

Recommended Infection Prevention and Control Plan for Adult Day Care Facilities

Coronavirus Disease 2019 (COVID-19) Response
Best Practices as of September 28, 2020.

Because adult day care facilities involve different individuals gathering and sharing activities, adult day care facilities are at high risk of COVID-19 spreading and affecting their clients as well as staff. If clients become infected with COVID-19 they may be at increased risk of developing a serious illness or dying as clients of adult day care facilities tend to be older, or have physical, psychiatric or intellectual disabilities and may have underlying chronic medical conditions.

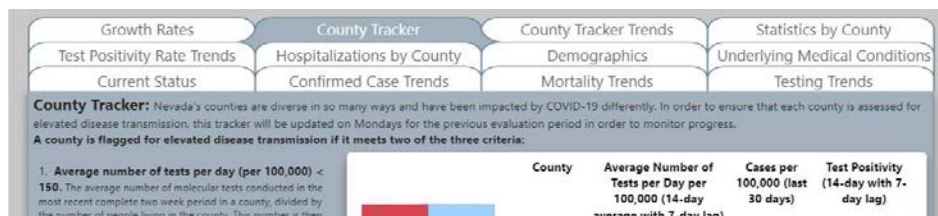
COVID-19 spreads mainly through close contact from person-to-person in respiratory droplets from someone who is infected. People who are infected often have symptoms of illness. Some people without symptoms may be able to spread virus. Person-to-person spread occurs between people who are in close contact with one another such as within about six feet and through respiratory droplets produced when an infected person coughs, sneezes or talks. A person can possibly get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. However, this is not thought to be the main way the virus spreads.

Having an infection prevention and control plan individualized to your facility is important for the protection of your staff and clients. **COVID-19 may continue to present itself in the future and it is important to have your facility prepared to keep COVID-19 from entering your facility, if possible, and if not, recognizing and taking immediate action to prevent and rapidly contain the spread.**

This generic infection prevention and control plan for adult day care facilities is meant to assist each facility in developing its own individualized plan to meet the need of the facility, its clients and staff.

Keep COVID-19 from Entering the Facility

Know your county's COVID-19 positivity rate, which can be found online at <https://nvhealthresponse.nv.gov/>. You will see the COVID-19 (coronavirus) dashboard on the first page, then the "County Tracker" tab (see screen shot below).



Your county's COVID-19 positivity rate may change, so it should be monitored regularly in order to adjust your facility's current visitation procedures with your county's positivity rate.

Indoor Visitation Restrictions for All Visitors with Limited Exceptions in Counties with a high COVID-19 positivity rate or in a facility that is having an outbreak

If facility is having an outbreak or is in a county with a high (>10%) COVID-19 county positivity rate the following guidelines are recommended.

1. Limit visitors to the facility to only those essential for the client's physical or emotional well-being and care (e.g., contract service providers and health inspectors.)
2. Restrict all volunteers and non-essential personnel including consultant services (e.g., entertainers, barber, nail care).

3. Encourage use of alternative mechanisms for client interactions such as video-call applications on cell phones or tablets.
4. Limit points of entry to the facility to allow screening of all potential visitors.
5. Create or review an inventory of all volunteers and staff who provide care in the facility. Use that inventory to determine which staff are non-essential and whose services can be delayed. This inventory can also be used to notify staff if COVID-19 is identified in the facility.
6. Establish procedures for monitoring, managing, and training all visitors, which should include:
 - o All visitors should be instructed to wear a facemask or cloth face covering at all times while in the facility, perform frequent hand hygiene, and restrict their access to the area designated by the facility.
 - o Informing visitors about appropriate PPE use according to current facility visitor policy.
7. Post signage at all entrances to alert everyone entering the facility (visitors, clients and staff) regarding screening and restrictions. Include notices for contract service providers that discourage visitors. Signs should remind visitors, clients and staff not to enter the building if they have fever or symptoms of COVID-19.

Indoor Visitation for Counties with a low or medium COVID-19 county positivity rate

If a facility is not having an outbreak or is in a county with a low (<5%) or medium (5% – 10%) COVID-19 county positivity rate allow indoor visitations according to the core principles of COVID-19 infection prevention and facility policies. The following indoor visitation guidelines are recommended.

- a) There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing;
- b) Visitors should be able to adhere to the core principles and staff should provide monitoring for those who may have difficulty adhering to core principles, such as children;
- c) Facilities should limit the number of visitors per client at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space). Facilities should consider scheduling visits for a specified length of time to help ensure all clients are able to receive visitors; and
- d) Facilities should limit movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the client’s designated visitation area.

Outdoor Visitation - County positivity rates do not need to be considered for outdoor visitation

Outdoor visitation, instead of indoor visitation, is recommended whenever it is safe to do so. The following guidelines are recommended when allowing for outdoor visitation.

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred and can also be conducted in a manner that reduces the risk of transmission. Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, all visits should be held outdoors whenever practicable. Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual client’s health status (e.g., medical condition(s), COVID-19 status), or a facility’s outbreak status, outdoor visitation should be facilitated routinely. Facilities should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or parking lots, including the use of tents, if available. When conducting outdoor visitation, facilities should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing). We also recommend reasonable limits on the number of individuals visiting with any one client at the same time.

Screen All Clients, Staff and Visitors Upon Entry into the Facility

1. Designate one or more facility employees to actively screen all staff, clients and visitors, including essential consultant staff, for the presence of fever, exposure and symptoms of COVID-19 upon arrival at the facility and for staff before the start of each shift. Send visitors and staff home if they are ill or have a fever of 100.0°F or greater. Maintain a log of entry to the facility and screening results. Arrange transportation for clients as necessary if they must leave the facility. Encourage or coordinate testing for COVID-19 where appropriate.

Symptoms of COVID-19 may include:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Persistent pain or pressure in the chest
- New confusion or inability to wake up
- Bluish lips or face
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Older people with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, new dizziness, nausea, vomiting, or diarrhea.

Identification of symptoms consistent with COVID-19 should prompt isolation of the client until they are able to leave the facility to return to their home or seek medical care, as appropriate.

2. Establish a plan to identify and monitor staff working at other facilities which includes infection prevention guidelines. Staff who work in multiple locations may pose higher risks and should be asked about exposure to facilities with recognized COVID-19 cases. The risks should be weighed against the need to care for the clients.

Rapidly Identify and Properly Respond to Clients with Suspected or Confirmed COVID-19

- Implement a process or facility point of contact that clients can notify (e.g., call by phone) if they develop symptoms outside of the adult day care facility (e.g., in their homes).
- Identify and designate a space in the facility that could be dedicated to isolate clients that develop symptoms of COVID-19. This could be an office and/or a space near an exit that may be sectioned off from the rest of the clients and staff.
- If COVID-19 is identified or suspected in a client (i.e., client reports fever or symptoms consistent with COVID-19):
 - Immediately isolate the client in a separate area away from other clients (designated area or office away from the rest of the clients and staff), and notify the client's family or caregiver, physician and health department. Post signage outside the door to inform staff room is in use for isolation, restricted access and PPE requirements
 - Encourage all other clients to self-isolate, if not already doing so, while awaiting assessment to determine if they are also infected or exposed.
 - Maintain social distancing (remaining at least 6 feet apart) between all clients and personnel, while still providing necessary services.
 - For situations where close contact with any (symptomatic or asymptomatic) client cannot be avoided, personnel should at a minimum, wear:
 - Eye protection (goggles or face shield) and an N95 or higher-level respirator (or a facemask if respirators are not available). **Cloth face coverings are not PPE and should not be used when a respirator or facemask is indicated.**

Social Distancing

Maintaining a good social distance (at least 6 feet) is very important in preventing the spread of COVID-19.

The following preventative measures should be considered:

- Cancel all non-essential group activities and events during which social distancing cannot be maintained (e.g., manicures and games where the clients must whisper to communicate with one another or touch the same objects).
- Arrange seating of chairs and tables to be least 6 feet (2 meters) apart during shared meals or other events.
- Alter schedules to reduce mixing and close contact, such as staggering meal and activity times and forming small groups that regularly participate at the same times and do not mix.
- Ensure social distancing can be maintained in all facility areas. Separate furniture as necessary.
- Make sure all areas in the facility have good air flow from an air conditioner or an opened window.
- Consider working with building maintenance staff to determine if the building ventilation system can be modified to increase ventilation rates. Improving ventilation helps remove respiratory droplets from the air.
- Provide signs throughout the facility that illustrate proper social distancing so that clients may easily identify where they may sit or stand (e.g., mark the spots where clients may sit at the dining tables, mark the floor in areas where clients line up to identify where they may stand and maintain social distancing).

Considerations for Specific Communal Rooms in Your Facility

Dining Room

- Ensure measures are put in place so everyone can stay at least 6 feet (2 meters) apart from one another while in the dining room. When individuals are not eating or drinking, they should be wearing masks (if medically able).
- Do not share dishes, drinking glasses, cups, or eating utensils. Non-disposable food service items used should be handled with gloves and washed with dish soap and hot water or in a dishwasher. Wash hands after handling used food service items.
- Use gloves when removing garbage bags and handling and disposing of trash. Wash hands.
- All kitchen and dining room staff must be trained to the policies and procedures for infection control and prevention in the dining rooms including but not limited to cleaning and disinfecting between meal services.

Laundry and Laundry Area (if Applicable)

- Maintain access and adequate supplies to the laundry area to help prevent spread of COVID-19.
- Restrict the number of people allowed in laundry area at one time to ensure everyone can stay at least 6 feet (2 meters) apart.
- Provide disposable gloves, soap for washing hands, and household cleaners and EPA-registered disinfectants for staff to clean and disinfect buttons, knobs, and handles of laundry machines, laundry baskets, and laundry items (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>).
- Post guidelines for doing laundry such as washing instructions and handling of dirty laundry. For example, the laundry should be washed in the hottest tolerable water and dried at the highest temperature tolerated as well. (http://nsla.nv.gov/ld.php?content_id=54777857 page 2 of 3)
- Recommendations for handling laundry include:
 - a. Do not shake dirty laundry.
 - b. Wear disposable gloves while handling dirty laundry.
 - c. Dirty laundry from a person who is sick can be washed with other people's items.
 - d. Wash items according to label instructions. Use the warmest water setting.
 - e. Remove gloves, and wash hands right away.
 - f. Dry laundry, on hot if possible, completely.
 - g. Wash hands after putting clothes in the dryer.
 - h. Clean and disinfect clothes hampers. Wash hands afterwards.

Recreational Areas Such as Activity Rooms and Exercise Rooms

- Activity rooms and exercise rooms should be cleaned using EPA-registered disinfectants at least twice per day or more as needed (e.g., in the morning and evening and after times of heavy use).
- Restrict the number of people allowed in the activity rooms at one time so that everyone can stay at least 6 feet (2 meters) apart from one another.
- Consider closing exercise rooms.
- Activities that require close contact are not recommended (e.g., ping pong, chess).

Facility Bathrooms

- Facility bathrooms should be cleaned using EPA-registered disinfectants at least twice per day or more as needed (e.g., in the morning and evening and after times of heavy use).
- Make sure bathrooms are continuously stocked with soap and paper towels or automated hand dryers.
- Hand sanitizer should be made available throughout the facility.
- Make sure trash cans are emptied regularly.
- Provide information on how to wash hands properly. Hang hand hygiene signs (<https://www.cdc.gov/handwashing/posters.html>) in bathrooms.
- Clients and staff should be instructed that sinks could be an infection source and should avoid placing personal items directly on counter surfaces. Totes could also be used for personal items to limit their contact with other surfaces in the bathroom.

Client/Family Notification

Inform clients, their representatives, families of the clients and staff by 5:00 PM the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or two or more clients or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must include information on actions to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered. This information must not include personally identifiable information

Local Health Department Notification

Notify your local health department if:

- COVID-19 is suspected or confirmed among clients or facility staff
- A client or facility staff develops severe respiratory infection
- More than 2 clients or facility staff develop fever or respiratory symptoms within 72 hours of each other.

Nevada Division of Public and Behavioral Health

- 24-hour phone: (775) 684-5911

- <http://dpbh.nv.gov/>

Carson City Health & Human Services

- Business hours: (775) 887-2190

- After hours: (775) 887-2190

- <https://gethealthycarsoncity.org/>

Southern Nevada Health District

- 24-hour phone: (702) 759-1300

- <https://www.southernnevadahealthdistrict.org/>

Washoe County Health District

- 24-hour phone: (775) 328-2447

- <https://washoecounty.us/health/>

Testing

- If a staff member or client is suspected of having COVID-19 consult with your health authority about having the staff member or client tested.
- If one or more staff members or clients test positive for COVID-19, contact your health authority for consideration of facility wide testing for all clients and staff members.

- If staff member refuses testing, consider implementing a policy requiring staff member to be tested prior to returning to work.
- If client refuses testing, explain to client the importance of testing and how it can help protect the client and others in the facility. If the client continues to refuse, document refusal to be tested in client's file.

Visitor Testing

While not required, we encourage facilities in medium or high-positivity counties to test visitors, if feasible. If so, facilities should prioritize visitors that visit regularly (e.g., weekly), although any visitor can be tested. Facilities may also encourage visitors to be tested on their own prior to coming to the facility (e.g., within 2–3 days) with proof of negative test results and date of test.

Tracking Clients & Staff During a Suspected Respiratory Illness Cluster/Outbreak

You should develop a mechanism to track clients and staff that have symptoms of COVID-19 or test positive for COVID-19 in order to determine if a client is safe to return to the facility or if a staff member is safe to return to work in accordance with CDC guidelines.

Duration/Discontinuation of Isolation and Precautions for Adults with COVID-19

(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>)

Recommendations:

1. Duration of Isolation and Precautions

- For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days *after symptom onset*¹ **and** resolution of fever for at least 24 hours, without the use of fever-reducing medications, **and** with improvement of other symptoms.
 - A limited number of persons with severe illness may produce the virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.
- For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days *after the date of their first positive RT-PCR test (COVID-19 diagnostic test) for SARS-CoV-2 RNA*.

2. Role of PCR testing (a COVID-19 Diagnostic Test) to Discontinue Isolation or Precautions

- For persons who are severely immunocompromised, a test-based strategy could be considered in consultation with infectious diseases experts.
- For all others, a test-based strategy is no longer recommended except to discontinue isolation or precautions earlier than would occur under the strategy outlined in Part 1, above.

For more information refer to the CDC's Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance). Found at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

3. Role of PCR Testing (a COVID-19 Diagnostic Test) After Discontinuation of Isolation or Precautions

- For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection.
- For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Isolation may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person.
- For persons who never developed symptoms, the date of first positive RT-PCR test for SARS-CoV-2 RNA (a COVID-19 Diagnostic Test) should be used in place of the date of symptom onset.

4. Role of Serologic Testing

- Serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection.

Monitor and Plan for Absenteeism Among Your Staff

- Develop plans to cover activities in the event of increased staff absences. Coordinate with other local adult day care programs and reach out to substitutes to determine their anticipated availability if regular staff members need to stay home if they or their family members are sick.
- Recommend that people at higher risk for severe illness from COVID-19 (older adults and people of any age who have serious underlying medical conditions) consult with their medical provider to assess their risk and to determine if they should stay home if there is an outbreak in their community.

Require sick clients and staff to stay home.

- Communicate to clients the importance of staying home when they are sick.
- Communicate to staff the importance of being vigilant for symptoms and staying in touch with facility management if or when they start to feel sick.
- Establish procedures to ensure clients and staff who come to the center sick or become sick while at your facility are sent home as soon as possible.
- Keep sick clients and staff separate from well clients and staff until they can be sent home.
- Sick staff members should not return to work until they have met the criteria to discontinue home isolation.

Have a plan if someone is or becomes sick.

- Plan to have an isolation room or area (such as chair in the corner of a room) that can be used to isolate a sick client.
- If a sick client has been isolated in your facility, clean and disinfect surfaces in your isolation room or area after the sick client has gone home.
- If COVID-19 is confirmed in a client or staff member:
 - Close off areas used by the person who is sick.
 - Open outside doors and windows to increase air circulation in the areas.
 - Wait up to 24 hours or as long as possible before you clean or disinfect to allow respiratory droplets to settle before cleaning and disinfecting.
 - Clean and disinfect all areas used by the person who is sick, such as offices, bathrooms, and common areas.
 - If more than 7 days have passed since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection.
- ❖ Please refer to section on Cleaning and Disinfection After Persons Suspected/Confirmed to Have COVID-19 Have Been in the Facility

Strategies to Mitigate Staffing Shortages

Maintaining appropriate staffing in facilities is essential to providing a safe work environment for staff and safe client care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to staff exposures, illness, or need to care for family members at home. Adult day care facilities must be prepared for staffing shortages and plan accordingly. Considerations for creating a staffing contingency plan include (but are not limited to):

- Reduced days or open hours
- Reduced number of clients in attendance
- Staffing agency
- Management or office staff to assist with clients (within their scope of practice)
- Implement sick leave policies that are flexible and non-punitive
- Bonus or overtime pay
- Closing the facility

Educate Clients, Family Members, and Staff about COVID-19

- Provide education to staff and clients regarding the signs and symptoms of COVID-19 and how it is transmitted.
- Have a written plan and mechanism to regularly communicate with staff, clients, and any family members specified by the client.
- Provide strategies for managing stress and anxiety.
- Describe actions the facility is taking to protect clients and staff.
- Describe actions clients and staff can take to protect themselves in the facility, emphasizing the importance of social (physical) distancing, hand hygiene, respiratory hygiene and cough etiquette, and face mask or alternate face covering source control (keeps respiratory droplets contained and from reaching other people).
- Remind clients that public health authorities have urged older adults and people of any age who have serious underlying medical conditions to remain home and limit their interactions with others.
- Encourage clients to follow guidance from staff and practice social (physical) distancing.
- Clients should wear a cloth face covering (if tolerated) while at the facility, regardless of symptoms. If the client does not have a cloth face cover, a facemask may be used for source control.
- Encourage clients, staff, and visitors to remain vigilant for and immediately report fever or symptoms consistent with COVID-19 (e.g., sore throat, new or worsening cough, shortness of breath, muscle aches). Ask visitors to inform the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility.
- Place visual alerts, such as signs and posters in appropriate languages, at entrances and in strategic places providing instructions on hand hygiene, respiratory hygiene (including the use of cloth face coverings), and cough etiquette.

Note: Cloth face coverings should not be worn or placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance. Additionally, they should not be placed on children under age 2.

Prevention

Flu Shots - It is important that all staff and clients receive the quadrivalent inactivated influenza vaccine unless there is a medical contraindication or the client or legal representative refuses. Vaccines should be given before flu season starts if possible.

Pneumococcal Vaccination – The CDC recommends the pneumococcal vaccination for all adults 65 years or older. Pneumococcal disease in older adults may place them at risk for serious illness and death.

Discuss these two important vaccinations with clients, their families and/or legal representative.

Hand hygiene

- 1) The facility should ensure hand hygiene supplies are readily available to all staff in all areas of the facility.
- 2) Wash your hands often with soap and water for at least 20 seconds. Tell everyone in the facility to do the same, especially after being near the person who is sick.
- 3) Hand sanitizer: If soap and water are not readily available, use a hand sanitizer that contains at least 60% to 95% alcohol. Cover all surfaces of your hands and rub them together until they feel dry. If hands are visibly soiled, use soap and water before returning to an alcohol-based hand sanitizer.
- 4) Hands off: Avoid touching your eyes, nose, and mouth with unwashed hands.

Handwashing should be done on the following occasions:

- Before, during, and after preparing food
- Before eating food
- Before and after providing care to a client
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound

- After using the toilet
- After changing incontinence briefs or cleaning up a client who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage
- After contact with potentially infectious material,
- Before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.

During the COVID-19 pandemic, handwashing should also be performed on the following occasions:

- After having been in a public place and touching an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.
- Before touching eyes, nose, or mouth because that is how germs enter the bodies.

Five Steps in Handwashing

- Wet hands with clean, running water (warm or cold), turn off the tap, and apply soap. Hand Washing posters can be found here: (<https://www.cdc.gov/handwashing/posters.html>).
- Lather hands by rubbing them together with the soap. Lather the backs of hands, between fingers, and under the nails.
- Scrub hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
- Rinse hands well under clean, running water.
- Dry hands using a clean towel or air dry them.
- Turn off the tap water with a disposable towel to avoid re-contaminating your hands.

Sanitizers can quickly reduce the number of germs on hands in many situations. However,

- Sanitizers do not get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub hands together.
- Rub the gel over all the surfaces of the hands and fingers until the hands are dry. This should take around 20 seconds.

Open the following link to access the video on handwashing: <https://www.cdc.gov/handwashing/videos.html>.

Personal Protective Equipment (PPE)

The adult day care facility should have a minimum of a 30-day supply of appropriate PPE including masks, gloves, gowns and eye protection face shield or goggles. The facility should establish a source for obtaining PPE.

Staff who are expected to use PPE should receive training on selection and use of PPE, including demonstrating competency with putting on and removing PPE in a manner to prevent self-contamination.

CDC has provided strategies for optimizing personal protective equipment (PPE) supply that describe actions facilities can take to extend their supply if, despite efforts to obtain additional PPE, there are shortages. These include strategies such as extended use or reuse of respirators, facemasks, and disposable eye protection.

IMPORTANT: If using PPE extended use/optimizing strategies the facility should have a written policy and procedure in place, based on CDC guidelines. Please see resource guide for links.

All caregivers must receive training on and demonstrate an understanding of:

- when to use PPE
- what PPE is necessary
- how to properly put on, use, and take off PPE in a manner to prevent self-contamination
- how to properly dispose of or disinfect and maintain PPE
- the limitations of PPE.

Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses in accordance with the manufacturer's instructions.

The PPE recommended when caring for a client(s) with known or suspected COVID-19 includes:

- Respirator or Facemask (Cloth face coverings are NOT PPE and should not be worn for the care of clients with known or suspected COVID-19 or other situations where a respirator or facemask is warranted)
 - If the facility has any case of COVID-19 put on an N95 respirator (or higher-level respirator) or facemask (if a respirator is not available) before entry into ALL facility areas even those that do not have COVID-19.
 - Disposable respirators and facemasks should be removed and discarded after caring for a client and prior to leaving the care area unless implementing extended use or reuse. Perform hand hygiene after removing the respirator or facemask.
 - If reusable respirators (e.g., powered air-purifying respirators [PAPRs]) are used, they must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.
 - When the respirator (includes N95 masks) supply chain is restored facilities should return to use of respirators for clients with known or suspected COVID-19. In accordance with federal OSHA guidelines, when respirators are required to keep employees safe, a respirator program must be established.
 - Components of a respirator protection program include but are not limited to:
 - Documented Respiratory Protection Plan
 - Respiratory Protection Program Administrator
 - Staff Medical Evaluation & Respirator Test Fitting
 - Staff training program

OSHA Respiratory Protection Program Guidelines: <https://www.osha.gov/enforcement/directives/cpl-02-02-054>

- Eye Protection
 - Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the care area, if not already wearing as part of extended use or reuse strategies to optimize PPE supply. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
 - Remove eye protection after or when leaving the care area.
 - Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use unless following protocols for extended use or reuse.
- Gloves
 - Put on clean, non-sterile gloves upon entry into the care area.
 - Change gloves if they become torn or heavily contaminated.
 - Remove and discard gloves when leaving the care area, and immediately perform hand hygiene.
- Gowns
 - Put on a clean isolation gown upon entry into the area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
 - If there are shortages of gowns, they should be prioritized for:
 - aerosol generating procedures
 - care activities where splashes and sprays are anticipated
 - high-contact client care activities that provide opportunities for transfer of pathogens to the hands and clothing of caregivers. Examples include:

- dressing
- bathing/showering
- transferring
- providing hygiene
- changing briefs or assisting with toileting
- device care or use
 - Additional strategies for optimizing supply of gowns are available.
- Obtain a relationship/contract with a PPE vendor, track use of PPE and order before you run out. It is imperative that your facility has enough PPE to prevent the spread of COVID-19.

Open the following link to access the strategies to optimize the supply of PPE and equipment:

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

How to Put On (Don) PPE Gear:

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

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

How to Take Off (Doff) PPE Gear:

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

- a. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
- b. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. *
- c. Healthcare personnel may now exit the care area.
- d. Perform hand hygiene.
- e. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
- f. Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask. *
 - Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
 - Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.

- g. Perform hand hygiene after removing the respirator/face mask and before putting it on again if your workplace is practicing reuse. *

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

Open the following link to access the video on how to safely put on PPE:

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

Routine Cleaning & Disinfection of Facility

- a. Clean and disinfect “high-touch” surfaces and items at least twice per day or more as needed: This includes tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, and electronics.
- b. Clean the area or item with soap and water if it is dirty. Then, use a household disinfectant.
- Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to kill germs. Many also recommend wearing gloves, making sure you have good air flow, and wiping or rinsing off the product after use.
 - Use EPA- registered disinfectants to clean.
 - To clean electronics, follow the manufacturer’s instructions for all cleaning and disinfection products. If those directions are not available, use alcohol-based wipes or spray containing at least 70% alcohol.

Open the following link to access the list of EPA-registered disinfectants:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Additional guidance from the CDC on Cleaning and Disinfecting your Facility

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

Cleaning and Disinfection After Persons Suspected/Confirmed to Have COVID-19 Have Been in the Facility

Timing and location of cleaning and disinfection of surfaces

Close off areas visited by the ill persons. Open outside doors and windows and use ventilating fans to increase air circulation in the area. Wait 24 hours or as long as practical before beginning cleaning and disinfection.

Cleaning staff should clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment (like tablets, touch screens, keyboards, remote controls, and ATM machines) used by the ill persons, focusing especially on frequently touched surfaces.

How to Clean and Disinfect

Hard (non-porous) surfaces

- Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consult the manufacturer’s instructions for cleaning and disinfection products used. Clean hands immediately after gloves are removed.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

Always read and follow the directions on the label to ensure safe and effective use.

- Wear skin protection and consider eye protection for potential splash hazards
- Ensure adequate ventilation
- Use no more than the amount recommended on the label
- Use water at room temperature for dilution (unless stated otherwise on the label)
- Avoid mixing chemical products
- Label diluted cleaning solutions
- Store and use chemicals out of the reach of children and pets

You should never eat, drink, breathe or inject these products into your body or apply directly to your skin as they can cause serious harm. Do not wipe or bathe pets with these products or any other products that are not approved for animal use.

See EPA's 6 steps for Safe and Effective Disinfectant Use by going to: <https://www.epa.gov/sites/production/files/2020-04/documents/disinfectants-onepager.pdf>

Special considerations should be made for people with asthma and they should not be present when cleaning and disinfecting is happening as this can trigger asthma exacerbations.

- Disinfect with a household disinfectant on the EPA's List N to kill COVID-19 found at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19> Follow the manufacturer's instructions for all cleaning and disinfection products. Read the product label for the correct concentration to use, application method, and contact time.
- Diluted household bleach solutions can be used if appropriate for the surface. Unexpired household bleach will be effective against coronaviruses when properly diluted:
 - Use bleach containing 5.25%–8.25% sodium hypochlorite. Do not use a bleach product if the percentage is not in this range or is not specified.
 - Follow the manufacturer's application instructions for the surface, ensuring a contact time of at least 1 minute.
 - Ensure proper ventilation during and after application.
 - Check to ensure the product is not past its expiration date.
 - Never mix household bleach with ammonia or any other cleanser. This can cause fumes that may be very dangerous to breathe in.
- Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) of 5.25%–8.25% bleach per gallon of room temperature water or
 - 4 teaspoons of 5.25%–8.25% bleach per quart of room temperature water
- Bleach solutions will be effective for disinfection up to 24 hours.
- Alcohol solutions with at least 70% alcohol may also be used.
- Cleaning staff and others should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Always read and follow the directions on the label to ensure safe and effective use.
- Keep hand sanitizers away from fire or flame
- For children under six years of age, hand sanitizer should be used with adult supervision
- Always store hand sanitizer out of reach of children and pets
- Follow normal preventive actions while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands.
 - Additional key times to clean hands include:
 - After blowing one's nose, coughing, or sneezing.
 - After using the restroom.
 - Before eating or preparing food.
 - After contact with animals or pets.
 - Before and after providing routine care for another person who needs assistance such as a child.

Soft (porous) surfaces for soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:

- If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
 - Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19 and that are suitable for porous surfaces

Electronics For electronics such as tablets, touch screens, keyboards, remote controls, and ATM machines, remove visible contamination if present.

- Follow the manufacturer's instructions for all cleaning and disinfection products.

- Consider use of wipeable covers for electronics.
- If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Linens, clothing, and other items that go in the laundry

- In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry.
- Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

The risk of exposure to cleaning staff is inherently low. Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.

- Gloves and gowns should be compatible with the disinfectant products being used.
- Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
- Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.
- If gowns are not available, coveralls, aprons or work uniforms can be worn during cleaning and disinfecting. Reusable (washable) clothing should be laundered afterwards. Clean hands after handling dirty laundry.
- Gloves should be removed after cleaning a room or area occupied by ill persons. Clean hands immediately after gloves are removed.
- Cleaning staff should immediately report breaches in PPE such as a tear in gloves or any other potential exposures to their supervisor.
- Cleaning staff and others should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Follow normal preventive actions while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands.
 - Additional key times to clean hands include:
 - After blowing one's nose, coughing, or sneezing.
 - After using the restroom.
 - Before eating or preparing food.
 - After contact with animals or pets.
 - Before and after providing routine care for another person who needs assistance such as a child.

Additional Considerations for Employers

- Employers should work with their local and state health departments to ensure appropriate local protocols and guidelines, such as updated/additional guidance for cleaning and disinfection, are followed, including for identification of new potential cases of COVID-19.
- Employers should educate staff and workers performing cleaning, laundry, and trash pick-up activities to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms within 14 days after their last possible exposure to the virus. At a minimum, any staff should immediately notify their supervisor and the local health department if they develop symptoms of COVID-19. The health department will provide guidance on what actions need to be taken.
- Employers should develop policies for worker protection and provide training to all cleaning staff on site prior to providing cleaning tasks. Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.

- Employers must ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA’s Hazard Communication standard.
- Employers must comply with OSHA’s standards on Bloodborne Pathogens, including proper disposal of regulated waste, and PPE.

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html#Cleaning>

Transporting Clients

Adult day care centers often provide transportation for clients to and from the facility. The following guidelines are recommended for safe client transportation in facility vehicles:

- The driver should screen all passengers for fever (temperature) and COVID-19 symptoms and exposure before entering the vehicle. If fever or COVID-19 symptoms are present or exposure has occurred, the passenger should not be allowed entry into the transportation vehicle.
- Provide EPA approved hand sanitizer in the vehicle.
- Reduce vehicle occupancy to accommodate social distancing.
- Identify or mark seats available in the vehicle that are at least 6 feet apart.
- Passengers should wear a facemask.
- Occupants of these vehicles should avoid or limit close contact (within 6 feet) with others. The use of larger vehicles such as vans is recommended when feasible to allow greater social (physical) distance between vehicle occupants.
- Clean and disinfect surfaces in the vehicle with EPA approved chemicals and disinfectants after each use.
- Avoid, if possible, to transport suspected or confirmed COVID-19 clients. Arrange alternate transportation for clients who become symptomatic during adult day care hours that must be transported to their home or to seek medical care.
- In the event a client suspected or confirmed with COVID-19 must be transported using facility vehicles, it is recommended the driver wear an N95 respirator or facemask (if a respirator is not available) and eye protection such as a face shield or goggles (as long as they do not create a driving hazard), and the passenger should wear a face mask or cloth face covering.
- Drivers should wear a mask, practice regular hand hygiene, avoid touching their nose, mouth, or eyes, and avoid picking up multiple passengers who would not otherwise be riding together on the same route.

Cleaning and Disinfection for Non-emergency Transport Vehicles

The following are general guidelines for cleaning and disinfecting transportation vehicles.

- At a minimum, clean and disinfect commonly touched surfaces in the vehicle at the beginning and end of each shift and between transporting passengers. Ensure that cleaning and disinfection procedures are followed consistently and correctly, including the provision of adequate ventilation when chemicals are in use. Doors and windows should remain open when cleaning the vehicle. When cleaning and disinfecting, individuals should wear disposable gloves compatible with the products being used as well as any other PPE required according to the product manufacturer’s instructions. Use of a disposable gown is also recommended, if available.
- For hard non-porous surfaces within the interior of the vehicle such as hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles, clean with detergent or soap and water if the surfaces are visibly dirty, prior to disinfectant application. For disinfection of hard, non-porous surfaces, appropriate disinfectants include:
 - EPA’s Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2, the virus that causes COVID-19. Follow the manufacturer’s instructions for concentration, application method, and contact time for all cleaning and disinfection products.
 - Diluted household bleach solutions prepared according to the manufacturer’s label for disinfection, if appropriate for the surface. Follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
 - Alcohol solutions with at least 70% alcohol.

- For soft or porous surfaces such as fabric seats, remove any visible contamination, if present, and clean with appropriate cleaners indicated for use on these surfaces. After cleaning, use products that are EPA-approved for use against the virus that causes COVID-19 and that are suitable for porous surfaces.
- For frequently touched electronic surfaces, such as tablets or touch screens used in the vehicle, remove visible dirt, then disinfect following the manufacturer's instructions for all cleaning and disinfection products. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect.
- Gloves and any other disposable PPE used for cleaning and disinfecting the vehicle should be removed and disposed of after cleaning; wash hands immediately after removal of gloves and PPE with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer with at least 60% to 95% alcohol if soap and water are not available. If a disposable gown was not worn, work uniforms/clothes worn during cleaning and disinfecting should be laundered afterwards using the warmest appropriate water setting and dry items completely. Wash hands after handling laundry.

Definitions:

Cloth face covering: Textile (cloth) covers that are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. They are not PPE and it is uncertain whether cloth face coverings protect the wearer.

Facemask: Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare.

Resources

- CDC website: www.cdc.gov
- What you should know about COVID-19 to protect yourself and others:
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
- Cleaning and Disinfecting your Home:
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>
<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities (Interim Guidance):
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-retirement-communities.pdf>
- Hand Hygiene:
<https://www.cdc.gov/handwashing/>
- PPE:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
- Cleaning and Disinfection for Non-emergency Transport Vehicles:
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>
- CDC Poster cloth face covering:
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/DIY-cloth-face-covering-instructions.pdf>
- CDC/APIC Poster PPE:
<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf

http://www.apic.org/Resource_/TinyMceFileManager/consumers_professionals/APIC_DosDontsofMasks_hiq.pdf

- CDC Poster - What you should know about COVID-19 to protect yourself and others: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/2019-ncov-factsheet.pdf>
- Monitoring clients and staff during suspected respiratory illness cluster/outbreak tool: <https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>
- CDC's Strategies to Mitigate Healthcare Personnel Staffing Shortages: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>
- Strategies for Optimizing the Supply of N95 Respirators: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>
- OSHA Respiratory Protection Program Guidelines: <https://www.osha.gov/enforcement/directives/cpl-02-02-054>

Note: CDC guidelines are subject to change as more is learned about COVID-19. Please visit the CDC website regularly to check for updated information.

COVID-19 Admission Intake Screening Tool

Name of Patient/Client: _____

Date of Referral: _____

Date of Admission: _____

Date of COVID-19 Diagnosis: _____

Use this screening tool for clients/patients who have had a confirmed COVID-19 test to determine if the client/patient has met the CDC’s Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings for the purposes of admitting patients/clients into your facility. A test-based strategy is no longer recommended by the CDC as the majority of cases who meet the CDC’s criteria for the discontinuation of transmission-based precautions are no longer infectious.

1. Does the client/patient have symptoms at time of referral?

No _____ (Asymptomatic – does not have symptoms)

For patients who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test (For asymptomatic patients that have severe to critical illness or immunodeficiency, Transmission-Based Precautions may be discontinued when at least 20 days have passed).

Yes _____ (Symptomatic – has symptoms)

2. Symptoms:

a. Date of Onset (*per acute care hospital*): _____

b. Description of Symptoms: _____

c. Have the symptoms improved?

Yes _____

No _____

(If symptoms have not improved transmission-based precautions must continue)

3. Date of Last Fever (without use of fever reducing medication): _____

(If date of last fever is within the last 24 hours transmission-based precautions must continue)

4. Is the patient/client severely immunocompromised?

Yes _____

No _____

5. Severity of illness: (Circle one, if applicable. If not applicable, do not circle)

a. **Mild to Moderate Illness** (*not severely immunocompromised*):

At least 10 days have passed since symptoms first appeared

b. **Severe to Critical Illness** **OR** **Severely Immunocompromised**:

At least 20 days have passed since symptoms first appeared

(If either of the above criteria is not met transmission-based precautions must continue)

Discontinuation of Transmission-Based Precautions

If symptoms have improved **AND** at least 24 hours have passed *since last* fever without the use of fever-reducing medications **AND** either 10 days or 20 days have passed, regarding severity of illness, the transmission-based precautions can be discontinued.

Note: Facilities must only admit clients/patients that are within the level of care appropriate for their facility type.

6. **Discharge Summary Received** (*within 24 hours of admission*)

_____Yes _____No

Admission of patients/clients to a nursing home or other long-term care facility such as a clientele facility for groups/assisted living

- If Transmission-Based Precautions *are still required*, the patient should go to a facility with an ability to adhere to infection prevention and control recommendations for the care of clients with SARS-CoV-2 infection. The patient should be placed in a location designated to care for clients with SARS-CoV-2 infection.
- If Transmission-Based Precautions *have been discontinued*, the patient does not require further restrictions, based upon their history of SARS-CoV-2 infection.

Resources

Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>