Ohio Department of Aging | Ohio Department of Health | Ohio Department of Developmental Disabilities | Ohio Department of Medicaid

COVID-19 Pre-surge and Longer Term Planning Toolkit for Long Term Services and Community Supports

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 or home visiting services 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 any possible "surge" of individuals contracting COVID-19. As Ohio's pandemic has shifted to a series of COVID-19 outbreaks largely in congregate environments, the original tool kit has been updated to incorporate the most recent changes. 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, including community services.
- Ensure all Ohioans receiving LTSS and community services - 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 Health.
- Provide clear guidance and organizing principles for Ohio's health care delivery system as individual providers of care address the COVID-19 pandemic.
- Take a person-centered approach to meeting individuals' needs during the COVID-19 pandemic 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 or contract COVID-19 infection.
  - » 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. Contingency planning for personnel issues are in COVID-19 Contingency and Crisis Facility Staffing Guidance
  - » Summarizing pertinent information to help staff to attend to their own health, attire, sanitary practices, and emotional well-being
  - » Offering details on 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. NEWS2 Scoring Matrix
5. COVID-19 Symptom Monitoring Log
6. 6. Transfer from Skilled Nursing Facility Protocol (checklist)
7. Hospital Discharge to Nursing Facility Checklist
8. Tips for Patient/Resident Social and Emotional Well-being
9. Tips for Staff Social and Emotional Well-being
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
14. COVID-19 Contingency and Crisis Facility Staffing Guidance

10/1/1 Rule

- 10 days have passed since symptoms first appeared **AND** 1 day (24 hours) have passed without fever without the use of fever-reducing medications (anti-pyretics) **AND** 1 day of improvement in respiratory symptoms.
- For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days after symptom onset 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 replication-competent 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 for SARS-CoV-2 RNA*.

Introduction to Key Terms & Concepts

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
No Symptoms

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 all staff, including those not directly involved in resident care, should wear face masks

Exposed
No Symptoms

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.

COVID-19 +
Confirmed or Probable

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. **NOTE: symptomatic individuals should be prioritized for testing to assess COVID-19 status and possible need for transfer to a COVID-19 unit if lab-confirmed COVID-19 +**

Many facilities have created an additional space for incoming residents of unknown COVID-19 status, awaiting confirmation to be placed into one of the green, orange or purple categories.

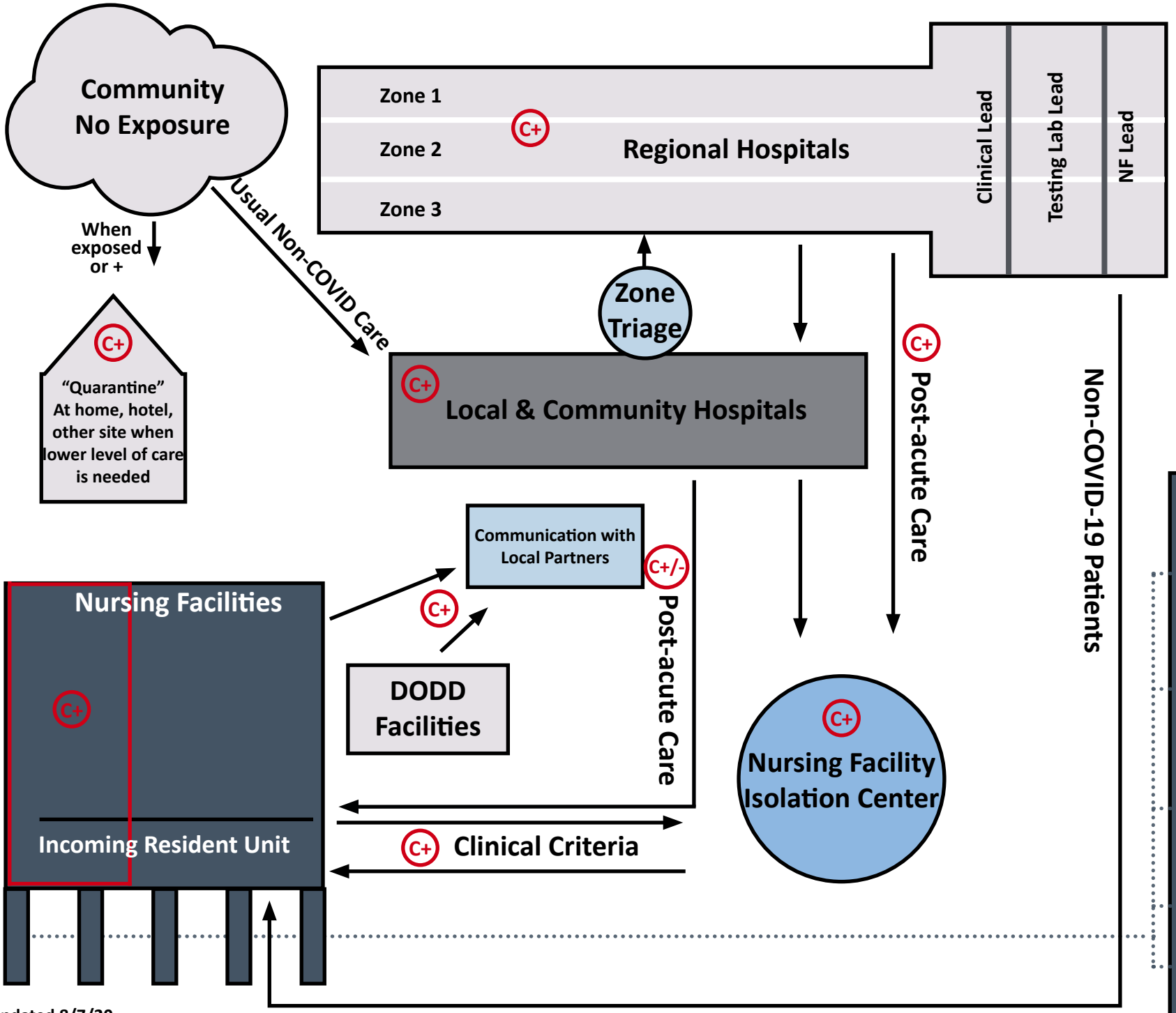
NOTE: These categorizations are not precise as the CDC and other clinical authorities acknowledge the contagiousness of Covid-19 before or without the presence of symptoms.

Personal Protective Equipment (PPE)

This toolkit includes guidance, strategies, and options to optimizing 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 in planning and preparing for possible increases in the number of people who are COVID-19 +.

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 for effectiveness.
EYE PROTECTION			
GOWN			
GLOVES			

Ohio's COVID-19 Health Care Delivery System



Known Challenges and Resources

- **Testing** - CCURT Congregate Care Unified Response Team.
- **Clinical guidance** Local coalition partners (hospital , LHD).
- **PPE-** survey, local coalition, (includes EMA).
- **Staffing-** BT (Bridge Team).
- **Communication** all of above.

Updated 8/7/20

COVID-19 Toolkit

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

1. LTSS agencies and facilities understand their PPE inventory, supply chain, and utilization; and they are working locally to address PPE needs and submitting survey to communicate needs.
2. 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).
3. 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 and movement by staff, cohort patients/residents (and also limiting movement, and dedicate personnel to specific units for bundled care.
4. All agency, facility and program personnel must wear face masks everywhere within facilities or home settings of services. Personnel who may have had any Covid exposure must also wear masks during lunch and other needed breaks.

PATIENT/RESIDENT STATUS	PPE TYPE	CONVENTIONAL CAPACITY Based on facility PPE supply	CONTINGENCY CAPACITY	CRISIS CAPACITY
No Exposure *No Symptoms* 	**MASK**	• Surgical facemask.	• Surgical/medical facemask: extended use/re-use all shift*	• 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	• Routine precautions.	• Routine precautions.	• Routine precautions.
	GOWN	• Routine precautions.	• Routine precautions.	• Routine precautions.
	GLOVES	• Routine precautions.	• Routine precautions.	• Routine precautions.
Exposed *No Symptoms* 	**MASK**	• N95 or equivalent.	• Surgical/medical facemask: extended use/re-use all shift.* • N95 or equivalent only with aerosol-generating procedures.	• 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	• Goggles/face shield.	• Extended use/re-use goggles or face shield.	• Extended use/re-use safety glasses.
	GOWN	• Isolation.	• Use expired or cloth isolation gowns. • Change in between residents.	• Extended use/re-use of disposable or cloth gowns.* • Dedicated to resident or room with like residents (no additional infection present in resident (ex: C.diff). • Consider reusable medical labcoats and patient gowns when no PPE gowns available.
	GLOVES	• Disposable.	• Medical grade, non-sterile. • Change between residents.	• Non-medical, industrial
COVID-19 + *Confirmed or Probable* 	**MASK**	• N95.	• N95 or equivalent extended use within isolation status; limited re-use.*	• Surgical/medical facemask - extended use/re-use all shift.* • N95 or equivalent only with aerosolization.
	EYE PROTECTION	• Goggles/face shield.	• Extended use/re-use goggles or face shield.	• Extended / re-use safety glasses.
	GOWN	• Isolation.	• Use expired or cloth isolation gowns. • Change in between residents.	• Extended use/re-use of disposable or cloth gowns.* • Dedicated to resident or room with like residents (no additional infection present in resident (ex: C.diff). • Consider reusable medical labcoats and patient gowns when no PPE gowns available.
	GLOVES	• Disposable.	• Medical grade, non-sterile. • Change between residents.	• Non-medical, industrial.

Updated 8/7/20

***Unless contaminated (wet, soiled, damaged)**

COVID-19 Toolkit

Patient/Resident Journey in Nursing Facilities / Congregate Care Settings

1. **Patient/Resident Population Assessment:** census, risk, (1) status, location; ensure advance directives are updated. Residents ideally configured in pods of several residents with dedicated, consistent staff even if no COVID-19 identified in facility.
2. **Staff Assessment:** consideration for highest risk staff (2) to minimize caring for COVID-19 + residents.
3. **Facility Assessment**: beds, layout (quarantine/isolation areas), limited movement plan, training and communications (including families), implement COVID-19 preparedness plan. Group patients/staff by infection status together. Consider a separate space for incoming residents of unknown or pending COVID-19 status.

PT/RESIDENT STATUS	CARE SETTING	CARE IN FACILITY	MONITOR COVID STATUS
No Exposure *No Symptoms*	**Clean Environment** • Follow limited movement plan. • Physical distancing.	• May require alternative social and emotional support, incl. family plan. (8) • Routine care. • Enhanced communication due to staff wearing masks.	• N/A.
Exposed *No Symptoms*	**Quarantine x 14 days** • In room, cohorted. • Separate wing or building. • Facility may Communicate with Local Health District (LHD) per COVID plan.	• May require alternative social and emotional support, incl. family plan. (8) • Routine care and addtional PPE. • Monitor temperature and respiratory (5)	• Release from quarantine when no symptoms for 14 days. • Anyone with symptoms needs medical evaluation. • Transfer to isolation if COVID-19 Dx probable or tested.
COVID-19 + *Confirmed or probable*	**Isolation** • In room, cohorted. • Separate wing or building. • Communicate with treating clinician for evaluation. • Facility may communicate with LHD, local coalition, or CCURT per COVID plan.	• Residents and families may require additional social and emotional support. (8) • Additional clinical care and PPE. • Monitor oxygen level. • Follow CDC 10/1/1 rule .	**Stratify by illness severity** *Use NEWS2 to assess clinical level of severity.* (3) **LEVEL 1** • Respiratory symptoms. • Normal oxygenation. **LEVEL 2** • Respiratory symptoms. • Mild - medium O2 needs < 4L/NC. **LEVEL 3** • Can't keep SpO2 >90% on FIO2. • Non-invasive ventilation. **LEVEL 4** • Level 3 with other deterioration.

Incoming Resident Observation Unit (if available).

LEVELS 1 & 2: Continue care at NF.

LEVELS 3 & 4: Call hospital/ medical partner to plan transfer to higher level of care.

(6) **Transfer*** → Isolation Center/ partnering NF / Selected Hospital → (7) **Discharge**

Must meet discharge criteria for safe return to usual care setting.

see next page for additional details regarding patient /resident transfer into higher levels of care

* CDC 10/1/1 Rule: 10 days have passed since symptoms first appeared and 1 day (24 hours) have passed without fever without the use of fever-reducing medications (anti-pyretics) and 1 day of improvement in respiratory symptoms: cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

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

Clinical Assessment and Stratification
May Use NEWS2 to assess clinical level of COVID-19 severity clinical level of severity (3)

Most Receive Care in Usual Setting

Level 1 COVID-19 Severity
- Minor Symptoms.

Level 2 COVID-19 Severity
- Manage with O2 <4L/nc.
- Monitor for deterioration.
- Facility/staff capacity considerations.

Most Transfer to Higher Level of Care

Level 3 COVID-19 Severity
- Respiratory compromise.
- Oxygen saturation <90%.
- Noninvasive ventilation (CPAP, BiPAP) needed.
- Note: *Some NFs may be able to manage some of these residents.*

Level 4 COVID-19 Severity
- Above level (+) other distress.
- Organ distress.
- Cardiac/Renal trouble.
- Can't stabilize.

Requires additional staff to treat in place

Attention to advanced directives.

Call hospital partner to plan

(6) **Transfer**

Isolation Center/NF Partner

Local or Regional Hospital

To discharge, must meet clinical criteria (7)

Clearly communicate clinical detail at discharge

Must meet discharge criteria for safe return to usual care setting.

Note: the test-based strategy (2 negative tests 24 hrs apart) is NOT the preferred method for discontinuing transmission-based precautions.*

Nursing Facilities

Facilities may have an observation unit for incoming residents with pending or unknown status with policies to ensure safety before released to the general population (green).

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*Release from transmission based precautions can occur while at a facility following the 10/1/1 rule or 14 days from first symptom whichever is longer: coronavirus.ohio.gov/static/docs/Guidance-Discontinuing-Transmission-Based-Precautions.pdf

COVID-19 Toolkit

Staff Journey in Nursing Facilities / Congregate Care Settings

1. **Staff Assessment:** consideration for highest risk staff [2] to minimize caring for COVID-19 + patients/residents.
2. **Facility Assessment**: beds, layout (quarantine/isolation areas), limited movement plan, training and communications (include families), established emergency preparedness plan. If possible, group patients/staff together in "pods" or supported by dedicated staff to limit exposure. Consider a separate space for incoming residents of unknown or pending COVID-19 status.
3. **Provide social and emotional support to all staff.** [9]

Daily Staff Assessment and Work
(Includes private, intermittent, hospice and other non-health care personnel)

All staff must wear face masks in care setting.

If sick, STAY HOME and call primary care clinician

1. Daily self assessment [5]
- > 100.0 degree temp, or chills.
- New/change in cough, sore throat, congestion or runny nose.
- Shortness of breath.
- Malaise, muscle aches,fatigue, headache.
- Nausea, vomiting diarrhea.
- Loss of smell or taste.

2. Complete infection control documentation.

3. Verify ability to work, unit assignment. [14]

4. Actively create a culture of safety, pay attention to attire and PPE practices. [10]

5. Practice vigilant sanitation [13]
- Hand-washing for 20 seconds + ABHS.
- Don't touch face.
- Continually disinfect surfaces.

PATIENT/RESIDENT STATUS	CARE SETTING	CARE IN FACILITY	Contingency PPE [11]	Crisis PPE [12]
No Exposure *No Symptoms*	**Clean Environment** • Limited movement. • Physical distancing.	Social and emotional support. [8]	• Surgical/medical face mask: extended use/re-use all shift.* • Other PPE only for routine precautions.	• Surgical/medical facemask preferred: extended use/re-use all shift.* » Face shield or other masks if necessary. • Other PPE only for routine precautions.
Exposed *No Symptoms*	**Quarantine x 14 days** • In room. • Cohorted. • Separate.	Social and emotional support. [8] Additional monitoring for COVID-19 symptoms. [5]	• Surgical/medical facemask: extended use/re-use all shift.* » N95 or equivalent 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.	• Surgical/medical facemask: extended use/re-use all shift.* » Face shield or other masks if necessary. • Extended use/re-use of safety glasses. • Extended use/re-use of disposable or cloth gowns.* » Dedicated to resident or room with like residents. » If no gown available, consider reusable/washable gown, lab coats (worn backward). • Non-medical, industrial gloves.
COVID-19 + *Confirmed or Probable*	**Isolation** • In room. • Cohorted. • Separate wing or building. • Follow CDC 10/1/1 rule. cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html	Social and emotional support. [8] Additional monitoring for COVID-19+ symptoms, severity. [3]	• N95 or equivalent: 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.	• Surgical/medical face mask: extended use/re-use all shift.* » N95 or equivalent for aerosol-generating procedures. • Extended use/re-use safety glasses. • Extended use/re-use of disposable or cloth gowns.* » Dedicated to resident or room with like residents. » If no gown available, consider reusable/washable gown, lab coats (worn backward). • Non-medical, industrial gloves.

Updated 8/7/20

Unless contaminated (wet, soiled, damaged)

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, movement and proximity to others limited
2. **Staff Assessment:** consideration for highest risk staff [2] to minimize risk in 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
No Exposure *No Symptoms*	**Clean environment** • Remain in usual care setting. • Limit interaction with others as much as possible. • Create / implement a back-up plan. » If essential services no longer possible with usual providers, deploy back up plan and/or seek alt. providers. • Contact case manager, as appropriate.	• Continue authorized services. • Communicate needs for alternative social emotional support plan. [8] • Express any concerns about safety at home. • Contact treating clinicians with health concerns.	• Discuss other placement settings with family/friends. • Contact clinician before going to ED or hospital.	• All residents should wear face mask or covering when anyone in 6 ft of personal space. • Implement vigilant sanitation: » Hand-washing for 20 seconds + ABHS. » Don't touch face. » Disinfect surfaces frequently.
Exposed *No Symptoms*	**Quarantine x 14 days** • Remain in usual care setting. • Limit interaction with others as much as possible. • Create / implement a back-up plan: » If essential services no longer possible with usual providers, seek alt. providers. • Consider replacing aerosolized with metered dose inhalers • Keep self-monitoring log. [5] • Communicate with in-home providers extra help, face masks, or other needs. • Respond to LHD regarding contact tracing. • Contact case manager, as appropriate.	• Continue authorized services. • Communicate need for alternative social emotional support plan. [8] • May require enhanced communication due to wearing of face masks. • Communicate with treating clinician initially and as symptoms develop. • May be released from quarantine when patient/resident has no symptoms for 14 days. • May require additional infection control if tested or probable COVID-19+.	• If essential services are unavailable, or if care needs exceed capacity in the home, consider alternate service delivery settings. • **Contact clinician before going to ED or hospital.**	• All residents (if able), caregivers, and family should wear face mask or covering when anyone in 6 ft of personal space. • Implement vigilant sanitation: » Hand-washing for 20 seconds + ABHS. » Don't touch face. » Disinfect surfaces frequently.
COVID-19 + *Confirmed or Probable*	**Isolation** • Remain in usual care setting, if able. • Limit interaction with others as much as possible. • Create / implement a back-up plan: » If essential services no longer possible with usual providers, seek alt. providers. • Consider replacing aerosolized with metered dose inhalers. • Communicate with in-home providers extra help, face masks, or other needs. • Respond to LHD regarding contact tracing. • If calling 911 for sudden change in condition, communicate COVID status. • Contact case manager, as appropriate.	• Treatment at home may include: » Monitoring oxygen level. » Maintaining clinician contact as additional clinical care may be required. • Continue other authorized services. • Communicate need for alternative social emotional support plan. • May require enhanced communication due to wearing of face masks. • Residents will need extra infection control efforts for up to 14 days prior to return to general population most of the time. [8] • 10/1/1 rule applies.	• If essential services are unavailable, or if care needs exceed capacity in the home, call treating clinician and case manager, review COVID-19+ Patient Journey into Higher Levels of Care. • **Contact clinician before going to ED or hospital.**	• All residents (if able), caregivers, and family should wear face mask or covering when anyone in 6 ft of personal space. • Implement vigilant sanitation: » Hand-washing for 20 seconds + ABHS. » Don't touch face. » Disinfect surfaces frequently.

* CDC 10/1/1 Rule: 10 days have passed since symptoms first appeared and 1 day (24 hours) have passed without fever without the use of fever-reducing medications (anti-pyretics) and 1 day of improvement in respiratory symptoms

Updated 8/7/20

COVID-19 Toolkit

Staff Journey in Community Settings

1. **Staff Assessment:** When possible minimize number/type (2) of staff coming to the home. Consider clinical capabilities, telehealth options, agency restrictions. Consideration for highest risk staff to avoid caring for COVID-19 + individuals. Ideally use consistent resident assignments to minimize new contacts, bundle services when able.
2. **Home Assessment:** layout and ability to quarantine/isolate patient/resident, advise on cleaning and disinfecting. (9)
3. **Provide social and emotional support to all staff.**
4. **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
(Includes private, intermittent, hospice and other non-health care personnel)

All staff must wear face masks in care settings

If sick, STAY HOME and call primary care clinician

1. Daily self assessment (5)
- > 100.0 degree temp, or chills
- New/change in cough, sore throat, congestion or runny nose
- Shortness of breath
- Malaise, muscle aches,fatigue, headache
- Nausea, vomiting diarrhea,
- Loss of smell or taste

2. Complete infection control documentation

3. Verify ability to work, unit assignment (14)

4. Actively create a culture of safety, pay attention to attire and PPE practices (10)

5. Practice vigilant sanitation (13)
- Hand-washing for 20 seconds + ABHS
- Don't touch face
- Continually disinfect surfaces

PATIENT/RESIDENT STATUS	CARE SETTING	CARE IN HOME	Contingency PPE (11)	Crisis PPE (12)
No Exposure *No Symptoms*	**Clean Environment** • Physical distancing, as able	• Continue routine care • Provide social and emotional support (8)	• Surgical/medical facemask: extended use/re-use all shift* • Other PPE only for routine precautions	• Surgical/medical facemask preferred: extended use/re-use all shift* » Face shield or other masks if necessary • Other PPE only for routine precautions
Exposed *No Symptoms*	**Quarantine x 14 days** • Separate room and bathroom,	• Continue routine care • Provide social and emotional support (8) • Avoid aerosols, switch to metered dose inhalers • Monitor individual for development of symptoms (5) • All residents, family, and caregivers should wear face mask or covering when anyone in 6 ft of personal space	• Surgical/medical facemask: extended use/re-use all shift*' **resident and all family members/ caregivers should also wear a mask** • N95 or equivalent 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	• Surgical/medical facemask: extended use/re-use all shift*; **resident/family/ care givers should also wear a mask** » Face shield /other masks if necessary • Safety goggles / glasses only with aerosolization • Extended use/re-use of disposable or cloth gowns* » Dedicated to resident » If no gown available, consider reusable/washable gown, lab coats (worn backward) • Non-medical, industrial gloves
COVID-19 + *Confirmed or Probable*	**Isolation** • Separate room and bathroom, as able	• Continue routine care • Provide social and emotional support (8) • Avoid aerosols, switch to metered dose inhalers (3) • Monitor individual for development of symptoms for potential increase in level of severity • All residents, family, and caregivers should wear face mask when anyone in 6 ft of personal space • 10/1/1 rule	• N95 or equivalent mask: extended use within isolation status; limited re-use* • **Resident/family members/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	• Surgical facemask preferred: extended use/re-use all shift*, N95 only for aerosolization • **Resident/family members/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

* CDC 10/1/1 Rule: 10 days have passed since symptoms first appeared and 1 day (24 hours) have passed without fever without the use of fever-reducing medications (anti-pyretics) and 1 day of improvement in respiratory symptoms

Unless contaminated (wet, soiled, damaged)

Updated 8/7/20

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	☐	1
40-49	☐	1
50-59	☐	1
60-69	☐	2
70-79	☐	2
80+	☐	2
CONDITIONS		
Chronic Lung Disease (asthma, COPD, etc)	☐	2
Serious cardiac disease including hypertension	☐	2
Diabetes	☐	2
Kidney disease on dialysis	☐	2
Obesity (BMI >40)	☐	2
Any reduced immune status including those with cancer treatments, transplants, HIV, chronic steroid or other medication use; smoking	☐	2
Liver Disease	☐	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.

Source: Centers for Disease Control and Prevention. COVID-19 in a Long Term Care Facility – King County, Washington, February 27 – March 9, 2020. MMWR 2020; 69 (March 18, 2020): 1-4.

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	☐	1
40-49	☐	1
50-59	☐	1
60-69	☐	2
70-79	☐	2
80+	☐	2
CONDITIONS		
Chronic lung disease (asthma, COPD, etc)	☐	2
Serious cardiac disease including hypertension	☐	2
Diabetes	☐	2
Kidney disease on dialysis	☐	2
Obesity (BMI >40)	☐	2
Any reduced immune status including those with cancer treatments, transplants, HIV, chronic steroid or other medication use	☐	2
Liver disease	☐	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.

Source: Centers for Disease Control and Prevention. COVID-19 in a Long-Term Care Facility – King County, Washington, February 27 – March 9, 2020. MMWR 2020; 69 (March 18, 2020): 1-4.

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

NEWS key 0 1 2 3

FULL NAME

DATE OF BIRTH | **DATE OF ADMISSION**

	DATE																								DATE
	TIME																								TIME
A+B Respirations Breaths/min	≥25												3												≥25
	21–24												2												21–24
	18–20																								18–20
	15–17																								15–17
	12–14																								12–14
	9–11												1												9–11
	≤8												3												≤8
A+B SpO_2 Scale 1 Oxygen saturation (%)	≥96																								≥96
	94–95												1												94–95
	92–93												2												92–93
	≤91												3												≤91
SpO_2 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												3												≥97 on O_2
	95–96 on O_2												2												95–96 on O_2
	93–94 on O_2												1												93–94 on O_2
	≥93 on air																								≥93 on air
	88–92																								88–92
	86–87												1												86–87
	84–85												2												84–85
	≤83%												3												≤83%
Air or oxygen?	A=Air																								A=Air
	O_2 L/min												2												O_2 L/min
	Device																								Device
C Blood pressure mmHg Score uses systolic BP only	≥220												3												≥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												1												101–110
	91–100												2												91–100
	81–90												3												81–90
	71–80																								71–80
	61–70																								61–70
	51–60																								51–60
	≤50																								≤50
C Pulse Beats/min	≥131												3												≥131
	121–130												2												121–130
	111–120																								111–120
	101–110												1												101–110
	91–100																								91–100
	81–90																								81–90
	71–80																								71–80
	61–70																								61–70
	51–60																								51–60
	41–50												1												41–50
	31–40												3												31–40
	≤30																								≤30
D Consciousness Score for NEW onset of confusion (no score if chronic)	Alert																								Alert
	Confusion												3												Confusion
	V																								V
	P																								P
	U																								U
E Temperature °C	≥39.1°												2												≥39.1°
	38.1–39.0°												1												38.1–39.0°
	37.1–38.0°																								37.1–38.0°
	36.1–37.0°																								36.1–37.0°
	35.1–36.0°												1												35.1–36.0°
	≤35.0°												3												≤35.0°
NEWS TOTAL																									**TOTAL**
Monitoring frequency																									Monitoring
Escalation of care Y/N																									Escalation
Initials																									Initials

National Early Warning Score 2 (NEWS2) © Royal College of Physicians 2017

TOOL 4: NEWS2 Scoring Matrix

NEW score	Frequency of monitoring	Clinical response
0	Minimum 12 hourly	• Continue routine NEWS monitoring
Total 1–4	Minimum 4–6 hourly	• 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	• 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	• 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	• 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

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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 >100 F or chills														
Cough														
Sore Throat														
Nasal congestion or runny nose														
Shortness of Breath														
Malaise, fatigue														
Body Aches														
Nausea or vomiting														
Diarrhea														
Loss of taste or smell														

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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 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 >100 F or chills														
Cough														
Sore Throat														
Nasal congestion or runny nose														
Shortness of Breath														
Malaise, fatigue														
Body Aches														
Nausea or vomiting														
Diarrhea														
Loss of taste or smell														

TOOL 6: Transfer from Skilled Nursing Facility Protocol (Including COVID-19)

	CLINICAL HISTORY OR PHYSICAL EXAMINATION EXHIBITING:
☐	Acute myocardial or bowel ischemia
☐	Acute CVA
☐	Rapid internal bleeding
☐	Sepsis with or without hemodynamic instability
☐	Respiratory distress
☐	Severe azotemia that may require dialysis or significant IV hydration
☐	New acute neurological symptoms
☐	Acute unexplained agitation
☐	Status epilepticus or recurrent seizures
☐	Mental obtundation with inability to protect airway
☐	Chest pain
☐	Acute pleurisy
☐	Sudden collapse / syncope

	VITALS:
☐	Temp (°F): <95 or >104
☐	SBP (mmHg): <90 or >180
☐	HR (per/min) : <50 or >110
☐	RR (per/min): <14 or >22
☐	Pulse ox (%): < 90% on RA for oxygen naïve patients.
☐	Oxygen needs: >4L unless at baseline O2 needs
☐	Vital Sign change >25% of baseline

	LABS (IF AVAILABLE):
☐	WBC: <1K or >20K
☐	Hemoglobin: < 7 gm or with recent drop of > 2gm in past 12 hours Active internal bleeding with anticoagulants, coagulopathy or antiplatelet agents onboard
☐	Platelets: < 20K with active bleeding
☐	INR: >2 with active bleeding
☐	Elevated cardiac enzymes
☐	Electrolytes:
☐	• Serum K+ <3 • Serum Ca++ < 7 • Severe hyponatremia, Na < 120 (or <125 if symptomatic or sudden unexplained drop) • Symptomatic hypernatremia Na > 150
☐	Elevated BUN in End Stage Liver Disease suggesting GI bleed
☐	Labs consistent with:

	• Disseminated Intravascular Coagulation • Fulminant hepatitis • Severe hypoxia / hypercapnea
☐	Azotemia

Reporting Checklist to Accepting AcuteHospital

HEALTH STATUS	
☐	**Vitals:**
☐	Current and trend of BP, HR, Temp, RR and Pulse ox
☐	**Respiratory Needs: O2**
☐	Nasal cannula
☐	BiPAP/CPAP
☐	Chronic Ventilator
☐	**Baseline Mental Status and Current Mental Status**

MOST RECENT LABS AND RADIOLOGY	
☐	CBC, BMP
☐	EKG
☐	Radiology exam reports

MEDICATIONS	
☐	Current PO Medications
☐	IVs/drips
☐	Respiratory treatments

ADVANCED DIRECTIVES STATUS	
☐	Discussion of Hospice if occurred
☐	Verify patient wants hospital transfer

COVID 19 STATUS	
☐	COVID-19 testing status:
☐	COVID-19 quarantine or isolation status:

TOOL 7: Hospital Discharge to Nursing Facility Checklist

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	
☐	Obtain and verify residence and patient's ability to return to residence
☐	Verify contact number for patient as well primary support person
VERIFY STABILIZATION OF CLINICAL CONDITION	
☐	Clinically Stable
☐	Temp > 95 - < 100
☐	SBP > 90 - < 160
☐	HR > 50 - < 110
☐	RR > 14 - < 22
☐	Pulse Ox >92% on RA for oxygen naïve patients; otherwise O2 <4L/nc unless prior baseline O2 needs.
☐	Mental status stable or at baseline >24 hours
☐	Confirm with medical provider and bedside RN that patient is able to adhere to appropriate infection control guidance and ADLs with the available support at home/in facility.
☐	Verify lab values stable and any required lab follow up: Test_____ Date_____
COMMUNICATION CHECKLIST TO ACCEPTING SKILLED NURSING FACILITY	
☐	**Vitals:** current trend of BP, HR, Temp, RR, and Pulse ox
☐	**Respiratory needs:** O2, NC, BiPAP, CPAP, chronic ventilator
☐	**Most recent labs and radiology:** CBC, BMP, EKG, radiology, exam reports
☐	**Medications:** current PO meds, IV's'/drips, respiratory treatments
☐	Resuscitation Status; Discussion of Hospice if occurred – verify patient wants hospital transfer
☐	Baseline Mental Status and Current Mental Status
☐	Isolation status

STATUS OF COVID-19 TESTING	
☐	Date of onset of symptoms_____
☐	Date of initial positive test (if done)_____
☐	If no repeat COVID-19 testing, date patient met all of the following criteria_____ ϒ 10 days since symptom onset ϒ 3 days of no fever without antipyretics ϒ 3 days of stable respiratory status
☐	Dates of subsequent negative tests (if done): Date_____ Date_____
FOR NON-COVID-19 PATIENTS - INFECTION CONTROL	
☐	Communicate with patient and care partners: COVID status, isolation and PPE requirements
☐	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	
☐	Oxygen
☐	DME
☐	Additional nursing services
MEDICATIONS	
☐	Review medication list
☐	Ensure a 30-day supply of each medication
CLINICIAN FOLLOW-UP	
☐	Verify date and time of specialist follow up
☐	Verify date and time of primary care follow up
DISCHARGE LOGISTICS – RECEIVING SITE	
☐	Patient transportation arranged food
☐	Patient dietary needs addressed (special food, supplements, etc.)
☐	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	
☐	Set a schedule with times for waking up, preparing for the day, meals & snacks, activities, bedtime.
☐	Get information about COVID-19 from a trusted source, but avoid excessive media coverage.
ADOPT SOME OF THESE ACTIVITIES TO FILL THE DAY	
☐	Connect with family and friends via video chat, phone calls, or writing cards and letters.
☐	Practice meditation. Take deep breaths or focus on a word or sentence.
☐	Listen to soothing music.
☐	Do arts and crafts – painting, coloring, puzzles, word and number games.
☐	Read a book or magazine.
☐	Take a walk or do gentle exercises or stretches.
☐	Play a card game by yourself.
☐	Explore new hobbies.
☐	Start a journal. Write poetry or a short story.
☐	Watch a movie.

Additional Guidance:

1. 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)

2. COVID Care Line: 1-800-720-9616, toll-free emotional support service.

3. The Staying Connected line for those over 60 years of age provides a daily check-in and support by ODA for those not in facilities: 1-833-632-2424 (1-833- ODA CHAT)

Adapted from the Ohio Department of Mental Health and Addiction Services' *Tips for Keeping Residents Engaged* handout.

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.

☐	Encourage residents to stay in touch with family and friends by helping them set up video chat, phone calls, or writing cards and letters.
☐	Play games over the intercom with residents: • 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.
☐	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).
☐	Read a book or sing a song over the intercom.
☐	Organize individual arts and crafts activities for residents – painting, coloring, puzzles, word or number games.
☐	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.
☐	Ask residents to share what they are thankful for. Share these with others (especially if thankful for staff!)
☐	Encourage residents to participate in meditation, walks, or other forms of gentle movement or stretches.
☐	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.
☐	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.
3. COVID Care Line: 1-800-720-9616, toll-free emotional support service.

Adapted from the Ohio Department of Mental Health and Addiction Services' *Tips for Keeping Residents Engaged* handout.

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?
☐	**Emotional** ☐ Irritability, feeling numb or detached ☐ Feeling overwhelmed or maybe hopeless ☐ Lack of feeling or empathy or impersonal response toward one's patients
☐	**Self-esteem** ☐ Feeling a lack of personal achievement, general worsening of self-confidence
☐	**Physical** ☐ Muscle tension, headaches, stomach pain, racing heart and sweating ☐ Low energy or fatigue ☐ Restless, on edge or agitated
☐	**Behavioral** ☐ Changing your routine or engaging in self-destructive coping mechanisms ☐ Eating poorly and poor sleep (too much or not enough) ☐ Using substances
☐	**Professional** ☐ Experiencing low performance of job tasks and responsibilities ☐ Feeling low job morale ☐ Expressing cynicism or a negative attitude toward one's patients
☐	**Cognitive** ☐ Experiencing confusion, diminished concentration and difficulty with decision-making/easily distracted ☐ Experiencing trauma imagery – seeing events over-and-over again
☐	**Spiritual** ☐ Questioning the meaning of life or lacking self-satisfaction
☐	**Interpersonal** ☐ Physically withdrawing or becoming emotionally unavailable to co-workers or family ☐ Strained personal relationships or marriages

Source: Adapted from COVID-19 Provider Stress handout. Ohio Department of Mental Health and Addiction Services.

TOOL 9: Tips for Staff Social and Emotional Wellbeing

WHAT CAN YOU DO?	
☐	**Follow a healthy lifestyle.** ☐ Eat healthy foods and exercise regularly ☐ Practice good sleep hygiene and make time for rest and relaxation on a regular basis ☐ Avoid substance use
☐	**Make wellness part of your everyday life**. *Prioritize emotional health to improve resilience and manage stress*: ☐ Exercise, spend time with yourself, or do mindfulness exercises ☐ Deep breathing can alleviate feelings of stress and regulate your body ☐ Do meditation or yoga
☐	**Schedule annual checkups.**
☐	**Connect with friends and family**. ☐ 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.
☐	**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. *Mental health treatment is effective and it's for everyone regardless of age, profession or background.*

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.

COVID Care Line: 1-800-720-9616, toll-free emotional support service.

Source: Adapted from COVID-19 Provider Stress handout. Ohio Department of Mental Health and Addiction Services.

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 or equivalent 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:
- *Shoe and hair coverings not required*

COVID-19 +
Confirmed or Probable

- **Mask:** N95 or equivalent 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
- *Shoe and hair coverings not required*

*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 face mask 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; *shoe and hair coverings not required*

COVID-19 +
Confirmed or Probable

- **Mask:** surgical/medical facemask, extended use/re-use all shift*
  - N95 or equivalent 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
- *Shoe and hair coverings not required*

*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.

Source: Centers for Disease Control and Prevention. COVID-19 in a Long-Term Care Facility – King County, Washington, February 27 – March 9, 2020. MMWR 2020; 69 (March 18, 2020): 1-4.

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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.

Source: Centers for Disease Control and Prevention. COVID-19 in a Long-Term Care Facility – King County, Washington, February 27 – March 9, 2020. MMWR 2020; 69 (March 18, 2020): 1-4.

Coronavirus Disease 2019: Contingency and Crisis Facility Staffing Guidance

Ohio Department of Health

Covid-19 Test Status		Staff Symptoms		Staff Exposure (by Contact Tracing)		Infection Control Guidance	Return to Work (RTW) Guidance	Subject to Staff Mitigation Tier
Test		Symptoms		Exposed				
+		+		N/A		**Isolation* x 10 days (10/1/1 rule)**	**After 10 days from date of first symptoms (10/1/1 rule)**	3
+			-	N/A		**Isolation* x 10 days from date + test collected**	**After 10 days from date + test collected**	3
	-	+		+		**Begin quarantine* x 14 days** from date of last known exposure; Self-monitor **Arrange for medical evaluation** for potential alternate diagnosis/ symptom management **Consider a repeat test in 5 days**, particularly if symptoms persist or are not explained by another diagnosis	**After 14 days of quarantine** (if no repeat testing done) **If repeat testing done:** • If test negative, may RTW when symptoms resolved per HR policies (as for non-COVID conditions) • If test positive, RTW 10 days from date of first symptoms (10/1/1 rule) • Mask for 14 days from first symptoms (during breaks, etc, to protect other employees)	3
	-	+			-	**Quarantine-like monitoring* x 10 days from date of first symptom**; Self-monitor **Arrange for medical evaluation** for potential alternate diagnosis/symptom management **Consider a repeat test in 5 days**, particularly if symptoms persist or are not explained by another diagnosis	**After 10 days of quarantine-like monitoring** (if no repeat testing done) **If repeat testing done:** • If test negative, may RTW when symptoms resolved per HR policies (as for non-COVID conditions) • If test positive, RTW 10 days from date of first symptoms (10/1/1 rule) • Mask for 14 days from first symptoms (during breaks, etc, to protect other employees)	3
	-		-	+		**Quarantine x 14 days, but may work if remains asymptomatic**	Follow policies for universal employee screening and mask use and diligent handwashing Mask for 14 days after exposure event (during breaks, etc, to protect other employees)	2
	-		-		-	**No quarantine required**	Follow policies for universal employee screening and mask use and diligent handwashing	1

Note: Asypmtomatic personnel may work while awaiting test results. Repeat testing assesses if first test was a false negative or done during incubation period. This guidance is relevant for all Health Care Personnel and potentially exposed staff and individuals not directly involved in patient care e.g. (clerical, food & laundry service) as described by cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html. Please note: Potential exposures can occur when personnel come within 6 feet of an infected person for at least 15 minutes or during performance of an aerosol-generating procedure or from direct contact with infectious secretions while not wearing recommended PPE.

CDC Definitions

Isolation:
Isolation is used to separate people infected with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected. People who are in isolation should stay home until it's safe for them to be around others. In the home, anyone sick or infected should separate themselves from others by staying in a specific "sick room" or area and using a separate bathroom (if available).

Quarantine:
Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Quarantine helps prevent spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. People in quarantine should stay home, separate themselves from others, monitor their health, and follow directions from their state or local health department.
cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html

10/1/1 rule:

- 10 days have passed since symptoms first appeared **AND**
- 1 day (24 hours) have passed without fever without the use of fever-reducing medications (anti-pyretics) **AND**
- 1 day of improvement in respiratory symptoms
  - » A limited number of persons with severe illness may produce replication-competent 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.
- cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html

Mitigation of Personnel Shortage Tiers:

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Tier 1

- All wear face masks; wash hands before and after patient contact or touching mask/face
- Standard precautions (gown and glove with contact with blood and body fluids)
- All personnel get temperature and symptom checks prior to shift

Tier 2: Must complete everything in Tier 1 in addition to the following:

Allow asymptomatic health care professionals (HCP) who have had an unprotected exposure to SARS-CoV-2 (the virus that causes COVID-19), but are not known to be infected, to continue to work.

- A face mask, instead of a cloth face covering, should be used by these HCP for source control while in the facility and must be worn for 14 days after the exposure event.
- If HCP develop even mild symptoms, they must cease patient care activities, notify their supervisor and arrange testing

Tier 3: Must complete everything in Tier 1 and Tier 2 in addition to the following:

If shortages continue despite other mitigation strategies, allow HCP with suspected or confirmed COVID-19 who are well enough to work but have not met all Return to Work Criteria to work. If HCP are allowed to work before meeting all criteria, they should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) and facilities should consider prioritizing their duties in the following order:

- If not already done, allow HCP with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other HCP).
- Allow HCP with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
- Allow HCP with confirmed COVID-19 to provide direct care for patients with suspected COVID-19.
- **As a last resort, allow HCP with confirmed COVID-19 to provide direct care for patients without suspected or confirmed COVID-19. This must be communicated to the local hospital and health district coalition partners and other members of the Congregate Care Unified Response Team BEFORE implementing this mitigation strategy in the event that additional resources may be garnered.**

If HCP are permitted to return to work before meeting all Return to Work Criteria, they should still: Self-monitor for symptoms (seeking re-evaluation if symptoms recur or worsen) and wear a face mask for source control at all times while in the healthcare facility, even in non-patient areas such as break rooms.

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

HCP should be reminded that in addition to potentially exposing patients, they could also expose their co-workers. If they must remove their face mask, for example, in order to eat or drink, they should separate themselves from others.

Note: CDC guidance for COVID-19 may be adapted by states to respond to rapidly changing local circumstances