

Guidelines for Preventing and Managing COVID-19 in Skilled Nursing Facilities

All Long Beach City healthcare facilities must be prepared to manage patients with suspected or confirmed COVID-19. The general strategies the Centers for Disease Control and Prevention (CDC) recommends to prevent the spread of COVID-19 are the same strategies skilled nursing facilities (SNFs) use every day to detect and prevent the spread of other respiratory viruses, like influenza. These guidelines provide specific actions you should take to help slow the spread of COVID-19.

We ask that you ensure that your staff is trained, equipped and capable of practices needed to:

- Prevent the spread of respiratory viruses including COVID-19 within the facility.
- Promptly identify and isolate patients with possible COVID-19 and inform the correct facility staff and public health authorities.
- Care for patients with known or suspected COVID-19 as part of routine operations.
- Potentially care for a larger number of patients in the context of an escalating outbreak.
- Monitor and manage any healthcare personnel that might be exposed to COVID-19.
- Communicate effectively within the facility and plan for appropriate external communication related to COVID-19.

I. COVID-19 Prevention -- General and Administrative Considerations

1. Conduct symptom and temperature screening
 - a. At entry for all persons
 - i. Temperature checks and symptoms screens must be conducted at entry for all persons including residents, staff, visitors, outside healthcare workers, vendors, etc.
 - ii. An exception to this is Emergency Medical Service (EMS) workers responding to an urgent medical need. They do not have to be screened, as they are typically screened separately.
 - iii. Anyone with fever or symptoms may not be admitted entry.
 - b. Daily temperature checks for all staff and patients/residents
 - i. All staff should be checked twice daily, once prior to coming to work and the second at the end of the shifts (see *Healthcare Personnel Monitoring* section below.)
 - ii. Patients/residents should have their temperature checked at least every 12 hours.
 - iii. Records should be kept of these symptoms and temperature screens.
2. Reinforce physical distancing, hand hygiene, and universal source control.
 - a. Residents should remain in their room as much as possible and wear a face covering if they leave (unless unable to wear a face covering due to medical reasons). Remind residents to practice physical distancing and perform frequent hand hygiene.
 - b. Residents who have underlying cognitive conditions should not be forcibly kept in their rooms nor forced to wear a face covering.
3. Reinforce good workforce health.
 - a. Non-punitive sick leave policies to support staff to stay home when sick or when caring for sick household members
4. Enhanced environmental disinfection with EPA-approved healthcare disinfectants should be performed

on high touch surfaces (e.g., bed rails, doorknobs, handrails, etc.) multiple times per shift, at least every 6 hours.

5. Assure adequate personal protective equipment (PPE) and other infection prevention and control supplies
 - a. PPE and other infection prevention and control supplies (e.g., surgical masks, respirators, gowns, gloves, goggles, hand hygiene supplies) that would be used for both healthcare personnel (HCP) protection and source control for infected patients (e.g., facemask on the patient) should be in sufficient supply and readily accessible for use.
 - b. Follow CDC guidance in the setting of PPE shortage (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>).

II. Communal Dining, Group Activities, and Visitation

1. The CMS *Revised Guidance for Infection Control and Prevention of Coronavirus Disease 2019 in Nursing Homes* dated March 13, 2020 restricted all visitation of SNFs with the exception of compassionate care visits and cancelled all group activities and group dining within facilities (<https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>).

Subsequent CMS guidance issued on May 18, *Nursing Home Reopening Recommendations for State and Local Officials*, allows local health departments to ease these restrictions in a phased approach based upon the current local COVID-19 situation and the individual facility's COVID-19 case, staffing, and testing status (<https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>). In order to relax gathering and visitation restrictions, facilities must meet baseline CMS criteria: they must not be experiencing staff shortages and they must have adequate supplies of PPE and essential cleaning and disinfection supplies. In addition, they must not have new onset COVID-19 cases among residents for 14 days to consider resuming modified communal dining and group activities and no new onset COVID-19 cases among residents for 28 days in order to consider modifying visitation policies.

CMS issued [QSO-20-39-NH](#) on September 15, updating their Visitation Guidance.

Communal dining and group activities: SNFs may resume limited group activities and communal dining within the facility if the facility is not currently conducting response driven or outbreak testing and they can adhere to the following steps:

- a. Facility adheres to universal source control
 - i. All staff wearing appropriate face coverings at all times.
 - ii. All staff wear eye protection (goggles or face shield) when in patient care areas.
 - iii. Residents wearing non-medical face coverings as described below.
- b. Facility adheres to physical distancing
 - i. All residents must keep at least 6 feet apart during all activities.
 - ii. All staff must keep 6 feet apart in break rooms and while participating in work activities as much as possible.
 - iii. Activities such as communal dining, should be done in shifts to allow better physical distancing.
 1. These shifts of residents should be kept together (e.g. same group of residents dine together each night) and individual residents should be assigned to specific areas as much as possible to attempt to minimize exposure if a resident is found to have COVID-19.
 2. Use of a sign-in sheet/roster of residents present during these activities will help with contact tracing should a resident later test positive for COVID-19.

- c. Enhanced environmental disinfection
 - i. All communal, high touch surfaces should be disinfected after residents or staff vacate an area.
 - d. . Additionally, if a facility has had no onset of cases within the last 14 days, group activities may also be facilitated for residents who have fully recovered from COVID-19 and for those not in isolation for observation or with suspected or confirmed COVID-19 status. Group activities should be done without moving the cohorted individuals from their area, and should be performed with their cohorted staff.
2. Visitation: If you are considering expanding your visitation please consult with the Long Beach Department of Health and Human Services (LBDHHS) first and make sure that the following measures are in place:
- a. All visitors should be screened on admission to the facility using the same criteria as for staff.
 - b. Anyone with an elevated temperature (over 100.0 F or 37.8 C) or symptoms (fever, chills, sore throat, cough, sneezing, new or worsening shortness of breath , gastrointestinal symptoms, new onset loss of taste or smell, nasal congestion or runny nose, or not feeling well) should not be permitted to enter the facility at any time (even in end-of-life situations).
 - c. Post signs explaining visitor restrictions.
 - d. Designated visitation areas and guidelines should be established prior to allowing expanded visitors to minimize the risk of transmission to residents, staff and visitors.
 - i. Visitations should be scheduled ahead of time with the facility.
 - ii. Facilities should provide visitors with instructions and guidelines prior to the date of visitation.
 - iii. Residents and visitors should wear non-medical face coverings during the visit unless contraindicated.
 - iv. Social distancing of at least 6 feet should be maintained at all times. No hugging, kissing, or other physical contact is permitted, and this should be communicated to visitors beforehand.
 - v. **Visitation area should be outdoors if possible.**
 - vi. Length of visitation should be limited to less than 1 hour.
 - vii. Hand hygiene should be performed before and after the visit at minimum.
 - viii. The number of visitors should be limited to no more than 2 at one time, though SNFs may elect to decrease size of the group depending upon available space and ability to social distance.
 - ix. Facilities should limit the total number of visitors in a facility at one time based on the size of the building and physical space.
 - x. Facilities should limit movement of visitors within the facility. For instance, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area.
 - xi. Visits for residents who share a room should not be conducted in the resident's room. For situations where there is a roommate and health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to COVID-19 infection control practices.
 - xii. Environmental cleaning should be performed on any surfaces touched by the resident or visitor(s) prior to opening the visitation area to other groups.
3. CMS does not distinguish between essential and non-essential categories of visitors. A patient centered approach is encouraged when determining visitation and this guidance should be applied to all types of visitors.

4. Outdoor Visitation

- a. Outdoor visitation can occur provided the facility is not in outbreak status and performing response driven or outbreak driven testing, provided the facility can adhere to the infection control practices listed above.

5. Indoor Visitation

- a. Indoor visitation can resume when there has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing, provided the facility can adhere to the infection control practices listed above.

III. COVID-19 Testing

Skilled nursing facilities are required to follow the testing guidelines issued by CMS and CDPH. CMS issued updated testing requirements for skilled nursing facilities on August 26 [QSO-20-38-NH](#)

Below are recommendations for testing and cohorting in SNFs based upon California Department of Public Health (CDPH) requirements outlined in recent CDPH All Facilities Letters (AFLs):

- AFL 20-52 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-52.aspx>)
- AFL 20-53 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>).
- AFL 20-53.2 (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx>).

1. **Reporting of positive cases.** If any resident or staff tests positive, the SNF must report the positive case to LBDHHS within one working day and proceed with outbreak/response testing as described above.
 - a. COVID-19 Case Report Forms can be found on our website.
(<http://longbeach.gov/globalassets/health/media-library/documents/diseases-and-condition/resources-for-providers/notification-from-medical-provider-of-covid-19-laboratory-results->)
 - b. Completed COVID-19 Case Report Forms can be sent via secure email to LBEPI@longbeach.gov or faxed to 562.570.4374.

IV. Cohorting

Facilities should have 3 separate cohorting areas as described below and shown in Figure 2.

1. **Red Cohort (Isolation).** This area is only for patients who have laboratory-confirmed COVID-19. Symptomatic residents who test positive for COVID-19 should be kept in the Red Cohort for 14 days after the date of onset of symptoms AND until after 24 hours have passed since their last fever, whichever period is longer. Asymptomatic patients who test positive should stay in the Red Cohort until 14 days have passed since the date of their first positive COVID-19 diagnostic test. Once patients have completed the required duration in the Red Cohort, they may be admitted to the Green Cohort (Non-COVID-19 patient care area).
2. **Yellow Cohort (Mixed-Quarantine & Symptomatic).** This area is for the following residents: those who have been in close contact with known cases of COVID-19; newly admitted or re-admitted residents; for individuals who have symptoms of possible COVID-19 pending test results; and for residents with indeterminate tests. Patients in this area should be placed in private rooms, if possible. If private rooms are not available for all residents in the Yellow Cohort, they should be prioritized for symptomatic patients, close contacts, and those with indeterminate test results as they have a higher probability of infection. If single rooms are not available, use strategies to reduce exposures between residents such as placement of curtains between residents; put residents with similar risk profiles in the same room (e.g.,

group low risk admissions in the same room); and change gowns and gloves and perform hand hygiene between each patient contact in this area.

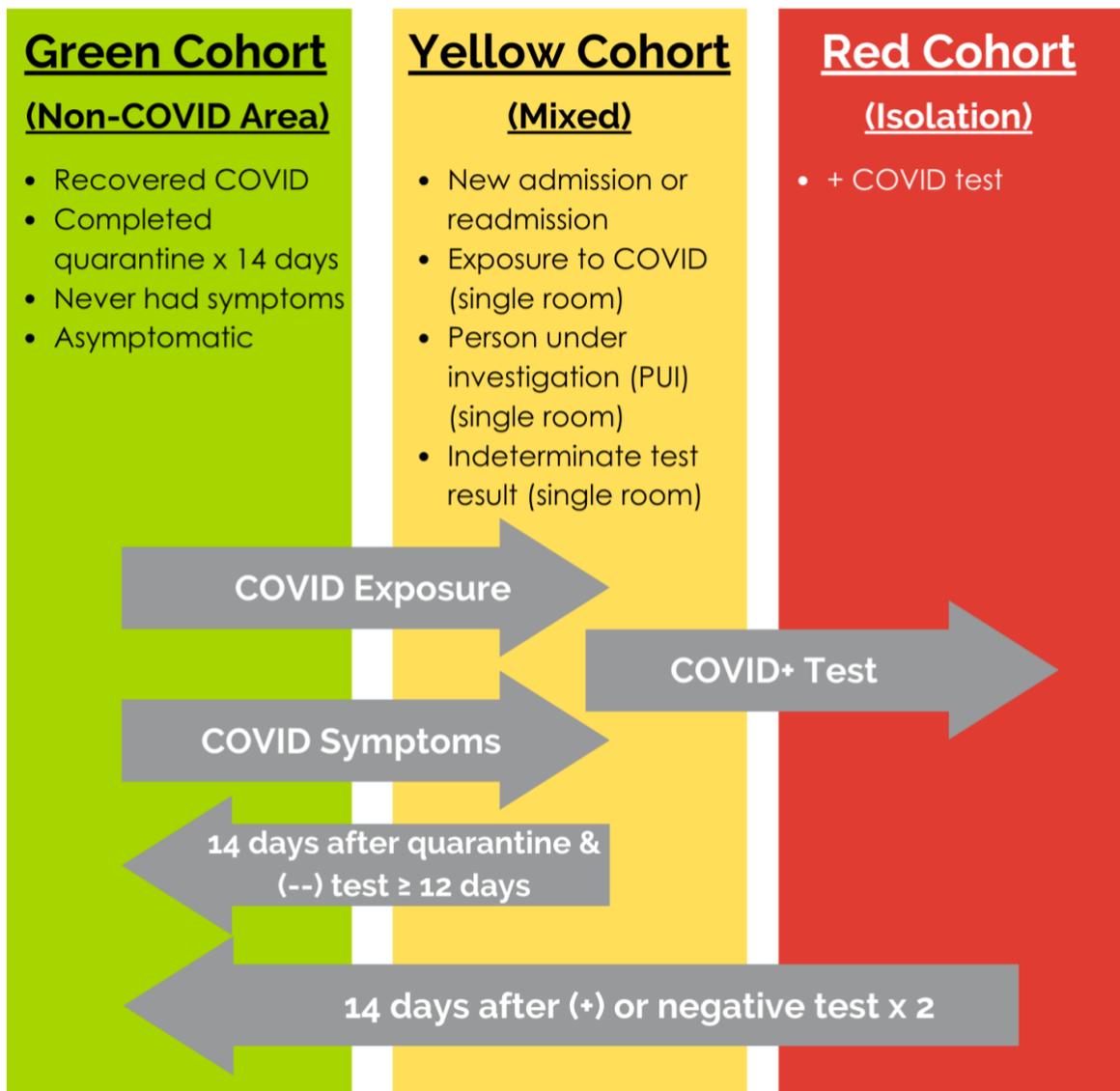
Residents may leave the Yellow Cohort under these circumstances:

- a. If their test result is positive for COVID-19, they should be moved into the Red Cohort.
- b. Newly admitted and readmitted patients must stay in quarantine in the Yellow Cohort for 14 days. They must be tested on admission and again on or after day 12. Even if both tests are negative they must remain in quarantine for the full 14 days, after which they can be moved to the Green Cohort (Non COVID-19).

Acute care hospital days can be considered as part of the 14-day quarantine if the following criteria are met:

- SNF is in regular communication with LBDHHS and the hospital, and there is no suspected or confirmed COVID-19 transmission among patients or staff at the hospital.
 - SNF has verified that the hospital is testing all patients upon admission and has designated COVID-19 unit(s) with dedicated staff and minimal cross-over.
- c. Close contacts to confirmed cases must stay in quarantine in the Yellow Cohort for 14 days. They should be tested on admission and again on or after day 12 of quarantine. Even if both tests are negative they must remain in quarantine for the full 14 days, after which they can be moved to the Green Cohort (Non COVID-19)
 - d. Symptomatic patients with a negative PCR test should remain in the Yellow Cohort until 14 days after onset of symptoms, unless an alternate diagnosis is made.
 - e. Residents with indeterminate test results should remain in the Yellow Cohort until they are retested. Once the results are received proceed with the relevant guidance in sections a-d above, depending on the test result.
3. **Green Cohort (Non-COVID-19 patient care area).** This area is reserved for residents who do not have COVID-19. To be in this area, patient must have either completed quarantine, cleared isolation, or have tested negative and remained asymptomatic after initial negative baseline testing.

FIGURE 1: Cohorting



Special staffing considerations in cohort areas

1. Staff assigned to the Red Cohort should not care for patients in other cohorts if possible. If staff must care for people in multiple cohorts, they should visit the Red Cohort last and should doff PPE and perform hand hygiene prior to moving between cohorts.
2. With prior approval from Public Health, asymptomatic staff with COVID-19 infection may be allowed to work in the Red Cohort. They will need to be able to keep separated from uninfected staff. This includes having dedicated breakrooms, bathrooms, and when possible, separate entry and exit into the building until they are no longer considered infectious (10 days after the date of collection of their initial positive test). This must be approved by LBDHHS and is a last resort when staffing is at critically low levels.
3. All staff in the facility should adhere to social distancing of at least 6 feet while in break rooms and should wear masks while in the facility.

Special PPE considerations in cohort areas

1. Gloves should be changed between every patient encounter. Hand hygiene should be performed before donning and after doffing gloves.
2. Gowns should ideally be changed between patients if sufficient supplies are available. The same gown may be worn in the Red Cohort as long as there are no other contact pathogens (*C. difficile*, CRE, *Candida auris*, etc) that require changing between patients.
3. Gowns and gloves should be changed and hand hygiene performed between all patients in the Yellow Cohort.
4. The same gowns should never be worn for care of both COVID-19 positive and negative patients.
5. Standard precautions and universal source control are sufficient to provide care in the Green Cohort.
6. Facilities should follow CDC's strategies to optimize the supply of PPE and equipment (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>)

V. Infection Prevention and Control Considerations

Below are general and COVID-19 specific recommendations. For more information on infection control recommendations, visit <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

General Considerations

California Department of Public Health (<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-52.aspx>) guidance requires that facilities employ a full-time, on-site infection preventionist who will monitor compliance with infection control guidance.

Universal Source Control

Patients/Residents

1. All patients/residents should be provided a clean non-medical face covering daily.
2. They should wear the cloth face covering when outside their room. This includes patients who must regularly leave the facility for care (e.g. hemodialysis patients).
3. Surgical masks are required for any resident that is COVID-19-positive or assumed to be COVID-19-positive when staff are in their room
4. Residents who, due to underlying cognitive or medical conditions, cannot wear face coverings outside their room should not be forcibly required to wear face coverings (and should not be forcibly kept in their rooms). However, face coverings should be encouraged as much as possible.
5. A cloth face covering should not be placed on anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove it without assistance.

Staff

1. All facility personnel should wear a face covering while they are in the facility.
2. **Staff must wear a surgical mask or an N95 respirator and eye protection (face shield or goggles) when they are in patient care areas or in areas where residents may congregate.** While medical grade masks are preferred, non-medical face coverings can be used for non-patient care activities. N95 respirators should be used for aerosol generating procedures on patients with suspected or confirmed COVID-19.
3. Face coverings are not required for staff working alone in closed areas unless they are moving through common spaces where they may interact with other staff or residents.
4. Extended use and reuse of masks and respirators should be based on principles set forth in prior CDC PPE

optimization [guidance](#).

Hand Hygiene (HH)

1. HCP and other staff members should perform HH before and after ALL patient encounters and should also use HH at the beginning of their shifts, before and after eating, after using the restroom, and other times throughout the day.
2. Make sure HH supplies, such as soap and water or alcohol-based hand sanitizer, are readily accessible in patient care areas, including areas where HCP remove PPE.
3. Sinks need to be well-stocked with soap and paper towels. Hand sanitizers should be replaced as needed.
4. Facilities should have a process for auditing adherence to recommended HH practices by the HCP.
5. Ensure that there are alcohol-based hand sanitizer dispensers at the PPE donning and doffing areas.

Personal Protective Equipment (PPE)

1. Transmission-based Precautions: Use full PPE, including gloves, gown, eye protection, and N95 respirator while caring for residents in the isolation and quarantine areas.
 - a. In a facility with ongoing COVID-19 transmission, healthcare personnel should adhere to full PPE while caring for all patients, irrespective of COVID-19 diagnosis or symptoms.
 - b. Facilities without evidence of COVID-19 transmission should follow universal source control and Standard precautions.
2. Healthcare facilities (HCF) must post signage on the appropriate steps for donning and doffing PPE in donning and doffing areas: <http://publichealth.lacounty.gov/acd/docs/CoVPPEPoster.pdf>
3. Post [signs](#) on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.
4. The Facility should follow the CDC's guidance on the conservation of PPE: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
5. Facilities should have a process for auditing adherence to recommended PPE use by HCP.
6. HCP should be annually fit-tested for N95 respirators to ensure appropriate seal when N95s are needed. Note that the U.S. Department of Labor/Occupational Safety and Health Administration has issued guidance regarding the temporary suspension of annual fit testing during shortages and may perform N95 seal checks instead; see <https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit>.

Respiratory Hygiene/Cough Etiquette:

1. Support hand and respiratory hygiene, as well as [cough etiquette](#) by residents and staff.
2. Place hand sanitizers at facility entrances and encourage all residents and staff to use every time they enter your facility.

Environmental cleaning:

In addition to CDC guidelines, the recommendations below are referenced from the California Department of Public Health [AFL for Environmental Infection Control for the Coronavirus Disease 2019 \(COVID-19\)](#).

1. Facilities must have a plan to ensure proper cleaning and disinfection of environmental surfaces (including high touch surfaces such as light switches, bed rails, bedside tables, etc.) and equipment in the patient room.
2. All staff with cleaning responsibilities must understand the contact time for the cleaning and disinfection products used in the facility (check containers for specific guidelines).

3. Ensure shared or non-dedicated equipment is cleaned and disinfected after use according to the manufacturer's recommendations.
4. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings.
 - a. For a list of EPA-registered disinfectants that have qualified for use against SARS-CoV-2 (the COVID-19 pathogen) go to: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
5. Set a protocol to terminally clean rooms after a patient is discharged from the facility. If a known COVID-19 resident is discharged or transferred, staff should refrain from entering the room until sufficient time has elapsed for enough air exchanges to take place (more information on air exchanges at <https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html#tableb6>)

VI. Healthcare Personnel Monitoring and Return to Work

Monitoring

1. All HCP should self-monitor twice daily, once prior to coming to work and the second, ideally timed approximately 12 hours later for possible symptoms of COVID-19 (i.e., elevated temperature >100.0 F and/or cough or shortness of breath, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea).
2. If HCP have symptoms (i.e., elevated temperature >100.0 F and/or cough or shortness of breath, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea), they should contact the HCF **immediately** and stay home from work. The most up to date symptoms can be found on CDC website. (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)
3. Symptomatic HCP should be tested for COVID-19 as soon as possible.
4. HCF should inquire about symptoms of COVID-19 and do temperature checks of all HCP prior to the start of working their shifts AND at the end of the shift.
5. Identify staff who can monitor sick staff with daily "check-ins" using telephone calls, emails, and texts.
6. Asymptomatic HCP who test positive for COVID-19 must stay home from work. Public Health may waive this restriction in situations of severe staffing shortages.

Return to Work

1. Symptomatic HCP may discontinue home isolation when both of the following time-since-illness-onset and time-since-recovery conditions are met:
 - a. At least 24 hours have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in symptoms (e.g., cough, shortness of breath); **and**,
 - b. At least 10 days have passed *since symptoms first appeared*.
2. Asymptomatic HCP with laboratory-confirmed COVID-19 should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
3. After returning to work they should:
 - a. Adhere to hand hygiene, respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles);
 - b. Self-monitor for symptoms, and seek re-evaluation from occupational health if symptoms recur or worsen;

- c. Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset.

See CDC [Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 \(Interim Guidance\)](#) for more information.

VII. Interfacility Transfers

1. Facilities are required to follow transfer rules as listed on the following document: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-33.aspx>

VIII. Discontinuing Transmission Based Precautions for Patients with Laboratory Confirmed and Suspected COVID-19

1. Suspect cases (cases with symptoms of possible COVID).
Facilities should use one of the following criteria to discontinue transmission-based precautions and return the patient to the Green Cohort:
 - a. If PCR result is negative or patient is not tested:
 - i. After at least 14 days since symptom onset AND at least 24 hours afebrile (< 100.0° F) without the use of antipyretic medications and improvement of symptoms.
 - ii. For patients who have an alternative diagnosis (e.g., UTI, cellulitis), one negative direct virus detection test is sufficient to remove from quarantine.
2. Laboratory Confirmed symptomatic patients with COVID-19.
Facilities should use the symptom-based strategy to discontinue transmission-based precautions. Per CDC guidelines, consider consulting with local infectious disease experts when making decisions about discontinuing Transmission-Based Precautions for patients who might remain infectious longer than 10 days (e.g., severely immunocompromised)
Symptomatic-based strategy:
 - i. At least 24 hours have passed since recovery defined as resolution of fever without the use of antipyretic medications and improvement in symptoms (e.g., cough, shortness of breath); and
 - ii. At least 14 days have passed since symptoms first appeared
3. Asymptomatic laboratory-confirmed patients with COVID-19.
Facilities are advised to use a time-based strategy to discontinue transmission-based precautions, which indicates that 14 days have passed since the date of their first positive COVID-19 diagnostic test without the development of symptoms of COVID-19. If they develop symptoms during this 14-day period, the 14-day isolation period should be restarted from the onset of symptoms.
4. If the resident has persistent symptoms, such as cough or fatigue, but meets the criteria to discontinue transmission-based precautions, they should be placed in a single room, be restricted to their room, and wear a face covering (if tolerated) during care activities until symptoms resolve or return to baseline.

IX. Know where to get reliable information

Beware of scams, false news and hoaxes surrounding COVID-19. Accurate information, including announcements of new cases in the City of Long Beach, will always be distributed by Public Health through press releases, our social media, and our website.

Long Beach Department of Health and Human Services

- LBDHHS COVID-19 website www.longbeach.gov/COVID19

- LBDHHS COVID-19 web page for health professionals <http://longbeach.gov/health/diseases-and-condition/information-on/coronavirus/healthcare-providers/>

Other reliable sources of information:

- California Department of Public Health_ <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>
- CMS Guidance for Infection Control and Prevention of COVID-19 in nursing homes (Revised)_ <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-COVID-19-nursing-homes-revised>
- CMS COVID-19 Long-Term Care Facility Guidance April 2, 2020_ <https://www.cms.gov/files/document/4220-COVID-19-long-term-care-facility-guidance.pdf>
- CDC Healthcare Infection Prevention and Control FAQs for COVID-19_ <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings_ <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- CDC Healthcare Supply of Personal Protective Equipment <https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html>
- CDC Preparing for COVID-19: Long-term Care Facilities, Nursing Homes <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- CDC Resources for Healthcare Facilities <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC Strategies to Optimize the Supply of PPE and Equipment <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- Clinical Questions about COVID-19: Questions and Answers <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>