

March 13, 2020

To Davis County Skilled Nursing and Assisted Living Facilities,

**Effective immediately** your facility is instructed to implement the following actions to ensure the protection of the health and safety of residents, staff and visitors during the outbreak of novel coronavirus disease 2019 (COVID-19). These preventive measures reduce the risk of introducing the virus into facilities and will help with rapid detection of persons with COVID-19, along with management and isolation of identified cases

#### **Policies and Procedures for Visitors**

- Facilities should limit all visitors, except for certain situations, such as end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.
- Facilities should actively screen and restrict all visitation by those who meet the following criteria:
  - Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
  - In the last 14 days, contact with someone with a confirmed diagnosis of COVID-19, or under investigation for COVID-19, or are ill with respiratory illness.
  - Travel within the last 14 days to countries with widespread sustained community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
  - Residing in a community where community-based spread of COVID-19 is occurring.
  - Visitors with any trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location.
- Restricting means the individual should not be allowed anywhere in the facility until they no longer meet the criteria above.

#### **Personnel Monitoring and Restrictions**

- The same screening performed for visitors should be performed for facility staff.
- Health care providers (HCP) who have signs and symptoms of respiratory infection should not report to work.
- Any staff developing 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.

- Contact and follow the local health department recommendations for the next steps (e.g., testing).
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work.  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals  
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>.

**Volunteers, vendors and receiving supplies, agency staff,**

- Facilities should review and revise how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility, have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors as long as they are following the appropriate CDC guidelines.

**Resident Monitoring and Restrictions**

- Nursing homes and assisted living facilities that have one or more residents, staff, contractors or volunteers subject to a state or local health department recommendation or order of isolation or quarantine for COVID-19 need to be isolated in their rooms away from other people. A resident can choose to discharge from a facility at any time.
- Owners, administrators, operators, staff, and volunteers are prohibited from disclosing protected and confidential health information except as otherwise provided by law or with consent from the resident.
- Consider staggering meal times so residents are not gathered in large numbers at one time in an effort to keep the group size less than 20.
- Facilities are strongly encouraged to explore, adopt, and implement reasonable alternative methods to provide access for residents to mitigate the impacts of these prohibitions. These may include:
  - Facilitate other means of communication, such as phone or video communication.
  - Creating/increasing listserv communication to update families.
  - Assigning staff as primary contact to families for inbound calls.
  - Conducting regular outbound calls to keep families up to date.
  - Providing a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status.
  - Those over the age of 60 and those with compromised immune systems should avoid gatherings of more than 20 people.

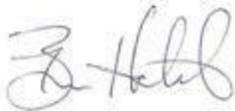
- If known or suspected cases of COVID-19 are identified among residents or staff, facility administrators will need to take additional steps to prevent the spread of COVID-19 within the facility. Please work with your local health department and adhere to current infection control recommendations from CDC and the Utah Department of Health.

**Additional Guidance for Infection Control for Patients with Suspected or Confirmed COVID-19:**

- Restrict all visitation except for 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.

Your efforts to protect the health and safety of your residents, staff, and visitors are critical during this outbreak. For questions and additional information, call the Utah Coronavirus Information Line at 1-800-456-7707 or the Davis County Health Department at 801-525-5200.

Sincerely,



Brian Hatch, MPH  
Director of Health

References:

CDC Coronavirus Disease 2019 (COVID-19) Preparedness Checklist -

[https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist\\_3\\_13.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf)

[https://coronavirus.utah.gov/wp-content/uploads/COVID-19\\_LTCF\\_Guidance.pdf](https://coronavirus.utah.gov/wp-content/uploads/COVID-19_LTCF_Guidance.pdf)

[cms.gov infection control guidance COVID-19 in nursing home](https://www.cms.gov/infection-control/guidance/COVID-19-in-nursing-home)

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

<https://governor.utah.gov/2020/03/12/gov-herbert-announces-recommendations-to-help-slow-the-spread-of-novel-coronavirus/>

March 13, 2020

Dear Community Stakeholders,

As part of the Davis County Health Department's COVID-19 response, we want to share with you important actions you can take to help your employees and community. Currently, the Department recommends to plan and prepare to: 1) slow the spread of disease, and 2) be ready to respond to a possible community outbreak. Please consider implementing the following:

- Promote proper and frequent handwashing
- Encourage individuals to cover their coughs and sneezes with tissue or elbow
- Clean and sanitize frequently touched surfaces, such as door knobs and handles
  - All commonly used sanitizers are effective against COVID-19
- Stay home from work, school, and other social gatherings when ill
- Address concerns that may arise from stigma or discrimination by providing facts and promoting a caring community
- Consider postponing or canceling travel abroad to areas that are at higher risk for contact with COVID-19
- If you or others are concerned they have contracted COVID-19/coronavirus, do not go into a healthcare facility without contacting them via phone or telehealth prior to your visit
- Familiarize yourself and others with home isolation protocols. This key strategy will help limit the spread of disease, delay and spread cases over time, and support healthcare capacity to help critically ill people

It is important to know certain populations are at the greatest risk to develop complications with COVID-19. These high-risk groups include people over the age of sixty and those with chronic health conditions such as diabetes, heart, or lung disease.

As the number of COVID-19 cases increase, agencies should prepare for the continuity of operations by considering the following:

- Planning for the possibility of high rates of absenteeism
- Providing options to encourage employees to stay home when they are sick
- Minimizing the risk of potential exposure while at work, such as telecommuting

Inquiries have been made regarding the safety of our drinking water. Drinking water treatment and disinfection through public water supplies continue to serve as safeguards against drinking-water-borne viral infections. Coronaviruses are not spread through drinking water.

COVID-19 may be present in our wastewater systems as viruses and bacterias are frequently released through human waste. Normal protective measures must be followed when working with wastewater.

Utah's disease surveillance system is working as designed with public health officials and healthcare providers coordinating to identify and investigate potential cases.

The CDC and Utah Department of Health have websites dedicated to COVID-19 that provide reliable, current information. They can be found at:

[www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)

[Coronavirus.utah.gov](http://Coronavirus.utah.gov)

<http://www.daviscountyutah.gov/health/>

For questions and additional information, call the Utah Coronavirus Information Line at 1-800-456-7707 or the Davis County Health Department at 801-525-5200.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Hatch", is positioned above the typed name.

Brian Hatch, MPH  
Director of Health

## **Recommendations to Address COVID-19 in Restaurants**

As part of the Davis County Health Department's COVID-19 response, we want to share with you important actions you can take to help protect your employees and patrons. Please consider implementing the following:

- Frequently sanitize all surfaces contacted by staff and patrons. These may include:
  - Sink faucets
  - Door handles
  - Menus
  - Condiment bottles on tables
  - Self-service areas & equipment
  - Table tops
  - Seating and waiting areas
  - Equipment handles
  - Play areas
- Ensure all dishwashing equipment is working properly and adequately stocked with sanitizer or meeting the high temperature requirements.
  - Chlorine (50-100 ppm)
  - Quaternary Ammonia (200-400 ppm)
- Encourage employees to stay home when ill.
- Thoroughly wash and scrub hands with warm water and soap for at least 20 seconds on a frequent basis.
- Avoid touching your eyes, nose, or mouth.
- Avoid sharing food and personal items.
- Provide hand sanitizer to patrons at appropriate dispensing locations.

Feel free to call the Environmental Health Services Division at 801-525-5128 with any questions.

# Checklist for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response



[Strategies for Optimizing the Supply of N95 Respirators](#) offers a series of strategies or options on how healthcare facilities can optimize supplies of disposable N95 filtering facepiece respirators when there is limited supply availability. This checklist is intended to help healthcare facilities prioritize the implementation of the strategies following the prioritization used in the concept of surge capacity. The following strategies are categorized in a continuum of care and further organized according to the hierarchy of controls, as defined below.

## Conventional Capacity Strategies consist of providing patient care without any change in daily practices

### Engineering Controls reduce exposures for healthcare personnel (HCP) by placing a barrier between the hazard and the HCP.

- Isolate patients in an airborne infection isolation room (AIIR)
- Use physical barriers such as glass or plastic windows at reception areas, curtains between patients, etc.
- Properly maintain ventilation systems to provide air movement from a clean to contaminated flow direction

### Administrative Controls refer to employer-dictated work practices and policies that reduce or prevent hazardous exposures.

- Limit the number of patients going to hospitals or outpatient settings by screening patients for acute respiratory illness prior to non-urgent care or elective visits
- Exclude all HCP not directly involved in patient care (e.g., dietary, housekeeping employees)
- Reduce face-to-face HCP encounters with patients (e.g., bundling activities, use of video monitoring)
- Exclude visitors to patients with known or suspected COVID-19
- Implement source control: Identify and assess patients who may be ill with or who may have been exposed to a patient with known COVID-19 and recommend they use facemasks until they can be placed in an AIIR or private room.
- Cohort patients: Group together patients who are infected with the same organism to confine their care to one area
- Cohort HCP: Assign designated teams of HCP to provide care for all patients with suspected or confirmed COVID-19
- Use telemedicine to screen and manage patients using technologies and referral networks to reduce the influx of patients to healthcare facilities

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**cont.**

- Train HCP on indications for use of N95 respirators
- Train HCP on use of N95 respirators (i.e., proper use, fit, donning and doffing, etc.)
- Implement just-in-time fit testing: Plan for larger scale evaluation, training, and fit testing of employees when necessary during a pandemic
- Limit respirators during training: Determine which HCP do and do not need to be in a respiratory protection program and, when possible, allow limited re-use of respirators by individual HCP for training and then fit testing
- Implement qualitative fit testing to assess adequacy of a respirator fit to minimize destruction of N95 respirator used in fit testing and allow for limited re-use by HCP

**Personal Protective Equipment and Respiratory Protection should be used as part of a suite of strategies to protect personnel, complementing the use of engineering and administrative controls as needed.**

- Use surgical N95 respirators only for HCP who need protection from both airborne and fluid hazards (e.g., splashes, sprays). If needed but unavailable, use faceshield over standard N95 respirator.
- Use alternatives to N95 respirators where feasible (e.g., [other disposable filtering facepiece respirators](#), elastomeric respirators with appropriate filters or cartridges, powered air purifying respirators)

**Contingency Capacity Strategies may change practices but may not have a significant impact on patient care or HCP safety**

**Administrative Controls**

- Decrease length of hospital stay for medically stable patients with COVID-19 who cannot be discharged to home for social reasons by identifying alternative non-hospital housing

**Personal Protective Equipment and Respiratory Protection**

- Use N95 respirators beyond the manufacturer-designated shelf life for training and fit testing
- Extend the use of N95 respirators by wearing the same N95 for repeated close contact encounters with several different patients, without removing the respirator (i.e., [recommended guidance](#) on implementation of extended use)
- Implement [re-use](#) of N95 respirators by one HCP for multiple encounters with different tuberculosis patients, but remove it after each encounter

**Crisis/Alternate Strategies are not commensurate with current U.S. standards of care but may need to be considered during periods of expected or known N95 respirator shortages.**

***When N95 Supplies are Running Low***

**Personal Protective Equipment and Respiratory Protection**

- Use respirators as identified by CDC as performing adequately for healthcare delivery [beyond the manufacturer-designated shelf life](#)
- Use respirators approved under standards used in other countries that are similar to NIOSH-approved N95 respirators but that may not necessarily be NIOSH-approved
- Implement limited [re-use](#) of N95 respirators for patients with COVID-19, measles, and varicella
- Use additional respirators identified by CDC as NOT performing adequately for healthcare delivery beyond the manufacturer-designated shelf life
- [Prioritize the use of N95 respirators and facemasks by activity type](#) with and without masking symptomatic patients

***When No Respirators Are Left***

**Administrative Controls**

- Exclude HCP at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients (i.e., those of older age, those with chronic medical conditions, or those who may be pregnant)
- Designate convalescent HCP for provision of care to known or suspected COVID-19 patients those who have clinically recovered from COVID-19 and may have some protective immunity to preferentially provide care

***Engineering Controls***

- Use an expedient patient isolation room for risk-reduction
- Use a ventilated headboard to decrease risk of HCP exposure to a patient-generated aerosol
- Personal Protective Equipment and Respiratory Protection
- Use masks not evaluated or approved by NIOSH or homemade masks as a last resort

# 10 things you can do to manage your health at home

## If you have possible or confirmed COVID-19:

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



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



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



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



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



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



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



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



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



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



Please go to [www.cdc.gov/covid19-symptoms](https://www.cdc.gov/covid19-symptoms) for information on COVID-19 symptoms.

# DO YOUR PART!

SLOW THE SPREAD OF GERMS.



Stay home when you're sick.



Avoid touching your mouth, nose, & eyes.

Cover your cough and sneezes.



Wash your hands often.

# PONGA DE SU PARTE

DETENGA LA PROPAGACIÓN  
DE LOS MICROBIOS



**Davis**  
COUNTY  
HEALTH  
DEPARTMENT

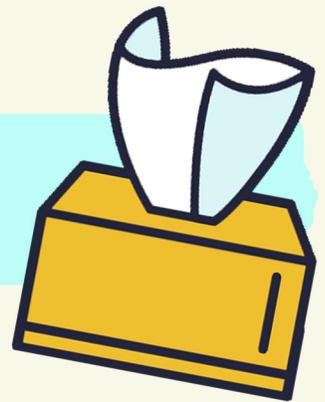


**Evitar tocarse los ojos, la nariz y la boca.**



**Quedarse en casa si está enfermo.**

**Cubrirse la nariz y la boca  
al toser y estornudar.**



**Lavarse las manos con frecuencia.**

**Para más información:**

[daviscountyutah.gov/coronavirus](https://daviscountyutah.gov/coronavirus)

La línea de información sobre coronavirus de Utah: 1-800-456-7707

# HANDWASHING

is one of the

# BEST WAYS

to prevent the spread of

# GERMS.



Wash your hands with **SOAP**  
for at least **20 SECONDS.**

For more information:

[daviscountyutah.gov/coronavirus](https://daviscountyutah.gov/coronavirus)

Utah Coronavirus Information Line: 1-800-456-7707

# NO Handshake Zone



**CORONAVIRUS**  
UTAH.GOV



UTAH DEPARTMENT OF  
**HEALTH**