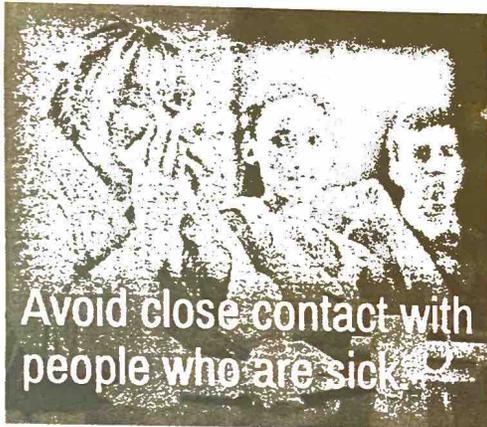


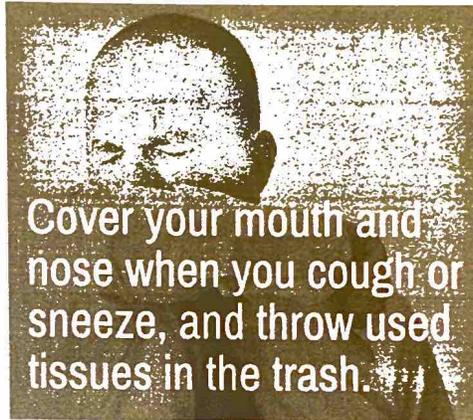
COVID-19

STOP THE SPREAD OF COVID-19

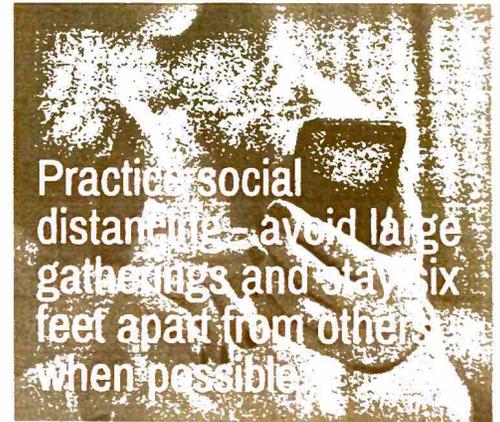
The best way to prevent illness is to avoid exposure to the virus. Follow these tips to help prevent and stop the spread of COVID-19.



Avoid close contact with people who are sick.



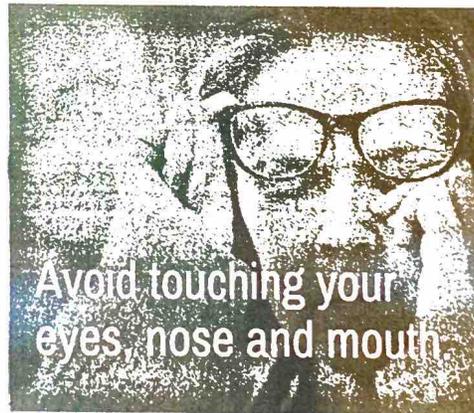
Cover your mouth and nose when you cough or sneeze, and throw used tissues in the trash.



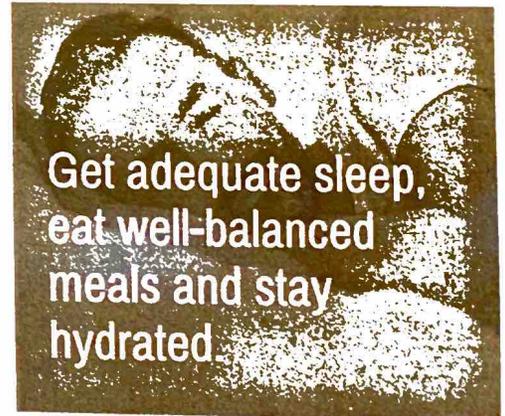
Practice social distancing – avoid large gatherings and stay six feet apart from others when possible.



Clean and disinfect frequently touched surfaces daily.



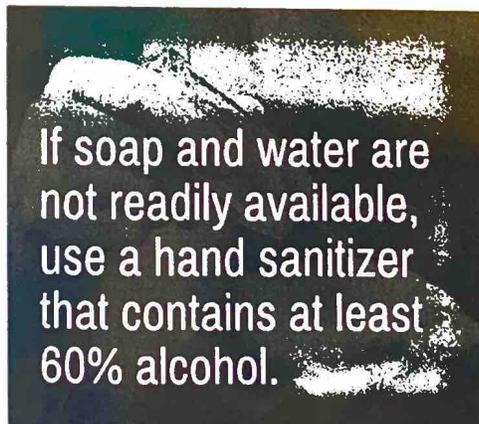
Avoid touching your eyes, nose and mouth.



Get adequate sleep, eat well-balanced meals and stay hydrated.



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



If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol.

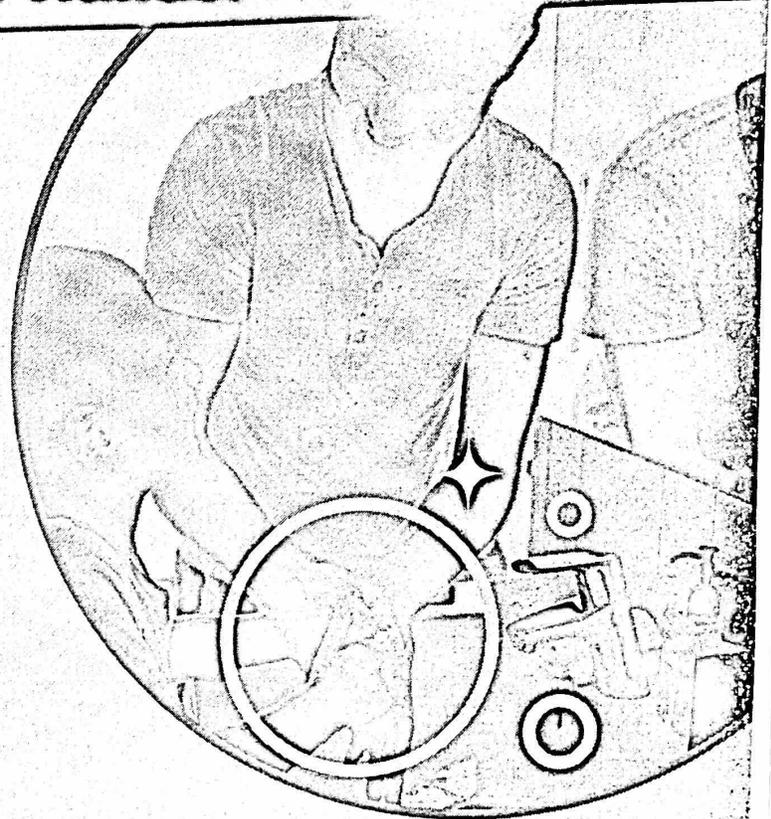


Dry hands using a clean towel or air dry them.

Stop Germs! Wash Your Hands.

When?

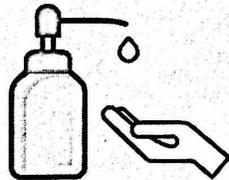
- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



How?



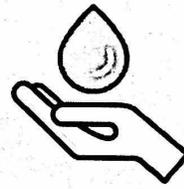
Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



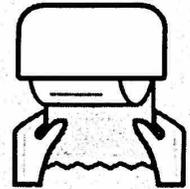
Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

LIFE IS BETTER WITH

CLEAN HANDS



www.cdc.gov/handwashing



This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.

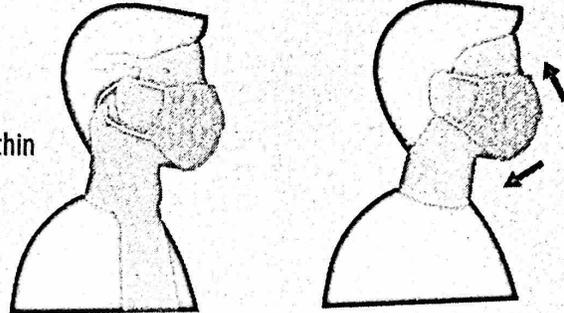
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How to Safely Wear and Take Off a Cloth Face Covering

Accessible: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

WEAR YOUR FACE COVERING CORRECTLY

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily
- Do not place a mask on a child younger than 2

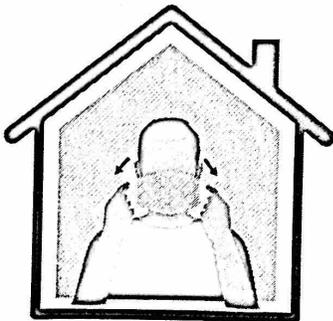
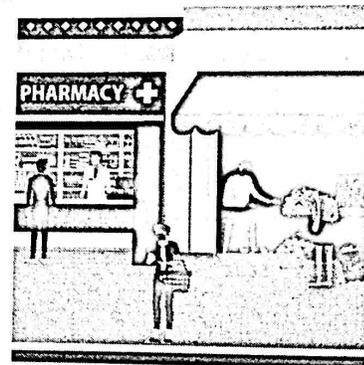


USE THE FACE COVERING TO HELP PROTECT OTHERS

- Wear cloth face coverings in public settings and when around people who don't live in your household, especially when other social distancing measures are difficult to maintain
- Don't put the covering around your neck or up on your forehead
- Don't touch the face covering, and, if you do, clean your hands

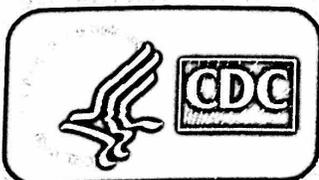
FOLLOW EVERYDAY HEALTH HABITS

- Stay at least 6 feet away from others
- Avoid contact with people who are sick
- Wash your hands often, with soap and water, for at least 20 seconds each time
- Use hand sanitizer if soap and water are not available



TAKE OFF YOUR CLOTH FACE COVERING CAREFULLY, WHEN YOU'RE HOME

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine
- Wash your hands with soap and water



CS 316485A 07/06/2020

Cloth face coverings are not surgical masks or N-95 respirators, both of which should be saved for health care workers and other medical first responders.

For instructions on making a cloth face covering, see:

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

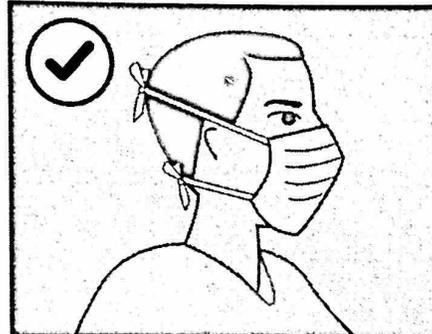
Facemask Do's and Don'ts For Healthcare Personnel

When putting on a facemask

Clean your hands and put on your facemask so it fully covers your mouth and nose.



DO secure the elastic bands around your ears.



DO secure the ties at the middle of your head and the base of your head.

When wearing a facemask, don't do the following:



DON'T wear your facemask under your nose or mouth.



DON'T allow a strap to hang down. DON'T cross the straps.



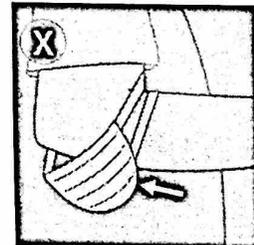
DON'T touch or adjust your facemask without cleaning your hands before and after.



DON'T wear your facemask on your head.



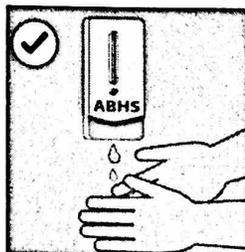
DON'T wear your facemask around your neck.



DON'T wear your facemask around your arm.

When removing a facemask

Clean your hands and remove your facemask touching only the straps or ties.



DO leave the patient care area, then clean your hands with alcohol-based hand sanitizer or soap and water.



DO remove your facemask touching ONLY the straps or ties, throw it away*, and clean your hands again.

*If implementing limited-reuse: Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. Folded facemasks can be stored between uses in a clean, sealable paper bag or breathable container.

Additional information is available about how to safely put on and remove personal protective equipment, including facemasks:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Cleaning And Disinfecting Your Home

Accessible Version: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>

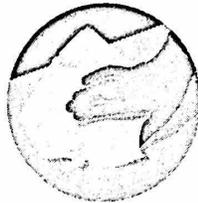
Everyday Steps and Extra Steps When Someone Is Sick

How to clean and disinfect

Wear disposable gloves to clean and disinfect.

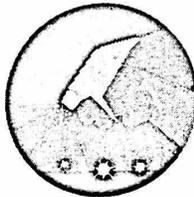
Clean

- **Clean surfaces using soap and water.** Practice routine cleaning of frequently touched surfaces.



High touch surfaces include:

Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.



Disinfect

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
- **Recommend use of EPA-registered household disinfectant.**

Follow the instructions on the label to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

- **Diluted household bleach solutions may also be used** if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.

Leave solution on the surface for **at least 1 minute**

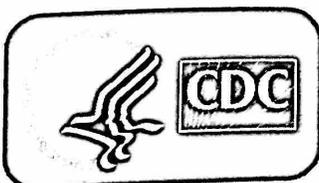
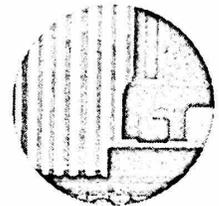
To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of water
- OR
- 4 teaspoons bleach per quart of water
- **Alcohol solutions with at least 70% alcohol.**

Soft surfaces

For soft surfaces such as **carpeted floor, rugs, and drapes**

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

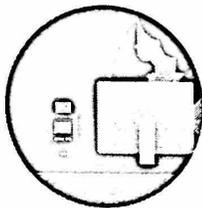
- **Laundry items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

OR

- **Disinfect with an EPA-registered household disinfectant.** These disinfectants meet EPA's criteria for use against COVID-19.

Electronics

- For electronics, such as **tablets, touch screens, keyboards, and remote controls.**
- Consider putting a **wipeable cover** on electronics.
- **Follow manufacturer's instruction** for cleaning and disinfecting.
 - If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol.** Dry surface thoroughly.



Laundry

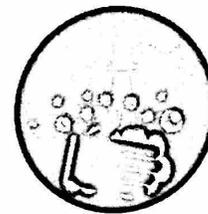
For clothing, towels, linens and other items

- Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick **can be washed with other people's items.**
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- **Remove gloves,** and wash hands right away.



Clean hands often

- **Wash your hands** often with soap and water for 20 seconds.
 - Always wash immediately after removing gloves and after contact with a person who is sick.
- **Hand sanitizer:** If soap and water are not readily available and hands are not visibly dirty, use a hand sanitizer that contains at least 60% alcohol. However, if hands are visibly dirty, always wash hands with soap and water.
- **Additional key times to clean hands** include:
 - After blowing one's nose, coughing, or sneezing
 - After using the restroom
 - Before eating or preparing food
 - After contact with animals or pets
 - Before and after providing routine care for another person who needs assistance (e.g. a child)
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.

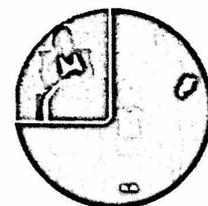


When Someone is Sick

Bedroom and Bathroom

Keep **separate bedroom and bathroom for a person who is sick** (if possible)

- The person who is sick should stay separated from other people in the home (as much as possible).
- **If you have a separate bedroom and bathroom:** Only clean the area around the person who is sick when needed, such as when the area is soiled. This will help limit your contact with the person who is sick.

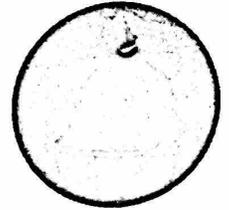


- Caregivers can **provide personal cleaning supplies** to the person who is sick (if appropriate). Supplies include tissues, paper towels, cleaners, and EPA-registered disinfectants. If they feel up to it, the person who is sick can clean their own space.

- **If shared bathroom:** The person who is sick should clean and disinfect after each use. If this is not possible, the caregiver should wait as long as possible before cleaning and disinfecting.
- See precautions for household members and caregivers for more information.
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

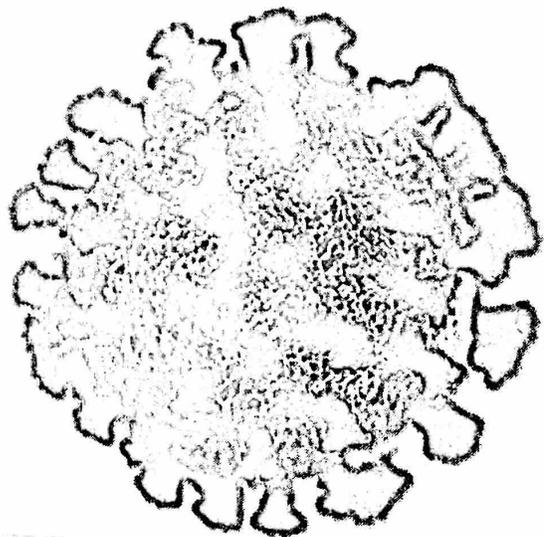
Food

- **Stay separated:** The person who is sick should eat (or be fed) in their room if possible.
- **Wash dishes and utensils using gloves and hot water:** Handle any used dishes, cups/glasses, or silverware with gloves. Wash them with soap and hot water or in a dishwasher.
- **Clean hands** after taking off gloves or handling used items.



Trash

- **Dedicated, lined trash can:** If possible, dedicate a lined trash can for the person who is sick. Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.



Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

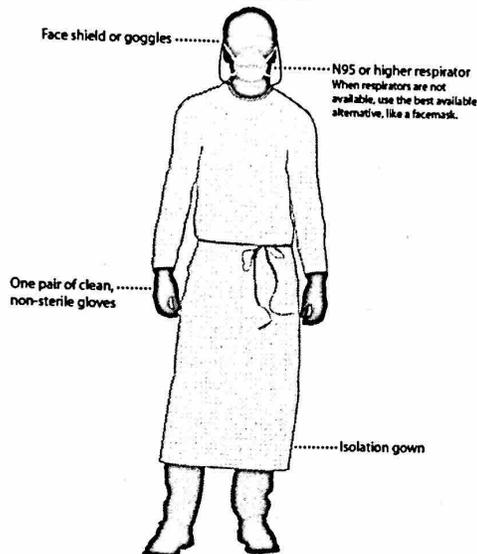
Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **Receive comprehensive training** on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- **Demonstrate competency** in performing appropriate infection control practices and procedures.

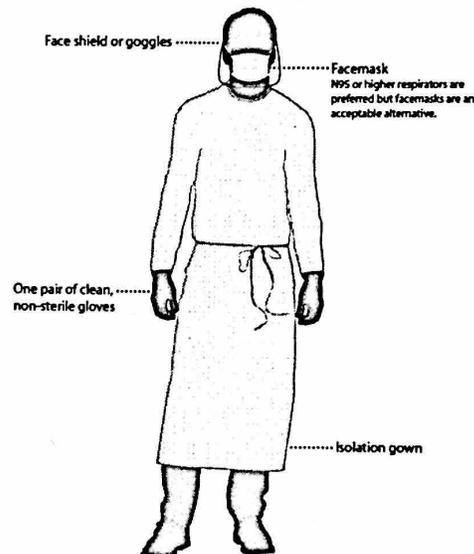
Remember:

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/face mask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
2. **Perform hand hygiene using hand sanitizer.**
3. **Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).**
If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.
 - **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
 - **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. **Put on face shield or goggles.** When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. **Put on gloves.** Gloves should cover the cuff (wrist) of gown.
7. **HCP may now enter patient room.**

Doffing (taking off the gear):

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*
3. **HCP may now exit patient room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator (or facemask if used instead of respirator).*** Do not touch the front of the respirator or facemask.
 - **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
 - **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. **Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.



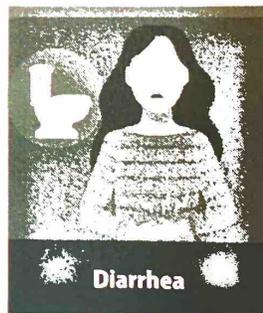
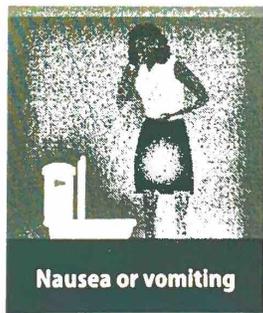
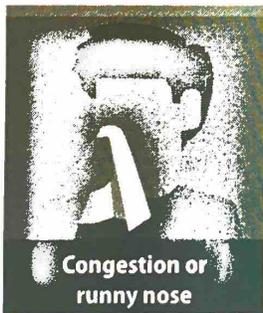
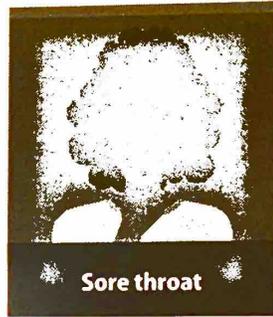
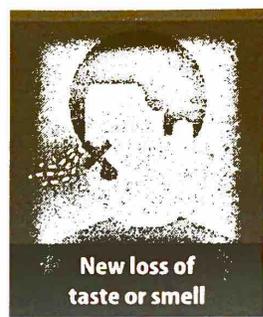
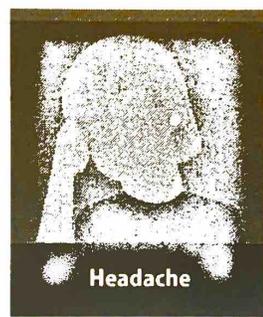
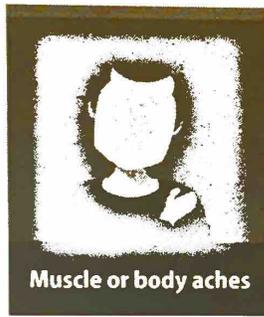
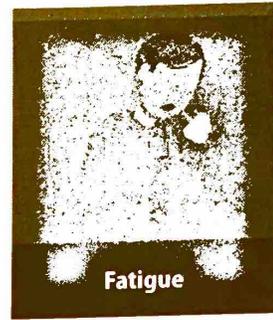
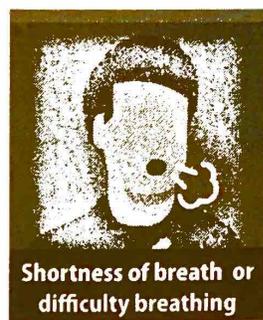
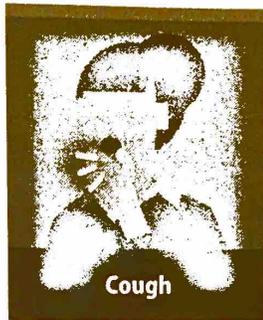
07/14/20 08/05/20

*Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.

www.cdc.gov/coronavirus

Please read before entering.

IF YOU HAVE



Please call our office before coming inside.
Clinic Phone # _____

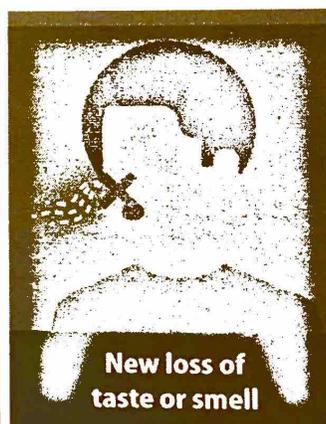
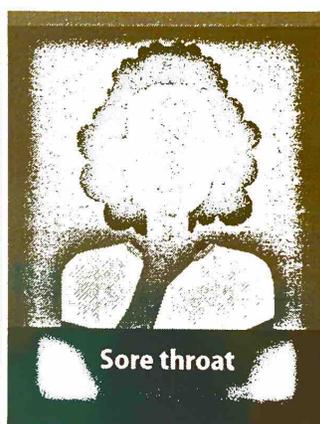
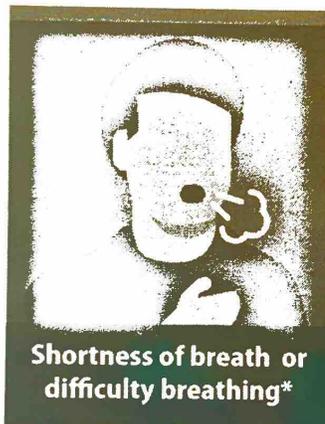
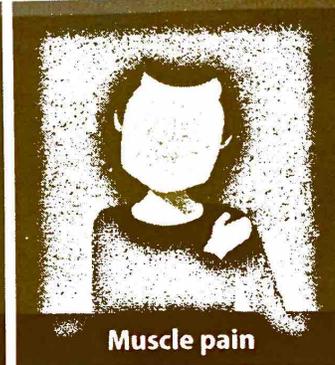
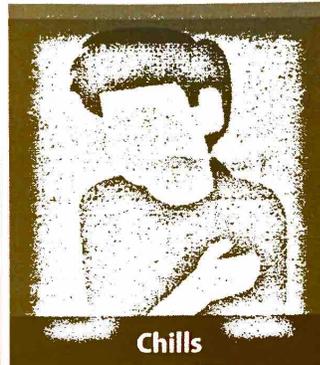
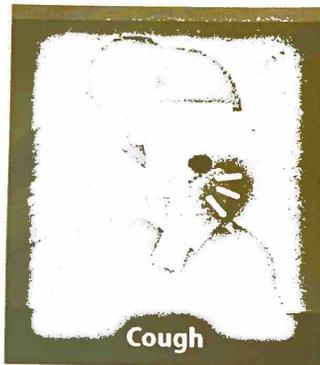
The clinic staff may ask you to wear a mask or use tissues to cover your cough.
Thank you for helping us keep our patients and staff safe.



cdc.gov/coronavirus

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

***Seek medical care immediately if someone has emergency warning signs of COVID-19.**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

10 things you can do to manage your COVID-19 symptoms at home

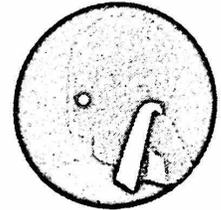
Accessible Version: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If you have possible or confirmed COVID-19:

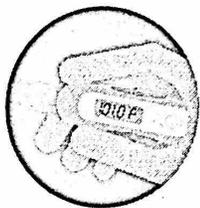
1. **Stay home** from work and school. And stay away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.



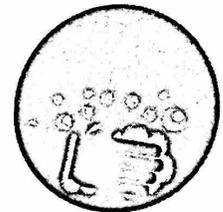
6. **Cover your cough and sneezes.**



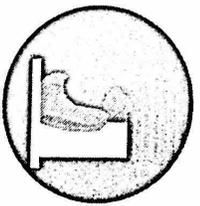
2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



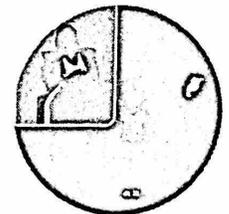
7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



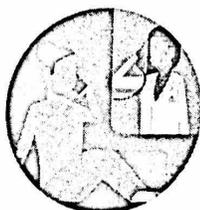
3. **Get rest and stay hydrated.**



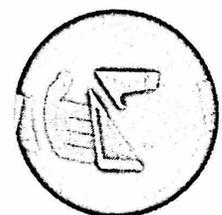
8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a cloth face covering.



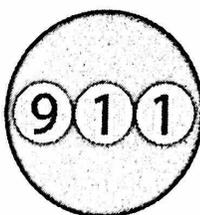
4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.



10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Prevent the spread of COVID-19 if you are sick

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to care for yourself and to help protect other people in your home and community.

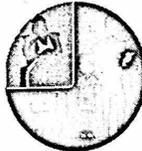
Stay home except to get medical care.

- **Stay home.** Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Take care of yourself.** Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
- **Avoid public transportation, ride-sharing, or taxis.**



Separate yourself from other people and pets in your home.

- **As much as possible, stay in a specific room** and away from other people and pets in your home. Also, you should use a separate bathroom, if available. If you need to be around other people or animals in or outside of the home, wear a cloth face covering.
 - See **COVID-19 and Animals if you have questions about pets:** <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID19animals>
 - Additional guidance is available for those **living in close quarters.** (<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/living-in-close-quarters.html>) and **shared housing** (<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/shared-housing/index.html>).



Monitor your symptoms.

- **Symptoms of COVID-19 include fever, cough, and shortness of breath but other symptoms may be present as well.**
- **Follow care instructions from your healthcare provider and local health department.** Your local health authorities will give instructions on checking your symptoms and reporting information.



When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately:**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Bluish lips or face
- Inability to wake or stay awake

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

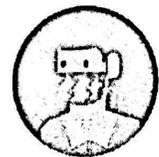
Call ahead before visiting your doctor.

- **Call ahead.** Many medical visits for routine care are being postponed or done by phone or telemedicine.
- **If you have a medical appointment that cannot be postponed, call your doctor's office,** and tell them you have or may have COVID-19.



If you are sick, wear a cloth covering over your nose and mouth.

- **You should wear a cloth face covering over your nose and mouth** if you must be around other people or animals, including pets (even at home).
- You don't need to wear the cloth face covering if you are alone. If you can't put on a cloth face covering (because of trouble breathing for example), cover your coughs and sneezes in some other way. Try to stay at least 6 feet away from other people. This will help protect the people around you.
- Cloth face coverings should not be placed on young children under age 2 years, anyone who has trouble breathing, or anyone who is not able to remove the covering without help.



Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to make a cloth face covering using a scarf or bandana.

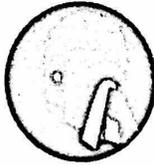


CS 316120-A 06/11/2020

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

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. 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 your hands often** with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Use hand sanitizer** if soap and water are not 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 are the best option**, especially if your hands are visibly dirty.
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.



Avoid sharing personal household items.

- **Do not share** dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash these items thoroughly after using them** with soap and water or put them in the dishwasher.



Clean all "high-touch" surfaces everyday.

- **Clean and disinfect** high-touch surfaces in your "sick room" and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
- **If a caregiver or other person needs to clean and disinfect** a sick person's bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a cloth face covering and wait as long as possible after the sick person has used the bathroom.



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

- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**
- **Use household cleaners and disinfectants.** Clean the area or item with soap and water or another detergent if it is dirty. Then use a household disinfectant.
 - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
 - Most EPA-registered household disinfectants should be effective.

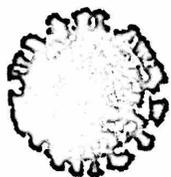
When you can be around others after you had or likely had COVID-19



When you can be around others (end home isolation) depends on different factors for different situations.

- **I think or know I had COVID-19, and I had symptoms**
 - You can be with others after
 - 3 days with no fever
 - AND**
 - symptoms improved
 - AND**
 - 10 days since symptoms first appeared
 - Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others when you have no fever, symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.
- **I tested positive for COVID-19 but had no symptoms**
 - If you continue to have no symptoms, you can be with others after:
 - 10 days have passed since test
 - Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others after you receive two negative test results in a row, at least 24 hours apart.
 - If you develop symptoms after testing positive, follow the guidance above for "I think or know I had COVID, and I had symptoms."

What you should know about COVID-19 to protect yourself and others



Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.



Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.



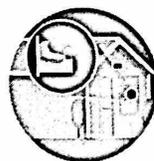
Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.



Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.



Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.



Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.



EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The Families First Coronavirus Response Act (FFCRA or Act) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

► PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅓ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

► ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.*

► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none">1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;2. has been advised by a health care provider to self-quarantine related to COVID-19;3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | <ol style="list-style-type: none">5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



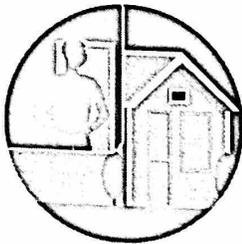
WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd

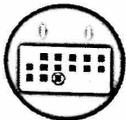


COVID-19: Quarantine vs. Isolation

QUARANTINE keeps someone who was in close contact with someone who has COVID-19 away from others.



If you had close contact with a person who has COVID-19



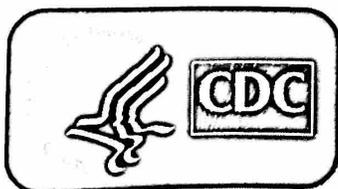
- Stay home until 14 days after your last contact.



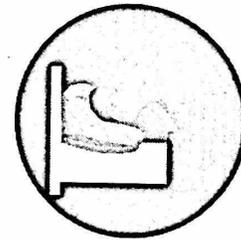
- Check your temperature twice a day and watch for symptoms of COVID-19.



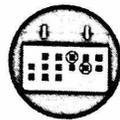
- If possible, stay away from people who are at higher-risk for getting very sick from COVID-19.



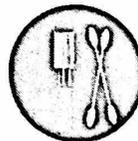
ISOLATION keeps someone who is sick or tested positive for COVID-19 without symptoms away from others, even in their own home.



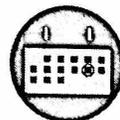
If you are sick and think or know you have COVID-19



- Stay home until after
 - 3 days with no fever and
 - Symptoms improved and
 - 10 days since symptoms first appeared



If you tested positive for COVID-19 but do not have symptoms



- Stay home until after
 - 10 days have passed since your positive test.



If you live with others, stay in a specific “sick room” or area and away from other people or animals, including pets. Use a separate bathroom, if available.

What healthcare personnel should know about caring for patients with confirmed or possible coronavirus disease 2019 (COVID-19)

Healthcare personnel (HCP) are on the front lines of caring for patients with confirmed or possible infection with coronavirus disease 2019 (COVID-19) and therefore have an increased risk of exposure to this virus. HCPs can minimize their risk of exposure when caring for confirmed or possible COVID-19 patients by following Interim Infection Prevention and Control Recommendations for Patients with Confirmed (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings.

How COVID-19 Spreads

There is much to learn about the newly emerged COVID-19, including how and how easily it spreads. Based on what is currently known about COVID-19 and what is known about other coronaviruses, spread is thought to occur mostly from person-to-person via respiratory droplets among close contacts.

Close contact can occur while caring for a patient, including:

- being within approximately 6 feet (2 meters) of a patient with COVID-19 for a prolonged period of time.
- having direct contact with infectious secretions from a patient with COVID-19. Infectious secretions may include sputum, serum, blood, and respiratory droplets.

If close contact occurs while not wearing all recommended personal protective equipment (PPE), healthcare personnel may be at risk of infection.

How You Can Protect Yourself

Healthcare personnel caring for patients with confirmed or possible COVID-19 should adhere to CDC recommendations for infection prevention and control (IPC):

- Assess and triage these patients with acute respiratory symptoms and risk factors for COVID-19 to minimize chances of exposure, including placing a facemask on the patient and placing them in an examination room with the door closed in an Airborne Infection Isolation Room (AIIR), if available.
- Use Standard Precautions, Contact Precautions, and Airborne Precautions and eye protection when caring for patients with confirmed or possible COVID-19.
- Perform hand hygiene with alcohol-based hand rub before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Use soap and water if hands are visibly soiled.
- Practice how to properly don, use, and doff PPE in a manner to prevent self-contamination.
- Perform aerosol-generating procedures, in an AIIR, while following appropriate IPC practices, including use of appropriate PPE.

Environmental Cleaning and Disinfection

Routine cleaning and disinfection procedures are appropriate for 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. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

When to Contact Occupational Health Services

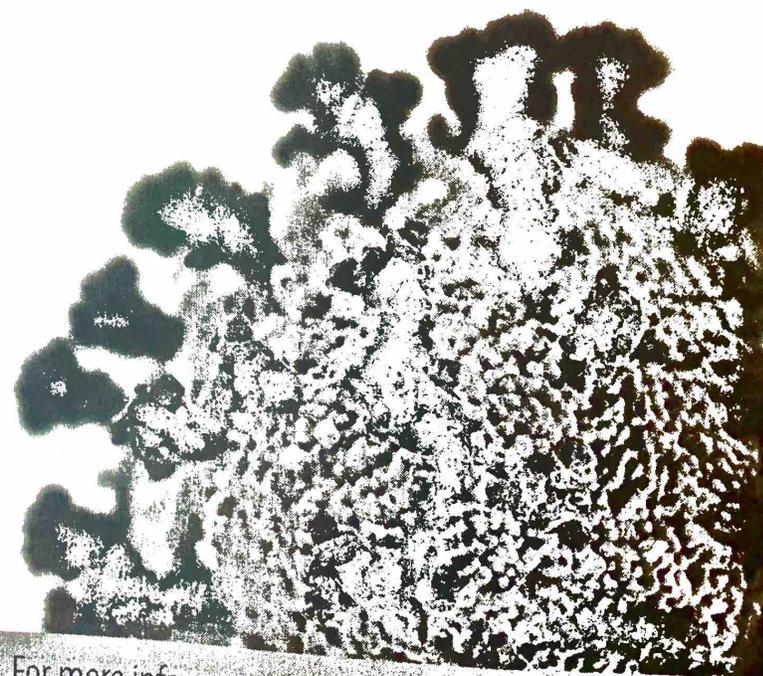
If you have an unprotected exposure (i.e., not wearing recommended PPE) to a confirmed or possible COVID-19 patient, contact your supervisor or occupational health immediately.

If you develop symptoms consistent with COVID-19 (fever, cough, or difficulty breathing), do not report to work. Contact your occupational health services.

For more information for healthcare personnel, visit: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>



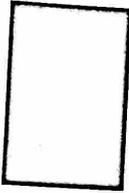
CS 315495-A 03/12/2020



For more information: www.cdc.gov/COVID19

SOCIAL DISTANCING GUIDELINES

Social distancing is a public health safety measure used to reduce the spread of COVID-19. The purpose of social distancing is to minimize potential exposure to the virus.



1

Avoid in-person meetings if possible. Use online conferencing, email or the phone if possible, even when people are in the same building.



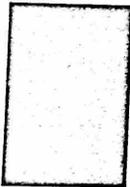
2

Unavoidable in-person meetings should be as short as possible and take place in a location where people can sit as far apart as possible. The Centers for Disease Prevention and Control recommends six feet.



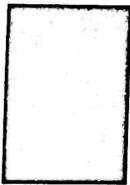
3

Eliminate travel unless required for operational or customer support purposes and postpone nonessential meetings, gatherings, workshops and training sessions. Talk to your supervisor if you think travel is required.



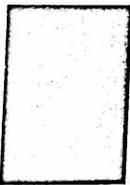
4

Don't congregate in common work spaces or other gathering places. Keep six feet apart from other people when possible.



5

Avoid sitting in lunchrooms and restaurants. Order food to-go instead.



6

Limit public transportation and maintain distance from other travelers.



7

Limit recreational classes, meetings and activities where close contact with others is likely.

Help Keep our Residents Safe from COVID-19

A message from:

Dear Residents, Families, Friends, Volunteers:

We are committed to keeping our residents safe and we need your help. The virus causing Coronavirus Disease 2019 (abbreviated COVID-19) can cause outbreaks in nursing homes. Many of our residents are elderly and may have medical conditions putting them at a very high risk of becoming sick, or even severely ill, with COVID-19. Visitors and healthcare personnel (HCP) are the most likely sources of introduction of the virus that causes COVID-19 into a facility.

To protect our vulnerable residents, even before COVID-19 is seen in our community, we are immediately taking the following aggressive actions to reduce the risk of COVID-19 in our residents and staff:

1. Effective immediately: We are restricting all visitation.

All visitation is being restricted except for certain compassionate care situations, such as end of life situations. These visitors will first be screened for fever and respiratory symptoms.

We know that your presence is important for your loved one but, per guidance from the Centers for Disease Control and Prevention (CDC), this is a necessary action to protect their health. We are introducing alternative methods of visitation (such as Skype and FaceTime) so that you can continue to communicate with your loved ones. Visitors who are permitted to enter the building will be required to frequently clean their hands, limit their visit to a designated area within the building, and wear a facemask. As the situation with COVID-19 is rapidly changing, we will continue to keep you updated.

2. We are monitoring healthcare personnel and residents for symptoms of respiratory illness.

Non-essential healthcare personnel and volunteers are now restricted from entering the facility. Healthcare personnel will be actively monitored for fever and symptoms of respiratory infection. Ill healthcare personnel will be asked to stay home. You may see healthcare personnel wearing facemasks, eye protection, gown, and gloves in order to prevent germs from spreading and help keep residents safe. Healthcare personnel will clean their hands frequently.

We are assessing residents daily for fevers and symptoms of respiratory infection in order to quickly identify ill residents and implement additional infection prevention activities. When ill residents are identified, they will be monitored closely, asked to stay in their rooms or wear a mask.

3. We are limiting activities within the facility.

We are cancelling all group activities within the building and all community outings. We will be helping residents to practice social distancing, including during meals, and to frequently clean their hands.

We encourage you to review the CDC website for information about COVID-19, including its symptoms, how it spreads, and actions you can take to protect your health: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

Thank you very much for everything you are doing to keep our residents and facility staff safe and healthy. We continue to monitor the situation in our community; we will keep you informed about any new precautions we think are necessary to keep your loved one safe.

Please contact us with additional questions at

Sincerely,

Daily COVID-19 Screening for Residents

(Revised 6/25/20)

Plan:

You can help prevent the spread of COVID-19 in your facility by screening residents on a daily basis.

Directions:

- **Throughout your shift**, observe EBI residents. If you see, or there is a report of the following symptoms, contact EBI's DM, Sarah or the house supervisor immediately and follow instructions given.

Daily Documentation

- **Daily**, be sure to write in medical notes for each EBI resident on the PM shift, or more frequently if needed. If symptoms are observed, be sure to include symptoms present when writing in med notes.
- **Daily, in the AM**, take the residents temperature and O2 sat and document those results on the persons MAR. If the person has a temperature above 100.4 or their O2 sat is 90 or lower, contact EBI's DM or house supervisor immediately.
- **Daily, on every shift**, Document below after you have completed the screening.

Directions:

Review with the residents or observe for the following:

Does the EBI resident have -

- A new fever (100.4°F or higher), or a sense of having a fever?
- chills?
- A new cough that you cannot attribute to another health condition?
- New shortness of breath that you cannot attribute to another health condition?
- A new sore throat that you cannot attribute to another health condition?
- New muscle aches (myalgias) that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)?
- New Headache?
- New loss of smell or taste?
- New gastrointestinal symptoms (nausea, vomiting, diarrhea).

If you answer yes to any of the following questions, contact the house supervisor or DM immediately.

Date	AM Staff Int	PM Staff Int	Night Staff Int	Date	AM Staff Int	PM Staff Int	Night Staff Int	Date	AM Staff Int	PM Staff Int	Night Staff Int
1				12				23			
2				13				24			
3				14				25			
4				15				26			
5				16				27			
6				17				28			
7				18				29			
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9				20				31			
10				21							
11				22							

AM – 7a-3p;

PM – 3p – 9p

Night – 9p-9a

Recommended Guidance for Daily COVID-19 Screening of Employees

(Revised 6/25/20)

Plan:

You can help prevent the spread of COVID-19 in your facility by screening employees on a daily basis.

Protocol:

Screen **everyone** who enters your facility, including:

- All employees before the start of each work shift

Directions:

Answer the following questions daily on your shift. Do not document your answer just initial designated spot:

“YES or NO, since your last day of work, or since your last visit to this facility, have you had any of the following:”

- A new fever (100.4°F or higher), or a sense of having a fever?
- Do you or have you recently had the chills?
- A new cough that you cannot attribute to another health condition?
- New shortness of breath that you cannot attribute to another health condition?
- A new sore throat that you cannot attribute to another health condition?
- New muscle aches (myalgias) that you cannot attribute to another health condition, or that may have been caused by a specific activity (such as physical exercise)?
- New Headache?
- New loss of smell or taste?
- Have you been within 6 feet for 10 minutes or more of someone diagnosed with COVID-19 in the last 14 days?
- Do you live with someone who has been diagnosed with COVID-19 and is under quarantine?
- In the last 3 days have you experience any of the COVID-19 symptoms below? (Not associated with allergies and not treated by a doctor where a return-to-work release was issued.)

If you answer yes to any of the following questions, contact the house supervisor immediately.

Date	AM Staff Int	PM Staff Int	Night Staff Int	Date	AM Staff Int	PM Staff Int	Night Staff Int	Date	AM Staff Int	PM Staff Int	Night Staff Int
1				12				23			
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AM – 7a-3p;

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Stay Safe MN
What to do if you have COVID-19
(New 6/5/20)

If you have tested positive for COVID-19, you must separate yourself from others and watch yourself for symptoms such as fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell. This is to protect yourself, your family, and your community.

Separate yourself from others

Stay home. Do not go to work, school, or any other place outside the home. If you need medical care, follow the instructions below.

Stay home until all three of these things are true:

- You feel better.
- Your cough, shortness of breath, or other symptoms are better.
- It has been 10 days since you first felt sick.
- You have had no fever for the last three days, without using medicine that lowers fevers.

Stay away from other people in your home. As much as possible, stay in a separate room and use a separate bathroom, if available.

Wear a facemask if you need to be around other people and cover your mouth and nose with a tissue when you cough or sneeze. Wash hands thoroughly afterward.

Avoid sharing personal household items. Do not share food, dishes, drinking glasses, eating utensils, towels, or bedding with other people in your home. After using these items, wash them thoroughly with soap and water. Clean all frequently touched surfaces in your home daily, including door knobs, light switches, or faucets.

Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer containing at least 60% alcohol. Avoid touching your face with unwashed hands.

Please carefully review additional information provided to you by the health department and CDC's webpage on Cleaning and Disinfection for Households (www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html).

Monitor your symptoms

IF YOUR SYMPTOMS GET WORSE, YOU HAVE DIFFICULTY BREATHING, OR YOU NEED MEDICAL CARE:

Contact your health care provider. Call ahead. Do not use public transportation, ride-sharing (such as Uber or Lyft), or taxis if you need to go to a clinic or hospital.

If you need emergency medical attention any time during the isolation period, call 911 and let them know that you have been diagnosed with COVID-19.

Minnesota Department of Health | health.mn.gov | 651-201-5000 625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975

Date of last revision: 6/5/20 (new)

Review or Revision by: Sarah Hamilton, EBI DM

Return to Work Criteria for HCP with Suspected or Confirmed COVID-19

Symptomatic HCP with suspected or confirmed COVID-19 (Either strategy is acceptable depending on local circumstances):

- **Symptom-based strategy.** Exclude from work until:
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and
 - At least 10 days have passed *since symptoms first appeared*
- **Test-based strategy.** Exclude from work until:
 - Resolution of fever without the use of fever-reducing medications and
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens)[1]. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

HCP with laboratory-confirmed COVID-19 who have not had any symptoms (Either strategy is acceptable depending on local circumstances):

- **Time-based strategy.** Exclude from work until:
 - 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the *symptom-based* or *test-based strategy* should be used. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.
- **Test-based strategy.** Exclude from work until:
 - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individual are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Consider consulting with local infectious disease experts when making return to work decisions for individuals who might remain infectious longer than 10 days (e.g., severely immunocompromised).

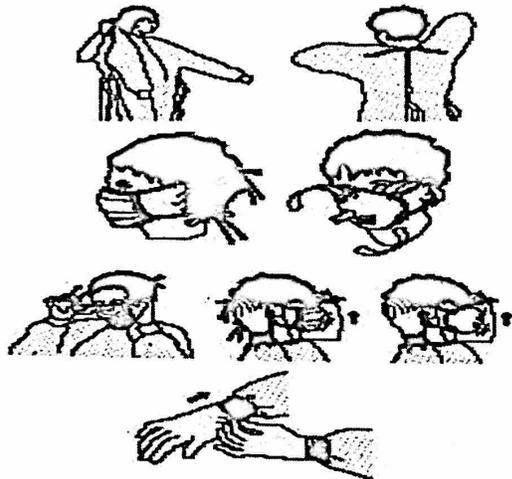
If HCP had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Return to Work Practices and Work Restrictions

After returning to work, HCP should:

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding [universal source control](#) during the pandemic.
 - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
 - Of note, N95 or other respirators with an exhaust valve might not provide source control.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

Putting on PPE (personal protective equipment)



Gown

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

Mask or Respirator

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

Goggles/Face Shield

- Put on face and adjust to fit

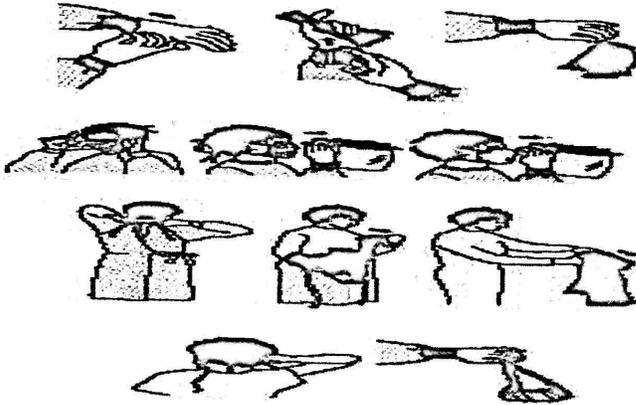
Gloves

- Use non-sterile for isolation
- Select according to hand size
- Extend to cover wrist of isolation gown

Safe Work Practices

- Keep hands away from face
- Work from clean to dirty
- Limit surfaces touched
- Change when torn or heavily contaminated
- Perform hand hygiene

Removing PPE



Remove PPE at doorway before leaving patient room or in anteroom

Gloves

- Outside of gloves are contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist

Goggles/Face Shield

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

Gown

- Gown front and sleeves are contaminated!
- Unfasten neck, then waist ties
- Remove gown using a peeling motion; pull gown from each shoulder toward the same hand
- Gown will turn inside out
- Hold removed gown away from body, roll into a bundle and discard into waste or linen receptacle

Mask or Respirator

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

Hand Hygiene

Perform hand hygiene immediately after removing all PPE!

Daily Staff Cleaning for ALL Shifts

1) Kitchen –

- **Clean/Wipe all surfaces in the kitchen with disinfectant** (including, but not limited to: counter tops, outside of cabinets, outside and inside of fridge, stove top, sink, walls, garbage cans, handles, light switches, microwave, breadbox, toasters, coffeepots);
- **Take out the garbage**
- **Sweep and Mop**
- **Dishes** (clean and put away, there should be no dishes on the countertop)

2) Dining Area –

- **Wipe all surfaces with disinfectant** (including, but not limited to: tabletop, chairs, buffet, all surfaces, light switches, wall baseboards)
- **Sweep, mop**
- **Bring garbage out**

3) Living room, staff bedroom, hallways, entryways –

- **Wipe all surfaces with disinfectant** (including, but not limited to: desks, dressers, end tables, phones, switches, remotes, door handles)
- **Wash staff bedding/strip beds every AM**
- **Sweep, mop, vacuum**
- **Bring garbage out**

4) Bathrooms –

- **Wipe all surfaces with disinfectant** (including, but not limited to: countertop, walls, mirrors toilet, spray tub and tub handles, door knob, light switch)
- **Sweep and mop**
- **Bring garbage out**

Chemical List: Bleach, Lysol, scrubbing bubbles, Windex, Comet, Clorox, Fantastik, 409, etc.

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Policy

Cleaning is the first and biggest step to keeping a facility and its occupants healthy. Sanitizing or disinfecting is often the second step toward this goal

- EBI staff will follow written cleaning policies posted at each EBI location. Cleaning will be completed daily throughout the day. Cleaning lists will be signed off by all staff completing the cleaning. Additional cleaning lists will be provided or additional tasks will be assigned during times of illness or pandemics.
- EBI staff will assist residents with any assigned cleaning, as needed. During times of illness or a pandemic, EBI staff will be responsible for all cleaning.
- EBI staff will use cleaning products provided in the home. EBI staff will be responsible to report product shortage immediately to the house supervisor.

Procedure

- **Cleaning removes** germs and involves using soap (or a detergent) and water to physically take them off of surfaces.
- **Disinfecting kills** germs with chemicals or cleaning agents (other than soap) which are necessary to destroy or inactivate them. Disinfecting does not remove dirt or dust, so you should always clean surfaces before disinfecting them.
- **Sanitizing reduces** the number of germs on surfaces to a level deemed safe according to public health standards.

Pick the Right Products

- Read the labels on household cleaners and sprays. Products that claim to sanitize are not proper disinfectants unless the label states that the product sanitizes and disinfects.
- Sanitizers are designed to remove 99 percent of bacteria within 30 seconds,
- Disinfectants are designed to kill all specified organisms within at least 10 minutes of product application.
- In addition to certain formulas found in the cleaning aisle of your favorite store, household products such as chlorine bleach, rubbing alcohol and hydrogen peroxide can disinfect. Products with disinfectant capabilities can be easily identified by U.S. Environmental Protection Agency registration information on the packaging.

Target Hard Surface

- Read the instructions on the product you are using to determine how long it takes for germs to be killed. Then apply the product to surfaces.
- Focus on areas that are likely to have been touched, such as doorknobs, counter tops, railings and chair backs.
- Allow the disinfectant product to remain on surfaces for as long as necessary, then wipe the surfaces down with disposable towels. Grab a fresh towel each time you start wiping a new surface.

Kill Germs on Soft Surfaces

- Wash germ-filled fabrics in hot water, and dry on the highest temperature setting your machine will allow.
- Items you may want to focus on include sofa covers, linens, chair cushion liners and bedding, if you have reason to believe it may have been touched.
- Apply disinfectant spray to nonwashable soft surfaces, such as carpets and furniture. Test spray products on a small area of the surface before applying heavily, to make sure there is no discoloration.

Don't Forget the Odds and Ends

- Tissues in wastebaskets are some of the biggest infection risks you can have hanging around, so make sure you empty them immediately. Spray the baskets with disinfectant spray or wipe them with disinfectant cleaner as soon as they have been emptied.
- If any dishes were used, run them through the dishwasher, or hand-wash them with hot water and dish soap.
- Miscellaneous items such as toys may be able to go through the dishwasher for easy disinfecting due to high heat. You can also soak small items in a mixture of bleach and water, or wipe them with disinfectant cleaner.

Take Safety Precautions

- Wear disposable gloves while disinfecting to protect your skin from abrasive cleaners, and to avoid spreading germs via your hands.
- Always wash your hands with soap and hot water after cleaning to make absolutely sure no organisms ended up on your fingers.

- Open windows and doors while disinfecting, since the fumes generated by cleaners and sprays can make you sick.

Cleaning Expectations

EBI staff will ensure the following daily as part of their cleaning plan:

- **FLOORS, WALLS, AND CEILINGS.**
 - The floors of all rooms, hallways, bathrooms, store rooms, and all other spaces used or traversed by residents and staff shall be of such construction as to be easily cleaned, shall be smooth, and shall be kept clean and in good repair.
 - Cleaning of floors shall be so done as to minimize the raising of dust and the exposure of residents thereto.
 - The safe use of rugs, carpets, or natural stone, which can be kept clean, is permitted.
 - Abrasive strips to reduce or prevent slipping shall be used where slippery surfaces present a hazard.
 - The walls and ceilings of all rooms, halls and stairways shall be kept clean and in good repair.
- **BEDDING AND LINEN.**
 - All beds provided for residents shall be supplied with suitable pillowcases and under and top sheets.
 - All bedding, including mattresses, mattress pads, quilts, blankets, pillows, sheets, spreads and all bath linen shall be kept clean.
 - Bedding, including mattresses, mattress pads, quilts, blankets, pillows, bed and bath linen which is worn out or unfit for further use shall not be used.
 - Bedding shall be appropriate to the season.
 - Clean bed linen shall be furnished at least once each week, or more frequently to maintain cleanliness, and at least a clean washcloth and a clean towel or appropriate paper service shall be available each day to each resident.
- **ROOM FURNISHINGS.**
 - All equipment, fixtures, furniture and furnishings, including windows, draperies, curtains and carpets, shall be kept clean and free of dust, dirt, vermin, and other contaminants and shall be maintained in good order and repair.
- **TOILETS AND BATHS.**
 - All toilet and bathing areas, facilities, and fixtures shall be kept clean and in good repair and shall be well lighted.

Date of last revision: 3/1/2020

Review or Revision by: Sarah Hamilton, EBI DM

Weekly Review –

- Daily cleaning lists are in place to ensure regular cleanliness – See staff book for reference if needed.
- Weekly, a designated staff member will review this list to ensure cleaning has not been missed from the daily cleaning list.
- Staff reviewing the list will place a check mark by each item as they check it.
- Staff will document further cleaning that was necessary or observed repairs needed. Staff will turn this form into the house supervisor.

FLOORS, WALLS, AND CEILINGS.

The floors of all rooms, hallways, bathrooms, offices, and all other spaces used or traversed by residents and staff are clean and in good repair.

All floors in the home (carpet, rugs, vinyl, stone) are clean - swept, mopped, or vacuumed

Abrasive strips that have been placed on surfaces (tubs, decking) are still present and do not need repair.

Check walls and ceilings of all rooms, halls and stairways and see that they are clean and in good repair.

All ceiling lights are working and fixtures are without dust

BEDDING AND LINEN.

All beds provided for residents shall be supplied with suitable pillowcases and under and top sheets. (If no, place sheets on bed and pillowcase on pillow)

All bedding, including mattresses, mattress pads, quilts, blankets, pillows, sheets, spreads and all bath linen shall be kept clean. (if not clean, please place in the washing machine)

Bedding, including mattresses, mattress pads, quilts, blankets, pillows, bed and bath linen which is worn out or unfit for further use shall not be used (if worn out items are seen, please discard and immediately let your house supervisor know so a replacement can be purchased).

Clean bed linen shall be furnished at least once each week, or more frequently to maintain cleanliness (If bedding is dirty, immediately place bedding in the washer)

There is a clean washcloth and a clean towel available each day to each resident (check bathrooms or resident bedrooms to ensure their towels are clean. If not, immediately place in the washer and provide resident with new towels).

ROOM FURNISHINGS.

Check to see that all equipment, fixtures, furniture and furnishings, including windows, draperies, curtains and carpets, to ensure that they are clean and free of dust, dirt, vermin, and other contaminants (If present, please clean/dust/wash).

Check to see that all equipment, fixtures, furniture and furnishings, including windows, draperies, curtains and carpets are in good order and repair (If broken, burnt out lights, non-working, please report to the house supervisor).

TOILETS AND BATHS.

All toilet and bathing areas – tub/shower, facilities, and fixtures (light fixtures) shall be kept clean and in good repair and shall be well lighted. (If not clean, please use proper cleaning products and clean, dust fixtures if needed, replace lightbulbs or alert house supervisor of lighting concerns)

Report any needed repairs or additional cleaning needed:

Staff completing cleaning:

Date: