Guidelines for COVID-19 Virus

POLICY
The Agency will implement current CDC guidelines for patients and staff who are diagnosed or suspected of having the COVID-19 virus.

PURPOSE
To prevent or decrease exposure of patients and staff to the COVID-19 virus.

REFERENCE
The Joint Commission CAMHC Standard: IC.01.01.01, IC 01.04.01, IC.01.05.01, IC.01.06.01, IC.02.01.01, IC.03.01.01; Medicare CoP #s: 484.65, 484.70(a), (b), (c), 484.100, 484.105(a); CHAP Standards: IPC.3.I, IPC.3.I.M1; ACHC Standard: HH7-1A; US Department of Labor OSHA39990-03 202 "Guidance for Preparing Workplace for COVID-19;" CMS Section 1135: Public Health Emergency Waiver (2021)

RELATED DOCUMENTS
"*Infection Control Plan*," "*Emergency Operations Plan*," "*Share Facts About COVID-19 (CDC)*;" "*What You Need to Know About Coronavirus Disease 2019 (COVID-19) (CDC)*;" "*COVID-19 Healthcare Planning Checklist (ASPR)*;" "*Healthcare Professional Preparedness Checklist for Transport and Arrival of Patients with Confirmed or Possible COVID-19 (CDC)*;" "*ASPR TRACIE Training and Technical Assistance (ASPR;)*" "*CMS: COVID-19 Focused Infection Control Survey Tool: Acute and Continuing Care*"

PROCEDURE
1. Coronaviruses are a large family of viruses that can infect people and animals. Sometimes animal viruses can "jump" hosts and spread to people. Once this happens, transmission from person to person can occur and spread rapidly. This was the case with the SARS coronavirus (SARS-COV) that spread in 2003, and most recently, the coronavirus that is causing COVID-19 (SARS-CoV-2). The virus can cause severe respiratory illness, multi-organ failure and death. An outbreak was first discovered in Wuhan (Hubei Province), China in December 2019 and has since spread to many countries in the world.
2. The most frequently reported signs and symptoms of COVID-19 include: fever, cough, shortness of breath, loss of taste and/or smell, myalgia and fatigue, chills, diarrhea, congestion, runny nose, shortness of breath, nausea and vomiting. Less commonly reported are sore throat, headache, cough with sputum, and hemoptysis. Fever may be prolonged and intermittent. There have been some reports of confirmed cases in which symptoms are subclinical or asymptomatic. Symptoms may appear 2-14 days after exposure.
3. Early reports suggest transmission most commonly occurs during close exposure to a person infected with COVID-19. The primary route of transmission appears to be via respiratory droplets produced when an infected person coughs or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. The contribution of smaller particles that can be inhaled (aerosols or droplet nuclei) is currently uncertain. However, airborne transmission from person-to-person over long distances is unlikely. The incubation period (the time between exposure and development of symptoms) is estimated to be 4

days (range 2-7 days). Under certain conditions, people with COVID-19 can infect others who are more than 6 feet away. Scientists believe that in these situations, infectious smaller droplets and particles from the COVID-19 positive persons are concentrated enough to spread the virus to other people in the same space during the same time or shortly after the positive person leaves, known as airborne transmission. Avoid crowded indoor spaces when providing care. Educate patient, family and caregivers that well ventilated spaces is the safest for everyone and to let in outdoor air as much as possible.

4. The exchange of information at certain key points of contact helps to maintain continuity throughout the Agency and to keep leadership teams apprised of developments. The Director of Clinical Services, and his or her designees should monitor the information posted by Federal health policy agencies, including CMS and the CDC for developments and mandates, and communicate with the state and local health department regarding regional infections. In turn, this information must be reported to the Administrator and other leadership points of contact in order to evaluate the impact of developments on Agency practices. Finally, information must be disseminated to the patients, family members and the public regarding decisions being made to protect the health and safety of patients.
5. The following methods of communication should be considered:
   - Dedicate specific personnel to answer incoming phone calls and make outgoing calls to keep patients and families up to date. If possible, dedicate one person to assume responsibility for all communication with patients, family and personnel to ensure consistent and timely information.
   - Confirm that contact information for family members and patient representatives are up to date.
6. Staff education that should be provided, reinforced and documented to include:
   - Recognizing signs and symptoms of COVID-19.
   - When and how to report illness in a patient or self.
   - Emergency preparedness and response.
   - Standard and Transmission-Based precautions.
   - Putting on, removing and disposal of personal protective equipment (with return demonstration).
   - Sick leave policies (staff should be instructed NOT to report to work when ill).
7. Patients and family must be reassured that the Agency is taking all recommended measures to keep its patients and staff safe. Inform patients of the situation as information becomes available, and if certain Agency practices are temporarily changed. Ask patients to report any signs or symptoms of illness to staff. Always deliver information to patients in a language and format that is easy to understand. Provide families with information regarding where to access updated information.
8. The following measures should be implemented immediately to protect staff and prevent transmission of infection to patients:
   - Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill employees to stay home.
   - As part of routine practice, ask employees (including consultant staff) to regularly monitor themselves for fever and symptoms of respiratory infection.
   - Remind employees to stay home when they are ill.
   - If an employee develops fever or symptoms of respiratory infection while at work, they should immediately put on a facemask, inform their supervisor, and leave the workplace.
   - Consult occupational health on decisions about further evaluation and return to work.

- Screen all employees at the beginning of their shift for fever and respiratory symptoms.
- Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat (document)If they are ill, have them put on a facemask and leave the workplace.
- Restrict nonessential personnel from entering Agency site.
- Review emergency plans to mitigate staffing shortages.

9. Actively monitor all patients upon admission and every visit for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat) and document.
   - Ask patient to report if they feel feverish or have symptoms of respiratory infection.
   - Notify the health department about patients with severe respiratory infection or an employee with symptoms of respiratory infections.
10. A patient with suspected or confirmed COVID-19 infection should ideally be placed in a private bedroom with their own bathroom.
11. Follow health department and CDC criteria for testing of symptomatic patients. A nurse may obtain the sample for COVID-19 diagnostic testing during an otherwise Medicare-covered skilled nursing visit for a patient who is already receiving services. The specimen is then sent of made available or the laboratory COVID-19 testing.
12. Agency will notify the health department immediately and follow the *Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons under Investigation for COVID-19 in Healthcare Settings*, which includes detailed information regarding recommended PPE.
    - If a patient requires a higher level of care or patient/family cannot fully implement all recommended precautions, the patient should be transferred to a facility that is capable of implementation.
    - Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer.
    - While awaiting transfer, a symptomatic patient should wear a facemask (if tolerated) and be separated from others (e.g., kept in their room with the door closed).
    - Appropriate PPE should be used by healthcare personnel when coming in contact with the patient.
13. The Agency will be prepared to respond to an influx, or the risk of an influx, of infectious patients. Such planning includes implementation of the emergency preparedness plan phases of preparation and response. Depending on the severity and potential numbers of infectious patients, existing patients may be prioritized and services rendered to the highest priority patients.
    - In order to manage an ongoing influx of potentially infectious patients over an extended time, the Agency will consider suspension of patient admissions and early discharge of existing stable patients after physician consultation.
    - The Agency has established processes and procedures for information management before and during an infectious disease outbreak.
    - The Agency will keep abreast of and obtain current information about COVID-19 infections that could cause an increased number of potentially infectious patients through communication with resources, e.g., hospitals, local and state health departments, offices of emergency management and departments of homeland security, and local media (e.g., television, radio and newspapers).
    - Critical information will be disseminated to staff, key practitioners, physicians, and leaders through e-mail, voicemail, telephone and staff meetings about COVID-19 pandemic that could cause an increased number of potentially infectious patients.

14. Community resources for obtaining additional information include local and state health departments, offices of emergency management and departments of homeland security as well as local hospitals. Administrator and Director of Clinical Services are notified if not on the premises.
15. Management staff should report to the Incident Command Post for briefing and instruction.
16. Activate the Incident Command System (ICS) to manage the COVID-19 pandemic. The most qualified staff (in regard to the Incident Command System) on duty at the time assumes the Incident Commander position.
17. Follow guidelines of CDC.
18. All patients and employees should be screened to identify exposure to COVID-19 pandemic. Employees will be screened daily and patients with each home visit.
19. Follow CDC guidelines in regards to managing high-risk employees and guidelines as to when infected employees can return to work.
20. Adherence to infection control policies and procedure is critical. Post signs for cough and sneeze etiquette in Agency office. Adherence to droplet precautions during the care of a patient with symptoms or a confirmed case of COVID-19 is a must.
21. Implement contingency staffing plans as needed.

Admissions from Hospitals

1. A patient diagnosed with COVID-19 from a hospital can be admitted if:
    - Agency has available PPE and sufficient staffing to implement current CDC guidelines.
    - Patient meets eligibility requirements for admission.
    - Patient and family members have appropriate PPE per current CDC guidelines and are able to adhere to recommended precautions.
    - Patient has a separate room/bedroom and bathroom as well as resources to get food, medications and other necessary items.

Home Visits

1. Limit home visits to essential visits, e.g., physician-ordered in Plan of Care.
2. Consider tele-health services, if included in plan of care.
3. Schedule COVID-19 patients at the end of the day.
4. Staff must utilize appropriate PPE per current CDC guidelines.
5. Staff should don and doff PPE outside the home.
6. If patient is still having symptoms, the patient should wear a mask.
7. Follow social distancing in the home with family members by staying at least 6 feet away from them.
8. Discontinue transmission-based isolation per current CDC guidelines.

Infection Control

- Infection control policies require staff to use Standard and Droplet Precautions, e.g., mask, gown and gloves for close contact with symptomatic patients.
- Respiratory hygiene/cough etiquette must be observed.

Hand Hygiene

1. Hand hygiene will be done by all employees to reduce the transfer of microbes including COVID-19 to patients and to prevent the growth of microorganisms on the nails, hands and forearms.
2. Equipment to be used includes:
    - Bacteriostatic foam/gel/liquid.
    - Sink with running water.
    - Soap – liquid, antimicrobial.

- Paper towels.
- Disposable plastic bag or waste can.

3. Indications for staff performing hand hygiene are:
   - Before and after direct patient care.
   - Before and after each procedure.
   - After using the bathroom.
   - After blowing or wiping the nose.
   - Before and after eating.
   - Before and after collecting specimen.
   - When hands are soiled.
   - After any contact with contaminated materials.
   - Before re-entering nursing bag or patient's clean supplies.
4. All employees are responsible for implementing hand hygiene procedures in an ongoing attempt to prevent and/or contain infectious processes and communicable diseases.
5. Bacteriostatic foam/gel/liquid is the preferable hand hygiene method. When using bacteriostatic foam/gel/liquid, the procedure is as follows:
   - Place adequate amount of foam or liquid on hands.
   - Using friction, clean between fingers, around and under nails, palms and backs of hands until hands are completely dry.
6. The proper procedure for handwashing when using soap and water is as follows:
   - Turn water to a comfortable warm temperature.
   - Hold hands under running water so they get completely wet.
   - Lather hands well with liquid, antimicrobial soap: use friction; wash between fingers, wash area around and under nails for at least 20 seconds.
   - Using a clean paper towel, dry hands thoroughly.
   - Turn off water faucet using towel.
   - Discard paper towels in a disposable bag or waste can.
7. The Agency has implemented an aggressive program to address hand hygiene and decrease rates of infections:
   - The Agency provides bacteriostatic foam/gel/liquid to all patient care staff.
   - The Agency provides a liquid, antimicrobial soap and paper towels to all patient care staff.
   - Orientation and annual staff training will include hand hygiene.
   - Staff compliance with use of bacteriostatic foam/gel/liquid will be monitored.

Standard Precautions

1. Standard precautions are implemented for all patients, regardless of condition or infection status, and are the cornerstone of infection prevention and control measures. Standard precautions include Hand Hygiene and Cough Etiquette, as well as the use of Personal Protective Equipment (PPE) when exposure to blood and/or bodily fluids is likely.
2. Transmission-based precautions are implemented when a patient develops signs and symptoms of a transmissible or communicable infection ("suspected case"), or has tested positive for a communicable infection by a laboratory ("confirmed case"). Transmission-based precautions are additional measures taken to protect healthcare

workers and patients. Depending on how the infection is spread, one or more of the following precautions may be implemented:

Contact Precautions – Contact precautions are used when the infection can be spread by touching an infected person (direct contact), or by indirect contact with items that the infected person has touched.

- A novel virus can be spread by touching an infected person or object and then touching one's own mouth, nose or eyes.
- Droplets infected with a novel virus can land on surfaces and survive for unknown periods of time.
- Environmental cleaning, hand hygiene and the proper use of PPE are all important for contact precautions.

Droplet Precautions – Droplet precautions are implemented to control the spread of infections by droplets through short distances in the air. Droplets are large particles (greater than 5 microns) that can be inhaled when an infected person coughs, sneezes or talks. Respiratory procedures like suctioning can also generate droplets.

- A novel virus may spread through droplets.
- Facemasks should be placed on anyone suspected or confirmed to have a novel virus.
- In addition, facemasks should be worn when coming within six feet of a suspected novel virus infected individual in order to protect from respiratory droplets.
- Masks, gowns, gloves and goggles should be worn during procedures that expose healthcare personnel to splashes or sprays of secretions.

Airborne Precautions - Airborne precautions are implemented to prevent transmission of pathogens that are very small (5 microns or smaller "droplet nuclei" or "aerosols") that can be transmitted long distances through the air. Airborne precautions require a room with specialized air handling and the use of N95 respirators that filter small particles by anyone entering the room.

Additional OSHA Requirements How a COVID-19 Outbreak Could Affect Workplaces
Similar to influenza viruses, the virus that causes COVID-19, has the potential to cause extensive outbreaks. Under conditions associated with widespread person-to- person spread, multiple areas of the United States and other countries may see impacts at the same time. In the absence of a vaccine, an outbreak may also be an extended event. As a result, workplaces may experience:

- **Absenteeism.** Workers could be absent because they are sick; are caregivers for sick family members; are caregivers for children if schools or day care centers are closed; have at-risk people at home, e.g., immunocompromised family members; or are afraid to come to work because of fear of possible exposure.
- **Change in patterns of commerce.** Consumer demand for items related to infection prevention (e.g., respirators) is likely to increase significantly, while consumer interest in other goods may decline. Consumers may also change shopping patterns because of a COVID-19 outbreak. Consumers may try to shop at off-peak hours to reduce contact with other people, show increased interest in home delivery services, or prefer other options, such as drive through service, to reduce person-to-person contact.
- **Interrupted supply/delivery.** Shipments of items from geographic areas severely affected by COVID-19 may be delayed or cancelled with or without notification.

Follow federal and state, local, and tribal recommendations regarding development of contingency plans for situations that may arise as a result of outbreaks, such as:

- Increased rates of worker absenteeism.
- The need for social distancing, staggered work shifts, downsizing operations, delivering services remotely, and other exposure-reducing measures.
- Options for conducting essential operations with a reduced workforce, including cross-training workers across different jobs in order to continue operations or deliver surge services.
- Interrupted supply chains or delayed deliveries.
- Agency should explore whether it can establish policies and practices, including flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others, if state and local health authorities recommend the use of social distancing strategies.
- Discourage employees from using other employees' phones, desks, offices, equipment, when possible.
- Maintain regular housekeeping practices: routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. When choosing cleaning chemicals, Agency should consult information on Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens. Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE). COVID-19 spreads less commonly through contact with contaminated surfaces. Respiratory droplets can land on surfaces and objects. It is possible that a person could get COVID-19 by touching a surface or object that has the virus on it and then touching their mouth, nose or eyes. However, touching surfaces is not a common way that the virus spreads.
- The CDC recommends cleaning and disinfection of households to limit the survival of the COVID-19 virus. Such recommendations can be made to staff, aides, homemakers, caregivers who assist with basic cleaning, laundering, etc.
- CDC recommends a 2-step process of cleaning (removal of germs on visible surfaces with soap and water) and disinfecting (using EPA-approved chemicals to kill germs on surfaces).
- Talk with companies that provide Agency with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
- Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.

Administrative controls require action by the employee or Agency. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. Examples of administrative controls for COVID-19 include:

- Encouraging sick employees to stay at home.

- Minimizing contact among employees, patients/family members and customers by replacing face-to-face meetings with virtual communications and implementing telework, if feasible.
- Establishing alternating days or extra shifts that reduce the total number of employees in The Agency at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.
- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks. Regularly check CDC travel warning levels at: www.cdc.gov/coronavirus/2019-ncov/travelers.
- Developing emergency communications plans, including a forum for answering employees 'concerns and internet-based communications, if feasible.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE).
- Training employees who need to use protecting clothing and equipment how to put it on, use/wear it, and take it off correctly.

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Examples of safe work practices for COVID-19 include:

- Providing resources and a work environment that promotes personal hygiene: provide tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60 percent alcohol, disinfectants, and disposable towels.
- Requiring regular hand washing or using of alcohol-based hand rubs
- Post handwashing signs in restrooms.

While there is no specific OSHA standard covering COVID-19 exposure, some OSHA requirements may apply to preventing occupational exposure to COVID-19, e.g.:

- OSHA's Personal Protective Equipment (PPE) standards (in general industry, 29 CFR 1910 Subpart I), which require using gloves, eye and face protection, and respiratory protection. See: www.osha.gov/laws-regs/regulations/ standard number/1910#1910_Subpart_I.
    - When respirators are necessary to protect workers or where employers require respirator use, employers must implement a comprehensive respiratory protection program in accordance with the Respiratory Protection standard (29 CFR 1910.134). See: www.osha.gov/lawsregs/regulations/standardnumber/1910/1910.134.
- The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970, 29 USC 654(a)(1), which requires employers to furnish to each worker "employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm." See: www.osha.gov/laws-regs/oshaact/completes.

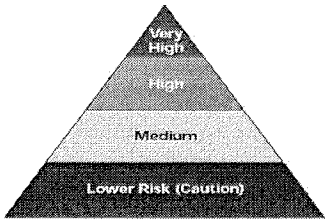
OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit COVID-19. However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard. See: www.osha.gov/laws-regs/ regulations/standard number/1910/1910.1030.

The OSHA COVID-19 webpage provides additional information about OSHA standards and requirements, including requirements in states that operate their own OSHA-approved State

Plans, recordkeeping requirements and injury/illness recording criteria, and applications of standards related to sanitation and communication of risks related to hazardous chemicals that may be in common sanitizers and sterilizers. See: www.osha.gov/SLTC/covid-19/standards.html.

Worker risk of occupational exposure to COVID-19, during an outbreak may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on the industry type, need for contact within 6 feet of people known to be, or suspected of being, infected with COVID-19, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with COVID-19. To help employers determine appropriate precautions, OSHA has divided job tasks into four risk exposure levels: very high, high, medium, and lower risk. The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk

Occupational Risk Pyramid for COVID-19



Very High Exposure Risk

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category include:

- Healthcare workers (e.g., doctors, nurses, therapists, home health aides, social workers, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, or invasive specimen collection) on known or suspected COVID-19 patients.

High Exposure Risk

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

- Healthcare delivery and support staff (e.g., nurses, and other staff who must enter patients' rooms) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes *very high.*)
- Medical transport workers (e.g., ambulance vehicle operators) moving known or suspected COVID-19 patients in enclosed vehicles.

Medium Exposure Risk

Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with COVID-19, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission. In areas where there *is* ongoing community transmission, workers in this category may have contact with the general public (e.g., schools, high-population-density work environments, some high-volume retail settings).

Lower Exposure Risk (Caution)

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with COVID-19 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Agencies with workers living abroad or traveling on international business should consult the "Business Travelers" section of the OSHA COVID-19 webpage (www.osha.gov/covid-19), which also provides links to the latest:

- CDC travel warnings: www.cdc.gov/coronavirus/2019-ncov/travelers
- U.S. Department of State (DOS) travel advisories: travel.state.gov

Agency should communicate to workers that the DOS cannot provide Americans traveling or living abroad with medications or supplies, even in the event of a COVID-19 outbreak. As COVID-19 outbreak conditions change, travel into or out of a country may not be possible, safe, or medically advisable. It is also likely that governments will respond to a COVID-19 outbreak by imposing public health measures that restrict domestic and international movement, further limiting the U.S. government's ability to assist Americans in these countries. It is important that Agency and employees plan appropriately, as it is possible that these measures will be implemented very quickly in the event of worsening outbreak conditions in certain areas. More information on COVID-19 planning for workers living and traveling abroad can be found at: www.cdc.gov/travel.

CDC Recommendations for Staff COVID-19 Testing (Updated December 14, 2020)

Due to extensive close contact with patients, a staff member who has signs or symptoms should be tested. At risk exposure is contact for 15 or more minutes within 6 feet of a confirmed positive individual without the appropriate PPE. 15 minutes exposure may be 15 minutes total over 24 hours. Any duration should be considered prolonged if the exposure occurred during the performance of an aerosol generating procedure.

CDC recommends that an asymptomatic staff member with a high-risk exposure (eyes, nose or mouth potentially exposed with virus) be excluded from work for 10 days following the exposure, unless staffing shortages determine the need to shorten the quarantine period. Quarantine can end after day 10 without testing if no symptoms have been reported during daily monitoring. Quarantine can end after day 7 if diagnostic test is negative and no symptoms were reported during daily monitoring. The staff member should be tested initially and if negative, again about 5-7 days post exposure.

For lower risk exposure, the staff member may continue to work. CDC recommends screening for symptoms prior to starting each work day and using source control measures.
State health departments may decide not to follow CDC recommendations and issue their own orders that apply to a state, region or municipality.

Assisted and Independent Living Facility Access

Assisted Living Facilities (ALFs) and Independent Living Facilities (ILFs) are not subject to federal regulation, but state authority. Agency staff will participate in any required facility screening.

If access is restricted, staff should communicate with the facility administrator about the nature of the restriction and gaining access to patients.

If staff are refused in-person access, document refusal in patient's record and notify patient's physician.

COVID 19 CORONAVIRUS DISEASE

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

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.

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**

COVID 19 CORONAVIRUS DISEASE

What you need to know about coronavirus disease 2019 (COVID-19)

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.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html.

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.

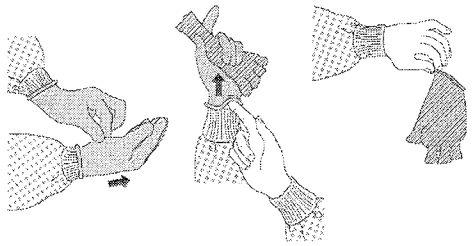
For more information: www.cdc.gov/COVID19

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

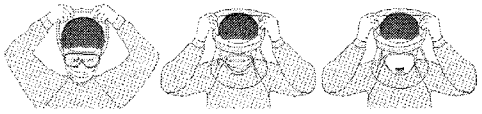
1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



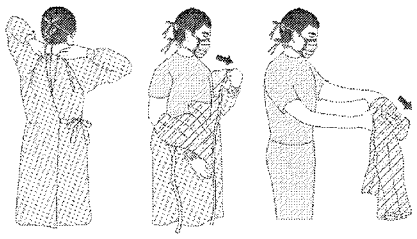
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

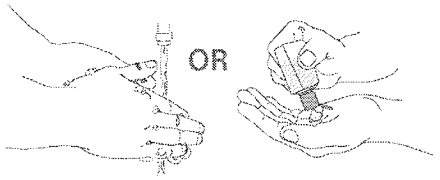
- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



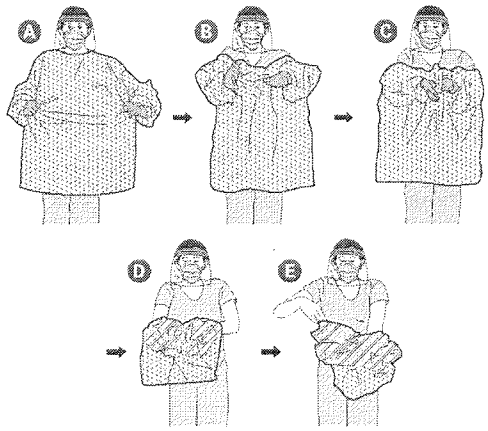
PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

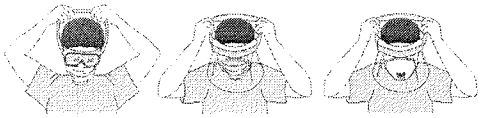
1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



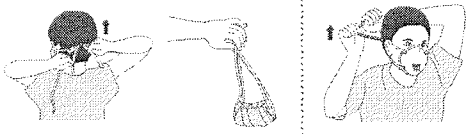
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

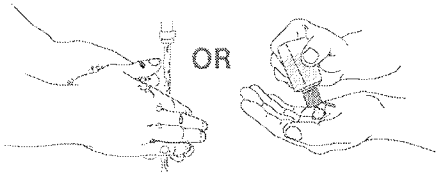


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

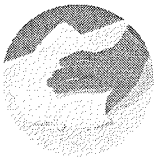


PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

Cleaning And Disinfecting Your Home

Everyday Steps and Extra Steps When Someone Is Sick

How to clean and disinfect



Wear disposable gloves to clean and disinfect.

Clean

- **Clean surfaces using soap and water.** Practice routine cleaning of frequently touched surfaces.

High touch surfaces include:

Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.

Disinfect

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
- **Recommend use of EPA-registered household disinfectant.**

  Follow the instructions on the label to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

- **Diluted household bleach solutions may also be used** if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

  Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.

  Leave solution on the surface for **at least 1 minute**

  To make a bleach solution, mix:

  - 5 tablespoons (1/3rd cup) bleach per gallon of water

    OR

  - 4 teaspoons bleach per quart of water
- **Alcohol solutions with at least 70% alcohol.**

Soft surfaces

For soft surfaces such as **carpeted floor, rugs, and drapes**

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.

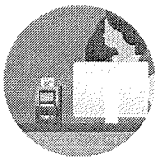
cdc.gov/coronavirus

- **Launder items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

OR

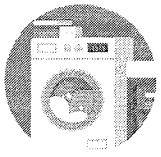
- **Disinfect with an EPA-registered household disinfectant.** These disinfectants meet EPA's criteria for use against COVID-19.

Electronics



- For electronics, such as **tablets, touch screens, keyboards, and remote controls.**
- Consider putting a **wipeable cover** on electronics.
- **Follow manufacturer's instruction** for cleaning and dinfecting.
  - If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol**. Dry surface thoroughly.

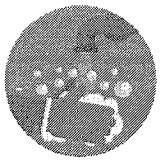
Laundry



For clothing, towels, linens and other items

- Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick **can be washed with other people's items**.
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- **Remove gloves,** and wash hands right away.

Clean hands often



- **Wash your hands** often with soap and water for 20 seconds.
  - Always wash immediately after removing gloves and after contact with a person who is sick.
- **Hand sanitizer:** If soap and water are not readily available and hands are not visibly dirty, use a hand sanitizer that contains at least 60% alcohol. However, if hands are visibly dirty, always wash hands with soap and water.
- **Additional key times to clean hands** include:
  - After blowing one's nose, coughing, or sneezing
  - After using the restroom
  - Before eating or preparing food
  - After contact with animals or pets
  - Before and after providing routine care for another person who needs assistance (e.g. a child)
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.

When Someone is Sick

Bedroom and Bathroom

Keep **separate bedroom and bathroom for a person who is sick** (if possible)

- The person who is sick should stay separated from other people in the home (as much as possible).
- **If you have a separate bedroom and bathroom:** Only clean the area around the person who is sick when needed, such as when the area is soiled. This will help limit your contact with the person who is sick.