



Wisteria View Manor COVID-19 Update – 3/26/20

Quarantine & Isolation Procedures

At this time there are no reports of suspected or confirmed COVID-19 in our building.

- a) If you develop COVID-19 symptoms, or
- b) If you have had contact with someone with COVID-19 in the past 14 days, or
- c) If you are directed to self-quarantine, or
- d) If you are diagnosed with COVID-19,

and you quarantine or isolate yourself at WVM you must follow these procedures:

- 1) Stay in your apartment unit. Do not come out for any reason other than a trip to see a doctor or an emergency building evacuation. If you must leave your apartment to go see a doctor maintain isolation precautions (see attached guidance) such as but not limited to wearing a face mask. Have someone assist you so you do not have to touch anything such as elevator buttons, door handles, railings, etc.
- 2) Immediately inform Wisteria View Manor management of your condition by calling (206) 474-9206. Contact the King County Novel Coronavirus Call Center at (206) 477-3977 if you are not already in contact with them.
- 3) Allow Wisteria View Manor to post the attached isolation/quarantine sign on your door. This is optional as you have privacy rights under HIPPA but we ask that for the safety of all residents, your helpers and WVM staff that you warn people about the procedures to follow if entering your apartment.
- 4) Make arrangements with your family, friends or caregivers to support you during your quarantine or isolation for tasks such as bringing and/or preparing food, cleaning, laundry, removing trash, etc. Anyone who enters your apartment must follow isolation procedures and precautions that are attached both for their safety and for the safety of other tenants and staff. If you are unable to self-quarantine or isolate on your own contact King County and request support.
- 5) Everything coming out of your unit must be treated as contaminated. This includes laundry, laundry containers & supplies, garbage, recycle, compost and other items. If anything must be removed from your apartment require your assistants to maintain isolation precautions and sanitize anything in the building that comes into contact with the items. (Example: Disinfect the laundry basket before putting any clean laundry back into it, and disinfect any surface that makes contact with the contaminated items)
- 6) Establish a Personal Protective Equipment (PPE) supply station (hand sanitizer, gloves, face masks, eye protection, gowns, etc.) and disposal station (trash container) just inside the unit entry door. Helpers should put on PPE when entering the unit, take off PPE as they exit and sanitize their hands before walking through the apartment building's common hallway. Since helpers are exposed to the tenant they must put on a new face mask upon exiting the unit to protect everyone else.
- 7) Keep the unit door closed and briefly open only when entering/exiting the unit.
- 8) Tenants with confirmed COVID-19 should consult with their healthcare providers and the King County Health Department before discontinuing home isolation. Tenants who are following quarantine orders should consult with the entity that ordered the quarantine. Tenants who are self-quarantining should follow the latest CDC guidelines.

Thank you – Wisteria View Manor Management

Isolation Precautions

Wisteria View Manor is an apartment building for low income elderly or disabled individuals who live independently. It is not a health care facility and does not provide health care services or assistance. The following Isolation Precautions come from the World Health Organization (WHO) and are to be followed when a tenant is in quarantine or isolation and staying at Wisteria View Manor.

Standard Precautions and Droplet Precautions are Infection Prevention & Control (IPC) procedures. They are intended to minimize the spread of the virus. The COVID-19 outbreak at the Life Care facility in Kirkland illustrated the critical importance of IPC precautions. Transmission of COVID-19 was associated with lack of compliance with precautions.

Hand hygiene

Hand hygiene is one of the most important measures to prevent and control spread of disease, and is a major component of Standard Precautions. The main points are as follows: • If hands are not visibly soiled, hand hygiene should be done using an alcohol-based hand rub, or by washing hands with soap and water, and drying them using a single-use towel. • If hands are visibly dirty or soiled with blood or other body fluids, or if broken skin might have been exposed to potentially infectious material, hands should be washed thoroughly with soap and water.

Perform hand hygiene: • before and after any direct contact with quarantine or isolation tenants; • immediately after removal of gloves; • before handling an invasive device such as catheters; • after touching blood, body fluids, secretions, excretions, non-intact skin or contaminated items, even if gloves are worn; • after contact with inanimate objects in the immediate vicinity of the tenant; and • after using the lavatory.

Have a supply of alcohol-based hand sanitizer and handwashing supplies in the room.

Personal Protective Equipment (PPE)

Ensure that appropriate PPE is available at all times.

Put on PPE when entering the room and remove and dispose of it when leaving before stepping into the common hallway. PPE includes:

Gloves – wear clean, nonsterile latex gloves, disposing of the gloves when they become soiled, damaged and when exiting the tenant's apartment. Perform hand hygiene immediately after removing gloves. Refrain from touching your eyes, nose or mouth with potentially contaminated gloved or ungloved hands. • Avoid contaminating environmental surfaces that are not directly related to tenant care (e.g. door handles, elevator buttons, light switches, etc.).

Gowns - Wear gowns to protect skin and prevent soiling of clothing.

– use either a disposable gown made of synthetic fiber, or a washable cloth gown; ensure that the gown is the appropriate size to fully cover the areas to be protected;

– if possible, wear a gown once only, then place it in a waste or laundry receptacle, as appropriate, and perform hand hygiene; and

– if the gown is permeable, wear an apron to reduce fluid penetration (do not use an apron alone to prevent contact contamination).

Facial protection - Wear facial protection, including a face mask and eye protection (face shield or goggles), to protect the conjunctivae and the mucous membranes of the nose, eyes and mouth when providing care in close contact with a tenant. Put on a medical mask when entering the tenant's room. Use a particulate respirator that is at least as protective as a NIOSH-certified N95. When tenants leave the room to go to a medical appointment they must wear a medical mask while in the building. When the tenant's helper leaves the room they switch to a new mask (surgical mask is sufficient).

Respiratory hygiene and cough etiquette

Controlling the spread of pathogens from infected or suspected infected tenants (source control) is key to avoiding transmission to unprotected contacts. Respiratory hygiene refers to covering the mouth and nose during coughing or sneezing using medical masks, cloth masks, tissues or flexed elbow, followed by hand hygiene to reduce the dispersal of respiratory secretions containing potentially infectious particles.

Promote respiratory hygiene by everyone. • Educate yourself, family members and caregivers on the importance of containing respiratory aerosols and secretions to help prevent the transmission of pathogens.

Environmental controls: cleaning and disinfection

The virus can survive in the environment for variable periods of time (hours to days). The bioburden of such microorganisms can be reduced by cleaning, and infectious agents can be inactivated by the use of disinfectants. Environmental cleaning and disinfection is intended to remove pathogens or significantly reduce their numbers on contaminated surfaces and items, thus breaking the chain of transmission. Disinfection is a physical or chemical means of killing microorganisms.

Clean equipment or surfaces in a way that avoids possible generation of aerosols; this process alone significantly reduces the bioburden of microorganisms. • When disinfection is required, ensure that cleaning is done before disinfection. Items and surfaces cannot be disinfected if they are not first cleaned of organic matter (e.g. tenant excretions, secretions, dirt and soil). • Follow the manufacturer's recommendations for use or dilution, contact time and handling of disinfectants. Common disinfectants include sodium hypochlorite (household bleach) and alcohol.

Clean horizontal surfaces in isolation rooms or areas regularly – focusing particularly on surfaces where the tenant has been lying or has frequently touched, and immediately around the tenant's bed. • To avoid the possible generation of aerosols, use damp cleaning (moistened cloth) rather than dry dusting or sweeping. • During wet cleaning, cleaning solutions and equipment soon become contaminated; change cleaning solutions, cleaning cloths and mop heads frequently. • Ensure that equipment used for cleaning and disinfection is cleaned and dried after each use. • Launder mop heads daily and dry them thoroughly before storage or reuse. • To facilitate daily cleaning, keep areas around the tenant free of unnecessary supplies and equipment. • Use disinfectant to wipe down surfaces used by tenants who are known or suspected to be infected. • Do not spray (i.e. fog) occupied or unoccupied rooms with disinfectant; this is a potentially dangerous practice that has no proven disease-control benefit. • If vacuuming is necessary, use a vacuum cleaner that is equipped with a high efficiency particulate air (HEPA) filter.

Dishes and eating utensils • When possible, wash reusable items in a dishwasher. If no dishwasher is available, wash the items by hand with detergents. Use nonsterile rubber

gloves if washing items by hand. • Wash dishes and eating utensils for the patient after each meal or use. • Discard disposable items as waste.

Linen and laundry • Remove large amounts of solid material (e.g. feces) from heavily soiled linen (while wearing appropriate PPE), and dispose of the solid waste in a toilet before placing the linen in the laundry bag. • Avoid sorting linen in tenant care areas. Place contaminated linen directly into a laundry bag in the isolation room with minimal manipulation or agitation, to avoid contamination of air, surfaces and people. • Wash and dry linen according to routine standards and procedures. For hot-water laundry cycles, wash with detergent or disinfectant in water at 160 °F for at least 25 minutes. If low-temperature (i.e. < 160 °F) laundry cycles are used, choose a chemical that is suitable for low-temperature washing when used at the proper concentration.

Waste disposal should be safe for those handling the waste and for the environment. • Handle feces with caution to avoid possible generation of aerosols (e.g. during removal of feces from bedpan, commode or clothing, or when spraying reusable incontinence pads with water). • Flush liquid waste (e.g. urine) or solid fecal waste into the sewerage system. • Use appropriate PPE whenever there is risk of splash or spray during handling of waste.

Packing and transporting patient-care equipment, linen and laundry, and waste from isolation areas • Place used equipment and soiled linen and waste directly into containers or bags in the isolation room. • Contain the used equipment and soiled linen and waste in a manner that prevents the containers or bags from opening or bursting during transport. • One layer of packing is adequate, provided that the used equipment and soiled linen and waste can be placed in the bag without contaminating the outside of the bag. Double-bagging is unnecessary. • Ensure that all personnel handling the used equipment and soiled linen and waste use Standard Precautions, and perform hand hygiene after removing PPE. Heavy-duty tasks (e.g. cleaning of the environment) require more resistant PPE (e.g. rubber gloves and apron, and resistant closed shoes).

* * * * *

Tenants:

Following the preceding isolation precautions and procedures from the World Health Organization minimize the spread of the disease. Your health, safety and well-being during this Coronavirus outbreak as well as that of your family, helpers, friends and the entire WVM community depends upon everyone's cooperation. We all expect each other to implement the precautions if they are quarantined or isolated. Doing so reduces everyone's risk from transmission of COVID-19.

The WVM staff wishes good health to everyone as we go through the COVID-19 outbreak together.



Contact & Droplet Precautions

(In addition to Standard Precautions)



QUARANTINE OR
ISOLATION ROOM.
NO GUESTS.
HELPERS ONLY.



SANITIZE HANDS BEFORE
LEAVING TENANT'S ROOM



WEAR RESPIRATOR



LIMIT TRANSPORT
DURING ESSENTIAL
TRANSPORT HAVE
TENANT WEAR MASK



WEAR GOWN
AND GLOVES



REMOVE GOWN AND
GLOVES BEFORE LEAVING
TENANT'S ROOM

Sign on the outside of the unit door when tenant is in quarantine or isolation



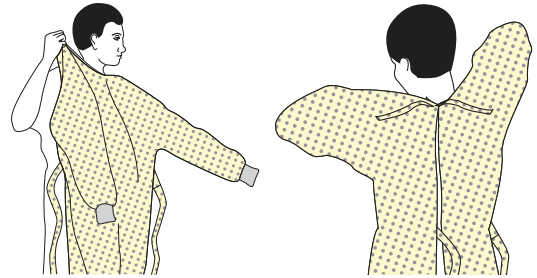
Personal Protective Equipment (PPE) Supply Station

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.

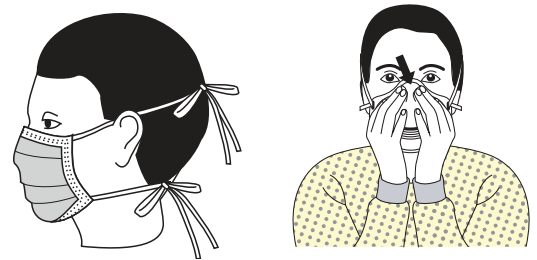
1. GOWN

- 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



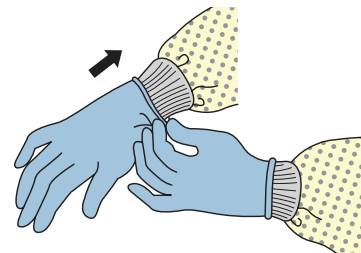
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



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
- Perform hand hygiene



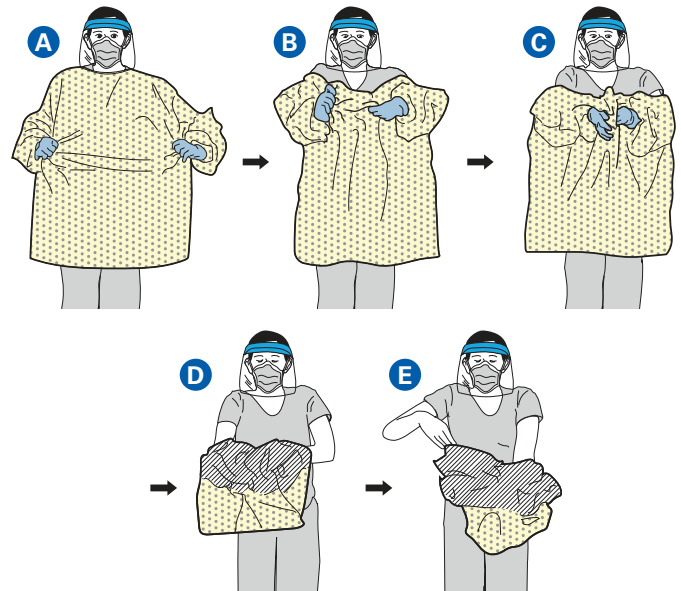
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **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. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



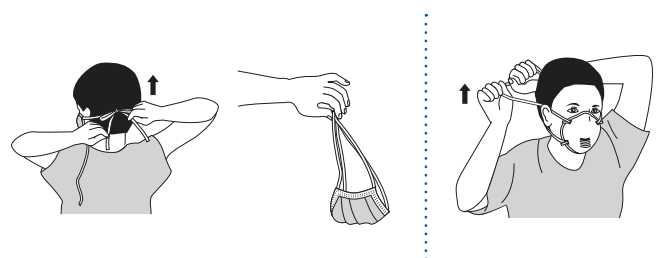
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or 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 receptacle for reprocessing. Otherwise, discard in a waste container

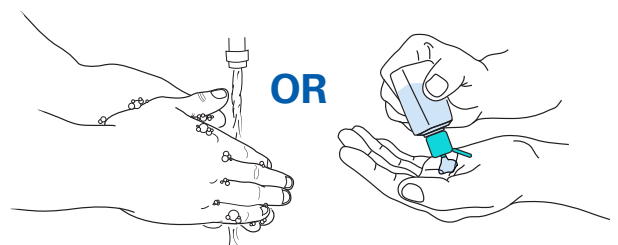


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones 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





Coronavirus Disease 2019 (COVID-19)

Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities

Interim Guidance

Update: February 14, 2020

(This guidance provides clarification regarding evaluation for home isolation and a new section with information regarding preventative steps for [household members](#), [intimate partners](#), and [caregivers](#) in a nonhealthcare setting of a person with symptomatic, laboratory-confirmed COVID-19.)

This interim guidance is based on what is currently known about the epidemiology of COVID-19 and the transmission of other viral respiratory diseases. CDC will update this interim guidance as needed and as additional information becomes available.

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats, and bats. Rarely, animal coronaviruses can infect people exposed to infected animals, and then spread among people, as has been seen with [MERS-CoV](#) and [SARS-CoV](#), and likely now with SARS-CoV-2, the virus that causes COVID-19. This interim guidance may help prevent this virus from spreading among people in their homes and in other residential communities.

This interim guidance is intended for:

- [People with confirmed or suspected COVID-19](#), including persons under investigation, who do not need to be hospitalized and who can receive care at home (see [Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 \(COVID-19\)](#));
- [People with confirmed COVID-19](#), who were hospitalized and then determined to be medically stable to go home (see [Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 \(COVID-19\)](#));
- Household members, intimate partners, and caregivers in a nonhealthcare setting of a person with symptomatic, laboratory-confirmed COVID-19.

Prevention steps for

People with confirmed or suspected COVID-19 (including persons under investigation) who do not need to be hospitalized

and

People with confirmed COVID-19 who were hospitalized and determined to be medically stable to go home

Your healthcare provider and public health staff will evaluate whether you can be cared for at home. If it is determined that you do not need to be hospitalized and can be isolated at home, you will be monitored by staff from your local or state health department. You should follow the prevention steps below until a healthcare provider or local or state health department says you can return to your normal activities.

Stay home except to get medical care

People who are mildly ill with COVID-19 are able to isolate at home during their illness. 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: You should restrict contact with pets and other animals while you are sick with COVID-19, just like you would around other people. Although there have not been reports of pets or other animals becoming sick with COVID-19, it is still recommended that people sick with COVID-19 limit contact with animals until more information is known about the virus. When possible, have another member of your household care for your animals while you are sick. If you are sick with COVID-19, avoid contact with your pet, including petting, snuggling, being kissed or licked, and sharing food. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with pets and wear a facemask. 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, if soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean your hands often

Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.

Soap and water are the best option if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

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 all “high-touch” surfaces everyday

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. When working with your local health department check their available hours.

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.

Recommended precautions for household members, intimate partners, and caregivers in a nonhealthcare setting¹ of

A patient with symptomatic laboratory-confirmed COVID-19

or

A patient under investigation

Household members, intimate partners, and caregivers in a nonhealthcare setting may have close contact² with a person with symptomatic, laboratory-confirmed COVID-19 or a person under investigation. Close contacts should monitor their health; they should call their healthcare provider right away if they develop symptoms suggestive of COVID-19 (e.g., fever, cough, shortness of breath) (see [Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 \(COVID-19\) Exposure in Travel-associated or Community Settings.](#))

Close contacts should also follow these recommendations:

- Make sure that you understand and can help the patient follow their healthcare provider's instructions for medication(s) and care. You should help the patient with basic needs in the home and provide support for getting groceries, prescriptions, and other personal needs.
- Monitor the patient's symptoms. If the patient is getting sicker, call his or her healthcare provider and tell them that the patient has laboratory-confirmed COVID-19. This will help the healthcare provider's office take steps to keep other people in the office or waiting room from getting infected. Ask the healthcare provider to call the local or state health department for additional guidance. If the patient has a medical emergency and you need to call 911, notify the dispatch personnel that the patient has, or is being evaluated for COVID-19.
- Household members should stay in another room or be separated from the patient as much as possible. Household members should use a separate bedroom and bathroom, if available.
- Prohibit visitors who do not have an essential need to be in the home.
- Household members should care for any pets in the home. Do not handle pets or other animals while sick. For more information, see [COVID-19 and Animals](#).
- Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window, weather permitting.
- Perform hand hygiene frequently. Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains 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 touching your eyes, nose, and mouth with unwashed hands.
- The patient should wear a facemask when you are around other people. If the patient is not able to wear a facemask (for example, because it causes trouble breathing), you, as the caregiver, should wear a mask when you are in the same room as the patient.
- Wear a disposable facemask and gloves when you touch or have contact with the patient's blood, stool, or body fluids, such as saliva, sputum, nasal mucus, vomit, urine.

- Throw out disposable facemasks and gloves after using them. Do not reuse.
- When removing personal protective equipment, first remove and dispose of gloves. Then, immediately clean your hands with soap and water or alcohol-based hand sanitizer. Next, remove and dispose of facemask, and immediately clean your hands again with soap and water or alcohol-based hand sanitizer.
- Avoid sharing household items with the patient. You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. After the patient uses these items, you should wash them thoroughly (see below “Wash laundry thoroughly”).
- Clean all “high-touch” surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. 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.
- Wash laundry thoroughly.
 - Immediately remove and wash clothes or bedding that have blood, stool, or body fluids on them.
 - Wear disposable gloves while handling soiled items and keep soiled items away from your body. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after removing your gloves.
 - Read and follow directions on labels of laundry or clothing items and detergent. In general, using a normal laundry detergent according to washing machine instructions and dry thoroughly using the warmest temperatures recommended on the clothing label.
- Place all used disposable gloves, facemasks, and other contaminated items in a lined container before disposing of them with other household waste. Clean your hands (with soap and water or an alcohol-based hand sanitizer) immediately after handling these items. Soap and water should be used preferentially if hands are visibly dirty.
- Discuss any additional questions with your state or local health department or healthcare provider. Check available hours when contacting your local health department.

Footnotes

¹Home healthcare personnel should refer to [Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for Coronavirus Disease 2019 \(COVID-19\) in a Healthcare Setting](#).

²Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case

– *or* –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

Page last reviewed: March 6, 2020



What to do if you have confirmed 2019-nCoV infection, or are being evaluated for 2019-nCoV infection, and are being cared for at home

Your doctors, along with local public health staff will evaluate whether you can be cared for at home. Public health staff will check in with you regularly if you are cared for at home.

Please follow the steps below until public health staff say you can return to your normal activities:

- **Stay home.** You should limit all activities outside your home, except to get medical care. Do not go to work, school, or public areas, and do not use public transportation or taxis/ride shares.
- **Separate yourself from other people in your home.** You should stay in a different room from other people in your home, as much as possible. Use a separate bathroom, if available.
- **Call your doctor's office before you go in for your appointment.** Tell them that you have, or are being evaluated for, 2019-nCoV infection. This will help the medical provider take steps to keep others from getting infected.
- **Wear a facemask.** Wear a facemask when you are in the same room with other people and when you visit a medical provider. If you cannot wear a facemask, the people who live with you should wear one while they are in the room with you.
- **Wash your hands.** Wash your hands often and thoroughly with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty. Avoid touching your eyes, nose, and mouth.
- **Cover your coughs and sneezes.** Cover your mouth and nose with a tissue when you cough or sneeze, or you can cough or sneeze into your sleeve. Throw used tissues in a lined trash can, and immediately wash your hands with soap and water for at least 20 seconds.
- **Avoid sharing household items.** Do not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in your home. After using these items, you should wash them thoroughly with soap and water.
- **Monitor your symptoms.** Get medical attention right away if your symptoms get worse. Call your medical provider before going to your appointment and tell them that you have, or are being evaluated for, 2019-nCoV infection. This will help the medical provider take steps to keep other people from getting infected. Ask your medical provider to call the local or state health department.

Prevention Steps for Caregivers and Household Members

If you live with or care for a person who has confirmed 2019-nCoV infection, or is being evaluated for 2019-nCoV infection, you should:

- **Limit people in the home to those who are providing care.** Restrict visitors who do not need to be in the home. Other household members should stay in another home or place of residence. If this is not possible, other household members should stay in another room, or be separated from the ill person as much as possible. The ill person should use a separate bathroom, if available.
- **Keep elderly people and those who have compromised immune systems or chronic health conditions away from the person.** This includes people with chronic heart, lung or kidney conditions, and diabetes.
- **Make sure that shared spaces in the home have good air flow, such as by an air conditioner or an opened window.**
- **Wash your hands often and thoroughly with soap and water for at least 20 seconds.** You can use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.
- **Wear a disposable facemask, gown, and gloves** when you touch or have contact with the person's blood, body fluids and secretions such as sweat, saliva, sputum, nasal mucus, vomit, urine, or diarrhea.
 - Throw away facemasks, gowns, and gloves in a lined trash can after using them. Do not reuse these items.
 - Wash your hands immediately with soap and water after removing your facemask, gown, and gloves.
- **Avoid sharing household items.** Do not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items. Wash these items after the person uses them.
- **Clean surfaces** such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables at least once a day. Immediately clean any surfaces that have blood or other body fluids on them.
 - Use a diluted bleach solution or a household disinfectant with a label that says "EPA- approved."
 - To make a bleach solution at home, add 1 tablespoon of bleach to 4 cups of water. For a larger supply, add ¼ cup of bleach to 1 gallon (16 cups) of water. Use a freshly made bleach solution each day.
 - Read cleaning product labels and follow their recommendations.
- **Wash laundry and bedding:**
 - Wear disposable gloves while handling soiled items. Remove and wash clothes and bedding that have blood or body fluids on them. Wash your hands with soap and water immediately after removing your gloves.
 - Wash and dry clothing and bedding with the warmest temperature recommended on the item's label.
- **Monitor the person's symptoms.** If they are getting sicker, call a medical provider and tell them that the person has, or is being evaluated for, 2019-nCoV infection. This will help the medical provider take steps to keep other people from getting infected. Ask the medical provider to call the local or state health department.
- **Caregivers and household members who do not follow precautions** when in close contact with a person who is confirmed to have, or is being evaluated for, 2019-nCoV infection, are considered "close contacts" and should monitor their health. Follow the prevention steps for close contacts:

<https://www.cdc.gov/coronavirus/mers/hcp/home-care-patient.html#contacts>

Your local or state health department is available to answer any additional questions you might have.

You can find their contact information here:

<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711

(Washington Relay) or email civil.rights@doh.wa.gov.



Coronavirus Disease 2019 (COVID-19)

Discontinuation of Home Isolation for Persons with COVID-19 (Interim Guidance)

CDC guidance for COVID-19 may be adapted by state and local health departments to respond to rapidly changing local circumstances.

Summary Page

Who this is for:

Healthcare providers and public health officials managing persons with coronavirus disease 2019 (COVID-19) under home isolation.

Summary of Recent Changes

Guidance as of March 16, 2020

- New guidance is added for a strategy to discontinue home isolation without testing.
- Updated guidance for a test-based strategy: The recommendation to collect both NP and OP swabs at each sampling has been changed so that only one swab is necessary, preferably NP, at each sampling.

Limited information is available to characterize the spectrum of clinical illness, transmission efficiency, and the duration of viral shedding for persons with novel coronavirus disease (COVID-19). This guidance is based on available information about COVID-19 and subject to change as additional information becomes available.

For Hospitalized Patients, see ([Interim Guidance for Discontinuation of Transmission-Based Precautions Among Hospitalized Patients with COVID-19](#)).

For Persons with COVID-19 Under Home Isolation:

The decision to discontinue home isolation should be made in the context of local circumstances. Options now include both 1) a time-since-illness-onset and time-since-recovery (non-test-based) strategy, and 2) a test-based strategy.

Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy)*

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 7 days have passed *since symptoms first appeared*.

Test-based strategy (simplified from initial protocol) Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. For jurisdictions that choose to use a test-based strategy, the recommended protocol has been simplified so that *only one swab is needed at every sampling*.

Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue home isolation under the following conditions:

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath) **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart** (total of two negative specimens). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation \(PUIs\) for 2019 Novel Coronavirus \(2019-nCoV\)](#) for specimen collection guidance.

Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness.

Footnote

*This recommendation will prevent most, but may not prevent all instances of secondary spread. The risk of transmission after recovery, is likely very substantially less than that during illness.

**All test results should be final before isolation is ended. Testing guidance is based upon limited information and is subject to change as more information becomes available.

Additional Resources

NOTE: Specific guidance for return to work for healthcare facilities for healthcare personnel can be found at: [Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 \(Interim Guidance\)](#)

- [Discontinuation of In-Home Isolation for Immunocompromised Persons with COVID-19 \(Interim Guidance\)](#)
- [Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus \(2019-nCoV\)](#)
- [Interim guidance for persons who may have 2019 Novel Coronavirus \(2019-nCoV\) to prevent spread in homes and residential communities](#)