHCA/NCAL. They all require approximately 20 to 25 hours of training.

- AHCA/NCAL has recommended several steps to help decrease the risk of future viral outbreaks in nursing centers:
  - AHCA/NCAL has offered to provide our certificate course for free to those centers who provide care to high risk individuals (e.g. pediatrics, ventilators, HIV, transplants, and ESRD).
  - State health departments should ensure each nursing center has alcohol-based hand sanitizers that are readily available to each room and at entry to the facility as well as in common areas for staff and visitors.
  - State health departments should ensure all health care workers receive the influenza vaccine. If a worker chooses to decline the vaccine, during periods of time when there is an increase in influenza virus in the community, that individual should be required to wear a mask. If they are unable to wear a mask, they should not provide direct patient care. Several states and hospitals have adopted this type of approaches.
  - State health departments should assure health care facilities use appropriate cleaning supplies that are cytotoxic to common viruses and pathogens (per CDC and EPA labeling for claims against common viruses and pathogens). All health care facilities should have a supply of additional cleaning agents for hard to kill pathogens when such pathogens are identified or suspected (e.g. C. diff, adenovirus, norovirus).
## Screener Sign-In Form

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CDC COVID-19
Print Resources
Share Facts About COVID-19

Know the facts about coronavirus disease 2019 (COVID-19) and help stop the spread of rumors.

**FACT 1** Diseases can make anyone sick regardless of their race or ethnicity.

People of Asian descent, including Chinese Americans, are not more likely to get COVID-19 than any other American. Help stop fear by letting people know that being of Asian descent does not increase the chance of getting or spreading COVID-19.

**FACT 2** Some people are at increased risk of getting COVID-19.

People who have been in close contact with a person known to have COVID-19 or people who live in or have recently been in an area with ongoing spread are at an increased risk of exposure.

**FACT 3** Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.

For up-to-date information, visit CDC’s coronavirus disease 2019 web page.

**FACT 4** You can help stop COVID-19 by knowing the signs and symptoms:

- Fever
- Cough
- Shortness of breath

Seek medical advice if you:

- Develop symptoms
- Have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

**FACT 5** There are simple things you can do to help keep yourself and others healthy.

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

For more information: [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)
What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the United States. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Learn more about places with ongoing spread at https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic.

Have there been cases of COVID-19 in the U.S.?


How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of
  • fever
  • cough
  • shortness of breath

What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.
  • Avoid close contact with people who are sick.
  • Avoid touching your eyes, nose, and mouth with unwashed hands.
  • Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should
  • Stay home when you are sick.
  • Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
  • Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled from an area with ongoing spread of COVID-19?

If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don’t go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

For more information: www.cdc.gov/COVID19
What to do if you are sick with coronavirus disease 2019 (COVID-19)

If you are sick with COVID-19 or suspect you are infected with the virus that causes COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community.

Stay home except to get medical care
You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home
People: As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

Animals: Do not handle pets or other animals while sick. See COVID-19 and Animals for more information.

Call ahead before visiting your doctor
If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider’s office take steps to keep other people from getting infected or exposed.

Wear a facemask
You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider’s office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.

Cover your coughs and sneezes
Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can; immediately wash your hands with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

Avoid sharing personal household items
You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.

Clean your hands often
Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Clean all “high-touch” surfaces every day
High touch surfaces include counters, tablespops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Monitor your symptoms
Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). Before seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider’s office to keep other people in the office or waiting room from getting infected or exposed.

Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate. When working with your local health department check their available hours.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

Discontinuing home isolation
Patients with confirmed COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.

For more information: www.cdc.gov/COVID19
Stay home when you are sick, except to get medical care.

Wash your hands often with soap and water for at least 20 seconds.

Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

Clean and disinfect frequently touched objects and surfaces.

Avoid close contact with people who are sick.

Avoid touching your eyes, nose, and mouth.

Stay home when you are sick, except to get medical care.

Wash your hands often with soap and water for at least 20 seconds.

For more information: www.cdc.gov/COVID19
Patients with COVID-19 have experienced mild to severe respiratory illness.

Symptoms* can include:
- FEVER
- COUGH
- SHORTNESS OF BREATH

*Symptoms may appear 2-14 days after exposure.

Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

For more information: [www.cdc.gov/COVID19-symptoms](http://www.cdc.gov/COVID19-symptoms)
CDC Protects and Prepares Communities

CDC is aggressively responding to the global outbreak of COVID-19 and preparing for the potential of community spread in the U.S.

Travel
- Conducts outreach to travelers
- Issues travel notices

Businesses
- Provides business guidance including recommendations for sick leave policies and continuity of operations

Laboratory and diagnostics
- Develops diagnostic tests
- Confirms all positive test results submitted by states

Schools
- Provides guidance for schools including school closures and online education options

Community members
- Shares information on symptoms and prevention
- Provides information on home care
- Encourages social distancing

Healthcare professionals
- Develops guidance for healthcare professionals
- Conducts clinical outreach and education

Healthcare systems
- Develops preparedness checklists for health systems
- Provides guidance for PPE supply planning, healthcare system screening, and infection control
- Leverages existing telehealth tools to redirect persons to the right level of care

Health departments
- Assesses state and local readiness to implement community mitigation measures
- Links public health agencies and healthcare systems

For more information: www.cdc.gov/COVID19
GERMS are all around you.

Stay healthy. Wash your hands.

www.cdc.gov/handwashing
Hands that look clean can still have icky germs!

Wash Your Hands!

1. Wet
2. Get Soap
3. Scrub
4. Rinse
5. Dry

This material was developed by CDC. The Life is Better with Clean Hands campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.
KEEP CALM AND WASH YOUR HANDS