

# COVID-19 Mitigation Playbook for Residential Care Facilities for the Elderly (RCFEs)

*Updated 07/21/2020*

## **Disclaimer**

This Playbook contains guidance based on information generally available as of the issuance date specified on the cover page.

Information is intended for RCFE Administrators. Information for consumers can be found at: [cdc.gov](https://www.cdc.gov) or <https://healthy.kaiserpermanente.org/alerts/p1/2019-novel-coronavirus-feb-2020>. This information and advice published or made available through this Playbook is not intended to replace the services of a physician, nor does it constitute a doctor-patient relationship. Information in this Playbook is provided for informational purposes only and is not a substitute for professional medical or public health advice.

# Table of Contents

Introduction	3
Background on COVID-19	4
Preventing the Introduction of COVID-19 Into Your Facility	5
Preventing Infection for People Already in the Facility	6
For People Entering the Facility: Staff, Residents, and Visitors	9
Additional Considerations for Resident Health and Wellbeing	10
Additional Considerations for Staff Wellness	11
Identifying COVID-19 Symptoms	12
Preventing the Spread of COVID-19 When There Are Suspected or Confirmed Cases	14
Actions to Take When One or More Residents is Showing Symptoms of COVID-19	15
Actions to Take With Other Residents	17
Actions to Take With Staff in Facility	18
Actions to Take With Visitors	19
Assessing Your Facility's Readiness to Prevent and Manage an Outbreak of COVID-19	20
Resources for Assessing Your Facility's Readiness	21
Planning for the Facility	22
Resident Advance Care Plans	23
POLST Resources	24
Appendices	26
Appendix A: Sample Signs for the Facility	27
Appendix B: Educational Resources about PPE for Staff	43
Appendix C: Strategies for PPE Shortages and Conservation of PPE	46
Appendix D: Daily Symptom Monitoring Log for Residents and Staff	48
Appendix E: Monitoring & Reporting Suspected or Confirmed Cases to the Local Health Department	50
Appendix F: Sample Language for Staff & Resident Letter (English, Spanish, Tagalog)	52
Appendix G: PIN 20-23-ASC from California Department of Social Services	53

# Introduction

---

## Purpose of this guidance document

This document is intended to help you -- as a residential care facility for the elderly (RCFE) leader -- prepare your facility, staff, residents, and visitors to reduce the risk of a coronavirus disease 2019 (COVID-19) outbreak and appropriately manage residents with symptoms of a potential COVID-19 infection. This guide distills information from multiple sources to give you the most important information, so you can take immediate action.

## Use of this document

We recommend that you review this playbook in its entirety and share the information with other facility leaders, including those in charge of residents' health and medical care, infection control and/or housekeeping/environmental services, transportation, supplies/procurement, and human resources. Following this review, we recommend that you train your staff using the included materials and post the included signs in your facility.

## Additional regulatory and public health considerations

Additional guidance, recommendations, and regulations are available from each county's local public health department, the California Department of Social Services (CDSS), and the Centers for Disease Control and Prevention (CDC). Please see the California Department of Social Services Facility Self-Assessment to determine your facility's readiness for addressing a COVID-19 outbreak. This community guidance document contains many similar recommendations but does not provide a comprehensive review of all licensing requirements.

## Acknowledgements

This Playbook is adapted from documents prepared by the Kaiser Permanente San Rafael Medical Center in partnership with Marin Health and Human Services.

# Background on COVID-19



## What is COVID-19

COVID-19 is an illness caused by a novel coronavirus, a strain that has not previously been seen in humans. It affects the airways and lungs but may also impact other systems of the body.



## How it spreads

- COVID-19 is thought to spread mainly from person-to-person through respiratory droplets produced when an infected person coughs, sneezes, or talks.
- These droplets spread between people who are in close contact with one another (within 6 feet) for a few minutes or more.
- It can also spread when someone touches an object or surface that has the virus on it and then touches their mouth, nose, or eyes.
- People without symptoms or with very mild symptoms may not know they are sick and may unknowingly spread the disease to others.



## How it can enter your facility

Anyone who enters your facility could have COVID-19, including:

- Staff/contractors/volunteers
- Visitors
- Residents



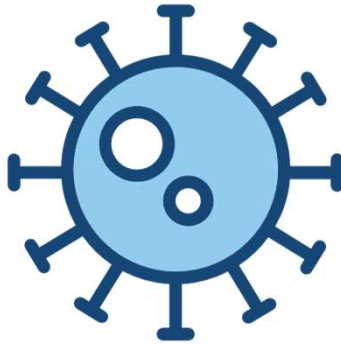
## What it looks like

- Common symptoms include a new cough (duration  $\geq 24$  hours), fever, an/or chills shortness of breath.
- Other symptoms in the elderly may include new or worsening body aches, sore throat, diarrhea, nausea, fatigue, loss of smell or taste, headache, congestion or runny nose, new confusion, or mental status altered from baseline.
- Symptoms are often more severe in older adults and people with chronic conditions like diabetes, heart disease, and lung disease.



## Where we are now

- COVID-19 is spreading in the community in California.
- Infections have been found in RCFEs among staff and residents.
- The situation is constantly changing.



# Preventing the Introduction of COVID-19 Into Your Facility

---

The following pages include practices we know can help to prevent or slow the entry of COVID-19 into your facility. There are steps you can take with the staff and residents already in your facility as well as controls you can implement at points of entry.

Information has been adapted from the CDC's recommendations, which can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

See **Appendix G: PIN 20-23-ASC from California Department of Social Services** for additional details.

# Preventing Infection for People Already in the Facility



## Provide education to residents and staff

- Print signs about COVID-19; see **Appendix A** for resources you can print.
- Provide clear and consistent messages and updates about coronavirus in the community and in the facility to reduce anxiety and rumors.
- Provide guidance on workflow for symptomatic residents as well as those who have been exposed.
  - Designate one person (most commonly an administrator) who will be communicating with medical services, the local health department, and partners for non-emergent situations where residents may become symptomatic or have been exposed to individuals with COVID-19.



## Restrict group activities and travel

- Cancel communal dining and all internal and external group activities. Use social distancing in congregate areas and non-private resident rooms.
- Follow the public health orders from your local health department and restrict travel to only essential activities.
- Remind residents to practice social distancing (stay six feet apart from others) while in the facility and perform frequent hand hygiene; see **Appendix A** to print sign on “social distancing.”
- For essential group activities that cannot be canceled, implementing the following social distancing measures can help:
  - Require masks for those who can tolerate them.
  - Alter schedules to reduce mixing (e.g., stagger meal, activity, arrival/departure times).
  - Limit programs with external staff.
  - Limit the number of attendees at a given time to fewer than 10 people and ask participants to maintain a distance of at least six feet from one another.
  - Place chairs and tables at least six feet apart during communal dining or similar events.
- Consider removing furniture to control use of communal space.
- Space beds at least six feet apart. If that is not possible, aim for three feet apart with residents sleeping head to toe to maximize space between their mouths and noses

# Preventing Infection for People Already in the Facility (Cont)



## Control the spread of the virus

- Provide appropriate supplies:
  - Provide alcohol-based hand sanitizer at multiple touchpoints.
  - If sanitizer supply is limited, implement hand washing (minimum 20 seconds).
  - If possible, provide sanitizer at the entrance and exit of high-traffic areas and isolation rooms.
  - Resident room/apartment bathroom or kitchen sinks can be made available for staff to wash hands inside room upon entry and exit.
  - Provide soap and paper towels at all sinks for handwashing.
  - Provide tissue and face masks to cover sneezes and coughs.
  - Provide and use disinfectants for frequent cleaning of high-touch surfaces and shared equipment. See “Guidelines for cleaning and disinfection” in [English](#) and [Spanish](#) and the “[EPA list of recommended disinfectants](#)”
- Require personal protective equipment for staff (all staff and/or essential visitors should be masked while inside the facility).
- Monitor supply inventories. If needed, locate alternate sources for supplies.
- Develop a plan and educate staff proactively on proper Personal Protective Equipment (PPE) and infection prevention guidelines in your facility.
  - See **Appendix B** to print signs for staff about “Personal Protective Equipment”
  - See training videos in [English](#), [Spanish](#), and Tagalog ([donning](#), [doffing](#)) on proper PPE usage
  - In times of shortage develop a plan for alternate forms of PPE and extended use protocols; see **Appendix C** for CDC and FDA Guidelines
  - Contact the Medical Health Operational Area Coordinator (MHOAC) for more supplies; see the [contact list](#) for the point person for your county
- Implement quality assurance process to ensure every resident and staff member has their health monitored each day.
- Encourage good hygiene practices; see [CDC guidelines](#) for more information about preventing infection

# Preventing Infection for People Already in the Facility (Cont)



## Monitor staff for symptoms

- Implement sick leave policies that are non-punitive and flexible. Enforce the policy that sick staff stay home and follow guidelines for isolation practices.
- Notify staff of their ability to return to work when they are well if they become COVID-19 positive.
  - See the [California Department of Labor](#) and your local public health department for guidance
- Make plans for staffing shortages. If your facility is short staffed, check in with staff more frequently than typical to ensure safety practices are being upheld.
- **Best Practice:** Consider developing a staff “champion” team that serve as an extension of leadership. These champions can check in frequently with other caregivers and provide support or guidance if needed.
- Screen staff daily; see **Appendix D** for a printable symptom log and next slide for more details on monitoring everyone entering the building.



## Monitor residents for symptoms

- Ask residents to report if they feel feverish or have cough, sore throat, or shortness of breath.
- Screen residents for signs of fever and respiratory infection upon admission and at least once a day for symptoms. Take their temperature and ask if they are experiencing any shortness of breath, cough, and sore throat.
  - See **Appendix D** and print a symptom monitoring log for residents.
  - Use a recommended, reliable, no-touch thermometer. Follow manufacturer’s guidelines for regular calibration during frequent use. *Note: do not use an infrared cooking thermometer as these are not accurate. Avoid oral thermometers.*
  - **Best Practice for temperature checks:** We recommend that your facility have a backup “clinical grade” thermometer for use when an out of range temperature is recorded as a confirmation or to rule out a false positive.
- If residents have symptoms, treat all other residents in that same section or unit as if they have been exposed and implement Droplet and Contact Precautions for the entire unit.
  - See section entitled “Preventing the spread of COVID-19 within your facility when there are suspected or confirmed cases” for guidance on what to do when a resident is ill.



# For People Entering the Facility: Staff, Residents, and Visitors



## Restrict all visitation to the facility

- Prevent non-essential visitors to the facility, except for certain compassionate care situations, such as end of life or hospice.
  - Facilitate alternate forms of visitation, such as video conferencing or FaceTime. Consider providing regular written updates or pictures to loved ones while visitation is limited.
- For delivery of packages, consider designating an area outside for deliveries and an area for disinfecting packages before distribution to residents/departments.



## Designate a single entry and exit point for the facility

- Implement a sign-in/sign-out policy for all staff and essential visitors that includes symptom screening and hand hygiene.
- Post signs at the door limiting visitation and prompting all entering to sanitize or wash their hands (for at least 20 seconds) at entry and then frequently while in the building, especially when entering and leaving resident rooms. See **Appendix A** and print sign “Stop the Spread of Germs.”
- Require all visitors entering the facility to wear a mask.



## Implement symptom screening for staff and essential visitors at entry

- Screen for signs of fever and illness at entry. Document temperature and responses to screening questions. See **Appendix D** to print a symptom monitoring log for staff.
- Utilize a recommended, reliable, no-touch thermometer. Avoid oral thermometers. Follow manufacturer’s guidelines for regular calibration during frequent use.
  - Use of infrared cooking thermometers are not recommended as these are not accurate.
  - Consider having a backup “clinical grade” thermometer for use when an out-of-range temperature is recorded.
- If screened positive (symptomatic or temperature of  $\geq 100.0^{\circ}$ ), have person immediately put on a mask and leave the building.
- Keep staff logs current and available in case they are requested by the local health department or health care partners.

# Additional Considerations for Resident Health & Wellbeing



## Confirm access to adequate essential personal supplies

Confirm that residents have at least a 30-day supply of medication and personal care items on hand. Arrange for delivery of necessities rather than a group shopping trip.



## Ensure access to health care

- Make sure that residents have a way to contact their health care provider.
- Encourage use of telehealth services, including phone appointments and video visits.



## Provide recreation

Provide an opportunity for residents to engage in individual activity and stimulating mental activities to prevent boredom.



## Attend to residents' mental health needs

- They might be worried about the coronavirus too. Encourage residents to reach out to each other and to their families and friends by phone, email, or video conferencing.
- See [Taking Care of Your Behavioral Health](#) tip sheet for residents and staff



## Communicate clearly and confidently

- Provide clear and consistent communication and leadership to inspire confidence among your residents and their families.
- Notify residents and staff about potential visits by outside health care providers, Health Department staff and Kaiser Permanente staff and providers. See **Appendix F** for sample language in English, Spanish, and Tagalog.
- See [Best Practices for Caring for Individuals with Dementia During COVID-19](#).

# Additional Considerations for Staff Wellness



## Attend to staff members' wellness

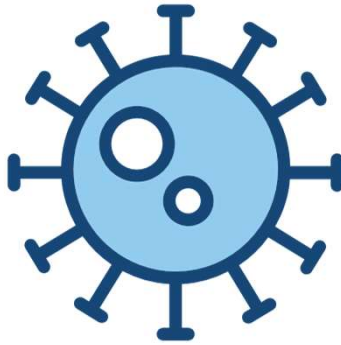
Recognize that staff may be worried about coronavirus in the workplace and in the community. Staff may be impacted by school closures, job loss, illness within their families, or other concerns.

- Providing flexible leave policies (for sickness or other issues) will help ensure staff are able to continue to work as needed and only when healthy.
- Recognize the difficulty of working during these trying times. Appreciate their efforts.
- Consider offering staff showers, laundry services, and accommodation onsite during times of high need. Staff may be worried about taking the virus home to their loved ones.
- If possible, communicate with staff who may work at more than one facility (including your own) the risks associated with travelling between facilities. Encourage them to increase safety practices and plan accordingly.



## Communicate clearly and confidently

- Provide clear and consistent communication and leadership to inspire confidence among your staff.
- See **Appendix F** to print letter for residents and staff about potential visits by outside health care providers, Health Department staff, and Kaiser Permanente staff and providers.
- See the [CDC's guidance](#) on when employees who test positive can return to work and check for additional guidance from your local health department and the [California Department of Labor](#).



# Identifying COVID-19 Symptoms

---

The following page lists common signs and symptoms in the general population and in the elderly. Ask residents or staff members to refer questions to their PCP.

# Recognizing Signs & Symptoms of COVID-19 in the Elderly

## Common COVID-19 Signs and Symptoms

Sore Throat

Fever (often low grade (99 degrees))

Cough (new or worsening 24 or more hours in duration)

Shortness of Breath

Headache (mild to severe)

Diarrhea (one or more)

Myalgia (general or local muscle aches)

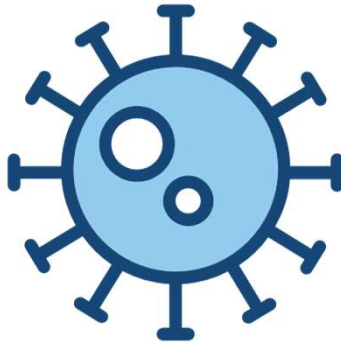
Runny nose/Congestion

Nausea/Loss of Appetite

Anosmia/Ageusia (loss of smell/taste)

Dizziness

New confusion or altered mental status (additional symptom that may be seen in the elderly)



# Preventing the Spread of COVID-19 Within Your Facility When There Are Suspected or Confirmed Cases

---

When COVID – 19 presents itself in your facility, it is important to act as soon as possible. The following section provides guidance on the steps to take to keep the residents and staff as safe as possible.

See **Appendix G: PIN 20-23-ASC from California Department of Social Services** for additional details.

# Actions to Take When One or More Residents Are Showing Symptoms of COVID-19



## Isolate resident

- Residents should always remain in their rooms, including for meals.
- Housing in individual rooms is appropriate if resident has a private room with private bathroom. Ideally, the exposed individual would be housed in a separate wing of the facility in a single room with a private bathroom.
- If resident is in semi-private room, isolate resident and roommate from other residents.
- If there is a shared shower or bathroom in an adjoining room:
  - That bathroom could be reserved for use by the exposed individual only.
  - If that is not possible, a system should be set in place to ensure that the exposed person can complete some daily care activities (i.e. brushing teeth) in their room and use the bathroom only as necessary with the door shut/locked in order to limit interaction with the other resident. Consider sanitizing the restroom after each use.



## Mask resident (if tolerated)

Mask resident if it is necessary that they be moved out of their room or if coming in contact with staff or other residents.

Note: should it become necessary to call EMS, ensure resident is masked prior to their arrival on scene. For non-emergent residents, consult PCP or Emergency Department before transferring to destination. If the resident can be cared for in place, do not transfer without discussing with PCP or Emergency Dept.



## Treat all other residents in the same section or unit as if they have been exposed

- Cohort (group together) COVID-19 positive residents and those showing symptoms into the same unit or section for 14 days after exposure while still maintaining social distance requirements to limit exposure to other residents.
- Limit the number of staff who interact with these residents. Limit the interactions these staff have with other residents.
- Consider staff to fulfill multiple roles for residents (i.e. the same staff member performs resident symptom checks as well as room tidies, etc.).

# Actions to Take When One or More Residents Are Showing Symptoms of COVID-19 (Cont)



## Use Personal Protective Equipment (PPE) for staff

- In general, when caring for residents with undiagnosed respiratory infection, staff should use Contact and Droplet Precautions with eye protection.
- **See Appendix B** for educational handouts and signs for staff about Personal Protective Equipment (PPE) and training videos
- Use this same level of PPE with all other residents in the same section or unit.



## Monitor residents with symptoms twice daily

- Track temperature, oxygen saturation, and other signs/symptoms.
- Check with your local health department for reporting guidance during an outbreak; see **Appendix E** for local health department resources.



## Contact the residents' healthcare provider

- For Kaiser Permanente members:
  - Have the designated person contact the Kaiser Permanente 24-hour Advice Line: 1-866-454-8855 to speak with Triage RN.
  - Alert Triage RN: "suspected COVID patient in residential care facility"
  - Provide resident's name, medical record number and symptoms.
  - Primary Care Provider (PCP) will assess and respond.



## Discharge from the facility during the period of quarantine/isolation should be coordinated with the local health department



# Actions to Take With Other Residents

---



## Restrict the movement of residents

- Restrict other residents (if possible) to their rooms except for medically necessary purposes.
- If they leave their room, residents should wear a facemask (if tolerated), perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least six feet away from others).
- If it is difficult to restrict residents to room (i.e. memory care), consider removing furniture and/or adding barriers to control use of communal space and interaction between residents.



## Monitor residents for symptoms

- Actively monitor all residents at least daily for fever, signs/symptoms and decreases in oxygen saturation.
- In units with confirmed or suspected cases, monitor residents at least twice daily and more frequently for those with symptoms.
- Check with your local health department for guidance on reporting monitoring information; see **Appendix E** for county information.

# Actions to Take With Staff in the Facility



## Use Personal Protective Equipment (PPE)

- Implement universal use of facemasks for staff while in the facility.
- Provide education on proper use of PPE for duties within their scope.
- Limit improper use to prevent infections and conserve supplies
- If there is a suspected case of COVID-19 in the facility, consider having staff wear all appropriate and 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.
- See **Appendix B**: Educational handouts and signs for staff about Personal Protective Equipment (PPE)



## Monitor staff for symptoms

- Continue to monitor all staff for symptoms upon entry to the facility.
- Encourage staff to self-monitor at home before leaving for work. If they have symptoms, they should not report to work and should self-isolate immediately. They should contact their healthcare provider to discuss COVID-19 testing.
- Consider monitoring staff temperatures more than once daily.



## Disinfect the facility

- See the CDC's guidelines for cleaning and disinfection in [English](#) & [Spanish](#) and the [EPA's list of approved disinfectants](#)

# Actions to Take With Other Visitors

---



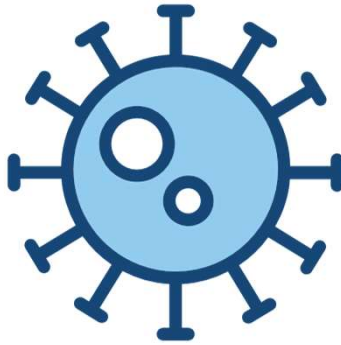
## Discontinue all visitation, if not already done

- For essential visitors, strongly consider requiring all visitors to wear a mask if supplies are available.



## Communicate with visitors who may have been exposed

- Contact family and visitors who may have been exposed about the need to monitor themselves for symptoms, stay out of the facility and contact their health care provider.
- Check your local health department's guidance for isolation and quarantine.



# Assessing Your Facility's Readiness to Prevent and Manage an Outbreak of COVID-19

---

This section lists resources for assessing your facility's readiness and steps you can take to prepare.

# Resources for Assessing Your Facility's Readiness

---



## From the California Department of Social Services (CDSS)

- [Self-assessment](#) for facilities to review to determine readiness for preventing and addressing COVID-19 infections. Complete this assessment and address any gaps.
- [COVID-19 Resource Guide](#)
- [Infection Control in Residential Care Facilities](#)

## From the Centers for Disease Control and Prevention (CDC)

- [Guidance for Retirement Communities and Independent Living](#)
- [Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities \(Interim Guidance\)](#)
- [Preparing for COVID-19: Long-term Care Facilities, Nursing Homes](#) Includes preparedness checklist and guidance.

# Plan Ahead: Take the time now to make a plan for your facility in the case of an outbreak.

---



## Plan for how you will isolate residents with suspected or confirmed COVID-19 infection

- Designate a single room and bathroom for isolating a resident with respiratory symptoms or suspected COVID-19 infection.
- Create a plan for cohorting (grouping together) residents with symptoms of respiratory infection by moving them to the same room or wing of the facility. This is to prevent the spread of infection to all areas of the facility.



## Ensure you have adequate supplies of Personal Protective Equipment (PPE)

- Contact [your county's Medical Health Operational Area Coordination \(MHOAC\) Program](#) for additional supplies.

# Plan Ahead: Take the time now to develop resident care plans in the event of an outbreak (cont'd).



**Confirm you have emergency contact information and health care provider information for all residents**



**Confirm residents' wishes for end-of-life care and that those wishes are in writing**

**Best Practice for POLST:** We recommend that facilities post POLST in the resident's room in a visible area, such as the inside of the entry door. If resident does not have a completed POLST, please refer your residents and their loved ones to their PCP to arrange a goals of care conversation.

- See the next page for information about how to obtain signatures during COVID-19 social distancing Public Health directives and [FAQs for Assisted Living](#)

**Best Practice for Advance Directives:** We recommend that facilities encourage residents, families, and authorized proxies to discuss advance care plans. Visit Kaiser Permanente Life Care Planning [www.kp.org/lifecareplan](http://www.kp.org/lifecareplan) (available to the community), for an interactive online program to help your residents complete their Advance Directive or an FAQ [here](#). You can also print an [Advance Care Directive](#); this advance directive can be used by Kaiser Permanente members and non-members ([available in multiple languages](#)).

# POLST Information and Social Distancing



**With COVID-19 and the need for social distancing, there have been questions regarding how to obtain signatures for POLST.**

## **FAQ: Can a decisionmaker give a verbal signature over the phone?**

If the decisionmaker cannot be physically present to sign the POLST, verbal consent from the patient/decisionmaker is permissible in accordance with facility/community policy. Best practice is to carefully document the conversation with the patient/decisionmaker, and write something similar to "Verbal Consent of (patient/decisionmaker)" on the Patient/Decisionmaker signature line with an annotation by the MD/NP /PA which says "discussed via phone on (date)," then initialed. A separate sheet of paper with detailed documentation of the phone call can also be attached.

Some health care providers may be hesitant to honor a POLST without a physical signature, so every effort should be made to replace the "verbal consent" POLST with one that has physical signatures as quickly as possible.

## **Further Guidance from National POLST**

National POLST encourages facilities to consider the following guidance for completing POLST Forms during surge or crisis standards of care times:

1. Ensure all appropriate staff are educated about having and documenting effective POLST conversations about the patient's goals of care considering the current diagnosis, prognosis, and treatment options (including risks and benefits), discussion of the crisis standards of care, any unique risks or challenges about transfers to hospitals, and how to complete a POLST form. Resources are available at [www.polst.org/covid](http://www.polst.org/covid)
2. Be proactive and approach patients who do not have a POLST form about POLST if they are considered to be at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty. See [here](#) for additional information and examples of appropriate people to approach about POLST. Make certain that the clinical indicators are used, and that age is not a sole criterion.
3. Maintain a master list of all patients who completed a POLST (regardless of whether it was their first POLST or a modification from a previous POLST) during the COVID-19 crisis. After resolution of the crisis, review their POLST forms with these patients and determine if any change in the orders are needed.



# POLST Information and Social Distancing



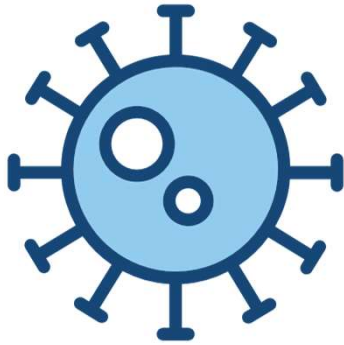
If the form is completed because of a change from normal to surge or crisis standards, consider ways to document this fact on the form itself and/or to other providers using other medical or chart records. If the form was completed in the context of the COVID-19 threat or its imminent spread, and the orders do not necessarily reflect what the individual would choose under normal conditions, signatories should note it on the form. Two recommendations:

## **Recommendation #1: Complete “Additional Orders” Section to Reflect POLST Form was informed by COVID-19**

Writing something similar to “Orders reflect patient’s instruction during crisis standards of care (COVID- 19)” to alert future providers that the orders may not be accurate once the crisis standards of care are no longer in effect.

## **Recommendation #2: Highlight for Patient Ability to Void Own POLST Form**

All POLST forms can be voided by patients and most clearly say this on the form. Highlight and remind patient they can void their own form by writing “VOID” or destroying the document. Remind patient they must contact any institution or physician who has the form, to let them know the form was voided.



# Appendices

---

# Appendix A: Educational handouts and signs for residents, staff, and the facility



Stop the Spread of Germs ([CDC](https://www.cdc.gov))

**Tip:** Check your local county health department website for printable signs and fact sheets in the most common languages in your area.



Share Facts about COVID-19 ([CDC](https://www.cdc.gov))

Stay Home from Work ([CDC](https://www.cdc.gov))



# Novel Coronavirus Basics

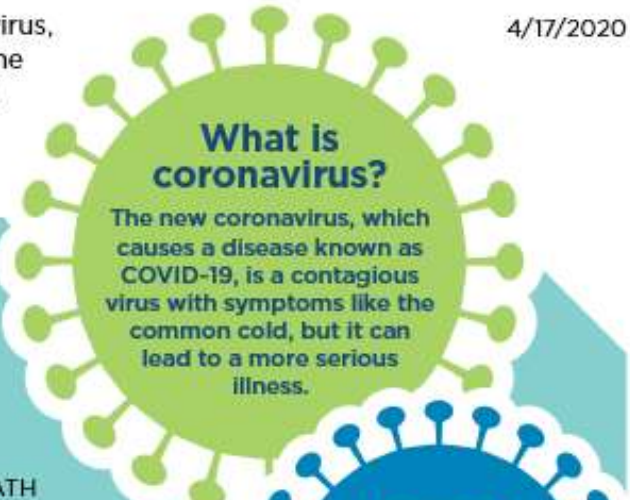
You may be feeling concerned about the coronavirus, also referred to as COVID-19, which has been in the news. If so, you're not alone. Here is some helpful information about the virus, and what you can do to protect yourself.

4/17/2020



### The most common symptoms

- 1 FEVER
- 2 COUGH
- 3 SHORTNESS OF BREATH



### What is coronavirus?

The new coronavirus, which causes a disease known as COVID-19, is a contagious virus with symptoms like the common cold, but it can lead to a more serious illness.



### Vaccine?

There is no specific vaccine or treatment. Like the flu, most people will recover on their own.



### Protect yourself

-  AVOID CLOSE CONTACT with people who are sick
-  WASH YOUR HANDS with soap and water regularly for at least 20 seconds (alcohol hand sanitizers are also effective)
-  DON'T TOUCH YOUR EYES, NOSE, AND MOUTH with unwashed hands
-  COUGH OR SNEEZE INTO A TISSUE OR YOUR ELBOW if you use a tissue, wash your hands afterwards
-  STAY HOME WHEN YOU ARE SICK\* except to get medical care
-  CLEAN AND DISINFECT frequently touched objects

\*Keep sick children home from school

### How is coronavirus spread?

- ▶ COUGHING AND SNEEZING
- ▶ CLOSE CONTACT WITH OTHERS WHO HAVE THE VIRUS
- ▶ TOUCHING SURFACES WITH THE VIRUS, THEN TOUCHING YOUR EYES OR MOUTH WITHOUT WASHING YOUR HANDS



### To get care

-  sign in to the My Doctor Online app
-  visit [kpdoc.org/COVID19](https://kpdoc.org/COVID19)
-  1-866-454-8855 (TTY 711)

You must be 18 or older for an e-visit



### FAQ

[kp.org](https://kp.org)

©2020, The Permanente Medical Group, Inc. All rights reserved. Health Engagement Consulting Services. 011061-581 (Revised 04/20)



# أساسيات فيروس كورونا المستجد

4/17/2020

## ما هو فيروس كورونا؟

إن فيروس كورونا المستجد، والذي يتسبب بالمرض يسمى أيضاً باسم كوفيد-19، هو فيروس معد له أعراض مثل نزلات البرد الشائعة، ولكنه يمكن أن يؤدي إلى مرض أكثر خطورة.

## المطعم؟

ليس هناك مطعم أو علاج محدد، وعلى غرار الإنفلونزا، فإن غالبية الأشخاص سيتعافون بمفردهم.

## الأسئلة المتكررة

kp.org

## احم نفسك.

تجنب التواصل عن قرب مع الأشخاص المصابين بالمرض



اغسل يديك بالماء والصابون بشكل منتظم على الأقل لمدة 20 ثانية (كما أن الكحول والمعقمات فعالة أيضاً)



لا تلمس عينيك وأنفك وفمك بيدين غير مفسولتين



قم بالسعال أو العطاس في منديل أو مرفقك إذا قمت باستخدام منديل، فقم بغسل يديك بعد ذلك



عليك البقاء في المنزل عندما تكون مريضاً\* باستثناء للحصول على الرعاية الصحية



قم بتنظيف وتعقيم الأشياء التي يتم لمسها بشكل متكرر



\* قم بإبقاء الأطفال المرضى في المنزل ولا ترسلهم إلى المدرسة

من الممكن أن تكون قلقاً بسبب فيروس كورونا، والذي يُشار إليه أيضاً باسم كوفيد-19، والذي يظهر في الأخبار، إذا كان الأمر كذلك، فأنت لست بمفردك، فيما يلي بعض المعلومات المفيدة عن هذا الفيروس وما يمكنك فعله لحماية نفسك.

## الأعراض الأكثر شيوعاً

- 1 حمى
- 2 سعال
- 3 ضيق نفس



## كيف ينتشر فيروس كورونا؟

السعال والعطاس



التواصل عن قرب مع الأشخاص الذين يحملون هذا الفيروس

ملامسة الأسطح التي يوجد عليها الفيروس أو ملامسة عينيك أو وجهك بدون أن تغسل يديك



## كيفية الحصول على الرعاية

قم بتسجيل الدخول إلى تطبيق My Doctor Online



قم بزيارة [kpdoc.org/COVID19](https://kpdoc.org/COVID19)



1-866-454-8855 (TTY 711)



يجب أن تكون بعمر 18 عاماً أو أكبر لإجراء زيارة إلكترونية

# 新型冠狀病毒基本資訊

您可能正在擔心新聞中所報導的冠狀病毒（也稱為 COVID-19）。若是如此，您並非孤立無援。這裡有一些關於病毒以及如何保護自己的有用資訊。

4/17/2020



### 最常見的症狀

- 1 發燒
- 2 咳嗽
- 3 氣促



### 什麼是冠狀病毒？

新型的冠狀病毒能夠致病，稱為 COVID-19，是一種具有傳染性的病毒，症狀類似於普通感冒，但會造成更嚴重的疾病。

### 冠狀病毒如何傳播？

- ▶ 咳嗽和打噴嚏
- ▶ 與感染病毒的人密切接觸
- ▶ 觸碰帶有病毒的表面，然後不先洗手觸摸自己的眼或口



### 常見問答集 (FAQ)

[kp.org](http://kp.org)



### 疫苗？

目前並無特別的疫苗或治療方法。像流感一樣，大多數人可自行康復。

### 取得醫護服務

- ▶ 登入 My Doctor Online 應用程式 (app)
- ▶ 訪問 [kpdoc.org/COVID19](http://kpdoc.org/COVID19)
- ▶ 打電話 1-866-454-8855 (TTY 711)

您必須年滿 18 歲或以上才能使用電子就診

### 保護您自己

- ▶ 避免密切接觸生病的人
- ▶ 洗手  
經常用肥皂和清水洗手，每次至少 20 秒（含酒精的手消毒液也有效）
- ▶ 請勿用未洗淨的雙手觸摸眼睛、鼻子和嘴巴
- ▶ 咳嗽或打噴嚏時，用面紙或手肘遮掩  
如果使用面紙，要事後洗手
- ▶ 生病時請待在家中\*，除非需要就診，接受醫療護理
- ▶ 清潔和消毒經常觸摸的物體

\*讓生病的孩子待在家中，不要上學

# اطلاعات پایه‌ای در مورد کروناویروس جدید

4/17/2020

ممکن است در مورد ویروس کرونا، که به کووید 19 نیز معروف و جزو اخبار روز است، نگران باشید. اگر چنین است، تنها نیستید. در اینجا اطلاعات مفیدی در مورد این ویروس و اقداماتی که می‌توانید برای محافظت از خود انجام دهید، ارائه شده است.

## ویروس کرونا چیست؟

کروناویروس جدید که موجب بیماری کووید 19 می‌شود، یک ویروس واگیردار و دارای علائمی شبیه سرماخوردگی عادی است، اما ممکن است منجر به بیماری بسیار جدی‌تری شود.

## واکسن؟

واکسن یا درمان خاصی وجود ندارد. درست مانند آنفولانزا، اکثر افراد به خوبی خود بهبود می‌یابند.

## پرسش‌های متداول kp.org

## از خود محافظت کنید

از تماس نزدیک خودداری کنید  
مخصوصاً با افرادی که بیمار هستند



دست‌های خود را  
مرتباً با آب و صابون و حداقل به مدت 20 ثانیه  
بشوید (صدعقونی‌کننده‌های الکلی نیز مؤثر هستند)



چشم‌ها، بینی و دهان خود را  
با دستان آلوده لمس نکنید



داخل دستمال کاغذی یا آرنج خود سرفه یا عطسه کنید  
اگر از دستمال کاغذی استفاده می‌کنید،  
پس از آن، دست‌های خود را بشوید



وقتی بیمار هستید، در خانه بمانید\*  
مگر برای دریافت مراقبت پزشکی



اجسام و سطوحی که زیاد لمس می‌شوند  
را تمیز و ضدعقونی کنید



\*گودکان بیمار خود را در خانه نگه دارید و به مدرسه نفرستید

## شایع‌ترین علائم

- 1 تب
- 2 سرفه
- 3 تنگی نفس



## ویروس کرونا چگونه شیوع پیدا می‌کند؟

سرفه و عطسه



تماس نزدیک با افراد  
مثلاً به ویروس

لمس سطوح آلوده به  
ویروس، و سپس لمس چشم‌ها  
یا دهان بدون شستن دست‌ها



## برای دریافت خدمات درمانی

به حساب کاربری خود در اپلیکیشن  
My Doctor online وارد شوید



به وبگاه [kpdoc.org/COVID19](http://kpdoc.org/COVID19) مراجعه کنید



1-866-454-8855  
(TTY 711)



برای انجام ویزیت اینترنتی باید حداقل 18 سال سن داشته باشید

# Cov Kev Paub Theem Pib Txog Tus Kab Mob Khaus Laus Nas Vais Lav Uas Muaj Tam Sim No

4/17/2020

Koj yuav hnob muaj kev txhawj xeeb txog tus kab mob khaus laus nas vais lav, los sis hu ua tus kab mob COVID-19, qhov uas twb tau muab tshaj tawm rau hauv xov xwm lawm. Yog li no, tsis yog koj li leeg xwb. Nov yog qee qhov kev paub uas yuav pab tau zoo hais txog tus kab mob vais lav thiab yam uas koj tuaj yeem ua tau los tiv thaiv koj tus kheej tau.



**Cov yam ntxwv mob uas nquag pom muaj**

- 1 UA NPAWS
- 2 HNOOS
- 3 TXOG SIAV

**Tus kab mob khaus laus nas vais lav sib kis tau li cas?**

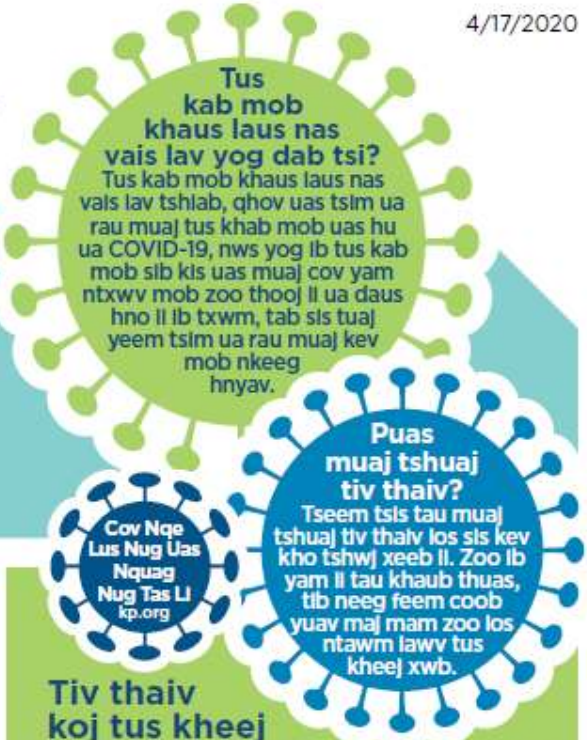
- ▶ KEV HNOOS THIAB TXHAM
- ▶ KEV TXUAS LUS LOS SIS NYOB ZE NROG LWM TUS NEEG UAS MUAJ TUS KAB MOB VAIS LAV
- ▶ KEV KOV COV CHAW UAS MUAJ TUS KAB MOB VAIS LAV, TAG NTAWD HO MUS KOV KOJ OB LUB QHOV MUAG LOS SIS QHOV NCAUJ UAS TSEEM TSI TAU NTXUAV KOJ OB TXHAIS TES.




**Kev mus txais kev saib xyuas**

- sau npe nkag mus rau lub tsev kho mob My Docotor Online app
- mus saib [kpdoc.org/COVID19](https://www.kpdoc.org/COVID19)
- 1-866-454-8855 (TTY 711)

Koj yuav tsum muaj hnub nyoog 18 xyoo los sis laus dua thiaj mus saib tau uas yog siv es lev taus nlv pab (e-visit)



**Tus kab mob khaus laus nas vais lav yog dab tsi?**  
Tus kab mob khaus laus nas vais lav tshlab, qhov uas tsim ua rau muaj tus khab mob uas hu ua COVID-19, nws yog ib tus kab mob sib kis uas muaj cov yam ntxwv mob zoo thooj li ua daus hno li ib txwm, tab sis tuaj yeem tsim ua rau muaj kev mob nkeeg hnyav.

**Puas muaj tshuaj tiv thaiv?**  
Tseem tsis tau muaj tshuaj tiv thaiv los sis kev kho tshwj xeeb li. Zoo ib yam li tau khaub thuas, tib neeg feem coob yuav maj mam zoo los ntawm lawv tus kheej xwb.

**Cov Nqe Lus Nug Uas Nquag Nug Tas Li kp.org**

**Tiv thaiv koj tus kheej**

- ZAM KEV TXUAS LUS LOS SIS NYOB ZE nrog tus neeg uas muaj mob
- NTXHUAV KOJ OB TXHAIS TES nrog xab npum thiab dej tas li yam tsawg kawg 20 feeb (siv tshuaj ntxuav tes uas muaj cawv los kuj pab tau zoo thiab)
- TSIS TXHOB KOV KOJ OB LUB QHOV MUAG, QHOV NTSWG THIAB QHOV NCAUJ nrog ob txhais tes uas tsis tau ntxuav HNOOS LOS SIS TXHAM RAU DAIM NTAUB SO NTSWG LOS SIS RAU HAUV KOJ TXHAIS QUAV NPAV Yog tias koj siv daim ntaub so ntswg, ntxhuav koj ob txhais tes tom qab ntawd
- NYOB TWJ YWM HAUV TSEV THAUM KOJ MUAJ MOB\* tshwj tsis yog tias mus kho mob
- NQUAG TU THIAB UA KEV NYIAM HUV rau tej khoom uas nquag kov

\*Cia me nyuam muaj mob nyob twj ywm hauv tsev txhob cia mus kawm ntawd

©2020, The Permanente Medical Group, Inc. All rights reserved. Health Engagement Consulting Services. 011061-586 (Revised 04/20) - Coronavirus Basics (Hmong)





# Основная информация о новом коронавирусе

4/17/2020

Беспокойтесь по поводу коронавируса, вызывающего болезнь COVID-19, о которой говорят в новостях? Вы не одиноки. Вот некоторые полезные сведения о вирусе и о том, как можно защитить себя.



### Наиболее распространенные симптомы

- 1 ПОВЫШЕНИЕ ТЕМПЕРАТУРЫ
- 2 КАШЕЛЬ
- 3 ОДЫШКА

### Как распространяется коронавирус?

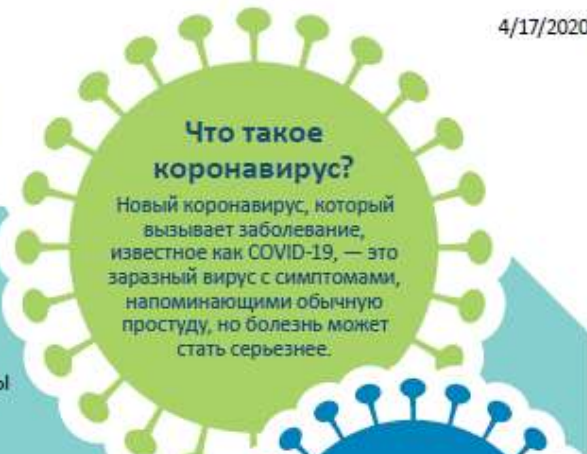
- ▶ КАШЕЛЬ И ЧИХАНИЕ
- ▶ ТЕСНЫЙ КОНТАКТ С ЗАРАЖЕННЫМИ ВИРУСОМ
- ▶ КАСАНИЕ ПОВЕРХНОСТЕЙ, НА КОТОРЫХ ПРИСУТСТВУЕТ ВИРУС, А ЗАТЕМ — ГЛАЗ ИЛИ РТА НЕМЫТЫМИ РУКАМИ



### Как получить помощь?

- ▶ Войдите в свою учетную запись в приложении My Doctor Online
- ▶ Посетите страницу [kpdoc.org/COVID19](https://kpdoc.org/COVID19)
- ▶ Позвоните по телефону 1-866-454-8855 (TTY 711)

Онлайн-консультации доступны только для лиц, которым исполнилось 18 лет.



### Что такое коронавирус?

Новый коронавирус, который вызывает заболевание, известное как COVID-19, — это заразный вирус с симптомами, напоминающими обычную простуду, но болезнь может стать серьезнее.



### Вакцина?

Специальной вакцины или лечения нет. Как и в случае гриппа, большинство людей выздоравливают самостоятельно.



### Защитите себя

- ▶ ИЗБЕГАЙТЕ ТЕСНОГО КОНТАКТА с людьми, которые заболели.
- ▶ РЕГУЛЯРНО МОЙТЕ РУКИ с мылом в течение 20 секунд или дольше (также эффективны антисептики для рук на спиртовой основе).
- ▶ НЕ КАСАЙТЕСЬ ГЛАЗ, НОСА И РТА немытыми руками.
- ▶ КАШЛЯЙТЕ И ЧИХАЙТЕ В САЛФЕТКУ ИЛИ В СГИБ ЛОКТЯ. Если пользуетесь салфеткой, мойте после этого руки.
- ▶ КОГДА ЗАБОЛЕЛИ, ОСТАВАЙТЕСЬ ДОМА\* (если только не нужно обратиться за медицинской помощью).
- ▶ ОЧИЩАЙТЕ И ДЕЗИНФИЦИРУЙТЕ предметы, к которым часто прикасаетесь.

\* Не отпускайте в школу больных детей.

# Información básica sobre el nuevo coronavirus

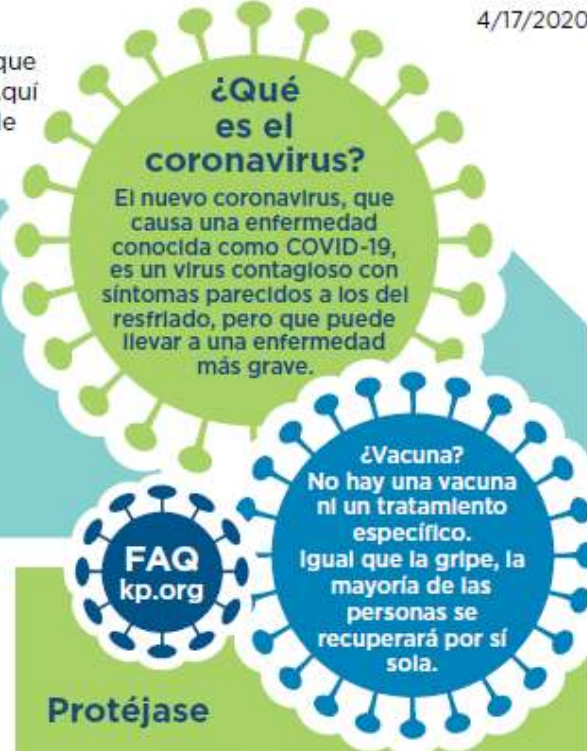
4/17/2020

Es posible que se sienta preocupado por el coronavirus, también conocido como COVID-19, que ha estado en las noticias. Si es así, no está solo. Aquí tiene información útil sobre el virus y lo que puede hacer para protegerse.



## Los síntomas más comunes

- 1 FIEBRE
- 2 TOS
- 3 FALTA DE AIRE



## ¿Qué es el coronavirus?

El nuevo coronavirus, que causa una enfermedad conocida como COVID-19, es un virus contagioso con síntomas parecidos a los del resfriado, pero que puede llevar a una enfermedad más grave.

## ¿Vacuna?

No hay una vacuna ni un tratamiento específico. Igual que la gripe, la mayoría de las personas se recuperará por sí sola.

## FAQ

[kp.org](http://kp.org)

## ¿Cómo se propaga el virus?

- ▶ POR MEDIO DE LA TOS Y LOS ESTORNUDOS
- ▶ POR EL CONTACTO CERCANO CON OTRAS PERSONAS QUE TENGAN EL VIRUS
- ▶ TOCANDO SUPERFICIES CON EL VIRUS Y DESPUÉS TOCÁNDOSE LOS OJOS O LA BOCA SIN LAVARSE LAS MANOS



## Protéjase

- EVITE EL CONTACTO CERCANO con las personas que estén enfermas
- LÁVESE LAS MANOS con agua y jabón regularmente durante por lo menos 20 segundos (los geles antisépticos a base de alcohol también son eficaces)
- NO SE TOQUE LOS OJOS, LA NARIZ NI LA BOCA con las manos sin lavar
- TOSA O ESTORNUDA EN UN PAÑUELO DESECHABLE O EN EL CODO y si usa un pañuelo, lávese las manos después
- LIMPIE Y DESINFECTE las superficies que se tocan frecuentemente
- QUÉDESE EN CASA CUANDO ESTÉ ENFERMO\* excepto para recibir atención médica

\*Mantenga en casa los niños enfermos.

## Para recibir atención


- inicie sesión en la **app My Doctor Online**
- visite [kpdoc.org/COVID19](http://kpdoc.org/COVID19) (en inglés)
- 1-866-454-8855** (TTY 711)

Debe ser mayor de 18 años para tener una consulta virtual

# Mga Pangunahing Kaalaman tungkol sa Novel Coronavirus

Maaaring nag-aalala kayo tungkol sa coronavirus, na tinatawag ding COVID-19, na laman ng balita ngayon. Kung oo, hindi kayo nag-iisa. Narito ang ilang nakakatulong na impormasyon tungkol sa virus, at ang maaari ninyong gawin upang protektahan ang inyong sarili.

4/17/2020





### Ang mga pinakakaraniwang sintomas

- 1 LAGNAT
- 2 UBO
- 3 KAKAPUSAN NG HINGGA

### Paano kumakalat ang coronavirus?

- ▶ PAG-UBO AT PAGBAHING
- ▶ PAKIKISALAMUHA NANG MALAPITAN SA IBA NA MAY VIRUS
- ▶ PAGHAWAK SA MGA BAGAY NA MAY VIRUS, PAGKATAPOS AY PAGHAWAK SA INYONG MGA MATA O BIBIG NANG HINDI PA NAKAKAPAGHUGAS NG KAMAY



### Upang makakuha ng pangangalaga

- ▶ mag-sign in sa My Doctor online app
- ▶ bisitahin ang [kpdoc.org/COVID19](https://kpdoc.org/COVID19)
- ▶ 1-866-454-8855 (TTY 711)

Dapat ay 18 taong gulang na kayo o mas matanda pa para sa e-visit



### Ano ang coronavirus?

Ang bagong coronavirus, na nagdudulot ng sakit na kilala bilang COVID-19, ay nakakahawang virus na may mga sintomas tulad ng karaniwang sipon, ngunit maaari itong humantong sa mas malubhang karamdaman.

### Bakuna?

Walang partikular na bakuna o gamot. Tulad ng trangkaso, ang karamihan sa mga tao ay gagalling lang nang kusa.

### FAQ

[kp.org](https://kp.org)

### Protektahan ang inyong sarili

- ▶ IWASAN ANG PAKIKISALAMUHA NANG MALAPITAN sa mga taong may sakit
- ▶ HUGASAN ANG INYONG MGA KAMAY gamit ang sabon at tubig nang regular nang hindi bababa sa 20 segundo (mabisa rin ang mga alcohol hand sanitizer)
- ▶ HUWAG HAWAKAN ANG INYONG MGA MATA, ILONG, AT BIBIG ng mga kamay na hindi pa nahuhugasan
- ▶ UMUBO O BUMAHING SA TISSUE O SA INYONG BRASO kung gagamit kayo ng tissue, hugasan ang kamay ninyo pagkatapos
- ▶ MANATILI SA BAHAY KAPAG KAYO AY MAY SAKIT\* maliban na lang kung kailangang kumuha ng medikal na pangangalaga
- ▶ LINISIN AT I-DISINFECT nang madalas ang mga hinahawakang bagay

\*Panatilihin sa bahay ang mga batang may sakit at huwag nang papasukin sa paaralan

# Thông Tin Cơ Bản về Virus Corona Chủng Mới

4/17/2020

Quý vị có thể đang cảm thấy lo lắng về virus corona, hay còn gọi là COVID-19, thường được nhắc đến trong các bản tin gần đây. Nếu đúng thế thì quý vị không hề đơn độc. Dưới đây là một số thông tin hữu ích về loại virus này cũng như những việc quý vị có thể làm để bảo vệ bản thân mình.



## Các triệu chứng thường gặp nhất

- 1 SỐT
- 2 HO
- 3 KHÓ THỞ

## Virus corona lây truyền như thế nào?


▶ HO VÀ HÁT HƠI

▶ TIẾP XÚC GẦN VỚI NHỮNG NGƯỜI KHÁC ĐANG MANG LOẠI VIRUS NÀY



▶ CHẠM TAY VÀO BÉ MẮT CÓ VIRUS, SAU ĐÓ CHẠM VÀO MẮT HOẶC MIỆNG MÀ KHÔNG RỬA TAY

## Cách nhận dịch vụ chăm sóc

 **đăng nhập ứng dụng My Doctor Online**

 **truy cập [kpdoc.org/COVID19](http://kpdoc.org/COVID19)**

 **1-866-454-8855 (TTY 711)**

Quý vị phải từ 18 tuổi trở lên mới được thăm khám điện tử

## Virus corona là gì?

Virus corona chủng mới gây ra căn bệnh COVID-19 là một loại virus truyền nhiễm với các triệu chứng như cảm lạnh thông thường, nhưng có thể tiến triển thành bệnh nghiêm trọng hơn.

**Câu hỏi thường gặp**  
[kp.org](http://kp.org)

## Có vắc-xin chưa?

Chưa có vắc-xin hoặc biện pháp điều trị đặc hiệu. Giống như cúm, hầu hết mọi người sẽ tự bình phục.

## Bảo vệ bản thân



**TRÁNH TIẾP XÚC GẦN** với những người mắc bệnh



**RỬA TAY** thường xuyên bằng xà phòng và nước trong ít nhất 20 giây (dùng dịch cồn rửa tay sát khuẩn cũng hữu hiệu)



**KHÔNG CHẠM TAY CHƯA RỬA VÀO MẮT, MŨI và miệng**



**HO HOẶC HÁT HƠI VÀO KHĂN GIẤY HOẶC KHUỖY TAY** nếu quý vị sử dụng khăn giấy, hãy rửa tay sau khi dùng



**Ở NHÀ KHI QUÝ VỊ BỊ BỆNH\*** trừ phi cần chăm sóc y tế



**VỆ SINH VÀ KHỬ TRÙNG** các đồ vật thường xuyên tiếp xúc

\*Cho trẻ em ốm nghỉ học



## **Wear a mask**

Use una mascarilla  
佩戴口罩



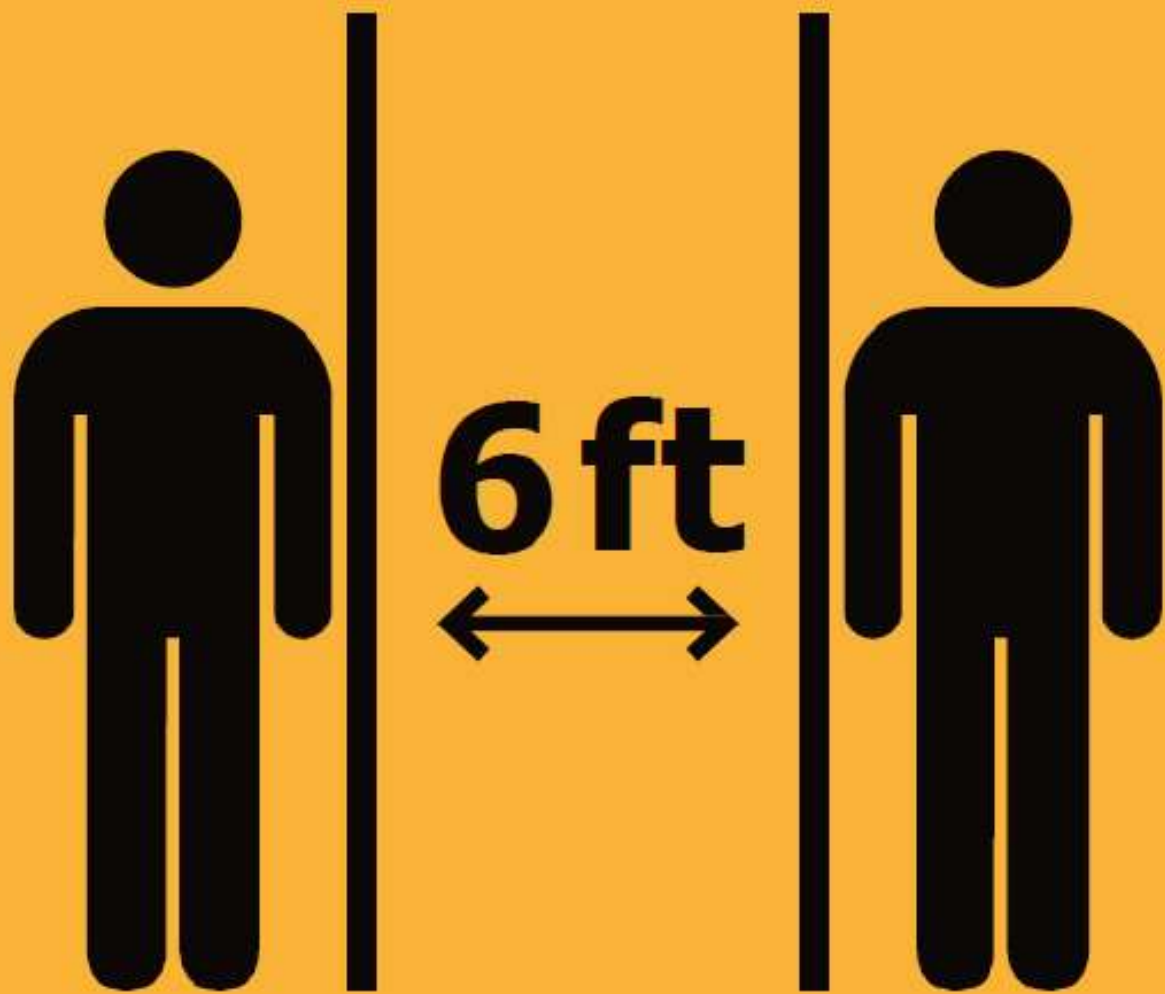
## **Stay 6 feet apart**

Mantenga 6 pies de  
distancia  
保持6英尺的距离

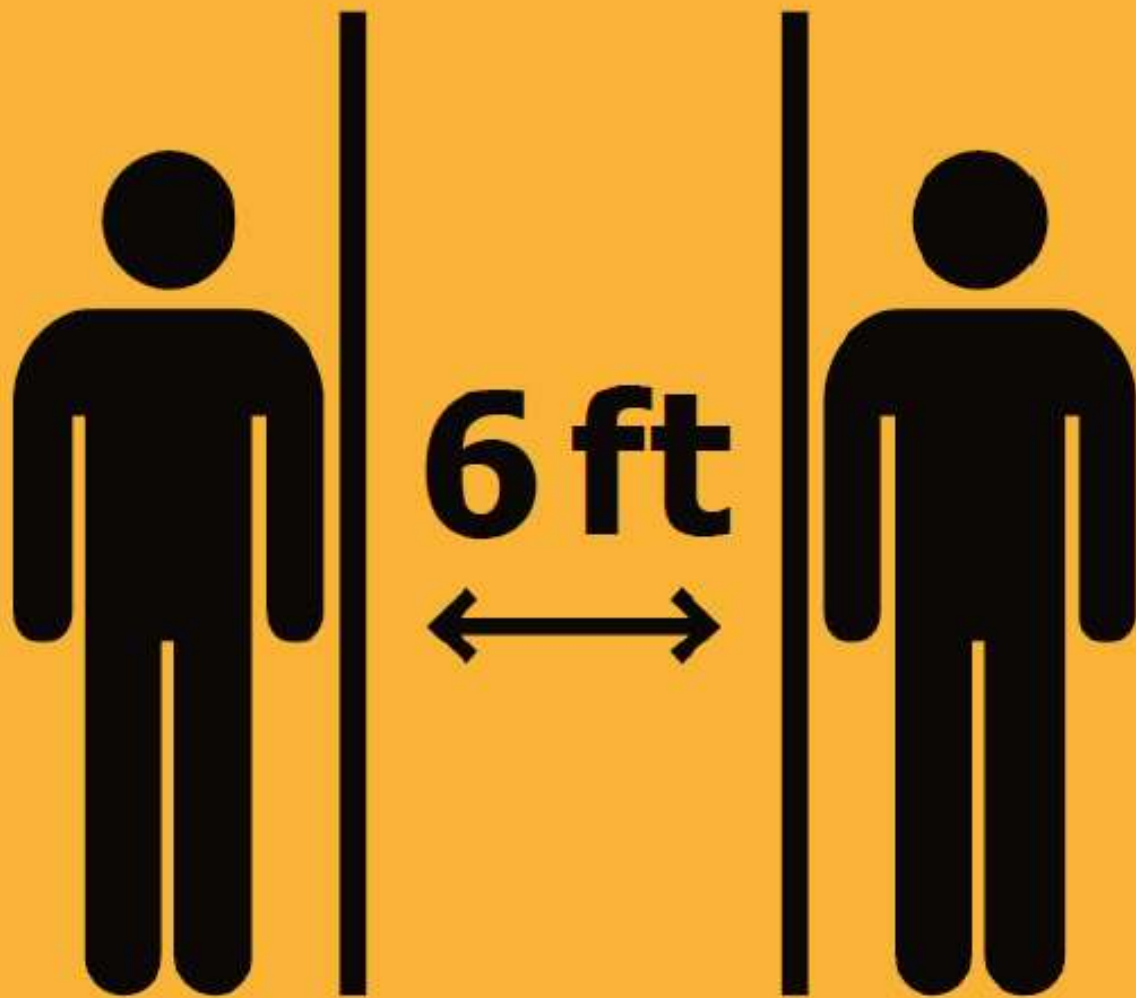


## **Wash your hands**

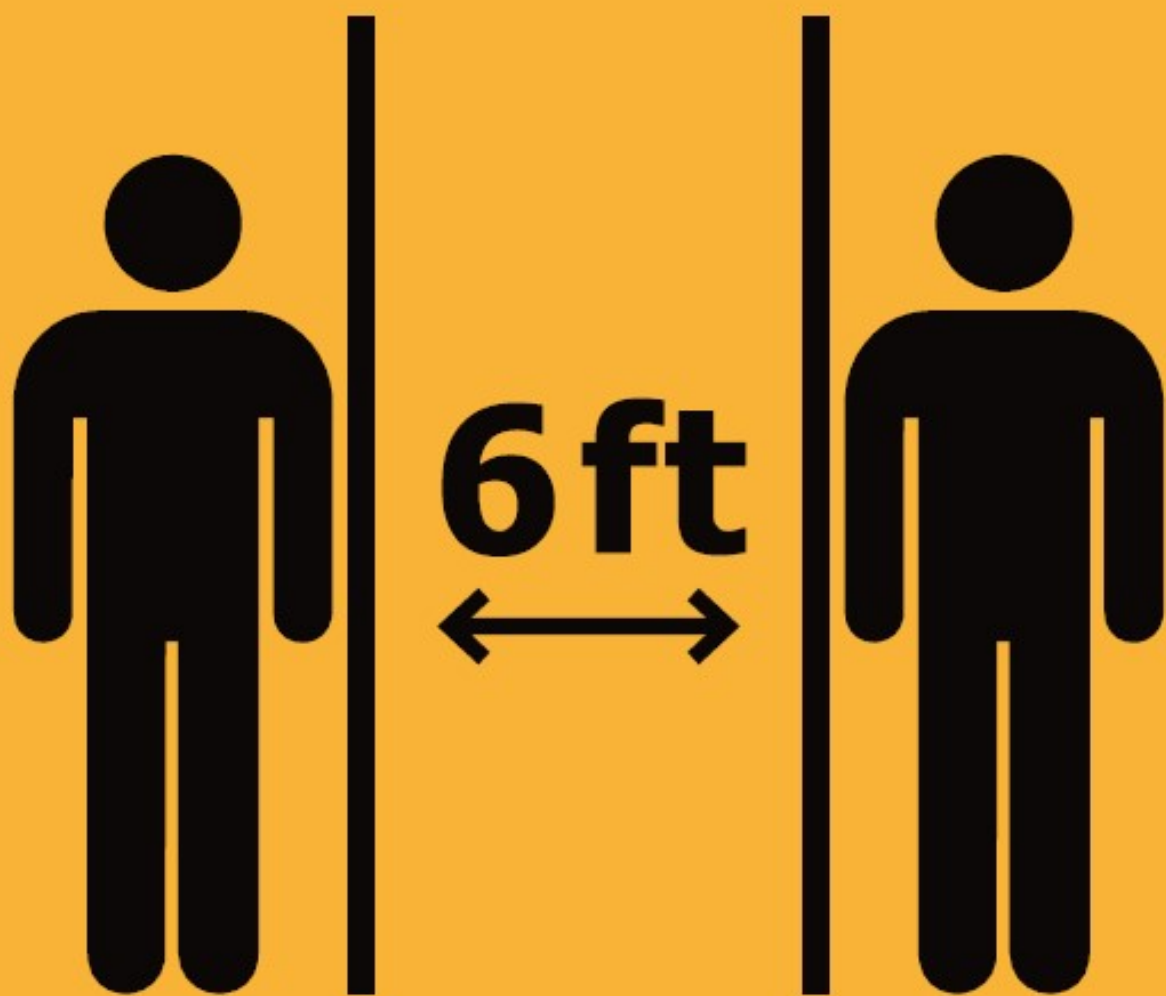
Lávese las manos  
清洗双手



**Please observe  
social distancing  
of at least 6 feet.**



**Pratique  
distanciamiento  
social de al  
menos 6 pies.**



**Panatiliin ang  
anim na  
talampakang  
distansiya.**



# Appendix B: Educational Resources for Staff about Personal Protective Equipment (PPE)

**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 use, 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, ward) if collecting.
- 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 gloves, 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 – the N95 or higher respirator**

- Face shield or goggles
- One pair of clean, non-sterile gloves
- Isolation gown
- N95 or higher respirator when appropriate (e.g., available, over the hair remains alternative, like a facemask)

**Acceptable Alternative PPE – the facemask**

- Face shield or goggles
- One pair of clean, non-sterile gloves
- Isolation gown
- Facemask (N95 or higher respirator are preferred but facemasks should complete alternative)

 [www.cdc.gov/coronavirus](http://www.cdc.gov/coronavirus)

Review the sequences (available in multiple languages – including Spanish and Tagalog) for putting on (donning) and removing (doffing) Personal Protective Equipment and print posters on the CDC website here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

## View Training Videos for Donning and Doffing PPE (Kaiser Permanente)

[English-language](#), [Spanish-language](#), and Tagalog – language ([DONNING](#)) ([DOFFING](#)) videos.

# Facemask Do's and Don'ts

For Healthcare Personnel

## When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.



DO secure the elastic bands around your ears.



DO secure the ties at the middle of your head and the base of your head.

## When wearing a facemask, don't do the following:



DON'T wear your facemask under your nose or mouth.



DON'T allow a strap to hang down. DON'T cross the straps.



DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.

## When removing a facemask

Clean your hands and remove your facemask touching only the straps or ties.



DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.



DO remove your facemask touching ONLY the straps or ties, throw it away\*, and clean your hands again.

\*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.



CS 21648A Rev 2, 2020 11:30 AM

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

# Respirator On / Respirator Off

## When you put on a disposable respirator

Position your respirator correctly and check the seal to protect yourself from COVID-19.



Cup the respirator in your hand. Hold the respirator under your chin with the nose piece up. The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears.



Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.



Place both hands over the respirator; take a quick breath in to check the seal. Breathe out. If you feel a leak when breathing in or breathing out, there is not a proper seal.



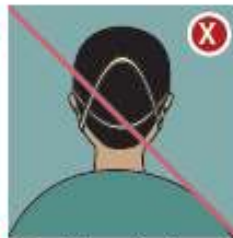
Select other PPE items that do not interfere with the fit or performance of your respirator.



Do not use a respirator that appears damaged or deformed, no longer forms an effective seal to the face, becomes wet or visibly dirty, or if breathing becomes difficult.



Do not allow facial hair, jewelry, glasses, clothing, or anything else to prevent proper placement or to come between your face and the respirator.



Do not crisscross the straps.



Do not wear a respirator that does not have a proper seal. If air leaks in or out, ask for help or try a different size or model.



Do not touch the front of the respirator during or after use. It may be contaminated.

## When you take off a disposable respirator



Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.



Discard in a waste container.



Clean your hands with alcohol-based hand sanitizer or soap and water.

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134, which includes medical evaluations, training, and fit testing.

Additional information is available about how to safely put on and remove personal protective equipment, including respirators: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>



CS17055 June 9, 2020 1:07 PM

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

# Appendix C: Strategies for PPE Shortages and Conservation of PPE

## Strategies to Optimize the Supply of PPE and Equipment ([CDC](#))

During times of severe personal protective equipment (PPE) shortages, individual measures/alternatives combined with administrative and engineering controls should be considered to support maintenance of the facilities in response to COVID-19.

The following guidance has been extracted from [CDC's guidance on optimizing PPE supply](#) and should not be used independently without reviewing the complete CDC guidance for context and recommendations.

- [Eye Protection](#)
- [Isolation Gowns](#)
- [Facemasks](#)
- [N95 Respirators](#)

**Note: The following PPE should NEVER be used for more than one resident:**

- Gloves

## [Surgical Mask & Gown Conservation Strategies: Letter from the FDA](#)

**Contingency Capacity Strategies (limited supply levels may change patient care, but may not have a significant impact on patient care and healthcare provider safety)**

- During times of limited access to surgical masks, facilities could consider having healthcare providers continue to wear the same surgical mask (i.e., extended use), remove only used gloves and gowns, and perform hand hygiene between treating patients with the same infectious disease diagnosis or exposure who are maintained in a confined area. If the mask, gloves, or gowns become contaminated, replace them.
- For training, use gowns that are beyond the manufacturer-designated shelf life, if available.

# Appendix C: Strategies for PPE Shortages and Conservation of PPE (Cont'd)

- Prioritize the use of gowns and surgical masks by the type of activities required for patients. If there are shortages of gowns, they should be prioritized for aerosol-generating procedures (such as suctioning, nebulizer treatments, and other respiratory treatments or procedures), care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers. Examples of high-contact patient care activities requiring gown use include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, or wound care.

## **If Surgical Masks and/or Gowns Are Running Low**

- Extend the use of single use gowns for healthcare providers without changing the gown between patients with the same infectious disease diagnosis or exposure who are maintained in a confined area.
- If the gown becomes contaminated, replace it.
- Use surgical masks and/or gowns that meet CDC recommendations and/or ANSI standards for fluid resistance and bacterial filtration efficiency. Prioritize the use of unexpired FDA-cleared surgical masks for healthcare providers in procedures where it is important to protect the healthcare provider and/or the patient from risk of exposure to blood and body fluids.
- Use surgical masks beyond the manufacturer-designated shelf life in a setting where there is a lower risk of transmission (e.g., non-surgical). The user should visibly inspect the product prior to use and, if there are concerns (such as degraded materials or visible tears), discard the product.
- Re-use surgical masks during care for multiple patients where they are used to protect the healthcare provider from an activity with low transmission risk (such as dispensing medications) and thus do not create a risk to the healthcare provider or patient. If the mask becomes contaminated, replace it.
- Be aware that counterfeit masks and gowns may be on the market, especially during this time of reduced supply.
- If no surgical masks and/or gowns are available, see [CDC's Considerations for Selecting Protective Clothing used in Healthcare for Protection against Microorganisms in Blood and Body Fluids](#). NIOSH and OSHA have issued standards and recommendations for protective clothing based on fluid barrier properties.

# Appendix D: Daily Symptom Monitoring Log for Residents & Staff

---

Use the monitoring log on the next slide for asymptomatic residents and staff and have it available for medical providers in the case of an outbreak.

For COVID-19 suspected or confirmed residents or staff please refer to county-specific monitoring and reporting guidelines in **Appendix E**.

						<b>Name</b>
						<b>Staff/ Resident Room #</b>
						<b>Date</b>
						<b>Time</b>
						<b>Temperature</b>
						<b>Cough</b>
						<b>Sore Throat</b>
						<b>Shortness of Breath</b>
						<b>Runny Nose</b>
						<b>Chills</b>
						<b>Muscle Aches</b>
						<b>Headache</b>
						<b>Fatigue</b>
						<b>Abdominal Pain</b>
						<b>Nausea or Vomiting</b>
						<b>Diarrhea</b>
						<b>Other</b>
						<b>Screeener Initials</b>

Resident & Staff Monitoring Log – every resident, every staff, every day

# Appendix E: Monitoring & Reporting Suspected or Confirmed Cases to the Local Health Department

Health Department	Phone Number	Health Department Monitoring and Reporting Guidance
Alameda	510-267-3250	<ul style="list-style-type: none"> <li>• <a href="#">COVID-19 Guidance for Skilled Nursing and Residential Care Facilities</a></li> <li>• <a href="#">Outbreak Reporting Form &amp; Instructions</a></li> </ul>
Amador	209-223-6407	<a href="#">Residential Care Facility Order</a>
Berkeley	510- 981-5292	<a href="#">Residential Care Facility Order</a>
Calaveras	209-754-6460 209-754-2896	<a href="#">County COVID Information</a>
Contra Costa	925-313-6740	<ul style="list-style-type: none"> <li>• <a href="#">COVID-19 Long-Term Care and Congregate Living Facility Checklist</a></li> <li>• <a href="#">Residential Care Facility Order</a></li> </ul>
El Dorado	530-621-6320 Afterhours/weekends: 800-901-5789	<a href="#">Guidance for Long Term Care Facilities</a>
Fresno	559-600-3332	<ul style="list-style-type: none"> <li>• <a href="#">Reporting Form &amp; Instructions in English</a></li> <li>• <a href="#">Reporting Form &amp; Instructions in Spanish</a></li> </ul>
Madera	559-600-3332	<ul style="list-style-type: none"> <li>• <a href="#">Reporting Form &amp; Instructions in English</a></li> <li>• <a href="#">Reporting Form &amp; Instructions in Spanish</a></li> </ul>
Marin	415-473-7191	<a href="#">Reporting Requirements for Residential Care Facilities</a>
Mariposa	209-259-1332	<a href="#">County COVID-19 Information</a>
Napa	707-253-4231 Afterhours/weekends: 707-204-4359	<a href="#">Reporting Checklist</a>
Nevada	530-265-1627	<a href="#">County Resources</a>
Placer	530-886-5310	<ul style="list-style-type: none"> <li>• <a href="#">Guidance for Healthcare Providers</a></li> <li>• <a href="#">County Resources</a></li> </ul>
Sacramento	916-875-5881	<a href="#">Guidance for Long Term Care Facilities</a>
San Francisco	415-554-2830	<ul style="list-style-type: none"> <li>• <a href="#">Order on Limitations to Visitors at Residential Care Facilities</a></li> <li>• <a href="#">Guidance for Long Term Care Facilities</a></li> <li>• <a href="#">Case Report Form</a></li> </ul>
San Joaquin	209-468-3828	<ul style="list-style-type: none"> <li>• <a href="#">Reporting Outbreaks in the Workplace</a></li> <li>• <a href="#">Guidance for Long Term Care Facilities</a></li> </ul>



# Appendix E: Monitoring & Reporting Suspected or Confirmed Cases to the Local Health Department (Cont'd)

Health Department	Phone Number	Health Department Monitoring and Reporting Guidance
San Joaquin	209-468-3828	<ul style="list-style-type: none"> <li>• <a href="#">Reporting Outbreaks in the Workplace</a></li> <li>• <a href="#">Guidance for Long Term Care Facilities</a></li> </ul>
San Mateo	650-573-2346	<a href="#">Order Regarding Residential Care Facilities Screening and Monitoring</a>
Santa Clara	408-885-4214 x3	<a href="#">Guidance for Long Term Care Facilities</a>
Santa Cruz	831-454-4114	<ul style="list-style-type: none"> <li>• <a href="#">Order Regarding Residential Care Facility Visitation</a></li> <li>• <a href="#">Guidance for Long Term Care Facilities</a></li> </ul>
Solano	707-784-8001 Afterhours/weekends: 707-784-8005	<a href="#">Guidance for Long Term Care Facilities</a>
Sonoma	707-565-4567	<a href="#">Order Regarding Residential Care Facilities Visitation</a>
Stanislaus	209-558-5678	<a href="#">Reporting Form</a>
Sutter	530-749-7700	<a href="#">County Information</a>
Tulare	559-624-8480	<a href="#">County Information</a>
Tuolumne	209-533-7440	<a href="#">County Information</a>
Yolo	530-666-8670 Afterhours/weekends: 530-321-3620	<a href="#">Guidance for Long Term Care Facilities</a>
Yuba	530-749-7700	<a href="#">County Information</a>

# Appendix F: Sample Language for Staff & Resident Letter - English

---

Dear residents and staff,

This is a challenging time for our facility, county, and the world. With coronavirus spreading in our community, we are taking steps to keep everyone in our facility healthy.

Over the next few months, you might see people in our facility from the Department of Health or from local health care organizations like Kaiser Permanente. They may be wearing masks. These masks do not mean that anyone in the facility has coronavirus or that these visitors have coronavirus. The masks are a way to prevent germs from spreading. They are recommended for use when people are outside their homes.

These visitors may ask you questions about how you feel or how you do your work. Please give honest answers. Your answers will not get you or others in trouble. They are here to help us and keep you as healthy and safe as possible. To do this, they need good information from everyone in the facility.

Thank you for helping them do this important work.

# Appendix F: Sample Language for Staff & Resident Letter - Spanish

---

Estimados residentes y personal,

Este es un momento difícil para nuestros residentes y personal, nuestro condado y el mundo. Con coronavirus extendiéndose en nuestra comunidad, estamos tomando medidas para mantener a todos los que viven y trabajan en nuestras instalaciones saludables.

Durante los próximos meses, es posible que vea a personas en nuestras instalaciones del Departamento de Salud Pública o de organizaciones locales de atención médica como Kaiser Permanente. Ellos estarán usando mascarillas. Estas mascarillas no significan que alguien en nuestra instalación tenga coronavirus o que estos visitantes tengan coronavirus. Las mascarillas son una manera de evitar que los gérmenes se propaguen. Se recomienda el uso de estas mascarillas cuando las personas están fuera de sus hogares.

Estos visitantes pueden hacerle preguntas sobre cómo se siente o cómo hace su trabajo. Por favor, dé respuestas honestas. Sus respuestas no le meterán a usted ni a otros en problemas. Están aquí para ayudarnos y mantenernos lo más saludable y seguros posible. Para ello, necesitan buena información de todos en la instalación.

Gracias por ayudarles a hacer este importante trabajo.

# Appendix F: Sample Language for Staff & Resident Letter - Tagalog

---

Sa aming malugod na mga residente at mga tauhan,

Ang panahon na ito ay isang hamon na kinakaharap ng ating pasilidad, lalawigan pati na rin ang buong mundo. Dahil sa patuloy na pagkalat ng coronavirus sa ating komunidad, tayo ay gumagawa ng mga hakbang upang mapangalagaan at mapanatiling malusog ang ating mga tao na patuloy na nagbibigay serbisyo sa ating pasilidad.

Sa mga susunod na buwan, kayo ay maaaring makakita ng kawani mula sa Departamentong Pangkalusugan o mula sa mga lokal na organisasyong pangkalusugan tulad ng Kaiser Permanente na nakasuot ng maskara o face mask. Ang pagsuot ng maskara o face mask ay hindi sa kadahilanan na sila ay mayroong coronavirus o sinuman sa ating pasilidad, kundi ito ay paraan upang maiwasan ang pagkalat ng anumang mikrobyo. Ito ay isang rekomendasyon na dapat gawin sa tuwing lalabas ng kanilang mga kabahayan.

Ang mga bisita na ito ay maaaring magtanong ukol sa iyong nararamdaman o kung paano mo ginagawa ang iyong trabaho. Kami ay nakikiusap na maging tapat sa inyong kasagutan. Ang inyong mga sagot ay hindi ninyo ikapapahamak. Ito ay isang pamamaraan upang tulungan kayo at mapanatiliing ligtas sa abot ng aming makakaya. Ito ay maabot lamang sa pagbibigay ng tamang impormasyon mula sa lahat ng nasa ating pasilidad.

Lugod naming pinaaabot ang aming pasasalamat sa inyong suporta upang magampanan ang kanilang trabaho.

# Appendix G: PIN 20-23-ASC from California Department of Social Services

---

Updated guidance on COVID-19 for Adult and Senior Care licensees.



KIM JOHNSON  
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY  
**DEPARTMENT OF SOCIAL SERVICES**  
744 P Street • Sacramento, CA 95814 • [www.cdss.ca.gov](http://www.cdss.ca.gov)



GAVIN NEWSOM  
GOVERNOR

June 26, 2020

PIN 20-23-ASC

TO: ALL ADULT AND SENIOR CARE PROGRAM LICENSEES

FROM: *Original signed by Pamela Dickfoss*  
PAMELA DICKFOSS  
Deputy Director  
Community Care Licensing Division

SUBJECT: **UPDATED GUIDANCE ON CORONAVIRUS DISEASE 2019 (COVID-19) RELATED TO THE CRITICAL ROLE OF TESTING, MODIFICATION OF VISITATION GUIDELINES, NEED FOR INFECTION PREVENTION AND CONTROL, AND USE OF FACE COVERINGS IN ADULT AND SENIOR CARE FACILITIES**

**Provider Information Notice (PIN) Summary**

PIN 20-23-ASC provides updated guidance to Adult and Senior Care (ASC) licensees related to the critical role of testing for COVID-19, modification of visitor guidelines, guidance for vigilant adherence to infection control and prevention practices to prevent the transmission of COVID-19 in ASC facilities, and mandated use of face coverings.

The California Department of Social Services (CDSS) remains committed to providing updated COVID-19 guidance as new information becomes available. At the time of this PIN's release, the State of California is in Stage 2 of the [Resilience Roadmap](#), where various workplaces can gradually reopen with adaptations upon approval from the local health department. This PIN provides guidance on testing for COVID-19 in residential care facilities and provides updates to [PIN 20-07-ASC](#) as it relates to direction on reopening modifications related to visitation, communal dining, and daily activities.

**Residents in Continuing Care Retirement Communities (CCRC) who live independently are *generally* exempt from testing requirements and visitation**

**restrictions.** Exceptions to being exempt from testing requirements include the person being symptomatic for COVID-19, exposure to a person who has tested positive to COVID-19, are moving into the facility, or are returning from being treated in the hospital.

All providers shall continue to follow guidance in all applicable [CDSS PINs](#) in addition to guidance or instructions from health care providers, the [Centers for Disease Control and Prevention \(CDC\)](#), [California Department of Public Health \(CDPH\)](#), and [local health departments](#). If there are contradictory requirements between the most current CDC, CDPH, CDSS, and local health department guidance or health orders, providers should follow the strictest requirements.

As a reminder, providers must develop an emergency disaster plan, which should include illness outbreaks such as the COVID-19 pandemic.

### **Testing for COVID-19 in Residential Facilities**

Prevention, containment, and mitigation measures are essential to stop the spread of COVID-19. Testing is additional tool to intervene early in an outbreak, as well as to assist a licensee in developing an effective plan to reduce the spread of COVID-19 in their facility. Testing does not replace or preclude other infection prevention and control interventions, including monitoring all residents and staff for signs and symptoms of COVID-19, universal masking by staff and residents for source control, use of recommended personal protective equipment (PPE), and environmental cleaning and disinfection. With the potential for staff to test positive for COVID-19, all facilities must be prepared for staffing shortages and have plans and processes in place to mitigate them.

Additionally, all facilities will need to have plans for the following:

1. How test results will be explained to the resident or staff;
2. How to communicate information about any positive cases of residents or staff in the facility to family members or responsible parties;
3. How results (positive or negative) will be tracked for residents and staff at the facility, and methods for communication of facility results to the local health department; and the local Community Care Licensing Regional Office.
4. How results will be used to guide implementation of infection control measures, resident placement, and staff and resident cohorting.

### **Types of Testing**

There are two types of tests available for COVID-19: [viral tests](#) and [antibody tests](#).

- A Polymerase Chain Reaction (PCR) test, referred to as a viral test, tells you if you have a current infection.
- An antibody test tells you if you had a previous infection.

For purposes of this guidance, the PCR test should be used when testing residents and staff and the prescriber should ideally be a primary care provider. The licensee or licensee representative should verify with the prescriber that the PCR diagnostic test is the one being prescribed. Viral test results capture the presence or absence of the virus at the time the specimen was collected. It is important to remember, the person's condition may change with subsequent exposure, therefore infectious disease control measures remain important even after a resident has tested negative.

**Note:** Antibody tests may not be able to show a current COVID-19 infection because it can take 1-3 weeks after infection to make antibodies. Because of this, antibody tests are not useful for the purposes of diagnosing a current infection. Instead the use of a viral test is recommended as noted above.

### **Testing of New or Returning Residents**

All new residents should be tested prior to moving into the facility. Similarly, prior to returning to a facility, all residents who were treated at a hospital, or admitted to [CDSS contracted facility](#) or CDPH contracted alternate care site, should be tested.

### **Testing of New or Returning Staff**

All new staff must be verified by a health screening and should be tested prior to working in the facility. Similarly, all staff who are returning from a leave of absence should also be tested.

### **Testing in Facilities without COVID-19**

In facilities that currently do not have any diagnosed COVID-19 cases among residents or staff, CDPH recommends the following:

- For residents, testing should only be considered for those who present with [symptoms](#) of COVID-19 illness or were exposed to a person who tested positive for COVID-19. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g. cough, shortness of breath) but some people may present with other symptoms as well such as chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell.
- For staff, facilities should conduct surveillance testing of 10 percent of all staff every 14 days (e.g. choose different staff to test every 14 days). The purpose of a surveillance testing strategy is to monitor the spread of the virus in order to isolate the virus and mitigate outbreaks.

CDSS may adjust the scope and frequency of staff testing based on community spread data and prevalence of the virus in the community.



### Negative Test Result

All residents should be screened for fever, respiratory symptoms, or [other symptoms](#) of **possible COVID-19 infection each day**. Where appropriate, independent CCRC residents may self-screen.

Staff should also be screened for fever, respiratory symptoms, or other symptoms of possible COVID-19 infection each day they work.

### Positive Test Result

For residents who test positive for COVID-19, whether asymptomatic or symptomatic, the resident must isolate in a separate bedroom with a bathroom until the following conditions are met:

- At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications; **AND**
- Resolution in respiratory symptoms (e.g., cough and shortness of breath); **AND**
- At least 14 days have passed since symptoms first appeared.

For staff who test positive for COVID-19 and who are asymptomatic, meaning that they have NOT had any symptoms, CDPH recommends that these individuals be instructed to care for themselves at home and not return to work until the following conditions are met:

- At least 10 days have passed since the date of the positive viral COVID-19 test.

For staff who test positive for COVID-19 and who then present with symptoms during their 10-day isolation period, they may return to work once the following conditions are met:

- At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications; **AND**
- Resolution in respiratory symptoms (e.g. cough and shortness of breath); **AND**
- At least 10 days have passed since symptoms first appeared.

In accordance with CDPH and CDC guidance, **staff** should be provided the information below about how to appropriately isolate within their home.

### Staff Home Isolation

Isolation of persons who are infectious, i.e. individuals who have tested positive for COVID-19, can be done at home provided the following conditions are in place.

What setup is needed:

- A separate bedroom. If a bedroom must be shared with someone who is sick, consider the following:
  - Make sure the room has good air flow by opening the window and turning on a fan to bring in and circulate fresh air, if possible.
  - Maintain at least 6 feet between beds, if possible.
  - Sleep head to toe (i.e. head and toe are on opposite ends of their respective beds).
  - Put a curtain around or place a physical divider (e.g. shower curtain, room screen divider, large cardboard poster board, quilt, or large bedspread) to separate the ill person's bed.
- A separate bathroom **or** one that can be [disinfected](#) after use.

#### What equipment is needed:

- A facemask (or if unavailable, a cloth face covering) should be worn by the infected person if there are others in the household or when healthcare or home care workers enter the house.
- Gloves for any caregivers when touching or in contact with the person's infectious secretions.
- Appropriate [cleaning](#) supplies for disinfecting the household.
- A thermometer for tracking occurrence and resolution of fever.

#### Access to necessary services:

- Clinical care and clinical advice by telephone or telehealth.
- Plan for transportation for care, if needed.
- Food, medications, laundry, and garbage removal.

#### When to seek care:

- If new symptoms develop or their symptoms worsen.
- If the infected person is going to a medical office, emergency room, or urgent care center, the facility should be notified ahead of time that the person has COVID-19. The person should wear a facemask (or if unavailable, a cloth face covering) for the clinical visit.
- Any one of the following emergency warning signs signal a need to call 911 and get medical attention immediately:
  - Trouble breathing
  - Bluish lips or face
  - Persistent pain or pressure in the chest
  - New confusion

**Out-of-hospital monitoring** by healthcare systems or public health can be considered, especially for those at higher risk of COVID-19. This may consist of oxygen saturation measurement or other assessments. Persons in isolation can be contacted regularly

during isolation to assess for clinical worsening and other needs. Frequency and mode of communication should be customized based on risk for complications and difficulty accessing care.

### Staff Home Quarantine

Quarantine of persons who have been exposed to an individual who has tested positive for COVID-19 can be done at home if the following conditions are in place:

#### What setup is needed:

- A separate bedroom. If a bedroom must be shared with someone who was exposed, consider advising the following:
  - Make sure the room has good air flow by opening the window and turning on a fan to bring in and circulate fresh air, if possible.
  - Maintain at least 6 feet between beds, if possible.
  - Sleep head to toe (i.e. head and toe are on opposite ends of their respective beds).
  - Put a curtain around or place other physical divider (e.g., shower curtain, room screen divider, large cardboard poster board, quilt, or large bedspread) to separate the ill person's bed.
- A separate bathroom **or** one that can be [disinfected](#) after use.

**Note:** When everyone living in a household has been exposed, there is no requirement for a separate bedroom or bathroom if all persons remain without symptoms and without a positive COVID-19 test. However, facemasks (or if unavailable, cloth face coverings) for those quarantined are needed for any possible encounter with persons entering from outside the household.

When just one person is quarantined in a household with other household members who have not been exposed, a separate bedroom and separate bathroom (or one that can be disinfected after use) are needed. Additionally, facemasks (or if unavailable, cloth face coverings) for the quarantined individual and disinfectants to clean surfaces are needed for any possible encounter with persons entering from outside the household.

#### What equipment is needed:

- A facemask (or if unavailable, a cloth face covering) should be worn by the exposed person if there are others in the household or when healthcare or home care workers enter the house.
- Gloves for any caregivers when touching or in contact with the exposed person's infectious secretions.
- Appropriate [cleaning](#) supplies for disinfecting the household.
- A thermometer for tracking occurrence and resolution of fever.

Access to necessary services:

- Clinical care and clinical advice by telephone or telehealth.
- Plan for transportation for care if needed.
- Food, medications, laundry, and garbage removal.

Clinical monitoring:

- Quarantined individuals should be instructed to self-monitor for symptoms (i.e. check temperature twice a day, watch for fever, cough, shortness of breath, and [other symptoms that can be attributed to COVID-19](#)).
- Individuals at home who are originally quarantined and then develop symptoms should be tested immediately. They should be isolated and follow the recommendations above for “Staff Home Isolation.” If it is determined that they cannot suitably isolate at home, an alternate site of isolation should be considered.

**Testing in Facilities with COVID-19**

As soon as possible after one (or more) COVID-19 positive individuals (resident or staff) is identified in a facility, retesting of all residents (excluding independent CCRC residents, unless they have been in communal settings with other residents) and staff should be performed every 14 days until no new cases are identified in two sequential rounds of testing. The facility may then resume their regular surveillance testing schedule as outlined above.

If there are multiple buildings at a facility, and those who have tested positive are clustered in one building, serial testing should only occur among residents and staff in that building. It may not be necessary to test residents and staff across multiple buildings so long as staff are not moving among buildings to provide services or having close contact with staff providing services in a building caring for residents who are COVID-19 positive.

If there are positive cases across multiple buildings at any given facility, all residents and staff across all buildings should be tested every 14 days until no new cases are identified in two sequential rounds of testing. The facility may then resume their regular surveillance testing schedule as outlined above.

CDSS may adjust the scope and frequency of resident and staff testing based on community spread data and prevalence of the virus in the community.

**Finding a Testing Site**

The Testing Task Force has developed the [Finding a Testing Site](#) webpage ([testing.covid19.ca.gov](https://testing.covid19.ca.gov)), where individuals can search for the nearest available COVID-19 testing location. The website features both state and community-based testing locations, including sites operated by Verily and OptumServe, which are open to

Californians who meet [current testing guidelines](#). Testing is free for all individuals, including those who are uninsured or undocumented. Individual testing results must be provided to the licensee. The licensee must keep the test results confidential.

On the [Finding a Testing Site](#) webpage, Californians are able to find a COVID-19 testing site near their location by using any one of the following options:

- Choose Current Location
- Search by Address, City, or Zip Code
- Click on the interactive map
- Users can adjust their search radius to their preferred distance

Search results provide the user with site information, such as the address, hours of operation, any requirements, and the option to schedule an appointment where needed for non-drop-in locations. Note that the timeframe for receiving test results varies by testing site.

### **Alternate Staffing Plans**

As the COVID-19 pandemic progresses, staffing shortages are likely to occur. Licensees should be prepared for potential staffing shortages and have a plan in place to mitigate this. In order to prepare and maintain appropriate staffing levels, licensees should:

- Understand their staffing needs and the minimum number of staff needed to provide care and a safe work environment; and
- Be in communication with the local Regional Office to identify and recruit additional staff when needed.

If unable to provide adequate staffing, contact the local Regional Office to discuss a temporary relocation of persons in care who tested positive for COVID-19 to a [CDSS contracted facility](#).

### **Recommended Mitigation Measures/Reopening Strategies**

A facility can begin to ease restrictions related to visitation, communal dining, and activities as specified below.

In all instances, easing of restrictions should include:

- Daily symptom screenings and temperature checks of residents and staff;
- Following physical distancing guidelines (i.e. space to allow individuals to remain 6 feet apart);
- Universal source control;
- Use of face coverings (For more information, see “Required Use of Face Coverings” below); and

- Enhanced cleaning and disinfecting protocols.

### **Facility Entering and Exiting Strategies**

The following are strategies to help reduce the spread of COVID-19 when individuals enter and exit a facility.

- Designate one area to enter the facility and a different area to exit the facility.
- Require the use of face coverings (For more information, see “Required Use of Face Coverings” below).
- Add signage at entrances outlining proper face covering usage and current physical distancing practices in use throughout facility.
- Designate person(s) to conduct initial screening for individuals entering facility.
- Take the temperature of individuals entering the facility using a no-touch thermometer. A temperature of 100.4 or above indicates a fever.
- Ask individuals entering about [COVID-19 symptoms](#) within the last 24 hours and whether anyone in the individual’s home has had COVID-19 symptoms or has tested positive.
- Ask staff to check their temperature at home before leaving for work. Advise them to put on a face covering, regardless of symptoms, before leaving their home.
- Exclude any visitors or staff showing symptoms of COVID-19 and disinfect any surface that was within 6 feet of symptomatic individual. Items that cannot be disinfected should remain with the individual or be discarded.
- Make available and encourage use of handwashing stations or hand sanitizer upon entry and while in the facility.
- Record name and contact information for individuals entering the facility for possible contact tracing at a later date.

Staff conducting screening should wear PPE, in addition to a face covering, unless separated from individuals being screened by a physical barrier or partition. Staff conducting screening should also make interactions as brief as possible by limiting the interaction to screening questions only.

### **Visitation**

In accordance with current public health guidance, visitation by non-essential individuals should be limited until all of the following conditions are met:

- There have been no new transmissions of COVID-19 at the facility for 14 days.
- Facility is not experiencing staff shortages.
- Licensee has adequate supplies of PPE and essential cleaning supplies to care for persons in care.
- Licensee has adequate access to COVID-19 testing as outlined in the “Testing for COVID-19 in Residential Facilities” section above.

- Require visitors to wear face coverings (i.e. facemasks or cloth face coverings).

**Note:** If all the above conditions are met, indoor visitation at the facility is permitted. See “**Other Safety Protocols**” below for best practices.

During the time when visitation is limited as indicated above, following exceptions apply:

- Allow limited visits on the facility premises where there is 6 feet or more physical distancing, source control, and infection control (e.g. drive-by visits or visit through a resident’s window).
- Allow visitation for medically necessary visits (e.g. end-of-life) or other urgent health or legal matters that cannot be postponed (e.g. estate planning, advance health care directives, Power of Attorney, transfer of property title).
- Allow visitation for social workers who are legally responsible for a person’s care to carry out their duties.
- As otherwise required in the Visitation Waiver in [PIN 20-09-CCLD](#).
- Allow CDSS, CDPH, local health department officials, healthcare providers, Ombudsman, and essential government authority to enter or conduct investigations at the facility.

### Other Safety Protocols

- Allow scheduled visits on the facility premises where there is 6 feet or more physical distancing, and both residents and visitors wear face coverings with staff monitoring infection control guidelines (e.g. large communal spaces, outdoor visits, space close to facility entrance to reduce traffic in facility).
- To the extent possible, visits should take place outside. Where appropriate, designate an outdoor area, such as the yard, patio, open porches, parking lot, or driveway for visits, weather permitting.
- Visits should be scheduled in advance.
- Limit the number of visitors at any one time to avoid having large groups congregate.
- Screen all visitors for symptoms, including temperature screenings.
- Visitors should physically distance during their visit.

### **Communal Dining**

Communal dining should be modified to help prevent the transmission of COVID-19 in the facility as specified below.

Communal dining can be reintroduced in a limited way if persons in care:

- Can remain at least 6 feet apart;
- Can eat in shifts to reduce the number of persons dining at any one time; and

- Wear face coverings before and after dining.

Any person in care that has tested positive for COVID-19 should not participate in communal dining until they have a negative test result.

Measures to help prevent disease transmission during dining include:

- Clean surfaces with soap and water then disinfect with a [household disinfectant](#), prior to serving meals following the instructions on the label.
- Ensure residents handwash upon entering dining area or provide access to alcohol-based hand sanitizer with 60-95% alcohol.
- Have staff serve food to persons in care.
- Use disposable plates, napkins, and/or silverware. Avoid using linen tablecloths.
- Utilize outdoor space, weather permitting, for dining.
- When in-person dining is not available, a facility can make available a grab-and-go meal service to allow a person in care to eat their meal in their room.

Additional easing of restrictions may be recommended if community transmission of COVID-19 decreases from current levels.

### **Activities**

Activities are an important part of maintaining a person's physical and mental health. During this time where visitation may be limited or restricted, providers have an increased obligation to engage with residents in a safe manner. This can be through modified activities or other engagements.

Activities should be encouraged but modified to help prevent the transmission of COVID-19 in the facility as specified below.

### **Examples of Modified Activities**

- Allow for persons in care to socialize in common areas where social distancing and source control can be accomplished.
- Facilitate modified group activities, which could include book clubs, crafts, movies and bingo and other activities, that include 6 feet physical distancing and other infection control measures.
- Encourage use of technology to video chat family members, friends, or other persons in care.
- Deliver disposable paper games, such as crossword puzzles or word searches, or art supplies to persons in care.
- Have staff visit persons in care from the hallway with a traveling ice cream sundae or happy hour cart.
- Set up a space outdoors for socially distanced games, crafts, or group exercise.
- Set up games that can be played by phone or PA system, or from hallways, such as bingo and singalongs.



- Set up video streaming from the in-house TV station for persons in care to enjoy daily exercise classes, concerts, movies, lectures, and religious ceremonies.
- Start a pen pal program for persons in care.

### Schedule

- Schedule activities with sufficient time between activities to allow for cleaning and disinfection of equipment, chairs, or other items used for the activity.
- Schedule activities in a staggered fashion to limit number of persons in care participating at any one time.

### Entering and Exiting

- Arrange entering and exiting into a group activity or common area so persons in care do not come within 6 feet of each other. This can be accomplished through the following ways:
  - Designate one area to enter and a different area to exit (i.e. enter through one door and exit through another).
  - Time activity so all participants can exit the activity prior to the next group of participants arriving.
  - Add floor markings to indicate 6 feet separation.
  - Add signage and/or furniture placement that cues at least 6 feet of distance between participants entering and exiting.

### Other Safety Protocols

- Maintain at least 6 feet of physical distancing between participants and ensure no more than 10 individuals are in the room for the activity.
- Determine maximum group size, ensuring it is in conformance with your local health department guidelines related to physical distancing guidelines.
- Shorten activity time to reduce risk of exposure.
- Schedule types of activities that allow for staff and persons in care to wear a face covering during the activity and when moving to and from the activity and their room.
- Create a sign-up sheet for each activity to control the number of participants. Sign-ups should be handled by staff to avoid cross contamination by multiple participants touching the same paper/pen/screen.
- Consider using activity supplies that can be sanitized after each use or those that are disposable.
- Notify all participants of the rules for activities and common space usage to prevent the spread of infection.
- Remove furniture, except enough for the maximum number of persons in care allowed in the area at any one time.

## **Infection Prevention and Control Reminders and Additional Resources**

CDSS released guidance on infection prevention and control in a PowerPoint presentation titled "[Prepare for COVID-19 in Residential Facilities](#)," which can be found on the [Community Care Licensing Division \(CCLD\) landing page for COVID-19](#) under the "Additional Resources" tab. This presentation also includes information on the following topics:

- Quarantine, Isolation, and Cohorting
- Use of PPE

[PIN 20-20-ASC](#) provides licensees guidance on how to collect, properly package, and ship used N95 respirators to Battelle for decontamination through the Battelle Critical Care Decontamination System (CCDS)<sup>™</sup>.

Licensees seeking PPE for persons in care and staff may contact the local Regional Office for assistance. The [Medical Health Operational Area Coordinator \(MHOAC\)](#), under the [Emergency Medical Services Authority \(EMSA\)](#), is an alternative place for licensees to request resources. If contacting MHOAC, e-mail is recommended to log the request if phonelines are impacted.

## **Strategies in Caring for Persons in Care with Dementia, Individuals with Intellectual Disability, or Mental Illness**

When working with a person in care exhibiting behaviors that pose a challenge in complying with guidelines, licensees are encouraged to:

- Use a calm and steady tone of voice to educate the person in care on the importance of observing protocols, such as good hand hygiene and physical distancing to help prevent the spread of the COVID-19;
- Redirect the person in care when possible; and
- Reach out to county behavioral health department or placing agency such as the local regional center, for assistance in addressing these types of behaviors.

The following resources provide useful information and best practices for providing care to persons with dementia:

- California Department of Social Services
  - [Best Practices for Caring for Individuals with Dementia During Coronavirus Disease 2019 \(COVID-19\)](#)
- Alzheimer's Association
  - [Coronavirus \(COVID-19\): Tips for Dementia Caregivers in Long-Term or Community-Based Settings](#)

- [Emergency Preparedness: Caring for persons living with dementia in a long-term or community-based setting](#)

Providers are also encouraged to visit the following website for more information on caring for persons with mental or developmental behaviors:

- California Department of Developmental Services
  - [Coronavirus Information and Resources](#)

### **Required Use of Face Coverings**

Consistent with [Guidance for the Use of Face Coverings](#) issued by the California Department of Public Health, individuals in ASC facilities are **mandated to wear face coverings**. This requirement is applicable to all facility staff. Persons in care should be reminded that they are required to abide by face covering requirements at all times when they leave the facility, and as much as practically possible, while in the facility (e.g. in a large facility where a resident is moving between their bedroom and a common area; in common areas where 6 feet physical distancing is not possible, etc.). The mandated use of a face covering is in addition to existing guidance related to proper physical distancing and handwashing.

Individuals exempted from wearing a face covering due to a medical condition who are employed in a job involving regular contact with others should wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it. **This applies to staff in ASC facilities.**

### **Exceptions – Face Coverings**

There are specified exceptions to the mandate to wear a face covering. Exceptions that may apply to persons in care include, but are not limited to:

- Persons with a medical condition, mental health condition, or disability that prevents wearing a face covering. This includes persons with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.
- Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication;
- Persons who are obtaining a service involving the nose of face where temporary removal of face covering is necessary;
- Persons who are eating at a restaurant or other establishment offering food or beverage service, to remove face covering while they eat and maintain proper social distance;
- Persons who are engaged in outdoor work or recreation, and able to maintain at least six feet from others.

## **Additional Resources**

The following resources are also available online:

### **Federal Resources**

- Centers for Disease Control and Prevention (CDC)
  - [Coronavirus Disease 2019](#)
  - [Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities](#)
  - [Key Strategies to Prepare for COVID-19 in Long-Term Care Facilities](#)
- World Health Organization (WHO)
  - [Coronavirus disease \(COVID-19\) pandemic](#)

### **State Resources**

- California Department of Social Services (CDSS)
  - [Community Care Licensing Division homepage](#) (includes all COVID-19 related materials (Provider Information Notices (PINs) and other resources)
- California Department of Public Health (CDPH)
  - [All COVID-19 Guidance](#)
  - [Detection and Management of COVID-19 Cases in Congregate Living Facilities](#)

### **Local Health Resources**

- [Local County Health Departments](#)
- [Medical Health Operational Area Coordinator \(MHOAC\) Contact List](#)

If you have any questions, please contact your local [Adult and Senior Care Regional Office](#).