



Department of Public Health

MAYOR
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Nursing Home Education Task Force Multi-Purpose Center April 13, 2020

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Nursing and other senior facilities now will have access to ask questions or request TA via email: Provider_consultation@elpasotexas.gov

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What you need to know about coronavirus disease 2019 (COVID-19)

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the United States. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Learn more about places with ongoing spread at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic>.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath

What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled from an area with ongoing spread of COVID-19?

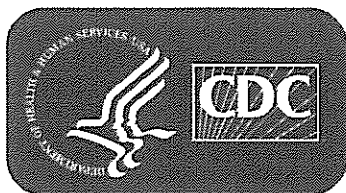
If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.



COVID-19 Information for Older Adults and Those With Underlying Health Conditions

Seniors, older adults, and those with underlying health conditions may be at higher risk for adverse health complications if they contract this virus. If COVID-19 becomes present in our community, any new recommendations for seniors, older adults, and those with underlying health conditions will be provided through all of our communications channels, including this website, and through our community partners and local news media.

To prevent the spread of any illness, we recommend that everyone in our community follow these guidelines:

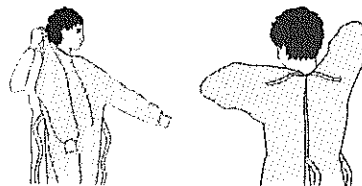
- Wash hands often with warm soapy water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your coughs and sneezes. Cough into your sleeve or a tissue, then wash hands.
- Stay home when sick or not feeling well.
- We care about the health of all of our community members. We may recommend that seniors, older adults, and those with underlying health conditions stay at home and away from other people if COVID-19 becomes present in our community. Preparing for this possibility requires some pre-planning:
- Make sure you can contact your regular healthcare provider when you need advice. Please keep in mind that they will likely be very busy if the virus is circulating so try to anticipate your needs.

SEQUENCE FOR DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required; e.g., Standard and Contact, Droplet or Airborne Infection Isolation.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



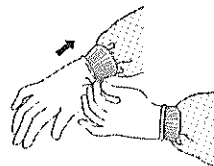
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



SECUENCIA PARA PONERSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)

El tipo de PPE que se debe utilizar depende del nivel de precaución que sea necesario; por ejemplo, equipo Estándar y de Contacto o de Aislamiento de infecciones transportadas por gotas o por aire.

1. BATA

- Cubra con la bata todo el torso desde el cuello hasta las rodillas, los brazos hasta la muñeca y dóblela alrededor de la espalda
- Atesela por detrás a la altura del cuello y la cintura

2. MÁSCARA O RESPIRADOR

- Asegúrese los cordones o la banda elástica en la mitad de la cabeza y en el cuello
- Ajustese la banda flexible en el puente de la nariz
- Acomódesela en la cara y por debajo del mentón
- Verifique el ajuste del respirador

3. GAFAS PROTECTORAS O CARETAS

- Colóquesela sobre la cara y los ojos y ajústela

4. GUANTES

- Extienda los guantes para que cubran la parte del puño en la bata de aislamiento

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

UTILICE PRÁCTICAS DE TRABAJO SEGURAS PARA PROTEGERSE USTED MISMO Y LIMITAR LA PROPAGACIÓN DE LA CONTAMINACIÓN

- Mantenga las manos alejadas de la cara
- Limite el contacto con superficies
- Cambie los guantes si se rompen o están demasiado contaminados
- Realice la higiene de las manos

SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)

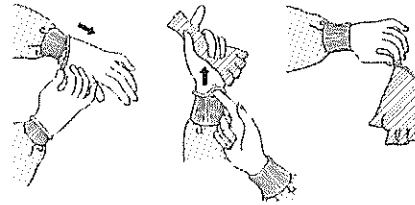
SECUENCIA PARA QUITARSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)

Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.

Con la excepción del respirador, quítese el PPE en la entrada de la puerta o en la antesala. Quítese el respirador después de salir de la habitación del paciente y al cerrar la puerta.

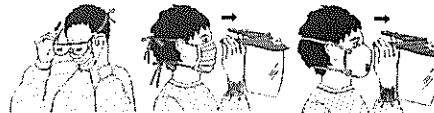
1. GLOVES

- Outside of gloves is contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first gloved
- Discard gloves in waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield is contaminated!
- To remove, handle by head band or ear pieces
- Place in designated receptacle for reprocessing or in waste container



3. GOWN

- Gown front and sleeves are contaminated!
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- Grasp bottom, then top ties or elastics and remove
- Discard in waste container



1. GUANTES

- ¡El exterior de los guantes está contaminado!
- Agarre la parte exterior del guante con la mano opuesta en la que todavía tiene puesto el guante y quíteselo
- Sostenga el guante que se quitó con la mano enguantada
- Deslice los dedos de la mano sin guante por debajo del otro guante que no se ha quitado todavía a la altura de la muñeca
- Quítese el guante de manera que acabe cubriendo el primer guante
- Arroje los guantes en el recipiente de desechos

2. GAFAS PROTECTORAS O CARETA

- ¡El exterior de las gafas protectoras o de la careta está contaminado!
- Para quitárselas, tómelas por la parte de la banda de la cabeza o de las piezas de las orejas
- Colóquelas en el recipiente designado para reprocessar materiales o de materiales de deshecho

3. BATA

- ¡La parte delantera de la bata y las mangas están contaminadas!
- Desate los cordones
- Tocando solamente el interior de la bata, pásela por encima del cuello y de los hombros
- Voltee la bata al revés
- Dóblela o enróllela y deséchela

4. MÁSCARA O RESPIRADOR

- La parte delantera de la máscara o respirador está contaminada — ¡NO LA TOQUE!
- Primero agarre la parte de abajo, luego los cordones o banda elástica de arriba y por último quítese la máscara o respirador
- Arrójela en el recipiente de desechos



PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE

EFECTÚE LA HIGIENE DE LAS MANOS INMEDIATAMENTE DESPUÉS DE QUITARSE CUALQUIER EQUIPO DE PROTECCIÓN PERSONAL



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-14-NH

DATE: March 13, 2020

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (*REVISED*)

Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.
- **Guidance for Infection Control and Prevention of COVID-19** - CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, *including revised guidance for visitation.*
- **Coordination with the Centers for Disease Control (CDC) and local public health departments** - We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>).

Background

The Centers for Medicare & Medicaid Services (CMS) is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus.

Guidance

Facility staff should regularly monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent

monitoring for potential symptoms of respiratory infection as needed throughout the day. Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information about some specific areas related to COVID-19:

Guidance for Limiting the Transmission of COVID-19 for Nursing Homes

For ALL facilities nationwide:

Facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only. Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.). Note: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a governor's executive order, a facility would not be out of compliance with CMS' requirements. In this case, surveyors would still enter the facility, but not cite for noncompliance with visitation requirements.

For individuals that enter in compassionate situations (e.g., end-of-life care), facilities should require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks. Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.

Exceptions to restrictions:

- *Health care workers: Facilities should follow CDC guidelines for restricting access to health care workers found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>. This also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians, that provide care to residents. They should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers. Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>).*
- *Surveyors: CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to*

transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever.

Additional guidance:

- 1. Cancel communal dining and all group activities, such as internal and external group activities.*
- 2. Implement active screening of residents and staff for fever and respiratory symptoms.*
- 3. Remind residents to practice social distancing and perform frequent hand hygiene.*
- 4. Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home.*
- 5. For individuals allowed in the facility (e.g., in end-of-life situations), provide instruction, before visitors enter the facility and residents' rooms, provide instruction on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Facilities should communicate through multiple means to inform individuals and non-essential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.*
- 6. Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.*
- 7. Facilities should review and revise how they interact vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors if needed, as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions.*
- 8. In lieu of visits, facilities should consider:*
 - a) Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).*
 - b) Creating/increasing listserv communication to update families, such as advising to not visit.*
 - c) Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.*
 - d) Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.*
- 9. When visitation is necessary or allowable (e.g., in end-of-life scenarios), facilities should make efforts to allow for safe visitation for residents and loved ones. For example:*
 - a) Suggest refraining from physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging, and remaining six feet apart.*
 - b) If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with*

visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.

- c) Residents still have the right to access the Ombudsman program. Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a case by case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).

10. Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?

Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

Please check the following link regularly for critical updates, such as updates to guidance for using PPE: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?

A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19. Information on the duration of infectivity is limited, and the interim guidance has been

developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

Note. Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).

Other considerations for facilities:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs), *reinforce strong hand-hygiene practices*, tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, resident check-ins, etc.
 - Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

Will nursing homes be cited for not having the appropriate supplies?

CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.

What other resources are available for facilities to help improve infection control and prevention?

CMS urges providers to take advantage of several resources that are available:

CDC Resources:

- Infection preventionist training: <https://www.cdc.gov/longtermcare/index.html>
- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC Updates: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- Information on affected US locations: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

CMS Resources:

- Guidance for use of Certain Industrial Respirators by Health Care Personnel: <https://www.cms.gov/files/document/qso-20-17-all.pdf>
- Long term care facility – Infection control self-assessment worksheet: https://qsep.cms.gov/data/252/A_NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Infection control toolkit for bedside licensed nurses and nurse aides (“Head to Toe Infection Prevention (H2T) Toolkit”): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment>
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

Contact: Email DNH_TriageTeam@cms.hhs.gov

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/

David R. Wright

cc: Survey and Operations Group Management

CITY OF EL PASO DEPARTMENT OF PUBLIC HEALTH

GUIDANCE FOR ASSISTED LIVING FACILITIES, RETIREMENT COMMUNITIES AND NURSING HOMES.

Current guidance from the City of El Paso Department of Public Health (DPH) is adopted from recommendations from the Centers for Disease Control (CDC) and is aimed at preventing the spread of COVID-19 among current resident of those institutions considered to be high-risk of developing severe complications from COVID-19 infection.

The City of El Paso DPH recommends that Assisted Living Facilities (ALF), Nursing Homes (NH) and Retirement Homes/Communities (RC) implement the following guidelines as applicable:

Personal Hygiene and Cleaning

- Reinforce adherence to infection prevention and control measures, including hand hygiene.
- Train staff on healthy hygiene practices.
- Ensure adequate cleaning and disinfection supplies (e.g., Environmental Protection Agency (EPA) registered disinfection products, soap, paper towels, hand sanitizer, tissue) to support healthy hygiene practices.
- Ensure handwashing strategies include washing with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing their nose, coughing, or sneezing. Staff may also use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Provide EPA-registered disposable wipes so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be wiped down several times a day.
- Clean and disinfect common spaces daily, giving special attention to high-touch surfaces, including, but not limited to, door handles, faucets, toilet handles, light switches, elevator buttons, handrails, countertops, chairs, tables, remote controls and shared electronic equipment.
- Environmental cleaning and disinfection:
 - Make sure that EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.
 - Refer to [List of approved](#) EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

Infection Control Protocols

- Make necessary Personal Protective Equipment (PPE) available in areas where resident care is provided.

- Put a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room, or before providing care for another resident in the same room.
- Facilities should have supplies of:
 - facemasks
 - respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP)
 - gowns
 - gloves
 - eye protection (i.e., face shield or goggles).
- Provide adequate personal protective equipment (PPE) and educate staff on its proper use. Have Health Care Personnel (HCP) demonstrate competency with putting on and removing PPE.
- Require staff to stay home when sick, even without documentation from doctors. Use flexibility, when possible, to allow staff to stay home to care for sick family or household members or care for children in the event of school dismissals. Develop flexible telework policies as appropriate.
- Respiratory hygiene and cough etiquette:
 - Make tissues and facemasks available for staff and residents.
 - Consider designating staff to steward those supplies and encourage appropriate use by residents and staff.

Education of residents and families:

- Provide appropriate information about COVID-19 prevention.
- Inform of actions the facility is taking to protect them and their loved ones, including visitor restrictions.
- Educate on actions residents and their families can take to protect themselves in the facility and at home.

Because of the ease of spread and the severity of illness that occurs in residents with COVID-19, the following actions should be implemented immediately by ALF, NH, RC:

- **NO** visitors will be allowed in the facility and **should immediately restrict all visitation** to their facilities except certain compassionate care situations, such as end of life situations.
- Use of alternative methods for visitation (e.g., video conferencing) should be encouraged by the facility. Send letters or emails to families advising them of the policy or may post signs at the entrances to the facility.

- Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor for fever or respiratory symptoms.
 - Those with symptoms **should not** be permitted to enter the facility.
 - Those visitors that are permitted must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility.
 - They should also be reminded to frequently perform hand hygiene.
- **All staff** should always be wearing facemasks while in the facility.
- Staff should **wear gloves** when interacting with residents.
- Staff should observe and be allowed to perform frequent handwashing.
- Staff and residents should observe social distancing.
- **Cancel all public or non-essential group activities and events.**
- For essential group activities that cannot be canceled, implement the following social distancing measures:
 - Alter schedules to reduce mixing (e.g., stagger meal, activity, arrival/departure times)
 - Limit programs with external staff.
 - Limit the number of attendees at a given time to fewer than ten people and ask participants to maintain a distance of at least six feet from one another.
 - Place chairs and tables at least 6 feet apart during communal dining or similar events.
- Reinforce sick leave policies. Remind HCP not to report to work when ill.
- Conduct health checks of all employees at beginning of shift and at end of shift checking temperature and any symptoms such as cough, runny nose, problems breathing, lack of smell, body aches, malaise, etc. Any employee exhibiting these symptoms should be sent home and allowed to return to work when symptoms are not present and COVID-19 negative or released from isolation by DPH if COVID-19 positive.

When a COVID-19 case has been confirmed in an ALF, NH or RH or any of these facilities receive a resident COVID-19 positive from an acute care institution or other place of residence.

Local health officials will help determine the appropriate course of action for risk assessment and public health management in the facility or community.

Owners, administrators and operators should follow these additional measures to help prevent further spread of COVID-19:

- **Contact local health officials** immediately upon learning that a resident, worker, or volunteer, of the retirement community has COVID-19 either from testing at private laboratory or other screening done for COVID-19.
 - **Communicate with residents, workers, volunteers, and family members.**
 - In coordination with local health officials, communicate the possible COVID-19 exposure to all residents and workers, volunteers, and visitors. This can be done by placing signage in common areas and entrances/exits and by letter to all residents. Residents could be advised to inform their recent personal visitors of potential exposure.
 - Maintain confidentiality as required by the Americans with Disabilities Act (ADA) and Health Insurance Portability and Accountability Act (HIPAA).
 - Messages should attempt to counter potential stigma and discrimination.
 - Isolate resident in individual room with private bathroom x 14 days and conduct daily monitor of symptoms at least twice daily checking temperature, respiratory symptoms such as runny nose, cough, lack of smell or taste; body aches, gastrointestinal symptoms. If any of these symptoms consult with resident primary care physician. For severe symptoms/signs such as problems breathing, bluish discoloration of lips call 911.
 - Notify the DPH about any clusters of residents or workers with respiratory illness (e.g., 3 or more persons with onset of respiratory symptoms within 72 hours).
 - If employee or volunteer is positive to COVID-19, staff is to isolate at home and facility should follow guidance from DPH to terminate isolation and determination of when staff can return to work.
 - All resident should have health checks twice daily for temperature, problems breathing, respiratory symptoms, muscle aches, changes in mental status, etc. This is to be carried out x 14 days from initial diagnosis of resident or staff member.
 - All group activities shall be canceled.
 - Meals should be served individually at each resident room.
 - Staff should wear appropriate PPE (gloves, N95 mask, Gown and goggles or face shield) when assisting resident who is a confirmed case of COVID-19 with activities of daily living.
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OFFICE OF CHEMICAL SAFETY AND POLLUTION PREVENTION

**List N: EPA's Registered Antimicrobial Products for Use Against
Novel Coronavirus SARS-CoV-2, the Cause of COVID-19**

Date: 03/03/2020

An individual pesticide product may be marketed and sold under a variety of names. If you are seeking additional information about a pesticide product, refer to the EPA Registration Number (EPA Reg. No.), found on the product label, not the brand name. When purchasing a product for use against a specific pathogen, check the EPA Reg. No. versus the products included on this list.

All EPA-registered pesticides must have an EPA Registration Number. Alternative brand names have the same EPA Reg. No. as the primary product. The EPA Reg. No. of a primary product consists of two set of numbers separated by a hyphen, for example EPA Reg. No. 12345-12. The first set of numbers refers to the company identification number, and the second set of numbers following the hyphen represents the product number.

In addition to primary products, distributors may also sell products with identical formulations and identical efficacy as the primary products. Although distributor products frequently use different brand names, you can identify them by their three-part EPA Reg. No. The first two parts of the EPA Reg. No. match the primary product, plus a third set of numbers that represents the Distributor ID number. For example, EPA Reg. No. 12345-12-2567 is a distributor product with an identical formulation and efficacy to the primary product with the EPA Reg. No. 12345-12.

Information about listed products is current as indicated by the dates on this list. If you would like to review the product label information for any of these products, please visit our [product label system](#). Inclusion on this list does not constitute an endorsement by EPA.

RTU- Ready-to-Use



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Registration Number	Product Name	Company	Formulation Type
<u>47371-129</u>	FORMATION HWS-256	H&S CHEMICALS DIVISION OF LONZA, LLC	DILUTABLE
<u>47371-130</u>	FORMATION HWS-128	H&S CHEMICALS DIVISION OF LONZA, LLC	DILUTABLE
<u>47371-131</u>	HWS-64	H&S CHEMICALS DIVISION OF LONZA, LLC	DILUTABLE
<u>47371-192</u>	FORMATION HWS-32	H&S CHEMICALS DIVISION OF LONZA, LLC	DILUTABLE
<u>56392-7</u>	Clorox Healthcare® Bleach Germicidal Cleaner Spray	Clorox Professional Products Company	RTU
<u>5813-105</u>	Clorox Multi Surface Cleaner + Bleach	The Clorox Company	RTU
<u>5813-110</u>	Clorox Pet Solutions Advanced Formula Disinfecting Stain & Odor Remover	The Clorox Company	RTU
<u>5813-111</u>	Clorox Disinfecting Bleach2	The Clorox Company	DILUTABLE
<u>5813-114</u>	Clorox Performance Bleach1	The Clorox Company	DILUTABLE
<u>5813-115</u>	Clorox Germicidal Bleach3	The Clorox Company	RTU
<u>5813-21</u>	Clorox Clean Up Cleaner + Bleach	The Clorox Company	RTU
<u>5813-40</u>	Clorox Disinfecting Bathroom Cleaner	The Clorox Company	RTU
<u>5813-79</u>	Clorox Disinfecting Wipes	The Clorox Company	WIPE
<u>5813-89</u>	Clorox Toilet Bowl Cleaner with Bleach	The Clorox Company	RTU
<u>63761-10</u>	STERILEX ULTRA STEP	STERILEX	DILUTABLE
<u>63761-8</u>	STERILEX ULTRA DISINFECTANT	STERILEX	DILUTABLE



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Registration Number	Product Name	Company	Formulation Type
<u>67619-33</u>	Clorox Commercial Solutions® Clorox® Disinfecting Biostain & Odor Remover	Clorox Professional Products Company	RTU
<u>67619-37</u>	Clorox Healthcare® VersaSure® Wipes	Clorox Professional Products Company	WIPE
<u>67619-38</u>	CloroxPro™ Clorox Total 360® Disinfecting Cleaner1	Clorox Professional Products Company	RTU
<u>6836-140</u>	LONZA FORMULATION S-21F	LONZA, LLC	DILUTABLE
<u>6836-152</u>	LONZA FORMULATION DC-103	LONZA, LLC	RTU
<u>6836-266</u>	BARDAC 205M-10	LONZA, LLC	DILUTABLE
<u>6836-278</u>	BARDAC 205M-14.08	LONZA, LLC	DILUTABLE
<u>6836-289</u>	BARDAC 205M RTU	LONZA, LLC	RTU
<u>6836-289</u>	BARDAC 205M RTU	LONZA, LLC	RTU
<u>6836-302</u>	BARDAC 205M-2.6	LONZA, LLC	DILUTABLE
<u>6836-305</u>	BARDAC 205M-23	LONZA, LLC	DILUTABLE
<u>6836-313</u>	LONZA DISINFECTANT WIPES	LONZA, LLC	WIPE
<u>6836-340</u>	LONZA DISINFECTANT WIPES PLUS 2	LONZA, LLC	WIPE
<u>6836-349</u>	LONZAGARD RCS-256 PLUS	LONZA, LLC	DILUTABLE
<u>6836-361</u>	NUGEN MB5A-256	LONZA, LLC	DILUTABLE
<u>6836-364</u>	NUGEN MB5N-256	LONZA, LLC	DILUTABLE
<u>6836-365</u>	NUGEN MB5N-128	LONZA, LLC	DILUTABLE
<u>6836-70</u>	BARDAC 205M-7.5	LONZA, LLC	DILUTABLE
<u>6836-75</u>	LONZA FOUMLATION S-21	LONZA, LLC	DILUTABLE



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Registration Number	Product Name	Company	Formulation Type
<u>6836 77</u>	LONZA FORMULATION S- 18	LONZA, LLC	DILUTABLE
<u>6836 78</u>	LONZA FORMULATION R- 82	LONZA, LLC	DILUTABLE
<u>70627-24</u>	VIREX™ II / 256	Diversey, Inc.	DILUTABLE
<u>70627 56</u>	OXIVIR Tb	Diversey, Inc.	RTU
<u>70627 58</u>	OXY TEAM™ DISINFECTANT CLEANER	Diversey, Inc.	DILUTABLE
<u>70627 60</u>	OXIVIR™ WIPES	Diversey, Inc.	WIPE
<u>70627-72</u>	Avert Sporicidal Disinfectant Cleaner	Diversey, Inc.	DILUTABLE
<u>70627-74</u>	OXIVIR 1	Diversey, Inc.	RTU
<u>70627-77</u>	Oxivir 1 Wipes	Diversey, Inc.	WIPE
<u>71847-6</u>	KLORSEPT	MEDENTECH LTD	DILUTABLE
<u>71847-7</u>	KLORKLEEN 2	MEDENTECH LTD	DILUTABLE
<u>777-127</u>	LYSOL® DISINFECTANT MAX COVER MIST	RECKITT BENCKISER	RTU
<u>777-132</u>	LYSOL BRAND POWER PLUS TOILET BOWL CLEANER	RECKITT BENCKISER	RTU
<u>777-70</u>	LYSOL BRAND CLING & FRESH TOILET BOWL CLEANER	RECKITT BENCKISER	RTU
<u>777-81</u>	LYSOL BRAND LIME & RUST TOILET BOWL CLEANER	RECKITT BENCKISER	RTU
<u>777-83</u>	LYSOL BRAND BLEACH MOLD AND MILDEW REMOVER	RECKITT BENCKISER	RTU
<u>777-89</u>	LYSOL BRAND CLEAN & FRESH	RECKITT BENCKISER	DILUTABLE



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NEWS
RELEASE

03 / 26 / 2020
El Paso, Texas

Drive-Thru COVID-19 Specimen Collection Moves into Phase II Seniors with Symptoms Targeted

This morning the Department of Public Health announced that the drive-thru COVID-19 specimen collection site will collect specimens of seniors 65 years of age or older who have a temperature of 99.6 F or higher.

"We are moving into the second phase of our testing and are now focusing our efforts on members of our community who may belong to high risk groups and could be more seriously affected by the disease," said Dr. Hector Ocaranza, El Paso City/County Health Authority.

No doctor laboratory order is needed for seniors to have their specimens collected but they must meet the criteria of having a temperature of 99.6 F or higher. The testing is free and requires no insurance coverage.

Seniors can make an appointment by calling (915) 494-0982 during operational hours of Monday thru Friday from 7am – 3pm. Location of the collection specimen drive-thru site will be provided when the appointment is made. Participants should not take any fever reducing medications prior to their appointment.

The process to have samples collected will follow the previously described scenario and media **will not** be allowed to visit the site to maintain the safety of everyone involved.

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NOVEL CORONAVIRUS "COVID-19"

Frequently Asked Questions and Answers

Coronavirus Disease 2019 Basics

What is a novel coronavirus?

A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

A diagnosis with coronavirus 229E, NL63, OC43, or HKU1 is not the same as a COVID-19 diagnosis. Patients with COVID-19 will be evaluated and cared for differently than patients with common coronavirus diagnosis.

Why is the disease being called coronavirus disease 2019, COVID-19?

On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV".

There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans. The name of this disease was selected following the World Health Organization (WHO) best practice external icon for naming of new human infectious diseases.

What is the name of the virus causing the outbreak of coronavirus disease?

communicable disease, which is the span of time during which people have developed illness after exposure. For COVID-19, the period of quarantine is 14 days from the last date of exposure, because 14 days is the longest incubation period seen for similar coronaviruses. Someone who has been released from COVID-19 quarantine is not considered a risk for spreading the virus to others because they have not developed illness during the incubation period.

Can the virus that causes COVID-19 be spread through food, including refrigerated or frozen food?

Coronaviruses are generally thought to be spread from person-to-person through respiratory droplets. Currently there is no evidence to support transmission of COVID-19 associated with food. Before preparing or eating food it is important to always wash your hands with soap and water for 20 seconds for general food safety. Throughout the day wash your hands after blowing your nose, coughing or sneezing, or going to the bathroom.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging that are shipped over a period of days or weeks at ambient, refrigerated, or frozen temperatures.

Learn what is known about the [spread of COVID-19](#).

Will warm weather stop the outbreak of COVID-19?

It is not yet known whether weather and temperature impact the spread of COVID-19. Some other viruses, like the common cold and flu, spread more during cold weather months but that does not mean it is impossible to become sick with these viruses during other months. At this time, it is not known whether the spread of COVID-19 will decrease when weather becomes warmer. There is much more to learn about the transmissibility, severity, and other features associated with COVID-19 and investigations are ongoing.

What is community spread?

Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.

How to Protect Yourself

Am I at risk for COVID-19 in the United States?

This is a rapidly evolving situation and the risk assessment may change daily. The latest updates are available on CDC's Coronavirus Disease 2019 (COVID-19) website.

Has anyone in the United States gotten infected?

Yes. There have been cases of COVID-19 in the U.S. related to travel and person-to-person spread. U.S. case counts are updated regularly on Mondays, Wednesday, and Fridays. See the current U.S. case count of COVID-19.

How can I help protect myself?

Visit the COVID-19 Prevention and Treatment page to learn about how to protect yourself from respiratory illnesses, like COVID-19.

What should I do if I had close contact with someone who has COVID-19?

There is information for people who have had close contact with a person confirmed to have, or being evaluated for, COVID-19 available online.

Does CDC recommend the use of facemask to prevent COVID-19?

CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory illnesses, including COVID-19. You should only wear a mask if a healthcare professional recommends it. A facemask should be used by people who have COVID-19 and are showing symptoms. This is to protect others from the risk of getting infected. The use of facemasks also is crucial for health workers and other people who are taking care of someone infected with COVID-19 in close settings (at home or in a health care facility).

Am I at risk for COVID-19 from a package or products shipping from China?

There is still a lot that is unknown about the newly emerged COVID-19 and how it spreads. Two other coronaviruses have emerged previously to cause severe illness in people (MERS-CoV and SARS-CoV). The virus that causes COVID-19 is more genetically related to SARS-CoV than MERS-CoV, but both are betacoronaviruses with their origins in bats. While we don't know for sure that this virus will behave the same way as SARS-CoV and MERS-CoV, we can use the information gained from both of these earlier coronaviruses to guide us. In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from products or packaging that are shipped over a period of days or weeks at ambient temperatures. Coronaviruses are generally

For COVID-19, a negative test result for a sample collected while a person has symptoms likely means that the COVID-19 virus is not causing their current illness.

Healthcare Professionals and Health Departments

What should healthcare professionals and health departments do?

For recommendations and guidance on persons under investigation; infection control, including personal protective equipment guidance; home care and isolation; and case investigation, see [Information for Healthcare Professionals](#). For information on specimen collection and shipment, see [Information for Laboratories](#). For information for public health professional on COVID-19, see [Information for Public Health Professionals](#).

What CDC is Doing

What is CDC doing about COVID-19?

This is an emerging, rapidly evolving situation and CDC will continue to provide updated information as it becomes available. CDC works 24/7 to protect people's health. More information about [CDC's response to COVID-19](#) is available online.

COVID-19 and Animals

What about animals or animal products imported from China?

CDC does not have any evidence to suggest that animals or animal products imported from China pose a risk for spreading COVID-19 in the United States. This is a rapidly evolving situation and information will be updated as it becomes available. The U.S. Centers for Disease Control and Prevention (CDC), the U. S. Department of Agriculture (USDA), and the U.S. Fish and Wildlife Service (FWS) play distinct but complementary roles in regulating the importation of live animals and animal products into the United States. [CDC regulates](#) animals and animal products that pose a threat to human health, [USDA regulates](#) [external icon](#) animals and animal products that pose a threat to agriculture; and [FWS regulates](#) [external icon](#) importation of endangered species and wildlife that can harm the health and welfare of humans, the interests of agriculture, horticulture, or forestry, and the welfare and survival of wildlife resources.

animal should be examined by a veterinarian. Call your local veterinary clinic before bringing the animal into the clinic and let them know that the animal was recently in China.

Footnotes

1. Fever may be subjective or confirmed

2. Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case

— or —

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met”

See CDC’s updated [Interim Healthcare Infection Prevention and Control Recommendations for Persons Under Investigation for 2019 Novel Coronavirus](#).

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.