

USAF Academy COVID-19 Recommendations Guide Public Health



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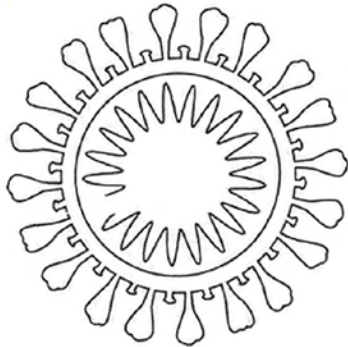
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It is important to note guidance found within is changing daily. Majority of data is from the Centers for Disease Control and Prevention (CDC) found at www.cdc.gov and the World Health Organization (WHO) at www.who.int.

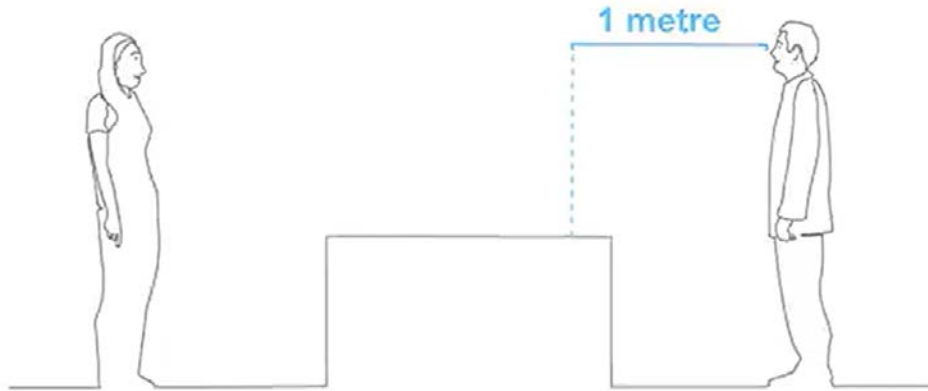
This is also a compilation of information collected from Health and Human Service (HHS) support to DoD installations and locally generated products.

Sever Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is a virus that causes Coronavirus Disease 2019 (COVID-19). Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS-CoV, SARS-CoV, and now with this new virus (named SARS-CoV-2). The good news is it's easy to prevent and clean like the flu virus.

COVID-19



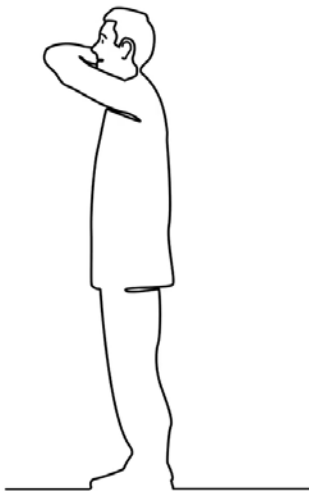
COVID-19 is mainly spread person to person through close contact, 6 feet (1 meter) in distance. When a person coughs, speaks or sneezes droplets are produced. These droplets are heavy and thus cannot travel far, hence the importance of covering your sneeze or cough and maintaining a 6 foot distance. These droplets can be breathed in and/or land on surfaces. These surfaces may be anything. It is not yet known how long this virus can last on surfaces and many hands can touch surfaces and so high touch areas such as keyboards, doors handles, ATM machines should be disinfected frequently (Clorox, bleach, normal household cleaners). You should avoid touching your eyes, nose and mouth, especially in today's day and age when almost everything is "touch screen".



person to person spread mainly through close contacts

This is the reason person to person spread is happening mainly between close contacts.

It is important to cover your cough and/or sneeze with tissue paper or cough/sneeze into your bent elbow. Discard tissue paper immediately and wash your hands. As simple as it seems the most effective way to eliminate contamination is to wash hands after touching surfaces, disinfect surfaces, change behaviors such as constantly touching face/eyes/nose, shaking hands (instead try some fun alternatives such as elbow or foot bumps) and keep your distance from sick individuals.



Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases. Symptoms of COVID-19 may appear 2-14 days after exposure. Some people may be infected with COVID-19 and not show symptoms (asymptomatic). Most persons (about 80%) who become infected with COVID-19 go on to have

- Fever (100.4F or feeling feverish)
- Cough

- Shortness of breath

Some persons (about 15-20%) go on to have more serious symptoms such as:

- Difficulty breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face
- Pneumonia

Age and underlying health conditions place some at higher risk of getting very sick. This includes:

- Older adults
- People who have serious chronic medical conditions like:
 - Heart disease
 - Diabetes
 - Lung disease
- Immunocompromised (cancer, HIV, etc.)

AGE	DEATH RATE confirmed cases	DEATH RATE all cases	PRE-EXISTING CONDITION	DEATH RATE confirmed cases	DEATH RATE all cases
80+ years old	21.9%	14.8%	Cardiovascular disease	13.2%	10.5%
70-79 years old		8.0%	Diabetes	9.2%	7.3%
60-69 years old		3.6%	Chronic respiratory disease	8.0%	6.3%
50-59 years old		1.3%	Hypertension	8.4%	6.0%
40-49 years old		0.4%	Cancer	7.6%	5.6%
30-39 years old		0.2%	<i>no pre-existing conditions</i>		0.9%
20-29 years old		0.2%			
10-19 years old		0.2%			
0-9 years old		no fatalities			

There are two sources that provide age, sex, and comorbidity statistics:

The *Report of the WHO-China Joint Mission* published on Feb. 28 by WHO and a paper by the Chinese CCDC released on Feb. 17. Data from both studies are present, labeling them as "confirmed cases" and "all cases" respectively in the tables.

If you are at higher risk for serious illness from COVID-19 because of your age or because you have a serious long-term health problem, it is extra important for you to take actions to reduce your risk of getting sick with the disease.

There is no vaccine or cure for this virus.

What you can do to help:

Voluntary home isolation: Help by being considerate of others around you. If you feel sick stay home until symptoms resolve or call your provider if your symptoms worsen. If you believe you may have been exposed to someone with COVID-19 or traveled somewhere where there is community spread or an outbreak of COVID-19, call your provider for a risk assessment. Voluntary home isolation (staying home when ill or self-isolation), which is a form of patient isolation, prevents an ill person from infecting other people outside of their household.

Respiratory etiquette: Face masks (disposable surgical, medical, or dental procedure masks) are widely used by health care workers to prevent respiratory infections both in health care workers and patients. They also might be worn by ill persons during severe, very severe, or extreme pandemics to prevent spread of influenza to household members and others in the community. However, little evidence supports the use of face masks by well persons in community settings. There are ways to minimize infection with the virus by simply maintaining your distance from anyone who may be ill, at least 6 feet, washing your hands and using the bend of your elbow or tissue paper to catch droplets.

N95 respirator masks should be left to healthcare providers our front line defenders against this virus. These masks are specifically fitted to a person for maximum protection. Remember, they filter 95% of the air that is inhaled and viral particles can still make their way through the mask. For more specific information please see the PPE guidance below.

Hand hygiene: Wash your hands regularly with soap and water or use a gel based hand sanitizer.

Public Health:

If a COVID-19 outbreak happens in your community, it could last for a long time. (An outbreak is when a large number of people suddenly get sick.) Depending on how severe the outbreak is, public health officials may recommend community actions to reduce people's risk of being exposed to COVID-19. These actions can slow the spread and reduce the impact of disease.

Public Health officials use strategies to help reduce the number of people the virus can infect. Some of these are social distancing (canceling mass gatherings, closing schools, etc.), restricting movement through or to certain areas and educating. This gives the community a good chance of preventing or decreasing large outbreaks that would otherwise deplete or overwhelm Public Health and healthcare capabilities.

Isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not

infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

Quarantine in general means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of the communicable disease.

Social distancing means remaining out of public places where close contact with others may occur (e.g., shopping centers, movie theaters, stadiums), workplaces (unless the person works in an office space that allows distancing from others), schools and other classroom settings, and local public conveyances (e.g., bus, subway, taxi, ride share) for the duration of the potential incubation period unless presence in such locations is approved by the state or local health department.

Get Your Home Ready

Checklist for Individuals and Families

As a family, you can plan and make decisions now that will protect you and your family during a COVID-19 outbreak. [Creating a household plan](#) can help protect your health and the health of those you care about in the event of an outbreak of COVID-19 in your community. Use this checklist to help you take steps to plan and protect the health of you and your family.

PLAN AND PREPARE

Get up-to-date information about local COVID-19 activity from public health officials

Create a [household plan of action](#).

- Consider members of the household that may be at greater risk such as [older adults and people with severe chronic illnesses](#).
- Ask your neighbors what their plan includes.
- Create a list of local organizations you and your household can contact in case you need access to information, healthcare services, support, and resources.
- Create an emergency contact list including family, friends, neighbors, carpool drivers, healthcare providers, teachers, employers, the local public health department, and other community resources.
- Choose a room in your house that can be used to separate sick household members from others.

Take everyday [preventive actions](#):

- Wash your hands frequently

PLAN AND PREPARE

- Avoid touching your eyes, nose, and mouth.
- 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 Be prepared if your child's school or childcare facility is temporarily dismissed or for potential changes at your workplace.

TAKE ACTION

In case of an outbreak in your community, protect yourself and others:

- Stay home and speak to your healthcare provider if you develop fever, cough, or shortness of breath

If you develop emergency warning signs for COVID-19 get medical attention immediately. In adults, emergency warning signs* :

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face
- *This list is not all inclusive. Please consult your medical provider for any other symptom that is severe or concerning.

Keep away from others who are sick

Limit close contact with others as much as possible (about 6 feet)

Put your household plan into action

- Continue to practice [everyday preventive actions](#)
- [If someone in the household is sick](#), separate them into the prepared room
- [If caring for a household member, follow recommended precautions and monitor your own health](#)
- Keep surfaces disinfected
- Avoid sharing personal items
- If you become sick, stay in contact with others by phone or email
- Stay informed about the local outbreak situation
- Notify your work if your schedule needs to change
- Take care of the emotional health of your household members, including yourself

Take additional precautions for those at highest risk, particularly older adults and those who have severe underlying health conditions.

- Consider staying at home and away from crowds if you or a family member are an older adult or have underlying health issues

PLAN AND PREPARE

- Make sure you have access to several weeks of medications and supplies in case you need to stay home
- When you go out in public, keep away from others who are sick and limit close contact with others
- Practice good hand hygiene

Take the following steps to help protect your children during an outbreak:

- Notify your child's school if your child becomes sick with COVID-19
- Keep track of school dismissals in your community

Steps to help prevent the spread of COVID-19 if you are sick

Follow the steps below: If you are sick with COVID-19 or suspect you are infected with the virus that causes COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community.



Stay home except to get medical care

- **Stay home:** People who are mildly ill with COVID-19 are able to isolate at home during their illness. You should restrict activities outside your home, except for getting medical care.
- **Avoid public areas:** Do not go to work, school, or public areas.
- **Avoid public transportation:** Avoid using public transportation, ride-sharing, or taxis.



Separate yourself from other people and animals in your home

- **Stay away from others:** As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.
- **Limit contact with pets & animals:** You should restrict contact with pets and other animals while you are sick with COVID-19, just like you would around other people. Although there have not been reports of pets or other animals becoming sick with COVID-19, it is still recommended that people sick with COVID-19 limit contact with animals until more information is known about the virus.
- When possible, have another member of your household care for your animals while you are sick. If you are sick with COVID-19, avoid contact with your pet, including petting, snuggling, being kissed or licked, and sharing food. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with pets and wear a facemask. See [COVID-19 and Animals](#) for more information.

Information for Household Members and Caregivers of Someone who is Sick



Call ahead before visiting your doctor

- **Call ahead:** If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.



Wear a facemask if you are sick

- **If you are sick:** You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office.
- **If you are caring for others:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then people who live with the person who is sick should not stay in the same room with them, or they should wear a facemask if they enter a room with the person who is sick.



Cover your coughs and sneezes

- **Cover:** Cover your mouth and nose with a tissue when you cough or sneeze.
- **Dispose:** Throw used tissues in a lined trash can.
- **Wash hands:** Immediately wash your hands with soap and water for at least 20 seconds or, if soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



Clean your hands often

- **Wash hands:** Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Hand sanitizer:** If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water:** Soap and water are the best option if hands are visibly dirty.
- **Avoid touching:** Avoid touching your eyes, nose, and mouth with unwashed hands.

Handwashing Tips



Avoid sharing personal household items

- **Do not share:** You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home.
- **Wash thoroughly after use:** After using these items, they should be washed thoroughly with soap and water.



Clean all “high-touch” surfaces everyday

- **Clean and disinfect:** Practice routine cleaning of high touch surfaces.

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.

- **Disinfect areas with bodily fluids:** Also, clean any surfaces that may have blood, stool, or body fluids on them.
- **Household cleaners:** Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

[Complete disinfection guidance](#)



Monitor your symptoms

- **Seek medical attention:** Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing).
- **Call your doctor:** Before seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19.
- **Wear a facemask when sick:** Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.
- **Alert health department:** Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.



Call 911 if you have a medical emergency: If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.



Discontinuing home isolation

- **Stay at home until instructed to leave:** Patients with confirmed COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low.
- **Talk to your healthcare provider:** The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.

Frequently Asked Questions and Answers: Coronavirus Disease 2019 (COVID-19) and Pregnancy

Pregnant women

Q: Are pregnant women more susceptible to infection, or at increased risk for severe illness, morbidity, or mortality with COVID-19, compared with the general public?

A: We do not have information from published scientific reports about susceptibility of pregnant women to COVID-19. Pregnant women experience immunologic and physiologic changes which might make them more susceptible to viral respiratory infections, including COVID-19. Pregnant women also might be at risk for severe illness, morbidity, or mortality compared to the general population as observed in cases of other related coronavirus infections [including severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV)] and other viral respiratory infections, such as influenza, during pregnancy.

Pregnant women should engage in usual preventive actions to avoid infection like washing hands often and avoiding people who are sick.

Q: Are pregnant women with COVID-19 at increased risk for adverse pregnancy outcomes?

A: We do not have information on adverse pregnancy outcomes in pregnant women with COVID-19. Pregnancy loss, including miscarriage and stillbirth, has been observed in cases of infection with other related coronaviruses [SARS-CoV and MERS-CoV] during pregnancy. High fevers during the first trimester of pregnancy can increase the risk of certain birth defects.

Q: Are pregnant healthcare personnel at increased risk for adverse outcomes if they care for patients with COVID-19?

A: Pregnant healthcare personnel (HCP) should follow [risk assessment](#) and [infection control](#) guidelines for HCP exposed to patients with suspected or confirmed COVID-19. Adherence to recommended infection prevention and control practices is an important part of protecting all HCP in healthcare settings. Information on COVID-19 in pregnancy is very limited; facilities may want to consider limiting exposure of pregnant HCP to patients with confirmed or suspected COVID-19, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible based on staffing availability.

Transmission during pregnancy or during delivery

Q: Can pregnant women with COVID-19 pass the virus to their fetus or newborn (i.e. vertical transmission)?

A: The virus that causes COVID-19 is thought to spread mainly by close contact with an infected person through respiratory droplets. Whether a pregnant woman with COVID-19 can transmit the virus that causes COVID-19 to her fetus or neonate by other routes of vertical transmission (before, during, or after delivery) is still unknown. However, in limited recent case series of infants born to mothers with COVID-19 published in the peer-reviewed literature, none of the infants have tested positive for the virus that causes COVID-19. Additionally, virus was not detected in samples of amniotic fluid or breastmilk.

Limited information is available about vertical transmission for other coronaviruses (MERS-CoV and SARS-CoV) but vertical transmission has not been reported for these infections.

Infants

Q: Are infants born to mothers with COVID-19 during pregnancy at increased risk for adverse outcomes?

A: Based on limited case reports, adverse infant outcomes (e.g., preterm birth) have been reported among infants born to mothers positive for COVID-19 during pregnancy. However, it is not clear that these outcomes were related to maternal infection, and at this time the risk of adverse infant outcomes is not known. Given the limited data available related to COVID-19 during pregnancy, knowledge of adverse outcomes from other respiratory viral infections may provide some information. For example, other respiratory viral infections during pregnancy, such as influenza, have been associated with adverse neonatal outcomes, including low birth weight and preterm birth. Additionally, having a cold or influenza with high fever early in pregnancy may increase the risk of certain birth defects. Infants have been born preterm and/or small for gestational age to mothers with other coronavirus infections, SARS-CoV and MERS-CoV, during pregnancy.

Q: Is there a risk that COVID-19 in a pregnant woman or neonate could have long-term effects on infant health and development that may require clinical support beyond infancy?

A: At this time, there is no information on long-term health effects on infants either with COVID-19, or those exposed to the virus that causes COVID-19 in utero. In general, prematurity and low birth weight are associated with adverse long-term health effects.

Transmission through breast milk

Q: Is maternal illness with COVID-19 during lactation associated with potential risk to a breastfeeding infant?

A: Human-to-human transmission by close contact with a person with confirmed COVID-19 has been reported and is thought to occur mainly via respiratory droplets produced when a person with infection coughs or sneezes.

In limited case series reported to date, no evidence of virus has been found in the breast milk of women with COVID-19. No information is available on the transmission of the virus that causes

COVID-19 through breast milk (i.e., whether infectious virus is present in the breast milk of an infected woman).

In limited reports of lactating women infected with SARS-CoV, virus has not been detected in breast milk; however, antibodies against SARS-CoV were detected in at least one sample.

Interim Guidance on Breastfeeding for a Mother Confirmed or Under Investigation for COVID-19

This interim guidance is intended for women who are confirmed to have COVID-19 or are persons-under-investigation (PUI) for COVID-19 and are currently breastfeeding. This interim guidance is based on what is currently known about COVID-19 and the transmission of other viral respiratory infections. CDC will update this interim guidance as needed as additional information becomes available. For breastfeeding guidance in the immediate postpartum setting, refer to Interim Considerations for Infection Prevention and Control of 2019 Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings.

Transmission of COVID-19 through breast milk

Much is unknown about how COVID-19 is spread. Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza (flu) and other respiratory pathogens spread. In limited studies on women with COVID-19 and another coronavirus infection, Severe Acute Respiratory Syndrome (SARS-CoV), the virus has not been detected in breast milk; however we do not know whether mothers with COVID-19 can transmit the virus via breast milk.

CDC breastfeeding guidance for other infectious illnesses

Breast milk provides protection against many illnesses. There are rare exceptions when breastfeeding or feeding expressed breast milk is not recommended. CDC has no specific guidance for breastfeeding during infection with similar viruses like SARS-CoV or Middle Eastern Respiratory Syndrome (MERS-CoV).

Outside of the immediate postpartum setting, CDC recommends that a mother with flu continue breastfeeding or feeding expressed breast milk to her infant while taking precautions to avoid spreading the virus to her infant.

Guidance on breastfeeding for mothers with confirmed COVID-19 or under investigation for COVID-19

Breast milk is the best source of nutrition for most infants. However, much is unknown about COVID-19. Whether and how to start or continue breastfeeding should be determined by the mother in coordination with her family and healthcare providers. A mother with confirmed COVID-19 or who is a symptomatic PUI should take all possible precautions to avoid spreading the virus to her infant, including washing her hands before touching the infant and wearing a face mask, if possible, while feeding at the breast. If expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts and follow recommendations for proper pump cleaning.

Frequently Asked Questions and Answers: Coronavirus Disease-2019 (COVID-19) and Children

Q: What is the risk of my child becoming sick with COVID-19?

A: Based on available evidence, children do not appear to be at higher risk for COVID-19 than adults. While some children and infants have been sick with COVID-19, adults make up most of the known cases to date. You can learn more about who is most at risk for health problems if they have COVID-19 infection on CDC's current Risk Assessment page.

Q: How can I protect my child from COVID-19 infection?

You can encourage your child to help stop the spread of COVID-19 by teaching them to do the same things everyone should do to stay healthy.

- Clean hands often using soap and water or alcohol-based hand sanitizer
- Avoid people who are sick (coughing and sneezing)
- Clean and disinfect high-touch surfaces daily in household common areas (e.g. tables, hard-backed chairs, doorknobs, light switches, remotes, handles, desks, toilets, sinks)
- Launder items including washable plush toys 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 from an ill person can be washed with other people's items.

You can find additional information on preventing COVID-19 at [Prevention for 2019 Novel Coronavirus](#) and at [Preventing COVID-19 Spread in Communities](#). Additional information on how COVID-19 is spread is available at [How COVID-19 Spreads](#).

Q: Are the symptoms of COVID-19 different in children than in adults?

A: No. The symptoms of COVID-19 are similar in children and adults. However, children with confirmed COVID-19 have generally presented with mild symptoms. Reported symptoms in children include cold-like symptoms, such as fever, runny nose, and cough. Vomiting and diarrhea have also been reported. It's not known yet whether some children may be at higher risk for severe illness, for example, children with underlying medical conditions and special healthcare needs. There is much more to be learned about how the disease impacts children.

Q: Should children wear masks?

A: No. If your child is healthy, there is no need for them to wear a facemask. Only people who have symptoms of illness or who are providing care to those who are ill should wear masks.

GENERAL RECOMMENDATIONS

Costs associated with long-term COVID-19 cleaning may not be feasible and thus careful consideration must be given to the sustainment of such efforts. Current evidence suggests that novel coronavirus may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in community settings. At a minimum, any staff should immediately notify their supervisor and the local health department if they develop symptoms of COVID-19. The health department will provide guidance on what actions need to be taken.

Respiratory hygiene:

- Covering coughs and sneezes with tissues or the corner of elbow; and
- Disposing of soiled tissues immediately after use.

Personal Protective Equipment:

- Staff interacting with the general public do not currently need to wear respiratory or other personal protective equipment.
- Staff performing cleaning and disinfection should follow recommendations for personal protective equipment listed on product labels, per above guidance.

The matrix below provides guidance for prioritizing use of PPE

Priority	Category	Examples	Measures
1	COVID-19 Patients or PUI	Patient or person under investigation (PUI) self-care activities	Surgical Masks Hand Sanitizer
2	Healthcare Delivery	Military Treatment Facility Patient Care Requirements Emergency Medical Services (EMS) Ancillary Healthcare Providers (e.g., Dental, Veterinary)	N95 Respirators Surgical Masks Eye Protection Gowns Gloves Hand Sanitizer
3	Discrete COVID-19 Support Missions	COVID-19 Patient or PUI Transport Quarantine (consistent with DoDI 6200.03) and PUI Support	N95 Respirators Surgical Masks Eye Protection Gloves Hand Sanitizer
4	Increased Risk in performance of official duties	Commanders, in consultation with their Public Health Emergency Officer, may include special public-facing duties and incorporate CDC considerations for other special groups	Surgical Masks Gloves Hand Sanitizer NPI Measures
5	Non-medical considerations impacting mission	Host Nation Guidance/Expectations Public Relations	Surgical Masks* Hand Sanitizer NPI Measures
6	Community Preparedness Requirements	Health Education Risk mitigation for higher-risk cohorts	Hand Sanitizer NPI Measures

*CDC does not currently recommend the general public use facemasks. If commanders direct PPE use by personnel not medically indicated or those without increased exposure risk to the virus that warrant use based on workplace hazard assessments, they should assess and control for hazards from such PPE use and recognize that PPE availability may be limited. In cases of limited availability, priority of these PPE items will go to higher priority categories of persons in this matrix who require these items based on health and safety determinations.

Understanding the Difference



Surgical Mask



N95 Respirator

Testing and Approval	Cleared by the U.S. Food and Drug Administration (FDA)	Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84
Intended Use and Purpose	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions.	Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols).
Face Seal Fit	Loose-fitting	Tight-fitting
Fit Testing Requirement	No	Yes
User Seal Check Requirement	No	Yes. Required each time the respirator is donned (put on)
Filtration	Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection	Filters out at least 95% of airborne particles including large and small particles
Leakage	Leakage occurs around the edge of the mask when user inhales	When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales
Use Limitations	Disposable. Discard after each patient encounter.	Ideally should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

WAYS TO CLEAN/DISINFECT

1. Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; coming in contact with high touch items (door handles, railings, elevators, etc.); and after blowing your nose, coughing or sneezing.
2. If soap and water is unavailable and your hands are not visibly dirty, you can use an alcohol based hand sanitizer that contains at least 60% alcohol.
3. Avoid touching your eyes, nose, and mouth with unwashed hands. Studies have demonstrated that adults touch their faces over 20 times an hour. You must consciously focus on not touching your face.
4. Avoid close contact with people who are sick and stay home when you are sick
5. Cover your mouth when coughing, sneeze into a tissue or the bend of your arm. Wash your hands as noted above.
6. Call ahead to a healthcare professional before seeking care
7. Regularly clean frequently touched surfaces (see below).

Frequently touched surfaces (such as tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, hard-backed chairs, remotes, phones, keyboards/mouse, etc) should be regularly cleaned with household cleaners and EPA-registered disinfectants (including 1/3 cup of household bleach in 1 gallon of water).

- Twice daily for most items: including inside your home or dorm room
- Wiped down by an individual prior to each use: shared/more frequently touched items such as desks, keyboards, remotes, etc.

The list of products that have filed with the EPA to indicate they should be effective against this virus will continue to be updated (see product list and link below), but currently includes products such as Clorox Multi Surface Cleaner + Bleach, Clorox Disinfecting Bathroom Cleaner, Clorox Disinfecting Wipes, Lysol Brand Clean & Fresh Multi-Surface Cleaner, Lysol Disinfectant Max Cover Mist, and Purell Professional Surface Disinfectant Wipes.

Cleaning supplies include tissues, paper towels, cleaners/disinfectants as listed above, trash bags, disposable gloves, etc. Disposable gloves should be worn while cleaning.

Members should ensure they have supplies in order to clean and disinfect their areas at home/dorm room.

HOW TO MIX A STANDARD BLEACH SOLUTION

Bleach Solutions: Bleach solutions should be made fresh daily from a base solution of at least **5.25%** (most household bleach in the United States will meet this standard).

- The source bleach used needs to be made from an original bottle that has been opened for less than 30 days.
- At 30 days, the bottle should be discarded and a new bottle of bleach opened.

Instructions for Mixing:

- Mix 1/3 cup of bleach in 1 gallon of water. This results in approximately 1000 ppm of sodium hypochlorite.
- Contact time should be at least 1 minute (the amount of time the solution should stay on the surface of an object).
- **This solution should be discarded each day.**

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

INSTITUTIONAL CLEANING/DISINFECTION

Use manufacturers recommended PPE when cleaning/disinfecting. Most cleaning can be accomplished with gloves (see general recommendations).

1. Continue current routine cleaning and disinfection procedures.
2. Academic areas, Athletic areas, and Common areas will be cleaned and disinfected twice daily.
3. Office spaces will require disinfectants and hand sanitizers to ensure frequent cleaning of their area. Frequent cleaning can be at a minimum three times daily on high touch surfaces.
4. Provide tissue paper stations next to ATM machines, elevator buttons, and other areas as needed.

HPCON B and higher:

Housekeeping personnel will wear gloves and gowns when cleaning and disinfecting areas (See general recommendations chart).

1. Consider limiting egress and ingress areas to diminish traffic through those areas and cleaning requirements. These areas can be cleaned once per day.
2. Wipe high touch areas such as door handles/knobs, ATM machines, elevator buttons, and other areas as needed.

For more information on cleaning recommendations go to Section 7 of this guide: Cleaning recommendations for quarantine facilities.

PERSONAL/WORKSPACE CLEANING/DISINFECTING

Classrooms can be cleaned and managed by the student and instructor before and after classes are held. Recommend classrooms contain tissue paper, hand sanitizer, gloves and wipes available. Tissue paper can serve for use when touching door handles/knobs and covering coughs/sneezes.

1. Cadet/Employee/AD/Civilian should disinfect work areas and high touch areas before and after use: keyboards, remote controls, desks, countertops, doorknobs, light switches, tablets, and phones daily.
2. Wash hands after disinfecting workstation or dorm room.
3. Use tissue paper where possible such as pressing buttons for elevators, opening door handles/knobs and to cover your cough/sneezes. Dispose after use.
4. Avoid touching face and eyes.

Examples of frequently touched areas in public transportation areas:

- Seats and handrails;
- Turnstiles and fare boxes;
- Door handles and push plates;
- Chairs and Tables;
- Bathroom faucets;
- Light switches;
- Handles on equipment (e.g., wheelchairs, hand carts);
- Buttons on vending machines and elevators;
- Desks and counters;
- Shared telephones;
- Shared desktops; and
- Shared computer keyboards and mice.

Note: Computer keyboards are difficult to clean due to the spaces between keys and the sensitivity of its hardware to liquids. When shared, they may contribute to indirect transmission. Locations with community use computers should provide posted signs regarding proper hand hygiene before and after using the computers to minimize disease transmission. Also, consider using keyboard covers to protect the hardware against spills and facilitate cleaning.

Keeping the workplace safe

Encourage your employees to...

Practice good hygiene



- Stop handshaking – use other noncontact methods of greeting
- Clean hands at the door and schedule regular hand washing reminders by email
- Create habits and reminders to avoid touching their faces and cover coughs and sneezes
- Disinfect surfaces like doorknobs, tables, desks, and handrails regularly
- Increase ventilation by opening windows or adjusting air conditioning

Be careful with meetings and travel



- Use videoconferencing for meetings when possible
- When not possible, hold meetings in open, well-ventilated spaces
- Consider adjusting or postponing large meetings or gatherings
- Assess the risks of business travel

Handle food carefully



- Limit food sharing
- Strengthen health screening for cafeteria staff and their close contacts
- Ensure cafeteria staff and their close contacts practice strict hygiene

Stay home if...



- They are feeling sick
- They have a sick family member in their home

What every American and community can do now to decrease the spread of the coronavirus

Keeping commercial establishments safe

Encourage your employees and customers to...

Practice good hygiene



- Stop handshaking – use other noncontact methods of greeting
- Clean hands at the door, and schedule regular hand washing reminders by email
- Promote tap and pay to limit handling of cash
- Disinfect surfaces like doorknobs, tables, desks, and handrails regularly
- Increase ventilation by opening windows or adjusting air conditioning

Avoid crowding



- Use booking and scheduling to stagger customer flow
- Use online transactions where possible
- Consider limiting attendance at larger gatherings

For transportation businesses, taxis, and ride shares



- Keep windows open when possible
- Increase ventilation
- Regularly disinfect surfaces

What every American and community can do now to decrease the spread of the coronavirus

UNITS

1. Purchase hand sanitizer and tissues for use at entrances, in meeting rooms, classroom settings, etc.
2. Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.
3. Increase frequency of cleaning of high touch surfaces (doorknobs, countertops, bannisters, public use key boards or kiosks, etc.)
4. Re-enforce guidance that any and all personnel experiencing symptoms of an upper respiratory illness should not come in to work and send home those who report to work visibly ill
5. Review list of essential personnel who would need to be at the worksite during an outbreak and update telework agreements for those who can work from home
6. Look at work area for opportunities of social distancing – spacing out cubicles or workstations with at least 6-9 feet to prevent transmission through respiratory droplets, potentially staggered shifts so fewer people on site at even given time
7. Review all scheduled TDY and leave to ensure no one is traveling to the known high risk areas and only approve on case by case basis
8. Increase signage around work place concerning hand and respiratory hygiene, staying home when sick etc.

VEHICLE DISINFECTION: TRANSPORTING OF PATIENTS FROM QUARANTINE TO ISOLATION

LGRD CORONA VIRUS GUIDANCE

Cleaning and disinfecting should be conducted by staff who have been trained to use products in a safe and effective manner. Staff should be reminded to ensure procedures for safe and effective use of all products are followed. Staff do not need to wear respiratory protection while cleaning. Safety instructions are listed on product labels and include the personal protective equipment (e.g., gloves) that should be used. Place all used gloves in a bag that can be tied closed before disposing of them with other waste. Wash hands with soap and water for at least 20 seconds immediately after removing gloves or use an alcohol-based hand sanitizer if soap and water are not available. Soap and water should be used if hands are visibly soiled.

1. Ground Transportation busses and surreys will be cleaned daily if used to transport personnel. This includes:

- mopping the floor with bleach solution (mixed as directed below) before the day's first mission
- disinfecting soft surfaces (cloth, seats, etc) with a 60% alcohol solution sprayed directly on the material after the day's last mission
- **DO NOT APPLY BLEACH SOLUTION AND ALCOHOL SOLUTION AT THE SAME TIME. A CHEMICAL REACTION MAY OCCUR.**
- disinfecting hard surfaces (handrails, stanchions, interior windows, driver's position/switches, etc.) with Clorox wipes after each mission
- driver's will disembark during loading and unloading of passengers and maintain a 6 foot stand off distance
- no passengers will sit within 6 feet of the driver during operation of the bus/surrey

2. Ground Transportation U-Drive It (UDI) vehicles will be sanitized per hard and soft surfaces above by the returning user. Ground transportation will provide all required cleaning equipment. Ground Transportation will wipe down common touch surfaces again (steering wheel, radio, interior door handles, etc) prior to vehicle check-out.

UDI vehicle turn-in and check-out will be limited to a two hour window from 1500-1700 (Monday through Friday); please plan accordingly.

3. USAFA Command Vehicles will continue to be serviced as scheduled unless the principle cancels service. In this event, the principle's staff is responsible for fueling the vehicle. Hard and soft surfaces will be sanitized per above direction.

4. The USAFA hospital shuttle will continue to operate. The passenger compartment has been sealed from the driver's compartment. Sanitize the vehicle per above hard and soft surface direction.

- **Ground Transportation Vehicle Operators will not transport confirmed COVID cases, including Persons Under Investigation (PUIs), isolation, and quarantine requirements. Phone Rocky Mountain Emergency Services for these requirements.**
- The USAFA hospital shuttle vehicle will be made available for on-base, active-illness requirements, but will require an active duty driver (no special licensing required).
- The hospital shuttle can transport 6 patients at a time

5. “Social distancing” will be implemented in the dispatch office. A minimum of 6 feet should be maintained between dispatcher and customer, to the maximum extent possible.
 - All common-use and customer service areas will be wiped down with Clorox wipes, 3 times a day (0400, 1000, 1700).

6. All LGRD:

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; coming in contact with high touch items (door handles, railings, elevators, etc.); and after blowing your nose, coughing or sneezing.
- If soap and water is unavailable and your hands are not visibly dirty, you can use an alcohol based hand sanitizer that contains at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands. Studies have demonstrated that adults touch their faces over 20 times an hour. You must consciously focus on not touching your face.
- Avoid close contact with people who are sick and stay home when you are sick
- Cover your mouth when coughing, sneeze into a tissue or the bend of your arm. Wash your hands as noted above.
- Call ahead to a healthcare professional before seeking care

Interim Cleaning Recommendations for Facilities Housing Persons Under Quarantine for Coronavirus Disease 2019 (COVID-19), Updated February 29, 2020

Background

There is much to learn about the newly emerged [coronavirus disease 2019 \(COVID-19\)](#). Based on what is known about early cases of COVID-19, spread from person-to-person via the respiratory route and usually happens among close contacts (within about 6 feet).

People with certain types of exposure to cases of COVID-19 may be housed and quarantined for observation until 14 days after their exposure. The purpose of the observation period is to ensure they don't develop symptoms and infect others during this time. Some people stay at home for the observation period, but others may be housed either separately or in groups in other types of facilities.

In these facilities, individuals and families are provided separate quarters with separate bathroom facilities. They are instructed that congregation and shared public spaces are to be avoided. Because the people under quarantine are not ill, the risk to cleaning staff is inherently low.

Purpose

This guidance provides recommendation on the cleaning and disinfection of rooms of persons under quarantine, as well as associated worker protection practices according to expected job tasks. The goal is to minimize interactions between persons under quarantine and cleaning staff. These recommendations will be updated if additional information becomes available.

General Recommendations for Housing Facilities for Persons Under Quarantine

- Employers should develop policies for worker protection and provide training to all cleaning staff on-site prior to beginning work. Training should include:
 - An understanding of when to use personal protective equipment (PPE)
 - What PPE is necessary and why (see below for PPE recommendations)
 - How to properly don (put on), use, and doff (take off) PPE
 - How to properly dispose of PPE
- Employers must ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard, 29 CFR 1910.1200.
- Employers must comply with OSHA's standards on Bloodborne Pathogens (29 CFR 1910.1030), including proper disposal of regulated waste, and PPE (29 CFR 1910.132).
- Cleaning staff should perform [hand hygiene](#) often including immediately after removing PPE by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures (e.g., contact with a quarantined individual without wearing appropriate PPE) to their supervisor.
- Employers should educate workers to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms until 14 days after the last day they had possible exposure to the virus.
 - Cleaning staff should immediately notify their supervisor and the local health department if they develop symptoms of COVID-19. The health department will provide guidance on what actions need to be taken.
- Cleaning staff should follow normal preventive actions while at work and home including covering their mouth and nose with a tissue when coughing or sneezing and avoiding touching eyes, nose, or mouth with unwashed hands.
- If surfaces are dirty, they should be cleaned using a detergent and water prior to disinfection.
 - A list of products with EPA-approved emerging viral pathogens claims, maintained by the American Chemistry Council Center for Biocide Chemistries (CBC), is available at: <https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>.
 - Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses.
 - Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE) for use.

Cleaning Activities During the Quarantine Period

Because cleaning needs are limited during the quarantine period, CDC is recommending that cleaning staff do not clean occupied rooms in quarantine facilities. Instead, all rooms should be provisioned with personal cleaning supplies, e.g., tissues, paper towels, cleaners and disinfectants that are EPA-approved against emerging viral pathogens (see list above) for use by persons under quarantine as needed. Rooms and common areas occupied by persons under quarantine should not be cleaned by cleaning staff until all persons under quarantine have been released from quarantine and have vacated the area and no sooner than 24 hours after rooms and common areas have been vacated.

During the quarantine:

- Persons under quarantine should bag trash and place the closed bag outside their door for daily pick up.
- Similarly, persons under quarantine should bag soiled linens and place the closed bag outside their door for pick up.
- Cleaning, laundry, and trash removal staff should wear disposable gloves and gowns for all tasks in the cleaning process, including collection of closed bags.
 - Staff should remove gloves after cleaning a room or area occupied by persons under quarantine before moving to the next room.

- After delivering bags to their final destination, staff should clean and disinfect any hard, cleanable surfaces where bags have been stored (such as on carts or on the floor).
 - Laundry and trash removal staff collecting the closed bags should remove their gloves promptly after bags are delivered to their destination and cleaning and disinfection has been performed.
 - Any time staff remove gloves, they should perform hand hygiene immediately by washing their hands with soap and water for 20 seconds. If hands are not visibly dirty and soap and water are not available, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- If possible, for fabrics or other materials that can be laundered, use the warm water setting and dry items completely on high heat.
 - If a person under quarantine has a special need for assisted cleaning (e.g., an elderly person who is unable to clean a spill such as vomiting in their quarters), public health staff will oversee the cleaning process as part of their evaluation of the individual.

Cleaning a Room Vacated by a Person under Quarantine with COVID-19 (Enhanced Cleaning)

Rooms that housed a person under quarantine with COVID-19 should remain closed to further use until cleaned and disinfected by appropriately trained cleaning staff. The room should not be entered by cleaning staff for at least for 24 hours.

- Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process.
 - These gloves and gowns should be compatible with the disinfectant products being used
 - Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk for splash.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- Cleaning should be undertaken using products with EPA-approved emerging viral pathogens claims (<https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>). All products should be used according to label instructions.
 - Clean the surface first, and then apply the disinfectant as instructed on the disinfectant manufacturer's label. Ensure adequate contact time for effective disinfection.
 - Adhere to any safety precautions or other label recommendations as directed (e.g., allowing adequate ventilation in confined areas, proper disposal of unused product or used containers and donning appropriate PPE).
 - Avoid using product application methods that cause splashing or generate aerosols.

- Cleaning activities should be supervised and inspected periodically to ensure correct procedures are followed.
- After cleaning and removal and disposal of gloves, staff should perform hand hygiene by washing hands often with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains 60 to 95% alcohol. Soap and water should be used if the hands are visibly soiled.
- Clean and disinfect all frequently touched surfaces in quarantine locations (e.g., counters, tabletops, doorknobs, light switches, bathroom fixtures, toilets, phones, keyboards, tablets, remotes and bedside tables) according to instructions described for products with EPA-approved emerging viral pathogens claims.
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present. Launder items as appropriate in accordance with the manufacturer's instructions. Porous materials that will be laundered can be transported to the laundry facility in the usual manner. If possible, launder items using the warm water setting and dry items completely on high heat.
- When cleaning is completed, collect soiled material and PPE in a sturdy, leak-proof (e.g., plastic) bag that is tied shut and not reopened. This waste can go to the regular solid waste stream (e.g., municipal trash) as it is not biohazardous or regulated medical waste.
- If bulk material and spills containing blood or body substances are present, cleaning staff should use absorbent materials, such as towels, to remove the material. The area should then be cleaned and then disinfected with products with EPA-approved emerging viral pathogens claims used according to product label instructions.
- No additional cleaning is needed for supply and return ventilation registers or filtration systems for the building.
- No additional treatment of wastewater is needed before discharging to sanitary sewer.

Cleaning Recommendations for Quarantined Persons from Uncontrolled Sources (e.g. increased likelihood of many cases such as on cruise ships, etc.)

Cleaning for facilities housing persons under quarantine because of exposure from an uncontrolled source should be conducted following the Enhanced Cleaning procedures and include cleaning of common areas outlined above.

Cleaning a Room Vacated by persons under quarantine without COVID-19

After all persons under quarantine are released and assuming the quarantined persons are not from an uncontrolled source (see above):

- If all persons under quarantine have been released and vacated the housing area and no persons tested positive for COVID-19, the facility (e.g., rooms, common areas) should be cleaned according to standard procedures.
- No additional PPE is required beyond what is normally worn for regular housekeeping activities.

Cleaning of Common Areas of a Housing Facility (if used)

If common areas are used by persons under quarantine, those areas will require cleaning and disinfection during the quarantine period.

- Common areas of a facility should be cleaned on a daily basis, and as needed.
- Regardless of known COVID-19 status of persons under quarantine, common areas should be cleaned according to *Cleaning a Room Vacated by a person under quarantine with COVID-19(Enhanced Cleaning)* recommendations, since communication to cleaning staff about persons under quarantine who develop symptoms or test positive for COVID-19 may not be able to occur as quickly as cleaning services are required.
- No quarantined individuals should be present in a common area during cleaning. Common areas of a facility should be closed off to all persons except for cleaning staff before cleaning and disinfection activities take place.

Additional Resource:

OSHA COVID-19 Website:

<https://www.osha.gov/SLTC/covid-19/>

SICK EMPLOYEE

COVID-19 Screening Questionnaire

USAFA Public Health

10th Medical Group

(as of 08 MAR 2020)

Answer these questions:		
1. Are you feeling ill with a fever, cough, or shortness of breath? AND Have you had close contact (<i>6 ft. for more than 6 min.</i>) with a confirmed COVID-19 case in the last 14 days?	YES	NO
2. Are you feeling ill with a fever, cough, or shortness of breath? AND Have you travelled from a CDC Level 3 region (most of Europe) or a domestic location with Community Spread (California, Washington State and New York) in the last 14 days? <i>Currently China, South Korea, Iran, Italy, and Japan. Check CDC guidance for changes: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html</i>	YES	NO

If answers to either of the above questions is “YES,”

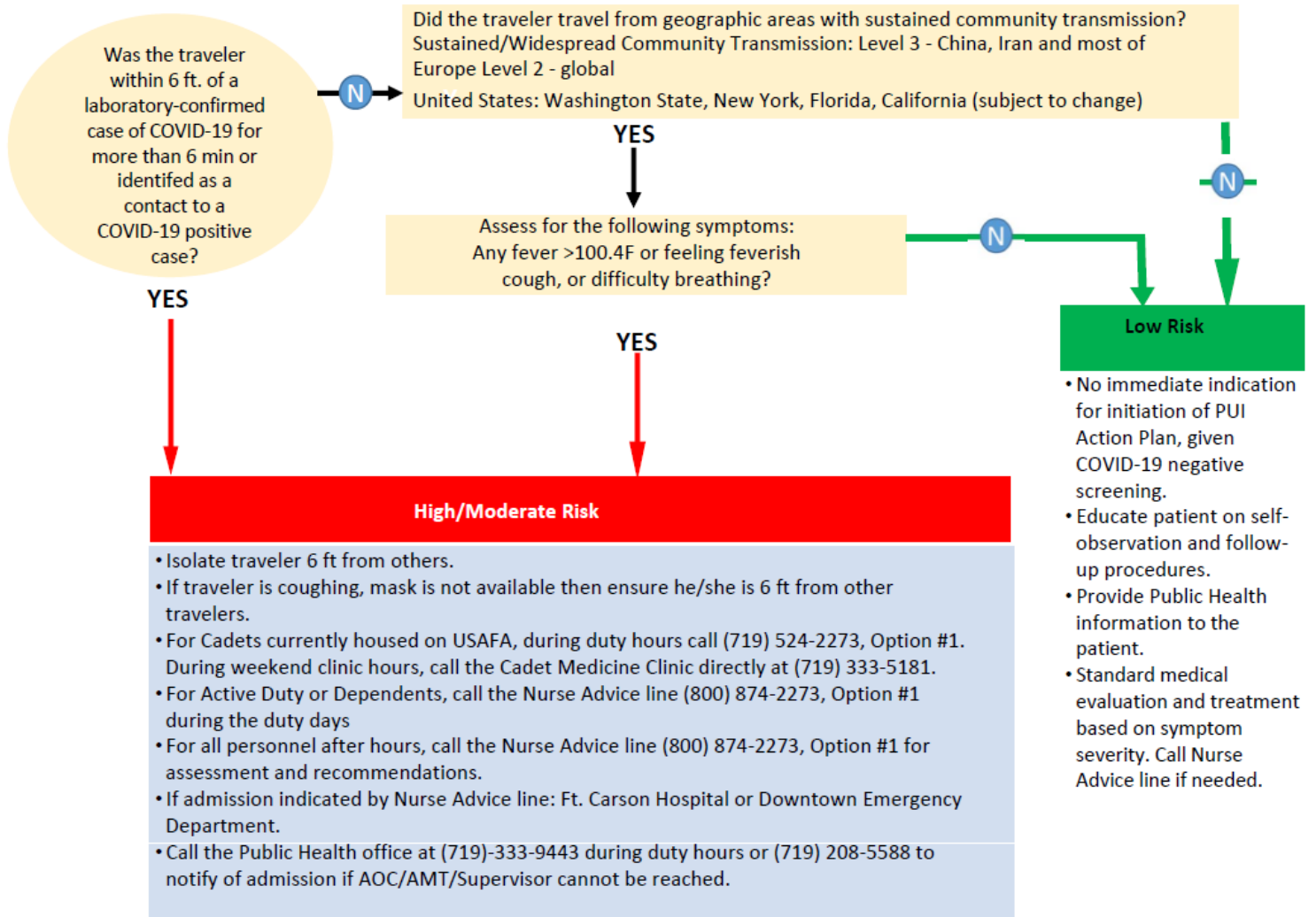
- Immediately mask employee and send home;

- Refer the employee to the El Paso County Public Health Department and provide information for the Colorado Health Line at 303-389-1687 or 1-877-462-2911.

Employees that believe they may have been exposed to a COVID-19 case but are not showing signs and symptoms may remain working however, they must self-monitor for signs and symptoms of COVID-19. Self-monitoring according to the CDC entails checking your temperature twice a day for presence of fever. If fever and/or signs and symptoms associated with COVID-19 develop then person should call their provider for further guidance and testing.

Screening Algorithm for Returning Persons to USAFA

Please use the below algorithm to determine exposure risk to COVID-19. Answer the questions.
 Medical after hours and normal business hours available below for consultation.



Schools and Childcare Programs

Checklist for Teachers and Parents

Teachers: Get Your School Ready for Coronavirus Disease 2019

You can protect yourself and your students by practicing and promoting healthy habits during the school year. Use this checklist to plan and take action if a COVID-19 outbreak occurs in your community.

PLAN AND PREPARE

Encourage students to stay home if sick

If your student gets sick at school, keep the sick student away from well students until picked up. Encourage your student to stay home if they are sick with any illness.

Clean and disinfect frequently touched surfaces and objects in the classroom

[Follow CDC's guidance for cleaning and disinfecting community facilities, such as schools.](#)

Monitor absenteeism

Let administrators know if you see a large increase in absenteeism.

Talk to your administrators about plans for teaching through digital and distance learning

TAKE ACTION AS NEEDED

If your school is dismissed:

Implement a plan to continue educating students through digital and distance learning (*if applicable*)

Seek guidance from your school administrator to determine when students and staff should return to schools

Duration of school dismissals will be made on a case-by-case basis based on the most up-to-date information about COVID-19 and the specific situation in your community. Students and staff should be prepared for durations that could last several days. Administrators should work with their local health authorities to determine duration of dismissals.

Parents: Get Your Children Ready for Coronavirus Disease 2019

You can help protect your family from COVID-19 by practicing and promoting everyday healthy habits. If an outbreak occurs in your community, your school may dismiss students to prevent further spread of the virus. Use this checklist to plan and take action if a COVID-19 outbreak occurs in your community.

PLAN AND PREPARE

Practice and reinforce good prevention habits with your family

- Avoid close contact with people who are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Wash hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol.

Keep your child at home if sick with any illness

If your child is sick, keep them at home and contact your healthcare provider. Talk with teachers about classroom assignments and activities they can do from home to keep up with their schoolwork.

Be prepared if your child's school or childcare facility is temporarily dismissed

Talk with your employer about sick leave and telework options in case you need to stay home with your child. Consider planning for alternate childcare arrangements.

IF YOUR SCHOOL/CHILDCARE PROGRAM IS DISMISSED

Keep track of school dismissal updates

Read or watch local media sources that report school dismissals or stay in touch with your school.

Talk to your school about options for digital and distance learning

Discourage children and teens from gathering in other public places while school is dismissed to help slow the spread of COVID-19 in the community

Seek guidance from your school administrator to determine when students and staff should return to schools

Duration of school dismissals will be made on a case-by-case basis based on the most up-to-date information about COVID-19 and the specific situation in your community. Students and staff should be prepared for durations that could last several days. Administrators should work with their local health authorities to determine duration of dismissals.

Keeping the school safe

Encourage your faculty, staff, and students to...

Practice good hygiene



- Stop handshaking – use other noncontact methods of greeting
- Clean hands at the door and at regular intervals
- Create habits and reminders to avoid touching their faces and cover coughs and sneezes
- Disinfect surfaces like doorknobs, tables, desks, and handrails regularly
- Increase ventilation by opening windows or adjusting air conditioning

Consider rearranging large activities and gatherings



- Consider adjusting or postponing gatherings that mix between classes and grades
- Adjust after-school arrangements to avoid mixing between classes and grades
- When possible, hold classes outdoors or in open, well-ventilated spaces

Handle food carefully



- Limit food sharing
- Strengthen health screening for cafeteria staff and their close contacts
- Ensure cafeteria staff and their close contacts practice strict hygiene

Stay home if...



- They are feeling sick
- They have a sick family member in their home

What every American and community can do now to decrease the spread of the coronavirus

Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States

This guidance applies to all first responders, including law enforcement, fire services, emergency medical services, and emergency management officials, who anticipate close contact with persons with confirmed or possible COVID-19 in the course of their work.

Updated March 10, 2020

Summary of Key Changes for the EMS Guidance:

- Updated PPE recommendations for the care of patients with known or suspected COVID-19:
 - Facemasks are an acceptable alternative until the supply chain is restored. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
 - Eye protection, gown, and gloves continue to be recommended.
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
 - When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.
- Updated guidance about recommended EPA-registered disinfectants to include reference to a list now posted on the EPA website.

Background

Emergency medical services (EMS) play a vital role in responding to requests for assistance, triaging patients, and providing emergency medical treatment and transport for ill persons. However, unlike patient care in the controlled environment of a healthcare facility, care and transports by EMS present unique challenges because of the nature of the setting, enclosed space during transport, frequent need for rapid medical decision-making, interventions with limited information, and a varying range of patient acuity and jurisdictional healthcare resources.

When preparing for and responding to patients with confirmed or possible coronavirus disease 2019 (COVID-19), close coordination and effective communications are important among 911 Public Safety Answering Points (PSAPs)—commonly known as 911 call centers, the EMS system, healthcare facilities, and the public health system. Each PSAP and EMS system should

seek the involvement of an EMS medical director to provide appropriate medical oversight. For the purposes of this guidance, “EMS clinician” means prehospital EMS and medical first responders. When COVID-19 is suspected in a patient needing emergency transport, prehospital care providers and healthcare facilities should be notified in advance that they may be caring for, transporting, or receiving a patient who may have COVID-19 infection.

Updated information about COVID-19 may be accessed at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. Infection prevention and control recommendations can be found here: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>. Additional information for healthcare personnel can be found at <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>.

Case Definition for COVID-19

CDC’s most current case definition for a person under investigation (PUI) for COVID-19 may be accessed at <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>.

Recommendations for 911 PSAPs

Municipalities and local EMS authorities should coordinate with state and local public health, PSAPs, and other emergency call centers to determine need for modified caller queries about COVID-19, outlined below.

Development of these modified caller queries should be closely coordinated with an EMS medical director and informed by local, state, and federal public health authorities, including the city or county health department(s), state health department(s), and CDC.

Modified Caller Queries

PSAPs or Emergency Medical Dispatch (EMD) centers (as appropriate) should question callers and determine the possibility that this call concerns a person who may have signs or symptoms and risk factors for COVID-19. The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR or the Heimlich maneuver) are indicated. Patients in the United States who meet the appropriate criteria should be evaluated and transported as a PUI. Information on COVID-19 will be updated as the public health response proceeds. PSAPs and medical directors can access CDC’s [PUI definitions here](#).

Information on a possible PUI should be communicated immediately to EMS clinicians before arrival on scene in order to allow use of appropriate personal protective equipment (PPE). PSAPs should utilize medical dispatch procedures that are coordinated with their EMS medical director and with the local or state public health department.

PSAPs and EMS units that respond to ill travelers at US international airports or other ports of entry to the United States (maritime ports or border crossings) should be in contact with the CDC quarantine station of jurisdiction for the port of entry (see: [CDC Quarantine Station Contact List](#))

for planning guidance. They should notify the quarantine station when responding to that location if a communicable disease is suspected in a traveler. CDC has provided job aids for this purpose to EMS units operating routinely at US ports of entry. The PSAP or EMS unit can also call CDC's Emergency Operations Center at (770) 488-7100 to be connected with the appropriate CDC quarantine station.

Recommendations for EMS Clinicians and Medical First Responders

EMS clinician practices should be based on the most up-to-date COVID-19 clinical recommendations and information from appropriate public health authorities and EMS medical direction.

State and local EMS authorities may direct EMS clinicians to modify their practices as described below.

Patient assessment

- If PSAP call takers advise that the patient is suspected of having COVID-19, EMS clinicians should put on appropriate [PPE](#) before entering the scene. EMS clinicians should consider the signs, symptoms, and risk factors of COVID-19 (<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>).
- If information about potential for COVID-19 has not been provided by the PSAP, EMS clinicians should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. If COVID-19 is suspected, all [PPE](#) as described below should be used. If COVID-19 is not suspected, EMS clinicians should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.
- A facemask should be worn by the patient for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, see below for additional precautions for aerosol-generating procedures.
- During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.

Recommended Personal Protective Equipment (PPE)

- EMS clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard, Precautions and use the PPE as described below. Recommended PPE includes:
 - N-95 or higher-level respirator or facemask (if a respirator is not available),

- N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure
 - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
 - A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated, and isolation gown.,
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS clinicians (e.g., moving patient onto a stretcher).
- When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19.
- Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
 - If the transport vehicle does **not** have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator or facemask should continue to be used during transport.
- All personnel should avoid touching their face while working.
- On arrival, after the patient is released to the facility, EMS clinicians should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
- Other required aspects of Standard Precautions (e.g., injection safety, hand hygiene) are not emphasized in this document but can be found in the guideline titled [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#).

Precautions for Aerosol-Generating Procedures

- If possible, consult with medical control before performing aerosol-generating procedures for specific guidance.
- An N-95 or higher-level respirator, instead of a facemask, should be worn in addition to the other PPE described above, for EMS clinicians present for or performing aerosol-generating procedures.,
- EMS clinicians should exercise caution if an aerosol-generating procedure (e.g., bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure (CPAP), bi-phasic positive airway pressure (biPAP), or resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR)) is necessary.
 - BVMs, and other ventilatory equipment, should be equipped with HEPA filtration to filter expired air.

- EMS organizations should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive-pressure ventilation.
- If possible, the rear doors of the transport vehicle should be opened and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.

EMS Transport of a PUI or Patient with Confirmed COVID-19 to a Healthcare Facility (including interfacility transport)

If a patient with an exposure history and signs and symptoms suggestive of COVID-19 requires transport to a healthcare facility for further evaluation and management (subject to EMS medical direction), the following actions should occur during transport:

- EMS clinicians should notify the receiving healthcare facility that the patient has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival.
- Keep the patient separated from other people as much as possible.
- Family members and other contacts of patients with possible COVID-19 should **not** ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.
- Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.
- When possible, use vehicles that have isolated driver and patient compartments that can provide separate ventilation to each area.
 - Close the door/window between these compartments before bringing the patient on board.
 - During transport, vehicle ventilation in both compartments should be on non-recirculated mode to maximize air changes that reduce potentially infectious particles in the vehicle.
 - If the vehicle has a rear exhaust fan, use it to draw air away from the cab, toward the patient-care area, and out the back end of the vehicle.
 - Some vehicles are equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle. Such a unit can be used to increase the number of air changes per hour (ACH) (<https://www.cdc.gov/niosh/hhe/reports/pdfs/1995-0031-2601.pdf>pdf icon).
- If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.
- Follow routine procedures for a transfer of the patient to the receiving healthcare facility (e.g., wheel the patient directly into an examination room).

Documentation of patient care

- Documentation of patient care should be done after EMS clinicians have completed transport, removed their PPE, and performed hand hygiene.
 - Any written documentation should match the verbal communication given to the emergency department providers at the time patient care was transferred.
- EMS documentation should include a listing of EMS clinicians and public safety providers involved in the response and level of contact with the patient (for example, no contact with patient, provided direct patient care). This documentation may need to be shared with local public health authorities.

Cleaning EMS Transport Vehicles after Transporting a PUI or Patient with Confirmed COVID-19

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a PUI:

- After transporting the patient, leave the rear doors of the transport vehicle open to allow for sufficient air changes to remove potentially infectious particles.
 - The time to complete transfer of the patient to the receiving facility and complete all documentation should provide sufficient air changes.
- When cleaning the vehicle, EMS clinicians should wear a disposable gown and gloves. A face shield or facemask and goggles should also be worn if splashes or sprays during cleaning are anticipated.
- Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly, to include the provision of adequate ventilation when chemicals are in use. Doors should remain open when cleaning the vehicle.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- Products with EPA-approved emerging viral pathogens claims are recommended for use against SARS-CoV-2. Refer to [List Nexternal icon](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
- Clean and disinfect the vehicle in accordance with standard operating procedures. All surfaces that may have come in contact with the patient or materials contaminated during patient care (e.g., stretcher, rails, control panels, floors, walls, work surfaces) should be thoroughly cleaned and disinfected using an EPA-registered hospital grade disinfectant in accordance with the product label.

- Clean and disinfect reusable patient-care equipment before use on another patient, according to manufacturer’s instructions.
- Follow standard operating procedures for the containment and disposal of used PPE and regulated medical waste.
- Follow standard operating procedures for containing and laundering used linen. Avoid shaking the linen.


Follow-up and/or Reporting Measures by EMS Clinicians After Caring for a PUI or Patient with Confirmed COVID-19

EMS clinicians should be aware of the follow-up and/or reporting measures they should take after caring for a PUI or patient with confirmed COVID-19:


- State or local public health authorities should be notified about the patient so appropriate follow-up monitoring can occur.
- EMS agencies should develop policies for assessing exposure risk and management of EMS personnel potentially exposed to SARS-CoV-2 in coordination with state or local public health authorities. Decisions for monitoring, excluding from work, or other public health actions for HCP with potential exposure to SARS-CoV-2 should be made in consultation with state or local public health authorities. Refer to the [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#) for additional information.
- EMS agencies should develop sick-leave policies for EMS personnel that are nonpunitive, flexible, and consistent with public health guidance. Ensure all EMS personnel, including staff who are not directly employed by the healthcare facility but provide essential daily services, are aware of the sick-leave policies.
- EMS personnel who have been exposed to a patient with suspected or confirmed COVID-19 should notify their chain of command to ensure appropriate follow-up.
 - Any unprotected exposure (e.g., not wearing recommended PPE) should be reported to occupational health services, a supervisor, or a designated infection control officer for evaluation.
 - EMS clinicians should be alert for fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). If symptoms develop, they should self-isolate and notify occupational health services and/or their public health authority to arrange for appropriate evaluation.

EMS Employer Responsibilities

The responsibilities described in this section are not specific for the care and transport of PUIs or patients with confirmed COVID-19. However, this interim guidance presents an opportunity to assess current practices and verify that training and procedures are up-to-date.

- EMS units should have infection control policies and procedures in place, including describing a recommended sequence for safely donning and doffing PPE.
- Provide all EMS clinicians with job- or task-specific education and training on preventing transmission of infectious agents, including refresher training.
- Ensure that EMS clinicians are educated, trained, and have practiced the appropriate use of PPE prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and environment during the process of removing such equipment.
- Ensure EMS clinicians are medically cleared, trained, and fit tested for respiratory protection device use (e.g., N95 filtering facepiece respirators), or medically cleared and trained in the use of an alternative respiratory protection device (e.g., Powered Air-Purifying Respirator, PAPR) whenever respirators are required. OSHA has a number of [respiratory training videos](#).
- EMS units should have an adequate supply of PPE.
- Ensure an adequate supply of or access to EPA-registered hospital grade disinfectants (see above for more information) for adequate decontamination of EMS transport vehicles and their contents.
- Ensure that EMS clinicians and biohazard cleaners contracted by the EMS employer tasked to the decontamination process are educated, trained, and have practiced the process according to the manufacturer's recommendations or the EMS agency's standard operating procedures.

Additional Resources

The EMS Infectious Disease Playbook, published by the Office of the Assistant Secretary for Preparedness and Response's Technical Resources, Assistance Center, Information Exchange (TRACIE) is a resource available to planners at <https://www.ems.gov/pdf/ASPR-EMS-Infectious-Disease-Playbook-June-2017.pdf>

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?

COVID-19 is spreading from person to person in China, and limited spread among close contacts has been detected in some countries outside China, including the United States. At this time, however, this virus is NOT currently spreading in communities in the United States. Right now, the greatest risk of infection is for people in China or people who have traveled to China. Risk of infection is dependent on exposure. Close contacts of people who are infected are at greater risk of exposure, for example health care workers and close contacts of people who are infected with the virus that causes COVID-19. CDC continues to closely monitor the situation.

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 now it seems to be spreading from person to person. It's important to note that person-to-person spread can happen on a continuum. Some diseases are highly contagious (like measles), while other diseases are less so. At this time, it's unclear how easily or sustainably the virus that causes COVID-19 is spreading between people. 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?

Many patients have pneumonia in both lungs.

How can I help protect myself?

The best way to prevent infection is to avoid being exposed to the virus that causes COVID-19.

There are simple everyday preventive actions to help prevent the spread of respiratory viruses.

These include

- 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 to China and got sick?

If you were in China within the past 14 days and feel sick with fever, cough, or difficulty breathing, you should seek medical care. 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 avoid being exposed to the virus that causes COVID-19.

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.

STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.



For more information: www.cdc.gov/COVID19

If you are sick with COVID-19 or suspect you are infected with the virus that causes COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community.

Stay home except to get medical care

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home

People: As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

Animals: Do not handle pets or other animals while sick. See [COVID-19 and Animals](#) for more information.

Call ahead before visiting your doctor

If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

Wear a facemask

You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.

Cover your coughs and sneezes

Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can; immediately wash your hands with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty.

Avoid sharing personal household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.

Clean your hands often

Wash your hands often with soap and 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. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Clean all "high-touch" surfaces every day

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting infected or exposed.

Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

Discontinuing home isolation

Patients with confirmed COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and state and local health departments.



This interim guidance is for staff at local and state health departments, infection prevention and control professionals, and healthcare personnel who are coordinating the home care and isolation¹ of people with confirmed or suspected COVID-19 infection, including persons under investigation (see **Criteria to Guide Evaluation of Persons Under Investigation (PUI) for COVID-19**, in referenced resources). This includes patients evaluated in an outpatient setting who do not require hospitalization (i.e., patients who are medically stable and can receive care at home) or patients who are discharged home following a hospitalization with confirmed COVID-19.

In general, people should adhere to appropriate transmission-based isolation precautions until the risk of secondary transmission is thought to be low. Current information on COVID-19 is limited, thus home precautions should be conservative based on general recommendations for other coronaviruses, like Middle Eastern Respiratory Syndrome (MERS), and may last up to 14 days.

This document does not apply to patients in healthcare settings. For interim healthcare infection prevention and control recommendations, see **Interim Infection Prevention and Control Recommendations for Patients with Known or Persons Under Investigation for Coronavirus Disease 2019 (COVID-19) in a Healthcare Setting** (in referenced resources). CDC will update this interim guidance as needed and as more information becomes available.

Assess the suitability of the residential setting for home care

In consultation with state or local health department staff, a healthcare professional should assess whether the residential setting is appropriate for home care. Considerations for care at home include whether:

- The patient is stable enough to receive care at home.
- Appropriate caregivers are available at home.
- There is a separate bedroom where the patient can recover without sharing immediate space with others.
- Resources for access to food and other necessities are available.
- The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene);
- There are household members who may be at increased risk of complications from COVID-19 infection (e.g., older people and people with severe chronic health conditions, such as heart disease, lung disease, and diabetes).

Provide guidance for precautions to implement during home care

A healthcare professional should

- Provide CDC's **Interim Guidance for Preventing Coronavirus Disease 2019 (COVID-19) from Spreading to Others in Homes and Communities** (in referenced resources) to the patient, caregiver, and household members; and
- Contact their state or local health department to discuss criteria for discontinuing any such measures.

Footnotes

¹Isolation is defined as the separation or restriction of activities of an ill person with a contagious disease from those who are well.

Referenced resources

- Criteria to Guide Evaluation of Patients Under Investigation (PUI) for Coronavirus Disease 2019 (COVID-19): www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html
- Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for Coronavirus Disease 2019 (COVID-19) in a Healthcare Setting: www.cdc.gov/coronavirus/2019-nCoV/infection-control.html
- Interim Guidance for Preventing Coronavirus Disease 2019 (COVID-19) from Spreading to Others in Homes and Communities: www.cdc.gov/coronavirus/2019-ncov/guidance-prevent-spread.html

Additional information on Interim Guidance for Healthcare Professionals on human infections with COVID-19 is available online at www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html

