



Central Michigan District Health Department
Promoting Healthy Families, Healthy Communities



Congregate Setting

COVID-19

Toolkit

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Basics of COVID-19

1. Overview of COVID-19

- a. New type of coronavirus; coronaviruses make up a large family of viruses that are common in people (“the common cold”) and many different species of animals.
- b. This new virus is named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); the disease it causes is named coronavirus disease 2019 (COVID-19).
- c. COVID-19 causes mild to severe respiratory illness and occasional causes nausea, vomiting and diarrhea.
 - i. Symptoms that may appear **2-14 days after exposure to the virus:**
 1. Fever
 2. Cough
 3. Shortness of breath or difficulty breathing
 4. Chills
 5. Repeated shaking with chills
 6. Muscle pain
 7. Headache
 8. Sore throat
 9. New loss of taste or smell
 - ii. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes are at higher risk for developing more serious complications from COVID-19 illness.
- d. There is no specific treatment or vaccine for COVID-19; treatment is aimed at easing the symptoms and treating complications.

2. Transmission of COVID-19

- a. Spread is primarily person-to person between close contacts (people within 6 feet of each other).
 - i. Spread is mainly by respiratory droplets that are coughed, sneezed, or breathed out by an infected person and get into the mouths or noses of those nearby.
 - ii. Less commonly spread by touching surfaces or objects with virus on them then touching the mouth, nose, eyes.
- b. Infected person is most contagious while showing symptoms but can be contagious for 1 to 3 days before symptoms start and some are contagious and never have symptoms.
- c. Because of the way COVID-19 spreads: need to practice CONTACT and DROPLET precautions (in addition to STANDARD precautions) when dealing with a resident with suspect or confirmed COVID-19.

3. Testing for COVID-19

- a. PCR (polymerase chain reaction) test which identifies presence of viral particles (specifically, RNA) in the infected person's respiratory tract.
 - i. Ideal sample is from nasopharynx.
 - 1. How to Obtain a Nasopharyngeal Swab Specimen (video and text from New England Journal of Medicine)
<https://www.nejm.org/doi/full/10.1056/NEJMvcm2010260>
 - ii. Positive result is very reliable that virus is present, although it may not be infectious virus; could be remaining non-infectious ("dead") virus after illness has improved/ended.
 - iii. Negative results could be false if inadequate sample taken, person not shedding much virus especially later in illness, other reasons.
 - 1. If test is negative and clinically suspect COVID-19, continue to treat as COVID-19 is present and consider retesting.
- b. Antibody testing
 - i. Tests for presence of antibodies (typically IgM and/or IgG) in blood.
 - ii. IgM usually develops 7 to 9 days after infection and IgG appears after 7 to 20 days.
 - 1. Antibody tests are not meant to diagnose an acute infection.
 - iii. Antibody testing may help identify people who have been infected. However:
 - 1. Currently, there are numerous non-FDA approved antibody tests being sold that are not accurate.
 - 2. It is not known what level of antibodies (called a titer) are needed to protect someone from re-infection.
 - 3. It is not known how long antibodies stay present after infection.
 - 4. Antibodies may not be measurable in all that have been infected, especially those that have had mild illness (Wu, et al, 2020).

Preparing for and Responding to COVID-19 in Your Facility

1. Keep COVID-19 from entering your facility.
 - a. SCREEN ALL staff and visitors/consultant provider before entering EVERY DAY. This includes:
 - i. Advise all staff and visitors/consultants coming into your facility to screen themselves for fever (measured or subjective) and respiratory symptoms and to not report to work/the facility if either are present (Stay Home When You are Sick Poster https://www.cdc.gov/coronavirus/2019-ncov/downloads/316129-B-StayHomeFromWork_Poster.pdf) AND
 - ii. On arrival to the facility, prior to exposure to other staff or residents:
 1. Take the temperature of anyone trying to enter (if thermometer not available, ask if individual feels feverish)
 2. Assess for any of the following signs or symptoms (see tool: “COVID-19 Screening for Visitors and Staff” form):
 - a. Fever ($\geq 100.0^{\circ}$ F)¹
 - b. Shortness of breath
 - c. New or changed cough
 - d. Sore throat
 3. IF any of these are present OR if a staff/visitor becomes ill while working, they should immediately stop, put on a facemask, notify facility supervisor, and be sent home. They should be advised to seek assessment and testing for COVID-19 ASAP.
 - a. See “Returning Ill Staff” (#5) for guidelines on allowing ill staff to return or consult with your local health department or CDC for guidance.
 - b. ALL STAFF AND VISITORS/CONSULTANTS should wear a facemask (see Table 1) from the time they enter the facility until leaving the facility.
 - i. This should continue until COVID-19 is no longer prevalent in the community or until recommendations change from CDC and/or MDHHS.
 - ii. Infection with COVID-19 does not guarantee immunity, therefore it is recommended that staff and visitors/consultants who have recovered from COVID-19 still wear a mask.
 - c. Restrict Visitors and non-essential staff.

¹Fever is either measured temperature $\geq 100.0^{\circ}$ F. Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures ($<100.0^{\circ}$ F) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue) based on assessment by public health authorities

- i. Restrict all visitors except for compassionate care (required by Executive Order 2020-37).
 1. All visitors allowed to enter should be screened for fever and respiratory symptoms and barred from entry if present (see “COVID-19 Screening for Visitors and Staff” form); provide with face covering to wear throughout visit; encourage frequent hand hygiene during visit; limit movement to the resident’s room.
 2. Try to find other ways to maintain contact between residents and families.
 - ii. Restrict non-essential staff, volunteers, and services.
 - iii. Cancel field trips outside of property.
 1. Residents that must leave for medically necessary reasons should wear a facemask for the duration of their time out of their room.
- d. Screening and management of new and returning residents for COVID-19
- i. When accepting new or returning residents, determine their COVID-19 status (if they are suspected or confirmed of having COVID-19, any potential COVID-19 exposure in the 14 days prior to coming to your facility, any symptoms of COVID-19, any fever, etc.).
 1. If resident coming from an area with ongoing community transmission of COVID-19, consider them at risk for COVID-19 exposure at admission.
 2. If the resident is felt to have been at risk for COVID-19 exposure at some time in the 14 days prior to admission, keep resident in quarantine until the total 14 days is completed.
 - a. Any staff attending to the resident in quarantine should use PPE for COVID-19 transmission-based precautions (see Table 1).
 - b. Screen twice a day (or once a shift) for fever and symptoms during quarantine.
 - c. Place in private room during quarantine period unless moving in at same time as spouse or another household member

2. Identify infection early

- a. Actively screen ALL RESIDENTS AT LEAST ONCE A DAY for fever and respiratory symptoms.
 - i. Active screening for signs and symptoms of COVID-19 (see tool: “Resident COVID-19 Screening Log”):
 1. Take temperature (fever considered temperature of $\geq 100.4^{\circ}\text{F}$).
 2. Assess for (and ask residents to report) any new or change in cough, sore throat, difficulty breathing, or feeling feverish.
 3. Older adults may not show typical symptoms and may not have fever.
 - a. Less common symptoms: new/worsening malaise, new dizziness, diarrhea.

- ii. If any resident is showing signs or symptoms of COVID-19, immediately have them wear a mask (if tolerated) and isolate them from others (e.g., keep in their room with door closed, move them to COVID-19 dedicated unit) to protect staff and residents while other precautions are put into place.
 - 1. Contact resident's healthcare provider for guidance
 - a. Have plan ready to get your residents and staff evaluated and tested for COVID-19.
 - 2. See 3h-v for further discussion of dedicated unit and management of symptomatic resident.
 - iii. NOTIFY HEALTH DEPARTMENT IF your facility has:
 - 1. Suspected or confirmed case(s) of COVID-19 in any staff or resident OR
 - 2. One or more resident with a severe respiratory infection OR
 - 3. A cluster (3 or more residents or staff members) with symptoms of respiratory illness in your facility within 72 hours.
- 3. Prevent spread of COVID-19
 - a. Educate staff (including direct care providers, ancillary staff, and external providers) about COVID-19 and infection prevention and control measures, with focus on:
 - i. Hand hygiene
 - 1. Post signs to remind staff and residents (posters available at <https://www.cdc.gov/handwashing/posters.html#posters-general-public>).
 - 2. Recommend and provide soap and water or 60%-70% alcohol hand sanitizer.
 - 3. Recommend performing hand hygiene: before and after touching a resident, before moving from work on a soiled body site to a clean body site on the same resident, after touching a resident's immediate environment, after contact with blood, body fluids or contaminated surfaces, immediately after removal of PPE, before/after eating, immediately after using the restroom, after blowing nose or covering cough, any other time of concern.
 - 4. Hand Hygiene Web-based course
https://www.cdc.gov/infectioncontrol/training/strive.html#anchor_1561123246
 - ii. Droplet and contact precautions
 - 1. Post signs on outside of resident's doors as a reminder.
 - a. Details regarding transmission-based precautions and posters are available at <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>.
 - iii. PPE

1. Educate on selection and use of PPE, proper donning and doffing of PPE, how to preserve PPE.
 - a. See Table 1 for selection of PPE.
 - b. VIDEO: Proper donning and doffing of all PPE
<https://youtu.be/of73FN086E8> and
<https://www.youtube.com/watch?v=oxdaSeq4EVU&feature=youtu.be>
 - c. Use of PPE When Caring for COVID-19 Patients Posters 8.5x11
https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf and 11x17
https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE_11x17.pdf
 - d. Personal Protective Equipment Web-based course
https://www.cdc.gov/infectioncontrol/training/strive.html#anchor_1565264877
 - e. Using Personal Protective Equipment (PPE)
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
 - iv. Cough etiquette
 1. Post signs at entrances and in strategic places with reminders to cover mouth and nose with tissue or inner elbow when cough/sneeze.
 - a. Cover your Cough Poster
https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf
 2. Provide tissues and no-touch receptacles (e.g., foot-pedal-operated lid or open, plastic-lined waste basket) for disposal of tissues.
 - v. Importance of social distancing
(https://harvard.edu/sites/default/files/content/Coronavirus_HUHS_social_distancing_A%5B3%5D.pdf)
 - vi. Avoiding touching face (https://apic.org/wp-content/uploads/2019/12/Dont-touch-your-face_FINAL.pdf
 1. Tips to stop touching face (written for people with a brain injury and related cognitive or memory impairments but excellent ideas for anyone)
https://www.krysalisconsultancy.co.uk/images/showcase/WP2/Face_touching_tips_resource_.pdf
 - vii. Educate staff on importance of staying home when sick, review sick leave policy.
- b. Gather supplies that will be needed
 - i. PPE (gloves, masks, gowns, eye protections, method to set PPE up conveniently).
 - ii. Non-medical grade face coverings for residents (cloth masks).
 - iii. Hand hygiene supplies (soap, water, 60%-70% alcohol-based hand sanitizer, adequate paper towel and no-touch trash cans).

- iv. EPA certified cleaning supplies (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>), bleach, supplies needed for cleaning.
 - v. Disposable dishes, silverware, other items needed for meal delivery.
- c. Develop a communication plan for communication with staff, residents, family of residents, health care providers to residents, public health, media.
- d. Inform staff if any residents test positive for COVID-19 (required by Executive Order No. 2020-50 through duration of state of emergency; must be done as soon as possible and no later than 12 hours).
- e. Enforce social distancing among residents
 - i. Cancel all group activities and communal dining (required by Executive Order No. 2020-50 through duration of state of emergency).
 - 1. Serve meals directly to rooms.
 - 2. Meal service carts should not be taken into the resident's room.
 - 3. Wear appropriate PPE when delivering meals to suspect or confirmed COVID-19 residents (see Table 1), avoid entering room with meal, deliver meal to resident at door.
 - 4. Use disposable tableware if possible, to eliminate need to return to room after meal.
- f. Avoid shared supplies, such as games or art supplies if possible and disinfect any supplies that are shared between use.
- g. Modify resident care to decrease amount of contact with outside care.
 - i. Encourage healthcare providers to utilize telemedicine services.
- h. Create a dedicated unit for suspect and confirmed COVID-19 patients.
 - i. Examples of a dedicated unit: floor, unit, or wing in the facility or a group of rooms at the end of a hall that will be dedicated to cohort residents with or suspected of COVID-19.
 - ii. Assign separate staffing teams for the COVID-19 dedicated units to the best of your ability (i.e., avoid rotating staff between COVID-19 dedicated unit and other units to reduce risk of spread of COVID-19 in facility).
 - 1. If staff that have recovered from COVID-19 are available, consider assigning them to the dedicated unit as they may have developed some immunity.
 - a. Immunity to COVID-19 after infection is not proven, therefore those that have recovered from COVID-19 must still use appropriate PPE and precautions.
 - iii. Work with local/regional/state leaders to designated separate facilities for COVID-19 negative and positive residents (i.e., regional Hubs) to transfer residents if formation of a dedicated units is not possible in your facility.

- i. If possible, isolate COVID-19 suspect/diagnosed patient to a single room in the dedicated unit as soon as they are identified (airborne infection isolation room, or AIIR, is not required).
 - i. If no single room is available, residents with suspect/confirmed/probable COVID-19 can be cohorted together.
 - 1. ONLY cohort suspect cases with suspect cases and confirmed/probable cases with confirmed/probable cases: do not cohort suspect cases with confirmed/probable cases (WHO, 2020).
 - 2. Clearly sign the rooms by placing infection prevention control (IPC) signs, indicating droplet and contact precautions, at the entrance of the room (posters are available at <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>).
 - ii. Monitor ill residents (including documentation of temperature and pulse oximetry) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.
 - iii. Set up PPE stations at easily accessible areas outside patient rooms.
 - 1. Don PPE prior to contact with resident, ideally outside of room.
 - 2. Post “Use of PPE When Caring for COVID-19 Patients Posters” 8.5x11 https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf or 11x17 https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE_11x17.pdf at stations.
 - iv. Isolate residents to their rooms except for medically necessary purposes; they should wear a mask and take other precautions if they do need to leave their room.
 - 1. Residents awaiting transfer for higher levels of care should wear a mask (if tolerated) and be kept in their room with door closed (i.e., kept separate from others).
 - v. Residents in isolation due to confirmed or probable COVID-19 should stay in isolation until meets one of the following:
 - 1. Test-based strategy. Keep in isolation until:
 - a. Resolution of fever without the use of fever-reducing medications **and**
 - b. Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - c. Negative results for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens). **OR**
 - 2. Non-test-based strategy. Keep in isolation until:

- a. 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**,
 - b. At least 7 days have passed *since symptoms first appeared*.
- j. Any resident that has been in close contact² with a confirmed or probable COVID-19 resident or staff while they were symptomatic OR during the 48 hours before their symptoms started should:
 - i. Be placed in quarantine, which entails being restricted to their room and be screened twice a day (or once a shift) for fever and symptoms.
 - 1. If they must leave their room for medical care, they must wear a facemask at all times.
 - 2. Any staff attending to the resident in quarantine should use PPE appropriate for COVID-19 transmission-based precautions (see Table 1).
 - a. The exposed residents should continue to be cared for in this way until 14 days after their last exposure to the confirmed case.
 - b. If the resident should develop symptoms, they should be placed in isolation and be prioritized for testing if they develop symptoms. Without testing, they would be considered a Probable case.
 - c. Testing of asymptomatic residents that have had a high-risk exposure to a confirmed case can be considered if it will assist with their management.
 - i. If test is positive: place them in isolation for 10 days past the date of testing. Identify close contacts from 2 days prior to testing and place in quarantine.
 - ii. If test is negative, continue with quarantine due to potential for false negative results.
 - k. Have EPA-registered, hospital grade disinfectants available to staff (see <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2> for options).
 - i. Follow cleaning guidance at <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility-H.pdf>

² Close contact is not clearly defined, but can be considered to be:

- being within approximately 6 feet (2 meters) of a COVID-19 (confirmed or probable) while symptomatic or during the 48 hrs. prior to symptom onset for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, OR
- having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

Examples of close contacts:

- Living in the same household, having face-to-face exposure (less than 6 feet) for 10 to 30 minutes, sharing the same confined space in close proximity (riding in a car, in a small room) with a symptomatic patient for 30 to 60 minutes or more, direct contact with respiratory, oral, or nasal secretions from a symptomatic patient (touching used tissues, coughed on, sneezed on, etc.)

4. Continually assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply.
 - a. PPE Burn Calculator Rate Calculator <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>
 - b. Monitor how long facility's supply of PPE (facemasks, N-95 or equivalent respirators, isolation gowns, eye protection, gloves, alcohol-based hand sanitizer) will last.
 - c. Be aware of ordering delays and limitations through your normal suppliers.
 - d. Communicate with your local health department, Regional Healthcare Coalition, and County Emergency Manager re: alternative PPE supplies (see Resource section for links to contact information).
 - e. Tips for preserving PPE (NOTE: staff at higher risk for severe illness should be high priority to receive full PPE)
 - i. Improve environmental controls such as increasing ventilation in facility by opening windows often, increasing the outside air exchange in HVAC system, utilizing portable fan devices with high-efficiency particulate air (HEPA) filtration, considering use of ventilated headboards, etc.
 - ii. Facemasks shortage recommendations (FDA approved surgical masks, non-FDA approved procedure masks):
 1. Wear same facemask for extended periods, through repeated patient encounters; do not touch mask, discard if soiled or damaged.
 - a. If supplies allow, facemask should be discarded at the end of day.
 - b. If supplies do not allow, the facemask can be reused by a single staff member. After use, remove carefully to avoid contact with the outer surface, fold the facemask such that the outer (and potentially contaminated) side is folded in on itself and then store in a clean paper bag or other breathable container.
 - c. Consider using a face shield that extends to the chin with no facemask or with a homemade cloth mask, particularly in lower risk situations.
 - iii. N95 Respirator shortage recommendations:
 1. N95 masks are only indicated for use when there is a risk of airborne transmission. When there is a shortage of N95 respirators, these respirators should be reserved for use during aerosol-generating procedures (MDHHS, April 2020).
 2. Use past expiration date (examine for degradations, especially at the elastic, rubber and foam components).
 3. Allow for extended use of N95 respirator between several different patients, without removing between different patients. Recommended maximum period of time allowed for extended use: 8 to 12 hours.

Disposable respirators are not intended to be reused after one extended use.

4. In extreme shortages, re-use of disposable respirators may be needed. Extended re-use causes worsening fit; therefore, it is suggested to limit reuse to no more than a 5-day period (Brosseau, L., Sietsema, M., 2020).
5. Based on the limited research available, ultraviolet germicidal irradiation, vaporous hydrogen peroxide, and moist heat showed the most promise as potential methods to decontaminate disposable respirators. See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html> or guidance.
6. Also see “Use of respirators approved under standards used in other countries that are similar to NIOSH-approved respirators” at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html> for alternatives to N95 respirators.

iv. Gown shortage recommendations:

1. Extended use of isolation gowns (disposable or cloth) or coveralls can be considered by the same staff member that is interacting with more than one resident but ONLY IF the residents are known to be infected with same disease (i.e., COVID-19), not co-infected with anything else, and housed close together. Gown must be removed if it becomes visibly soiled.
2. Prioritize gown use for aerosol-generating procedures and care activities where splashes and sprays are anticipated and for high contact resident care activities such as: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care.
3. If no gowns are available, alternatives can be considered such as: disposable or reusable (washable) laboratory coats, reusable (washable) patient gowns, disposable aprons, long sleeve aprons in combination with long sleeve patient gowns or laboratory coats, open back gowns with long sleeve patient gowns or laboratory coats, sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats.
 - a. Reusable items can be laundered according to routine procedures.

v. Eye protection shortage recommendations:

1. Dedicate eye protection to a single staff member and prioritize use to activities where splashes and sprays are anticipated, or prolonged face-to-face contact is unavoidable. Inspect prior to each use and discard if damaged.
2. Clean when visibly dirty and at end of shift.
3. Follow manufacturer instruction for cleaning. If none is available (such as for single use face shield), follow these steps:

- a. Wearing gloves, wipe inside then outside using clean cloth saturated with neutral detergent solution or cleaner wipe.
- b. Wipe outside using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
- c. Wipe the outside with clean water or alcohol to remove residue.
- d. Fully dry (air dry or use clean absorbent towels).
- e. Remove gloves and perform hand hygiene.

Table 1. PPE Considerations by Facility Type

Facility type	N95 Respirator	Surgical Mask	Cloth Face Covering	Eye Protection (Goggles or Face Shield)	Isolation Gown	Sterile Gloves	Gloves
Skilled Nursing Facility							
COVID-19 Transmission-based precautions (Standard, Droplet, Contact)		X		X	X		X
Daily resident care (Standard Precautions)		X		X ^a	X ^a		X ^b
Upon entering the facility		X	X				
Assisted Living Facility							
COVID-19 Transmission-based precautions (Standard, Droplet, Contact)		X		X	X		X
Daily resident care (Standard Precautions)		X		X ^a	X ^a		X ^b
Upon entering the facility			X				
Adult Foster Care							
COVID-19 Transmission-based precautions (Standard, Droplet, Contact)		X		X	X		X
Daily resident care (Standard Precautions)		X		X ^a	X ^a		X ^b
Upon entering the facility			X				
Independent Living Facility							
COVID-19 Transmission-based precautions (Standard, Droplet, Contact)		X		X	X		X
Daily resident care (Standard Precautions)		X		X ^a	X ^a		X ^b
Upon entering the facility			X				
Home for the Aged							
COVID-19 Transmission-based precautions (Standard, Droplet, Contact)		X		X	X		X
Daily resident care (Standard Precautions)		X		X ^a	X ^a		X ^b
Upon entering the facility			X				

Notes:

^a During care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions

^b During care activities where contact with blood, body fluids, or other potentially infectious materials may occur

Source: Michigan Department of Health and Human Services (MDHHS). (April 9, 2020). Guidance to Protect Residents of Long-Term Care Facilities (Upon Readmission or Current Stay) https://www.michigan.gov/documents/coronavirus/LTC_Guidance_to_Protect_Residents_Final_4-10_686874_7.pdf

Table 2. PPE Considerations by Care Provided

Care Type	N95 Respirator	Surgical Mask	Cloth Face Covering	Eye Protection (Goggles or Face Shield)	Isolation Gown	Sterile Gloves	Gloves
Wound care		X ^a		X ^a	X ^a	X	X
Tracheostomy care		X ^a		X ^a	X ^a		X
Feeding tube care (e.g., PEG, NG)		X ^a		X ^a	X ^a		X
Peripheral IV care		X ^a		X ^a	X ^a		X
Central venous catheter care (e.g., PICC, Dialysis port)		X ^a		X ^a	X ^a	X	X
Urinary catheter care		X ^a		X ^a	X ^a		X
Colostomy care		X ^a		X ^a	X ^a		X
Aerosol-generating procedure, may include but not limited to: Bronchoscopy Cardiopulmonary resuscitation Endotracheal intubation and extubation Manual ventilation Non-invasive ventilation (e.g., BiPAP, CPAP) Open suctioning of airways Sputum induction	X			X ^a	X ^a		X
High-flow O2 delivery	X ^c						
Nebulizer administration	X ^{c,d}	X ^{c,d}					

Notes:

^a During care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions

^b During care activities where contact with blood, body fluids, or other potentially infectious materials may occur

^c Based on limited available data, it is uncertain whether aerosols generated from these procedures may be infectious

^d Aerosols generated by nebulizers are derived from medication in the nebulizer. It is uncertain whether potential associations between performing this common procedure and increased risk of infection might be due to aerosols generated by the procedure or due to increased contact between those administering the nebulized medication and infected residents.

Source: Michigan Department of Health and Human Services (MDHHS). (April 9, 2020). Guidance to Protect Residents of Long-Term Care Facilities (Upon Readmission or Current Stay)

https://www.michigan.gov/documents/coronavirus/LTC_Guidance_to_Protect_Residents_Final_4-10_686874_7.pdf

5. Staff with suspected/probable/confirmed COVID-19 returning to work

a. If staff member is a healthcare providers (HCP):

i. Test-based strategy (**preferred method per CDC**). Exclude from work until:

1. Resolution of fever without the use of fever-reducing medications **and**
2. Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
3. Negative results for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens). **OR**

ii. Non-test-based strategy. Exclude from work until:

1. 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**,
2. At least 7 days have passed *since symptoms first appeared*.

iii. Return to Work Practices and Work Restriction

1. After returning to work, HCP should:

a. Wear a facemask at all times until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. A facemask instead of a cloth face covering should be used by these HCP.

i. A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.

ii. Of note, N95 or other respirators with an exhaust valve might not provide source control.

b. Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset.

c. Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

b. Non-healthcare provider

- i. Test-based strategy. Exclude from work until:
 1. Resolution of fever without the use of fever-reducing medications **and**
 2. Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 3. Negative results for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens) **OR**
 - ii. Non-test-based strategy. Exclude from work until:
 1. 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**,
 2. At least 7 days have passed *since symptoms first appeared*
6. Management of staff exposed to suspected/probable/confirmed COVID-19 case
 - a. Preferred: quarantine for 14 days after the last day from exposure.
 - b. Alternative: for critical infrastructure workers/healthcare providers, there is currently no requirement for 14-day quarantine, particularly in areas with sustained community transmission if certain precautions are taken while working.
 - iii. If staff is allowed to work after a high-risk exposure:
 1. Pre-Screen: Continue to screen staff member for fever and symptoms before the individual enters the facility.
 2. Regular Monitoring: staff member is to self-monitor under the supervision of their employer's occupational health program. They are to immediately report any signs of illness that develop during their shift and leave work immediately.
 3. Wear a Mask: should wear a face mask at all times while in the workplace for 14 days after last exposure.
 4. Social Distance: maintain 6 feet and practice social distancing as work duties permit in the workplace.
 5. Disinfect and Clean workspaces: clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.
7. Additional Staffing Resources
 - a. If facing critical staffing shortages, volunteers *may* be available. Requests can be placed with:

- i. Your county emergency manager and ask if they can request the needed volunteers for you through the Michigan Critical Incident Management System (MI CIMS).
- ii. The emergency preparedness coordinator (EPC) at your local health department can request the needed volunteers for you through MI Volunteer.
- iii. Michigan Health and Hospital Association (MHA), at <https://mha.boxwoodgo.com/jobs>, has an online job board for sharing staff.

References:

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- Wu, F., Wang, A., Liu, M., Wang, Q., Chen, J., Xia, S., ... & Jiang, S. (2020). Neutralizing antibody responses to SARS-CoV-2 in a COVID-19 recovered 1 patient cohort and their implications, MedRxiv.
<https://www.medrxiv.org/content/10.1101/2020.03.30.20047365v1.full.pdf>
- Long-Term Care Team, Prevention and Response Branch, Centers for Disease Control and Prevention (CDC). (March 27, 2020). Preparing Nursing Homes and Assisted Living Facilities for COVID-19 (Webinar).
- World Health Organization (WHO). (March 21, 2020). Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19.
https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf
- Centers for Disease Control and Prevention (CDC). Optimize PPE Supply.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- Centers for Disease Control and Prevention (CDC). Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings.
<https://www.cdc.gov/niosh/topics/hccontrols/recommendedguidanceextuse.html>
- Brosseau, L., Sietsema, M. (2020). Center for Infectious Disease Research and Policy (CIDRAP). COMMENTARY: Respirators can be reused, but decontamination not well studied. <https://www.cidrap.umn.edu/news-perspective/2020/04/commentary-respirators-can-be-reused-decontamination-not-well-studied>
- Centers for Medicare & Medicaid Services (CMS). (March 13, 2020). Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED)<https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>
- Centers for Medicare & Medicaid Services (CMS). (April 2, 2020). COVID-19 Long-Term Care Facility Guidance. <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

- Michigan Department of Health and Human Services (MDHHS). (April 9, 2020). Guidance to Protect Residents of Long-Term Care Facilities (Upon Readmission or Current Stay) https://www.michigan.gov/documents/coronavirus/LTC_Guidance_to_Protect_Residents_Final_4-10_686874_7.pdf

COVID-19 Screening for Visitors and Staff

Community	Name	Date	Shift

For the safety and wellbeing of our residents, if the answer to any of the following are yes, we ask that you not be in our community at this time. If you develop any while you are here, we ask that you inform a staff person and leave immediately. Thank you.

	YES	NO
Do you have a fever? Current body temperature as measured by community personnel: _____		
Are you feeling generally well today?		
Have you visited any other healthcare facilities within the past 14 days?		
Do you have a cough?		
Do you have shortness of breath?		
Do you have a sore throat or headache?		
Have you been exposed to anyone with COVID-19?		
To the best of your knowledge, have you come into contact with anyone who has tested positive for COVID-19 or has symptoms of COVID-19?		
Are you under investigation for COVID-19?		

Name:	Date:
Address:	
Phone:	
Temperature Recorded By:	

Resident COVID-19 Screening Log

Resident Name	Apartment/Room #

Date	Time	Temp	Cough	Difficulty Breathing / Shortness of Breath	Any other symptoms?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

COVID-19 Line List

Please list all residents AND staff members with COVID-19 respiratory symptoms.

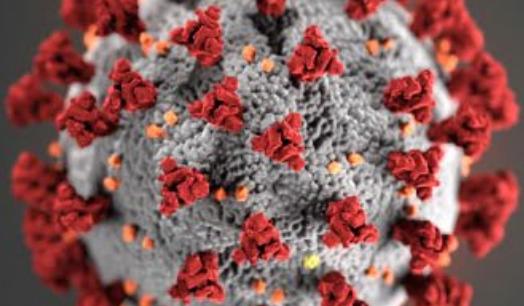
Additional COVID-19 Related Resources

State Contacts	<ul style="list-style-type: none"> Interactive map and contact information of local health departments https://www.michigan.gov/mdhhs/0,5885,7-339--96747--,00.html Regional Healthcare Coalition Contact Information https://www.hcam.org/uploads/ckeditor/files/Regional%20Healthcare%20Coalition%20Contact%20Information.pdf Local (county) Emergency Management Program https://www.michigan.gov/msp/0,4643,7-123-72297_60152_66814---,00.html Michigan Long Term Care Ombudsman (LTCO) https://mltcp.org/contact-us
Associations	<ul style="list-style-type: none"> Center to Advanced Palliative Care (CAPC) COVID-19 Response Resources/Toolkits https://www.capc.org/toolkits/covid-19-response-resources/
General	<ul style="list-style-type: none"> Tips for Keeping Residents Engaged https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Keeping-Residents-Engaged.pdf
Advanced Care/End of Life Planning	<ul style="list-style-type: none"> Advance Care Planning During COVID-19: Key Information for Nursing Facility Staff https://www.optimistic-care.org/docs/pdfs/NH_Advance_Care_Planning_During_a_Crisis.pdf Advance Care Planning and COVID-19: A Guide for Residents and Families https://www.optimistic-care.org/docs/pdfs/Advance_Care_Planning_and_COVID-19_Education_Sheet_(002).pdf POLST (Provider Orders for Life-Sustaining Treatment) during COVID-19 https://polst.org/covid/ Respecting Choices® COVID-19 tools and resources have conversations about treatment preferences before a medical crisis https://respectingchoices.org/covid-19-resources/
Dementia	<ul style="list-style-type: none"> Alzheimer's Association: COVID-19 resources https://www.alz.org/professionals/professional-providers/coronavirus-covid-19-tips-for-dementia-caregivers Online Resource List for Resident Engagement in Memory Care http://caassistedliving.org/pdf/resources/resident-engagement-ideas-for-memory-care.pdf
Resident Care and Management	<ul style="list-style-type: none"> Symptom Management Support for COVID-19 in the Nursing Home https://www.optimistic-care.org/docs/pdfs/COVID_symptom_treatment_in_NHs_4-5-20.pdf MDHHS Hospital to Post-Acute Care Transfer Form for COVID-19 https://www.hcam.org/uploads/ckeditor/files/Hospitl_to_Post_Acute_Care_Transform_Form_v4_031920_684373_7.pdf COVID-19 Guidance for Healthcare Facilities for Discharge of Residents https://www.hcam.org/uploads/ckeditor/files/Guidance_for_Health_Care_Facilities_for_Discharge_of_COVID_FINAL_684358_7.pdf What to Do When COVID-19 Gets into Your LTC Facility Don't Wait: Assume It's Already There https://www.ahcancal.org/facility_operations/disaster_planning/Documents/When-COVID-Gets-In.pdf Cohorting Residents to Prevent the Spread of COVID-19 https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Cohorting.pdf
Communication	<ul style="list-style-type: none"> VitalTalk COVID Ready Communication Playbook https://www.vitaltalk.org/guides/covid-19-communication-skills/#resourcing The COVID-19 Risk Communication Package For Healthcare Facilities https://iris.wpro.who.int/bitstream/handle/10665.1/14482/COVID-19_022020.pdf

Training, Education, and Consultation	<ul style="list-style-type: none"> How to Obtain a Nasopharyngeal Swab Specimen (video and text from New England Journal of Medicine) https://www.nejm.org/doi/full/10.1056/NEJMvcm2010260 Temporary Nurse Aide Course (FREE 8 hour on-line training) https://educate.ahcancal.org/products/temporary-nurse-aide Temporary Nurse Aide Skills Competency Checklist https://www.ahcancal.org/facility_operations/disaster_planning/Documents/TempNurseAide_CompetencyChecklist.docx N95 Mask Education https://ahca.healthcareacademy.com/n95mask/ COVID-19 Introduction and Overview https://vimeo.com/400768570/0b8824ca75 COVID-19 Responding to Signs and Symptoms https://vimeo.com/400792175/7f5188337e COVID-19 Standard, Contact, and Droplet Precautions https://vimeo.com/400775922/7fd755b759 COVID-19 Personal Protective Equipment (Includes CDC extended use guidelines) https://vimeo.com/400788568/0fdde84d79 CDC Hand Hygiene Video https://youtu.be/d914EnpU4Fo
Regulation	<ul style="list-style-type: none"> Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers (CMS EP Rule) https://asprtracie.hhs.gov/cmsrule
PPE	<ul style="list-style-type: none"> PPE Burn Calculator Rate Calculator https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html Respirators approved under standards used in other countries that are similar to NIOSH-approved respirators https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html WHO, Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19) https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPC_PPE_use-2020.1-eng.pdf Joint Commission Statement on Use of Face Masks Brought From Home https://www.jointcommission.org/-/media/tic/documents/resources/patient-safety-topics/infection-prevention-and-hai/covid19/public_statement_on_masks_from_home.pdf N95 Mask Education https://ahca.healthcareacademy.com/n95mask/ VIDEO: Proper donning and doffing of all PPE https://youtu.be/of73FN086E8 and https://www.youtube.com/watch?v=oXdaSeq4EVU&feature=youtu.be Use of PPE When Caring for COVID-19 Patients Posters 8.5x11 https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf and 11x17 https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE_11x17.pdf
Facilities Management	<ul style="list-style-type: none"> CDC Detailed Environmental Cleaning and Disinfection Recommendations https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html EPA: List N: Disinfectants for Use Against SARS-CoV-2 https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2 Guidelines for Residents' Personal Laundry During COVID-19 https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Guidelines-Resident-Laundry.pdf

Appendix:

Additional Resources



Guidance to Protect Residents of Long-Term Care Facilities (Upon Readmission or Current Stay)

Michigan.gov/Coronavirus

Guidance to Protect Residents of Long-Term Care Facilities (Upon Readmission and Current Stay)

For purposes of this document, a long-term care facility means any residential setting that cares for aged population. This includes, but not limited to, Skilled Nursing Facility, Assisted Living Facility, Adult Foster Care, Independent Living Facility, Home for the Aged, Community-Based Residential Facility, or Residential Care Apartment Complex.

The decision to discharge a patient from the hospital is made based on the clinical condition of the patient. Residents without COVID-19 who required hospitalization can and should be discharged back to the facility of residence once they are clinically stable. If a COVID-19 test was not warranted based on U.S. Centers for Disease Control and Prevention (CDC) or Michigan Department of Health and Human Services (MDHHS) criteria (see below), then a patient does not need to be tested prior to discharge back to a facility. **Continued hospitalization until a resident can be tested is counter to MDHHS testing criteria and will overwhelm the healthcare system and should be avoided.**

COVID-19 Testing Strategy

Following the March 24, 2020 MDHHS Emergency Order Pursuant to MCL 333.2253, MDHHS updated the evaluation criteria for prioritization of collection and testing of specimens for COVID-19. In an effort to conserve limited COVID-19 testing supplies and capacity, MDHHS prioritized testing eligibility for Priority Groups One, Two, and Three in the [U.S. Public Health Services \(PHS\) Guidance](#).

Priority Group One ensures optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system. This includes hospitalized patients and healthcare facility workers *with symptoms*

Priority Group Two ensures those at highest risk of complication of infection are rapidly identified and appropriately triaged. This includes:

- Residents in long-term care facilities *with symptoms*
- Residents over age 65 years *with symptoms*
- Residents with underlying conditions *with symptoms*
- First responders *with symptoms*

Priority Group Three ensures testing for critical infrastructure workers *with symptoms*.

For those who do qualify for testing, Medicare is now covering COVID-19 testing when furnished to eligible beneficiaries by certified laboratories. These laboratories [may also choose](#) to enter facilities to conduct COVID-19 testing.

Best Practices for Long-Term Care Facilities (Based on CMS Guidance)

Certified Nursing homes must comply with CMS and CDC guidance related to infection control

- Facilities must adhere to appropriate hand hygiene as set forth by [CDC](#).
- CMS has issued extensive [infection control guidance](#), including a self-assessment checklist that can be used to determine compliance with crucial infection control actions.
- Facilities should refer to CDC's [guidance](#) on COVID-19 and [guidance](#) on conservation of personal protective equipment (PPE).

Long-term care facilities should immediately implement symptom screening for all

- In accordance with [previous CMS guidance](#), every individual regardless of reason entering a facility (including residents, staff, visitors, outside healthcare personnel (HCP), vendors, etc.) should be asked about COVID-19 symptoms and have their temperature checked.
 - An exception to this is Emergency Medical Service (EMS) workers responding to an urgent medical need, as they are typically screened prior to each shift.
- Facilities should limit access points and ensure all accessible entrances have a screening station.
- In accordance with [previous CDC guidance](#), every resident should be assessed for symptoms and have their temperature checked every day.

Identify infections early:

- Screen residents daily for fever and respiratory symptoms; immediately isolate if symptomatic.
- Residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include: new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt immediate isolation and further evaluation for COVID-19.
- Notify the local health department immediately (<24 hours) for: severe respiratory infection causing hospitalization or sudden death (within 2 hours), clusters (≥ 3 residents and/or HCP) of respiratory infection, or individuals with known or suspected COVID-19 are identified.

Long-term care facilities should exercise as best as possible consistent assignment

- Consistent assignment (meaning the assignment of staff to certain residents) for all residents regardless of symptoms or COVID-19 status.
- This practice can enhance staff's familiarity with their assigned residents, helping them detect emerging condition changes that unfamiliar staff may not notice.
- The goal is to decrease the number of different staff interacting with each resident as well as the number of times those staff interact with the resident.
 - Also, staff as much as possible should not work across units or floors.
 - Facilities should redeploy existing training related to consistent assignment, and ensure staff are familiar with the signs and symptoms of COVID-19.

Contingency Planning for COVID-19 in a Facility

If a healthcare worker worked while symptomatic with symptoms consistent with COVID-19:

- Prioritize the symptomatic healthcare worker for COVID-19 testing.

- Residents that were cared for by the healthcare worker while they were symptomatic should be:
 - Restricted to their room,
 - Monitored for fever and respiratory symptoms at least daily,
 - Required to wear face masks if leaving their room, and
 - Cared for using recommended PPE (Please see Table 1, below) until results of the healthcare worker's testing are known.
- If COVID-19 is diagnosed in the healthcare worker, residents should be cared for using recommended PPE until 14 days after last exposure and prioritized for testing if they develop symptoms.

If a resident is found to have COVID-19:

- Ensure the resident is isolated and cared for using recommended PPE (Please see Table 1, below). Place resident in a single room if possible. The facility should conduct surveillance to actively identify other symptomatic residents and HCP as well as increase assessment of residents from daily to every shift.
 - Facility should review new admissions based on their current situation and interventions being implemented.
- Facility should counsel residents on the affected unit (or in the facility if cases widespread) and restrict residents to their room.
- HCP should use recommended PPE [from Table 1] for the care of residents in affected areas (or facility); this includes both symptomatic and asymptomatic residents. Facility should also:
 - Reinforce basic infection control practices (i.e., hand hygiene, PPE use, social distancing, environmental cleaning)
 - Provide educational sessions or handouts for HCP and residents/families
 - Maintain ongoing, frequent communication with residents, families and HCP with updates on the situation and facility actions
 - Monitor hand hygiene and PPE use in affected areas
 - Increased vitals/assessments of residents infected with COVID-19 to detect clinically deteriorating residents more rapidly (e.g., every shift). Include assessment of pulse oximetry as part of vital signs, if not already being done.
 - Educate HCP in the facility about the potential for rapid clinical deterioration in residents with COVID-19
 - Consider increasing from daily to every shift surveillance for new symptomatic residents among residents not known to be infected with COVID-19
- COVID-19 residents could share rooms with other similarly infected residents. These residents could be cohorted together in a designated location with dedicated HCP providing care.
 - Roommates of residents infected with COVID-19 should be considered potentially infected and not share rooms with other residents unless they remain asymptomatic for 14 days after their last exposure.
- Maintain interventions while assessing for new clinical cases (symptomatic residents):
 - Ideally maintain precautions for residents on the unit until no additional clinical cases for 14 days or until cases subside

- Residents infected with COVID-19 could be accepted back into the facility if the facility can care for the resident using recommended interventions, have adequate PPE, and single rooms or they can room share with another resident infected with COVID-19.
- Removing residents infected with COVID-19 from Transmission-Based Precautions should follow current [CDC recommendations](#).
- Facility should keep in mind that the incubation period can be up to 14 days and the identification of new case within a week to 10 days of starting the interventions does not necessarily represent a failure of the interventions to control transmission

Facilities should separate residents infected with COVID-19 or symptomatic from residents who do not have or show symptoms.

- COVID-19-positive units and facilities must be capable of maintaining strict infection control practices.
 - Facility should exercise consistent assignment or have separate staffing teams for COVID-19-positive and COVID-19-negative residents.
 - For facilities with ventilator capabilities and residents with COVID-19, there may be a need for the facility to have the capacity, staffing, and infrastructure to manage higher intensity residents, including ventilator management.
- Facilities should inform residents and their families of [limitations of their access](#) to and ability to leave and re-enter the facility, as well as any requirements and procedures for placement in alternative units or facilities for COVID-19-positive or unknown status.

The MDHHS is actively working with other state agencies, local health departments, hospitals, and various provider associations to ensure coordination during this emergency.

Personal Protective Equipment (PPE) Recommended Utilization

At note about N95 respirators:

N95 respirator masks are only indicated for use when there is a risk of airborne transmission. In the care of residents with COVID-19 or suspected COVID-19 when there is a shortage of N95 respirators, these respirators should be reserved for use during aerosol-generating procedures (Please see Table 2, below). Additionally, N95 respirators should only be used in a setting where the facility has a respiratory protection program with trained, medically cleared, and fit-tested healthcare workers.

Optimization of PPE:

The CDC provides [strategies](#) that can be utilized by HCP to optimize use of PPE during periods of known shortages. These strategies should only be used when there is limited supply that has exceeded the ability to provide conventional standards.

Table 1. PPE Considerations by Facility Type

Facility type	N95 Respirator	Surgical Mask	Cloth Face Covering	Eye Protection (Goggles or Face Shield)	Isolation Gown	Sterile Gloves	Gloves
Skilled Nursing Facility							
COVID-19 Transmission-based precautions (Standard, Droplet, Contact)		X		X	X		X
Daily resident care (Standard Precautions)		X		X ^a	X ^a		X ^b
Upon entering the facility		X	X				
Assisted Living Facility							
COVID-19 Transmission-based precautions (Standard, Droplet, Contact)		X		X	X		X
Daily resident care (Standard Precautions)		X		X ^a	X ^a		X ^b
Upon entering the facility			X				
Adult Foster Care							
COVID-19 Transmission-based precautions (Standard, Droplet, Contact)		X		X	X		X
Daily resident care (Standard Precautions)		X		X ^a	X ^a		X ^b
Upon entering the facility			X				
Independent Living Facility							
COVID-19 Transmission-based precautions (Standard, Droplet, Contact)		X		X	X		X
Daily resident care (Standard Precautions)		X		X ^a	X ^a		X ^b
Upon entering the facility			X				
Home for the Aged							
COVID-19 Transmission-based precautions (Standard, Droplet, Contact)		X		X	X		X
Daily resident care (Standard Precautions)		X		X ^a	X ^a		X ^b
Upon entering the facility			X				

Notes:

^a During care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions

^b During care activities where contact with blood, body fluids, or other potentially infectious materials may occur

Table 2. PPE Considerations by Care Provided

Care Type	N95 Respirator	Surgical Mask	Cloth Face Covering	Eye Protection (Goggles or Face Shield)	Isolation Gown	Sterile Gloves	Gloves
Wound care		X ^a		X ^a	X ^a	X	X
Tracheostomy care		X ^a		X ^a	X ^a		X
Feeding tube care (e.g., PEG, NG)		X ^a		X ^a	X ^a		X
Peripheral IV care		X ^a		X ^a	X ^a		X
Central venous catheter care (e.g., PICC, Dialysis port)		X ^a		X ^a	X ^a	X	X
Urinary catheter care		X ^a		X ^a	X ^a		X
Colostomy care		X ^a		X ^a	X ^a		X
Aerosol-generating procedure, may include but not limited to: Bronchoscopy Cardiopulmonary resuscitation Endotracheal intubation and extubation Manual ventilation Non-invasive ventilation (e.g., BiPAP, CPAP) Open suctioning of airways Sputum induction	X			X ^a	X ^a		X
High-flow O2 delivery	X ^c						
Nebulizer administration	X ^{c,d}	X ^{c,d}					
Notes:							
^a During care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions							
^b During care activities where contact with blood, body fluids, or other potentially infectious materials may occur							
^c Based on limited available data, it is uncertain whether aerosols generated from these procedures may be infectious							
^d Aerosols generated by nebulizers are derived from medication in the nebulizer. It is uncertain whether potential associations between performing this common procedure and increased risk of infection might be due to aerosols generated by the procedure or due to increased contact between those administering the nebulized medication and infected residents.							

Nebulizers and COVID-19

No studies have been performed on the specific transmission risk for nebulizers during the treatment of patients with confirmed COVID-19. One study has demonstrated aerosol stability of SARS-CoV-2, but whether this is applicable to clinical situations outside of laboratory conditions is unknown (van Doremalen et al. N Engl J Med 2020 March [DOI:10.1056/NEJMc2004973](https://doi.org/10.1056/NEJMc2004973)). The available data suggest that while the risk of viral transmission from nebulizers is lower than with procedures such as intubation or bronchoscopy, transmission remains a possibility. MDHHS recommends the following to minimize risk to health care providers:

- If patient can tolerate, switch to metered-dose inhalers with a dedicated spacer.
- HCP should wear a facemask (as well as eye protection, gloves and a gown) during the procedure if an N95 or higher-level respirator is unavailable.
- Close resident room door when providing nebulizer treatment.
- Upon set-up of nebulizer, have HCP maintain a safe distance (6 feet or greater), possibly outside the door.
- Residents do not need to be transferred to a higher level of care solely for the purpose of providing nebulizer treatment.

References:

1. [CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#)
2. Tran K, Cimon K, Severn M, Pessoa-Silva CL, Conly J (2012) Aerosol Generating Procedures and Risk of Transmission of Acute Respiratory Infections to Healthcare Workers: A Systematic Review. PLoS ONE 7(4); <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3338532/#!po=72>.
3. van Doremalen et al. "Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1." N Engl J Med 2020 March DOI:10.1056/NEJMc2004973; www.nejm.org/doi/full/10.1056/NEJMc2004973.
4. <https://www.health.state.mn.us/diseases/coronavirus/hcp/aerosol.pdf>

Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

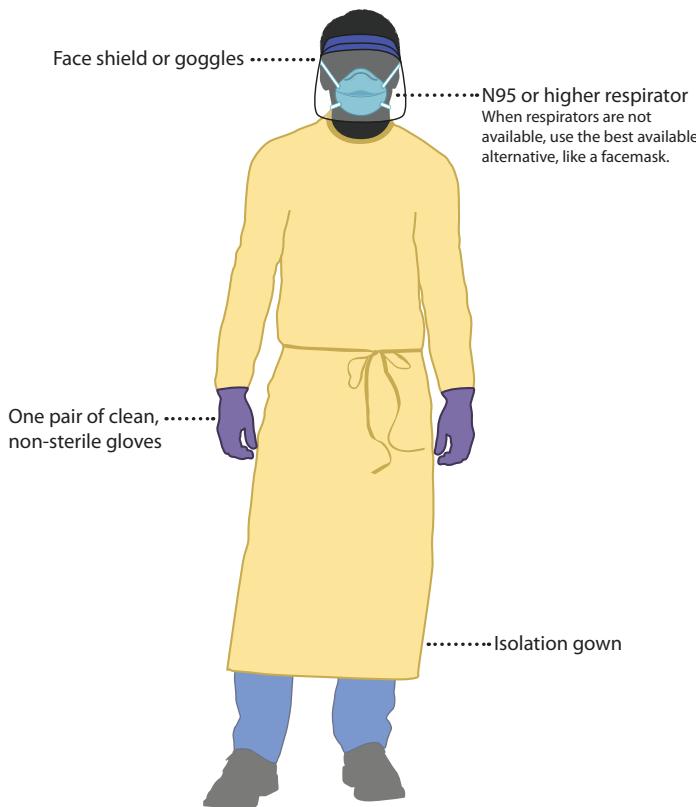
Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **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



Acceptable Alternative PPE – Use Facemask



www.cdc.gov/coronavirus

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 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.*

Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

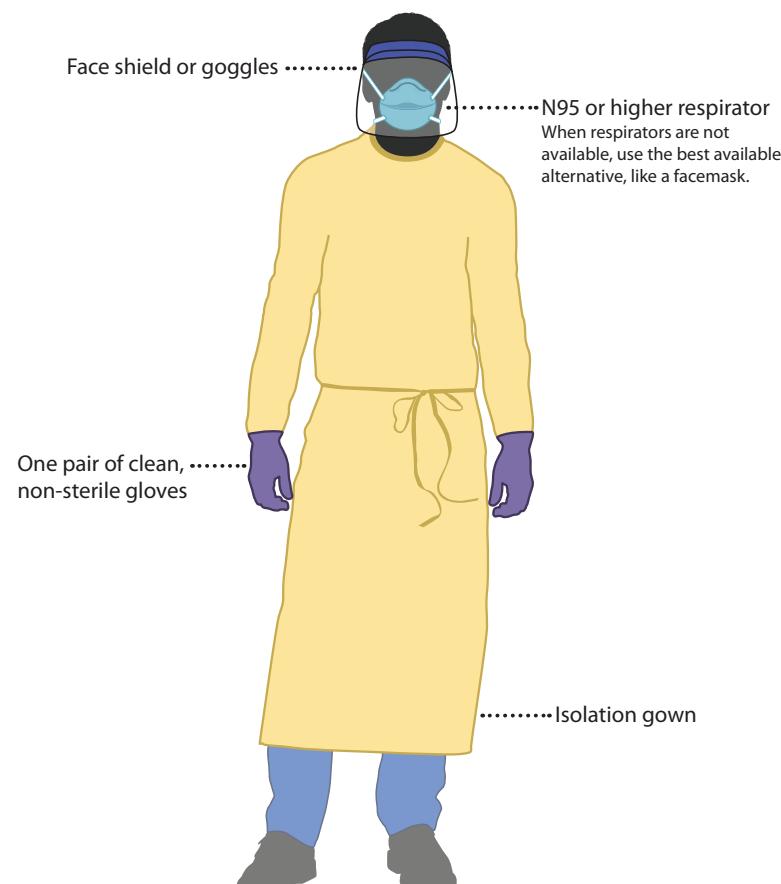
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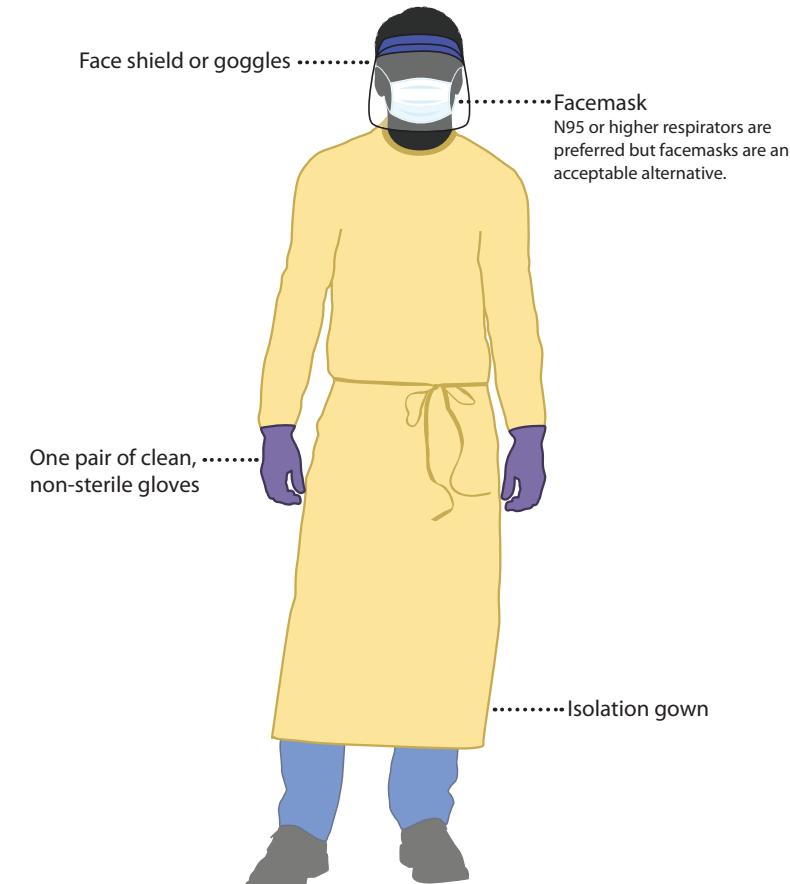
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www.cdc.gov/coronavirus

Novel Coronavirus COVID-19

FOR HEALTHCARE WORKERS

Personal Protective Equipment (PPE) According to Healthcare Activities

Remember Hand hygiene is always important. Clean hands before putting on, and after taking off, PPE.



Triage/points of entry screening personnel

medical
mask



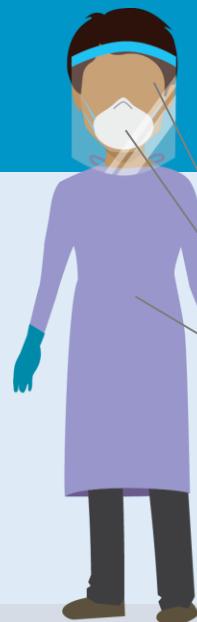
Collecting respiratory specimens

goggles OR face shield
medical mask
gown
gloves

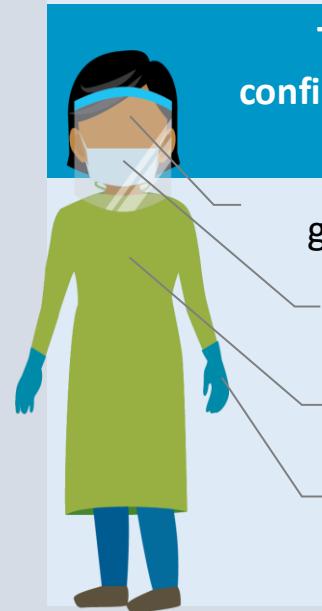


Caring for a suspected/confirmed case of COVID-19 with NO aerosol-generating procedure

goggles OR face shield
medical mask



Caring for a suspected/confirmed case of COVID-19 WITH aerosol-generating procedure



Transport of suspected/confirmed case of COVID-19, including direct care

goggles OR face shield
medical mask
gown
gloves



CONTACT PRECAUTIONS EVERYONE MUST:



Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:



**Put on gloves before room entry.
Discard gloves before room exit.**



**Put on gown before room entry.
Discard gown before room exit.**

Do not wear the same gown and gloves for the care of more than one person.



**Use dedicated or disposable equipment.
Clean and disinfect reusable equipment before use on another person.**



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

MEDIDAS DE PRECAUCIÓN POR CONTACTO



Todos deben:



Limpiarse las manos, incluso antes de entrar y al salir de la habitación.

Los proveedores de atención médica y el personal deben, además:



**Ponerse guantes antes de entrar a la habitación.
Desechar los guantes antes de salir de la habitación.**



**Ponerse una bata antes de entrar a la habitación.
Desechar la bata antes de salir de la habitación.**

No usar la misma bata ni los mismos guantes para atender a más de una persona.



**Usar equipo de uso exclusivo o desechable.
Limpiar y desinfectar el equipo reutilizable antes de usarlo para otra persona.**



DROPLET PRECAUTIONS



EVERYONE MUST:

Clean their hands, including before entering and when leaving the room.



Make sure their eyes, nose and mouth are fully covered before room entry.



or



Remove face protection before room exit.



MEDIDAS DE PRECAUCIÓN POR GOTITAS

Todos deben:



Limpiarse las manos, incluso antes de entrar y al salir de la habitación.



Asegurarse de tener los ojos, la nariz y la boca totalmente cubiertos antes de entrar a la habitación



0



quitarse la protección facial antes de salir de la habitación.

Cleaning And Disinfecting Your Facility

Everyday Steps, Steps When Someone is Sick, and Considerations for Employers

How to clean and disinfect

Wear disposable gloves to clean and disinfect.

Clean

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



High touch surfaces include:

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



Disinfect

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

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

Many products recommend:

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

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

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

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

To make a bleach solution, mix:

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

OR

- 4 teaspoons bleach per quart of water

- **Alcohol solutions with at least 70% alcohol.**

Soft surfaces

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

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



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

OR

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

Electronics

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



Laundry

For clothing, towels, linens and other items

- **Wear disposable gloves.**
- **Wash hands with soap and water** as soon as you remove the gloves.
- **Do not shake** dirty laundry.
- Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely.
- Dirty laundry from a sick person **can be washed with other people's items.**
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.



Cleaning and disinfecting your building or facility if someone is sick

- **Close off areas** used by the sick person.
- **Open outside doors and windows** to increase air circulation in the area. **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect **all areas used by the sick person**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- **If more than 7 days** since the sick person visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection.



When cleaning

- **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.**
 - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- **Wash your hands often** with soap and water for 20 seconds.
 - Always wash immediately after removing gloves and after contact with a sick person.



- Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

- **Additional key times to wash hands** include:

- After blowing one's nose, coughing, or sneezing.
- After using the restroom.
- Before eating or preparing food.
- After contact with animals or pets.
- Before and after providing routine care for another person who needs assistance (e.g., a child).

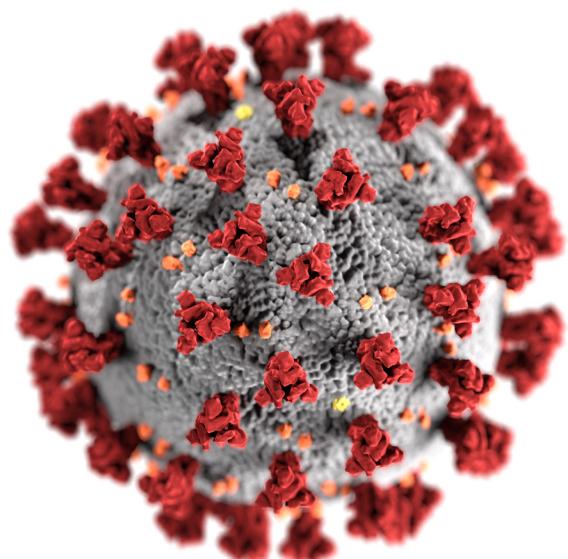
Additional Considerations for Employers



- **Educate workers** performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
- Provide instructions **on what to do if they develop symptoms within 14 days** after their last possible exposure to the virus.
- Develop **policies for worker protection and provide training** to all cleaning staff on site prior to providing cleaning tasks.
 - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Ensure workers are **trained on the hazards of the cleaning chemicals** used in the workplace in accordance with OSHA's Hazard Communication standard ([29 CFR 1910.1200](#)).
- **Comply** with OSHA's standards on Bloodborne Pathogens ([29 CFR 1910.1030](#)), including proper disposal of regulated waste, and PPE ([29 CFR 1910.132](#)).

For facilities that house people overnight:

- Follow CDC's guidance for [colleges and universities](#). Work with state and local health officials to determine the best way to isolate people who are sick and if temporary housing is needed.
- For guidance on cleaning and disinfecting a sick person's bedroom/bathroom, review CDC's guidance on [disinfecting your home if someone is sick](#).





Feeling Sick?

Stay home when you are sick!

If you feel unwell or have the following symptoms
please leave the building and contact your health care provider.
Then follow-up with your supervisor.

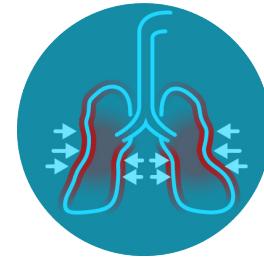
DO NOT ENTER if you have:



FEVER



COUGH



SHORTNESS
OF BREATH



[cdc.gov/CORONAVIRUS](https://www.cdc.gov/coronavirus)

My 5 Moments for Hand Hygiene



Use alcohol-based hand rub or wash hands with soap and water:

2 Before engaging in clean/aseptic procedures

1

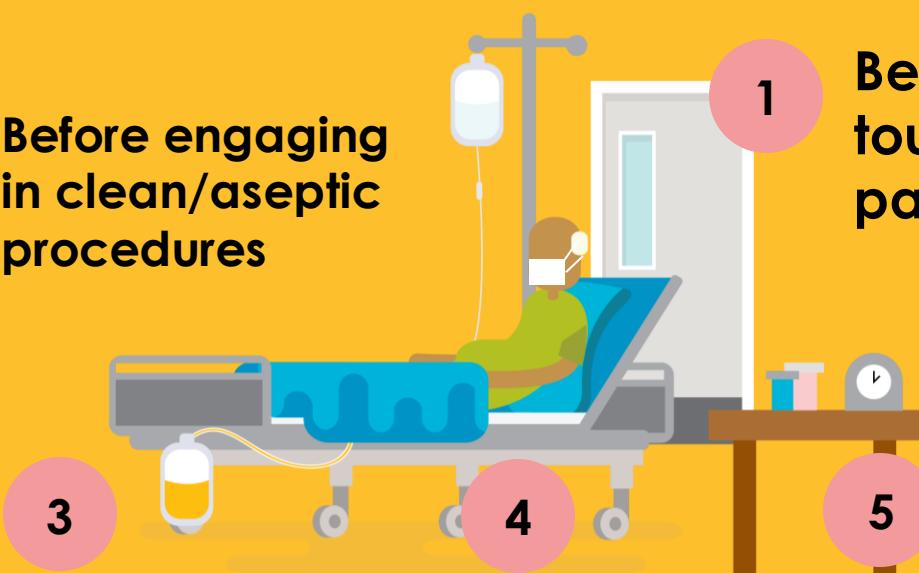
Before touching a patient

5

After touching patient surroundings

After body fluid exposure risk

After touching a patient



WHOWPRO



WHOWPRO



WHOWPRO



**World Health Organization
Western Pacific Region**



1 Wet



2 Get Soap

Wash Your Hands!



3 Scrub



4 Rinse

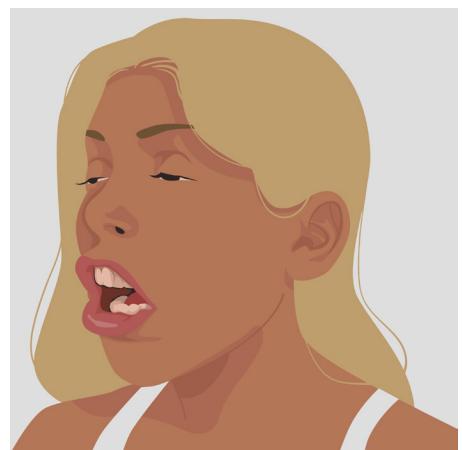
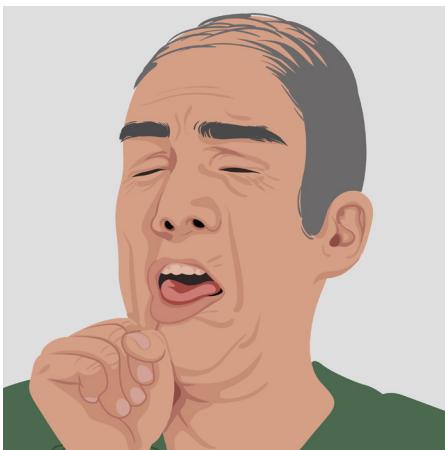
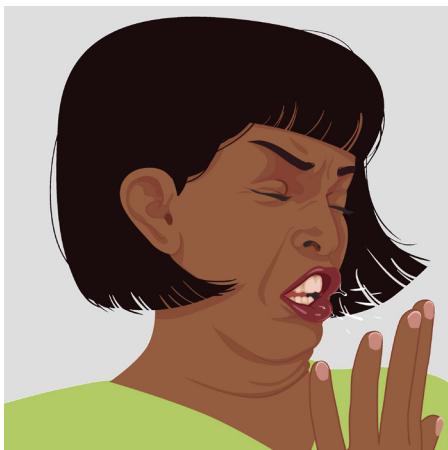
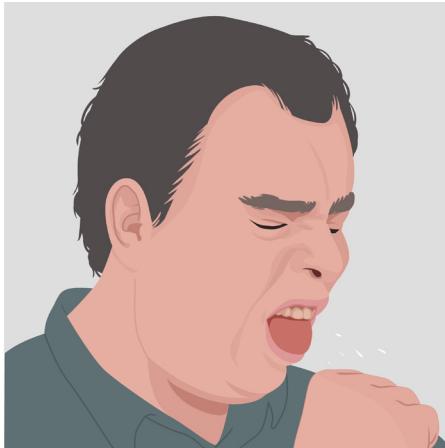


5 Dry



Hands
that look
clean can still
have icky
germs!

Spreading germs is OUT. Handwashing is IN!



Handwashing is one of the most important things we can do to avoid getting sick and spreading germs to others.



**Centers for Disease
Control and Prevention**
National Center for Emerging
and Zoonotic Infectious Diseases

www.cdc.gov/handwashing

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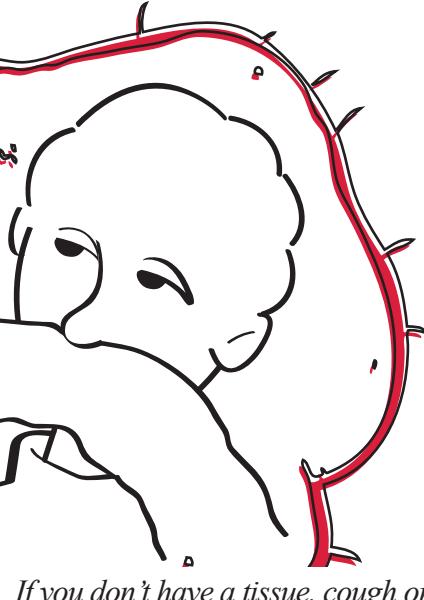
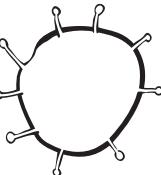
Cover your Cough



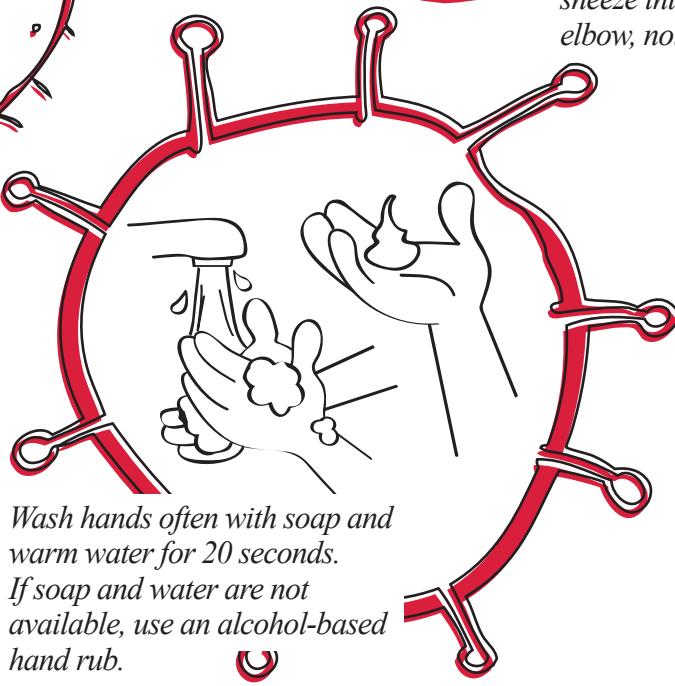
Stop the spread of germs that can make you and others sick!

Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.

You may be asked to put on a facemask to protect others.



If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.



Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.



SOCIAL DISTANCING

Social distancing helps separate you from people who are ill and reduces the spread of illness



Keep 6 feet away from others.

Don't shake hands.

Wash hands often with soap and water for 20 seconds. If unable, use alcohol sanitizer wipes or lotions.

Don't touch your face, nose, and mouth, especially with unwashed hands.

When sneezing or coughing, use the crook of your elbow. Tissues are also ok.

Stay home when you are sick.

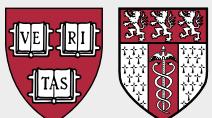
Don't share water bottles, food, towels, utensils, etc.

Throw away used tissues and disposable items.

Frequently clean touched surfaces with household disinfectant, leave slightly wet and allow to air dry for best disinfection.

Respectfully, stay away from sick people.

Avoid going to large public venues such as theaters or sporting events.



HARVARD UNIVERSITY
Health Services

www.cdc.gov/COVID19

www.harvard.edu/coronavirus



DON'T TOUCH YOUR FACE

To help prevent infections, keep your hands away from your eyes, nose, and mouth. Why? Touching the mucous membranes on your face with your dirty hands allows germs that cause respiratory infections to enter the body.

Why is not touching your face so important?

It is estimated that people touch their faces about 23 times per hour! Respiratory infections can be caused by many different bacteria, viruses, and other disease-causing germs. When you touch your face with dirty, unwashed hands, germs can take up residence in your mucous membranes which can lead to an infection.

How are respiratory infections spread?

Respiratory infections, like pneumonia or the flu, can spread through droplets in the air when a sick person coughs, sneezes, or talks near you. Respiratory infections can also spread by direct contact with bacteria, viruses, and other disease-causing germs. When we touch people who are sick, or touch dirty surfaces, we contaminate our hands with germs. We can then infect ourselves with those germs by touching our face.

How can I protect myself from respiratory infections?

There are several ways that you can protect yourself from getting a respiratory infection:

- Avoid touching your eyes, nose, and mouth. Never touch your face with dirty hands.
- Wash your hands frequently. Washing hands with soap and water is the best way to get rid of germs in most situations.
- Use an alcohol-based hand sanitizer to clean your hands if soap and water are not available.
- Get a flu shot every year. Encourage your family and friends to get a flu shot too!
- Ask your healthcare provider if the pneumonia vaccine is right for you.
- Avoid being close to people who are coughing and sneezing.

ADDITIONAL RESOURCES

CDC—When and how to wash your hands: <https://www.cdc.gov/handwashing/when-how-handwashing.html>

Kwok, YLA., Gralton, J., and McLaws, ML. Face touching: A frequent habit that has implications for hand hygiene. *Am J Infect Control*. 2015;43(2):112-114. Available at: [https://www.ajicjournal.org/article/S0196-6553\(14\)01281-4/fulltext](https://www.ajicjournal.org/article/S0196-6553(14)01281-4/fulltext).



ABOUT APIC The mission of the Association for Professionals in Infection Control and Epidemiology, Inc. (APIC) is to create a safer world through prevention of infection. The association's more than 15,800 members direct infection prevention programs that save lives and improve the bottom line for hospitals and other healthcare facilities. APIC advances its mission by pursuing the strategic goals of patient safety, implementation science, competencies and certification, advocacy, and data standardization. Visit APIC online at www.apic.org

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www.apic.org/patientsafety

