

Coronavirus 2019 (COVID-19) Visitor Screening Toolkit
A Resource for Long Term Care Centers

March 2020



PO Box 1459, Tallahassee, FL 32302
www.fhca.org

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The most effective way to protect your residents from coronavirus disease (COVID-19) is to prevent the disease from entering your nursing center. Thorough screening of staff, vendors and visitors can help prevent potential virus transmission to your residents and is essential. The following are best practices for Florida nursing centers in establishing effective screening protocols. This includes a COVID-19 Respiratory Checklist (Attachment 1) for an effective COVID-19 control and prevention process.

For additional resources and ongoing updates on COVID-19, visit the FHCA dedicated coronavirus web page at www.fhca.org/facility_operations/coronavirus.

Visitor Screening and Criteria

According to the [March 4, 2020, Centers for Medicare and Medicaid Services \(CMS\) Memo QSO-20-14-NH, Guidance for Infection Control and Prevention of COVID-19](#), nursing homes should monitor and/or limit visitors. Nursing homes should screen visitors for the following:

- International travel within the last 14 days to CDC identified countries with travel restrictions (for updated information on travel-restricted countries visit <https://www.cdc.gov/coronavirus/2019ncov/travelers/index.html>)
- Has had contact with someone who tested positive or is under investigation for COVID-19
- Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat

Each nursing home should designate staff members, trained in screening protocols, monitor the entrance to the facility and actively screen all persons entering it. All visitors should sign in and out on a visitor's log.

Tools to Develop Visitor Screening Protocols:

- Template letter for residents, family members and visitors, educating them about COVID-19 and policies of the nursing home to prevent its spread (Attachment 2);
- Template communication to vendors requested they not enter the nursing home if they are potentially at risk of carrying the COVID-19 virus (Attachment 3);
- COVID-19 Screener Competency tool for documenting training for staff assigned to screen all visitors and vendors entering the nursing home (Attachment 4);
- Two template Visitor Screening Tools that may be used to screen all persons entering the nursing home (Attachment 5 and 6); and
- Screener Sign-In Log to document staff members was conducted screenings (Attachment 7).

Regulations About Limiting Access to the Nursing Home

According to the [March 4, 2020 CMS Memo QSO-20-14-NH](#), if visitors meet the criteria, nursing homes may restrict their entry to the facility. Regulations and guidance related to restricting a resident's right to visitors can be found at 42 CFR §483.10(f)(4), and at CMS' State Operations Manual Appendix PP, Tag F-563. Specifically, a nursing home may need to restrict or limit visitation rights for reasonable clinical and safety reasons. This includes, "restrictions placed to prevent community-associated infection or communicable disease transmission to the resident.

A resident's risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) should be considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious (e.g., 24 hours after resolution of fever without antipyretic medication)."

Employee Screening

According to the [March 4, 2020, CMS Memo QSO-20-14-NH](#), the same screening performed for visitors should also be performed for facility staff. Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work. Any staff who develop signs and symptoms of a respiratory infection while on the job, should:

- Immediately stop work, put on a facemask, and self-isolate at home;
- Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
- Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).

Refer to the [CDC guidance for exposures](#) that might warrant restricting at risk, yet asymptomatic healthcare personnel from reporting to work.

Tools to Develop Staff Screening Protocols:

- Sample letter to educate staff on steps implemented to help reduce the potential for the virus to enter the nursing home (Attachment 8); and
 - Employee screening tool (Attachment 9).

Posting Information

It is important to post educational information that reminds employees and visitors to follow precautions to protect residents from the COVID-19. Attached are sample signage/infographics for facility use:

- Methods to Stop the Spread of Germs (Attachment 10);
- Hand Washing How-To (Attachment 11); and
- Coronavirus (COVID-19) Precautions to be displayed at all entrances to your nursing home (Attachment 12).

**The information and materials provided in this toolkit are designed to serve as a best practice to support facilities' COVID-19 prevention activities. Facilities should consult their legal and clinical teams when developing and implementing any company-specific procedures and protocols.*

Covid-19 (Respiratory) Checklist

	Assigned Person(s)
1) Infection Control and Prevention - Review of Guidelines (All Staff)	
<ul style="list-style-type: none"> • Review of current guidelines pertaining to respiratory illnesses 	
<ul style="list-style-type: none"> • Education of guidelines and appropriate ICP procedures (including those from CDC on COVID-19) 	
<ul style="list-style-type: none"> • Hand hygiene, cough etiquette/respiratory hygiene, including return demonstration of hand hygiene (hand washing and use of hand sanitizer) 	
2) Evaluate Supplies	
<ul style="list-style-type: none"> • Inventory of supplies (gown, gloves, masks, face shields, cleaning supplies) 	
<ul style="list-style-type: none"> • Soap in bathroom for hand washing 	
<ul style="list-style-type: none"> • Hand gel supplies for front desk and hallways; also for personal/individual use 	
<ul style="list-style-type: none"> • Temp scanners for visitor/employee screening 	
3) Front-Desk/Receptionist	
<ul style="list-style-type: none"> • Station(s) at entrances manned by nurse(s) – from 8a to 8p 	
<ul style="list-style-type: none"> • Signage with printed education materials for visitors 	
<ul style="list-style-type: none"> • Use of Visitor Screening Tool, including visitor temp, questionnaire 	
4) Monitoring of Employee and Staff	
<ul style="list-style-type: none"> • Listing of employees working in another facility/setting 	
<ul style="list-style-type: none"> • Listing of employees coming back from vacation and reach out to Health Department for guidance (i.e., if coming from South Korea, off for 14 days) 	
<ul style="list-style-type: none"> • Process for residents temp daily x 14 days, including review of PCC Dashboard for temperature 	
<ul style="list-style-type: none"> • Process for resident's skilled respiratory evaluation daily x 14 days 	
<ul style="list-style-type: none"> • Line listing of residents with symptoms (fever, respiratory symptoms) 	
<ul style="list-style-type: none"> • Line listing of employees with symptoms (fever, respiratory symptoms); use Employee Screening Tool. Note: Any employee with fever, not allowed to work for 48 hours or until fever subsides 	
5) Housekeeping	
<ul style="list-style-type: none"> • Regular and routine cleaning of hand-rails, door knobs, any surfaces (at least daily, more if appropriate) 	
<ul style="list-style-type: none"> • Terminal cleaning of rooms on droplet precautions 	
6) Others	
<ul style="list-style-type: none"> • Referral process for new admission 	
<ul style="list-style-type: none"> • Coordinate with local hospitals 	
<ul style="list-style-type: none"> • Coordinate with local Health Department 	
<ul style="list-style-type: none"> • Utensils in kitchen cleaned per code 	

Visitor Screening Resources

The following tools are provided to assist with developing visitor screening protocols:

- Template letter for residents, family members and visitors educating them about COVID-19 and policies of the nursing center to prevent its spread (Attachment 2)
- Template communication to vendors requested they not enter the nursing center if they potentially carry the COVID-19 virus (Attachment 3)
- COVID-19 Screener Competency tool to document training for staff assigned to screen all visitors and vendors entering the nursing center (Attachment 4)
- Template Visitor Screening Tools that may be used to screen all persons entering the nursing center (Attachment 5 and 6)
- Screener Sign-In Log to document who was conducting screenings (Attachment 7)

****Template Letter to Residents, Families, Visitors on Center Letterhead********Please Tailor as Needed****

To Our Residents, Family Members and Visitors:

We know some of you may be concerned about the spread of COVID-19 (the new coronavirus) being reported in the media and how it may impact us here [Insert Center Name]. Ensuring residents are cared for in a safe and healthy environment is our greatest concern. At this time, we don't have any cases in our facility. The Centers for Disease Control and Prevention (CDC) and the Florida Surgeon General have recommended a variety of steps that we are implementing to help reduce the potential for the virus to enter our building. However, we need your help in battling COVID-19. Below are some examples of how you can help protect the residents, as well as prevent the spread throughout the community.

At this time, we request that you do not visit the center if you have or have had within the last 48 hours any symptoms of respiratory illness, or if you have recently spent time with anyone exhibiting any of these symptoms. Those symptoms include: cough, fever, sore throat, runny nose, and/or shortness of breath. We understand that connecting with family members is incredibly important, and there are a variety of other ways you might consider connecting with them. These may include telephone, email, text, or through Skype or Facebook.

The Florida Surgeon General has requested that all long-term care providers immediately implement health screening measures upon entry to the facility for all visitors, family, vendors and staff. Upon arrival at the facility, please check in with the health care professional stationed at the therapy entrance who will take your temperature, ask you to answer a brief questionnaire and provide you with handwashing and Coronavirus education. This health station will be open at the [Insert Specific Entrance] from 8:00 AM to 8:00 PM, 7 days a week. We would appreciate your limiting your arrival at the facility to that time window and that entrance. If you wish to arrive during a time outside this 12 hour window, please call the facility administrator to advise and we will schedule a screening upon your arrival. We also request that pet visits be suspended for the time being.

Our center is following the recommendations of the CDC on prevention steps, including following strict handwashing procedures, and in many circumstances, wearing gowns and gloves when interacting with residents who are sick. We also are staying up-to-date with the CDC recommendations as they are updated. In addition, here [Insert Center Name] is in close contact with the local and state health department, as well as the Agency for Health Care Administration and are following their guidance.

We will notify you if any residents or staff are diagnosed with COVID-19. Should you have any questions, please feel free to contact our center at: here [Insert Center Phone Number] or one of the managers listed below.

Thank you for your cooperation as we all work together to keep our residents safe,

[Insert Center Key Contact Information].

***** Sample Communication to Vendors/Business Partners*****

Good afternoon valued vendor/business partner.

In an effort to protect [insert center name] residents and staff from COVID-19, we are asking that visitors and vendors not enter/visit the center for the following reasons:

- Fever greater than 100 degrees
- Cough, sneezing, or flu-like symptoms
- Recent travel to Italy, S. Korea, China, Japan and/or Iran in the past 14 days.

If this is going to inhibit any of the providers rendering services [insert center name], please contact [insert center point of contact].

We appreciate your understanding as we ensure the health and well-being of our residents and staff.

COVID-19 Screener Competency

Employee Name:	Job Title:	Date:
Competency: <input type="checkbox"/> Annual <input type="checkbox"/> New Hire <input type="checkbox"/> Other		

Skills/Competency Checklist	Yes	No	Comments
1. Understands the need to screen individuals visiting the facility for fever, respiratory symptoms, history of travel to high-risk places and/or contact/exposure to individuals with symptoms or history of travel to high-risk places.			
2. Demonstrates ability to explain to individuals visiting the facility the need to screen for fever, respiratory symptoms, history of travel to high-risk places and/or contact/exposure to individuals with symptoms or history of travel to high-risk places.			
3. Understands/demonstrates use of infection control requirements for cleaning the temp scanner before and after its use. Able to verbalize to individuals visiting the facility the importance of infection control practices (i.e., hand hygiene, cough etiquette, etc.).			
4. Demonstrates use of temp scanner to obtain temperature of individuals visiting the facility. Understands that fever is a temp reading above 99.6°F.			
5. Demonstrates knowledge of documentation requirements when utilizing the Visitor Screening Tool for individuals visiting the facility.			
6. Demonstrates ability to politely not allow visitors entry into the facility if screening criteria not met, and explains why the visitor is not allowed entry into the facility.			
7. Able to find assistance and resources if concerns/issues arise pertaining to individuals visiting the facility.			

Employee:

I acknowledge my competencies in the areas as documented above. I understand it is my responsibility to sustain competencies in these and any other procedures/responsibilities that may not be represented here.

Employee Name: _____

Date: _____

Facilitator:

I acknowledge the above documented competencies have been reviewed.

Facilitator Name: _____

Date: _____

Visitor Screening Tool

Visitor's Name: _____

Resident being visited: _____

Please let us know if you have had any of the following:

	YES	NO
Fever greater than 100F	<input type="checkbox"/>	<input type="checkbox"/>
Cough/Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia/flu - recent	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled out of the country in the last 14 days to China, Japan, Italy, Iran or S. Korea	<input type="checkbox"/>	<input type="checkbox"/>
Have you had contact with anyone who has lab confirmed Coronavirus within 14 days of symptom onset?	<input type="checkbox"/>	<input type="checkbox"/>

If you have any of the above symptoms or exposures, we ask that you do not visit at this time. Please feel free to call your loved one or call our staff to check on them until your symptoms have resolved.

Thank you for your understanding and cooperation in helping us keep our residents, staff and community safe.

Visitor Screening Tool

Name of Visitor: _____

Date of Visit:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No
Runny nose	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	<input type="checkbox"/> Printed materials <input type="checkbox"/> Hand hygiene, including return demonstration

Date of Visit:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No
Runny nose	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	<input type="checkbox"/> Printed materials <input type="checkbox"/> Hand hygiene, including return demonstration

Date of Visit:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No
Runny nose	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	<input type="checkbox"/> Printed materials <input type="checkbox"/> Hand hygiene, including return demonstration

Employee Screening Resources

The following tools are provided to assist with developing employee screening protocols:

- Sample letter to educate staff on steps implemented to help reduce the potential for the virus to enter the nursing center (Attachment 8)
- Employee screening tool (Attachment 9)

****Template Letter to Employees on Center Letterhead********Please Tailor as Needed****

To Our Employees:

We know some of you may be concerned about the spread of COVID-19 (the new coronavirus) being reported in the media and how it may impact us here at **[Enter Facility Name]**. Ensuring our staff and residents are in a safe and healthy environment is our greatest concern. At this time, we don't have any cases in our **[center/community]**. The Centers for Disease Control and Prevention (CDC) have recommended a variety of steps that we are implementing to help reduce the potential for the virus to enter our building. However, we need your help in battling COVID-19. Below are some examples of how you can help protect yourselves and our residents, as well as prevent the spread throughout the community.

1. **Sick employees should stay home.** At this time, we request that you stay home if you have any symptoms of respiratory illness. Those symptoms include: cough, fever, sore throat, runny nose, and/or shortness of breath.
2. **Notify us if you develop respiratory symptoms while at work.** These include: cough, fever, sore throat, runny nose, and/or shortness of breath.
3. **Practice proper hand washing hygiene.** All employees should clean their hands before and after interaction with residents and their environment with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
4. **Cover your mouth and nose with a tissue when coughing or sneezing.** Please review the [CDC's information on coughing and sneezing etiquette](#).
5. **Perform routine environmental cleaning.** Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. No special cleaning is necessary for COVID-19.

Our **[center/community]** is following the recommendations of the CDC on using basic contact precautions to prevent the spread which includes wearing gowns and gloves when interacting with residents who are sick as we always do. We also are staying up-to-date with the CDC recommendations as they are updated. In addition, our **[center/community]** is in close contact with the local and state health department and are following their guidance. We are posting signs on our entryway doors to notify visitors of the symptoms of COVID-19 and request that they not enter the building if they are experiencing these symptoms.

We will notify you if any residents or staff are diagnosed with COVID-19. Should you have any questions, please feel free to contact **[PLEASE FILL IN APPROPRIATE CENTER CONTACT INFORMATION AND TAILOR TO MEET YOUR CENTER'S NEEDS.]**

For additional information, please visit the CDC's coronavirus disease [information page](#).

Sincerely,

[FILL IN YOUR CENTER INFORMATION]

Employee Screening Tool

Name of Employee: _____

Date of Screening:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No
Runny nose	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	<input type="checkbox"/> Printed materials <input type="checkbox"/> Hand hygiene, including return demonstration

Date of Screening:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No
Runny nose	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	<input type="checkbox"/> Printed materials <input type="checkbox"/> Hand hygiene, including return demonstration

Date of Screening:	
Have you traveled by plane or cruise ship within and/or outside the United States in the last 14 days?	If YES, please indicate details:
Fever (>99.6°F) or history of fever within the last 14 days?	Please indicate temperature and/or history details:
Sore throat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No
Runny nose	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of breath	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exposure to individuals with cold or flu-like symptoms within the last 14 days?	If YES, please indicate details:
Education and/or Materials Provided?	<input type="checkbox"/> Printed materials <input type="checkbox"/> Hand hygiene, including return demonstration

Signage/Infographics

It is important to post information educating and reminding employees and visitors on precautions to protect residents from COVID-19. This section includes sample signage, including:

- Methods to Stop the Spread of Germs (Attachment 10)
- Hand Washing How-To (Attachment 11)
- Coronavirus (COVID-19) Precautions [for display at facility entrance (Attachment 12)]

STOP THE SPREAD OF GERMS

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

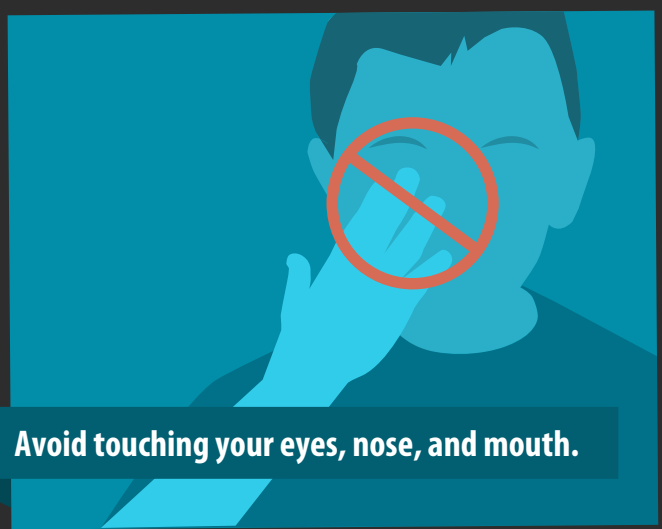
Avoid close contact with people who are sick.



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



Avoid touching your eyes, nose, and mouth.



Clean and disinfect frequently touched objects and surfaces.



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



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



For more information: www.cdc.gov/COVID19

What to do if you are sick with coronavirus disease 2019 (COVID-19)

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

Stay home except to get medical care

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

Separate yourself from other people and animals in your home

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

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

Call ahead before visiting your doctor

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

Wear a facemask

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

Cover your coughs and sneezes

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

Avoid sharing personal household items

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

Clean your hands often

Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

Clean all "high-touch" surfaces every day

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

Monitor your symptoms

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

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

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

Discontinuing home isolation

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



Hand Washing How-To

Does it matter how I wash my hands?

You have to rub your hands for at least 20 seconds to get rid of harmful microorganisms. Follow these instructions:



Hand Sanitizer How-To

How do I clean my hands with alcohol-based hand sanitizer?

Use enough to cover all the surfaces of your hands. Air dry for 30 seconds. Follow these instructions:



Coronavirus (COVID-19) Precautions

In order to protect our residents, we ask that you **DO NOT** visit the facility during this time if you have the following active symptoms:



- *Fever*
- *Cough/Sneezing Cold Symptoms*
- *Difficulty Breathing*

In order to keep our facility free of COVID-19 we will begin screening ALL visitors prior to visiting. Any visitors that show “active” signs will not be allowed to enter.

We appreciate your understanding during this time. If you have any questions/concerns, please don't hesitate to call the facility.

Thank you for your understanding and cooperation.

Acknowledgements

This toolkit was developed by the Florida Health Care Association with support from the FHCA Quality Cabinet and Senior Clinicians Council. Additional thanks go to Clear Choice Health Care and Avante Group for their contributions.

ABOUT THE FLORIDA HEALTH CARE ASSOCIATION

The Florida Health Care Association (FHCA) is a federation which serves nearly 1,000 members and represents over 600 long term care facilities that provide skilled nursing, post-acute and sub-acute care, short-term rehab, assisted living and other services to the frail elderly and individuals with disabilities in Florida. The mission of FHCA is to advance the quality of services, image, professional development and financial stability of its members. As Florida's first and largest advocacy organization for long term care providers and the elderly they serve, the Association has worked diligently since 1954 to assist its members with continuously improving quality of care and quality of life for the state's growing elder care population. For more information about the Florida Health Care Association, visit www.fhca.org.

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