THE PRESIDENT'S CORONAVIRUS GUIDELINES FOR AMERICA

DO YOUR PART TO SLOW THE SPREAD OF THE CORONAVIRUS

Even if you are young, or otherwise healthy, you are at risk and your activities can increase the risk for others. It is critical that you do your part to slow the spread of the coronavirus.

Work or engage in schooling **FROM HOME** whenever possible.

IF YOU WORK IN A CRITICAL INFRASTRUCTURE INDUSTRY, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule. You and your employers should follow CDC guidance to protect your health at work.

AVOID SOCIAL GATHERINGS in groups of more than 10 people.

Avoid eating or drinking at bars, restaurants, and food courts — **USE DRIVE-THRU, PICKUP, OR DELIVERY OPTIONS.**

AVOID DISCRETIONARY TRAVEL, shopping trips, and social visits.

DO NOT VISIT nursing homes or retirement or long-term care facilities unless to provide critical assistance.

PRACTICE GOOD HYGIENE:

- Wash your hands, especially after touching any frequently used item or surface.
- Avoid touching your face.
- Sneeze or cough into a tissue, or the inside of your elbow.
- Disinfect frequently used items and surfaces as much as possible.

CORONAVIRUS.GOV

School operations can accelerate the spread of the coronavirus. Governors of states with evidence of community transmission should close schools in affected and surrounding areas. Governors should close schools in communities that are near areas of community transmission, even if those areas are in neighboring states. In addition, state and local officials should close schools where coronavirus has been identified in the population associated with the school. States and localities that close schools need to address childcare needs of critical responders, as well as the nutritional needs of children.

Older people are particularly at risk from the coronavirus. All states should follow Federal guidance and halt social visits to nursing homes and retirement and long-term care facilities.

In states with evidence of community transmission, bars, restaurants, food courts, gyms, and other indoor and outdoor venues where groups of people congregate should be closed.

SYMPTOMS OF CORONAVIRUS DISEASE 2019

Patients with COVID-19 have experienced mild to severe respiratory illness.





cdc.gov/COVID19-symptoms

CS 315252-A March 20, 2020, 12:51PM

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

What is coronavirus disease 2019 (COVID-19)?

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

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

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

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

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

How does COVID-19 spread?

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

What are the symptoms of COVID-19?

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

- fever
- cough
- shortness of breath

What are severe complications from this virus?

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

How can I help protect myself?

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

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

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

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

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

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

Is there a vaccine?

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

Is there a treatment?

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



cdc.gov/COVID19

CS 314937-A 03/20/2020

15 DAYS TO SLOW THE SPREAD

Listen to and follow the directions of your STATE AND LOCAL AUTHORITIES.

IF YOU FEEL SICK, stay home. Do not go to work. Contact your medical provider.

IF YOUR CHILDREN ARE SICK, keep them at home. Do not send them to school. Contact your medical provider.

IF SOMEONE IN YOUR HOUSEHOLD HAS TESTED POSITIVE for the coronavirus, keep the entire household at home. Do not go to work. Do not go to school. Contact your medical provider.

IF YOU ARE AN OLDER PERSON, stay home and away from other people.

IF YOU ARE A PERSON WITH A SERIOUS UNDERLYING HEALTH CONDITION that can put you at increased risk (for example, a condition that impairs your lung or heart function or weakens your immune system), stay home and away from other people.



For more information, please visit **CORONAVIRUS.GOV**

STOP THE SPREAD OF GERMS

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





in the trash.

then throw the tissue

Cover your cough or sneeze with a tissue,

Clean and disinfect frequently touched objects and surfaces.

Avoid touching your eyes, nose, and mouth.



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



cdc.gov/COVID19

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 think you might have it, follow the steps below to help protect other 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 recover at home. Do not leave, except to get medical care. Do not visit public areas.



- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you feel worse or you think it is an emergency.
- **Avoid public transportation:** Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people in your home, this is known as home isolation



- **Stay away from others:** As much as possible, you should stay in a specific "sick room" and away from other people in your home. Use a separate bathroom, if available.
- Limit contact with pets & animals: You should restrict contact with pets and other animals, 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 with the virus limit contact with animals until more information is known.
 - When possible, have another member of your household care for your animals while you are sick with COVID-19. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with them. See COVID-19 and Animals for more information.

Call ahead before visiting your doctor

• **Call ahead:** If you have a medical appointment, call your doctor's office or emergency department, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.



Wear a facemask if you are sick

• **If you are sick:** You should wear a facemask when you are around other people 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 in the home should stay in a different room. When caregivers enter the room of the sick person, they should wear a facemask. Visitors, other than caregivers, are not recommended.

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. 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. This is especially important 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 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, especially if hands are visibly dirty.
- **Avoid touching:** Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid sharing personal household items

• **Do not share:** Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.







• Wash thoroughly after use: After using these items, wash them thoroughly with soap and water or put in the dishwasher.

Clean all "high-touch" surfaces everyday

Clean high-touch surfaces in your isolation area ("sick room" and bathroom) every day; let a caregiver clean and disinfect high-touch surfaces in other areas of the home.



- **Clean and disinfect:** Routinely clean 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 mask 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.
- 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. A full list of disinfectants can be found hereexternal icon.

Monitor your symptoms

• Seek medical attention, but call first: Seek medical care right away if your illness is worsening (for example, if you have difficulty breathing).



- **Call your doctor before going in:** Before going to the doctor's office or emergency room, call ahead and tell them your symptoms. They will tell you what to do.
- Wear a facemask: If possible, put on a facemask before you enter the building. If you can't put on a facemask, try to keep a safe distance from other people (at least 6 feet away). This will help protect the people in the office or waiting room.
- 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.

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

Emergency warning signs include*:

- 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 symptoms that are severe or concerning.

Call 911 if you have a medical emergency: If you have a medical emergency and need to call 911, notify the operator that you have or think you might have, COVID-19. If possible, put on a facemask before medical help arrives.

How to discontinue home isolation

• People with COVID-19 who have stayed home (home isolated) can stop home isolation under the following conditions:



- *If you will not have a test* to determine if you are still contagious, you can leave home after these three things have happened:
 - You have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers) AND
 - other symptoms have improved (for example, when your cough or shortness of breath have improved) AND
 - at least 7 days have passed since your symptoms first appeared
- *If you will be tested* to determine if you are still contagious, you can leave home after these three things have happened:
 - You no longer have a fever (without the use medicine that reduces fevers) AND
 - other symptoms have improved (for example, when your cough or shortness of breath have improved) AND
 - you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.

In all cases, follow the guidance of your healthcare provider and local health department. The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Local decisions depend on local circumstances.

More information is available <u>here.</u>

Additional information for healthcare providers: <u>Interim</u> <u>Healthcare Infection Prevention and Control Recommendations</u> for Persons Under Investigation for 2019 Novel Coronavirus.

Making cleaning solution from 2.6% liquid bleach

Use the **STRONG** chlorine water to clean floors, latrines, tables, and mats touched with blood, vomit, poo-poo, pee-pee, snot, spit, or sweat. Make new **STRONG** chlorine water every day.





Before starting, put on your gown, mask, face shield, and two pairs of gloves.





Pour **STRONG** chlorine water onto clean cloth.



Put soaked cloth on top of spill. Let sit for 15 minutes. Then clean up and throw in waste bag.

Making hand washing solution from liquid bleach

Use the **MILD** chlorine water to wash hands. Make new **MILD** chlorine water every day.



This **MILD** solution can be made from mixing 1 part **STRONG** solution with 9 parts water every day.



Use the MILD chlorine water to wash hands.



Do NOT drink chlorine water. Do NOT put chlorine water in mouth or eyes.

November 12, 2014 CS251658-B

U.S. Centers for Disease Control and Prevention

Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission

Background

When a novel virus with pandemic potential emerges, nonpharmaceutical interventions, which will be called community mitigation strategies in this document, often are the most readily available interventions to help slow transmission of the virus in communities. Community mitigation is a set of actions that persons and communities can take to help slow the spread of respiratory virus infections. Community mitigation is especially important before a vaccine or drug becomes widely available.

The following is a framework for actions which local and state health departments can recommend in their community to both prepare for and mitigate community transmission of COVID-19 in the United States. Selection and implementation of these actions should be guided by the local characteristics of disease transmission, demographics, and public health and healthcare system capacity.

Goals

The goals for using mitigation strategies in communities with local COVID-19 transmission are to slow the transmission of disease and in particular to protect:

- Individuals at increased risk for severe illness, including older adults and persons of any age with underlying health conditions (See Appendix A)
- The healthcare and critical infrastructure workforces

These approaches are used to minimize morbidity and mortality and the social and economic impacts of COVID-19. Individuals, communities, businesses, and healthcare organizations are all part of a community mitigation strategy. These strategies should be implemented to prepare for and when there is evidence of community transmission. Signals of ongoing community transmission may include detection of confirmed cases of COVID-19 with no epidemiologic link to travelers or known cases, or more than three generations of transmission.

Implementation is based on:

- Emphasizing individual responsibility for implementing recommended personal-level actions
- Empowering businesses, schools, and community organizations to implement recommended actions, particularly in ways that protect persons at increased risk of severe illness
- Focusing on settings that provide critical infrastructure or services to individuals at increased risk of severe illness
- Minimizing disruptions to daily life to the extent possible



Guiding principles

- Each community is unique, and appropriate mitigation strategies will vary based on the level of community transmission, characteristics of the community and their populations, and the local capacity to implement strategies (Table 1).
- Consider all aspects of a community that might be impacted, including populations most vulnerable to severe illness and those that may be more impacted socially or economically, and select appropriate actions.
- Mitigation strategies can be scaled up or down depending on the evolving local situation.
- When developing mitigation plans, communities should identify ways to ensure the safety and social well-being of groups that may be especially impacted by mitigation strategies, including individuals at increased risk for severe illness.
- Activation of community emergency plans is critical for the implementation of mitigation strategies. These plans may provide additional authorities and coordination needed for interventions to be implemented (Table 2).
- Activities in Table 2 may be implemented at any time regardless of the level of community transmission based on guidance on from local and state health officials.
- The level of activities implemented may vary across the settings described in Table 2 (e.g., they may be at a minimal/ moderate level for one setting and at a substantial level for another setting in order to meet community response needs).
- Depending on the level of community spread, local and state public health departments may need to implement mitigation strategies for public health functions to identify cases and conduct contact tracing (Table 3). When applied, community mitigation efforts may help facilitate public health activities like contact tracing



Factor	Characteristics
Epidemiology	 Level of community transmission (see Table 3) Number and type of outbreaks (e.g., nursing homes, schools, etc.) Impact of the outbreaks on delivery of healthcare or other critical infrastructure or services Epidemiology in surrounding jurisdictions
Community Characteristics	 Size of community and population density Level of community engagement/support Size and characteristics of vulnerable populations Access to healthcare Transportation (e.g., public, walking) Planned large events Relationship of community to other communities (e.g., transportation hub, tourist destination, etc.)
Healthcare capacity	 Healthcare workforce Number of healthcare facilities (including ancillary healthcare facilities) Testing capacity Intensive care capacity Availability of personal protective equipment (PPE)
Public health capacity	 Public health workforce and availability of resources to implement strategies Available support from other state/local government agencies and partner organizations

Table 1. Local Factors to Consider for Determining Mitigation Strategies

	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
Factor	None to Minimal	Minimal to moderate	Substantial
Individuals and Families at Home "What you can do to prepare, if you or a family member gets ill, or if your community experiences spread of COVID-19"	 Know where to find local information on COVID-19 and local trends of COVID-19 cases. Know the signs and symptoms of COVID-19 and what to do if symptomatic: Stay home when you are sick Call your health care provider's office in advance of a visit Limit movement in the community Limit visitors Know what additional measures those at highrisk and who are vulnerable should take. Implement personal protective measures (e.g., stay home when sick, handwashing, respiratory etiquette, clean frequently touched surfaces daily). Create a household plan of action in case of illness in the household or disruption of daily activities due to COVID-19 in the community. Consider 2-week supply of prescription and over the counter medications, food and other essentials. Know how to get food delivered if possible. Establish ways to communicate with others (e.g., family, friends, co-workers). Establish plans to telework, what to do about childcare needs, how to adapt to cancellation of events. Know about emergency operations plans for schools/workplaces of household members. 	 Continue to monitor local information about COVID-19 in your community. Continue to practice personal protective measures. Continue to put household plan into action. Individuals at increased risk of severe illness should consider staying at home and avoiding gatherings or other situations of potential exposures, including travel. 	 Continue to monitor local information. Continue to practice personal protective measures. Continue to put household plan into place. All individuals should limit community movement and adapt to disruptions in routine activities (e.g., school and/or work closures) according to guidance from local officials.

Table 2. Community mitigation strategies by setting and by level of community transmission or impact of COVID-19

Fo stor	Potential mitigation activities according to level of community transmission or impa		
Factor	None to Minimal	Minimal to moderate	Substantial
Schools/childcare "What childcare facilities, K-12 schools, and colleges and universities can do to prepare for COVID-19, if the school or facility has cases of COVID-19, or if the community is experiencing spread of COVID-19)"	 Know where to find local information on COVID-19 and local trends of COVID-19 cases. Know the signs and symptoms of COVID-19 and what to do if students or staff become symptomatic at school/childcare site. Review and update emergency operations plan (including implementation of social distancing measures, distance learning if feasible) or develop plan if one is not available. Evaluate whether there are students or staff who are at increased risk of severe illness and develop plans for them to continue to work or receive educational services if there is moderate levels of COVID-19 transmission or impact. Parents of children at increased risk for severe illness should discuss with their health care provider whether those students should stay home in case of school or community spread. Staff at increased risk for severe illness should have a plan to stay home if there are school-based cases or community spread. Encourage staff and students to stay home when sick and notify school administrators of illness (schools should provide non-punitive sick leave options to allow staff to stay home when ill). Encourage personal protective measures among staff/students (e.g., stay home when sick, handwashing, respiratory etiquette). Clean and disinfect frequently touched surfaces daily. Ensure hand hygiene supplies are readily available in buildings. 	 Implement social distancing measures: » Reduce the frequency of large gatherings (e.g., assemblies), and limit the number of attendees per gathering. » Alter schedules to reduce mixing (e.g., stagger recess, entry/dismissal times) » Limit inter-school interactions » Consider distance or e-learning in some settings Consider regular health checks (e.g., temperature and respiratory symptom screening) of students, staff, and visitors (if feasible). Short-term dismissals for school and extracurricular activities as needed (e.g., if cases in staff/students) for cleaning and contact tracing. Students at increased risk of severe illness should consider implementing individual plans for distance learning, e-learning. 	 Broader and/or longer-term school dismissals, either as a preventive measure or because of staff and/or student absenteeism. Cancellation of school-associated congregations, particularly those with participation of high-risk individuals. Implement distance learning if feasible.

	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting			
Factor	None to Minimal	Minimal to moderate	Substantial	
Assisted living facilities, senior living facilities and adult day programs "What facilities can do to prepare for COVID-19, if the facility has cases of COVID-19, or if the community is experiencing spread of COVID-19)"	 Know where to find local information on COVID-19. Know the signs and symptoms of COVID-19 and what to do if clients/residents or staff become symptomatic. Review and update emergency operations plan (including implementation of social distancing measures) or develop a plan if one is not available. Encourage personal protective measures among staff, residents and clients who live elsewhere (e.g., stay home or in residences when sick, handwashing, respiratory etiquette). Clean frequently touched surfaces daily. Ensure hand hygiene supplies are readily available in all buildings. 	 Implement social distancing measures: » Reduce large gatherings (e.g., group socialevents) » Alter schedules to reduce mixing (e.g., stagger meal, activity, arrival/departure times) » Limit programs with external staff » Consider having residents stay in facility and limit exposure to the general community » Limit visitors, implement screening Temperature and respiratory symptom screening of attendees, staff, and visitors. Short-term closures as needed (e.g., if cases in staff, residents or clients who live elsewhere) for cleaning and contact tracing. 	 Longer-term closure or quarantine of facility. Restrict or limit visitor access (e.g., maximum of 1 per day). 	

	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
Factor	None to Minimal	Minimal to moderate	Substantial
Workplace "What workplaces can do to prepare for COVID-19, if the workplace has cases of COVID-19, or if the community is experiencing spread of COVID-19)"	 Know where to find local information on COVID-19 and local trends of COVID-19 cases. Know the signs and symptoms of COVID-19 and what to do if staff become symptomatic at the worksite. Review, update, or develop workplace plans to include: » Liberal leave and telework policies » Consider 7-day leave policies for people with COVID-19 symptoms » Consider alternate team approaches for work schedules. Encourage employees to stay home and notify workplace administrators when sick (workplaces should provide non-punitive sick leave options to allow staff to stay home when ill). Encourage personal protective measures among staff (e.g., stay home when sick, handwashing, respiratory etiquette). Clean and disinfect frequently touched surfaces daily. Ensure hand hygiene supplies are readily available in building. 	 Encourage staff to telework (when feasible), particularly individuals at increased risk of severe illness. Implement social distancing measures: Increasing physical space between workers at the worksite Staggering work schedules Decreasing social contacts in the workplace (e.g., limit in-person meetings, meeting for lunch in a break room, etc.) Limit large work-related gatherings (e.g., staff meetings, after-work functions). Limit non-essential work travel. Consider regular health checks (e.g., temperature and respiratory symptom screening) of staff and visitors entering buildings (if feasible). 	 Implement extended telework arrangements (when feasible). Ensure flexible leave policies for staff who need to stay home due to school/childcare dismissals. Cancel non-essential work travel. Cancel work-sponsored conferences, tradeshows, etc.

	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting			
Factor	None to Minimal	Minimal to moderate	Substantial	
Community and faith-based organizations "What organizations can do to prepare for COVID-19, if the organizations has cases of COVID-19, or if the community is experiencing spread of COVID-19)"	 Know where to find local information on COVID-19 and local trends of COVID-19 cases. Know the signs and symptoms of COVID-19 and what to do if organization members/staff become symptomatic. Identify safe ways to serve those that are at high risk or vulnerable (outreach, assistance, etc.). Review, update, or develop emergency plans for the organization, especially consideration for individuals at increased risk of severe illness. Encourage staff and members to stay home and notify organization administrators of illness when sick. Encourage personal protective measures among organization/members and staff (e.g., stay home when sick, handwashing, respiratory etiquette). Clean frequently touched surfaces at organization gathering points daily. Ensure hand hygiene supplies are readily available in building. 	 Implement social distancing measures: Reduce activities (e.g., group congregation, religious services), especially for organizations with individuals at increased risk of severe illness. Consider offering video/audio of events. Determine ways to continue providing support services to individuals at increased risk of severe disease (services, meals, checking in) while limiting group settings and exposures. Cancel large gatherings (e.g., >250 people, though threshold is at the discretion of the community) or move to smaller groupings. For organizations that serve high-risk populations, cancel gatherings of more than 10 people. 	Cancel community and faith-based gatherings of any size.	

	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
Factor	None to Minimal	Minimal to moderate	Substantial
Healthcare settings and healthcare provider (includes outpatient, nursing homes/long- term care facilities, inpatient, telehealth) What healthcare settings including nursing homes/long- term care facilities, can do to prepare for COVID-19, if the facilities has cases of COVID-19, or if the community is experiencing spread of COVID-19)"	 Provide healthcare personnel ([HCP], including staff at nursing homes and long-term care facilities) and systems with tools and guidance needed to support their decisions to care for patients at home (or in nursing homes/long-term care facilities). Develop systems for phone triage and telemedicine to reduce unnecessary healthcare visits. Assess facility infection control programs; assess personal protective equipment (PPE) supplies and optimize PPE use. Assess plans for monitoring of HCP and plans for increasing numbers of HCP if needed. Assess visitor policies. Assess HCP sick leave policies (healthcare facilities should provide non-punitive sick leave options to allow HCP to stay home when ill). Encourage HCP to stay home and notify healthcare facility administrators when sick. In conjunction with local health department, identify exposed HCP, and implement recommended monitoring and work restrictions. Implement triage prior to entering facilities to rapidly identify and isolate patients with respiratory illness (e.g., phone triage before patient arrival, triage upon arrival). 	 Implement changes to visitor policies to further limit exposures to HCP, residents, and patients. Changes could include temperature/ symptom checks for visitors, limiting visitor movement in the facility, etc. Implement triage before entering facilities (e.g., parking lot triage, front door), phone triage, and telemedicine to limit unnecessary healthcare visits. Actively monitor absenteeism and respiratory illness among HCP and patients. Actively monitor PPE supplies. Establish processes to evaluate and test large numbers of patients and HCP with respiratory symptoms (e.g., designated clinic, surge tent). Consider allowing asymptomatic exposed HCP to work while wearing a facemask. Begin to cross train HCP for working in other units in anticipation of staffing shortages. 	 Restrict or limit visitors (e.g., maximum of 1 per day) to reduce facility-based transmission. Identify areas of operations that may be subject to alternative standards of care and implement necessary changes (e.g., allowing mildly symptomatic HCP to work while wearing a facemask). Cancel elective and non-urgent procedures Establish cohort units or facilities for large numbers of patients. Consider requiring all HCP to wear a facemask when in the facility depending on supply.

Table 3. Potential mitigation strategies for public health functions

Public health control activities by level of COVID-19 community transmission			
None to Minimal	Minimal to Moderate	Substantial	
Evidence of isolated cases or limited community transmission, case investigations underway, no evidence of exposure in large communal setting,e.g., healthcare facility, school, mass gathering.	Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases.	Large scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings etc.	
 Continue contact tracing, monitor and observe contacts as advised in guidance to maximize containment around cases. Isolation of confirmed COVID-19 cases until no longer considered infectious according to guidance. For asymptomatic close contacts exposed to a confirmed COVID-19 case, consideration of movement restrictions based on risk level, social distancing. Monitoring close contacts should be done by jurisdictions to the extent feasible based on local priorities and resources. Encourage HCP to develop phone triage and telemedicine practices. Test individuals with signs and symptoms compatible with COVID-19. Determine methods to streamline contact tracing through simplified data collection and surge if needed (resources including staffing through colleges and other first responders, technology etc.). 	 May reduce contact tracing if resources dictate, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure). Encourage HCP to more strictly implement phone triage and telemedicine practices. Continue COVID-19 testing of symptomatic persons; however, if testing capacity limited, prioritize testing of high-risk individuals. 	 May reduce contact tracing if resources dictate, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure). Encourage HCP to more strictly implement phone triage and telemedicine practices. Continue COVID-19 testing of symptomatic persons; however, if testing capacity limited, prioritize testing of high-risk individuals. 	

Appendix A: Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age.

- Blood disorders (e.g., sickle cell disease or on blood thinners)
- Chronic kidney disease as defined by your doctor. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis
- **Chronic liver disease** as defined by your doctor. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.
- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)
- · Current or recent pregnancy in the last two weeks
- Endocrine disorders (e.g., diabetes mellitus)
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Lung disease including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen
- Neurological and neurologic and neurodevelopment conditions [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].



Coronavirus Disease 2019 (COVID-19)

Clean & Disinfect

Interim Recommendations for US Households with Suspected/Confirmed Coronavirus Disease 2019

Background

There is much to learn about the novel coronavirus that causes coronavirus disease 2019 (COVID-19). Based on what is currently known about the novel coronavirus and similar coronaviruses that cause SARS and MERS, spread from person-to-person with these viruses happens most frequently among close contacts (within about 6 feet). This type of transmission occurs via respiratory droplets. On the other hand, transmission of novel coronavirus to persons from surfaces contaminated with the virus has not been documented. Transmission of coronavirus occurs much more commonly through respiratory droplets than through fomites. 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 households and community settings.

Purpose

This guidance provides recommendations on the cleaning and disinfection of households where persons under investigation (PUI) or those with confirmed COVID-19 reside or may be in self-isolation. It is aimed at limiting the survival of the virus in the environments. These recommendations will be updated if additional information becomes available.

These guidelines are focused on household settings and are meant for the general public.

- **Cleaning** refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.
- **Disinfecting** refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface *after* cleaning, it can further lower the risk of spreading infection.

General Recommendations for Routine Cleaning and Disinfection of Households

Community members can practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks) with household cleaners and EPA-registered disinfectants that are appropriate for the surface, following 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.

General Recommendations for Cleaning and Disinfection of Households with People

Isolated in Home Care (e.g. Suspected/Confirmed to have COVID-19)

- Household members should educate themselves about COVID-19 symptoms and preventing the spread of COVID-19 in homes.
- 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)
 - In the bedroom/bathroom dedicated for an ill person: consider reducing cleaning frequency to **as-needed** (e.g., soiled items and surfaces) to avoid unnecessary contact with the ill person.
 - As much as possible, an ill person should stay in a specific room and away from other people in their home, following home care guidance.
 - The caregiver can provide personal cleaning supplies for an ill person's room and bathroom, unless the room is occupied by child or another person for whom such supplies would not be appropriate. These supplies include tissues, paper towels, cleaners and EPA-registered disinfectants (examples at this link

- If a separate bathroom is not available, the bathroom should be cleaned and disinfected after each use by an ill person. If this is not possible, the caregiver should wait as long as practical after use by an ill person to clean and disinfect the high-touch surfaces.
- Household members should follow home care guidance when interacting with persons with suspected/confirmed COVID-19 and their isolation rooms/bathrooms.

How to clean and disinfect:

Surfaces

- Wear disposable gloves when cleaning and disinfecting surfaces. Gloves should be discarded after each cleaning. If reusable gloves are used, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other purposes. Consult the manufacturer's instructions for cleaning and disinfection products used. Clean hands immediately after gloves are removed.
- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
 - Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
 - Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) bleach per gallon of water or
 - 4 teaspoons bleach per quart of water
 - Products with EPA-approved emerging viral pathogens claims I 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, etc.).
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely, or
 Use products with the EPA-approved emerging viral pathogens claims (examples at this link
 C) that are suitable for porous surfaces.

Clothing, towels, linens and other items that go in the laundry

- Wear disposable gloves when handling dirty laundry from an ill person and then discard after each use. If using reusable gloves, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other household purposes. Clean hands immediately after gloves are removed.
 - If no gloves are used when handling dirty laundry, be sure to wash hands afterwards.
 - If possible, do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
 - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can
 - be washed with other people's items.
 - Clean and disinfect clothes hampers according to guidance above for surfaces. If possible, consider placing a bag liner that is either disposable (can be thrown away) or can be laundered.

Hand hygiene and other preventive measures

- Household members should clean hands often, including immediately after removing gloves and after contact with an ill person, 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 at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Household members should follow normal preventive actions while at work and home including recommended hand hygiene and avoiding touching eyes, nose, or mouth with unwashed hands.

- 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)

Other considerations

- The ill person should eat/be fed in their room if possible. Non-disposable food service items used should be handled with gloves and washed with hot water or in a dishwasher. Clean hands after handling used food service items.
- If possible, dedicate a lined trash can for the ill person. Use gloves when removing garbage bags, handling, and disposing of trash. Wash hands after handling or disposing of trash.
- Consider consulting with your local health department about trash disposal guidance if available.

Additional Resources

- OSHA COVID-19 Website 🖸
- CDC Home Care Guidance

Page last reviewed: March 6, 2020

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;
- 3/3 for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 10 weeks more of paid sick leave and expanded family and medical leave paid at ²/₃ 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:

1. 2.	is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; has been advised by a health care provider to	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; or
3.	self-quarantine related to COVID-19; is experiencing COVID-19 symptoms and is seeking a medical diagnosis;	 6. is experiencing any other substantially-simi condition specified by the U.S. Department Health and Human Services. 	
4.	is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);		

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.



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



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