



# **COVID-19**

## **Screening Toolkit**

**March 18, 2020 - REVISION**

*[www.vhca.org/covid-19-resources](http://www.vhca.org/covid-19-resources)*  
*[www.ahcancal.org/coronavirus](http://www.ahcancal.org/coronavirus)*



## COVID-19 Screening Toolkit Table of Contents

### **VDH Resources**

- VDH Updated Guidance on Testing for COVID-19\*
- VDH Healthcare Personnel Risk Assessment Tool (March 8, 2020)
- VDH Health District Directors (Revised February 18, 2020)

### **DSS Resources\***

- COVID-19 Letter to Assisted Living Facilities (March 17, 2020)\*

### **CMS Resources**

- QSO-20-14-NH: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED March 13, 2020)\*

### **AHCA/NCAL Resources**

- Taking Reasonable Efforts to Prevent COVID-19 From Entering Your Assisted Living Community (March 9, 2020)
- Guidance to SNFs on Admissions from and Discharges to Hospitals (as of March 13, 2020)\*
- Prevent COVID-19: Screening Checklist for Visitors and Employees (March 14, 2020)\*
- Communal Dining Approaches\*
- Template Letter to Employees (March 14, 2020)\*
- Notice to Families Restricting Visitors (English and Spanish) (March 14, 2020)\*
- Video Messages for Family Members and Residents (March 13, 2020)
- Statement and Talking Points for Facilities Without Coronavirus (March 14, 2020)\*
- Statement and Talking Points for Facilities With Coronavirus (March 14, 2020)\*
- Screener Sign-In Form\*
- Start of Shift Daily Employee Screening Log\*
- COVID-19 Cleaning Handout for Center Housekeeping Staff (English and Spanish)\*

### **VHASS and Health Care Coalitions**

- VHASS and Health Care Coalitions

### **CDC Coronavirus Disease 2019 (COVID-19) Print Resources\*\***

- *Share Facts About COVID-19*
- *What You Need to Know about Coronavirus Disease 2019 (COVID-19)*
- *What to Do If You Are Sick*
- *Stop the Spread of Germs*
- *Symptoms of Coronavirus Disease 2019*
- *CDC Protect and Prepares Communities*
- *Stay Healthy Wash Your Hands*
- *Wash Your Hands*
- *Keep Calm and Wash Your Hands*

\*\*Some of these materials are available in additional sizes and languages on the [CDC website](#).

# **VDH Resources**

## VDH Updated Guidance on Testing for COVID-19

Due to a limited number of tests available, testing performed at DCLS, Virginia's state lab, is reserved for patients who meet VDH's priority investigation criteria below. If you have a patient who meets VDH criteria, please contact your local health department to request approval for testing. For other patients who need COVID-19 testing, please contact a private laboratory to ask about how to submit specimens for testing. VDH approval is not needed for testing at private labs.

1. Person (including healthcare worker) 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 fever and clinically or radiographically diagnosed pneumonia requiring hospitalization **AND** who tested negative for influenza and other respiratory pathogens on a respiratory virus panel on initial work-up\*\* **AND** no alternative diagnosis;
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\*\* **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 or facemask, 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 should be performed at a routine laboratory.

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). There

are epidemiologic factors that may also help guide decisions about COVID-19 testing. Documented COVID-19 infections in a jurisdiction and known community transmission may contribute to an epidemiologic risk assessment to inform testing decisions. Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza). For more information, refer to the CDC guidance about evaluating and testing persons for COVID-19 at [www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html).

Virginia's local health departments do not provide primary care and thus are not equipped to clinically evaluate patients with respiratory symptoms. At this time, local health departments are not providing COVID-19 testing. Please do not refer your patients to a local health department for testing.

## Coronavirus Disease 2019 (COVID-19) VDH Healthcare Personnel Risk Assessment Tool

**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
<p>Date of Assessment: MM / DD / YYYY</p> <p>Facility conducting the assessment?    <input type="checkbox"/> Facility of potential exposure    <input type="checkbox"/> Local Health Department</p> <p>Facility Address: _____</p> <p>Name of Person Conducting the Assessment: _____</p> <p>Phone number: _____</p> <p>Email address: _____</p> <p>Who is providing information about the healthcare worker?</p> <p><input type="checkbox"/> Self (the healthcare worker)    <input type="checkbox"/> Other, specify person and reason: _____</p>

## Coronavirus Disease 2019 (COVID-19) VDH Healthcare Personnel Risk Assessment Tool

### 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

- |   |   |
|---|---|
| <input type="checkbox"/> Admission/reception clerks                                 | <input type="checkbox"/> Pharmacist                       |
| <input type="checkbox"/> Case Manager   | <input type="checkbox"/> Phlebotomist                     |
| <input type="checkbox"/> Environmental services/Cleaning Staff                      | <input type="checkbox"/> Physical therapist               |
| <input type="checkbox"/> Facilities/maintenance worker                              | <input type="checkbox"/> Physician                        |
| <input type="checkbox"/> Food services worker/Dietary                               | <input type="checkbox"/> Radiology technician             |
| <input type="checkbox"/> Infection Control Team                                     | <input type="checkbox"/> Respiratory therapist            |
| <input type="checkbox"/> Laboratory worker  | <input type="checkbox"/> Social Worker/Spiritual Guidance |
| <input type="checkbox"/> Mid-Level Provider: Physician assistant/Nurse Practitioner | <input type="checkbox"/> Speech therapist                 |
| <input type="checkbox"/> Nurse (Specify: LPN, RN, nursing assistant, other): _____  | <input type="checkbox"/> Student (specify type): _____    |
| <input type="checkbox"/> Occupational therapist                                     | <input type="checkbox"/> Transport                        |
|   | <input type="checkbox"/> Volunteer (specify role): _____  |
|   | <input type="checkbox"/> Other: _____                     |

## Coronavirus Disease 2019 (COVID-19) VDH Healthcare Personnel Risk Assessment Tool

### 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

<p>1. Date of visit or admission date of the COVID-19 confirmed patient:</p> <p>Discharge date, if applicable:</p> <p>Date of death, if applicable:</p>	<p>MM / DD / YYYY</p> <p>MM / DD / YYYY</p> <p>MM / DD / YYYY</p>
<p>2. At any time during the patient's stay, while you <u>were not</u> wearing all recommended PPE<sup>1</sup>, did you have any brief interactions with the patient such as:</p> <ul style="list-style-type: none"> <li>- Brief conversation at a triage desk; or</li> <li>- Briefly entering the patient's room but not having direct contact with the patient or their secretions/excretions; or</li> <li>- Entering the patient's room immediately after they were discharged.</li> </ul>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unsure</p>



**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No – <b>Go to Section VI.</b> <input type="checkbox"/> Unsure
4. About how many separate times during the patient's stay did you have contact with the patient or their secretions/excretions?	<input type="checkbox"/> 2 times or less <input type="checkbox"/> 3 – 5 times <input type="checkbox"/> 6 – 10 times <input type="checkbox"/> > 10 times
5. List date(s) (or date range) when you had contact with the patient or their secretions/excretions. <i>(Use additional paper to capture all dates, if needed)</i>	MM / DD / YYYY 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?	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> A little <input type="checkbox"/> 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).	<input type="checkbox"/> Yes <input type="checkbox"/> No – <b>Go to #9</b> <input type="checkbox"/> Unsure
a. During all of the time(s) you were present or performing procedures listed in number 7, did you <u>always</u> wear a respirator (e.g., N95 respirator) <sup>2</sup> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
b. At any time while you were present or performing procedures listed in #7, did you wear a facemask instead of a respirator <sup>2</sup> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
c. During all of the time(s) you were present or performing procedures listed in #7, did you <u>always</u> wear eye protection <sup>1</sup> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
d. During all of the time(s) you were present or performing procedures listed in number 7, did you <u>always</u> wear a gown <u>and</u> gloves?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
9. At any time during the patient's stay, did you have prolonged <sup>3</sup> close contact with the patient while the patient <u>was not</u> wearing a mask?	<input type="checkbox"/> Yes <input type="checkbox"/> No -- <b>Go to #10</b> <input type="checkbox"/> Unsure

**Coronavirus Disease 2019 (COVID-19)  
VDH Healthcare Personnel Risk Assessment Tool**

a. Did you <u>always</u> wear a respirator <sup>2</sup> (e.g., N95 respirator) during prolonged close contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
b. At any time did you wear a facemask instead of a respirator <sup>2</sup> during prolonged close contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
c. Did you <u>always</u> wear eye protection <sup>1</sup> during prolonged close contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
d. Did you always wear gown <u>and</u> gloves during prolonged close contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
10. At any time during the patient's stay, did you have prolonged <sup>3</sup> close contact with the patient while the patient <u>was</u> wearing a mask?	<input type="checkbox"/> Yes <input type="checkbox"/> No – <b>Go to #11</b> <input type="checkbox"/> Unsure
a. Did you <u>always</u> wear a respirator <sup>2</sup> (e.g., N95 respirator) during prolonged close contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
b. At any time did you wear a facemask instead of a respirator <sup>2</sup> during prolonged close contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
c. Did you <u>always</u> wear eye protection <sup>1</sup> during prolonged close contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
d. Did you <u>always</u> wear gown <u>and</u> gloves during prolonged close contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
11. At any time did you have extensive body contact with the patient (e.g., rolling the patient)?	<input type="checkbox"/> Yes <input type="checkbox"/> No – <b>Go to Section VI</b> <input type="checkbox"/> Unsure
a. Did you <u>always</u> wear gown and gloves when having extensive body contact with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

<sup>1</sup> PPE=personal protective equipment. PPE for COVID-19 includes: N95 respirator or equivalent (preferred), facemask, eye protection (goggles or face shield), gown, and gloves.  
<sup>2</sup> 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.  
<sup>3</sup> 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.

**Coronavirus Disease 2019 (COVID-19)  
VDH Healthcare Personnel Risk Assessment Tool**

VI. Healthcare Personnel Symptom Assessment	
1. Have you experienced fever <sup>1</sup> <u>or</u> signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) in the period since the COVID-19 patient was admitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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:	<input type="checkbox"/> Cough – onset: _____ <input type="checkbox"/> Sore throat – onset: _____ <input type="checkbox"/> Shortness of breath – onset: _____ <input type="checkbox"/> Fever – onset: _____ highest temp: _____
4. Please check any other symptoms you are also experiencing:	<input type="checkbox"/> Chills <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Diarrhea <input type="checkbox"/> Headache <input type="checkbox"/> Fatigue <input type="checkbox"/> General Malaise <input type="checkbox"/> Rash <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Muscle Aches <input type="checkbox"/> Joint Aches <input type="checkbox"/> Loss of Appetite <input type="checkbox"/> Nose Bleed <input type="checkbox"/> Other: _____

<sup>1</sup>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.

## Coronavirus Disease 2019 (COVID-19) VDH Healthcare Personnel Risk Assessment Tool

### 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

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

HCP=healthcare personnel; PPE=personal protective equipment

<sup>a</sup>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).

<sup>b</sup>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.

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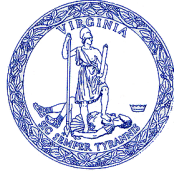
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# **DSS Resources**



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF SOCIAL SERVICES

March 17, 2020

Dear Provider:

The Virginia Department of Social Services (VDSS), Division of Licensing Programs, is closely monitoring the COVID-19 pandemic and all guidance being distributed to healthcare facilities at the federal and state level. The American Health Care Association (AHCA) and National Center for Assisted Living (NCAL) have developed guidance and resources to help protect the health, safety, and welfare of residents in assisted living facilities. Although this guidance does not include Adult Day Care Centers (ADCC), we are encouraging ADCCs to follow the same recommendations given to assisted living facilities, as these centers care for highly susceptible populations as well.

VDSS has reviewed the following guidance from the CDC in conjunction with AHCA/NCAL, and we **strongly encourage** the following:

- Immediately restrict **all** visitors, volunteers and non-essential healthcare personnel (e.g., barbers) except for certain compassionate care situations, such as end-of-life.
- Notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.).
- Handle visits for end-of-life situations on a case-by-case basis, including screening of visitors, use of personal protective equipment (PPE) and hand hygiene by visitors, and limited access to the facility (resident's room or location designated by the facility).
- Cancel all group activities and communal dining.
- Implement active screening of residents and healthcare personnel for respiratory symptoms including actively checking temperatures for fever (all healthcare personnel at beginning of shift and residents at least daily).
  - Document absence of symptoms
  - Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat), other than residents, should not be permitted to enter the facility at any time (even in end-of-life situations).
- Screen and monitor residents when visitors, staff, or others report respiratory symptoms within 14 days of interacting with the residents.
- Identify staff that work at multiple facilities and actively screen and restrict them appropriately.

- Enforce sick leave policies for ill healthcare personnel that are non-punitive, flexible, and consistent with public health policies, allowing ill healthcare personnel to stay home.
- Pay particularly close attention to any orders issued by Governor Northam or other public health officials in the coming days, weeks, and possibly months.

This new guidance means facilities need to explore mechanisms to allow family members, ombudsmen, resident representatives, and others to communicate with residents.

Additional recommendations include:

- Having all staff and visitors enter and exit through one main entrance, allowing for proper screening of each staff member, visitor, and contracted healthcare worker.
- Reducing group activities and communal dining.

Below is a link that provides significant information for assisted living facilities, including a COVID-19 screening tool kit, information on Personal Protective Equipment (PPE), outbreak reporting, local health district locators, training materials for staff, and a sample notice to families to restrict visitors.

<https://www.vhca.org/covid-19-resources/>

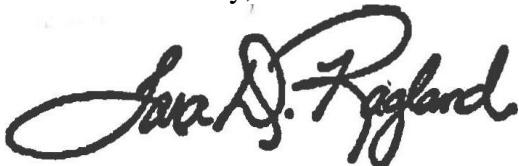
AHCA/NCAL has also created video messages directed towards family members/visitors to stress the importance of social distancing for the protection of those in care in assisted living. Facilities are encouraged to distribute this video to family members using the link below:

[Message for Families and Friends](#)

It is imperative that you notify your local Virginia Department of Health and your VDSS Licensing Inspector immediately if there is confirmation of COVID-19 in your facility. Please follow guidance from VDH and the Centers for Disease Control (CDC) for all subsequent actions and precautions.

Thank you for your efforts and diligence to protect those in your care during these unprecedented times.

Sincerely,



Tara D. Ragland, Director  
Division of Licensing Programs

# **CMS Resources**



**Center for Clinical Standards and Quality/Quality, Safety & Oversight Group**

Ref: QSO-20-14-NH

**DATE:** March 13, 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>).

**Background**

The Centers for Medicare & Medicaid Services (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 about some specific areas related to COVID-19:

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

#### **For ALL facilities nationwide:**

*Facilities should **restrict** visitation of **all** visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only. Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.). Note: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a governor's executive order, a facility would not be out of compliance with CMS' requirements. In this case, surveyors would still enter the facility, but not cite for noncompliance with visitation requirements.*

*For individuals that enter in compassionate situations (e.g., end-of-life care), facilities should require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks. Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility **at any time** (even in end-of-life situations). Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.*

#### *Exceptions to restrictions:*

- *Health care workers: Facilities should follow CDC guidelines for restricting access to health care workers found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>. This also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians, that provide care to residents. They should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers. 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>).*
- *Surveyors: CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to*

*transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever.*

Additional guidance:

1. *Cancel communal dining and all group activities, such as internal and external group activities.*
2. *Implement active screening of residents and staff for fever and respiratory symptoms.*
3. *Remind residents to practice social distancing and perform frequent hand hygiene.*
4. *Screen all staff 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. If they are ill, have them put on a facemask and self-isolate at home.*
5. *For individuals allowed in the facility (e.g., in end-of-life situations), provide instruction, before visitors enter the facility and residents' rooms, provide instruction 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. Facilities should communicate through multiple means to inform individuals and non-essential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.*
6. *Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.*
7. *Facilities should review and revise how they interact vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, 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 if needed, as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions.*
8. *In lieu of visits, facilities should 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.*
9. *When visitation is necessary or allowable (e.g., in end-of-life scenarios), facilities should make efforts to allow for safe visitation for residents and loved ones. For example:*
  - a) *Suggest **refraining from** 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. *Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a case by case basis. 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).*

*10. Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.*

### **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>.*

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](#). 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:**

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019:  
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- 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>
- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC Updates: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- *Information on affected US locations:* <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

### **CMS Resources:**

- **Guidance for use of Certain Industrial Respirators by Health Care Personnel:** <https://www.cms.gov/files/document/qso-20-17-all.pdf>
- Long term care facility – Infection control self-assessment worksheet: [https://qsep.cms.gov/data/252/A\\_NursingHome\\_InfectionControl\\_Worksheet11-8-19508.pdf](https://qsep.cms.gov/data/252/A_NursingHome_InfectionControl_Worksheet11-8-19508.pdf)
- Infection control toolkit for bedside licensed nurses and nurse aides (“Head to Toe Infection Prevention (H2T) Toolkit”): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment>
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

**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 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 is 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.<sup>1</sup>

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).

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<sup>1</sup> 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](http://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](mailto: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](http://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](#) 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](#) 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](#) 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:

- 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”.

## **COVID-19: Screening Checklist for Visitors and Employees**

On March 13, 2020, CMS and CDC updated guidance on restricting all SNF visitors and non-essential healthcare personnel, except for certain compassionate care situations, such as end-of-life.

***ALL individuals (employees, family, visitors, government officials) entering the building must 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  
 Sore throat  
 Cough  
 New shortness of breath

If YES to any, restrict them from entering the building.

If NO to all, proceed to question #3 for employees and step #4 for all others.

**3A. For employees, check temperature and document results (not required for visitors)**

- Fever present?

If YES, restrict from entering the building.

If NO, proceed to step 3B.

**3B. For employees, ask if they have:**

- Worked in facilities with recognized COVID-19 cases?

If YES, ask if they worked with person with confirmed COVID-19?

- YES    NO

If YES, restrict them from entering the building.

If NO, proceed to step 4.

**4. Allow entry to building and 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.  
 Visitors that are permitted for compassionate care situations must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility.

## Communal Dining Guidance

[CMS's memo dated March 13, 2020](#) includes guidance to “cancel communal dining and all group activities” in your skilled nursing facility. (Please note: we also strongly encourage assisted living communities to abide by this recommendation.) Implementing this can be a challenge and will likely require changes in staffing patterns and enlisting other staff in the facility in order to accomplish.

**Facilities should take all reasonably available steps to adhere**, given the dire consequences of the spread of COVID-19 among our resident population. How this is implemented must be viewed on a facility-by-facility and day-to-day basis depending on physical plant, staff availability, and resident needs.

A key reason for the recommendation to cancel communal dining is linked to the concept of social distancing (e.g., limiting people being in close proximity to each other for periods of time; ideally people should keep about six [6] feet apart). Social distancing is recommended broadly across the public and recommended by CMS for facilities regarding resident interactions. Communal dining is a common group activity that places residents in close proximity to each other. This can spread respiratory viruses.

The experience in the Seattle, Washington area suggests the spread may have been facilitated by group activities, including perhaps communal dining.

This virus is now reported in 49 states. You should assume it is already in your surrounding community, whether or not it has been confirmed, due to lack of testing to-date.

**Implement social distancing in your dining practices.** Recommended approaches:

1. Provide in-room meal service for those that are assessed to be capable of feeding themselves without supervision or assistance.
2. Identify high-risk choking residents and those at-risk for aspiration who may cough, creating droplets. Meals for these residents should ideally be provided in their rooms; or the residents should remain at least six (6) feet or more from others if in a common area for meals, and with as few other residents in the common area as feasible during their mealtime. Staff should take appropriate precautions with eye protection and gowns given the risk for these residents to cough while eating.
3. If residents need to be brought to the common area for dining, do this in intervals to maintain social distancing.
  - a. Attempt to separate tables as far apart as possible; at least six (6) feet if practicable.
  - b. Increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time.
  - c. Ideally, have residents sit at tables by themselves to ensure that social distancing between residents can be maintained, or depending on table and room size.
  - d. If necessary, arrange for meal sittings with only two (2) residents per table, focusing on maintaining existing social relationships and/or pairing roommates and others that associate with each other outside of mealtimes.

4. Residents who need assistance with feeding should be spaced apart as much as possible, ideally six (6) feet or more or no more than one person per table (assuming a standard four [4] person table). Staff members who are providing assistance for more than one resident simultaneously must perform hand hygiene with at least hand sanitizer **each time** when switching assistance between residents.
5. The CMS memo also emphasizes no visitation of non-essential health care personnel, unless for compassionate care visits (end-of-life). Facilities may need to consider use of volunteers or other paid personnel to accomplish food service, which can be viewed as essential and not as visitors. Note: they must undergo screening upon entry and adhere to frequent handwashing or use of alcohol-based hand rub.

In general, facility life will have to adjust significantly during this viral breakout with a primary focus on:

1. necessary medical treatment;
2. hygiene;
3. hydration; and
4. meal service

as these will take more, if not all of your staff's time. **As with all other guidance during the COVID-19 pandemic, handwashing and hygiene before, during and after meals is imperative.**

## **\*\*Template Letter to Employees on Center Letterhead\*\***

***\*\*Please Tailor as Needed\*\****

***As of March 14, 2020***

To Our Employees:

We know you are concerned about the spread of COVID-19 (the new coronavirus) and how it may impact us here at **[CENTER NAME]**. Ensuring our staff and residents are in a safe and healthy environment is our first priority. Per guidance from **[federal/state]** government, we are implementing new measures including:

1. **Restricting all visitors, volunteers and non-essential health care personnel** from visiting the facility, except for compassionate reasons such as end-of-life situations.
2. **Actively screening** all health care personnel for respiratory symptoms including actively checking temperatures for a fever at the beginning of each shift. Anyone with these symptoms will not be permitted to enter the facility at any time.

We need your help:

1. **Sick employees need to stay home.** If you have any symptoms, stay home and notify your supervisor. Those symptoms include: cough, fever, sore throat, and/or shortness of breath.
2. **Notify us if you develop respiratory symptoms while at work.** These include: cough, fever, sore throat and/or shortness of breath.
3. **Let us know** if you work in other health care settings or have any exposure to other facilities with suspected or confirmed COVID-19 cases.
4. **Practice proper hand 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.

We will stay up to date with the federal government's 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.

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](#).

Thank you for your commitment and dedication to our residents as well as coworkers.

Sincerely,

**[FILL IN YOUR CENTER INFORMATION]**

# **\*\*Template Letter for Residents and Family Members on Center Letterhead\*\***

**\*\*Please Tailor as Needed\*\***

**As of March 14, 2020**

**Note: CMS requires centers to notify potential visitors to defer visitation until further notice**

To Our Residents and Family Members:

We know you are concerned about the spread of COVID-19 (the new coronavirus) and how it may impact us at **[FACILITY NAME]**. Making sure residents are cared for in a safe and healthy environment is our top priority.

**The [federal/state] government has directed that we restrict all visitors and volunteers from visiting the facility. This includes family and friends. This restriction is in effect until further notice.** We are posting signs in entryways to notify visitors and actively screening individuals, including staff, who do need to enter the building.

**We may only allow visitors for compassionate care reasons, such as end-of-life situations. This will be handled on a case-by-case basis.** We will actively screen anyone who must visit for this purpose. Protective measures will be followed during these visits. If visitors have respiratory symptoms such as a fever, they will be restricted from entering the building.

We understand connecting with your loved ones is incredibly important. There are a variety of other ways to consider communicating including telephone, email, text, video chat or social media. We are happy to facilitate these methods of communication. **Please contact [POINT OF CONTACT AND CONTACT INFO] if you need assistance in using these alternative communication methods.**

We will stay up to date on the federal government's recommendations as they may continue to change. Our **[CENTER/COMMUNITY]** is in close contact with the local and state health department and are also following their guidance.

Should you have any questions, please contact our center at: **[PLEASE FILL IN YOUR CENTER'S CONTACT INFORMATION AND TAILOR TO MEET YOUR CENTER'S NEEDS.]**

For more information, please visit the CDC's coronavirus disease [information page](#).

Sincerely,

**[FILL IN YOUR CENTER INFORMATION]**



# **NOTICE**

## **Reason We are Restricting Individuals from Entering our Building**

The current COVID-19 (Coronavirus) Pandemic 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 Centers for Disease Control (CDC) has done a careful review of the death rate in the elderly with COVID-19, especially those with dementia or chronic diseases. There is a risk that people who appear healthy will enter nursing homes/assisted living communities and infect residents. **We are following direction from the federal/state government and CDC to restrict all visitors and volunteers (including family and friends) from visiting, except for end-of-life situations.**

We understand that connecting with your loved ones is important. There are a variety of ways you might consider communicating including via telephone, email, text, video chat or social media. We are happy to help facilitate these methods.

We are committed to doing everything we can to protect your loved ones. Please feel free to contact **[CONTACT PERSON]** with any questions. Thank you for supporting these efforts.

Sincerely,

**[ENTER NAME/CONTACT INFO FOR FACILITY]**



## **AVISO**

### **Motivo por el que estamos restringiendo el ingreso de personas al edificio**

La pandemia actual de COVID-19 (coronavirus) 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 con COVID-19, especialmente aquellos que padecen de demencia u otras enfermedades crónicas.

Existe el riesgo de que algunas personas que aparentemente están saludables ingresen a los hogares de ancianos/centros de vida asistida e infecten a los residentes.

Estamos siguiendo direcciones del gobierno federal/estatal y CDC a restringir a todos los visitantes y voluntarios (inclusos los amigos y familiares), excepto en situaciones del fin de la vida.

Entendemos que conectarse con sus seres queridos es importante. Hay una variedad de maneras en que podría considerar comunicarse, incluso por teléfono, correos electrónicos, mensajes de texto, chat de vídeo, o redes sociales. Estamos encantados de ayudarles a facilitar estos métodos.

Estamos comprometidos con hacer todo lo que esté en nuestras manos para proteger a sus seres queridos. Les insinuamos ponerse en contacto con **[PERSONA DE CONTACTO]** si tienen cualquier pregunta. Gracias por apoyar estos esfuerzos.

Atentamente,

**[INGRESE EL NOMBRE/INFORMACION DE CONTACTO PARA EL HOGAR]**

## **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 14, 2020**

**[TAILOR FOR YOUR USE]**

**PRESS STATEMENT:**

“We are acting now and have implemented 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 follow direction from the federal/state government, which states that employees who are sick must stay home and that all non-essential personnel be restricted from entering our **[center/facility]** 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 monitoring guidance from the federal government, 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 following guidance from the **[federal/state]** government that restricts non-essential individuals, including family members, contractors, and volunteers from visiting our facility for the time being. We will make accommodations for family members whose loved one is near end-of-life; however, it is critical that we do all that we can to protect our residents and patients from this virus.

- Loved ones can communicate with residents by using video chat, calling, texting, or checking in on social media. **[OUTLINE HOW FACILITY IS FACILIATING COMMUNICATION]**
- We are also restricting group activities within our facility to help reduce the potential spread, including **[OUTLINE SPECIFIC ACTIVITIES]**.
- 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?*

- 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?*

- We know that the frail and elderly are very susceptible to this virus. That's why we are following the government's guidance to restrict 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?*

- 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 (e.g., conservation efforts)]**.
- **[CUSTOMIZE BASED ON YOUR SITUATION: We [have reached/are reaching] out to the state and local health departments and area hospitals when we are unable to place orders for equipment we need.]**
- 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. We also urge members of the public to not hoard hand sanitizer, so we can make that available to residents and staff, who need to use it regularly.

*If staff have to stay home because they are sick/schools close, how are you ensuring that there are enough staff to care for your residents?*

- Our state and national associations are encouraging both federal and state governments to waive current licensing requirements that would hinder care

professionals from working across state lines, so we can potentially address any shortages due to employees needing to stay home.

- Our state and national associations are also advocating for priority testing for our employees and residents, so we can quickly identify whether staff need to remain at home or if they can come back to work.
- **[SPECIFIC STEPS FACILITY IS TAKING]**

## **BACKGROUND:**

- To decrease the risk of viral outbreaks in long term care centers, two processes need to be in place.
  - First, efforts should focus on how to decrease the introduction of viruses into a facility.
  - Second, steps to decrease the spread of a virus between residents need to be in place and followed consistently.
  - 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:
  - Limiting all non-essential visitors from entering the facility, including family, volunteers and contractors.
  - 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]
  - 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.
  - 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 approach.
  - 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 14, 2020

**[TAILOR FOR YOUR USE]**

**PRESS STATEMENT:**

“We are doing everything we can to ensure we stop the spread of this within our facility. 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, we have restricted visitors from entering our facility, and cancelled all group activities within the building until the virus has been eradicated.”

**TALKING POINTS:**

- Resident safety is a top priority for **[FACILITY NAME]**. Every resident 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.
  - 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 restricting all non-essential personnel, per direction from local health department (as well as the federal/state government).
- Family members can interact with their loved ones by using video chat, calling, texting or checking in on social media. **[OUTLINE HOW FACILITY IS FACILITATING COMMUNICATION]**

**COMMON MEDIA QUESTIONS:**

*Should families who are worried move their loved ones out of skilled nursing centers or assisted living communities?*



- 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?*

- 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?*

- 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 (e.g., conservation efforts)]**.
- **[CUSTOMIZE BASED ON YOUR SITUATION: We [have reached/are reaching] out to the state and local health departments and area hospitals/other health care providers when we are unable to place orders for equipment we need.]**
- 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. We also urge members of the public to not hoard hand sanitizer, so we can make that available to residents and staff, who need to use it regularly.

*If staff have to stay home because they are sick/schools close, how are you ensuring that there are enough staff to care for your residents?*

- Our state and national associations are encouraging both federal and state governments to waive current licensing requirements that would hinder care professionals from working across state lines, so we can potentially address any shortages due to employees needing to stay home.
- Our state and national associations are also advocating for priority testing for our employees and residents, so we can quickly identify whether staff need to remain at home or if they can come back to work.
- **[PROVIDE STEPS FACILITY IS TAKING]**

#### **BACKGROUND:**

- To decrease the risk of viral outbreaks in long term care centers, two processes need to be in place.
  - First, efforts should focus on how to decrease the introduction of viruses into a facility.
  - Second, steps to decrease the spread of a virus between residents need to be in place and followed consistently.

- 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:
  - Keeping all ill individuals from visiting the facility, including family, volunteers and employees.
  - 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.
  - 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.
  - 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.





# **COVID-19 Cleaning Handout for Center Housekeeping Staff Help Keep Residents Safe**

**Preventing and stopping the coronavirus is our top priority**

**How we clean the center is an important part of this**

## **Starting now:**

- Hand washing stations or alcohol-based hand rubs available at all entryways.
- Frequent cleaning of surfaces like doorknobs, countertops, handrails, etc.
- Follow routine procedures for laundry, food service utensils, and medical waste.
- Supervisors should observe to ensure cleaning is being done correctly.

## **Special products to use:**

- Your supervisor will instruct you on which products to use.
- Products need to be specially-made to clean human coronavirus.
  - This information can be determined by checking the company website or contacting consumer information lines.

# **Información sobre la limpieza del COVID-19 para el personal de mantenimiento del centro**

## **Ayude a los Residentes a Mantenerse Seguros**

- **Nuestra mayor prioridad es prevenir y frenar al coronavirus**
  
- **La manera en la que limpiamos el centro es una parte importante de esta iniciativa**
  
- **A partir de ahora:**
  - Se debe habilitar estaciones para el lavado de manos o la limpieza con productos que contengan alcohol en todos los lugares de ingreso.
  - Se debe limpiar frecuentemente todas las superficies como las perillas de las puertas, picaportes, mostradores, mesadas, pasamanos, etc.
  - Se debe seguir los procedimientos de rutina para el lavado de ropa, los utensilios para servir alimentos y el manejo de residuos clínicos.
  - Los supervisores deberían observar al personal con la finalidad de asegurar que la limpieza se esté realizando correctamente.
  
- **Productos especiales que deben usarse:**
  - Su supervisor le indicará los productos que deberá usar.
  - Los productos deben estar fabricados especialmente para limpiar el coronavirus humano.
    - Esta información puede ser vista en el sitio web de la compañía o puede ponerse en contacto a través de las líneas de información para el consumidor.



# **VHASS and Health Care Coalitions Contacts**



## **VHASS and Health Care Coalitions**

As of March 9, 2020 the Virginia Healthcare Emergency Management Program (VHEMP) will be requesting status board updates through the *Virginia Healthcare Alerting and Status System (VHASS)*. These alerts will be sent out every Monday until an increase or decrease in frequency is necessitated by the response.

VHASS is a free, web-based system, which is designed to distribute critical emergency management information needed by Virginia's healthcare providers. It is the best and most effective way to ensure that emergency officials know your status before, during, and after an emergency.

To activate the VHASS notification system, use the following numbers:

- Central Virginia Healthcare Coalition: (800) 276-0683
- Eastern Virginia Healthcare Coalition: (844) 757-7422
- Far Southwest Healthcare Coalition: (888) 262-6498
- Near Southwest Preparedness Alliance: (866) 679-7422
- Northern Virginia Hospital Alliance: (888) 987-7422
- Northwest Region Healthcare Coalition: (855) 469-7422



# **CDC COVID-19 Print Resources**

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](https://www.cdc.gov/COVID19)

# 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.



# 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, tabletops, 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.



# STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

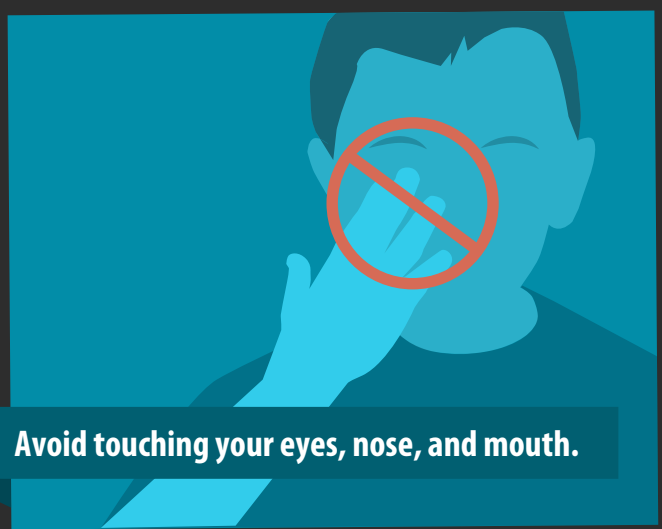
Avoid close contact with people who are sick.



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



Avoid touching your eyes, nose, and mouth.



Clean and disinfect frequently touched objects and surfaces.



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](http://www.cdc.gov/COVID19)

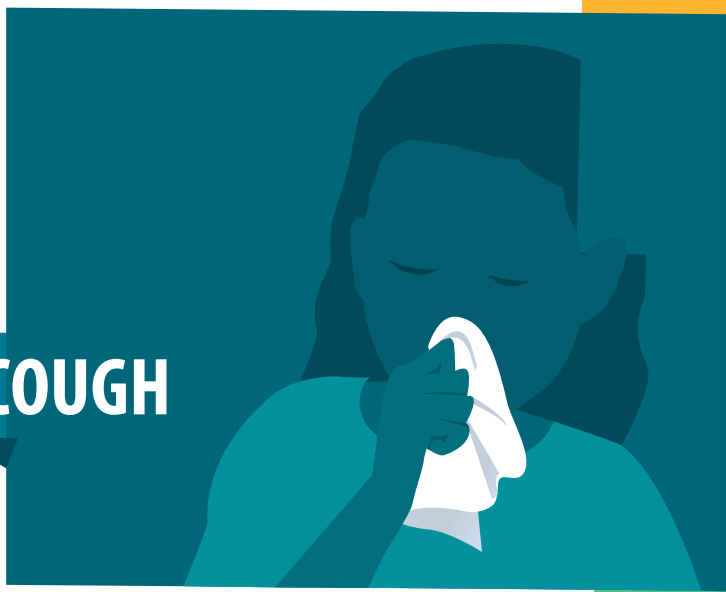
**Patients with COVID-19 have experienced mild to severe respiratory illness.**

**Symptoms\* can include**

**FEVER**



**COUGH**



**\*Symptoms may appear 2-14 days after exposure.**

**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.**



For more information: [www.cdc.gov/COVID19-symptoms](http://www.cdc.gov/COVID19-symptoms)



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

## 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

## Laboratory and diagnostics

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



## Healthcare professionals

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



## Health departments

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



## Healthcare systems

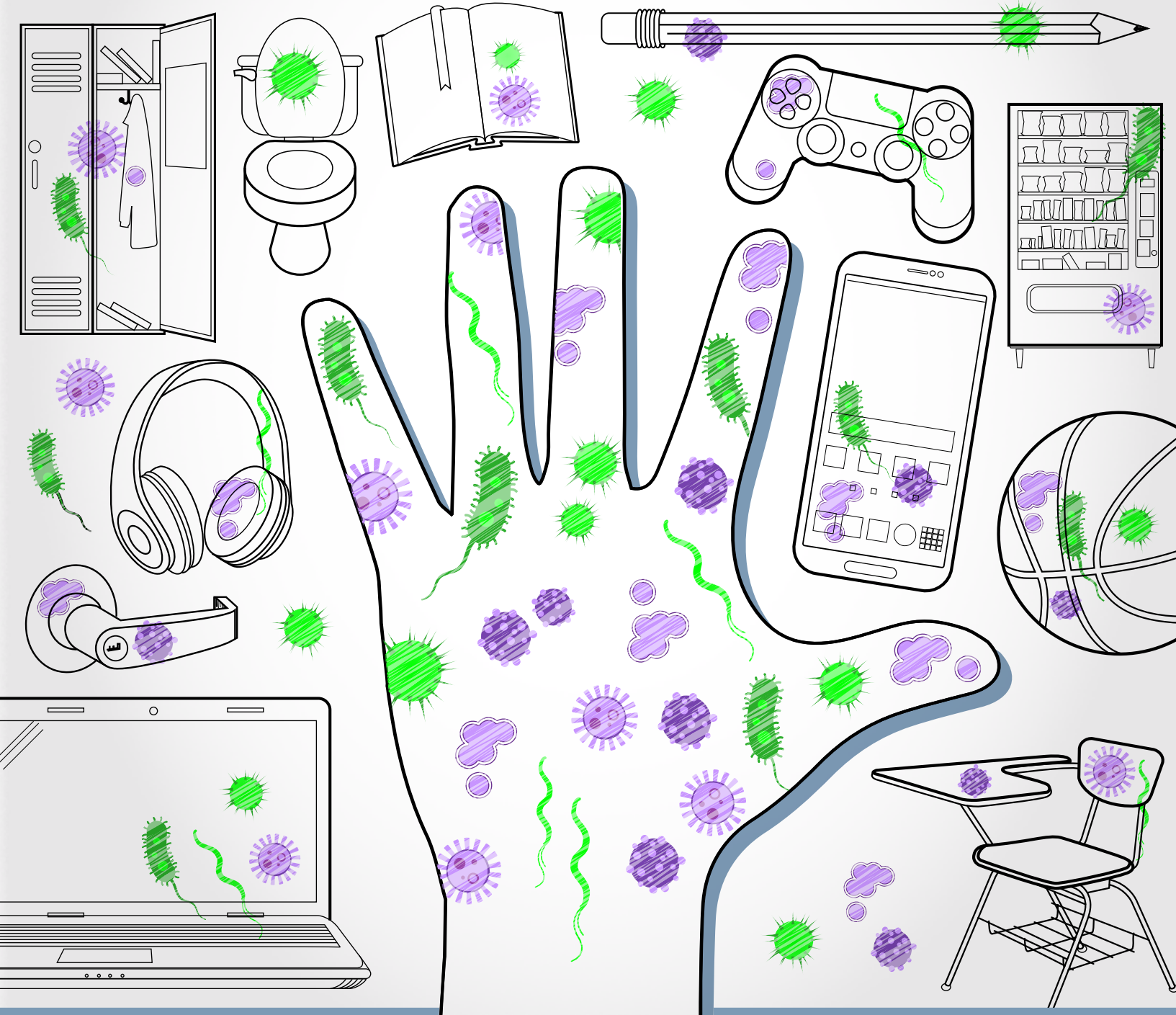
- Develops preparedness checklists for health systems
- Provides guidance for PPE supply planning, healthcare system screening, and infection control
- Leverages existing telehealth tools to redirect persons to the right level of care





# GERMS

are all around you.



Stay healthy.  
Wash your hands.



Hands that look clean can still have icky germs!



# WASH YOUR HANDS!



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



KEEP  
CALM  
AND  
WASH  
YOUR  
HANDS



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention