This toolkit is a guide for those providing care to individuals in non-hospital settings during the COVID-19 pandemic.

COVID-19

Taking Care of People Outside of the Hospital Setting

This toolkit was compiled by HCA Healthcare for informational purposes based on guidance from national regulatory/professional organizations (see Appendix). Please consult your leadership team should you have any questions related to specific guidelines for your facility.
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CHAPTER ONE: Prevention of COVID-19

WHAT IS COVID-19?

- Coronavirus Disease 2019 (COVID-19) is a new respiratory disease identified in late 2019 and was declared a pandemic (spreading globally) on March 11.

- The COVID-19 virus largely impacts the elderly, those over the age of 80, and those with chronic disease. It also appears to spread easily between people, particularly since younger people often have mild symptoms and can be infectious to others without symptoms. In addition, the incubation period is 2-14 days, which raises concerns that individuals admitted from the hospital may be infected, but asymptomatic as they are in their incubation period.

- Coronaviruses like COVID-19 are most often spread by droplets expelled through the air by coughing or sneezing, through close personal contact (including touching and shaking hands), or through touching your nose, mouth or eyes before washing your hands.

- The general strategies CDC recommends to prevent the spread of COVID-19 in Long Term Care (LTC) facilities are the same strategies these facilities use every day to detect and prevent the spread of other respiratory viruses like influenza.

Diligent hand hygiene is the primary defense in keeping staff, patients, and visitors safe.

FACILITY PREPARATION FOR COVID-19

In recognition of the population at risk for contracting the COVID-19 Virus, the CDC has provided guidance in identification and controlling the spread of infection within our healthcare facilities, including long-term care (LTC) facilities. This section describes preparing the staff and facility for your COVID-19 patients. In preparing the facility for COVID-19, the goal is to:

- limit how germs are spread within the facility
- isolate patients with symptoms as soon as possible
- protect staff and patients

A COVID-19 plan is required to ensure you are prepared with the needed resources to sustain during the COVID-19 crisis.
DECREASE GERMS SPREAD WITHIN THE FACILITY

COVID-19 is a disease with the primary modes of transmission being contact and respiratory. Consideration should be given to how you will monitor inner facility transfers, manage patients or staff with suspected COVID-19, and facilitate communication with staff, patients, and families about the plans put into place.

SOCIAL DISTANCING

Social Distancing is found to be successful in managing and containing the COVID-19 virus.

- Maintaining groups no larger than 6
- Keeping distance of 6-feet apart
- Restricting non-essential visitors, including barbers and hairdressers
- Canceling all group and communal dining and activities

Alternatives to dining hall gatherings:

- Have patients eat in patient room doorways
- Host games and other group activities while patients are sitting in door-ways of rooms

ACTIVE DAILY SCREENING FOR PATIENTS

Monitoring of signs and symptoms for change in patients is necessary. Watching for classic flu-like symptoms is important, as well as monitoring less-identified digestive complaints such as nausea or diarrhea, increase in body aches and loss of taste and/or smell.

Patients should be encouraged to share any change in how they are feeling.

Signage is included in the appendix of this document.

Rapidly identify sick patients with fever of 100.4°F and isolate to a private location as soon as possible.
The need to move patients to a private room and limit contact with other patients is necessary. Staff caring for the patient should ensure they are consistently wearing a mask of protection from coughing and sneezing and should remember the primary source for reducing transmission is diligent and frequent handwashing.

SNEEZE STATIONS
Sneeze station signage should be placed throughout the facility in common areas for visitor and patient use.

- Signage is included in the appendix of this document.

Recommended materials placed at each sneeze station include:

- Hand sanitizer
- Tissues (Kleenex®)
- Cleanser wipes (disinfectant wipes)
- Trash can (waste disposal can)

Encourage staff, patients and visitors to not reuse tissue to prevent hand contamination. Use soap and water when possible if hands are soiled. Exercise diligent and frequent hand hygiene.

RESTRICTED VISITOR MANAGEMENT

Immediately limiting visitors within the facility is required. Decreasing the number of people who enter the facility will decrease opportunity for transmission of infection.

No non-essential visitors including, family members, barbers, or hairdressers should be permitted in the facility. Encouraging other types of visiting such as Skype™, FaceTime®, window visits, drive-by parades, or regular scheduled phone calls is important.

Activity or facility management visitors should be expected to be symptom-free during any necessary working visits.

- Signage is included in the appendix of this document.

COHORTING PRACTICES

Residents known or under investigation for possible COVID-19 infection should immediately be placed in a private room with a private bathroom. In cases where private rooms have limited availability, residents may room with other known COVID-19 patients.
CDC: What healthcare personnel should know about caring for patients with confirmed or possible coronavirus disease 2019 (COVID-19)

Healthcare personnel (HCP) are on the front lines of caring for patients with confirmed or possible infection with coronavirus disease 2019 (COVID-19) and therefore have an increased risk of exposure to this virus. HCPs can minimize their risk of exposure when caring for confirmed or possible COVID-19 patients by following the Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.

How COVID-19 Spreads

There is much to learn about the newly emerged COVID-19, including how and how easily it spreads. Based on what is currently known about COVID-19 and what is known about other coronaviruses, spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts. Close contact can occur while caring for a patient, including:

- being within approximately 6 feet (2 meters) of a patient with COVID-19 for a prolonged period of time.
- having direct contact with infectious secretions from a patient with COVID-19. Infectious secretions may include sputum, serum, blood, and respiratory droplets.

If close contact occurs while not wearing all recommended personal protective equipment, healthcare personnel may be at risk of infection.

How You Can Protect Yourself

Healthcare personnel caring for patients with confirmed or possible COVID-19 should adhere to CDC recommendations for infection prevention and control (IPC):

- Assess and triage these patients with acute respiratory symptoms and risk factors for COVID-19 to minimize chances of exposure, including placing a facemask on the patient and placing them in an examination room with the door closed in an Airborne Infection Isolation Room (AIIR), if available.
- Use Standard Precautions, Contact Precautions, and Airborne Precautions and eye protection when caring for patients with confirmed or possible COVID-19.
- Perform hand hygiene with alcohol-based hand rub before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Use soap and water if hands are visibly soiled.
- Practice how to properly don, use, and doff PPE in a manner to prevent self-contamination.
- Perform aerosol-generating procedures, in an AIIR, while following appropriate IPC practices, including use of appropriate PPE.

Environmental Cleaning and Disinfection

Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed. Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

When to Contact Occupational Health Services

If you have an unprotected exposure (i.e., not wearing recommended PPE) to a confirmed or possible COVID-19 patient, contact your supervisor or occupational health immediately.

If you develop symptoms consistent with COVID-19 (fever, cough, or difficulty breathing), do not report to work. Contact your occupational health services.

For more information for healthcare personnel, visit: https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html
Hand Hygiene

Practicing hand hygiene is a simple yet effective way to prevent infections. Cleaning your hands can prevent the spread of germs, including those that are resistant to antibiotics and are becoming difficult, if not impossible, to treat.

**Hand hygiene key times:**
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone
- After using the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

**Also cleanse hands after being in a public place and/or touching:**
- Door handles
- Tables
- Gas pumps
- Shopping carts
- Electronic cashier registers/screens

Cleanse before touching eyes, nose or mouth to prevent germs from entering the body.

Soap and water is preferred method for hand hygiene

**Follow the FIVE steps every time you wash your hands:**

1. Wet your hands with clean, running water (warm or cold, turn off the tap, and apply soap)
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds (hum "Happy Birthday from beginning to end")
4. Rinse your hands well under clean running water.
5. Dry your hands using a clean towel.

**How to use hand sanitizer:**

1. Apply the gel product to the palm of one hand
2. Rub your hand together
3. Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take about 20 seconds.
**Infection Prevention and Control**

Supplies needed to prevent and control the spread of the COVID-19 infection require intentional behavior by all Health Care Persons and are reinforced daily with the patients within the facility.

* Diligent hand hygiene is the primary defense in keeping staff, patients and visitors safe.*

Put alcohol-based hand sanitizer with 60-95% alcohol in every resident room (if possible both inside and outside the room).

Make sure sinks are well-stocked with soap, paper towels and trashcans for frequent handwashing.

**RESPIRATORY HYGIENE AND COUGH ETIQUETTE**

Place SNEEZE STATIONS signage throughout the facility where resident care or common areas (dining hall, therapy gym) to ensure access to cleansing hands is readily available.

¬ Signage is included in the appendix of this document.

Recommended materials placed at each sneeze station includes:

- Hand sanitizer
- Tissue (Kleenex®)
- Cleanser Wipes (disinfectant wipes)
- Trash can (waste disposal can)

Consider designating staff to steward those supplies and encourage appropriate use by residents, visitors, and staff. Make necessary Personal Protective Equipment (PPE) available in areas where resident care is provided.

**ENVIRONMENTAL CLEANING AND DISINFECTION**

Ensure that EPA-registered hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces including nursing stations, hand railing, bedside tables, and dining tables and shared resident care equipment.
Social Distancing Practices

We are committed to keeping our residents safe and we need your help. The virus causing Coronavirus Disease 2019 (COVID-19) can cause outbreaks in nursing homes.

To protect our vulnerable residents, we are immediately taking the following aggressive actions to reduce the risk of COVID-19 in our residents and staff:

### SOCIAL DISTANCING DEFINED

Social Distancing is a practice put in place in order to keep individuals safe and limit the transmission of the COVID-19 virus.

<table>
<thead>
<tr>
<th>How to Social Distance</th>
<th>NO Handshakes or Hugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep your distance (6 feet)</td>
<td>Wash your hands</td>
</tr>
<tr>
<td>Restricted Visitors</td>
<td>Avoid crowds</td>
</tr>
</tbody>
</table>

- NO Handshakes or Hugs
- Keep your distance (6 feet)
- Wash your hands
- Restricted Visitors
- Avoid crowds
Personnel Guidance

We are committed to keeping our residents safe and we need your help. The virus causing Coronavirus Disease 2019 (COVID-19) can cause outbreaks in long term care facilities. Visitors and healthcare personnel (HCP) are the most likely sources of introduction of the virus that causes COVID-19 into a facility.

PREVENTION OF INFECTION TRANSMISSION

Coronaviruses like COVID-19 are most often spread by droplets expelled when coughing or sneezing, through close personal contact (including touching and shaking hands) or through touching your nose, mouth or eyes before washing your hands.

The general strategies the Center for Disease Control and Preventions (CDC) recommend to prevent the spread of COVID-19 in long term care (LTC) facilities are the same strategies used every day to detect and prevent the spread of other respiratory viruses like influenza.

Personal Protective Equipment (PPE)

Regular practice of wearing a facemask for all Health Care Personnel is recommended during care of all residents, regardless of the presence of symptoms.

Extended mask use guidelines for high risk areas

To provide the safest environment for our patients, staff and providers, universal masking of healthcare workers has been adopted in high risk patient care areas. A key component of this protocol is to provide safety for residents, visitors, and staff. One way to provide safety is by wearing a face mask. Following the instructions below will ensure the mask maintains effectiveness for extended wear.

1. A surgical mask (Level I, II, III) may be worn continuously by healthcare workers (see PPE section for further descriptions of these masks)
2. Masks may be worn for the duration of the shift if not damp/wet, torn, impaired integrity OR contact with excretions/secretions
3. Masks should be discarded before meal breaks
4. The same mask may be worn between patients as long as they remain on continuously and are not touched during patient care

Health care personnel perform good hand hygiene

Hand hygiene must be performed before and after adjusting a mask in addition to all other critical moments:

✓ Before touching a patient
✓ After body fluid exposure/risk
✓ After touching a patient
✓ After touching patient surroundings
MONITORING HEALTHCARE PERSONNEL

Active daily screening
All those entering the facility will have daily review of risk for illness at the beginning of each shift upon entering the facility.

Healthcare personnel who work in multiple facilities should be questioned about possible exposure in other facilities

- Any fever of 100.4°F (38°C)
- Cough
- Respiratory symptoms - coughing, wheezing, difficulty breathing
- Loss of taste and/or smell

As each facility-based or contracted personnel enters the facility an assessment of fever will be daily monitored as recommended by the CDC. Absence of fever and respiratory is a requirement and not considered optional.

Work restriction
As part of the daily practice, all HCP including consultant personnel will regularly monitor themselves for fever and symptoms of respiratory or flu-like illness.

- Remind HCP to stay home when they are ill.
- If HCP develop fever or symptoms of respiratory infection while at work, inform their supervisor, and leave the workplace.

Exclusion from work
At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and, at least 7 days have passed since symptoms first appeared

See Return to Work in appendix
CHAPTER TWO: Identification of COVID-19 and Protection

This document provides an overview of COVID-19 symptoms in staff, visitors, and residents

OVERVIEW

It has been identified that post-acute care residents are at the highest risk of being affected by COVID-19. Identifying the signs and symptoms of this virus early is key to preventing the spread and obtaining additional care for residents with symptoms in a timely manner.

It takes between 2 and 14 days for symptoms to start.

GENERAL CONSIDERATIONS

STAFF AND VISITORS

To identify infection early in staff and visitors actively screen all staff and visitors for symptoms:

1. Cough
2. Sore throat
3. Loss of taste and/or smell
4. Fever
5. Shortness of breath
6. Muscle aches
7. Fatigue

Less common symptoms:

1. Sputum production
2. Headache
3. Diarrhea

RESIDENTS

To identify infection early in residents, actively screen all residents’ at least daily, at time of admission and for fever and respiratory symptoms

1. Take residents’ temperature
2. Ask residents to assess and report symptoms
   a) New or change in cough
   b) Sore throat
   c) Loss of taste and/or smell
   d) Difficult breathing
   e) Feeling feverish

Less common symptoms include:

1. New or worsening malaise
2. New dizziness
3. Diarrhea
COVID-19 Toolkit

Personal Protective Equipment (PPE)

This section provides an overview of personal protective equipment strategies to protect the wearer when caring for a patient or resident with a suspected or confirmed COVID-19 infection.

PREVENT THE SPREAD OF COVID-19

Hand hygiene [a] in conjunction with proper PPE use can help limit the exposure and transmission risk associated with the COVID-19 outbreak.

Handwashing with soap and water:

1. Wet hands with water;
2. Apply enough soap to cover all hand surfaces;
3. Rub hands palm to palm;
4. Palm to palm with fingers interlaced;
5. Backs of fingers to opposing palms with fingers interlocked;
6. Rotational rubbing of left thumb clasped in right palm and vice versa;
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
8. Rinse hands with water;
9. Dry hands thoroughly with a single use towel;
10. Use towel to turn off faucet;
11. Your hands are now safe.

CDC Guidelines:

a. When and How to Wash Your Hands:
https://www.cdc.gov/handwashing/when-how-handwashing.html

Source material: WHO site:
https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf
Handwashing with hand sanitizer:

1a. Apply a palmful of the product in a cupped hand, covering all surfaces;

1b. Rub hands palm to palm;

Right palm over left dorsum with interlaced fingers and vice versa;

2. Palm to palm with fingers interlaced;

3. Backs of fingers to opposing palms with fingers interlocked;

4. Rotational rubbing of left thumb clasped in right palm and vice versa;

5. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

6. Masks

7. Once dry, your hands are safe.

Source material: WHO site: https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf

Personal Protective Equipment (PPE)

A thorough assessment of your facilities PPE supply will be needed in order to devise a thoughtful plan for the judicious use of PPE and PPE resupply. It is important to understand the different types of PPE you may have access to and when to use them.

<table>
<thead>
<tr>
<th>Gloves</th>
<th>Gowns</th>
<th>Masks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nitrile</td>
<td>Disposable</td>
<td>Level 1 Simple</td>
</tr>
<tr>
<td>Latex</td>
<td>Reusable (cloth)</td>
<td>Level 3 Surgical</td>
</tr>
<tr>
<td>Vinyl</td>
<td>Fluid Impervious</td>
<td>Cloth Masks</td>
</tr>
</tbody>
</table>
This document provides an overview of PPE practice when caring for a suspected or confirmed COVID-19 infection.

**HOW DO I PROTECT MYSELF IF I SUSPECT COVID-19?**

Wash hands before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Washing hands again after removing PPE is particularly important to remove any germs that might have been transferred to your hands during the removal process.

- Hand sanitizer with 60-95% alcohol may be used, BUT if hands are visibly soiled, use soap and water.

**Wear Personal Protective Equipment (PPE)**

Wear identified personal protective equipment (PPE). Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses.

The PPE recommended when caring for a patient with known or suspected COVID-19 includes:

**Respirator or Facemask**

- Put on a respirator or facemask (if a respirator is not available) before entry into the patient room or care area.

- N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure. Disposable respirators and facemasks should be removed and discarded after exiting the patient’s room or care area and closing the door. Perform hand hygiene after discarding the respirator or facemask. For guidance on extended use of respirators, refer to Strategies to Optimize the Current Supply of N95 Respirators [a]

  o If reusable respirators (e.g., powered air purifying respirators [PAPRs]) are used, they must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use.

**Eye Protection**

- Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) before entering the patient room or care area. **Personal eyeglasses and contact lenses are NOT considered adequate eye protection.**

- Remove eye protection before leaving the patient room or care area.

- Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.

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Gloves
- Put on clean, non-sterile gloves before entering the patient room or care area. Change gloves if they become torn or heavily contaminated.
- Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

Gowns
- Put on a clean isolation gown upon entry into the patient room or area.
- Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area.
- Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
1. The use of nitrile, latex or vinyl gloves are all acceptable PPE options to protect the caregiver from harmful pathogens. Make sure to use new gloves between caring for patients or residents who have symptoms of COVID-19 and those who do not. Always perform proper hand hygiene before and after donning/doffing gloves. [a]

2. Gowns of varying levels may be available to protect you from fluids generated from a COVID + patient or resident. Make sure to change the gown between caring for each patient or resident as gowns can become contaminated and spread harmful pathogens. [a]

3. There may be varying levels of protective face masks available to you at your workplace. The level 1 is the most common mask and provides relatively low fluid and droplet protection and should be use as a barrier only. This mask is not intended for close encounter procedures where the spread of droplets is anticipated. Generally speaking a healthy patient or resident encounter does not require a mask. Homemade or store bought fabric or cloth masks should be used as a last resort to protect the caregiver from exposure if other masks are unavailable. [b]

Frequent hand washing is the number one step to help stop the spread of disease

Symptomatic staff should remain home and report their illness symptoms to their immediate supervisor. There should be no instance where the caregiver is wearing PPE to protect the patient or resident from the caregiver’s symptoms.

Symptoms [c] may include dry cough, fever greater than 100.4°F / 38°C and shortness of breath or trouble breathing. Some patients also report loss of taste and/or smell. The patient or resident should stay in their room and the caregiver promptly report symptoms to the appropriate members of the healthcare team.

Disinfect surfaces with a low level disinfectant solution and perform hand washing or hand hygiene often and when necessary.

CDC Guidelines:


b. PPE Masks: https://www.cdc.gov/niosh/npptl/pdfs/UnderstandDifferenceInfographic-508.pdf

COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use

N95 or higher respirator

When respirators are not available, use the best available alternative, like a facemask.

Facemask

N95 or higher respirators are preferred but facemasks are an acceptable alternative.

Acceptable Alternative PPE – Use

Facemask

Face shield or goggles

Face shield or goggles

One pair of clean, non-sterile gloves

One pair of clean, non-sterile gloves

Isolation gown

Isolation gown


This site provides guidance on optimizing PPE supply during COVID-19.
Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **Receive comprehensive training** on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- **Demonstrate competency** in performing appropriate infection control practices and procedures.

**Remember:**

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

**Preferred PPE – Use** N95 or Higher Respirator

- Face shield or goggles
- N95 or higher respirator (When respirators are not available, use the best available alternative, like a facemask)
- One pair of clean, non-sterile gloves
- Isolation gown

**Acceptable Alternative PPE – Use** Facemask

- Face shield or goggles
- Facemask (N95 or higher respirators are preferred but facemasks are an acceptable alternative)
- One pair of clean, non-sterile gloves
- Isolation gown
**Donning (putting on the gear):**

More than one donning method may be acceptable. Training and practice using your healthcare facility’s procedure is critical. Below is one example of donning.

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
2. **Perform hand hygiene using hand sanitizer.**
3. **Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.*
   - **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
   - **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. **Put on face shield or goggles.** Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. **Perform hand hygiene before putting on gloves.** Gloves should cover the cuff (wrist) of gown.
7. **HCP may now enter patient room.**

**Doffing (taking off the gear):**

More than one doffing method may be acceptable. Training and practice using your healthcare facility’s procedure is critical. Below is one example of doffing.

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. **Remove gown.** Untie all ties (or un snap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*
3. **HCP may now exit patient room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator (or facemask if used instead of respirator).* Do not touch the front of the respirator or facemask.
   - **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
   - **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. **Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

*Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.

www.cdc.gov/coronavirus
STEPS TO CONSERVE PPE SUPPLIES

DESIGNATE UNITS

Consider Designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients. Dedicated means that HCP are assigned to care only for these patients during their shift.

COHORT PATIENTS

- To the extent possible, patients with known or suspected COVID-19 should be housed in the same room for the duration of their stay in the facility (e.g., minimize room transfers).
- It might not be possible to distinguish patients who have COVID-19 from patients with other respiratory viruses. As such, patients with different respiratory pathogens will likely be housed on the same unit. However, only patients with the same respiratory pathogen may be housed in the same room. For example, a patient with COVID-19 should not be housed in the same room as a patient with an undiagnosed respiratory infection.

USE PPE WISELY

- During times of limited access to respirators or facemasks, facilities could consider having HCP remove only gloves and gowns (if used) and perform hand hygiene between patients with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and respirator or facemask (i.e., extended use). Risk of transmission from eye protection and facemasks during extended use is expected to be very low.
- HCP must take care not to touch their eye protection and respirator or facemask.
- Eye protection and the respirator or facemask should be removed, and hand hygiene performed if they become damaged or soiled and when leaving the unit.
- HCP should strictly follow basic infection control practices between patients (e.g., hand hygiene, cleaning and disinfecting shared equipment).

LIMIT IN AND OUT MOVEMENT

- Limit transport and movement of the patient outside of the room to medically essential purposes.
- Patients should wear a facemask to contain secretions during transport. If patients cannot tolerate a facemask or one is not available, they should use tissues to cover their mouth and nose.
- Personnel entering the room should use appropriate PPE.
- Whenever possible, perform procedures/tests in the patient’s room.
- Once the patient has been discharged or transferred, HCP, including environmental services personnel, should refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles (more information on clearance rates under differing ventilation conditions is available [b]). After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.

CDC Information

b. Air Changes: https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb1
CHAPTER THREE: Managing Suspected and Confirmed Cases

Nursing home populations are made up of older adults often with underlying chronic medical conditions which leads to them being at the highest risk of becoming affected by COVID-19. If infected with SARS-CoV-2, the virus that causes COVID-19, residents are at increased risk of serious illness.

THINGS TO WATCH FOR:

Symptoms

The signs and symptoms of COVID-19 present at illness onset vary, but over the course of the disease, most persons with COVID-19 will experience the following:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>% Displaying</th>
<th>Symptom</th>
<th>% Displaying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>83 – 99%</td>
<td>Shortness of Breath</td>
<td>31 – 40%</td>
</tr>
<tr>
<td>Cough</td>
<td>59 – 82%</td>
<td>Sputum Production</td>
<td>28 – 33%</td>
</tr>
<tr>
<td>Fatigue</td>
<td>44 – 70%</td>
<td>Muscle Aches</td>
<td>11 – 35%</td>
</tr>
<tr>
<td>Anorexia</td>
<td>40 – 84%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluate and Manage Residents with Symptoms of Respiratory Infection

- Ask residents to report if they feel feverish or have symptoms of respiratory infection.
- Actively monitor all residents upon admission and at least daily for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat).
  - If positive for fever or symptoms, implement recommended IPC practices.
- The health department should be notified about residents with severe respiratory infection, or a cluster (e.g., ≥3 residents or HCP with new-onset respiratory symptoms over 72 hours) of residents or HCP with symptoms of respiratory infections.
  - For contact information for the healthcare-associated infections program in each state health department see State-Based Prevention Activities [a]
  - CDC has resources for performing respiratory infection surveillance in long-term care facilities during an outbreak. [b]
- In general, when caring for residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis). This includes restricting residents with respiratory infection to their rooms. If they leave the room, residents should wear a facemask (if tolerated) or use tissues to cover their mouth and nose.
  - Continue to assess the need for Transmission-Based Precautions as more information about the resident’s suspected diagnosis becomes available.

CDC Guidelines:
- a. State-Based Prevention Activities: http://www.cdc.gov/hai/state-based/

AHCA/NCAL Guidelines:
Collection of Diagnostic Respiratory Specimens

When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 patient, the following should occur:

- HCP in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
- The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
- Specimen collection should be performed in a normal examination room with the door closed.
- Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

Suspected COVID-19 Resident

If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community:

- Residents with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should ideally be placed in a private room with their own bathroom.
- AIIRs should be preserved for patients who will be undergoing aerosol-generating procedures.
- Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement.
- Facilities should notify the health department immediately and follow the Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings, which includes detailed information regarding recommended PPE. [c]
- If a resident requires higher level of care or the facility cannot fully implement all recommended precautions, the resident should be transferred to another facility that is capable of implementation. Transport personnel and the receiving facility should be notified of the suspected diagnosis prior to transfer.
- While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and be separated from others (e.g., kept in their room with the door closed). Appropriate PPE should be used by healthcare personnel when coming in contact with the resident.

Resident Monitoring and Restrictions:

- Encourage residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes.
  - If they leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).
COVID-19 Toolkit

- Implement protocols for cohorting ill residents with dedicated HCP, including dedicating HCP to work only on affected units.
- Cancel communal dining and all group activities, such as internal and external activities.
- Remind residents to practice social distancing and perform frequent hand hygiene.

Healthcare Personnel Monitoring and Restrictions:
- Implement universal use of facemask for HCP while in the facility.
- Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator or, if not available, a facemask) for the care of all residents, regardless of presence of symptoms.
- Implement protocols for extended use of eye protection and facemasks.

Establish Reporting within and between Healthcare Facilities and to Public Health Authorities
- Implement mechanisms and policies that promote situational awareness for facility staff including infection control, healthcare epidemiology, facility leadership, occupational health, clinical laboratory, and frontline staff about known or suspected COVID-19 patients and facility plans for response.
- Communicate and collaborate with public health authorities.
  - Facilities should designate specific persons within the healthcare facility who are responsible for communication with public health officials and dissemination of information to HCP.
  - Communicate information about known or suspected COVID-19 patients to appropriate personnel before transferring them to other departments in the facility (e.g., radiology) and to other healthcare facilities.

References:

CDC: NHSN LTCH COVID-19 Module; NHSN Module to be utilized for CMS reporting requirements
https://www.cdc.gov/nhsn/ltc/covid19/index.html
Accepting Hospital Admission


The following are potential steps that can be taken to reduce the spread of COVID-19 in your facility. These are referenced in the tables below.

1. Monitor for fever & respiratory symptoms.
2. Put in single room.
3. Place in contact precautions per CDC guidance based on new strategies to optimize PPE supplies.
4. Limit contact with other residents as much as possible.
5. Limit the number of different staff interacting with a resident as much as possible and limit the number of times each staff enters a resident’s room.
6. Cohort in rooms (and wings if possible) with similar residents (e.g. if COVID positive cohort with other COVID-19 positive residents or if unknown, cohort with other recent admissions from the hospital with similar status).
7. Create separate wing/unit or floor to accept patients. This may mean moving residents in facility to create a new unit/floor. Limit staff working between units as much as possible.

<table>
<thead>
<tr>
<th></th>
<th>Patient is tested and COVID-19 negative¹</th>
<th>Patient COVID-19 status is unknown (asymptomatic)²</th>
<th>Patient tests positive for COVID-19 in hospital or with COVID-19 symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>No COVID-19 threat (usual circumstance)</td>
<td>Not applicable. At this time, assume COVID-19 is in your area.</td>
<td>Not applicable. At this time, assume COVID-19 is in your area.</td>
<td>Not applicable. At this time, assume COVID-19 is in your area.</td>
</tr>
<tr>
<td>COVID-19 cases present not in the surrounding hospital catchment area</td>
<td>Not applicable. At this time, assume COVID-19 is in your area.</td>
<td>Not applicable. At this time, assume COVID-19 is in your area.</td>
<td>Not applicable. At this time, assume COVID-19 is in your area.</td>
</tr>
<tr>
<td>COVID-19 cases present in the surrounding area or community of your hospital catchment area</td>
<td>Admit patient and • #1 per shift • #4 and #5 • #6 if possible</td>
<td>Do not admit unless #7 (then follow below)</td>
<td>Do not admit unless #7 (then follow below)</td>
</tr>
<tr>
<td>COVID-19 cases widespread in the surrounding area or community and hospitals are at or beyond capacity</td>
<td>Admit patient and • #1 per shift • #4 and #5 • #6 if possible</td>
<td>Admit patient only if • #7 if possible, if not #2 or #6, AND • #1 per shift • #3, #4 and #5 AND facility has adequate staffing levels and PPE to manage COVID-19 positive residents</td>
<td>Admit patient only if • #7 if possible, if not #2 or #6, AND • #1 per shift • #3, #4 and #5 AND facility has adequate staffing levels and PPE to manage COVID-19 positive residents</td>
</tr>
</tbody>
</table>

¹ This includes patients hospitalized with COVID who have recovered and now test negative on at least one most recent test at discharge.
² For hospital discharges with respiratory symptoms or fever, facilities should ask the hospital to perform a COVID-19 test and then base decisions on the test results. If COVID-19 negative they should be admitted and managed per usual care for respiratory symptoms adopting new CDC guidance for strategies to optimize PPE supplies. If testing is not available, then the facility should assume the person is COVID-19 positive. Additionally, patients with fever and respiratory symptoms should have a negative flu test.

NOTE: If the patient’s condition and reason for admission requires transmission-based precautions other than related to COVID-19, the facility should follow those recommendations as best possible given the new CDC guidance for Strategies to optimize PPE supplies.
IF YOU ARE AN **ESSENTIAL CRITICAL WORKER**
WHO HAS BEEN EXPOSED TO COVID-19

**DO**
- Take your temperature before work.
- Wear a face mask at all times.
- Practice social distancing in the workplace as work duties permit.

**DON’T**
- Stay at work if you become sick.
- Share headsets or objects used near face.
- Congregate in the break room or other crowded places.

IF YOU ARE AN **EMPLOYER OF WORKERS**
EXPOSED TO COVID-19

**DO**
- Take employee's temperature and assess symptoms prior to their starting work.
- If an employee becomes sick during the day, send them home immediately.
- Test the use of face masks to ensure they do not interfere with workflow.
- Increase air exchange in the building.
- Increase the frequency of cleaning commonly touched surfaces.
Exposure Risk

DEFINITIONS:

**Self-monitoring** means healthcare personnel (HCP) should monitor themselves for fever by taking their temperature twice a day and remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat, and possibly loss of taste and/or smell).

**Active monitoring** means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat) [a].

For HCP with high- or medium-risk exposures, CDC recommends this communication occurs at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.

**Self-Monitoring with delegated supervision** in a healthcare setting means HCP perform self-monitoring with oversight by their healthcare facility’s occupational health or infection control program in coordination with the health department of jurisdiction, if both the health department and the facility are in agreement.

On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, a facility may consider having HCP report temperature and absence of symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

Occupational health or infection control personnel should establish points of contact between the organization, the self-monitoring personnel, and the local or state health departments of authority in the location where self-monitoring personnel will be during the self-monitoring period. This communication should result in agreement on a plan for medical evaluation of personnel who develop fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat) [a] during the self-monitoring period.

The plan should include instructions for notifying occupational health and the local public health authority, and transportation arrangements to a designated hospital, if medically necessary, with advance notice if fever or respiratory symptoms occur. The supervising organization should remain in contact with HCP through the self-monitoring period to manage self-monitoring activities and provide timely and appropriate follow-up if symptoms occur in a HCP.

Note, inter-jurisdictional coordination will be needed if HCP live in a different local health jurisdiction than where the healthcare facility is located.

**Close contact** for healthcare exposures is defined as follows:

a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or

CDC Guidelines:

b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

Data are limited for definitions of close contact. Factors for consideration include the duration of exposure (e.g., longer exposure time likely increases exposure risk), clinical symptoms of the patient (e.g., coughing likely increases exposure risk) and whether the patient was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment), PPE used by personnel, and whether aerosol-generating procedures were performed.

Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. However, until more is known about transmission risks, it is reasonable to consider an exposure greater than a few minutes as a prolonged exposure. Brief interactions are less likely to result in transmission; however, clinical symptoms of the patient and type of interaction (e.g., did the patient cough directly into the face of the HCP) remain important. Recommendations will be updated as more information becomes available.

Risk stratification can be made in consultation with public health authorities. Examples of brief interactions include: briefly entering the patient room without having direct contact with the patient or their secretions/excretions, brief conversation at a triage desk with a patient who was not wearing a facemask.

**Healthcare Personnel:** 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.

**Exposure Risk:** For this guidance **high-risk** exposures refer to HCP who have had prolonged close contact with patients with COVID-19 who were not wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19. Being present in the room for procedures that generate aerosols or during which respiratory secretions are likely to be poorly controlled (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) on patients with COVID-19 when the healthcare providers’ eyes, nose, or mouth were not protected, is also considered high-risk.

**Medium-risk** exposures generally include HCP who had prolonged close contact with patients with COVID-19 who were wearing a facemask while HCP nose and mouth were exposed to material potentially infectious with the virus causing COVID-19.

Some low-risk exposures are considered medium-risk depending on the type of care activity performed. 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. If an aerosol-generating procedure had not been performed, they would have been considered low-risk.

**Low-risk** exposures generally refer to brief interactions with patients with COVID-19 or prolonged close contact with patients who were wearing a facemask for source control while HCP were wearing a facemask or respirator. Use of eye protection, in addition to a facemask or respirator would further lower the risk of 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 with no direct patient contact and no entry into active patient management areas who adhere to routine safety precautions do not have a risk of exposure to COVID-19 (i.e., they have no identifiable risk.)

**RECOMMENDATIONS FOR MONITORING BASED ON COVID-19 EXPOSURE RISK**

HCP in any of the risk exposure categories who develop signs or symptoms compatible with COVID-19 must contact their established point of contact (public health authorities or their facility’s occupational health program) for medical evaluation prior to returning to work.

1. **High- and Medium-risk Exposure Category**
   HCP in the high- or medium-risk category should undergo active monitoring, including restriction from work in any healthcare setting until 14 days after their last exposure.

   If they develop any fever (measured temperature >100.0°F or subjective fever) OR respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat) [a] they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority and healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation.

2. **Low-risk Exposure Category**
   HCP in the low-risk category should perform self-monitoring with delegated supervision until 14 days after the last potential exposure. Asymptomatic HCP in this category are not restricted from work. They should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat, loss of taste and/or smell) [a]. They should ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms they may report to work. If they develop fever (measured temperature >100.0°F or subjective fever) OR respiratory symptoms they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority or healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation. On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, facilities could consider having HCP report temperature and symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

3. **HCP Who Adhere to All Recommended Infection Prevention and Control Practices**
   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 as described under the low-risk exposure category.

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**CDC Guidelines:**
4. **No Identifiable Risk Exposure Category**
   HCP in the no identifiable risk category do not require monitoring or restriction from work.

5. **Community or Travel-Associated Exposures**
   HCP with potential exposures to COVID-19 in community settings, should have their exposure risk assessed according to [CDC guidance](https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html).

   HCP should inform their facility’s occupational health program that they have had a community or travel-associated exposure. HCP who have a community or travel-associated exposure should undergo monitoring as defined by that guidance.

   Those who fall into the high- or medium- risk category described there should be excluded from work in a healthcare setting until 14 days after their exposure. HCP who develop signs or symptoms compatible with COVID-19 should contact their established point of contact (public health authorities or their facility’s occupational health program) for medical evaluation prior to returning to work.

CHAPTER FOUR: Staffing, Stress, and Coping

This document provides an overview of managing staff, their stress, and how to cope.

GUIDANCE

1. Ask staff for volunteers to join the effort
2. Staff with permanent, clinically adept individuals as opposed to rotating staff/PRN resources
3. Staff should be dedicated to a particular patient unit, as opposed to moving between units
4. Screen staff before entering the building

Symptoms of stress during COVID-19 might include:
- Fear and anxiety about your health and the health of your loved ones
- Changes in sleep or eating patterns
- Difficulty concentrating
- Worsening of chronic health problems
- Worsening of mental health issues
- Increase in the use of alcohol, tobacco, or other types of drugs

Common stress reactions to COVID-19:
- Concern about being able to protect oneself
- Concern that needed medical care or community services might be disrupted
- Social isolation
- Guilt
- Increase levels of distress if they have depression at baseline, live in lower-income households or have language barriers, or experience stigma (age, race, ethnicity, disability, or perceived likelihood of spreading infection)

CDC Guidelines:

Coping

Understand that everyone reacts differently to stress, but there are ways to help cope with stress:

- Take breaks from watching, reading, or listening to news stories.
- Take time to stretch
- Try to eat healthy, well-balanced meals
- Exercise regularly
- Get plenty of sleep
- Avoid alcohol and drugs
- Take time to do activities you enjoy
- Connect with others

Ways to support your loved ones:

- Check on them often by:
  - Telephone
  - Email
  - Mailing letters or cards
  - Text messages
  - Video chat
  - Social media
- Monitor any other medical supplies and make sure they have a back-up plan
- Stock up on non-perishable food (canned foods, dried beans, pasta) to have on hand
- Take care of your own emotional health
- Stay home if you are sick and protect them from getting the virus from you

As healthcare providers, we can:

- Help connect people with family and loved ones to help minimize their distress
- Let older adults and people with disabilities know it is common to feel distress during a crisis
- Have a procedure and referral ready for anyone who shows severe distress or desire to commit self-harm

CDC Guidelines:

APPENDIX

SIGNAGE

COMMUNICATION GUIDANCE

PPE POSTER

SPECIMEN COLLECTION

REFERENCES

NOTES:
SNEEZE STATIONS

Do not reuse your tissue immediately dispose it and wash your hands

Frequent handwashing is key to prevent spread of infection
Please read before entering.

IF YOU HAVE

- Fever
- Cough
- Shortness of breath

Please call our office before coming inside.
Clinic Phone #

The clinic staff may ask you to wear a mask or use tissues to cover your cough.

Thank you for helping us keep our patients and staff safe.

For more information: www.cdc.gov/COVID19
If you have these symptoms, please see the front desk immediately.

Patients with COVID-19 may have these symptoms:

- Fever
- Cough
- Shortness of breath

We may ask you to wear a mask or use tissues to cover your cough, and offer you a separate space to wait.

Thank you for helping us protect other patients and staff.

For more information: cdc.gov/COVID19
RETURNING TO WORK

Test-based strategy
Exclude from work until:

- Resolution of fever without the use of fever-reducing medications, and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected 24 hours apart (total of two negative specimens) [a]. See guidelines [b].

Non-Test-based strategy
Exclude from work until:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and
- At least 7 days have passed since symptoms first appeared
- If Health Care Provider were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Upon Return to Work

- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC’s interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles) [c]
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

CDC Guidelines:

a. Return to Work:

b. Specimens:

c. Interim Infection Control:
COMMUNICATION GUIDANCE

The following letter is CDC guidance on communication with residents and their loved ones:

Dear Residents, Families, Friends, Volunteers:

We are committed to keeping our residents safe and we need your help. The virus causing Coronavirus Disease 2019 (abbreviated COVID-19) can cause outbreaks in nursing homes. Many of our residents are elderly and may have medical conditions putting them at a very high risk of becoming sick, or even severely ill, with COVID-19. Visitors and healthcare personnel (HCP) are the most likely sources of introduction of the virus that causes COVID-19 into a facility.

To protect our vulnerable residents, even before COVID-19 is seen in our community, we are immediately taking the following aggressive actions to reduce the risk of COVID-19 in our residents and staff:

Effective immediately: We are restricting all visitation. All visitation is being restricted except for certain compassionate care situations, such as end of life situations. Visitors will first be screened for fever and respiratory symptoms, and be required to frequently wash their hands. Limit visitation to designated area in the building, as well as wearing a facemask is necessary for all visitors.

We know that your presence is important for your loved one. According to Centers for Disease Control and Prevention (CDC) guidance, restricted visitation is a necessary action to protect you and your loved ones health. As a safe alternative methods of visitation we are introducing video conferencing visits such as Skype and FaceTime so that you can continue to communicate with your loved ones face-to-face.

We are monitoring healthcare personnel and residents for symptoms of respiratory illness. Non-essential healthcare personnel and volunteers are now restricted from entering the facility. Healthcare personnel will be actively monitored for fever and symptoms of respiratory infection. You may see healthcare personnel wearing facemasks, eye protection, gown, and gloves in order to prevent germs from spreading and help keep residents safe. Healthcare personnel will clean their hands frequently.

We are limiting activities within the facility. We are cancelling all group activities within the building and all community outings. We will be helping residents to practice social distancing, including during meals, and to frequently clean their hands.

We encourage you to review the CDC website for information about COVID-19, including its symptoms, how it spreads, and actions you can take to protect your health: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

Thank you very much for everything you are doing to keep our residents and facility staff safe and healthy. We continue to monitor the situation in our community; we will keep you informed about any new precautions we think are necessary to keep your loved one safe.

Please contact us with additional questions at _____________

Sincerely,

The following letter is CDC guidance on communication with residents and their loved ones:
Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **Receive comprehensive training** on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- **Demonstrate competency** in performing appropriate infection control practices and procedures.

**Remember:**

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

**Preferred PPE – Use N95 or Higher Respirator**

- Face shield or goggles
- N95 or higher respirator
- Isolation gown
- One pair of clean, non-sterile gloves

**Acceptable Alternative PPE – Use Facemask**

- Face shield or goggles
- Facemask
- Isolation gown
- One pair of clean, non-sterile gloves

**Donning (putting on the gear):**

More than one donning method may be acceptable. Training and practice using your healthcare facility’s procedure is critical. Below is one example of donning.

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
2. **Perform hand hygiene using hand sanitizer.**
3. **Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).**
   - If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand.
   - Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.
5. **Put on face shield or goggles.** Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. **Perform hand hygiene before putting on gloves.** Gloves should cover your wrist (wrist) of gown.
7. **HCP may now enter patient room.**

**Doffing (taking off the gear):**

More than one doffing method may be acceptable. Training and practice using your healthcare facility’s procedure is critical. Below is one example of doffing.

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.
3. **HCP may now exit patient room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator (or facemask if used instead of respirator).**
   - Do not touch the front of the respirator or facemask.
   - **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
   - **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. **Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

*Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.*

[www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)
NOVEL CORONAVIRUS (COVID-19) SPECIMEN COLLECTION

**Purpose:** To collect nasopharyngeal specimens for 2019-Novel Coronavirus (SARS-CoV-2), the virus that causes COVID-19. As of 3/13/2020, CDC changed to only nasopharyngeal specimens due to sensitivity of upper respiratory sources and to expand testing availability.

Please confirm with your testing site on requirements for individual tube collection, storage and shipment.

Label tube of viral UTM legibly with the patient’s name and date of birth, or medical record number (specimen tube must have two unique patient identifiers on it, or it will not be tested).

**Nasopharyngeal specimen:**

1. Use the flexible shaft NP swab provided to collect the specimen.
2. Have the patient blow their nose and then check for obstructions.
3. Tilt the patient’s head back 70 degrees & insert the swab into nostril parallel to the palate (not upwards) until resistance is encountered or the distance is equivalent to that from nostrils to outer opening of patient’s ear indicating contact with nasopharynx. Leave swab in place for several seconds to absorb secretions. Slowly remove the swab while rotating it.

**Collection of NP specimen for testing in a pediatric patient:**

1. Measure the distance from the ear lobe to base of the nose.
2. Divide the length in half as the depth for insertion in the nostril to obtain the specimen.
3. Ask the parent or caregiver to restrain the child sitting up while the specimen is obtained.
4. Insert the swab into the tube of UTM, making certain that the swab tip is covered by the liquid in the tube. The swab is to remain in the tube for transport.

- **Plastic shaft NP swab:** The swab shaft extends past the top of the tube. Snap it off at the break line on the shaft, allowing the end with the swab tip to remain in the liquid. The tip of the swab must be immersed in the liquid.
1. Tightly secure the cap on the UTM tube and make certain it is labeled with two patient identifiers. Insert tube into the specimen transport bag and close the bag tightly.

2. Complete a test requisition form. For test requested, write “COVID-19” under Comments/Other test requests. Ensure that all information is legible, complete and accurate. Place the completed form into the outside pocket of the specimen bag. Do **not** enclose it inside the bag with the UTM tube.

3. Send specimen to on-site lab services (i.e. acute care hospitals) after collection ASAP.

**Storage:** Store specimens refrigerated (2 – 8 °C) until pick up by lab courier for delivery to receiving lab. Specimens may be held refrigerated for up to 72 hours. Specimens must be received by the lab performing COVID-19 testing within three days of being collected.

**Packaging:** Follow laboratory instructions for packaging including send-out testing to reference labs or state labs must be in special packaging and shipping in accordance with appropriate federal Department of Transportation (DOT) regulations.

*Contact your local health department or receiving lab for questions* regarding specimen collection, packaging and shipping.
REFERENCES

This document provides an overview of resources that can be utilized in the post-acute care setting when caring for a patient or resident with suspected or confirmed COVID-19 infection.

Resources

Video Presentation

*This video provides an overview of preparation for care of patients or residents with suspected or confirmed COVID-19 infection in the post-acute care setting. https://www.youtube.com/watch?v=p1FiVFx5O78

Key Strategies:
1. Keep COVID-19 from entering facility
2. Identify infection early
3. Prevent spread of COVID-19
4. Assess supply of PPE and optimize current supply
5. Identify and manage severe illness

Websites


Provides additional guidance related to Infection Control related to COVID-19.

Provides an overview of how to best deal with potential exposure at work for the HCPs.

Provides a review of the uses for a cloth face covering, including homemade ones being donated. Printable version of instructions to make face mask also available.

Provides the following printable documents for use during COVID-19: Outdoor Sign to be read before entering, Indoor Sign referring those with respiratory symptoms to front desk, Patient hand-outs for self-care, and PPE when caring for confirmed or suspected patients. Multi-lingual options are available.

Describes the CMS Emergency Preparedness & Response Operations.
COVID-19 Toolkit

https://www.naccho.org/membership/lhd-directory
Provides a tool to help search for local health departments.  
https://www.cste.org/page/EpiOnCall
Provides phone numbers (by state) to report diseases or conditions of public health importance to state health departments.  
CMS QIO National Nursing Home Training Series

Documents
Identify areas to focus on during preparation.  
https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf
Serves as an additional resource for respiratory infection surveillance in long-term care facilities during an outbreak.  
A letter to be sent to residents, families, friends and volunteers to inform them of the changes being made in order to keep the residents safe from COVID-19.  
Serves as a long-term care LCT Respiratory Tract Infection Worksheet.  
Serves as a guidance for long-term care facilities when making decisions about accepting hospital discharges.  
Describes COVID-19 PPE for Healthcare Personnel caring for confirmed or suspected COVID-19.  
Provides steps to help prevent the spread of COVID-19 if you are sick.  
Highlights essential dos and don'ts for essential critical workers.  
PPE Burn Rate Calculator
CMS Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes
Compilation of actions employed by organizations, including state governments in the United States and outlying territories to assist nursing homes in meeting the needs of nursing home residents since the onset of the COVID-19 pandemic recognized in early 2020. This compendium is not intended as guidance from CMS. It does not replace or serve as a substitute for CMS requirements and policy.
Documents, cont.


This communication toolkit helps providers reach limited-english-proficient populations who need COVID-19 prevention messaging in their native languages. It provides:

- Current messaging from a trusted source
- Information in plain language available for downloading and sharing
- Translated materials to help communities disseminate messages to a wider audience


This website includes information on natural disaster preparedness and recovery during the COVID-19 response.