



Pre-Surge Planning Toolkit for Providers of Long Term Services and Supports (LTSS)

The Ohio Departments to Aging, Health, Developmental Disabilities, and Medicaid worked together to create a toolkit for provider organizations and staff serving Ohioans who utilize LTSS during the COVID-19 crisis. This toolkit reflects the importance of Governor DeWine’s aggressive approach to protecting all of Ohio’s citizens during the pandemic and aligns with his direction to prepare to care for the “surge” of individuals who will contract COVID-19 in the coming weeks. The purposes of this toolkit are to:

- Distill guidance from the Centers for Disease Control and Prevention (CDC) for Ohio providers of long term health care services and supports.
- Ensure all Ohioans receiving LTSS - those without COVID-19 and those who contract the illness - get the high-quality care they deserve. This toolkit is intended to address the needs of individuals served in nursing and other long-term care facilities and individuals involved with the community services supported by the Departments of Aging, Developmental Disabilities, and Medicaid.
- Provide clear guidance and organizing principles for Ohio’s health care delivery system as individual providers of care react to the COVID-19 crisis
- Take a person-centered approach to meeting individuals’ needs during the COVID-19 crisis by:
 - » Outlining key relationships and partnerships that must exist between health care organizations to best meet person-centered care needs.
 - » Describing the types of person-centered processes that will best address the needs of each person, including the types of assessments and transitions of care that may be necessary to treat people who are exposed to and contract COVID-19.
 - » Providing guidance regarding the use of PPE for the sake of the individuals being served and the staff who support them. This PPE guidance accounts for the contingency planning that organizations must do to optimize the supply of PPE.
 - » Summarizing pertinent information to help staff to attend to their own attire and sanitary practices, as well as the cleaning and disinfecting practices that should take place in homes and congregate care settings.

Toolkit Components

Concepts and System Flow Diagrams

- Introduction to Key Terms and Concepts
- Ohio’s COVID-19 Health Care Delivery System
- Long Term Services & Supports (LTSS) Personal Protective Equipment (PPE) Contingency Planning
- Patient/Resident Journey in Nursing Facility / Congregate Care Settings
- COVID-19+ Patient Journey into Higher Levels of Medical Care
- Staff Journey in Nursing Facilities / Congregate Care Settings
- Patient/Resident Journey in Community Settings
- Staff Journey in Community Settings





Tools

1. Patient/Resident Population Assessment Checklist
2. Personnel Population Risk Assessment Checklist
3. Assessment of COVID-19 + Clinical Level of Severity (NEWS2)
4. Scoring Matrix for NEWS2
5. COVID-19 Symptom Monitoring Log
6. Patient/Resident Transfer Checklist
7. Hospital Discharge Criteria Checklist
8. Tips for Patient/Resident Social and Emotional Wellbeing
9. Tips for Staff Social and Emotional Wellbeing
10. Tips for Staff Attire and Personal Protective Equipment (PPE)
11. PPE Quick Guide - Contingency Capacity
12. PPE Quick Guide - Crisis Capacity
13. Tips for Cleaning and Disinfecting Homes and Congregate Care Settings

Introduction to Key Terms & Concepts




Personal Protective Equipment (PPE)

This toolkit includes guidance, strategies, and options to optimize supplies of PPE while minimizing the spread of COVID-19 and protecting health care personnel and other staff. Optimizing the use of PPE is critical during this phase of “pre-surge planning” as we prepare for an increase in the number of people who are COVID-19 positive (+).

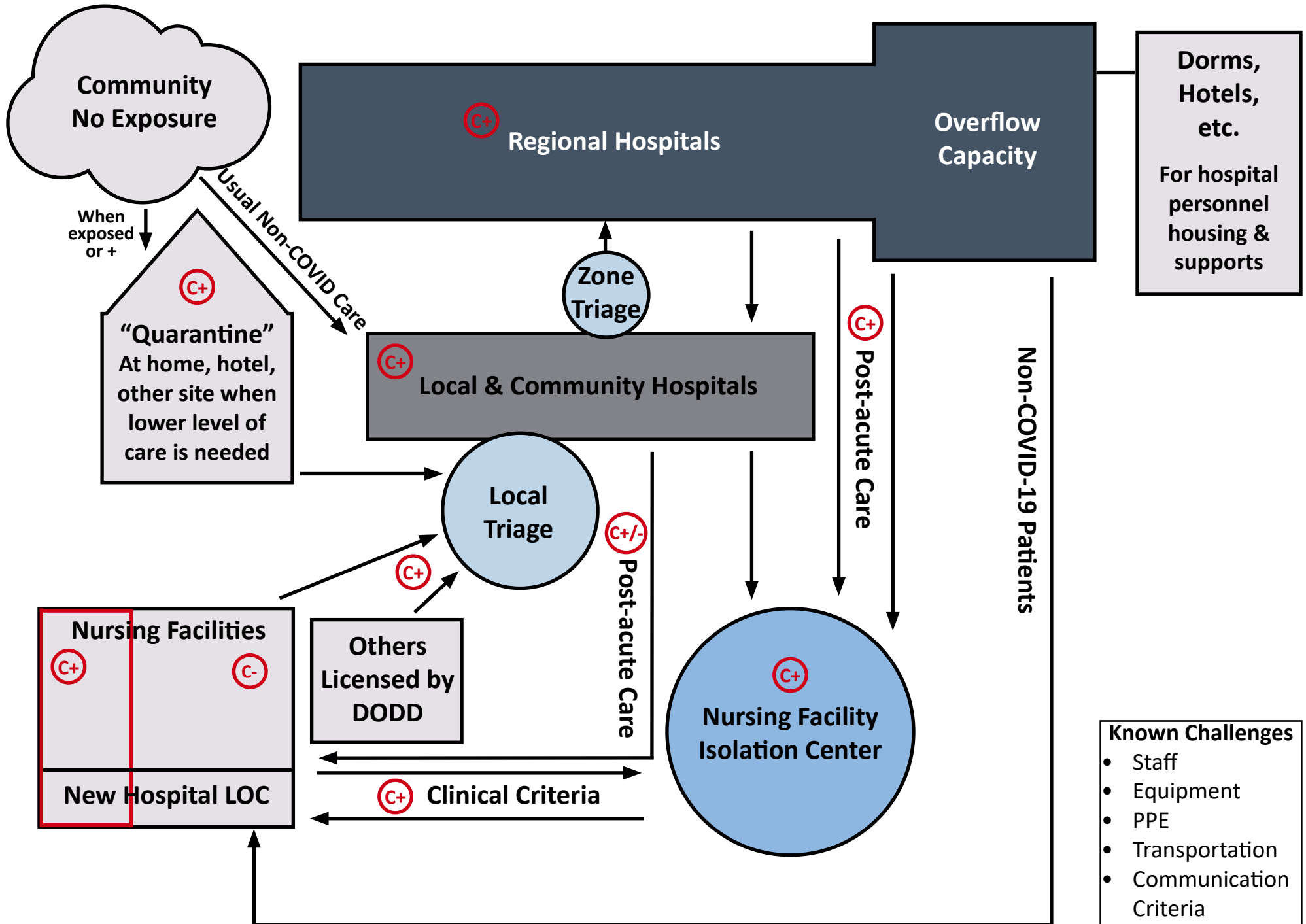
PPE TYPE	CONVENTIONAL CAPACITY	CONTINGENCY CAPACITY	CRISIS CAPACITY
MASK 	Under normal circumstances, provide patient care using infection prevention and control without any change in daily practices. PPE should be used according to product labeling and local, state, and federal requirements.	During periods of expected PPE shortages, take action to change daily standard practices (cancel elective and non-urgent procedures) to reduce the use of PPE. Shift PPE supplies from disposable to re-usable, implement extended wear, and ensure appropriate cleaning and disinfection.	During periods of known PPE shortages, use additional conservation measures, including PPE use that does not correspond with U.S. standards of care. In addition to the contingency strategies (extended use and re-use), also use PPE beyond the manufacturer-designated shelf life, prioritize the use of PPE for selected activities, and use alternative items that have not been evaluated as effective.
EYE PROTECTION 			
GOWN 			
GLOVES 			

Patient/Resident COVID-19 Status

One of the most important things we can do during this public health crisis is to identify and physically separate individuals based on their exposure to and contraction of COVID-19. This action is necessary to prevent the spread of the infection to both patients/residents and health care personnel. With this in mind, patients/residents should be divided into the following three status categories: no exposure, exposed, and COVID-19 +.




No Exposure <i>No Symptoms</i>  <p>Many residents appear well and are able to receive care as they would under usual circumstances. Even with these individuals, staff should create a culture of safety and practice vigilant sanitation and cleaning (e.g. frequent handwashing, daily sanitation) and staff interacting with non-exposed patients/residents should wear facemasks.</p>	Exposed <i>No Symptoms</i>  <p>A subset of patients/residents will be notified by the local health district and/or will have known direct contact for an extended period of time with someone who has contracted COVID-19. These individuals require careful monitoring for a 14 day period, and additional PPE should be used when interacting with people in this status.</p>	COVID-19 + <i>Confirmed or Suspected</i>  <p>At this point in the pandemic, all people who have respiratory symptoms and those who have tested positive for the illness should be carefully assessed and monitored for escalating symptoms. We realize that this categorization is not perfect, as the CDC recently acknowledged that people who have COVID-19 are infectious 2 days before symptoms appear. With an abundance of caution, we recommend additional required PPE when working with these individuals, as outlined in this document.</p>
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Ohio's COVID-19 Health Care Delivery System



Long Term Services & Supports (LTSS) Personal Protective Equipment (PPE) Contingency Planning

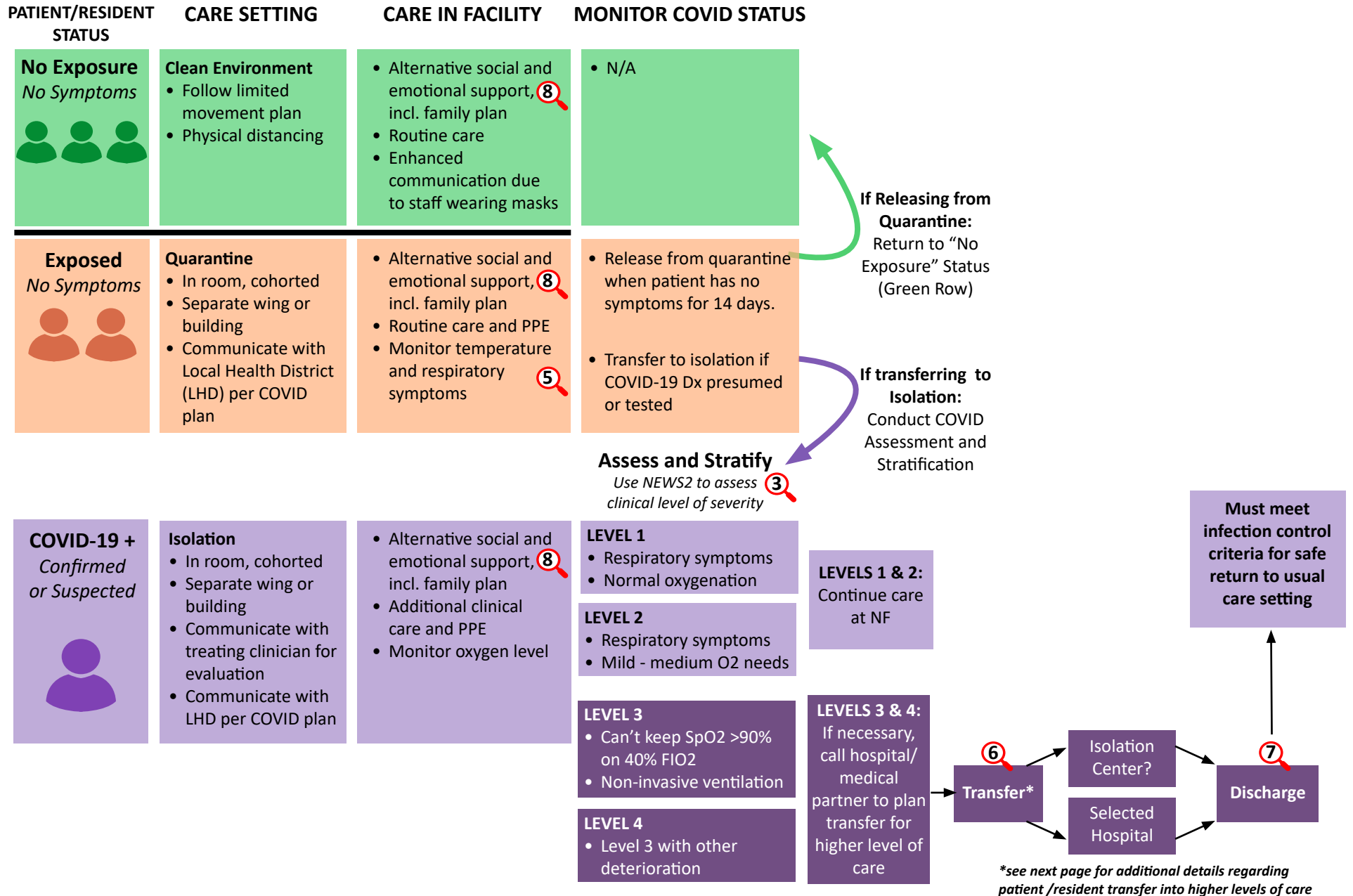
- LTSS agencies facilities understand their PPE inventory, supply chain, and utilization; and they are working locally to address PPE needs.
- Agencies and facilities may operate at multiple levels of capacity by type of PPE (i.e. at contingency capacity for masks, crisis capacity for eye protection).
- Agencies and facilities must continue to implement control measures to reduce the number of people interacting with patients/residents, maximize telehealth services, reduce face-to-face contact by staff, cohort patients/residents, and dedicate personnel for care.

PATIENT/RESIDENT STATUS	PPE TYPE	CONVENTIONAL CAPACITY <i>NO LONGER APPLICABLE</i>	CONTINGENCY CAPACITY	CRISIS CAPACITY
No Exposure <i>No Symptoms</i> 	MASK	<ul style="list-style-type: none"> • Surgical facemask 	<ul style="list-style-type: none"> • Surgical/medical facemask: extended use/re-use all shift* 	<ul style="list-style-type: none"> • Surgical/medical facemask preferred - extended use/re-use all shift* • When no approved mask is available: face shield w/ mask or non-NIOSH approved mask (non-medical/hand made)
	EYE PROTECTION	<ul style="list-style-type: none"> • Routine precautions 	<ul style="list-style-type: none"> • Routine precautions 	<ul style="list-style-type: none"> • Routine precautions
	GOWN	<ul style="list-style-type: none"> • Routine precautions 	<ul style="list-style-type: none"> • Routine precautions 	<ul style="list-style-type: none"> • Routine precautions
	GLOVES	<ul style="list-style-type: none"> • Routine precautions 	<ul style="list-style-type: none"> • Routine precautions 	<ul style="list-style-type: none"> • Routine precautions
Exposed <i>No Symptoms</i> 	MASK	<ul style="list-style-type: none"> • N95 	<ul style="list-style-type: none"> • Surgical/medical facemask: extended use/re-use all shift* • N95 only with aerosol-generating procedures 	<ul style="list-style-type: none"> • Surgical/medical facemask - extended use/re-use all shift* • When no approved facemask is available: face shield w/ mask or non-NIOSH approved mask (non-medical/hand made)
	EYE PROTECTION	<ul style="list-style-type: none"> • Goggles/face shield 	<ul style="list-style-type: none"> • Extended use/re-use goggles or face shield 	<ul style="list-style-type: none"> • Extended use/re-use safety glasses
	GOWN	<ul style="list-style-type: none"> • Isolation 	<ul style="list-style-type: none"> • Use expired or cloth isolation gowns • Change in between residents 	<ul style="list-style-type: none"> • Extended use/re-use of disposable or cloth gowns* • Dedicated to resident or room with like residents (no additional infection ex: C.diff) • Consider medical coveralls; when no gowns available: consider reusable/washable patient gowns, lab coats
	GLOVES	<ul style="list-style-type: none"> • Disposable 	<ul style="list-style-type: none"> • Medical grade, non-sterile • Change between residents 	<ul style="list-style-type: none"> • Non-medical, industrial
COVID-19 + <i>Confirmed or Suspected</i> 	MASK	<ul style="list-style-type: none"> • N95 	<ul style="list-style-type: none"> • N95 extended use within isolation status; limited re-use* 	<ul style="list-style-type: none"> • Surgical/medical facemask - extended use/re-use all shift* • N95 only with aerosolization
	EYE PROTECTION	<ul style="list-style-type: none"> • Goggles/face shield 	<ul style="list-style-type: none"> • Extended use/re-use goggles or face shield 	<ul style="list-style-type: none"> • Extended / re-use safety glasses
	GOWN	<ul style="list-style-type: none"> • Isolation 	<ul style="list-style-type: none"> • Use expired or cloth isolation gowns • Change in between residents 	<ul style="list-style-type: none"> • Extended use/re-use of disposable or cloth gowns* • Dedicated to resident or room with like residents (no additional infection ex: C.diff) • Consider medical coveralls; when no gowns available: consider reusable/washable patient gowns, lab coats
	GLOVES	<ul style="list-style-type: none"> • Disposable 	<ul style="list-style-type: none"> • Medical grade, non-sterile • Change in between residents 	<ul style="list-style-type: none"> • Non-medical, industrial

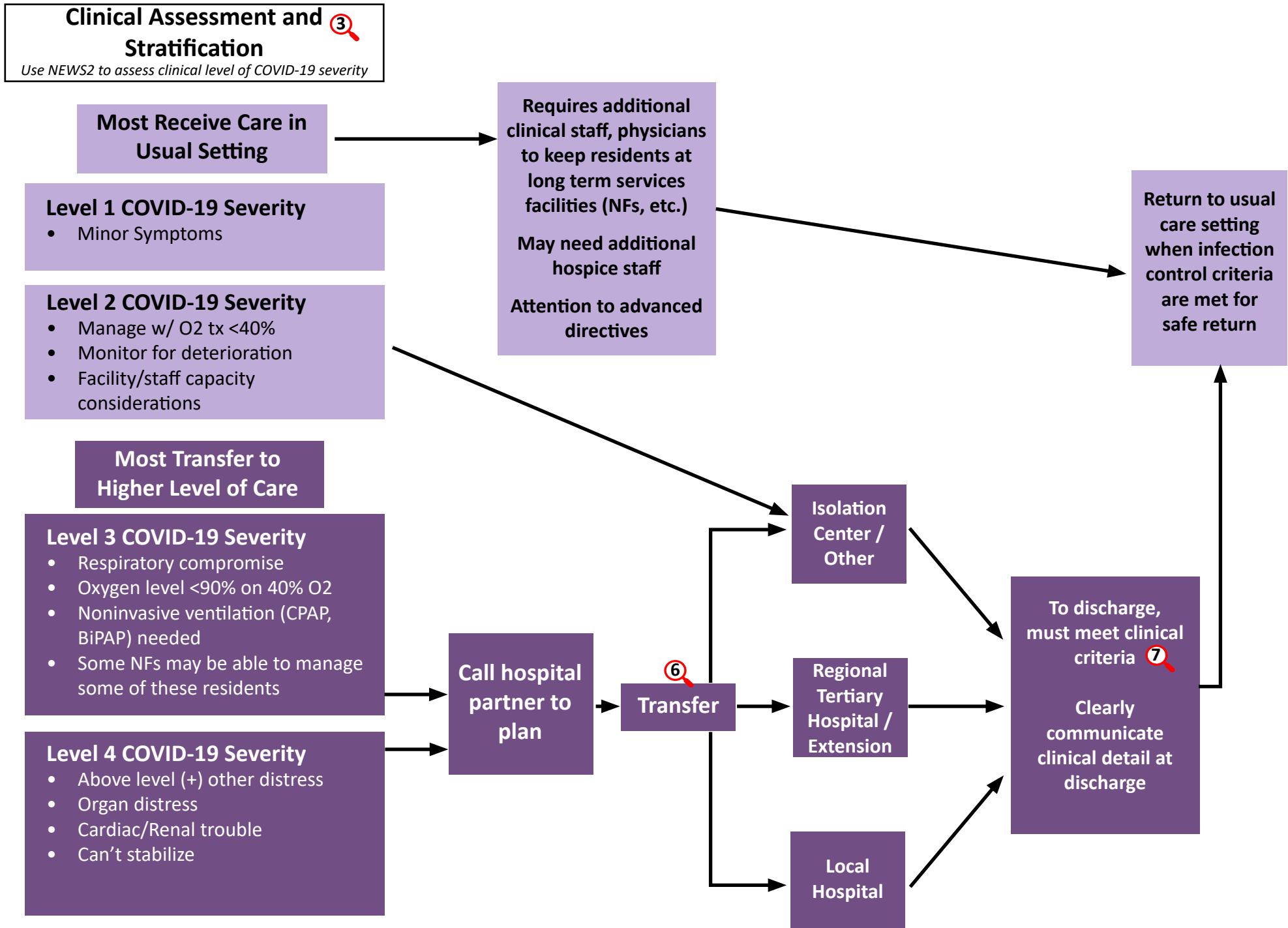
*Unless contaminated (wet, soiled, damaged)

Patient/Resident Journey in Nursing Facilities / Congregate Care Settings

- 1. Patient/Resident Population Assessment:** census, risk, ① status, location; ensure advance directives are updated.
- 2. Staff Assessment:** consideration for highest risk staff ② to avoid caring for COVID-19 + residents.
- 3. Facility Assessment:** beds, layout (quarantine/isolation areas), limited movement plan, training and communications (include families), established emergency preparedness plan.






COVID-19 + Patient/Resident Journey into Higher Levels of Medical Care





Staff Journey in Nursing Facilities / Congregate Care Settings

- Staff Assessment:** consideration for highest risk staff ² to avoid caring for COVID-19 + patients/residents.
- Facility Assessment:** beds, layout (quarantine/isolation areas), limited movement plan, training and communications (include families), establish emergency preparedness plan.
- Provide social and emotional support to all staff.** ⁹

	PATIENT/RESIDENT STATUS	CARE SETTING	CARE IN FACILITY	Contingency PPE ¹¹	Crisis PPE ¹²
<p>Daily Staff Assessment and Work <i>Includes hospice and other visiting personnel</i></p> <p>If sick, STAY HOME and call primary care clinician</p> <p>1. Daily self assessment ⁵</p> <ul style="list-style-type: none"> > 100.0 degree temp. New/change in cough Shortness of breath Sore throat, malaise, fatigue, nausea, diarrhea, or other symptoms <p>2. Complete infection control documentation</p> <p>3. Verify work clearance</p> <p>4. Only care for subset of residents</p> <p>5. Actively create a culture of safety, pay attention to attire and PPE practices ¹⁰</p> <p>6. Practice vigilant sanitation</p> <ul style="list-style-type: none"> Hand-washing for 20 ¹³ seconds + ABHS Don't touch face Disinfect surfaces frequently 	<p>No Exposure <i>No Symptoms</i></p> 	<p>Clean Environment</p> <ul style="list-style-type: none"> Limited movement Physical distancing 	<p>Social and emotional support ⁸</p>	<ul style="list-style-type: none"> Surgical/medical face mask: extended use/re-use all shift* Other PPE only for routine precautions 	<ul style="list-style-type: none"> Surgical/medical facemask preferred: extended use/re-use all shift* <ul style="list-style-type: none"> » Face shield or other masks if necessary Other PPE only for routine precautions
	<p>Exposed <i>No Symptoms</i></p> 	<p>Quarantine</p> <ul style="list-style-type: none"> In room Cohorted Separate wing 	<p>Social and emotional support ⁸</p> <p>Additional monitoring for COVID-19 symptoms ⁵</p>	<ul style="list-style-type: none"> Surgical/medical facemask: extended use/re-use all shift* <ul style="list-style-type: none"> » N95 only for aerosol-generating procedures Extended use/re-use goggles or face shield Expired or cloth isolation gown, change between residents Medical grade gloves, non-sterile, change in between residents 	<ul style="list-style-type: none"> Surgical/medical facemask: extended use/re-use all shift* <ul style="list-style-type: none"> » Face shield or other masks if necessary Extended use/re-use of safety glasses Extended use/re-use of disposable or cloth gowns* <ul style="list-style-type: none"> » Dedicated to resident or room with like residents » If no gown available, consider reusable/washable gown, lab coats (worn backward) Non-medical, industrial gloves
	<p>COVID-19 + Confirmed or Suspected</p> 	<p>Isolation</p> <ul style="list-style-type: none"> In room Cohorted Separate wing or building 	<p>Social and emotional support ⁸</p> <p>Additional monitoring for COVID-19+ symptoms, severity ³</p>	<ul style="list-style-type: none"> N95: extended use within isolation status; limited reuse Extended use/re-use goggles or face shield Expired disposable or cloth isolation gown Medical grade gloves, non-sterile, change in between residents 	<ul style="list-style-type: none"> Surgical/medical facemask: extended use/re-use all shift* <ul style="list-style-type: none"> » N95 only for aerosol-generating procedures Extended use/re-use safety glasses Extended use/re-use of disposable or cloth gowns* <ul style="list-style-type: none"> » Dedicated to resident or room with like residents » If no gown available, consider reusable/washable gown, lab coats (worn backward)

Patient/Resident Journey in Community Settings




1. **Assessment of Patient/Resident and Others in the Home[^]**: risk **1** status, location; ensure advance directives are updated.
2. **Staff Assessment**: consideration for highest risk staff **2** to avoid caring for COVID-19+ residents.
3. **Home Assessment**: layout and ability to quarantine/isolate individual; provide advice on cleaning and disinfecting. **13**

PATIENT/RESIDENT STATUS	ENVIRONMENT, PLANNING, AND COMMUNICATIONS	SERVICE PROVISION AND MONITORING OF STATUS	IF CARE EXCEEDS ABILITY TO REMAIN HOME	PPE FOR PATIENT & IN-HOME CAREGIVERS
<p>No Exposure <i>No Symptoms</i></p> 	<p>Clean environment</p> <ul style="list-style-type: none"> Remain in usual care setting Limit interaction with others as much as possible Create / implement a back-up plan <ul style="list-style-type: none"> If essential services no longer possible with usual providers, deploy back up plan and/or seek alt. providers Contact case manager, as appropriate 	<ul style="list-style-type: none"> Continue authorized services Implement alternative social emotional support plan 8 Ensure individual is safe at home Ensure contact with treating clinician regarding care questions 	<ul style="list-style-type: none"> Review other placement settings with family/friends Contact clinician before sending to ED or hospital 	<ul style="list-style-type: none"> No PPE Implement vigilant sanitation: <ul style="list-style-type: none"> Hand-washing for 20 seconds + ABHS Don't touch face Disinfect surfaces frequently
<p>Exposed <i>No Symptoms</i></p> 	<p>Quarantine</p> <ul style="list-style-type: none"> Remain in usual care setting Limit interaction with others as much as possible Create / implement a back-up plan: <ul style="list-style-type: none"> If essential services no longer possible with usual providers, seek alt. providers Consider replacing aerosolized with metered dose inhalers Provide individual with self-monitoring log 5 Communicate with in-home providers about PPE Ensure appropriate contact with LHD Contact case manager, as appropriate 	<ul style="list-style-type: none"> Continue authorized services Implement alternative social emotional support plan 8 Enhance communication due to wearing of face masks Communicate with treating clinician initially and as symptoms, develop as appropriate Monitor oxygen level Release from quarantine when patient/resident has no symptoms for 14 days. Transfer to isolation if COVID-19 Dx presumed or tested 	<ul style="list-style-type: none"> If essential services are unavailable, or if care needs exceed capacity in the home, review alternate service delivery settings Contact clinician before sending to ED or hospital 	<ul style="list-style-type: none"> Patients should wear a face mask <ul style="list-style-type: none"> Surgical/medical mask, extended use Other mask if necessary Implement vigilant sanitation: <ul style="list-style-type: none"> Hand-washing for 20 seconds + ABHS Don't touch face Disinfect surfaces frequently
<p>COVID-19 + <i>Confirmed or Suspected</i></p> 	<p>Isolation</p> <ul style="list-style-type: none"> Remain in usual care setting, if able Limit interaction with others as much as possible Create / implement a back-up plan: <ul style="list-style-type: none"> If essential services no longer possible with usual providers, seek alt. providers Consider replacing aerosolized with metered dose inhalers Communicate with in-home providers about PPE Ensure appropriate contact with LHD If calling 911 for sudden change in condition, communicate COVID status Contact case manager, as appropriate 	<ul style="list-style-type: none"> Symptomatic treatment, to include: <ul style="list-style-type: none"> Monitoring oxygen level Maintaining clinician contact as additional clinical care may be required Continue other authorized services Implement alternative social emotional support plan 8 Enhance communication due to wearing of face masks Patient must meet infection control criteria prior to return to usual care 	<ul style="list-style-type: none"> If essential services are unavailable, or if care needs exceed capacity in the home, review COVID-19+ Patient Journey into Higher Levels of Care 	<ul style="list-style-type: none"> Patients and all in-home caregivers should wear a face mask <ul style="list-style-type: none"> Surgical/medical mask preferred, extended use Implement vigilant sanitation: <ul style="list-style-type: none"> Hand-washing for 20 seconds + ABHS Don't touch face Disinfect surfaces frequently

[^] The PPE guidance above for patients/residents and in-home caregivers should be followed when other individuals living in the home are "exposed" or "COVID-19 +" For example, if an in-home caregiver is exposed to COVID-19 (no symptoms), the exposed caregiver should assume the role of the "patient" and wear a mask, per the PPE precautions found in the orange row.

Staff Journey in Community Settings

- Staff Assessment:** staff risk, 2 number/type of staff coming to the home, clinical capabilities, telehealth options, agency restrictions. Consideration for highest risk staff to avoid caring for COVID-19 + individuals. **Provide social and emotional support to all staff.** 9
- Home Assessment:** layout and ability to quarantine/isolate patient/resident, advise on cleaning and disinfecting.
- Heavy Reliance on Staff for Infection Control:** Pay extra attention to hand-washing, change PPE between clients, pay attention to surfaces when entering / exiting homes.

Daily Staff Assessment and Work <i>Includes hospice and other visiting personnel</i> If sick, STAY HOME and call primary care clinician	PATIENT/RESIDENT STATUS	CARE SETTING	CARE IN HOME	Contingency PPE 11	Crisis PPE 12
	<p>1. Daily self assessment 5</p> <ul style="list-style-type: none"> > 100.0 degree temp. New/change in cough Shortness of breath Sore throat, malaise, fatigue, nausea, diarrhea, or other symptoms <p>2. Document infection control practices, as appropriate</p> <p>3. Verify work clearance</p> <p>4. Only care for subset of people</p> <p>5. Actively create a culture of safety; pay attention to attire and PPE practices 10</p> <p>6. Practice vigilant sanitation</p> <ul style="list-style-type: none"> Hand-washing for 20 seconds + ABHS 13 Don't touch face Disinfect surfaces frequently 	<p>No Exposure <i>No Symptoms</i></p> 	<p>Clean Environment</p> <ul style="list-style-type: none"> Physical distancing, as able 	<ul style="list-style-type: none"> Continue routine care Provide social and emotional support 8 	<ul style="list-style-type: none"> Surgical/medical facemask: extended use/re-use all shift* Other PPE only for routine precautions
	<p>Exposed <i>No Symptoms</i></p> 	<p>Quarantine</p> <ul style="list-style-type: none"> Separate room and bathroom, as able 	<ul style="list-style-type: none"> Continue routine care Provide social and emotional support 8 Avoid aerosols, switch to metered dose inhalers Monitor individual for development of symptoms (temp 100 or higher, cough, or shortness of breath) 5 	<ul style="list-style-type: none"> Surgical/medical facemask: extended use/re-use all shift* resident should also wear a mask N95 only with aerosol-generating procedures Extended use/re-use goggles or face shield Expired or cloth isolation gown, change between residents Medical grade gloves, non-sterile, change between residents 	<ul style="list-style-type: none"> Surgical facemask: extended use/re-use all shift*; resident should also wear a mask <ul style="list-style-type: none"> » Face shield /other masks if necessary Safety goggles / glasses only with aerosolization Expired disposable / cloth gowns*; multiple staff use same gown for single resident (store in paper bag at house); if necessary coveralls / lab coats (wear backward) Non-medical, industrial gloves
	<p>COVID-19 + Confirmed or Suspected</p> 	<p>Isolation</p> <ul style="list-style-type: none"> Separate room and bathroom, as able 	<ul style="list-style-type: none"> Continue routine care Provide social and emotional support 8 Avoid aerosols, switch to metered dose inhalers Monitor individual for development of symptoms for potential increase in level of severity 3 	<ul style="list-style-type: none"> N95 mask: extended use within isolation status; limited re-use* <ul style="list-style-type: none"> » Resident & in-home caregivers should also wear a face mask Extended use/re-use goggles or face shield Expired or cloth isolation gown, change between residents Disposable gloves, change between residents 	<ul style="list-style-type: none"> Surgical facemask preferred: extended use/re-use all shift*, N95 only for aerosolization <ul style="list-style-type: none"> » Resident & in-home caregivers should also wear a face mask Extended use/re-use safety glasses Expired or cloth isolation gown*; multiple staff use same gown for single resident (store in paper bag at house); if necessary coveralls / lab coats (wear backward) Non-medical, industrial gloves

*Unless contaminated (wet, soiled, damaged)

TOOL 1: Patient/Resident Population Assessment Checklist

Please complete this form with patients and/or designated caregiver. Add all scores associated with each check mark to provide a total health assessment per patient.

AGE		
Under 40	<input type="checkbox"/>	1
40-49	<input type="checkbox"/>	1
50-59	<input type="checkbox"/>	1
60-69	<input type="checkbox"/>	2
70-79	<input type="checkbox"/>	2
80+	<input type="checkbox"/>	2
CONDITIONS		
Known lung disease	<input type="checkbox"/>	2
Known cardiac disease including hypertension	<input type="checkbox"/>	2
Diabetes	<input type="checkbox"/>	2
Renal disease	<input type="checkbox"/>	2
Obesity	<input type="checkbox"/>	2
Any reduced immune status including from medications	<input type="checkbox"/>	2
Any other underlying health condition	<input type="checkbox"/>	1
TOTAL SCORE *		

*Higher total scores indicate a greater risk of poor health outcomes from COVID-19 infection.

Note: Not a validated tool. Total score may be reported to facility/agency personnel for estimation of stratified patient risk.

TOOL 2: Personnel Population Risk Assessment Checklist

Please complete this form with personnel. Add all scores associated with each check mark to provide a total health assessment per individual.

AGE		
Under 40	<input type="checkbox"/>	1
40-49	<input type="checkbox"/>	1
50-59	<input type="checkbox"/>	1
60-69	<input type="checkbox"/>	2
70-79	<input type="checkbox"/>	2
80+	<input type="checkbox"/>	2
CONDITIONS		
Known lung disease	<input type="checkbox"/>	2
Known cardiac disease including hypertension	<input type="checkbox"/>	2
Diabetes	<input type="checkbox"/>	2
Renal disease	<input type="checkbox"/>	2
Obesity	<input type="checkbox"/>	2
Any reduced immune status including from medications	<input type="checkbox"/>	2
Any other underlying health condition	<input type="checkbox"/>	1
TOTAL SCORE		

*Higher total scores indicate a greater risk of poor health outcomes from COVID-19 infection.

Note: Not a validated tool. Total score may be reported to NF personnel for estimation of stratified personnel risk.

TOOL 3: Assessment of COVID-19 + Clinical Level of Severity (NEWS2)

NEWS key		FULL NAME													
0	1	2	3	DATE OF BIRTH						DATE OF ADMISSION					
	DATE													DATE	
	TIME													TIME	
A+B Respirations Breaths/min	≥25													≥25	
	21-24													21-24	
	18-20													18-20	
	15-17													15-17	
	12-14													12-14	
	9-11													9-11	
	≤8													≤8	
A+B SpO ₂ Scale 1 Oxygen saturation (%)	≥96													≥96	
	94-95													94-95	
	92-93													92-93	
	≤91													≤91	
SpO₂ Scale 2+ Oxygen saturation (%) Use Scale 2 if target range is 88-92%, eg in hypercapnic respiratory failure *ONLY use Scale 2 under the direction of a qualified clinician	≥97 on O ₂													≥97 on O ₂	
	95-96 on O ₂													95-96 on O ₂	
	93-94 on O ₂													93-94 on O ₂	
	≥93 on air													≥93 on air	
	88-92													88-92	
	86-87													86-87	
	84-85													84-85	
≤83%														≤83%	
Air or oxygen?	A=Air													A=Air	
	O ₂ L/min													O ₂ L/min	
	Device													Device	
C Blood pressure mmHg Score uses systolic BP only	≥220													≥220	
	201-219													201-219	
	181-200													181-200	
	161-180													161-180	
	141-160													141-160	
	121-140													121-140	
	111-120													111-120	
	101-110													101-110	
	91-100													91-100	
	81-90													81-90	
	71-80													71-80	
	61-70													61-70	
	51-60													51-60	
≤50													≤50		
C Pulse Beats/min	≥131													≥131	
	121-130													121-130	
	111-120													111-120	
	101-110													101-110	
	91-100													91-100	
	81-90													81-90	
	71-80													71-80	
	61-70													61-70	
	51-60													51-60	
	41-50													41-50	
	31-40													31-40	
	≤30													≤30	
	D Consciousness Score for NEW onset of confusion (no score if chronic)	Alert													Alert
Confusion														Confusion	
V														V	
P														P	
U														U	
E Temperature °C	≥39.1°													≥39.1°	
	38.1-39.0°													38.1-39.0°	
	37.1-38.0°													37.1-38.0°	
	36.1-37.0°													36.1-37.0°	
	35.1-36.0°													35.1-36.0°	
≤35.0°													≤35.0°		
NEWS TOTAL														TOTAL	
Monitoring frequency														Monitoring	
Escalation of care Y/N														Escalation	
Initials														Initials	

TOOL 4: NEWS2 Scoring Matrix

NEWS score	Frequency of monitoring	Clinical response
0	Minimum 12 hourly	<ul style="list-style-type: none"> Continue routine NEWS monitoring
Total 1–4	Minimum 4–6 hourly	<ul style="list-style-type: none"> Inform registered nurse, who must assess the patient Registered nurse decides whether increased frequency of monitoring and/or escalation of care is required
3 in single parameter	Minimum 1 hourly	<ul style="list-style-type: none"> Registered nurse to inform medical team caring for the patient, who will review and decide whether escalation of care is necessary
Total 5 or more Urgent response threshold	Minimum 1 hourly	<ul style="list-style-type: none"> Registered nurse to immediately inform the medical team caring for the patient Registered nurse to request urgent assessment by a clinician or team with core competencies in the care of acutely ill patients Provide clinical care in an environment with monitoring facilities
Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	<ul style="list-style-type: none"> Registered nurse to immediately inform the medical team caring for the patient – this should be at least at specialist registrar level Emergency assessment by a team with critical care competencies, including practitioner(s) with advanced airway management skills Consider transfer of care to a level 2 or 3 clinical care facility, ie higher-dependency unit or ICU Clinical care in an environment with monitoring facilities

TOOL 5: COVID-19 Symptom Monitoring Log

To be filled out daily for:

- All Long Term Services & Support (LTSS) staff working in facilities and community settings (self-monitoring).
- Any other individuals who have had possible exposure to COVID-19 (self or caregiver monitoring).

Directions:

1. Complete this log two times each day.
2. In the time box, indicate the time of your morning and evening symptom checks.
3. In the symptom boxes, write "Y for yes or "N" for no for symptoms experienced.

Name														
Facility / Agency (if applicable)				Unit (if applicable)				Job classification (if applicable)						
Date (month / day) of last possible exposure to 2019 novel corona virus (Day 0): _____														
Day	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
Date														
Time														
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Fever >100F														
Cough														
Sore Throat														
Shortness of Breath														
Malaise														
Nasal Congestion														
Nausea														
Diarrhea														
Other														
Day	Day 8		Day 9		Day 10		Day 11		Day 12		Day 13		Day 14	
Date														
Time														
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Fever >100F														
Cough														
Sore Throat														
Shortness of Breath														
Malaise														
Nasal Congestion														
Nausea														
Diarrhea														
Other														

TOOL 6: Patient/Resident Transfer Checklist

Clinical Criteria for Transferring Facility Residents to Hospitals During Pandemic

This checklist is intended to assist with communications when transferring COVID-19 residents to a hospital. It serves as an easy reference guide, ensuring details of care have been accurately relayed. It does not replace or supersede existing clinical or facility protocols. Please check all that apply.

KEY CRITERIA FOR TRANSFER OF COVID-19 RESIDENT	
<input type="checkbox"/>	COVID-19+ status <input type="checkbox"/> Presumed <input type="checkbox"/> Tested
<input type="checkbox"/>	Advanced directive exists, designates desire for level of care at hospital
<input type="checkbox"/>	Patient is level 3 or 4 severity or NEWS score over 5
VITALS	
<input type="checkbox"/>	Temp (F) < 95° or > 104°
<input type="checkbox"/>	SBP (mmHg) < 90 or > 180
<input type="checkbox"/>	HR (per/min) < 50 or > 110
<input type="checkbox"/>	RR (per/min) < 14 or > 22
<input type="checkbox"/>	Pulse ox % _____ on _____ %FIO2, or ___ L/nc
<input type="checkbox"/>	Unable to maintain O2 sats > 90% on 40% FiO2
<input type="checkbox"/>	Vital Signs Change of >25% of baseline
ADDITIONAL CONSIDERATIONS	
<input type="checkbox"/>	Dyspnea cannot be managed despite medications and oxygen
<input type="checkbox"/>	Evidence of organ dysfunction (angina, kidney failure)
<input type="checkbox"/>	Other
OTHER CLINICAL INFORMATION	
<input type="checkbox"/>	Patient Medical ID/wristband
<input type="checkbox"/>	Diagnoses
<input type="checkbox"/>	Medications
<input type="checkbox"/>	Allergies
COMMUNICATIONS	
<input type="checkbox"/>	NF communicates with family
<input type="checkbox"/>	Before transport, NF communicates with hospital triage partner to verify appropriate care available
<input type="checkbox"/>	Communicate with emergency medical services regarding COVID-19 status
<input type="checkbox"/>	Ensure patient is wearing medical facemask for transport.

TOOL 7: Hospital Discharge Criteria Checklist to Facility/Home

The hospital discharge of an individual with COVID-19 to home or long-term services facility should be made in consultation with the individual’s clinical care team, and local or state public health departments.

This checklist is intended to assist with communications when discharging COVID-19 residents from a hospital. It serves as an easy reference guide, ensuring details of care have been accurately relayed. It does not replace or supersede existing clinical or facility protocols. Please check all that apply.

VERIFY RESIDENT CONTACT INFORMATION	
<input type="checkbox"/>	Obtain and verify residence and patient’s ability to return to residence
<input type="checkbox"/>	Verify contact number for patient as well primary support person
VERIFY STABILIZATION OF CLINICAL CONDITION	
<input type="checkbox"/>	Vital signs stable
<input type="checkbox"/>	Temp 96-100
<input type="checkbox"/>	SBP 90-160
<input type="checkbox"/>	HR 60-100
<input type="checkbox"/>	RR 14-22
<input type="checkbox"/>	Pulse Ox >92% on RA for oxygen naïve patients; otherwise O2, 4L/nc
<input type="checkbox"/>	Mental status stable or at baseline >24 hours
<input type="checkbox"/>	Confirm with medical provider and bedside RN that patient is able to manage ADLs independently or with degree of available support at home/facility
<input type="checkbox"/>	Verify lab values stable and any lab follow up: Test _____ Date _____
STATUS OF COVID-19 TESTING	
<input type="checkbox"/>	Date of onset of symptoms _____
<input type="checkbox"/>	Date of initial positive test (if done) _____
<input type="checkbox"/>	If no repeat COVID-19 testing, date patient met all of the following criteria _____ <ul style="list-style-type: none"> <input type="checkbox"/> 7 days since symptom onset <input type="checkbox"/> 3 days of no fever without antipyretics <input type="checkbox"/> 3 days of stable respiratory status
<input type="checkbox"/>	Dates of subsequent negative tests (if done): Date _____ Date _____
FOR NON-COVID-19 PATIENTS - INFECTION CONTROL	
<input type="checkbox"/>	Has the patient been in contact with anyone positive for COVID-19?
<input type="checkbox"/>	If yes, date(s) of exposure _____
<input type="checkbox"/>	Communicate with patient and care partners: COVID status, isolation and PPE requirements
<input type="checkbox"/>	Confirm Patient has resources/supports to adhere to infection control requirements https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html
CONFIRM NEEDED EQUIPMENT	
<input type="checkbox"/>	Oxygen
<input type="checkbox"/>	DME

<input type="checkbox"/>	Additional nursing services
MEDICATIONS	
<input type="checkbox"/>	Review medication list
<input type="checkbox"/>	Ensure a 30-day supply of each medication
CLINICIAN FOLLOW-UP	
<input type="checkbox"/>	Verify date and time of specialist follow up
<input type="checkbox"/>	Verify date and time of primary care follow up
DISCHARGE LOGISTICS – RECEIVING SITE	
<input type="checkbox"/>	Patient transportation arranged food
<input type="checkbox"/>	Patient dietary needs addressed (special food, supplements, etc.)
<input type="checkbox"/>	Patient communications device available and accessible

TOOL 8: Tips for Patient/Resident Social and Emotional Wellbeing

General Health and Wellbeing Activities

The outbreak of COVID-19 can create stress for many. Fear and anxiety about the disease can be overwhelming and cause strong emotions in adults and spending time alone can exacerbate those feelings. To help individuals keep calm during and after the outbreak, here are some tips to help avoid loneliness and stress that can take a toll on their wellbeing.

CREATE A ROUTINE AND STICK WITH IT	
<input type="checkbox"/>	Set a schedule with times for waking up, preparing for the day, meals & snacks, activities, bedtime.
<input type="checkbox"/>	Get information about COVID-19 from a trusted source, but avoid excessive media coverage.
ADOPT SOME OF THESE ACTIVITIES TO FILL THE DAY	
<input type="checkbox"/>	Connect with family and friends via video chat, phone calls, or writing cards and letters.
<input type="checkbox"/>	Practice meditation. Take deep breaths or focus on a word or sentence.
<input type="checkbox"/>	Listen to soothing music.
<input type="checkbox"/>	Do arts and crafts – painting, coloring, puzzles, word and number games.
<input type="checkbox"/>	Read a book or magazine.
<input type="checkbox"/>	Take a walk or do gentle exercises or stretches.
<input type="checkbox"/>	Play a card game by yourself.
<input type="checkbox"/>	Explore new hobbies.
<input type="checkbox"/>	Start a journal. Write poetry or a short story.
<input type="checkbox"/>	Watch a movie.

Additional Guidance: When possible, keep activities that are safe, clean and engaging in an individual’s room or close quarters so they have a ready collection of fun-filled distractions (room activities can include oversized picture books, jigsaw or word puzzles, crossword and sudoku sheets, and more)

Tips for Engaging Nursing Facility & Congregate Care Residents

Staff interaction with residents is particularly important during times of stress and uncertainty. Staff should be encouraged to engage with residents throughout the day, asking questions about their family, interests or hobbies, inquiring about feelings and sharing their own experiences about how they are staying positive and hopeful. Below are simple ideas to support residents during times of isolation. Please adapt the activities based on each resident’s health status.

<input type="checkbox"/>	Encourage residents to stay in touch with family and friends by helping them set up video chat, phone calls, or writing cards and letters.
<input type="checkbox"/>	Play games over the intercom with residents: <ul style="list-style-type: none"> • Play bingo. It doesn’t have to be typical bingo; you can do activities (e.g., have you read a newspaper story today), places traveled, or interests. • Have a trivia question of the day. • Name that song.
<input type="checkbox"/>	Choose a state or country to learn about and serve a treat that represents that country or state (e.g., United Kingdom – time, Italy – pasta for dinner, Kansas – BBQ).
<input type="checkbox"/>	Read a book or sing a song over the intercom.
<input type="checkbox"/>	Organize individual arts and crafts activities for residents – painting, coloring, puzzles, word or number games.
<input type="checkbox"/>	If your center has a garden, buy seeds and provide each resident with a small pot/cup. Residents can watch the seeds grow and take care of them.
<input type="checkbox"/>	Ask residents to share what they are thankful for. Share these with others (especially if thankful for staff!)
<input type="checkbox"/>	Encourage residents to participate in meditation, walks, or other forms of gentle movement or stretches.
<input type="checkbox"/>	Ask your residents what they would like to do. If usually done in groups, think of ways to modify the activity so it will work within the guidelines established by the Ohio Department of Health.
<input type="checkbox"/>	Refer to Checklist H.1 – Activities for Health and Wellbeing of Residents – for additional ways you can support your residents.

Additional Guidance:

1. When possible, keep activities that are safe, clean and engaging in residents’ rooms so they have a ready collection of fun-filled distractions (room activities can include oversized picture books, jigsaw or word puzzles, crossword and sudoku work sheets, and more). Items that cannot be washed (e.g., puzzles) must be dedicated to the residents’ rooms.
2. Consider placing residents’ favorite photos or pictures (things often touched) in Ziploc bags or plastic covers so they can be cleaned and disinfected properly by facility staff.

TOOL 9: Tips for Staff Social and Emotional Wellbeing

Health care personnel (HCP) are all affected by this incident. HCP are trained to ignore their own emotions, thoughts and needs and instead, focus on the patient and their needs. However, studies show the importance of provider self-care, particularly during times of undue stress and uncertainty. Ignoring their needs can lead to impatience, depression and despair, negatively affecting those s/he is responsible for. Just as need to keep an eye on their charges, so must they keep an eye on their own mental wellbeing.

Take a moment to review the list below and gauge the level of stress that may be weighing on you and your staff. There is help available to those who are struggling – but the first and most important step is awareness.

What can stress look like?	
<input type="checkbox"/>	Emotional: <ul style="list-style-type: none"> • Irritability, feeling numb or detached; • Feeling overwhelmed or maybe hopeless; • Lack of feeling or empathy or impersonal response toward one’s patients; or
<input type="checkbox"/>	Self-esteem: <ul style="list-style-type: none"> • Feeling a lack of personal achievement, general worsening of self-confidence.
<input type="checkbox"/>	Physical: <ul style="list-style-type: none"> • Muscle tension, headaches, stomach pain, racing heart and sweating; • Low energy or fatigue; or • Restless, on edge or agitated.
<input type="checkbox"/>	Behavioral: <ul style="list-style-type: none"> • Changing your routine or engaging in self-destructive coping mechanisms; • Eating poorly and poor sleep (too much or not enough); or • Using substances.
<input type="checkbox"/>	Professional: <ul style="list-style-type: none"> • Experiencing low performance of job tasks and responsibilities; • Feeling low job morale; or • Expressing cynicism or a negative attitude toward one’s patients.
<input type="checkbox"/>	Cognitive: <ul style="list-style-type: none"> • Experiencing confusion, diminished concentration and difficulty with decision-making/easily distracted; or • Experiencing trauma imagery – seeing events over-and-over again.
<input type="checkbox"/>	Spiritual: <ul style="list-style-type: none"> • Questioning the meaning of life or lacking self-satisfaction.
<input type="checkbox"/>	Interpersonal: <ul style="list-style-type: none"> • Physically withdrawing or becoming emotionally unavailable to co-workers or family; • Strained personal relationships or marriages.
What CAN you do?	
<input type="checkbox"/>	Follow a healthy lifestyle. <ul style="list-style-type: none"> • Eat healthy foods and exercise regularly. • Practice good sleep hygiene and make time for rest and relaxation on a regular basis. • Avoid substance use.

<input type="checkbox"/>	<p>Make wellness part of your everyday life. <i>Prioritize emotional health to improve resilience and manage stress:</i></p> <ul style="list-style-type: none"> • Exercise, spend time with yourself, or do mindfulness exercises. • Deep breathing can alleviate feelings of stress and regulate your body. • Do meditation or yoga.
<input type="checkbox"/>	<p>Schedule annual checkups.</p>
<input type="checkbox"/>	<p>Connect with friends and family.</p> <ul style="list-style-type: none"> • Connect with a supportive colleague or mentor to think through helpful strategies for managing stress at work. • Stay in touch with family and friends through telephone calls, Face Time, Zoom, etc.
<input type="checkbox"/>	<p>Seek support from a support group or mental health professional. These are unprecedented times. The responses listed above are normal and can be expected. They may be temporary, or they may last for a period of time. Stress can result in anxiety, depression or trauma if the responses interfere with functioning and last for a long time. Seek mental health treatment to develop effective coping strategies.</p> <p><i>Mental health treatment is effective and it's for everyone regardless of age, profession or background.</i></p>

If you or someone you love has suicidal thoughts, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) which is available 24 hours a day, 7 days a week. A lifeline chat is also available at: <https://suicidepreventionlifeline.org>.

TOOL 10: Tips for Staff Attire and Personal Protective Equipment (PPE)

Attire Guidance

This guidance is provided to minimize inadvertent spread of COVID-19 through clothing, surface exposure and other types of contamination.

- Make-up: all make-up should be avoided including foundations, powders, mascara, and lip gloss/lip balm. Makeup must be avoided masks and other personal protective equipment (PPE) will not be able to be sanitized, and each person must play a role in conserving limited supplies.
- Jewelry: avoid all body jewelry, bracelets, and big earrings
- Clothing: avoid fluffy clothes or sweaters and avoid loose sleeves. Fitted clothing minimizes chances of contamination.
- Footwear: should be closed-toe, low/no heeled, soft-soled, washable, and have a closed back
- If hair is long, tie it up close to head (e.g. bun) to prevent touching face; may need to wear a head cover.
- No facial hair, as this interferes with a good seal of a face masks.

Returning to Home

- When returning to your home after a shift, remove your shoes and clothes and place clothes in a laundry bag or washing machine; then, immediately shower. When washing clothes, wash laundry bag if appropriate.
- Once your body and hair are clean, trace your steps and disinfect any surfaces you touched (in your vehicle, door knobs, keys, etc.)

Equipment Guidance

- Medical equipment (BP cuff, stethoscope) should ideally be dedicated to a specific room housing COVID-19 positive patients. If medical equipment cannot be dedicated to a room, it should be sanitized thoroughly between patients according to facility policies.
- Minimize all non-washable patient items (e.g. loose papers, stuffed animals)
 - Dedicate all non-washable items to specific patient room (e.g. puzzles, paper books)
- All non-dedicated, non-disposable medical equipment used for patient care should be sanitized according to manufacturer's instructions and facility policies.
- Keep equipment in designated infection control rooms.

PPE Fit Guidance

- [CDC: Face mask fit testing / user seal test](#)
- [CDC: Three key factors for a respirator to be effective](#)

PPE Conservation Guidance

Please note: these [videos from Emory University](#) should only be used when supplies of PPE are running low.

- [All COVID-19 ACE / DICE Videos](#)
- [Reusing Face and Eye PPE - Extended Wear](#)
- [CONSERVATION - Putting ON Airborne – Contact precautions with eyewear \(ACE\)](#)
- [CONSERVATION - Taking OFF Airborne – Contact precautions with eyewear \(ACE\)](#)
- [CONSERVATION - Putting ON Droplet-Contact precautions with eyewear \(DICE\)](#)
- [CONSERVATION - Taking OFF Droplet-Contact precautions with eyewear \(DICE\)](#)

TOOL 11: PPE Quick Guide *Contingency Capacity*

No Exposure
No Symptoms



- **Mask:** surgical/medical facemask: extended use/re-use all shift*
- **Eye protection:** only for routine precautions
- **Gown :** only for routine precautions
- **Gloves:** only for routine precautions

Exposed
No Symptoms



- **Mask:** surgical/medical facemask: extended use/re-use all shift*
 - N95 only with only with aerosol-generating procedures
- **Eye protection:** extended use/re-use goggles or face shield
- **Gown:** expired disposable or cloth isolation
 - Change in between residents
- **Gloves:** medical grade, nonsterile
 - Change in between residents

COVID-19 +
*Confirmed or
Suspected*



- **Mask:** N95 mask extended use within isolation status; limited re-use*
- **Eye protection:** extended use/re-use goggles / face shield
- **Gown:** expired or cloth isolation*
 - Change in between residents
- **Gloves:** medical grade, nonsterile
 - Change in between residents

*Unless contaminated (wet, soiled, damaged)

TOOL 12: PPE Quick Guide *Crisis Capacity*

No Exposure
No Symptoms



- **Mask:** surgical/medical facemask preferred, extended use/re-use all shift*
 - When no approved facemask is available:
 - Face shield with available mask
 - Non-NIOSH approved mask (e.g. non-medical or handmade)
- **Eye protection:** only for routine precautions
- **Gown:** only for routine precautions
- **Gloves:** only for routine precautions

Exposed
No Symptoms



- **Mask:** surgical/medical facemask, extended use/re-use all shift*
 - When no approved faskmask is available:
 - Face shield with available mask
 - Non-NIOSH approved mask (e.g. non-medical or handmade)
- **Eye protection:** extended use/re-use safety glasses
- **Gown:** extended use/re-use of disposable or cloth gowns; dedicated to resident or room with like residents (no additional infection ex: C. diff)
 - Consider medical coveralls; when no gowns are available: consider reusable/washable patient gowns, lab coats (worn backwards)
- **Gloves:** non-medical, industrial

COVID-19 +
Confirmed or
Suspected



- **Mask:** surgical/medical facemask, extended use/re-use all shift*
 - N95 only with aerosol-generating procedures
- **Eye protection:** extended use/re-use safety glasses
- **Gown:** extended use/re-use of disposable or cloth gowns; dedicated to resident or room with like residents (no additional infection ex: C.diff)
 - Consider medical coveralls; when no gowns are available: consider reusable/washable patient gowns, lab coats (worn backwards)
- **Gloves:** Non-medical, industrial

*Unless contaminated (wet, soiled, damaged)

TOOL 13: Tips for Cleaning and Disinfecting Homes and Congregate Care Settings

GENERAL CLEANING & DISINFECTING GUIDANCE

- All community members can practice routine cleaning of frequently touched surfaces.
- Wear disposable gloves when cleaning
- Use products that are [EPA-approved for use against the virus that causes COVID-19](#) and follow the product manufacturer's instructions for concentration, application method and contact time, etc.

Hard (Non-porous) Surfaces

Clean dirty surfaces using detergent or soap and water prior to disinfection. EPA-registered disinfectants or diluted household bleach (at least 1000ppm sodium hypochlorite) work if appropriate for the surface.

- Follow manufacturer's instructions for application.
- Ensure a contact time of at least 1 minute.
- Allow for proper ventilation during and after application.
- Never mix household bleach with ammonia or any other cleanser.
- Ensure the product is not past its expiration date.
- Unexpired household bleach is effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3 cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water

Soft (Porous) Surfaces

For soft (porous) surfaces (e.g., 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](#).

Electronics

For electronics (tablets, touch screens, keyboards, remote controls, ATM, etc), 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

- 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.

TIPS FOR DISINFECTING HOMES AND RESIDENTIAL COMMUNITIES (CONFIRMED OR SUSPECTED COVID-19 POSITIVE):

Use products that are [EPA-approved for use against the virus that causes COVID-19](#) and follow the product manufacturer's instructions for concentration, application method and contact time, etc.

Clean all "high-touch" surfaces each day

- High-touch areas include: counters, tabletops, hard-backed chairs, doorknobs, sinks, bathroom fixtures, toilets, phones, keyboards, light switches, phones, tablets, touch screens, remote controls, handles, desks, and bedside tables. These should be cleaned each day.
- Clean any surfaces that may have blood, stool, or body fluids on them each day.
- Use a household cleaning spray or wipe, according to the label instructions.
- Wear gloves and make sure you have good ventilation while cleaning.

Pay attention to the following areas:

- **Common areas:** Daily clean and disinfect high-touch surfaces (same as above)
- **Bedroom/bathroom when dedicated to an ill person:** reduce cleaning frequency to as-needed (e.g., soiled items and surfaces) to avoid unnecessary contact with the ill person.
- **Shared bathrooms:** clean after each use by an ill person. If not possible, wait as long as practical after use by an ill person to clean, and disinfect all of the high-touch surfaces.
- **Household members** should follow [home care guidance](#) when interacting with persons with suspected/confirmed COVID-19 and their isolation rooms/bathrooms.