



COVID-19 Control Measures for Adult Care Facilities

April 17, 2020

What is COVID-19?

SARS-CoV-2, a novel coronavirus, was first identified as the cause of an outbreak of respiratory illness in Wuhan, Hubei Province, China in late 2019. There are several coronaviruses that can infect humans, all of which typically cause respiratory disease. (To eliminate potential for confusion with a different coronavirus, SARS-CoV, these FAQs refer to SARS-CoV-2 as “the virus that causes COVID-19” or “COVID-19”). In March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic due to the number of countries affected by its rapid spread.

What are the Symptoms of COVID-19?

COVID-19 can cause mild to severe respiratory illness. Common symptoms include fever, cough, and difficulty breathing. Some people don't experience any symptoms. Others may experience only mild symptoms or have vague symptoms of not feeling well. Older adults, people with underlying health conditions, and people with compromised immune systems are at higher risk of severe illness from this virus. The Centers for Disease Control and Prevention (CDC) believes that symptoms of COVID-19 begin between 2 and 14 days after exposure to someone with COVID-19.

Screening for Symptoms

- Check every **resident** at least once daily, and as needed, for **fever, cough, or difficulty breathing**.
 - “Fever” can be either **measured** with a thermometer or **reported** by the resident as feeling feverish. They might also report feeling chilled.
 - Any resident with a fever (measured or reported), cough, or difficulty breathing, should immediately be placed in a room by themselves (see isolation and quarantine instructions below).
 - Not all residents with COVID-19 will show the common symptoms. Additional symptoms include:
 - A decrease in activities of daily living;
 - Increased tiredness or fatigue; or
 - A change in level of mental function.
- When to seek medical attention
 - Remember, residents with mild symptoms (like a cold or flu) can often be cared for in their residences, even if they have a fever.
 - Do not transfer the resident to the Emergency Department solely because of a mild or moderate fever. The emergency symptoms listed below, and the resident's overall general condition, are more important indicators of when to seek emergency medical care.
 - Any resident who develops emergency warning signs for COVID-19 should seek immediate medical attention. Emergency warning signs include:
 - Trouble breathing;

- Persistent pain or pressure in the chest;
 - New confusion or inability to arouse; or
 - Bluish lips or face.
 - The list of emergency warning signs is not all inclusive. Please consult with the resident's medical provider for any other symptoms that are severe or concerning.
 - If experiencing any of the symptoms above, such information must be shared with the EMS provider before arrival.
- All **staff** must have their temperature taken and be screened for cough, difficulty breathing, or presence of any other respiratory symptoms (such as sore throat), at the start of each shift, and every 12 hours thereafter, while on duty.
 - Any **staff** with fever (greater than or equal to 100.0), cough, difficulty breathing, or other respiratory symptoms must be sent home immediately.
 - Refer to the New York State Department of Health guidance concerning protocols for personnel returning to work following COVID-19 exposure, available at <https://coronavirus.health.ny.gov/information-healthcare-providers>, when deciding when staff can return to work.

Isolation and Quarantine Instructions

- **“Isolation”** is when an individual who is sick is separated from others, to avoid spreading germs. People remain in isolation until they are no longer infectious. Isolation might be voluntary or might be based on a legal order from the local health department.
 - Residents who are **suspected or confirmed to have COVID-19** must be **isolated** in a room by themselves. Discuss with your local health department if you don't have enough private rooms to isolate ill residents.
 - A resident **confirmed** to have COVID-19 may share a room with another resident **confirmed** to have COVID-19, if single rooms are not available.
 - Residents **suspected** to have COVID-19 **should not** share a room with residents **confirmed** to have COVID-19, in case their illness is not COVID-19.
 - Residents **suspected** to have COVID-19 **should not** share a room with other residents **suspected** to have COVID-19, if possible, in case one of them has COVID-19 and the other does not. Discuss with your local health department if you don't have enough private rooms to isolate ill residents.
 - All residents on isolation should be given a surgical facemask and asked to wear it, if tolerated, anytime staff are in the room. This is called “source control”: the mask helps keep their respiratory secretions from getting into the air around them.
 - All staff entering the room of a resident on isolation should wear a facemask, gloves, gown, and eye protection (goggles or a face shield), if available. Discuss with your local health department if these items are not available.
- **“Quarantine”** is when a person who is unwell is separated from others, for a period of time, to prevent the spread of germs. Quarantine might be voluntary or might be based on a legal order from the local health department.
 - Any resident who has been in **“close contact”** with a person, or who has been coughed or sneezed on by someone who has been confirmed to have COVID-19, must be quarantined for 14 days.

- “**Close contact**” means:
 - Sharing the same household;
 - Direct physical contact;
 - Direct contact with infectious secretions of a COVID-19 case (e.g. being coughed on, touching use paper tissues with a bare hand); or
 - Being within 6 feet of a case for 10 minutes or more (e.g. room, car).
- Any **staff** who meet the criteria for “**close contact**” must be quarantined at home for 14 days. Exceptions to this rule should be discussed with the local health department or the NYS Department of Health if the person’s is an essential employee whose absence will adversely impact critical operations at the facility.

Hand Hygiene

- All **residents and staff** should frequently wash their hands with soap and water, for at least 20 seconds. This is especially important after blowing one’s nose, coughing, sneezing, going to the bathroom, and before eating or preparing food.
- If available, it’s also acceptable to use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of one’s hands and rubbing them together until they feel dry.
- Use soap and water, not an alcohol-based hand sanitizer, after going to the bathroom and any time hands are visibly dirty.
- Avoid touching the eyes, nose, or mouth with unwashed hands.

Environmental cleaning

- “Cleaning” means removing dirt from a surface or object, regardless of whether it is visible or not. “Disinfecting” means killing germs on a surface or object. Soaps and detergents clean, but they do not disinfect.
- Clean and disinfect high touch surfaces at least once daily and as needed. High touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, computer mice, tablets, and bedside tables.
- Clean the area or item with soap and water or a detergent if it is dirty. Then use a household disinfectant. Some products contain both a cleaning agent and a disinfectant to allow for cleaning and disinfection at the same time. It is still important to remove dirt to allow the disinfectant to work.
- Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions, such as wearing gloves and making sure you have good ventilation, during use of the product.
- Most EPA-registered household disinfectants should be effective. A full list of disinfectants can be found at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.