If you believe that you have a person with symptoms and /or a positive test for Covid-19 either from a resident or staff, please contact us immediately so we may assist you and help to reduce the spread within your facility.

**EMAIL**
The preferred method of communication is that they send an email to cocohelp@cchealth.org. Someone is tracking this site 7 days a week – business hours. The congregate facilities can report a Positive Case of COVID-19 by completing the CMR and sending it via email.

**PHONE**
7 days a week the number to call is 925-313-6740 Communicable Disease Program. This number will be staffed 8AM-5PM.

The Prompts after calling the number:
- Press 1 (English) or Press 2 (Spanish)
  - Press 1 – calling re: Novel Corona Virus
  - Press 2 – Get tested for Covid-19
  - Press 3 – If they received a call or letter from the Health Department
  - Press 4 - If you are a Health Care Provider or Congregate Facility

To report a positive COVID-19 result to FAX (925) 313-6465 using the CMR Form [https://www.coronavirus.cchealth.org/healthcare-providers](https://www.coronavirus.cchealth.org/healthcare-providers)
- Press 1 - for general Corona Virus Information
- Press 2 - for clinical consultation with a Public Health Physician

**Multilingual Call Center:** *(844) 729-8410*
Open Daily from 8 a.m. - 5 p.m.
Abierto diariamente de 8 a.m. - 5 p.m.

Anyone who lives or works in Contra Costa can call and request an appointment.

**Get Tested:** *(844) 421-0804*
Open Daily from 8 a.m. - 3:30 p.m.
Abierto diariamente de 8 a.m. - 3:30 p.m.
Dear Long-term-Care Leader:

Thank you for the critically important work you and your staff are doing to care for our most vulnerable community members. Because of your diligence and commitment, you, and your staff, are preventing the spread of Covid 19 and protecting the lives of seniors and disabled adults throughout Contra Costa County. To thank you and support you in your efforts we have created this binder to provide you with easy to understand protection and prevention strategies. Topics covered including PPE, donning and doffing as well as cleaning and sanitation. Wherever possible we have provided these resources in Spanish and Tagalog to help you meet the needs of your residents and staff.

This binder is a collaborative effort, led by Contra Costa Health Services, in partnership with others who have designed this information to apply directly to long-term care facilities. This will help you and your staff to protect residents and allow you inform family members about your strategy and efforts. We hope that the information contained in this binder serves as a resource, enhancing the work you are already doing and providing you additional information and support. We are available to provide technical assistance and training if needed. Thank you again for all of your efforts to protect the lives of vulnerable older adults living in your long-term care facility, please feel free to reach out to us if we can provide information or additional resources.

Sincerely

Sara Levin MD.
Deputy Health Officer,
Contra Costa County
Hospital Systems’ Team & Task Force

These two teams led by Dr. Sara Levin from Contra Costa Health Services (CCHS) came together to work collaboratively and in a coordinated manner for **Prevention of and Response to Outbreak of Covid-19 in Congregate Facilities**. Thank you to the following Team Members: **John Muir Health**: Beth Browder, Crystal Hapgood, Ann Orders, Sharon Jones, Renee Juster, Karen Sondeno and Zohaib Rashid. **Kaiser Permanente**: Stanley Jones, Grace Ku, Michael Scates and Kathleen Boeger. **Sutter Health**: Tim Bouslog. **San Ramon Regional Medical Center**: Julie Kinsch and Wendy Sirivar. **Hospital Council Northern & Central California**: Rebecca Rozen. **Alameda-Contra Costa Medical Association**: Terry Hill. **Ombudsman Services for Contra Costa & Solano & Alameda**: Nicole Howell. **Choice in Aging**: Debbie Toth. **Contra Costa County Health Services**: Sara Levin, Shelly Whalon, Geoff Martin, Josh Sullivan, Noelia Gutierrez, Fatima Matal Sol, Deborah Paterson, Jane Yoo, Steve McNutt, Suzanne Tavano, Jan Cobaleda-Kegler, Kelly Kalfsbeek, Garold Loenicker, Alejandro Fuentes, Lourdes Jensen, Laura Guevara Figueroa, Adrienne Sofranko and Karen Jovin.

**Overview**

The teams were asked to build a response to prevent devastation to our community members living in congregate facilities who are at highest risk for severe infection with COVID-19. The priority at the start of the work was to respond to the Skilled Nursing Facilities that were experiencing outbreaks as identified by the Health Department by performing universal testing at these facilities and conducting site visits to educate and assess needs to shore up infection control and prevention efforts. Attention was then focused on prevention efforts in all of the Skilled Nursing Facilities. **John Muir Health, Kaiser Permanente, Sutter Health** and Contra Costa Regional Medical Center conducted surveys and site assessments to facilities to support and educate on infection control and prevention efforts. This team expanded their reach to include other facilities that care for our elders, such as Residential Care Facilities for the Elderly (RCFEs).

The teams aimed to validate and celebrate the steps already being taken by the facility staff. They educated and reinforced the new skills needed to perform best practices in infection control and prevention that had to be added to an already busy schedule of care.
Our goal was to listen to and respond to the unique needs of each facility, hoping to partner in such a way that the staff could report greater confidence in knowing how to care for both positive and negative patients while keeping their staff safe. We are hopeful that these efforts will reduce the risk and prevent the spread of Coronavirus in these facilities.

Ideas for how to approach this work were a contribution of all whom met to share ideas, best practices, lessons learned and consider approaches that could maximize the potential of pooled resources, contain the spread of infection and in consideration of this particular population and the dedicated staff who care for them.

We want to offer a special thank you to Crystal Hapgood, RN, Karen Sondeno, RN, MSN, CNL, CWNC, Renee Juster, RN, BSN and Sharon Jones, MSN, APRN, FNP-BC, CWOCN from John Muir for both offering to allow CCHS Public Health Staff to shadow a site visit, train and share their existing content which were the foundation for the documents included in the Tool Kit assembled here for your use in sustaining these efforts within your facilities.
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COVID-19
Key Concept Guide
COVID-19 Key Concept Guide

COVID-19

COVID-19 is a viral respiratory illness caused by a coronavirus that has not been found in people before.

Centers for Disease Control and Prevention (CDC)


Common Symptoms of COVID-19

- FEVER
- COUGH
- Trouble Breathing or Shortness of Breath

Other symptoms include:

- Pain or pressure in chest
- Headache
- Sore throat
- New confusion
- Bluish lips or face
- Diarrhea
- Muscle aches
- Loss of taste or smell
- Chills
- Loss of appetite
Minimize Chance for Exposures

• Consider limiting points of entry to the facility.

• All persons with symptoms of COVID-19 or other respiratory infection (e.g. fever, cough) adhere to respiratory hygiene and cough etiquette.

• Provide Hand hygiene stations, soap and water and alcohol-based hand rub throughout common areas and patient rooms.

• Post signs/posters about hand hygiene, respiratory hygiene, and cough etiquette in:
  - Entrances
  - Elevators
  - Hallways
  - Waiting areas
  - Cafeterias

• Install physical barriers (e.g., glass or plastic windows) at reception areas to limit close contact between triage staff and potentially infectious patients or visitors.

• Consider setting up triage stations outside the facility to screen patients before they enter.
Adhere to Standard and Transmission-Based Precautions

**Standard Precautions:** assume that everyone is possibly infected with COVID-19. Use proper donning (putting on) and Doffing (taking off) Personal Protective equipment (PPE)

**Facility leaders:** provide education and PPE training to each staff member to include a return demonstration.

- Staff to include: medical, nursing, clinical technicians, laboratory staff; property services, housekeeping, laundry, maintenance and dietary workers; students, contract staff and volunteers.

- Training demonstration with return demonstration to include:
  - When to use PPE
  - What PPE is necessary
  - How to properly don, use, and doff PPE in a way to prevent self-contamination
  - How to properly dispose of, disinfect and maintain PPE
  - Understand the limitations of PPE

**Hand Hygiene**

**Facility managers:** ensure that hand hygiene supplies are readily available to all personnel in every care location.

Staff performs hand hygiene **before** and **after**

- All patient contact
- Contact with potentially infectious material
- Before putting on PPE
- After removing PPE (Very important to remove any pathogens that might have been transferred to bare hands during the removal process)

Perform hand hygiene by using 60-95% alcohol gel or washing hands with soap and water for at least 20 seconds.

*** If hands are visibly soiled, use soap and water
What Personal Protective Equipment Do You Use For Standard Contact and Airborne Isolation Precautions?

**Isolation Gown**
- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. Fasten in back of neck and waist.
- Put on a clean isolation gown upon entry into the patient room.
- Change the gown if it becomes soiled.
- Change the gown between patients.
- Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room.

**Gloves**
- Put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated.
- Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.
- Change the gloves and perform hand hygiene between patients.

**N95 Mask**
Filters at least 95% of airborne particles
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to Nose Bridge
- Fit snug to face and below chin
- Fit-check respirator
- N95 facemasks should be removed and discarded after exiting the patient’s room or care area and closing the door.
- Perform hand hygiene after discarding the N95 respirator.

**Face Shield**
- Disposable
- Needs to cover front and sides of the face
- Place over face and eyes and adjust to fit
- Remove eye protection before leaving the patient room or care area.
- Perform hand hygiene after discarding the facemask.

See included handout.

**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 (HC personnel) must:
  - Read the comprehensive guidance on when and how to use and remove PPE, as well as other PPE-related recommendations.
  - Understand the importance of performing hand hygiene and the correct use of gloves and respiratory protection.

**Hand hygiene:**
- Hand hygiene must be performed before entering and after leaving the patient area, prior to and after removing gloves, and after touching the face.
- Hand hygiene must be performed in a manner that prevents contamination. Soap and water should be used first, followed by alcohol-based hand sanitizers.

**Personal PPE:**
- The use of personal protective equipment is mandatory when caring for patients with confirmed or suspected COVID-19.
- Personal protective equipment (PPE) must include:
  - Goggles or face shield.
  - N95 respirator or higher.
  - Surgical mask or higher.
  - Gloves.

**Putting on the gear:**
- When donning PPE, follow these steps:
  1. **Isolation gown:** Ensure gown is donned correctly.
  2. **Face shield or goggles:** Ensure correct fit.
  3. **N95 respirator:** Ensure nose wire is centered.
  4. **Gloves:** Ensure proper fit and function.

**Removing the gear:**
- When removing PPE, follow these steps:
  1. **Gloves:** Remove first, followed by the gown.
  2. **Face shield or goggles:** Remove last, followed by the respirator.

**Decontamination:**
- After removing PPE, follow these steps:
  1. **Gloves:** Remove immediately after use.
  2. **Respirator:** Remove immediately after use.

**Hand hygiene:**
- After removing protective equipment, perform hand hygiene.

**See included handouts**

www.cdc.gov/coronavirus
How Do I Don (Put on) and Doff (Take off) Personal Protective Equipment?

**NOTE:** All donning and doffing movements should be slow and purposeful, to prevent aerosolization.

Don (Put on) Sequence for standard contact and airborne isolation precautions

You will need the following supplies:

- 1 Standard isolation gown
- 1 pair of gloves
- 1 N95 mask for fit tested employees
- 1 face shield/eye protection

**Donning Sequence: standard contact and airborne isolation precautions:**

1. **Complete hand hygiene**
2. **Put on standard isolation gown**
3. **Apply N95 mask**
4. **Apply eye protection face shield**
5. **Don gloves**

See included handout:

![Sequence for putting on personal protective equipment (PPE)](image)

**SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)**

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolations precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

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

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

3. **GOGGLES OR FACE SHIELD**
   - Place over face and eyes and adjust to fit

4. **GLOVES**
   - Extend to cover wrist of isolation gown

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

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Permanently remove
Doffing (Take off) Sequence for Standard Contact and Airborne Isolation Precautions

NOTE: All donning and doffing movements should be slow and intentional to prevent aerosolization.

Utilize team checking when doffing, call a staff member trained in PPE to guide you.

Make sure your buddy is wearing appropriate PPE to protect themselves when they assist you for standard contact and airborne isolation precautions

**IN ROOM**

1. Gently doff gown an gloves by rolling off inside out
2. Perform hand hygiene

**AFTER EXITING PATIENT'S ROOM**

1. Perform hand hygiene again because you may have touching doorknob or other surfaces without gloves
2. Remove eye protection face shield grasping from the back and discard
3. Perform hand hygiene
4. Remove N95. Grab from back portion and remove up and overhead and discard.
5. Perform hand hygiene for 20 seconds

Doffing should be completed in anteroom if available. If you do not have an anteroom complete it right outside of the room.

Ensure there is a trash can just outside of the room for easy disposal.

If you have not been fit tested or failed fit testing you will need to use the CAPR or PAPR without a shroud in place of the N95 and eye shield.

See included handouts:
Facility, People and Environment
Minimize chance for exposures to respiratory pathogens including Coronavirus

Visitors
Develop process for limiting, screening, and educating visitors

Limiting
- Minimal number
- Encourage use of other ways to stay connected (phone, video call)
- Do not wander around facility. Visit in patient’s room or designated area
- If restricting all visitors, consider possible exceptions such as end-of-life situation or if visitor is necessary for the patient’s care
- Limit places of entry to facility

Screening
- Post signs/posters at entrance or waiting areas advising visitors not to enter when ill
- Screen for fever and respiratory symptoms at entry. Do not allow entry if at risk.

Educating
- Frequent hand hygiene
- Cover your cough
- Proper use of appropriate PPE

Employees
- Monitor temperature and symptom screening regularly
- Manage exposed healthcare personnel (sick leave policies consistent with public health guidance)
- Train and educate healthcare personnel
  - Provide job or task education on preventing spread of infectious agents
  - Proper use of PPE
    - Correct usage
    - Correct removal to reduce self-exposure risk
  - Proper cleaning of environment and equipment
- Establish communication and reporting processes
  - Establish designated person to monitor daily CDC updates, facility PPE supplies,
staff and patient educational needs and support
  o Situational awareness for facility staff
  o Between Healthcare Facilities
  o To Public Health Authorities

Environment

To reduce or eliminate exposures by shielding from infected individuals
  • Proper isolation identification of patient rooms/area
  • Appropriate precautions (HEPA filter or negative pressure room) when performing aerosol-generating procedures (example: nebulizer, BiPAP, etc.)
  • Curtains or shield barrier between patients in shared areas
  • Maintain air-handling systems
    o Minimum of 6 air exchanges per hour (12 air exchanges recommended)
    o Negative pressure rooms should exhaust directly to the outside or be filtered through a high-efficiency particulate air (HEPA) filter before recirculation
    o Keep room doors closed except for minimal entry/exiting
    o Monitor and document the proper negative-pressure function of these rooms
  • Dedicated medical equipment
  • Equipment properly disinfected between patients
  • Use an EPA-registered, hospital-grade disinfectant for routine cleaning and to frequently clean high touch surfaces and shared patient/resident care equipment.
    o Refer to the EPA website for a complete list of approved disinfectants with an emerging viral pathogen claim: https://www.epa.gov/pesticideregistration/list-n-disinfectants-use-against-sars-cov-2.
  • Make sure environmental services staff members are:
    o Following label instructions on use of cleaners and disinfectants.
    o Following cleaning and disinfection policies and procedures (e.g. clean dirty surfaces, then disinfect; change gloves and perform hand hygiene between rooms and between resident areas within the same room).
  • Adequate number/availability of PPE trash containers and hand hygiene stations
  • Laundry, food service utensils, and medical waste managed in
accordance with routine procedures

- Storage of supplies-clean donning area and separate doffing process/area
- Supply monitoring-track amount of PPE supplies being used to support ordering and availability.
Personal Protective Equipment (PPE)
Donning / Doffing and Stewardship
It’s NOT What You Think!

N95

MYTH: vs FACT:

MYTH:
An N95 respirator and a surgical mask provide the same protection.

FACT:
A NIOSH-approved N95 respirator forms a seal against the user’s face, preventing particle penetration around the edges. The filter has passed NIOSH tests to determine that it protects against at least 95% of airborne particles.

Because surgical masks do not seal against the face and the filters have not been tested, the same level of protection against airborne particles cannot be guaranteed.

MYTH:
I can decorate my N95 respirator to look stylish!

FACT:
Any alteration of the N95 will void the NIOSH approval because respirator can no longer be guaranteed to provide the necessary level of protection.

MYTH:
There’s no way to verify if an N95 respirator is actually NIOSH-approved.

FACT:
A list of approved N95 respirators is updated every month. Find it at Knowits.niosh.gov under the “Approved Particulate Filtering Facepiece Respirators” tab.
# Understanding the Difference

<table>
<thead>
<tr>
<th></th>
<th>Surgical Mask</th>
<th>N95 Respirator</th>
<th>Elastomeric Half Facepiece Respirator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing and Approval</strong></td>
<td>Cleared by the U.S. Food and Drug Administration (FDA)</td>
<td>Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84*</td>
<td>Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84</td>
</tr>
<tr>
<td><strong>Intended Use and Purpose</strong></td>
<td>Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer’s respiratory emissions.</td>
<td>Reduces wearer’s exposure to particles including small particle aerosols and large droplets (only non-oil aerosols)</td>
<td>Reusable device made of synthetic or rubber material</td>
</tr>
<tr>
<td><strong>Face Seal Fit</strong></td>
<td>Loose-fitting</td>
<td>Tight-fitting</td>
<td>Tight-fitting</td>
</tr>
<tr>
<td><strong>Fit Testing Requirement</strong></td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Designed for Reuse</strong></td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>User Seal Check</strong></td>
<td>No</td>
<td>Yes, Required each time the respirator is donned (put on)</td>
<td>Yes. Required each time the respirator is donned (put on)</td>
</tr>
<tr>
<td><strong>Filtration</strong></td>
<td>Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection</td>
<td>Filters out at least 95% of airborne particles including large and small particles</td>
<td>May be equipped with filters that block 90%, 99%, or 100% of very small particulates. Also may be equipped to protect against vapors/gases.</td>
</tr>
<tr>
<td><strong>Leakage</strong></td>
<td>Leakage occurs around the edge of the mask when user inhales</td>
<td>When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales</td>
<td>When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales</td>
</tr>
<tr>
<td><strong>Use Limitations</strong></td>
<td>Disposable. Discard after each patient encounter.</td>
<td>Ideally should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids.</td>
<td>Reusable and must be cleaned/disinfected and stored between each patient interaction</td>
</tr>
</tbody>
</table>

*As of July 2, 2018. NIOSH evaluates N95 FFRs intended for use in healthcare for biocompatibility, flammability, and fluid resistance to ensure conformity to relevant standards during the approval process. These tasks were previously performed by the FDA.
Donning a Surgical (Ear Loop) Mask

General Instructions:

- Clean your hands with soap and water or hand sanitizer before touching the mask.
- Make sure there are no obvious tears or holes in either side of the mask.
- The side of the mask that has a **stiff bendable edge** is the top and is meant to mold to the shape of your nose.
- The **colored side of the mask is the front and should face away from you**, while the white side touches your face.
- Hold the mask by the ear loops. Place a loop around each ear. Mold the bendable edge around your nose.

Reusing the Mask:
When you need to remove the mask for any reason such as a meal break, carefully fold the mask clean side or white side facing in and place it in clean paper towel.
Donning an N95 Mask

Six Steps to wearing the N95 Mask

**Step 1**
Wash your hands before putting on the mask.

**Step 2**
Select an N95 mask that fits you well. It is available in different adult sizes and models.

**Step 3**
Hold the mask in your hand and place it firmly over your nose, mouth and chin.

**Step 4**
First, stretch and position bottom band under your ears. Then, stretch and position top band high at the back of your head.

**Step 5**
Press the thin metal wire along the upper edge gently against the bridge of your nose so that the mask fits nicely on your face.

**Step 6**
Perform a fit check by breathing in and out. While breathing out, check for air leakage around your face.

* Elderly people, people with chronic lung disease, heart disease or stroke, and pregnant women should consult their doctor on the use of the N95 mask if they feel uncomfortable while breathing. N95 masks are not certified for use on children, so children should remain indoors as much as possible.

**N95 masks should be Fit Tested for proper use**
Important Steps for Using NIOSH-Approved N95 Filtering Facepiece Respirators

The N95 filtering facepiece respirator is the most commonly used type of NIOSH-approved respirator in healthcare. If you rely on an N95 for protection, there are a few important steps for you to take:

Step 1
Follow the guidance of your organization’s respiratory protection program, including medical clearance

Step 2
Be sure you are using a NIOSH-approved respirator
You can find a list of approved N95 Respirators on the NIOSH website, www.cdc.gov/niosh/ngpti/topics/respirators/disp_part/n95list1.html

Step 3
Get fit tested on an annual basis
See this video from OSHA for more information on fit testing, www.osha.gov/video/respiratory_protection/fittesting.html

Step 4
Know how to use the respirator safely and effectively
For more information, see the manufacturer’s instructions that were included with the respirator as well as the NIOSH Trusted-Source website, http://Knowits.NIOSH.Gov

Step 5
Know how to don and doff the specific brand and model of respirator you are using
See the manufacturer’s instructions included with the respirator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health
Putting on PPE

**Step 1**
Hand Hygiene
- Wash hands (20 seconds)
- Use Soap and Water for 20 seconds OR Hand Gel

**Step 2**
Put on Gown and Gloves
- Gown
- Gloves

**Step 3**
Put on N-95 and Face Shield or Goggles
- N-95 Mask
- Face Shield or Goggles

**Full PPE**
- Gown
- Gloves
- Mask
- Face Shield
## Removing PPE Safely

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Remove Gown and Gloves</td>
</tr>
<tr>
<td>2</td>
<td>Wash hands (20 seconds) + Use Soap and Water for 20 seconds OR Hand Gel</td>
</tr>
<tr>
<td>3</td>
<td>Remove Face Shield or Goggles</td>
</tr>
<tr>
<td>4</td>
<td>Wash hands (20 seconds) + Use Soap and Water for 20 seconds OR Hand Gel</td>
</tr>
<tr>
<td>5</td>
<td>Remove N-95 mask</td>
</tr>
<tr>
<td>6</td>
<td>Wash hands (20 seconds) + Use Soap and Water for 20 seconds OR Hand Gel</td>
</tr>
</tbody>
</table>
SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

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

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

3. GOGGLES OR FACE SHIELD
   - Place over face and eyes and adjust to fit

4. GLOVES
   - Extend to cover wrist of isolation gown

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example: Remove all PPE before exiting the patient room, except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES
   - Outside of gloves are contaminated
     - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Inside of gloves are contaminated
     - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer

2. GOGGLES OR FACE SHIELD
   - Outside of goggles or face shield are contaminated
     - If your hands get contaminated during removal, use an alcohol-based hand sanitizer
     - Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
     - If the item is reusable, place in designated area for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR
   - If mask or respirator is contaminated
     - DO NOT TOUCH
     - Immediately wash your hands or use an alcohol-based hand sanitizer
   - If mask or respirator is not contaminated
     - Grasp bottom tie or elastic of the mask/respirator then the area at the top, and remove without touching the front
     - Discard in a waste container

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

**See included signs**
Dispose or Re-use

Health Care Worker in High Risk Area

- **Gloves:**
  - DISPOSE

- **Fluid-Resistant Gown:**
  - REUSE

- **Visor or Goggles:**
  - REUSE

- **Respirator:**
  - REUSE

Coming into Contact Suspected Case

- **Gloves:**
  - DISPOSE

- **Gown:**
  - DISPOSE

- **Face Shield or Goggles:**
  - REUSE

- **Respirator:**
  - DISPOSE

- **Surgical Mask:**
  - DISPOSE

- **Fabric Mask:**
  - REUSE

- **Plastic or Paper Gown or Apron:**
  - DISPOSE

- **Visor or Goggles:**
  - REUSE
**COVID-19 (+) Patients/Residents**

- N95, Face Shield/Goggles, Gloves, and Gown. Wash or hand sanitize between patients. May do extended use of PPE between positive patients.
- Positive patients can be in shared rooms.
- Separate entrance for staff.
- Garbage by door (inside patient room) and receptacle to receive cloth gowns for laundering before reuse.
- Separate bathrooms if possible. If not, reinforce wash hands and lock up personal stuff.
- Separate staff breakroom, if not, schedule specific time and clean/sanitize between shifts.
- If doors can't be closed for safety, clear plastic or strap barrier in doorway
- Physical barrier between zones.
- Possible for COVID + asymptomatic staff to work. Check with Public Health.
- Patient/Resident wear mask when care activities being performed.

**Exposed or unknown exposure & negative critical area**

- Prioritize individual rooms for this population. Defensible barrier to reduce spread.
- N95, Face Shield/Goggles, Gloves, and Gown. Wash hands and/or sanitize between residents. Gown must be changed for each resident.
- Garbage by door (inside patient room) and receptacle to receive cloth gowns for laundering before reuse.
- Separate bathrooms if possible. If not, reinforce wash hands and lock up personal stuff.
- Separate staff breakroom, if not, schedule specific time and clean/sanitize between shifts.
- If doors can't be closed for safety, clear plastic or strap barrier in doorway
- Erect physical barrier between zones.
- Test and monitor for symptoms. If positive, move to COVID (+) Red Zone

**COVID-19 & Not Exposed**

- Surgical mask, face shield/ goggles, and gloves. Add gowns for high-touch care activities such as bathing or toileting. Add N95s & gowns for aerosol generating procedures.
- Wash and sanitize hands/change gloves between patients/residents.
- Separate bathroom if possible and put away personal items.
- Separate staff breakroom and bathroom if possible. Clean/Sanitize break room between staff shifts if shared break time.
- Erect physical barrier between zones.
- Test and monitor for symptoms.
- Restrict staff moving between zones.

*Note: For green zone residents/patient, face shield should be worn with any patient care and if staff are within 6 feet of the resident/patient*
# RED UNIT: COVID-19 Positive Patient Unit PPE Requirements

<table>
<thead>
<tr>
<th>PPE</th>
<th>Extended Use</th>
<th>Special Considerations</th>
<th>Staff Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>N95 Fit tested mask with seal check</td>
<td>Reuse mask/face shield for all patients</td>
<td>Change mask if soiled, damaged, poor seal</td>
<td>Separate entrance for staff; physical barrier between zones</td>
</tr>
<tr>
<td>Shield/Goggles, Gown, &amp; Gloves</td>
<td>Perform seal check on mask. Can store in paper bag/food tray</td>
<td>Use EPA approved disinfecting wipes to clean as needed—mark container with time.</td>
<td>Gel when entering and exiting room</td>
</tr>
<tr>
<td>Buddy up to watch and support proper don/doff</td>
<td>Change gloves in between patients and wash hands and/or use hand sanitizer</td>
<td>Clean high touch areas often.</td>
<td>Separate COVID (+) staff lounge/or schedule breaks and sanitize between shifts.</td>
</tr>
<tr>
<td>Garbage by door inside patient room</td>
<td>Gowns: OK to use same gown for all patients unless other isolation precautions in effect or become soiled.</td>
<td>COVID (+) residents can share room</td>
<td>Separate bathroom for COVID (+) residents and staff/or sanitize between use. Wash hands and lock away all personal belongings.</td>
</tr>
<tr>
<td>Resident and Staff must wear mask during care</td>
<td>Garbage inside door/receptacle for soiled cloth gowns</td>
<td>If doors can’t be closed for safety, clear plastic or strap barrier in doorway</td>
<td></td>
</tr>
</tbody>
</table>
**YELLOW UNIT: Negative/Exposed Patient Unit or Persons Under Investigation (PUI) Unit/ New Admins** *Prioritize single rooms & Erect physical barriers between Zones. Defensible barrier to reduce spread.*

<table>
<thead>
<tr>
<th>PPE</th>
<th>REUSE</th>
<th>Special Considerations</th>
<th>Staff Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>N95, Face shield/ goggles, gloves, and gown</td>
<td>Change gloves, gown, and perform hand hygiene between patients</td>
<td>Use EPA approved disinfecting wipes to clean as needed</td>
<td>Separate entrance for staff/ physical barrier between zones</td>
</tr>
<tr>
<td>Wash hands and/or sanitize between every resident</td>
<td>Paper bag/ food tray to store N95 between use</td>
<td>Clean high touch areas often.</td>
<td>Gel when entering and exiting room</td>
</tr>
<tr>
<td>Gloves must be changed between every resident</td>
<td>Change mask if soiled, damaged, poor seal</td>
<td>Patients must be in single rooms with door closed.</td>
<td>Separate COVID (+) staff lounge/ or schedule breaks and sanitize between shifts.</td>
</tr>
<tr>
<td>Garbage can inside room for used PPE</td>
<td>Receptacle to receive cloth gowns for laundering before reuse inside room</td>
<td>Monitor symptoms and test. If (+), move to RED ZONE</td>
<td>Separate bathroom for COVID (+) residents and staff/ or sanitize between use. Wash hands and lock away all personal belongings.</td>
</tr>
<tr>
<td>Patient must use mask when outside of room, during treatment.</td>
<td></td>
<td>If doors can’t be closed for safety, clear plastic or strap barrier in doorway</td>
<td></td>
</tr>
</tbody>
</table>
**GREEN UNIT: Negative/Non-Exposed Patient Unit**

Erect physical barriers between Zones. Monitor symptoms & test. **Face Shield should be worn with any patient care and if staff are within 6 feet of the resident/patient.**

<table>
<thead>
<tr>
<th>PPE</th>
<th>REUSE</th>
<th>Special Considerations</th>
<th>Staff Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical mask, face shield and gloves with any patient care within 6 ft</td>
<td>Change gloves, gown, and perform hand hygiene between patients</td>
<td>Clean high touch areas often.</td>
<td>Speak up culture: Help other staff stay safe by reminding them of proper infection prevention</td>
</tr>
<tr>
<td>Add gown for high touch care activities such as bathing or toileting</td>
<td>Store N95 or surgical mask in bag/food tray. Can only be used once.</td>
<td>Patients can share rooms but must be 6 ft apart including while in wheelchairs.</td>
<td>Buddy up to help with donning/doffing and monitoring that correct procedure used</td>
</tr>
<tr>
<td>N95 and gowns should be added for aerosol generating procedures</td>
<td>Receptacle to receive cloth gowns for laundering before re-use inside room</td>
<td>Close doors when able, mask outside of room</td>
<td>Separate break rooms or shifts and sanitize between shifts</td>
</tr>
<tr>
<td>Wash and sanitize hands/ change gloves between residents</td>
<td>Patient must use mask when outside of room</td>
<td>Separate bathroom if possible, ensure wash hands and lock away personal items</td>
<td>Restrict staff moving between sections.</td>
</tr>
<tr>
<td>Garbage inside room to dispose of PPE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Strategies for PPE Management

- Identify a PPE Manager responsible for PPE stewardship
- Calculate your PPE use or “burn” rate. You can download a calculator from the CDC web site here https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html There is also a “NIOSH PPE Tracker” mobile app that can be downloaded for both iOS and Android.

Other resources
- https://www.coronavirus.cchealth.org/healthcare-providers including a teaching video for donning and doffing PPE for reuse

The Use of Cloth Masks

On 4/3/20, the Centers for Disease Control (CDC) recommended that people in the general public wear cloth masks when outside of their home for any reason. Note that a cloth mask does not replace PPE.

Wearing your cloth mask
- Continue to practice social distancing
- Only go outside your home for essential purposes – for example work, food,
- Always wash your hands before putting on the mask
- If you touch your face mask for any reason - wash or gel your hands
- Avoid touching your eyes when removing or putting on your mask
- Always wash your hands after removing your face mask

Masks should be washed every day that they are worn.
- Wash in hot water, Dry in hot dryer
- Any household detergent maybe used.
- After laundering, keep the mask in a clean paper bag until you are ready to wear it.

Extended Use and Re-Use of Isolation Gown

The Center for Disease Control document “Strategies for Optimizing the Supply of Isolation Gowns” defines the following as:

- Extended Use of Isolation Gowns: Consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the
same gown is worn by the same HCP when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered only if there are no additional co-infectious diagnoses transmitted by contact (such as Clostridioides difficile) among patients. If the gown becomes visibly soiled, it must be removed and discarded as per usual practices.

- Reuse Disposable gowns are not typically amenable to being doffed and re-used because the ties and fasteners typically break during doffing. Cloth isolation gowns could potentially be untied and retied and could be considered for re-use without laundering in between.

The CDC document further goes on to state that the gowns should be prioritized for the following activities:

- During care activities where splashes and sprays are anticipated, which typically include aerosol generating procedures.
- During the following high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care

Respirator Reuse Recommendations

If reuse of N95 respirators is permitted, facility administrators should work to limit potential N95 respirator surface contamination (e.g., use of barriers to prevent droplet spray contamination) and consider additional training and/or reminders (e.g., posters) for staff to reinforce the need to minimize unnecessary contact with the respirator surface, strict adherence to hand hygiene practices, and proper PPE donning and doffing technique, including physical inspection and performing a user seal check. Healthcare facilities should develop clearly written procedures to advise staff to take the following steps to reduce contact transmission:

- Discard N95 respirators following use during aerosol generating procedures such as suctioning.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
• Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions.
• Consider use of a cleanable face shield (preferred) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
• Hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers should be disposed of or cleaned regularly.
• Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
• Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, discard the respirator and perform hand hygiene as described above.
• Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.

To reduce the chances of decreased protection caused by a loss of respirator functionality, facility administrators should consult with the respirator manufacturer regarding the maximum number of donnings or uses they recommend for the N95 respirator model(s) used in that facility. If no manufacturer guidance is available, preliminary data suggests limiting the number of reuses to no more than five uses per device to ensure an adequate safety margin. Management should consider additional training and/or reminders for users to reinforce the need for proper respirator donning techniques including inspection of the device for physical damage (e.g., Are the straps stretched out so much that they no longer provide enough tension for the respirator to seal to the face?, Is the nosepiece or other fit enhancements broken?, etc.). Healthcare facilities should provide staff clearly written procedures to:

• Follow the manufacturer's user instructions, including conducting a user seal check.
• Follow the employer’s maximum number of donnings (or up to five if the manufacturer does not provide a recommendation) and recommended inspection procedures.
• Discard any respirator that is obviously damaged or becomes hard to breathe through.
• Pack or store respirators between uses so that they do not become damaged or deformed.

Secondary exposures can occur from respirator reuse if respirators are shared among users and at least one of the users is infectious (symptomatic or asymptomatic). Thus, N95 respirators must only be used by a single wearer. To prevent inadvertent sharing of respirators, healthcare facilities should develop clearly written procedures to inform users to:

• Label containers used for storing respirators or label the respirator itself (e.g., on the straps[11]) between uses with the user’s name to reduce accidental usage of another person’s respirator.
Sample Room Plan

Consider the layout of patient’s room and access to PPE. Hand gel and trash receptacles needs to be immediately inside a room and outside the patient’s door.
Simple Method for Donning and Doffing an N95 Mask for Reuse

Removing an N95 mask for reuse. First wash your hands. The mask should be labeled with your name on the elastic. Do not write your name on the mask itself.

Place a clean paper tray with your name on it over the N95 mask.

Grab the elastic band from the top of your head and wrap it around the tray.
Grab the elastic band from behind your neck and wrap it around the lower part of the tray.

Place paper tray with mask in a clean paper bag that has your name on it.

To reuse the mask, wash your hands, don gown, and inspect the mask to make sure it is intact without stains and the elastic bands have enough tension. Carefully remove the mask in the tray from the paper bag. Do not touch the inside of the mask with your hands.
Take the top elastic band and place it over the top of your head.

Take the lower elastic band and place behind your neck.

Put on goggles or facemask. Wash your hands.

Wash your hands and put on gloves.
Department of Social Services Guidelines and Facility Checklist
WELCOME VISITORS!
GUIDELINES FOR HEALTHY AND SAFE VISITING DURING COVID-19

[INSERT FACILITY NAME]

Guidelines from the California Department of Social Services Community Care Licensing Division and our facility's policies for different types of visits are explained below.

<table>
<thead>
<tr>
<th>AT ALL TIMES, facility residents may have essential, virtual and outdoor visits.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Essential Visits</strong></td>
</tr>
<tr>
<td>![Human Icon]</td>
</tr>
<tr>
<td>These are: medically or legally necessary; visits from social workers; government health and social services agency visits; visits by service contractors necessary to maintain facility operations; or visits mandated by court order or federal law, such as visits by Adult Protective Services or the Long-Term Care Ombudsman. These visitors are allowed indoors even when indoor visits would otherwise be limited.</td>
</tr>
<tr>
<td><strong>Virtual Visits</strong></td>
</tr>
<tr>
<td>![Phone Icon]</td>
</tr>
<tr>
<td>These are phone calls, video calls, and online communication.</td>
</tr>
<tr>
<td><strong>Outdoor Visits</strong></td>
</tr>
<tr>
<td>![Outdoor Setting Icon]</td>
</tr>
<tr>
<td>These are scheduled outdoor visits on our premises if weather permits, where there is 6 feet or more physical distancing, and with all residents and visitors wearing face coverings.</td>
</tr>
</tbody>
</table>

**WHEN OUR FACILITY MEETS CERTAIN GUIDELINES**, facility residents may have indoor visits.

<table>
<thead>
<tr>
<th>Indoor Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Indoor Setting Icon]</td>
</tr>
<tr>
<td>These are indoor visits on our premises, allowed when we meet all of these:</td>
</tr>
<tr>
<td>1. We have had no new transmissions of COVID-19 for 14 days.</td>
</tr>
<tr>
<td>2. We are not experiencing any staff shortages.</td>
</tr>
<tr>
<td>3. We have adequate supplies of Personal Protective Equipment (PPE) and essential cleaning supplies.</td>
</tr>
</tbody>
</table>

[Please select one of the following]

- As of [insert date] our facility meets the guidelines above and is allowing indoor visits.
- Our facility does not meet the guidelines above and is not allowing indoor visits.

**OUR FACILITY POLICIES FOR VISITATION:**

[Please fill in template as needed to reflect your facility's policies on visitation]

[Please fill in template as needed for your facility] Our policies for visiting during COVID-19 are also available at our reception desk _____, our website: _____, upon request via e-mail to _____, or by calling _____.

We welcome your visits with facility residents and appreciate your understanding during these times.
Infection Control In Residential Care Facilities: COVID-19

California Department of Social Services
Community Care Licensing Division
March 31, 2020

SPEAKERS

Pam Dickfoss, MPPA
Deputy Director
Community Care Licensing Division

Ley Arquisola, RN, MSN
Assistant Deputy Director
Community Care Licensing Division

George K. Kutnerian, MS, MBA
Senior Vice President
Public Policy & Legislation
6Beds, Inc.

Josh Allen, RN
Principal
Allen Flores Consulting Group
TOPICS

• What is COVID-19?
• Preventing the Spread of COVID-19
• Social Distancing
• Isolation
• Disinfection

WHAT IS COVID-19?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person.

Coronaviruses have been around for a long time and most often cause the common cold.
**HOW COVID-19 SPREADS**

- Person-to-person contact
- Respiratory droplets via a cough or sneeze
- Close contact with an infected individual(s) within 6 feet for 10 minutes
- Contact with infected surfaces or objects

**HOW TO HELP PREVENT THE SPREAD**

- Wash your hands often with soap and running water for at least 20 seconds.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol if you cannot wash your hands.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Use tissue or paper towel if you have to touch commonly touched surfaces.
- Practice 6 feet of “social distancing”
- Ensure your vehicle, work materials, and clothing are cleaned every day.
- Get your recommended vaccines e.g. flu shot.

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**SOCIAL DISTANCING**

- Social distancing is a term applied to certain actions that are taken to stop or slow down the spread of a highly contagious disease.

- Social distancing measures are taken to restrict when and where people can gather to stop or slow the spread of infectious diseases. Social distancing measures include limiting large groups of people coming together, closing buildings and canceling events.
SOCIAL DISTANCING: NEW CDC GUIDELINES

Updated CDC Guidance:

- Restrict all visitation except for certain compassionate care situations, such as end of life situations.
- Restrict all volunteers and non-essential healthcare personnel (HCP), including non-essential healthcare personnel (e.g., barbers).
- Cancel all group activities and communal dining
- Implement active screening of residents and HCP for fever and respiratory symptoms.

SOCIAL DISTANCING: Meal Time

- Residents who do not require assistance/supervision with eating meals should be provided tray service to their rooms.

- Residents who require moderate or more assistance/supervision with eating meals should be placed at dining table with no more than 3 residents. Seat 2 residents at each end of the table and one in the middle.

- Additional residents should be seated in living areas with dinner trays seated at least 6 feet apart.
SOCIAL DISTANCING: In the Facility

- Residents should remain in their rooms and provided person centered activities throughout the day.

- Residents who choose to remain in the living room areas of the facility should be allowed if they do not have symptoms of Covid-19. Staff should made adjustments to the seating arrangements e.g. position recliners at least 6 feet apart.

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ISOLATION

Isolation separates sick people with a contagious disease from people who are not sick.

Isolation helps protect the public by preventing exposure to people who have or may have a contagious disease.

Reference: Centers for Disease Control and Prevention
ISOLATION: Symptomatic Residents

If a resident exhibits symptoms of a respiratory virus but is otherwise normal (alert, no shortness of breath, etc.), the resident should be isolated from other residents.

The facility should have the resident isolated:
- In a single-person room
- With the door closed
- With their own bathroom
- With signage

Staff should:
- Wear gloves, disposable gown, facemask, and eye protection when entering the room
- Contact their health provider immediately

ISOLATION: Residents with confirmed COVID-19

Residents with confirmed COVID-19 should remain in isolation, either at your facility or in a healthcare facility as determined by clinical status, until they are determined by state or local public health authorities in coordination with CDC to no longer be infectious.
Universal Precautions

Applied universally in caring for all patients
- Hand washing
- Decontamination of equipment and devices
- Use and disposal of needles and sharps safely (no reusing)
- Wearing protective items
- Prompt cleaning up of blood and body fluid spills
- Systems for safe collection of waste and disposal

FOLLOW STANDARD PRECAUTIONS
- WASH HANDS
- WEAR GLOVES
- WEAR MASK
- WEAR GOWN

For all staff
Droplet Precautions
in addition to Standard Precautions

Before entering room
1. Perform hand hygiene
2. Put on a surgical mask

On leaving room
- Dispose of mask
- Perform hand hygiene

Standard Precautions
- And always follow standard precautions
- Wearcgloves, mask, gown if surgical area
- Wash hands after touching often touched objects
- Wash hands if powder may have come in contact with eyes
- Wear mask if patient who is coughing
- Wear eye protection if splashing

Take the Following Precautions!

ISOLATION: Symptomatic Individuals

Individuals with cold or flu like symptoms are not allowed into the facility.

Visitors: Should not be allowed except for special circumstances like end-of-life visits. Visitors who have symptoms must not be allowed into the facility.

Staff: Any staff who have symptoms should not come to work.
- Staff who are sick or have any of symptoms (fever, cough, sore throat, shortness of breath) should not be at work for at least 24 hours after a flu-related fever is gone without the use of fever-reducing medicines.
- Providers are recommended to check and monitor their staffing prior to and during work shift for symptoms of a cough, runny nose or fever.
DISINFECTION

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 lower the risk of spreading infection.

Frequently touched areas, including but not limited to, doorknobs, hand & bed railings, remote controls, faucets, toilets, playing cards, etc., should be disinfected at least once every shift.

Reference: Centers for Disease Control and Prevention

DISINFECTION: Guidelines on how to disinfect

Use diluted household bleach solutions 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.

To make a bleach solution, mix:
- 5 tablespoons (1/3rd cup) bleach per gallon of water or;
- 4 teaspoons bleach per quart of water

Reference: Centers for Disease Control and Prevention
DISINFECTION: Guidelines on how to disinfect cont.

Alcohol solutions with at least 70% alcohol.

**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.

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.
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

Most EPA-registered household disinfectant should be effective.

Reference: Centers for Disease Control and Prevention

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DISINFECTION: 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.

Reference: Centers for Disease Control and Prevention
DISINFECTION: Surfaces cont.

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 that are suitable for porous surfaces

Reference: Centers for Disease Control and Prevention

PPE DEMAND ESTIMATOR

FOLLOW ALL CDC AND HEALTH DEPARTMENT GUIDELINES REGARDING PPE USE

PPE Demand Estimator

<table>
<thead>
<tr>
<th>FTES PER DAY</th>
<th>ASSUMPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ED</strong></td>
<td>These calculations assume the Community is following CDC contingency and crisis capacity guidelines to optimize PPE supply:</td>
</tr>
<tr>
<td>Department Heads</td>
<td></td>
</tr>
<tr>
<td>Caregivers</td>
<td></td>
</tr>
<tr>
<td>Non-Nursing Staff</td>
<td></td>
</tr>
<tr>
<td>Ancillary (housekeeping, maintenance, etc.)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total FTES Per Day</strong></td>
<td>6</td>
</tr>
</tbody>
</table>

| **ANTICIPATED USE** | |
| Anticipated total days of isolation | 14 |
| Number of residents receiving care | 50 |
| Estimated daily CARE interactions | 3 |
| Anticipated daily total resident care interactions | 150 |

| **ESTIMATED PPE REQUIREMENTS** |
| Masks (extended use) | 364 |
| Eye Protection (extended use) | 36 |
| Gown - Cloth (extended use) | 104 |
| Gown - Isolation (disposable) | 2100 |
| Gloves (disposable) | 2100 |

PPE Use | Suggested:
- Masks: Extended use - 1 per day
- Eye Protection: Extended use/disposable - 1 per FTE
- Gown - Cloth: Extended use/disposable - 4 per FTE
- Gowns - Isolation: Disposable - Varies
- Gloves: Disposable - Varies
PPE EXTENDED USE GUIDELINES

- Refer to CDC guidelines
- Only use if no other options
- Facemasks – extended use, storage, N95
- Gowns – cloth and other options
- Eye protection – safety glasses

COVID-19 LINE LIST
COVID-19 FACILITY ACTION FLOW
Board and Cares or Assisted Living Facilities

Immediately report confirmed or suspected resident or staff cases to:
- Licensing and Regulatory bodies
- Contra Costa Public Health Department Communicable Disease: cocohelp@cchealth.org
  7 days a week
- (925) 313-6740
  8:00 AM - 5:00 PM
  Monday-Friday
- Facility Medical Director and Infection Control Lead (or person designated to this role)

Restrict New Admissions/Movement of residents between hospitals and RCFEs

Facility closed to all new residents
RCFEs should remain closed to admissions during whole outbreak and monitoring

Re-admission of COVID positive residents still requiring isolation
In the case that the patient came from the RCFE as a positive case, the patient can be readmitted back to the RCFE if the patient can be maintained isolated in their room with appropriate transmission-based precautions in place with appropriate clinical monitoring capacity

Re-admission of COVID negative residents
If the LTCF is currently experiencing an outbreak, patients with a hospital stay who test negative may return to their prior RCFE bed without obtaining public health approval if they had been in the facility within the last 14 days

Cohorting of Residents and Staffing
Staff should be cohort based on the COVID status of the resident

Patient can remain in their room/apartment isolated
Residents may not be able to moved to cohort and are in their room/apartment isolated, they may remain in their room

Post appropriate signage on door
Post appropriate signage for what PPE based on status (Red vs. Yellow) should be on the door

Designated staff for each cohort
For staff working with red cohort/COVID positive residents, staff may NOT move to work with green or yellow cohorts (negative residents) during their shift
Clinical Monitoring of Residents (Red, Yellow, & Green Zone)

- **Red Zone:** COVID positive
- **Yellow Zone:** Symptomatic/Exposed
- **Green Zone:** Negative with clearly no known exposure

### Frequency of Vital Signs including Pulse Oximetry

- **Red zone residents**: (COVID positive) and symptomatic residents should have vitals with pulse oximetry monitoring every 4 hours while awake.
  - **If Pulse Ox > 94%;** continue clinical monitoring every 4 hours while awake.

- **Yellow zone residents** (Exposed or unknown exposure) should have vitals with pulse oximetry monitoring every 8 hours while awake.
  - **Asymptomatic:** Vitals and pulse oximetry every 8 hours while awake.
  - **If Pulse Ox > 94%;** continue clinical monitoring every 8 hours while awake.
  - **Symptomatic:** If symptoms develop, increase vitals signs and pulse oximetry monitoring to every 4 hours while awake.

- **Green zone residents** (Negative with no known exposure) should be monitored per usual protocol.
  - **Tip:** To ensure an accurate pulse oximetry reading, warm the resident’s hand by rubbing them together.

### When to call 911 or Transport Resident to ED

**Change of Condition:**

- **If at any time staff is unsure of resident’s condition, please escalate.**

  - **If Pulse Ox < 94% or Heart Rate > 110 or < 50, then:**
    - **Emergent evaluation needed;**
    - **Call 911 or transport to ED for further evaluation**

  - Communicate to transport that patient has worsening clinical condition with low oxygen and needs medical evaluation

  - Communicate COVID Positive Diagnosis to transport system
New Admissions to Facilities
Residents need to remain in quarantine for 14 days in a single room in an area reserved for quarantine of new admissions. Full PPE should be utilized with these patients in quarantine. Re-testing should be done by the facility before removing patient from their quarantine.

Isolation/Precautions at the RCFE may or may not still be required
Residents who tested positive should be isolated for a total of at least 10 days (or 20 days if hospitalized in the ICU) after symptom onset with at least 24 hours of fever resolution and other symptoms improving (or 10 days from date of lab test if asymptomatic). The total number of days is inclusive of hospital isolation.

Admitting COVID+ recovered residents
If the isolation period is over and resident is recovered, the RCFE should receive the patient without requiring a negative COVID-19 test result and without the need for transmission based isolation precautions.
# Covid-19 Facility Self-Assessment Checklist

<table>
<thead>
<tr>
<th>LPA Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What county is the visit taking place in?:</th>
</tr>
</thead>
</table>

| Did an HFEN accompany you on this visit? |
| ☐ Yes | ☐ No |

<table>
<thead>
<tr>
<th>If “yes”, please provide the HFEN’s name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Please write the date the LPA visited the facility:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>The LPA spoke with:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Facility Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Facility Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Capacity:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Census:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Please Check One.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Completed</th>
<th>In Progress</th>
<th>Not Started</th>
</tr>
</thead>
</table>

COVID-19 preparedness has been incorporated into Emergency Plan for facility.

Designated staff person to coordinate preparedness planning and integrate local DPH, CDPH, and CDC guidance.

## Entry & Visitation Procedures

<table>
<thead>
<tr>
<th>Signs have been posted at facility entrance with visitor policy (limit to essential visits only; limited visitation hours; exceptions allowed for hospice).</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Residents have been notified about your COVID-19 policies.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>One central entry point has been designated for universal entry screening.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Routine symptom screening (+/- temperature check) has been initiated at entry for all staff, residents, and essential visitors.</th>
</tr>
</thead>
</table>

| Handwashing on entry is requested for all staff, residents, and visitors. |
| ☐ Yes | ☐ No |

<table>
<thead>
<tr>
<th>A sign-in policy has been enacted with all visitors.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff Training and Policies</strong></td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>Facility provides ongoing updates about COVID-19 to residents and staff. The communications are language and reading level appropriate.</td>
</tr>
<tr>
<td>Facility has conducted staff training on COVID-19 prevention, symptoms, transmission.</td>
</tr>
<tr>
<td>Facility has conducted staff training on when and how to use personal protective equipment.</td>
</tr>
<tr>
<td>Facility has conducted staff training on sick leave policies.</td>
</tr>
<tr>
<td>Sick leave policies have been created that are non-punitive, flexible, and consistent with public health policies that allow ill personnel to stay home.</td>
</tr>
<tr>
<td>Staff have been notified to avoid work if acute respiratory illness and to contact medical provider to consider COVID-19 testing.</td>
</tr>
<tr>
<td>Staff have been notified when they may return to work after illness (72 hours after last fever or 14 days if COVID-19 positive).</td>
</tr>
<tr>
<td>Staff have been notified that medical clearance is not required to return to work, unless under quarantine order by Public Health entity.</td>
</tr>
<tr>
<td>Alternate staffing plan has been developed to account for shortages.</td>
</tr>
<tr>
<td>Facility has a plan to expedite hiring and training of non-facility staff to provide resident care when facility reaches a staffing crisis.</td>
</tr>
<tr>
<td><strong>Resident Counseling &amp; Policies</strong></td>
</tr>
<tr>
<td>Daily symptom screening (+/- temperature check) have been initiated for all residents.</td>
</tr>
<tr>
<td>All activities that take persons into public or crowded places have been canceled.</td>
</tr>
<tr>
<td>Facilities have developed policies that enable residents to leave facility for essential medical care.</td>
</tr>
<tr>
<td>Internal group activities have been limited to foster social distancing practices (i.e. meals in individual rooms, staggered meals, 6 feet of space between residents in common areas, etc)</td>
</tr>
<tr>
<td>Resident Counseling &amp; Policies</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Beds have been moved at least 6 feet apart or 3 feet apart with head-to-toe orientation.</td>
</tr>
<tr>
<td>Free telephone has been implemented to allow residents to keep in touch with family, medical providers, etc.</td>
</tr>
<tr>
<td>Meals are either offered in resident rooms or at staggered mealtimes for asymptomatic residents.</td>
</tr>
<tr>
<td>All residents have at least 30 day supply of medications.</td>
</tr>
<tr>
<td>Residents and their authorized representatives have been consulted to consider postponing elective surgical procedures.</td>
</tr>
<tr>
<td>All emergency contact information for all residents have been updated.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Containment Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility has a specific plan for managing residents with symptoms of acute respiratory illness and/or COVID-19 exposure.</td>
</tr>
<tr>
<td>Facility is able to designate a single-person room with closed door to isolate symptomatic and/or asymptomatic exposed residents.</td>
</tr>
<tr>
<td>Facility is able to designate a single bathroom for isolation of symptomatic and/or asymptomatic exposed residents.</td>
</tr>
<tr>
<td>(If indicated) Signs are posted outside of isolation rooms to indicate appropriate contact and respiratory droplet precautions.</td>
</tr>
<tr>
<td>(If indicated) Appropriate PPE (face masks, gowns, gloves, eye protection) is available outside of isolation room.</td>
</tr>
<tr>
<td>(If indicated) Trash bins and handwashing stations are located outside of isolation room.</td>
</tr>
<tr>
<td>Plan has been developed to immediately notify residents' medical provider if symptoms develop or if COVID-19 exposure occurs</td>
</tr>
<tr>
<td>Plan has been developed about when to call 911 for residents with severe respiratory symptoms or illness.</td>
</tr>
<tr>
<td>Containment Strategies</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Plan to test and isolate symptomatic residents for COVID-19 in consultation with medical provider has been developed.</td>
</tr>
<tr>
<td>Plan has been developed to accept back clients following discharge from hospital for acute respiratory illness.</td>
</tr>
<tr>
<td>Plan has been developed to notify DPH if any residents or staff develop symptoms or have exposures to COVID-19.</td>
</tr>
<tr>
<td>Facility is able to serve all meals and deliver medications to residents in isolation.</td>
</tr>
<tr>
<td>Plan has been developed to monitor residents in isolation routinely (at least every 4 hours).</td>
</tr>
</tbody>
</table>

**Environmental Preparation and Cleaning**

Facility has a specific plan to ensure proper cleaning and disinfection of environmental surfaces and laundry.

<table>
<thead>
<tr>
<th>Commonly touched surfaces are cleaned and disinfected at least once a day.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan to ensure appropriate cleaning of isolation rooms has been developed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs are posted throughout the facility to encourage residents to report acute respiratory illness to staff.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signs are posted throughout facility to promote handwashing, cough/sneeze etiquette, and social distancing.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hand washing stations or alcohol-based hand sanitizer are available in every resident room.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sinks are well stocked with soap and paper towels for handwashing.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>A plan has been created to audit and address supply shortages.</td>
<td></td>
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</tr>
<tr>
<td>Does the Facility have enough hygiene supplies?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If &quot;No&quot;, how many days worth of hygiene supplies does the facility have:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the facility have enough Personal Protective Equipment (PPE)?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
If "No", how many days worth of PPE supplies does the facility have:

<table>
<thead>
<tr>
<th>If “No” to either of the preceding questions, what additional supplies does the facility need?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face shields</td>
</tr>
<tr>
<td>Disposable gowns</td>
</tr>
<tr>
<td>Hand hygiene supplies</td>
</tr>
<tr>
<td>Surgical masks</td>
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<tr>
<td>Disposable gloves</td>
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<tr>
<td>Food supplies</td>
</tr>
<tr>
<td>N95 respirators</td>
</tr>
<tr>
<td>Tissues, paper towels, cleaners and EPA-registered disinfectants</td>
</tr>
<tr>
<td>Other Supplies not listed</td>
</tr>
</tbody>
</table>

Other Supplies not listed (please specify)
Forms
Employee Health Services

Patient Care Team Log for COVID-19 Patient or PUI

All HCP providing patient care to a COVID-19 patient or PUI must complete the information below each day they enter the patient’s room.

** COVER sign in sheet**  ** COVER sign in sheet**  ** COVER sign in sheet**  ** COVER sign in sheet**

(Please Print Clearly)  Patient Name:________________________ MRN:________________________ Room Number: ________________

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Employee ID</th>
<th>Department</th>
<th>Phone Number</th>
<th>Date Entered Room</th>
<th>Full PPE - Y/N</th>
</tr>
</thead>
<tbody>
<tr>
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(Please Print Clearly) Patient Name: ____________________ MRN: ________________ Room Number: ____________

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Employee ID</th>
<th>Department</th>
<th>Phone Number</th>
<th>Date Entered Room</th>
<th>Full PPE - Y/N</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
# Covid-19 PPE Donning and Doffing Competency Checklist

<table>
<thead>
<tr>
<th>Skill</th>
<th>Validation of Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial PPE Donning Steps</strong></td>
<td>Initials</td>
</tr>
<tr>
<td>• Perform hand hygiene</td>
<td></td>
</tr>
<tr>
<td>• Don gown</td>
<td></td>
</tr>
<tr>
<td>• Don N95</td>
<td></td>
</tr>
<tr>
<td>• Don Goggles or Face Shield</td>
<td></td>
</tr>
<tr>
<td>• Don gloves</td>
<td></td>
</tr>
<tr>
<td><strong>PPE Doffing to Discard Steps</strong></td>
<td>Initials</td>
</tr>
<tr>
<td><strong>Before exiting patient’s room:</strong></td>
<td></td>
</tr>
<tr>
<td>• Doff gown and gloves per normal procedure</td>
<td></td>
</tr>
<tr>
<td>• Perform Hand Hygiene</td>
<td></td>
</tr>
<tr>
<td><strong>After exiting patient’s room:</strong></td>
<td></td>
</tr>
<tr>
<td>• Perform hand hygiene</td>
<td></td>
</tr>
<tr>
<td>• Remove face shield and discard</td>
<td></td>
</tr>
<tr>
<td>• Perform hand hygiene</td>
<td></td>
</tr>
<tr>
<td>• Remove N95 and discard</td>
<td></td>
</tr>
<tr>
<td>• Perform hand hygiene</td>
<td></td>
</tr>
<tr>
<td><strong>Donning Extended Use PPE Steps</strong></td>
<td>Initials</td>
</tr>
<tr>
<td>• Write name and date on a paper box or paper bag, and a clean plastic bag.</td>
<td></td>
</tr>
<tr>
<td>• Place both paper box/bag and plastic bag in a secure, designated area</td>
<td></td>
</tr>
<tr>
<td>• Leave N95 and face shield/goggles on from previous patient</td>
<td></td>
</tr>
<tr>
<td>• Perform hand hygiene</td>
<td></td>
</tr>
<tr>
<td>• Don gown- rip back neck portion of the gown if pull over style and tie around neck</td>
<td></td>
</tr>
<tr>
<td>• Have a buddy tie the neck portion in the back once gown is donned</td>
<td></td>
</tr>
<tr>
<td>• Don gloves</td>
<td></td>
</tr>
<tr>
<td>• Resume patient care</td>
<td></td>
</tr>
<tr>
<td><strong>Doffing Reuse PPE</strong></td>
<td>Initials</td>
</tr>
<tr>
<td><strong>Before Exiting Patient’s Room:</strong></td>
<td></td>
</tr>
<tr>
<td>• Doff gown and gloves per normal protocol</td>
<td></td>
</tr>
<tr>
<td>• Perform hand hygiene</td>
<td></td>
</tr>
<tr>
<td><strong>After Exiting Patient’s Room:</strong></td>
<td></td>
</tr>
<tr>
<td>• Perform hand hygiene</td>
<td></td>
</tr>
<tr>
<td>• Don clean gloves</td>
<td></td>
</tr>
<tr>
<td>• Doff face shield</td>
<td></td>
</tr>
<tr>
<td>• Wipe down face shield with disinfectant wipe,</td>
<td></td>
</tr>
<tr>
<td>Skill</td>
<td>Validation of Competency</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>allow to stay wet per manufacturer’s instructions and, once dry, place in labeled plastic bag</td>
<td></td>
</tr>
<tr>
<td>• Doff gloves</td>
<td></td>
</tr>
<tr>
<td>• Perform Hand Hygiene</td>
<td></td>
</tr>
<tr>
<td>• Don a clean pair of gloves</td>
<td></td>
</tr>
<tr>
<td>• Doff N95 by holding strap to avoid touching the mask, place in labeled paper box/bag</td>
<td></td>
</tr>
<tr>
<td>• Remove gloves</td>
<td></td>
</tr>
<tr>
<td>• Perform hand hygiene</td>
<td></td>
</tr>
</tbody>
</table>

**Donning Reuse PPE**

<table>
<thead>
<tr>
<th>Initials</th>
<th>Date</th>
</tr>
</thead>
</table>

*Before Entering Patient’s Room:*

- Perform hand hygiene
- Don gown and gloves
- Open paper box/bag with used N95 to retrieve mask; avoid touching inside of N95
- Don the used N95 mask:
- Adjust to ensure good fit
  - Perform user seal check
- Remove gloves
- Perform hand hygiene
- Don new pair of gloves
- Open labeled plastic bag and remove face shield; don face shield
- Remove gloves
- Perform hand hygiene and don new pair of gloves

**Employee:** __________________________________________  **Date:** __________

**Validator Signature & Initials:** ________________________________  **Date:** __________
Employee Health Services
HCP Providing Direct Patient Care Services to Patient with COVID-19

Temperature Log

First and Last Name: ________________________________

Employee Number: __________  Department: ________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Temperature 1</th>
<th>Temperature 2</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Employee Rights and Resources
Paid Sick Leave and Expanded Family and Medical Leave Under the Families First Coronavirus Response Act

Employees are entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, due to the following reasons.

<table>
<thead>
<tr>
<th>Reason for Leave</th>
<th>EPSL Hours</th>
<th>EPSL Paid At</th>
<th>EPSL Capped At</th>
<th>EFMLA Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) is subject to a Federal, State or local quarantine or isolation order related to COVID-19</td>
<td>Full Time 80</td>
<td>100% regular rate</td>
<td>$511/day and $5,110 total</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Part Time 2-week avg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) has been advised by a health care provider to self-quarantine related to COVID-19</td>
<td>Full Time 80</td>
<td>100% regular rate</td>
<td>$511/day and $5,110 total</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Part Time 2-week avg</td>
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<td>(3) is experiencing symptoms of COVID-19 and seeking a medical diagnosis</td>
<td>Full Time 80</td>
<td>100% regular rate</td>
<td>$511/day and $5,110 total</td>
<td>No</td>
</tr>
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<td>Part Time 2-week avg</td>
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<td>(4) is caring for an individual subject to an order described in (1) or (2)</td>
<td>Full Time 80</td>
<td>2/3 regular rate</td>
<td>$200/day and $2,000 total</td>
<td>No</td>
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<td>Part Time 2-week avg</td>
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<tr>
<td>(5) is caring for a child whose school or place of care is closed due to COVID-19</td>
<td>Full Time 80</td>
<td>2/3 regular rate</td>
<td>$200/day and $2,000 total</td>
<td>Yes*</td>
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<td></td>
<td>Part Time 2-week avg</td>
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<td>(6) is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services</td>
<td>Full Time 80</td>
<td>2/3 regular rate</td>
<td>$200/day and $2,000 total</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Part Time 2-week avg</td>
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* Employees may receive up to 10 weeks more of paid sick leave and expanded family and medical leave paid at 2/3 for qualifying reason #5 above for up to $200 daily and $12,000 total.
Discounted Hotels

Hotel rooms for California healthcare workers, the Non-Congregate Sheltering (NCS) for California Healthcare Workers Program was created to keep California’s healthcare workers safe and healthy and reduce the spread of the COVID-19 virus. It provides hotel rooms to healthcare workers who give critical care to COVID-19 patients, so they don’t bring home the virus to their household. Once they leave their shift, they can stay near their healthcare facility at a participating hotel for free or at a discount.

Program Eligibility:
To be eligible for this program, you must meet all Program eligibility criteria below:

1. You work in a California healthcare facility
   a. This includes medical transport providers and non-medical staff within healthcare facilities.
   b. This also includes workers in California’s Health Corps or CAL MAT, as designated by the State.
   c. For the purposes of this program, “healthcare facility” DOES NOT include in-home support services (IHSS).
2. Have presumed exposure to COVID-19
3. The California healthcare facility you are working in must be documented by a state or county public health official or medical professional to house COVID-19 positive patients - OR- healthcare workers who test positive for COVID-19 but do not require hospitalization
4. You are unable to self-isolate or quarantine at home
5. You must show your California healthcare facility employee identification at hotel check-in.
6. You must provide a personal credit card or another form of deposit at check-in.
7. You agree to be responsible for your incidentals. The Program DOES NOT include extra services from the hotel, such as food, room service, valet, parking, or laundry.

Cost:
1. If you make less than $250,000, you are eligible for a room at no charge.
2. If you make $250,000 or more, you are eligible for a discounted room. Rates depend on the offers provided by participating hotels.
3. FEMA has approved this program for emergency, non-congregate sheltering, and has advised the State that healthcare workers meeting these criteria are considered an eligible population for Non-Congregate Shelter (NCS) reimbursement.

Eligible healthcare workers may call the state’s travel agency, CalTravelStore, at 877-454-8785 to make a hotel reservation.

DGS Statewide Travel Program
Covid19Lodging@dgs.ca.gov

5/1/2020 8:22 PM
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;
  - 2/3 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 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. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19; | 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; |
| 2. has been advised by a health care provider to self-quarantine related to COVID-19; | 6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
| 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); | |

**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:

1-866-497-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd
Coronavirus (COVID-19)

Emergency Child Care Program

Supporting Medical Staff, First Responders and Essential Workers

If you are an essential worker on the frontlines of responding to the COVID-19 health crisis, you may be eligible for free or low-cost child care through the Contra Costa County Emergency Child Care Program.

Emergency Child Care supports healthcare workers and first responders living or working in Contra Costa County. Other disaster service and essential workers may be eligible as more spaces become available.

- Preschool and school age care
- Full day care available
- In-home care for those eligible
- Rich educational curriculum with distance learning support for school age
- Fully-qualified and trained early care & education professionals
- Small group settings
- Care available in East, Central and West County
- Care is aligned with CDC COVID-19 and Health Department childcare guidelines
- Admission priorities are in accordance with state and county guidelines for health and education during COVID-19

Go to CocoKids.org, click on the Emergency Child Care For Essential Workers banner to complete a request or learn more about private providers that are open for child care.

Drop-in child care not available. Currently, Emergency Child Care is not open to the general public.

For questions, contact Candy Duperroir at candy.duperroir@cocokids.org.
Additional Resources
MEDICAL/HEALTH PROVIDER QUESTIONNAIRE

Provider Name: ___________________  Contact email/phone: ___________________

1. Current Number of N-95 Particulate Respirators on hand? Note brand/model

2. How many N-95 masks of each type is your organization using per day (burn rate)?

3. Current Number of Surgical Masks on hand? Note brand/model

4. How many surgical masks is your organization using per day (burn rate)?

5. Current number of gowns, goggles and/or face shields in your inventory?

6. Expected date your unexpired PPE inventory will be depleted?

7. Has your organization placed an order for PPE? Please provide expected delivery date.

8. Is your organization asking for N-95s (expired) in-lieu of surgical masks?

9. Is your organization willing to accept expired PPE if no other PPE is available? Please indicate this on the Resource Request
MEDICAL/HEALTH PROVIDER RESOURCE REQUEST FORM

Requests for assistance will be considered in light of available resources and ability to move resources into the impacted area. It may not be possible for CCHS to provide resources as requested.

<table>
<thead>
<tr>
<th>Name of Service Provider:</th>
<th>Date and time:</th>
<th>Person making request:</th>
<th>Contact number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Item #</th>
<th>Priority (High, Med, Low)</th>
<th>When needed:</th>
<th>To be delivered where and to whom</th>
<th>Resource requested:</th>
<th>Measure of unit (each, dozen, box etc)</th>
<th>Quantity needed:</th>
<th>Estimated duration of use:</th>
<th>Estimated Cost, if known</th>
<th>Comment</th>
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This request is made in support of the current emergency situation. The Provider has attempted to fill this request through all available means. The requesting Provider/organization recognizes that it may be fully responsible for the costs associated with this request.

Signature of Authorized agent of the requesting Provider

- Please submit to:
  - E-Mail: DOC.Logistics@cchealth.org staff are working remotely and unable to receive faxes at this time

Priority Key:
- High: Needed within 24-hours
- Medium: Needed within 48-hours
- Low: Needed for sustainment only

Updated 4/22/2020
### Requestor Details

| Date of Request: |  |
| Request Point of Contact: |  |
| Requestor Email: |  |
| Requestor Phone: |  |

### Requesting Facility Details

| Facility Name: |  |
| Facility Type: |  |
| County: |  |
| Total Facility Capacity: |  |
| Number of Free, Patient-Ready Beds: |  |
| Does the Facility Currently Have COVID-19 Positive Patients (yes/no): |  |

### Deployment Details

| Requested Deployment Dates: |  |

#### Requested kind of staff and number of each:

<table>
<thead>
<tr>
<th>Staff classification (e.g. RN, LVN, CNA)</th>
<th>Number</th>
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| Total Number of Staff Requested: |  |
# Requested Coverage

## Shift Days of the Week (check all that apply)

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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</table>

## Shift Duration (in hours):

## AM Shift Hours

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
<th>Kind of Staff Requested for AM Shift</th>
<th>Number of Staff Requested for Shift</th>
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<tbody>
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## PM Shift Hours

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<th>From:</th>
<th>To:</th>
<th>Kind of Staff Requested for PM Shift</th>
<th>Number of Staff Requested for Shift</th>
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Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), Residential Care Facility for the Elderly (RCFE), Assisted Living Facility (ALF) Staffing Questions

Please provide answers to the following questions to aide in the adjudication of your request for staffing.

Facility Name:
Number of Available Beds:
Number of additional beds if provided requested staffing:
Current % Patient Occupancy:

- Facility Census: ______
  o COVID + residents: ______
  o PUI Residents: ______

- Total Patient Care Staff: ______
  o COVID + Staff: ______
  o Staff Unavailable to work (COVID or other): ______

- Has the facility stopped taking new admissions?

- Is the facility following their mitigation plan?

- Does the facility have sister facilities or a network of facilities that could provide additional staffing to the facility in need?

- Has the facility reached out to private staffing contract agencies to provide additional staffing in the facility?
  o Which agency?
  o Why is this agency unable to provide assistance?
  * Please list each agency separately

- What is the facility’s long-term strategy to continually staff the facility to provide appropriate level of care for the patients?

Please provide the answers to your MHOAC and your local CDPH District Office representative. As a reminder, state sourced staffing is meant to fill short term emergency staffing gaps and is not meant as a long-term staffing resource.
Self-Isolation & Health Monitoring Instructions

Your healthcare provider has discussed your case with the Contra Costa County Public Health Department and has decided you do not need to be hospitalized and can be isolated at home. You will need to stay in your home until you are well, this is called home isolation. Stay at home for a minimum of 7 days after your symptoms began. Some people will continue to have symptoms after 7 days and need to remain home longer. Once you feel better and you are back to your normal with no symptoms of fever, shortness of breath, or body aches, you will need to remain home for 3 more days (72 hours). After this time you will no longer need to be isolated. Below are the preventive steps to follow until you can return to your normal activities.

Protect the Public:

- Stay home except to see your doctor. Reschedule any non-essential healthcare appointments (non-urgent doctor’s appointments, dentist appointments, etc).
- Do not go to work or school.
- Do not use public transportation (Bus, BART, Airplane, Taxi, UBER, LYFT)
- Do not travel.
- Do not go to the movies, to church, to a shopping mall or any place where lots of people may gather
- You can go outside in your own yard (not a shared yard).

Protect your family:

- Cover your coughs and sneezes, use tissues and throw them away immediately.
- You and your family should wash hands frequently using soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Separate yourself from other people in your home as much as possible.
- Stay in a specific room away from other people and use a separate bathroom if possible.
- Avoid sharing personal household items such as drinking glasses, dishes, eating utensils, towels and bedding. These items are safe for others to use after regular washing.
- Increase your cleaning routine, specifically in areas that need to be shared such as a bathroom or kitchen.
  - Clean doorknobs, phones, keyboards, tablets, bedside tables, toilets, bathroom and kitchen fixtures
Protect Vulnerable Members in your community:

- If you have a close contact or someone in your household who spends a lot of time or works in skilled nursing facility, nursing home, a memory care center, a correctional facility, a dialysis center, or a healthcare facility, please let us know at Contra Costa Public Health known at 925-313-6740.
- Have your close contacts or household contacts monitor their symptoms. Encourage them to avoid large groups.
- If someone in your family becomes sick have them stay home while they are sick, similar to your isolation timeframe.

Monitor your health:

- Seek prompt medical attention if your illness is worsening. For example, if you start to have trouble breathing.
- If you need to call 911, notify the dispatch personnel that you have or are being evaluated for COVID-19.

- Before seeking care call your medical provider, inform them you are being evaluated for COVID-19. Put on a facemask before entering the facility. If you do not have one, send someone into the facility to ask for one and to inform the staff of your arrival.

For questions or concerns you can contact Contra Costa Public Health during normal business hours Monday-Friday 8:00AM-5:00PM at 925-313-6740 or 925-646-1566 at night or on the weekend. Then call your doctor and let her know you have informed Public Health. Public Health can work with you and your doctor so you can get the care you need.
HICAP continues to serve Medicare beneficiaries!

Your usual Medicare questions
- Basics of Medicare
- Medigap
- Advantage plans
- Drug plans
- Low income assistance

COVID-19-related situations
- Coverage of testing and treatment
- Coverage of telehealth
- Coverage of skilled nursing facilities
- Loss of employer group health plans
- Difficulties with filling prescriptions

Contact your local HICAP for in depth, one-on-one counseling

Alameda
(510) 839-0393

Contra Costa
(925) 602-4163

Marin
(707) 526-4108

San Francisco
(415) 677-7520

San Mateo
(650) 627-9350

Santa Clara
(408) 350-3200 opt2

Solano
(707) 526-4108

Health Insurance Counseling and Advocacy Program
https://cahealthadvocates.org/hicap/
1-800-434-0222

Sponsored by the Centers of Medicare & Medicaid Services, the federal Medicare agency, the California Department of Aging

This project was supported, in part by grant number 90SAPG0052-03-00 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.
# CONTRA COSTA COVID-19 RESOURCES FOR UNDOCUMENTED IMMIGRANTS

## HEALTH ACCESS

### Contra Costa CARES
A health care program for those ineligible for health insurance. See locations below to enroll.

- Brighter Beginnings
- Antioch & Richmond
  - (510) 213-6681
- LifeLong Medical Care
  - Richmond and San Pablo
  - (510) 215-9092
- La Clinica de La Raza
  - Concord, Pittsburg, Oakley
  - Medical & Emergency Dental: (925) 363-2000
  - Coverage & Resources: (855) 494-4658

### Emergency Medi-Cal
Provides medical care for people in need of sudden treatment in emergency situations.
- (800) 709-8348
- mybenefitscalwin.org

### Mental Health
- Behavioral Health Access Line
  - 24/7 line if you are experiencing a mental or emotional crisis.
  - (888) 678-7277
- Contra Costa Crisis Center
  - Provides 24/7 counseling & support.
  - (800) 833-2900
  - Text Hope to 20120
- Familias Unidas
  - Counseling & information center.
  - (510) 412-5930
- NAMI
  - Support to families affected by mental illness.
  - (925) 942-0767

## COVID-19 TESTING

If you think you are experiencing a life threatening emergency, call 911 immediately.

Everyone, regardless of immigration status, should seek the medical care they need.

If you think you have been exposed to COVID-19 and develop a fever and symptoms of respiratory illness such as a cough or difficulty breathing, you may contact:

### Coronavirus Call Center
- (844) 729-8410
- Open Daily
  - 8:00 am - 5:00 pm
- For more information about COVID-19 you may visit:
  - www.coronavirus.cahealth.org

## SAFETY NET/RESOURCES

### Census 2020
Website to complete the Census.
- (844) 467-2020
- www.cococensus.org

### Stand Together Contra Costa
Help with removal defense & legal rights.
- (925) 900-5151

### Legal Aid At Work
Provides a worker’s rights clinic.
- (866) 864-8208

### Public Charge
More information on public charge.
- www.keepyourbenefits.ca.org

- Receiving testing, treatment, or preventive care (including vaccines) related to COVID-19 will NOT affect your ability to get a green card, because these services are not counted in a “public charge” test.
- Using the programs below will NOT affect your ability to get a green card: Emergency Medi-Cal, Medi-Cal for children under 21, Medi-Cal for undocumented or DACAmented youth ages 19-26, Medi-Cal for pregnant women, WIC, Contra Costa CARES, plus more.

## KNOW YOUR RIGHTS

### 211
24/7 info of local health & social services.
- www.211cc.org

### Contra Costa Food Bank
Help with food & Cal Fresh enrollment.
- (925) 676-7543

### Monument Crisis Center
Help with food & community resources.
- (925) 825-7751

### Family Justice Center
One-stop center for Interpersonal Violence Victims.
- (925) 521-6366

### WIC Nutrition Program for Women, Infants, & Children.
- (800) 414-4942

### Season of Sharing
Housing, rental & critical family needs assistance.
- (925) 521-5065

### St. Vincent de Paul
Provide food, clothing, rental assistance, & more.
- (925) 439-5060

### Catholic Charities of the East Bay
Rental, deposit, utility assistance & immigration legal services.
- (510) 768-3100

### Monument Impact
Workforce skills, mental & physical health, and advocacy.
- (925) 682-8248

Contra Costa County is a welcoming community for ALL residents, including undocumented immigrants. We believe in inclusion and belonging and commit to providing access to resources.

COVID-19 Care for Undocumented People Task Force is a public-private partnership convened by Contra Costa Health Services.

Edited on 4/22/2020, S.K. and A.R.
COVID-19 Grupo de Apoyo

Para cualquier persona que experimente estrés durante este tiempo de COVID-19

Regístrese Hoy!

***Grupos se reunirán virtualmente

Construyendo conexiones y resiliencia en tiempos de incertidumbre.

Como se puede REGISTRAR:

1. Llamar y dejar mensaje al (925) 939-1916 extensión 124
2. Si no recibe respuesta en 48 horas favor de llamar al 211 ó 800-833-2900 y pregunté por Clarisa

Temas del grupo incluyen:

- Comprender los estresantes
- Estrategias de afrontamiento
- Fuerza para compartir
- COVID y el duelo

CONTRA COSTA CRISIS CENTER
Social Isolation and Well-Being for Caregivers during Covid-19

Christina Irving, LCSW
Client Services Director
Family Caregiver Alliance

www.caregiver.org
Covid and Caregiving Challenges

• Juggling multiple roles – working from home and caregiving
• Finances – lost income
• Challenging behaviors and small spaces
• Lack of control
• Uncertainty
Building Resilience

...the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress

- Embrace healthy thoughts
- Build your connections
- Find purpose
- Seek help
- Foster wellness
Stress Warning Signs

**Cognitive**
- Memory problems
- Difficulty concentrating
- Poor judgement
- Anxious thoughts
- Constant worry

**Physical**
- Aches & Pains
- Diarrhea/Constipation
- Chest pain/rapid heartbeat
- Loss of sex drive
- Frequent colds

**Emotional**
- Agitation/unable to relax
- Moodiness
- Short tempered/irritable
- Depression/unhappiness
- Feeling overwhelmed

**Behavioral**
- Eating more/less
- Sleeping too much/too little
- Neglecting responsibilities
- Using Alcohol/Cigarettes/Drugs
- Nervous habits like nail biting etc
Managing Anxious Thoughts

• Change unhelpful thought patterns
  – Avoid overgeneralizing and thinking in “should”
  – Write down automatic thoughts
• Control what you can
  – Practice safe behaviors
• Limit your news consumption
• Talk to a therapist or counselor
  – Telehealth
Grief and Loss

“When you have any kind of change, you often have loss, and when you have loss, you have grief.”

~ J. Shep Jeffreys

Helping Grieving People
Emotional Intelligence - Tools for Shifting Emotions

Take Action
When ANGRY

- Be curious, “Why is this so important to me.”
- Reframe, “What might be going on for them?”
- Breathing exercises

All 3 these actions will redirect blood flow back into the mind and away from fight or flight response.

Take Action
When 悲 (Sad)

- Think of a healthy distraction, funny movie.
- Change of scenery – walk somewhere new
- Be with people in a low key way.

Come back to the issue later, once you’ve had a chance to shift your mood.

Take Action
When scared, worried, concerned

Apply Logic
- What is the worst thing that can happen?
- What is the probability?

Humor

Light, Appropriate Humor is incompatible with ANGRY

Humor (NOT)
- Sarcasm
- Conceal real emotion
- Jealous Jabs
- Avoid each other

Based on Soft Skill: Improving Your Emotional Intelligence Skills: Self-Awareness and Self-Management
**Personalized Quick Coherence® Technique**

**Step 1:** Make a sincere attempt to recall a situation in your life when you felt joy, at peace, ease, like the world had your back. Relax into that feeling. The more detail you can recall from this experience, the greater potential for regeneration this exercise will have for you.

*Suggestion: Try to re-experience the feeling you have for someone you love, a pet, a special place, an accomplishment, etc. to elicit this sense of well-being and support.*

![Image of breathing exercise]

**Step 2:** While keeping this image in mind, breathe in, bring the breath up through your body and touch your heart, then breathe out. Breathe a little slower and deeper than usual (but in a manner that is comfortable for you). Focus the flow of your breath in and with each breath, encircle or cradle your heart, then out.

*Suggestion: Inhale 5 seconds, exhale 5 seconds (or whatever rhythm is comfortable)*
Optional Step 3:
My intention for this conversation/shift/day is:

It is necessary to develop and link step 1 and 2, (3) together (practice) so you can access them in a stressful situation. The more you practice any tool, like a muscle, it will grow stronger, allowing you to recall and regain coherence when triggered and need it most.

Coherence = regular, healthy heart rate

Adapted from Quick Coherence®, HeartMath
Building Connections

• Video chat with friends & family
• Online support groups
  – Many in-person groups offered online or by phone
  – www.caregiver.org
  – www.alzconnected.org
  – Facebook caregiver groups
• Community/senior center classes
FCA Online Education

• Webinars
  – Palliative Care on the Frontlines of Covid-19
  – Planning Ahead for the Care You Might Need
  – Senior and Disability Action: Caregiver Survival School

• Classes
  – Let’s Get Away Together: Armchair Travel
  – Sustainable Caregiving
  – There Must Be a Better Way Than This
Family Caregiver Alliance is a public voice for caregivers, illuminating the daily challenges they face, offering them the assistance they so desperately need and deserve, and championing their cause through education, services, research and advocacy.

Contact us:
Toll-free: (800) 445-8106
SF Office: (415) 434-3388
101 Montgomery Street, Suite 2150,
San Francisco, CA 94104
http://www.caregiver.org

Social Media Channels:
Facebook
Twitter
YouTube
LinkedIn

• FCA established the National Center on Caregiving (NCC), to advance the development of high-quality, cost effective programs and policies for caregivers in every state in the country. The NCC sponsors the Family Care Navigator, a state-by-state resource locator designed to help caregivers locate support services in their communities.

• FCA also operates the Bay Area Caregiver Resource Center in the six-county San Francisco Bay Area. The staff of family counselors works closely with families caring for ill or elderly loved ones. Our services, education programs and publications are developed to offer these families direct support, vital information, and effective tools to manage the complex and demanding tasks of caregiving.
Resources

On-Line Resources available for more information:

• CDC Coronavirus Disease 2019 (COVID-19): Infection Control Guidance

• PPE optimization strategies

• Strategies to optimize supply of N95 respirators

• Defining Exposure Risk Category

• Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
  https://www.cdc.gov/infectioncontrol/guidelines/isolation/

• PPE Burn Rate Calculator

• CMC Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes

• CDC Use PPE Correctly for COVID-19 Video
  https://www.youtube.com/watch?v=YYTATw9yav4

• CDC Closely Monitor Residents
  https://www.youtube.com/watch?v=1ZbT1Njv6xA
Bilingual Resources: Help Older Hispanics Age Well

NCOA has several Spanish-language resources to empower older Latin individuals to improve their health and economic security.

**BuscaBeneficios.org**

Modeled on NCOA’s respected BenefitsCheckUp®, this free and confidential tool connects Spanish-speaking older adults to billions of dollars in federal, state, local, and private benefits to pay for daily expenses such as food, medicine, utilities, and more.

**Chequeo Contra Caidas**

This screening tool allows older adults to assess their risk of falling—one of the greatest health risks as people age. Users receive a personalized report with culturally competent Spanish falls prevention resources, including a video, tips, and handouts.

**COVID-19 Recursos**

When the pandemic started, we quickly developed trusted information and videos to spread the word about how to stay safe.

**Scams**

Scammers prey on older adults. Our tips show how to spot bad actors.

To view all of NCOA’s Spanish-language content, please visit [www.ncoa.org/Español](http://www.ncoa.org/Español).
## Contra Costa County Resource

### Online resources

<table>
<thead>
<tr>
<th>Name</th>
<th>Link</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area Agency on Aging</td>
<td><a href="https://ehsd.org/elderly-disabled/area-agency-on-aging/">https://ehsd.org/elderly-disabled/area-agency-on-aging/</a></td>
<td>Multiple resources listed.</td>
</tr>
<tr>
<td>California Elder Justice Coalition</td>
<td><a href="https://www.elderjusticecal.org">https://www.elderjusticecal.org</a></td>
<td></td>
</tr>
<tr>
<td>Contra Costa Senior Legal Services</td>
<td><a href="https://www.ccsls.org">https://www.ccsls.org</a></td>
<td></td>
</tr>
<tr>
<td>Contra Costa County COVID-19 Food Distribution Map</td>
<td><a href="https://cccgis.link/Food">https://cccgis.link/Food</a></td>
<td>Interactive map.</td>
</tr>
<tr>
<td>Empowered Aging Ombudsman Services of Contra Costa, Solano and Alameda</td>
<td><a href="https://www.ccsombudsman.org">https://www.ccsombudsman.org</a></td>
<td></td>
</tr>
<tr>
<td>Family Caregiver Alliance</td>
<td><a href="https://www.caregiver.org">https://www.caregiver.org</a></td>
<td>Webinar: For seniors, people with disabilities, and attendants/caregivers: Protecting ALL of us during the COVID Pandemic and Beyond</td>
</tr>
<tr>
<td>Family Caregiver Alliance</td>
<td>Nicole Howell, Executive Director</td>
<td></td>
</tr>
<tr>
<td>Neighbor Express - Walnut Creek Rainbow Community Center of Contra Costa County</td>
<td><a href="https://walnutcreek.neighborexpress.org">https://walnutcreek.neighborexpress.org</a></td>
<td>Free deliveries from one neighbor to another.</td>
</tr>
<tr>
<td>Well Connected</td>
<td><a href="https://covia.org/services/well-connected/">https://covia.org/services/well-connected/</a></td>
<td>If you know of a LGBTQ+ senior that would benefit from an outreach, please contact me <a href="mailto:christopher@rainbowcc.org">christopher@rainbowcc.org</a> Promotes engagement and connection for older adults throughout the US. Currently provides virtual</td>
</tr>
</tbody>
</table>
For latest information on free COVID-19 testing check the cchealth website at: https://www.coronavirus.cchealth.org/get-tested

Here is information on the two vendors identified to do FIT testing. They charge $20/person.

Jocelyn Hunter
Arbor Environmental
jocelyn@arborenvironmental.com
800-927-8503

Precision Mobile Testing
Mairo Moreira
mairo@precisionmobiletesting.com
831-228-1251 or
831-319-9817

<table>
<thead>
<tr>
<th><strong>Telephone resources</strong></th>
<th><strong>Name</strong></th>
<th><strong>Phone</strong></th>
<th><strong>Note</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24/7 Nightingale Home Care</td>
<td>(925) 391-3700</td>
<td>Providing grocery shopping.</td>
</tr>
<tr>
<td></td>
<td>Community Testing Line</td>
<td>1 (844) 421-0804</td>
<td>Only for drive thru testing.</td>
</tr>
<tr>
<td></td>
<td>Contra Costa Senior Legal Services</td>
<td>(925) 609-7900</td>
<td>Verna Haas direct number (925) 494-0294</td>
</tr>
<tr>
<td></td>
<td>Friendship Line</td>
<td>(800) 971-0016</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Information and Assistance</td>
<td>(925) 229-843 or (800) 510-2020</td>
<td>Information about senior services.</td>
</tr>
<tr>
<td></td>
<td>Sexual Health Clinic hotline</td>
<td>1 (800) 479-9664</td>
<td>HIV testing during the shelter in place order.</td>
</tr>
<tr>
<td></td>
<td>Well Connected</td>
<td>(877) 797-7299</td>
<td>Social Call program.</td>
</tr>
</tbody>
</table>
Facility Signage
Resources in Different Languages

Stop the spread of Germs Poster:
- Spanish
- Dari
- Arabic
- Farsi
- French
- Haitian Creole
- Korean
- Nepali
- Pashto
- Russian
- Simplified Chinese
- Tigrinya
- Ukrainian
- Somali
- Vietnamese
- NOT IN TAGALOG

10 Things You Can do to manage your COVID-19 symptoms at home
- Spanish
- Chinese
- Korean
- Vietnamese
- Amharic
- Arabic
- Burmese
- Dari
- Farsi
- French
- Haitian-Creole
- Somali
- Swahili
- Tigrinya
- Ukrainian
- Not in Tagalog
Facts about COVID-19
- Spanish
- Tagalog
- Amharic
- Arabic
- Burmese
- Dari
- Farsi
- French
- Haitian Creole
- Karen
- Kinyarwanda
- Korean
- Nepali
- Pashto
- Portuguese
- Russian
- Simplified Chinese
- Somali
- Swahili
- Tigrinya
- Ukrainian
- Vietnamese

Symptoms of COVID-19
- Spanish
- Tagalog
- Haitian Creole
- Korean
- Simplified Chinese
- Vietnamese
- Amharic
- Arabic
- Burmese
- Dari
- Farsi
- French
- Karn
- Kinyarwanda
- Nepali
- Pashto
- Portuguese
- Russian
- Somali
- Swahili
- Tigrinya
- Ukrainian
Wash Your Hands Poster
- Spanish
- Arabic
- Bengali
- Chinese
- French
- Haitian
- Creole
- Portuguese
- Urdu
- Not in Tagalog

Keep Calm and Wash Your Hands
- Spanish
- Arabic
- Bengali
- Chinese
- French
- Not in Tagalog

All of the resources above can be obtained at link below.
Resources for Undocumented Immigrants

- Spanish
- Chinese Simplified
- Chinese Traditional
- Farsi
- Lao
- Tagalog
- Vietnamese

https://www.coronavirus.cchealth.org/for-the-community