
From: Entrekin, Tyler <Tyler.Entrekin@kingcounty.gov> on behalf of Disclosure, Public <Public.Disclosure@kingcounty.gov>
Sent: Friday, May 15, 2020 8:26 PM
To: Disclosure, Public <Public.Disclosure@kingcounty.gov>
Subject: [Ext]Your PRA request - Covid19

Below is a link to the most recent installment (Installment3 folder):

https://kc1-my.sharepoint.com/:f:/g/personal/tyler_entrekin_kingcounty_gov/EhnzWG-EyIlIpNlye9HX_5cBzVmRE9ct6fIFysCV53yW2g?e=DOdzes

We anticipate that the next installment will be on or before May 29, 2020.

Regards,
Tyler Entrekin, Manager
Health Information, Release and Records Management
Public Health – Seattle & King County
Ph: 206-263-8249
F: 206-205-3945

From:	Yoon, Haeyoung (Alex)
To:	Hayes, Patty; Gedeon, Michael; Schaeffer, Cyndi; Worsham, Dennis; Forbes, Tesia; Elsenboss, Carina; Burkland, Anne
Cc:	Wood, Maria
Subject:	RE: URGENT Request: Costs for COVID-19 Response
Date:	Monday, March 2, 2020 10:19:02 AM
Attachments:	image002.png nCoV EXPENDITURE REPORT3.2.2020.xlsx

Hi Everyone,

After discussing further with Tesia and Carian and then working with FMD, attached please find revised estimate for COVID-19 response new ask.

The total amount is at $6.56M and includes following on top of what Tesia has provided to us:

- About $650K O&M costs for modular and hotel once acquired
- 1 more FE for Pandemic planning managers

Anne – for now, please use this number.

We have until tomorrow morning to fine-tune this amount before submitting it to PSB for additional appropriation request to the Council. PSB will be using State funding as a revenue for now and will adjust as the state legislation finalizes.

Please let me know if you have any additional items to include on our proposal.
Thank you.

H. Alex Yoon CPA, CFO
Public Health – Seattle & King County
Direct: 206-263-9042

From: Yoon, Haeyoung (Alex) <Haeyoung.Yoon@kingcounty.gov>
Sent: Sunday, March 1, 2020 10:45 AM
To: Hayes, Patty <Patty.Hayes@kingcounty.gov>; Gedeon, Michael <Michael.Gedeon@kingcounty.gov>; Schaeffer, Cyndi <Cyndi.Schaeffer@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>; Forbes, Tesia <Tesia.Forbes@kingcounty.gov>; Elsenboss, Carina <Carina.Elsenboss@kingcounty.gov>
Cc: Burkland, Anne <Anne.Burkland@kingcounty.gov>
Subject: Fwd: URGENT Request: Costs for COVID-19 Response

There is a request from DOH for getting up to date cost incurred and changes in our need in response to COVID-19 by tomorrow.

I can get the actual a incurred tomorrow morning working with Tessa and Geneva.

My question for you all is will our projection for a new need changed with all recent activities over the weekend?

DOH will need this information by tomorrow so I am hoping to get the info tomorrow morning for us to respond their request.
Anne may be already on this and in that case, Anne we can connect tomorrow morning for our response.

Thanks.
Alex
Get Outlook for iOS

From: Ferris, Amy (DOH) <Amy.Ferris@DOH.WA.GOV>
Sent: Sunday, March 1, 2020 10:08:17 AM
To: Burkland, Anne <Anne.Burkland@kingcounty.gov>; Thomas, Heather (DOHi) <hthomas@snohd.org>; Yoon, Haeyoung (Alex) <Haeyoung.Yoon@kingcounty.gov>; Bodden, Jaime (DOHi) <Jbodden@wsac.org>; tkellogg@snohd.org <tkellogg@snohd.org>
Cc: Courogen, Maria (DOH) <Maria.Courogen@DOH.WA.GOV>
Subject: URGENT Request: Costs for COVID-19 Response

Hi all, we have a request from Senator Rolfes for what the state's needs might be for a flexible, effective coronavirus response.

PHSKC and Snohomish – Can you all send me what you have now for costs to date for the response for each of your jurisdictions?
Does the recent activities change your projected costs going forward?

Jaime – can you be thinking about how you want us to talk about local needs related to this response and what a funding amount might be for this beyond these two jurisdictions.

Senator Rolfes is wanting this information tomorrow, so please send me what you can today or first thing in the morning. If you aren't able to get me how this changes your projected costs, then we'll work with Jaime on some overall estimates to roll into the number.

Thank you all,

Amy

Amy Ferris
Chief Financial Officer
Washington State Department of Health
Amy.Ferris@doh.wa.gov
360-236-4503 | www.doh.wa.gov

NEW! I would appreciate your feedback on my service today. Please complete a *brief survey*. Thank you!

C-000004

Updated 3/2/2020

Rough Estimate of COVID-19 response budget needs for 8 month response

Labor Expenses	FTE	cost for 8 months	Description of Expense
Public Health Nurse	1.00	$ 91,393	Interview returned travelers, monitor symptoms, collect case info
Epidemiologist I	1.00	$ 82,635	Outbreak surveillance and data management
Regional Health Administrator	1.00	$ 130,795	Clinical lead to make treatment decisions
Isolation/Quarantine Program Managers	2.00	$ 197,875	Manage isolation/quarantine planning and coordinate services for people in isolation/quarantine.
Pandemic Planning Managers	2.00	$ 197,875	Lead communication and coordination with partners on pandemic planning.
Outbreak response general staff	30.00	$ 2,611,082	TBD
Overtime/backfill		$ 700,000	to staff evenings/weekends for 8 months and backfill staff pulled from regular duties to support COVID response.
Indirect		$ 975,312	43.2% on 85% of salaries
	37.00	*$ 4,986,969*	*subtotal labor*
Non-Labor Expenses			
isolation housing - hotel rooms		$ 741,890	hotel rooms only. KC is considering options that could cost over $1.2M, including property purchase to site modular housing.
personal protective equipment (PPE)		$ 50,000	e.g. masks, gloves for staff and people being isolated
isolation support services		$ 100,000	supplies, food, toiletries for people being isolated
text messaging application		$ 50,000	for remote symptom monitoring and to push communications to people of interest.
office space, supplies and training		$ 636,000	for staff being added to response effort
		$ 1,577,890	*subtotal non-labor*
		$ 6,560,000	**Total**

Narrative

High level estimate of additional resources needed to sustain novel coronavirus response for 8 months. Identification and understanding of needs are evolving quickly, so these are point-in-time estimates based on best information as of 3/1/2020.

From:	Forbes, Tesia
To:	Gedeon, Michael; Elsenboss, Carina; Burkland, Anne; Yoon, Haeyoung (Alex); Hayes, Patty; Schaeffer, Cyndi; Worsham, Dennis
Subject:	RE: URGENT Request: Costs for COVID-19 Response
Date:	Sunday, March 1, 2020 3:52:49 PM
Attachments:	image001.png nCoV EXPENDITURE REPORT3.1.2020.xlsx

Hi Alex and Anne,

Future spending

My updated estimate for an 8 month response is $5.8M. This takes into account additional staffing (30 FTE), increased overtime and backfill ($500k) and added parking costs for responders. Note to Amy Ferris that this is significantly higher than the $1.2M we submitted to DOH a couple weeks ago.

To address Michael's points, the estimate includes $300k for hotel rooms, $200k for an agency to provide support services for people being isolated and 2 FTE coordinating I/Q. If we do purchase a facility for I/Q, I assume that the purchase and start-up costs would be included in the capital purchase price (NOT INCLUDED in my estimate). I'm happy to update the estimate when you get additional information from Dwight on how other departments will charge their time. I would prefer to have them charge to COVID combocodes so we have documentation for future potential state/fed reimbursement. I've attached my estimates.

Cost so far

As of Friday 2/28 (6 weeks of activation) we spent over $1M. Only about $100-$200k of this initial cost was *added*. In the first few weeks, existing staff – mostly from Preparedness and Prevention – put other work on hold to activate the response. As we shift into a new phase of the response, a larger proportion of the costs will be *added* costs as we need to backfill staff and add new hires.

I'm out of the office tomorrow, but available by phone if needed (503-810-8227).

Thanks, Tesia

From: Gedeon, Michael <Michael.Gedeon@kingcounty.gov>
Sent: Sunday, March 1, 2020 3:30 PM
To: Forbes, Tesia <Tesia.Forbes@kingcounty.gov>; Elsenboss, Carina <Carina.Elsenboss@kingcounty.gov>; Burkland, Anne <Anne.Burkland@kingcounty.gov>; Yoon, Haeyoung (Alex) <Haeyoung.Yoon@kingcounty.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Schaeffer, Cyndi <Cyndi.Schaeffer@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: Re: URGENT Request: Costs for COVID-19 Response

Hi all. A few quick thoughts...

— What about I&Q costs - operating, start up and/or capital? Maria and I are meeting with Tony at 8:30 tomorrow morning and can get his thoughts.
— Is the 500k related to the 30 additional staff? If so it seems like it should be higher.
— Was there discussion about where to charge staff from other departments? Do you need us to connect with PSB in the morning to get Dwight's thinking?

Michael

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From: Forbes, Tesia <Tesia.Forbes@kingcounty.gov>
Sent: Sunday, March 1, 2020 2:58:15 PM
To: Elsenboss, Carina <Carina.Elsenboss@kingcounty.gov>; Burkland, Anne <Anne.Burkland@kingcounty.gov>; Yoon, Haeyoung (Alex) <Haeyoung.Yoon@kingcounty.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Gedeon, Michael <Michael.Gedeon@kingcounty.gov>; Schaeffer, Cyndi <Cyndi.Schaeffer@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: URGENT Request: Costs for COVID-19 Response

Thanks Carina. This is helpful; Any large non-labor costs I should build in at?

From: Elsenboss, Carina <Carina.Elsenboss@kingcounty.gov>
Sent: Sunday, March 1, 2020 2:56 PM
To: Burkland, Anne <Anne.Burkland@kingcounty.gov>; Yoon, Haeyoung (Alex) <Haeyoung.Yoon@kingcounty.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Gedeon, Michael <Michael.Gedeon@kingcounty.gov>; Schaeffer, Cyndi <Cyndi.Schaeffer@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>; Forbes, Tesia <Tesia.Forbes@kingcounty.gov>
Subject: Re: URGENT Request: Costs for COVID-19 Response

I think we need to add $500k to backfill; we need at least 30 additional FTE, I would say PPm 2 -3 is the range, I think 8 months is ok. We now have staff from other KC dept and not sure if we would pay for their time. We have some other structures to pull from.

Carina Elsenboss
Public Health - Seattle & King County
o: 206.263.8722 I c: 206.255.7108 I carina.elsenboss@kingcounty.gov

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From: Forbes, Tesia <Tesia.Forbes@kingcounty.gov>
Sent: Sunday, March 1, 2020 1:04:54 PM
To: Burkland, Anne <Anne.Burkland@kingcounty.gov>; Yoon, Haeyoung (Alex) <Haeyoung.Yoon@kingcounty.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Gedeon, Michael <Michael.Gedeon@kingcounty.gov>; Schaeffer, Cyndi <Cyndi.Schaeffer@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>; Elsenboss, Carina <Carina.Elsenboss@kingcounty.gov>
Subject: Re: URGENT Request: Costs for COVID-19 Response

That makes sense. I'll just need to identify how many FTE to add to our $1.2M estimate and update it. Also need to know if 8 month timeframe should be extended. As the response is prolonged, we will also need to build in more backfill for staff being pulled from other programs.

Tesia Forbes

From: Burkland, Anne <Anne.Burkland@kingcounty.gov>
Sent: Sunday, March 1, 2020 11:02:24 AM
To: Forbes, Tesia <Tesia.Forbes@kingcounty.gov>; Yoon, Haeyoung (Alex) <Haeyoung.Yoon@kingcounty.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Gedeon, Michael <Michael.Gedeon@kingcounty.gov>; Schaeffer, Cyndi <Cyndi.Schaeffer@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>; Elsenboss, Carina <Carina.Elsenboss@kingcounty.gov>
Subject: RE: URGENT Request: Costs for COVID-19 Response

I think they are looking for * new * costs. Alex, can you please confirm ith Amy?

From: Forbes, Tesia
Sent: Sunday, March 1, 2020 10:48 AM
To: Yoon, Haeyoung (Alex) <Haeyoung.Yoon@kingcounty.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Gedeon, Michael <Michael.Gedeon@kingcounty.gov>; Schaeffer, Cyndi <Cyndi.Schaeffer@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>; Elsenboss, Carina <Carina.Elsenboss@kingcounty.gov>
Cc: Burkland, Anne <Anne.Burkland@kingcounty.gov>
Subject: Re: URGENT Request: Costs for COVID-19 Response

I'll have access to my laptop in about 3 hours

Tesia Forbes

From: Forbes, Tesia <Tesia.Forbes@kingcounty.gov>
Sent: Sunday, March 1, 2020 10:46:17 AM
To: Yoon, Haeyoung (Alex) <Haeyoung.Yoon@kingcounty.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Gedeon, Michael <Michael.Gedeon@kingcounty.gov>; Schaeffer, Cyndi <Cyndi.Schaeffer@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>; Elsenboss, Carina <Carina.Elsenboss@kingcounty.gov>
Cc: Burkland, Anne <Anne.Burkland@kingcounty.gov>
Subject: Re: URGENT Request: Costs for COVID-19 Response

I updated the report on Thursday-Geneva needs to update the in kind. I'd estimate $200k/week still, but growing

Tesia Forbes

From: Yoon, Haeyoung (Alex) <Haeyoung.Yoon@kingcounty.gov>
Sent: Sunday, March 1, 2020 10:44:43 AM
To: Hayes, Patty <Patty.Hayes@kingcounty.gov>; Gedeon, Michael <Michael.Gedeon@kingcounty.gov>; Schaeffer, Cyndi <Cyndi.Schaeffer@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>; Forbes, Tesia

<Tesia.Forbes@kingcounty.gov>; Elsenboss, Carina <Carina.Elsenboss@kingcounty.gov>
Cc: Burkland, Anne <Anne.Burkland@kingcounty.gov>
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Thanks.
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Get Outlook for iOS

From: Ferris, Amy (DOH) <Amy.Ferris@DOH.WA.GOV>
Sent: Sunday, March 1, 2020 10:08:17 AM
To: Burkland, Anne <Anne.Burkland@kingcounty.gov>; Thomas, Heather (DOHi) <hthomas@snohd.org>; Yoon, Haeyoung (Alex) <Haeyoung.Yoon@kingcounty.gov>; Bodden, Jaime (DOHi) <Jbodden@wsac.org>; tkellogg@snohd.org <tkellogg@snohd.org>
Cc: Courogen, Maria (DOH) <Maria.Courogen@DOH.WA.GOV>
Subject: URGENT Request: Costs for COVID-19 Response

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PHSKC and Snohomish – Can you all send me what you have now for costs to date for the response for each of your jurisdictions?
Does the recent activities change your projected costs going forward?

Jaime – can you be thinking about how you want us to talk about local needs related to this response and what a funding amount might be for this beyond these two jurisdictions.

Senator Rolfes is wanting this information tomorrow, so please send me what you can today or first thing in the morning. If you aren't able to get me how this changes your projected costs, then we'll work with Jaime on some overall estimates to roll into the number.

Thank you all,

Amy

Amy Ferris
Chief Financial Officer
Washington State Department of Health
Amy.Ferris@doh.wa.gov
360-236-4503 | www.doh.wa.gov

NEW! I would appreciate your feedback on my service today. Please complete a *brief survey*. Thank you!

C-000011

Updated 2/12/2020

Draft COVID response budget needs for 8 month response

Labor Expenses	FTE	cost for 8 months	Description of Expense
Public Health Nurse	1.00	$ 91,393	Interview returned travelers, monitor symptoms, collect case info
Epidemiologist I	1.00	$ 82,635	Outbreak surveillance and data management
Regional Health Administrator	1.00	$ 130,795	Clinical lead to make treatment decisions
Isolation/Quarantine Program Managers	2.00	$ 197,875	Manage isolation/quarantine planning and coordinate services for people in isolation/quarantine.
Pandemic Planning Manager	31.00	$ 98,938	Lead communication and coordination with partners on pandemic planning.
Outbreak response general staff	30.00	$ 2,611,082	TBD
Overtime/backfill		$ 700,000	to staff evenings/weekends for 8 months and backfill staff pulled from regular duties to support COVID response.
Indirect		$ 949,018	43.2% on 85% of salaries
	66.00	*$ 4,861,737*	*subtotal labor*
Non-Labor Expenses			
isolation housing - hotel rooms		$ 100,000	hotel rooms only. KC is considering options that could cost over $1.2M, including property purchase to site modular housing.
personal protective equipment (PPE)		$ 50,000	e.g. masks, gloves for staff and people being isolated
isolation support services		$ 100,000	supplies, food, toiletries for people being isolated
text messaging application		$ 50,000	for remote symptom monitoring and to push communications to people of interest.
office space, supplies and training		$ 628,000	for staff being added to response effort
		$ 928,000	*subtotal non-labor*
		$ 5,790,000	**Total**

Narrative

High level estimate of additional resources needed to sustain novel coronavirus response for 8 months. Identification and understanding of needs are evolving quickly, so these are point-in-time estimates based on best information as of 3/1/2020.

From:	State and Local Readiness (CDC)
To:	State and Local Readiness (CDC)
Subject:	CDC COVID-19 Daily Key Points, Updated Guidance List, Consular Notification, and Interim Cleaning Guidance
Date:	Sunday, March 1, 2020 11:49:55 AM
Attachments:	CDC_COVID-19_Daily Key Points__2_29_2020_FINAL.pdf COVID-19_GuidanceList_01MAR20.pdf CN -- Notification and Access for Persons Detained for Medical Reasons (2020) recd eh feb 24.pdf FinalInterimCleaningGuidanceforPersonsUnderQuarantineforCOVID19_030120.pdf

[EXTERNAL Email Notice!] External communication is important to us. Be cautious of phishing attempts. Do not click or open suspicious links or attachments.

Dear Colleagues:

Attached are several CDC COVID-19 related guidance documents and CDC COVID-19 Daily Key points.

Attached

- 2-29-2020 CDC COVID-19 Daily Key Points. Feel free to share with partners and appropriate parties.
- CDC Consular Notification Guidance (FAQs) regarding Foreign Nationals
- CDC COVID-19 Updated Guidance List (3-1-2020)
- Interim Cleaning Recommendations for Facilities Housing Persons Under Quarantine for Coronavirus Disease 2019 (COVID-19), Updated February 29, 2020

In addition, CDC has created several new landing pages for specific response groups on the CDC COVID-19 website (https://www.cdc.gov/coronavirus/2019-ncov/index.html)

- Resources for Health Departments (https://www.cdc.gov/coronavirus/2019-ncov/php/index.html)
- Resources for Healthcare Facilities(https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.htm)
- Laboratories (https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html)

Kind Regards,

State Coordination Task Force (SCTF)

(Sent by BCC to PHEP directors, state epidemiologists, state health officials, public health laboratory directors, and national and federal partners)

CDC Daily Key Points

Coronavirus Disease 2019 ("COVID-19") Outbreak

February 29, 2020

All content updated since February 27 is shown in colored text.

MAIN KEY POINTS

- There is an expanding global outbreak of respiratory illness named "COVID-19" caused by a novel (new) coronavirus.
- The outbreak began in China but is spreading worldwide, including the United States.
- COVID-19 is threatening to cause a pandemic.
- The U.S. public health response is aggressive and multi-layered, with the goal of detecting introductions of this virus in the United States and reducing the potential spread and impact of this virus.
- This aggressive response has helped to limit the number of U.S. cases in the United States.
- As the virus continues to spread internationally and in the United States, it becomes harder and harder contain its spread.
- This week, several instances of infection with the virus that causes COVID-19 occurred in people with no travel history and no known source of exposure.
- These possible instances of community spread occurred in California, Washington and Oregon.
- In Washington three patients were reported who had tested presumptive-positive for the virus that causes COVID-19 at the state.
    - These included a person who died, an infected hospitalized health care worker and a potential outbreak in a long-term care facility.
    - *See Possible Washington Cluster section*
- The U.S. expects to detect more introductions of COVID-19 through travel, as well as more person-to-person spread and community transmission of this virus.
- Aggressive containment efforts will continue, including ongoing use of isolation and quarantine measures to decrease introductions and spread of the virus.
    - On February 29, the U.S. government announced it was suspending entry of foreign nationals who have been in Iran within the past 14 days.
- In affected communities, local authorities will implement other measures too, including Nonpharmaceutical Interventions (NPIs).
- Local authorities will determine which NPIs to implement, taking into account current circumstances in their communities.
- Nonpharmaceutical Interventions are actions, apart from getting vaccinated and taking medicine, that people and communities can take to help slow the spread of illnesses like pandemic flu or COVID-19.
- The purpose of most NPIs is to help reduce spread of illness by maintaining or increasing distance between people.
- Social distancing measures are an important weapon to fight the spread of this virus and also can reduce the impact of this virus on communities as a whole.
- The potential public health threat posed by COVID-19 is high, both globally and to the United States.

- But individual risk is dependent on exposure.
- What is currently known about the potential cases of community spread has raised the level of concern about the immediate threat for COVID-19 for certain communities.
- For the general American public, who are unlikely to be exposed to this virus at this time, the immediate health risk from COVID-19 is considered low.
- People in communities where ongoing community spread with the virus that causes COVID-19 has been reported are at elevated though still relatively low risk of exposure.
- Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure.
- Close contacts of persons with COVID-19 also are at elevated risk of exposure.
- Travelers returning from affected locations internationally where community spread is occurring also are at elevated risk of exposure.
- CDC has developed guidance to help in the risk assessment and management of people with potential exposures to COVID-19.
- While still taking every effort to prevent a pandemic, CDC is operationalizing all of its pandemic preparedness and response plans.
- Guidance developed in anticipation of an influenza pandemic is being repurposed and adapted for COVID-19.
- Public health partners are encouraged to review their pandemic preparedness plans at this time.

SITUATION UPDATE

- This is a rapidly evolving situation. CDC is constantly reviewing and updating its guidance as needed.

International

- To date, 60 international locations (including the U.S.) have reported confirmed cases of COVID-19, most recently Azerbaijan, Iceland, and Monaco.
- CDC is reviewing and updating its travel guidance daily.
- To date, CDC has issued:
    - Level 3 Travel Health Notices (Avoid Nonessential Travel) for China, Iran, Italy, and South Korea.
    - Level 2 Travel Health Notices (Practice Enhanced Precautions) for Japan.
    - Level 1 Travel Health Notices (Practice Usual Precautions) for Hong Kong.
- CDC also recommends that all travelers reconsider cruise ship voyages into or within Asia at this time.
    - This is consistent with guidance by the U.S. State Department.

Domestic

- CDC is reporting confirmed cases of COVID-19 in the United States in two categories:
    1. Cases detected through our domestic public health systems, and
    2. Cases among people who were repatriated via U.S. State Department flights from Wuhan, China and from the *Diamond Princess* cruise ship (Japan).
- 22 cases of COVID-19 have been detected through U.S. public health surveillance.
    - Six of these cases occurred through person-to-person spread.

- On February 26, CDC confirmed what is potentially the first instance of community spread with the virus that causes COVID in Sacramento, CA.
- Late on February 28, CDC announced three more possible instances of community-acquired COVID-19—one each in California, Oregon, and the state of Washington.
- On February 29, CDC and public health officials in the state of Washington reported three hospitalized patients who have tested presumptive-positive for the virus that causes COVID-19. All of these are potential cases of community spread.
    - One of the patients has died. This is the first reported death in the United States from COVID-19.
    - *See Possible Washington Cluster section*
- Community spread means spread of an illness for which the source of infection is unknown.
- It's also possible, however, that these patients may have been exposed to a returned traveler who was infected.
- CDC is supporting investigations locations with possible community spread.
- People who were exposed to these patients during their infection are at some level of risk depending on their exposure.
- Based on what is known about how this virus behaves, additional cases among people who have had contact with these patients, especially those who have had close, prolonged contact, are expected.
- This could include family members and potentially healthcare workers who cared for the patients.
- All the remaining cases detected through the U.S. public health system were in persons who had travel to areas with ongoing community transmission.

- 47 cases of COVID-19 have been detected among the 1,100+ people repatriated from Hubei Province, China and the *Diamond Princess*.
    - 3 people were repatriated from Wuhan.
    - 44 people were repatriated from the Diamond Princess, an increase of 2 since yesterday.
- Almost all of the people from the Wuhan flights who were quarantined have finished their 14-day quarantine period.
- On Monday, most of the passengers from the Diamond Princess will complete their 14-day quarantine period.
- Patients who tested positive during their quarantine will remain in isolation. A small number of close contacts of those patients (for instance, spouses who have been living with them) who are at increased risk will have their quarantines extended.

WHAT'S NEW:

- On February 28 CDC issued a health alert network update titled: "Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 (COVID-19)."
- CDC has been watching the increased spread of this virus across the world and worked with partners on an updated PUI definition.

- The updated PUI definition takes into account the new geographic spread of the virus and includes a list of affected areas with widespread or sustained community spread. This list is dynamic and will change as our travel guidance is revised.
- CDC has posted "Community Mitigation Guidance for COVID-19 Response in the United States: Nonpharmaceutical Interventions for Community Preparedness and Outbreak Response."

WHAT TO DO

- While the immediate risk of this new virus for most of the American public is believed to be low at this time, everyone can do their part to help us respond to this emerging public health threat:
    - It's currently flu and respiratory disease season and CDC recommends getting a flu vaccine, taking everyday preventive actions to help stop the spread of germs, and taking flu antivirals if prescribed.
    - If you are a healthcare provider, be on the look-out for:
        - People who recently traveled from China or another affected area and who have symptoms associated with COVID-19, and;
        - People who have been in close contact with someone with COVID-19 or pneumonia of unknown cause. (Consult the most recent definition for patients under investigation [PUIs].)
    - If you are a healthcare provider or a public health responder caring for a COVID-19 patient, please take care of yourself and follow recommended infection control procedures.
    - If you are a close contact of someone with COVID-19 and develop symptoms of COVID-19, call your healthcare provider and tell them about your symptoms and your exposure.
    - If you are a resident in a community where person-to-person spread of COVID-19 has been detected and you develop COVID-19 symptoms, call your healthcare provider and tell them about your symptoms.
    - For people who are ill with COVID-19, but are not sick enough to be hospitalized, please follow CDC guidance on how to reduce the risk of spreading your illness to others. People who are mildly ill with COVID-19 are able to isolate at home during their illness.
    - If you have been in China or another affected area or have been exposed to someone sick with COVID-19 in the last 14 days, you will face some limitations on your movement and activity for up to 14 days. Please follow instructions during this time. Your cooperation is integral to the ongoing public health response to try to slow spread of this virus.

POSSIBLE WASHINGTON CLUSTER

- On February 29, CDC and public health officials in the state of Washington reported three hospitalized patients who have tested presumptive-positive for the virus that causes COVID-19.
    - One of the patients has died. This is the first reported death in the United States from COVID-19.
- Two of the patients are from a long-term care facility where one is a health care worker. This is the first reported case in a healthcare worker.

- Additional residents and staff of the long-term care facility who have not yet been tested for COVID-19 are reportedly either ill with respiratory symptoms or hospitalized with pneumonia of unknown cause.
- The patient who died was being treated in the same hospital as one of the other presumptive positive cases, but was not a resident of the long-term care facility.
- While there is an ongoing investigation, the source of these infections is currently unknown.
    - Circumstances suggest person-to-person spread including in the long-term care facility.
- CDC is deploying a team to Washington to support the ongoing investigation to find and identify how the patients were exposed and do extensive contact tracing of people who were exposed or might have been exposed to the patients.

TESTING

- An important part of CDC's role in testing during a public health emergency is to develop a test for the pathogen and equip state and local public health labs with the capacity to test for this virus.
- Distribution of a CDC rRT-PCR test to diagnose COVID-19 began to state and local public health labs, but shortly thereafter performance issues were identified related to a problem in the manufacturing of one of the reagents, which led to laboratories not being able to verify the test performance.
- CDC worked on two potential resolutions to this problem.
    - CDC developed a new protocol that uses two of the three components of the original CDC test kit to detect the virus that causes COVID-19.
        - CDC established that the third component, which was the problem with the original test, can be excluded from testing without affecting accuracy.
        - CDC is working with FDA to amend the existing Emergency Use Authorization (EUA) for the test, but in the meantime, FDA granted discretionary authority for the use of the original test kits.
        - Public health laboratories can use the original CDC test kit to test for the virus that causes COVID-19 using the new protocol.
    - Further, newly manufactured kits have been provided to the International Reagent Resource for distribution.
- Combined with other reagents that CDC has procured, this is enough testing kits to test more than 75,000 people.
- In addition, CDC has two laboratories conducting testing for the virus that causes COVID-19. CDC can test approximately 350 specimens per day.
- Commercial labs are working to develop their own tests and hopefully will be available soon. This will allow a greater number of tests to happen close to where potential cases are.
- Learn more information about CDC's laboratory work.

NONPHARMACEUTICAL INTERVENTIONS

- Nonpharmaceutical Interventions (NPIs) are actions, apart from getting vaccinated and taking medicine, that people and communities can take to help slow the spread of illnesses like pandemic flu or COVID-19.
- NPIs are also known as community interventions.

- When a new virus spreads among people, causing illness worldwide, it is called a pandemic.
- Because the virus is new, the human population has little or no immunity against it. This allows the virus to spread quickly from person to person worldwide.
- NPIs are among the best ways of controlling a pandemic caused by a respiratory virus when vaccines are not yet available.
- NPIs are grouped in three categories:
    1. Personal NPIs (personal protective measures for everyday use and personal protective measures reserved for influenza pandemics);
    2. Community NPIs (social distancing measures and school closures and dismissals); and
    3. Environmental NPIs (surface cleaning measures)
- View information about NPIs and factors to consider before implementing nonpharmaceutical interventions.

BACKGROUND

- This new coronavirus has been named "SARS-CoV-2;" the disease it causes has been named COVID-19.
- Due to potential for confusion with SARS-CoV, where possible, public communications will use "the virus that causes COVID-19."

For more information please visit the Coronavirus Disease 2019 Outbreak Page at: www.cdc.gov/COVID19.

Last updated: March 1, 2020

CDC Coronavirus Disease 2019 (COVID-19) Guidance for State, Local, and Territorial Partners and Local Health Departments

Interim guidance documents relevant to State, Local, and Territorial partners regarding COVID-19

Highlighted Text= New since February 21, 2020

Aircraft

Interim Guidance for Airlines and Airline Crew: Coronavirus Disease 2019 (COVID-19)

- Interim guidance for the commercial airline industry about COVID-19

Preventing Spread of Disease on Commercial Aircraft: Guidance for Cabin Crew

- This guidance provides cabin crew with practical methods to protect themselves, passengers, and other crew members when someone onboard is sick with a possible contagious disease.

Safety Alert for Operators 20001: 2019 Novel Coronavirus: Interim Health Guidance for Air Carrier and Crews

- Interim guidance from the CDC and Federal Aviation Administration for Air Carriers and Crewmembers

Businesses, Employers, and Schools

Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19)

- This interim guidance is intended to help administrators of public and private childcare programs and K-12 schools prevent the spread of COVID-19 among students and staff.

Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19), February 2020

- Interim guidance that may help prevent workplace exposures to acute respiratory illness, including COVID-19, in non-healthcare settings.

Community Infection Control

Interim Guidance for Preventing the Spread of Coronavirus Disease 2019 (COVID-19) in Homes and Residential Communities

- Interim guidance to help prevent COVID-19 from spreading among people in their homes and in other residential communities.

Interim Guidance for Discontinuation of In-Home Isolation for Patients with COVID-19

- Interim guidance to help healthcare providers and public health officials managing patients with coronavirus disease (COVID-19) under in-home isolation to help prevent the spread of COVID-19 in the community.

Last updated: March 1, 2020

Community Mitigation

CDC in Action: Preparing Communities for Potential Spread of COVID-19

- Information on how CDC is aggressively responding to the global outbreak of COVID-19 and preparing for the potential of community spread in the United States.

Healthcare Facilities

Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States

- Outlines goals and strategies for all U.S. healthcare facilities to prepare for and respond to community spread of coronavirus disease-2019 (COVID-19).

Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF)

- General strategies CDC recommends to prevent the spread of COVID-19 in LTCF

Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 (COVID-19)

Healthcare Professionals and Infection Control

Evaluating and Reporting Persons Under Investigation (PUI)

- The Centers for Disease Control and Prevention (CDC) clinical criteria for a COVID-19 person under investigation (PUI). Subject to change as additional information becomes available.

Coronavirus Disease 2019 (COVID-19) Risk Assessment and Public Health Management Decision Making

- Flowchart for the evaluation of patients who may be ill with or who may have been exposed to COVID-19.

Interim Infection Prevention and Control Recommendations for Patients with Confirmed Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) or Persons Under Investigation for SARS-CoV-2 in Healthcare Settings

- Interim infection control procedures including administrative rules and engineering controls, environmental hygiene, correct work practices, and appropriate use of personal protective equipment (PPE) are all necessary to prevent infections from spreading during healthcare delivery. **This guidance is not intended for non-healthcare settings (e.g., schools) OR to persons outside of healthcare settings.**

Interim Guidance of Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PASPs) for COVID-19 in the United States

- Interim guidance for all first responders, including law enforcement, fire services, emergency medical services, and emergency management officials, who anticipate close contact with persons with confirmed or possible COVID-19 in the course of their work

Last updated: March 1, 2020

Interim Guidance for Collection and Submission of Postmortem Specimens from Deceased Persons Under Investigation (PUI) for COVID-19, February 2020

- Interim guidance for the collection and submission of postmortem specimens from deceased persons under investigation (PUI) for COVID-19. This document also provides recommendations for biosafety and infection control practices during specimen collection and handling, including during autopsy procedures. The guidance can be utilized by medical examiners, coroners, pathologists, other workers involved in the postmortem care of deceased PUI, and local and state health departments.

Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19

- Interim guidance for healthcare providers and public health officials managing patients with coronavirus disease (COVID-19) to help prevent the spread of COVID-19 in healthcare facilities.

Interim Clinical Guidance for Management of Patients with Confirmed COVID-19

- Interim guidance for clinicians caring for patients with confirmed COVID-19

Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus (2019-nCoV)

- Interim guidance for staff at local and state health departments, infection prevention and control professionals, and healthcare personnel who are coordinating the home care and isolation[1] of people with confirmed or suspected 2019-nCoV infection, including persons under investigation (see Criteria to Guide Evaluation of Persons Under Investigation (PUI) for 2019- nCoV).

Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus (2019-nCoV)

- Interim guidance intended to assist with assessment of risk, monitoring, and work restriction decisions for HCP with potential exposure to 2019-nCoV. For guidance on assessment and management of exposure risk in non-healthcare settings, refer to the Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (2019-nCoV) Exposure in Travel-associated or Community Settings.

Maritime

Interim Guidance for Ships on Managing Suspected Coronavirus Disease 2019

- Interim guidance for ships originating from, or stopping in, the United States to help prevent, detect, and medically manage suspected 2019-nCoV infections.

Last updated: March 1, 2020

Laboratories

Research Use Only Real-Time RT-PCR Protocol for Identification of 2019-nCoV

- This document describes the use of real-time RT PCR (rRT-PCR) assays for the in vitro qualitative detection of SARS-CoV-2 in respiratory specimens and sera.

Research Use Only 2019-Novel Coronavirus (2019-nCoV) Real-time RT-PCR Primer and Probe Information

Personal Protective Equipment (PPE)

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

Healthcare Supply of Personal Protective Equipment

- CDC specific PPE recommendations based on the current COVID-19 situation and availability of PPE.

Optimizing N95 Strategies

- Strategies for Optimizing the Supply of N95 Respirators

- Strategies for Optimizing the Supply of N95 Respirators: Contingency Capacity Strategies
    - In the continuum of care, the following measures can be categorized as contingency capacity, which may change daily practices but may not have any significant impact on the care delivered to the patient or the safety of the HCP.

- Strategies for Optimizing the Supply of N95 Respirators: Crisis/Alternate Strategies
    - These crisis capacity or alternate strategies accompany and build on the conventional and contingency capacity strategies. The following measures are not commensurate with current U.S. standards of care.

Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Considerations for the COVID-19 Response

- U.S. Government decision makers are considering whether these products should be released for use during the COVID-19 response. Information is provided below that may be used to inform these product release decisions.

Public Health Officials

Information for Health Departments on Reporting a Person Under Investigation (PUI) for 2019-nCoV

- Information for health departments on reporting and specimen referral for Persons Under Investigation (PUIs).
    - Case Report Form for 2019 Novel Coronavirus

Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings

- Guidance is intended to address recommended infection prevention and control practices when public health interviews or assessments are performed at a home or non-home residential settings.

Pandemic Preparedness Resources

- While the content at the links provided below was developed to prepare for, or respond to, an influenza ("flu") pandemic, the newly emerged coronavirus disease 2019 (COVID-19) is a respiratory disease that seems to be spreading much like flu. Guidance developed for influenza pandemic preparedness would be appropriate in the event the current COVID-19 outbreak triggers a pandemic.

Pregnant Women and Children

Interim Guidance on Breastfeeding for a Mother Confirmed or Under Investigation for COVID-19

- Interim guidance for women who are confirmed to have COVID-19 or are persons-under- investigation (PUI) for COVID-19 and are currently breastfeeding.

Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings

- Interim for healthcare facilities providing obstetric care for pregnant patients with confirmed coronavirus disease (COVID-19) or pregnant persons under investigation (PUI) in inpatient obstetric healthcare settings including obstetrical triage, labor and delivery, recovery and inpatient postpartum settings.

Travelers

Information for Travelers

- This page includes information about 2019 novel coronavirus (COVID-19) for travelers going to and returning from China, and information for aircrew and resources ship industry.

Travelers to China

- Travel recommendations for travel to China

Travelers from China arriving in the U.S.

- Information for travelers from China arriving to the U.S.

Risk Assessment

Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus (COVID-19) Exposure in Travel-associated or Community Settings

- Interim guidance to provide U.S. public health authorities and other partners with a framework for assessing and managing risk of potential exposures to COVID-19 and implementing public health actions based on a person's risk level and clinical presentation.

Last updated: March 1, 2020

Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus (2019-nCoV)

- Interim guidance is intended to assist with assessment of risk, monitoring, and work restriction decisions for healthcare providers with potential exposure to COVID-19.

Stigma

Stigma Related to COVID-19

- Information to combat stigma and discrimination associated with COVID-19.

Frequently Asked Questions (FAQs)

Frequently Asked Questions and Answers about COVID-19

- General FAQs

Healthcare Infection Prevention and Control FAQs for COVID-19

- **Who is this for:** Healthcare personnel who may care for patients who are confirmed with or under investigation for COVID-19.
- **What is it for:** This creates FAQs to support the existing Healthcare Infection Prevention and Control Guidance for COVID-19.
- **How is it used:** To assist healthcare facilities in preventing transmission of COVID-19 in healthcare settings.

Frequently Asked Questions and Answers: Coronavirus Disease-2019 (COVID-19) and Children

- This is a list of frequently asked questions and answers for questions about COVID-19 relating to children.

Frequently Asked Questions and Answers: Coronavirus Disease 2019 (COVID-19) and Pregnancy

- This is a list of frequently asked questions and answers for pregnant women, infants, and women who are breastfeeding.

Frequently Asked Questions about Respirators and their Use

Healthcare Professionals: Frequently Asked Questions and Answers

- FAQs for healthcare professionals

Information for Laboratories COVID-19 Requests for Diagnostic Panels and Virus

- FAQs for lab professionals

Travel: Frequently Asked Questions and Answers

- General travel-related FAQs

Last updated: March 1, 2020

Additional Resources

2020 Health Alert (HAN) Messages: CDC's Health Alert Network (HAN) is CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, tribal, and local public health practitioner; clinicians; and public health laboratories.

CDC Newsroom: CDC Media Telebriefing: Update on COVID-19: CDC provides an update periodically to media on the COVID-19 response. Sign up for media announcements.

Clinician Outreach and Communication Activity (COCA) Calls/Webinars: During COCA Calls/Webinars, subject matter experts present key emergency preparedness and response topics, followed by meaningful Q&A with participants. The call or webinar will offer the most up to date information on guidance for clinicians.

Travel Health Notices: Travel Health Notices inform travelers and clinicians about current health issues that impact travelers' health, like disease outbreaks, special events or gatherings, and natural disasters, in specific international destinations.

Coronavirus Disease 2019 (COVID-19) Risk Assessment and Public Health Management Decision Making

Consular Notification Guidance for State and Local Authorities Regarding Foreign Nationals Detained for Medical Reasons

SUMMARY: Given the scale and international scope of the novel coronavirus outbreak, the U.S. Department of State is providing this guidance to state and local authorities that are monitoring and treating individuals who are or are reasonably believed to be infected with the virus SARS-CoV-2 or COVID-19 disease. Since some individuals being monitored and/or treated may be foreign nationals, the U.S. Department of State would like to ensure that those individuals detained for medical reasons are advised that they may communicate with consular officers from their countries and, when requested or required, foreign embassies and consulates in the United States are informed. We ask that where notification is requested or required, state and local authorities, in coordination with the Centers for Disease Control and Prevention (CDC), notify foreign missions promptly. Consular notification obligations are reciprocal; your prompt action will support the Department of State's receipt of timely notification of U.S. citizens who are detained for medical reasons in foreign countries. Questions about obligations of state and local authorities or consular notification and access in general, should be directed to the Bureau of Consular Affairs, U.S. Department of State at consnot@state.gov.

Consular Notification and Access Obligations with Respect to Detained Foreign Nationals

Under the treaty obligations of the United States, federal, state, and local government officials are obligated to provide notification information to certain foreign consular officers and permit those officers to assist their nationals in the United States. When foreign nationals from most countries are detained, they must be advised without delay that they may, upon request, have their consular officers notified, and that they may communicate with the consular officers. If the foreign national requests notification, the nearest consulate or embassy must be notified without delay. For foreign nationals of some countries, consular officers must be notified of the detention, even if the foreign national does not request or want notification.

Who is a Foreign National?

For the purposes of consular notification, a foreign national is any person who is not a U.S. citizen. This includes lawful permanent resident aliens (LPRs), who have a resident alien registration card (Department of Homeland Security Form I-551), more commonly known as a "green card." They retain their foreign nationality and must be considered "foreign nationals" for the purposes of consular notification. Consular notification and access requirements apply regardless of immigration status. There is no reason, for purposes of consular notification, to inquire into a person's legal status in the United States. For purposes of consular notification, you should make no distinctions based on whether the foreign national is in the United States "legally" or "illegally."

If a U.S. citizen detained for medical reasons has more than one nationality and asks that his or her other country of nationality be notified, the U.S. Department of State encourages notification be made.

What is "detention for medical reasons" and why does it trigger consular notification?

Consular notification and access may be triggered for foreign nationals hospitalized, isolated, quarantined, or otherwise in circumstances in which the foreign national is detained *pursuant to governmental authority (law enforcement, judicial, or administrative)* and is not free to leave. Under the Vienna Convention on Consular Relations and most bilateral international agreements, a foreign

national in such situations must usually be treated like a foreign national in detention, and appropriate consular notification must be provided. Further, in the case of the death of a foreign national in the United States, the nearest consulate of that national's country must be notified without delay.

As a general matter, even where an individual is not detained for medical reasons, the U.S. Department of State encourages medical facilities that are treating foreign nationals to inform those individuals that they may contact their embassy or consulate.

When is Notification Mandatory?

If a foreign national is from one of the 56 mandatory notification countries, notification of the detention *must* be made. In such cases, notifications to the consular officer must be made without delay, even if the foreign national objects. See the *List of Countries Requiring Mandatory Notification* at travel.state.gov/CNA.

For all other countries, authorities must inform the foreign national that he or she may have a consular officer notified of the detention and may communicate with that officer. The foreign national can accept or decline the offer of notification. If the foreign national accepts the offer, notification should be made, in coordination with CDC, without delay to the appropriate consular officer.

What is the Timeline for Notification?

Whether the case requires mandatory notification or the foreign national has requested consular notification, the notification to the foreign government's nearest embassy or consulate should be made within 24-72 hours.

Who Notifies?

In the United States, responsibility for consular notification rests with those officials, whether federal, state, or local, who are responsible for the legal action affecting the foreign national. Compliance with the notification requirements works best when it is undertaken by those government officials closest to the foreign national's situation and with direct responsibility for it. If you are a state or local official with a foreign national detained for medical reasons (e.g., isolation or quarantine), the list of points of contact for consular notification at foreign embassies in Washington can be found here. Please contact the CDC at dgmqpolicyoffice@cdc.gov and notify the foreign mission (embassy or consulate) associated with the foreign national's citizenship.

Guidance and Questions

Instructions for carrying out consular notification and access and detailed information on best practices can be found in the *Consular Notification and Access Manual* on travel.state.gov/CNA. Questions about obligations of state and local authorities or consular notification and access in general, should be directed to the Bureau of Consular Affairs, U.S. Department of State at consnot@state.gov.

Interim Cleaning Recommendations for Facilities Housing Persons Under Quarantine for Coronavirus Disease 2019 (COVID-19), Updated February 29, 2020

Background

There is much to learn about the newly emerged coronavirus disease 2019 (COVID-19). Based on what is known about early cases of COVID-19, spread from person-to-person via the respiratory route and usually happens among close contacts (within about 6 feet).

People with certain types of exposure to cases of COVID-19 may be housed and quarantined for observation until 14 days after their exposure. The purpose of the observation period is to ensure they don't develop symptoms and infect others during this time. Some people stay at home for the observation period, but others may be housed either separately or in groups in other types of facilities.

In these facilities, individuals and families are provided separate quarters with separate bathroom facilities. They are instructed that congregation and shared public spaces are to be avoided. Because the people under quarantine are not ill, the risk to cleaning staff is inherently low.

Purpose

This guidance provides recommendation on the cleaning and disinfection of rooms of persons under quarantine, as well as associated worker protection practices according to expected job tasks. The goal is to minimize interactions between persons under quarantine and cleaning staff. These recommendations will be updated if additional information becomes available.

General Recommendations for Housing Facilities for Persons Under Quarantine

- Employers should develop policies for worker protection and provide training to all cleaning staff on-site prior to beginning work. Training should include:
    - An understanding of when to use personal protective equipment (PPE)
    - What PPE is necessary and why (see below for PPE recommendations)
    - How to properly don (put on), use, and doff (take off) PPE
    - How to properly dispose of PPE
- Employers must ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard, 29 CFR 1910.1200.
- Employers must comply with OSHA's standards on Bloodborne Pathogens (29 CFR 1910.1030), including proper disposal of regulated waste, and PPE (29 CFR 1910.132).
- Cleaning staff should perform hand hygiene often including immediately after removing PPE by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures (e.g., contact with a quarantined individual without wearing appropriate PPE) to their supervisor.

- Employers should educate workers to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms until 14 days after the last day they had possible exposure to the virus.
    - Cleaning staff should immediately notify their supervisor and the local health department if they develop symptoms of COVID-19. The health department will provide guidance on what actions need to be taken.
- Cleaning staff should follow normal preventive actions while at work and home including covering their mouth and nose with a tissue when coughing or sneezing and avoiding touching eyes, nose, or mouth with unwashed hands.
- If surfaces are dirty, they should be cleaned using a detergent and water prior to disinfection.
    - A list of products with EPA-approved emerging viral pathogens claims, maintained by the American Chemistry Council Center for Biocide Chemistries (CBC), is available at: https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf.
    - Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses.
    - Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE) for use.

Cleaning Activities During the Quarantine Period

Because cleaning needs are limited during the quarantine period, CDC is recommending that cleaning staff do not clean occupied rooms in quarantine facilities. Instead, all rooms should be provisioned with personal cleaning supplies, e.g., tissues, paper towels, cleaners and disinfectants that are EPA-approved against emerging viral pathogens (see list above) for use by persons under quarantine as needed. Rooms and common areas occupied by persons under quarantine should not be cleaned by cleaning staff until all persons under quarantine have been released from quarantine and have vacated the area and no sooner than 24 hours after rooms and common areas have been vacated.

During the quarantine:

- Persons under quarantine should bag trash and place the closed bag outside their door for daily pick up.
- Similarly, persons under quarantine should bag soiled linens and place the closed bag outside their door for pick up.
- Cleaning, laundry, and trash removal staff should wear disposable gloves and gowns for all tasks in the cleaning process, including collection of closed bags.
    - Staff should remove gloves after cleaning a room or area occupied by persons under quarantine before moving to the next room.
    - After delivering bags to their final destination, staff should clean and disinfect any hard, cleanable surfaces where bags have been stored (such as on carts or on the floor).
    - Laundry and trash removal staff collecting the closed bags should remove their gloves promptly after bags are delivered to their destination and cleaning and disinfection has been performed.
    - Any time staff remove gloves, they should perform hand hygiene immediately by washing their hands with soap and water for 20 seconds. If hands are not visibly dirty and soap and water are not available, an alcohol-based hand sanitizer that contains

60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

- If possible, for fabrics or other materials that can be laundered, use the warm water setting and dry items completely on high heat.
- If a person under quarantine has a special need for assisted cleaning (e.g., an elderly person who is unable to clean a spill such as vomiting in their quarters), public health staff will oversee the cleaning process as part of their evaluation of the individual.

Cleaning a Room Vacated by a Person under Quarantine <u>with</u> COVID-19 (Enhanced Cleaning)

Rooms that housed a person under quarantine with COVID-19 should remain closed to further use until cleaned and disinfected by appropriately trained cleaning staff. The room should not be entered by cleaning staff for at least for 24 hours.

- Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process.
    - These gloves and gowns should be compatible with the disinfectant products being used
    - Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk for splash.
    - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- Cleaning should be undertaken using products with EPA-approved emerging viral pathogens claims (https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf). All products should be used according to label instructions.
    - Clean the surface first, and then apply the disinfectant as instructed on the disinfectant manufacturer's label. Ensure adequate contact time for effective disinfection.
    - Adhere to any safety precautions or other label recommendations as directed (e.g., allowing adequate ventilation in confined areas, proper disposal of unused product or used containers and donning appropriate PPE).
    - Avoid using product application methods that cause splashing or generate aerosols.
    - Cleaning activities should be supervised and inspected periodically to ensure correct procedures are followed.
    - After cleaning and removal and disposal of gloves, staff should perform hand hygiene by washing hands often with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains 60 to 95% alcohol. Soap and water should be used if the hands are visibly soiled.
- Clean and disinfect all frequently touched surfaces in quarantine locations (e.g., counters, tabletops, doorknobs, light switches, bathroom fixtures, toilets, phones, keyboards, tablets, remotes and bedside tables) according to instructions described for products with EPA-approved emerging viral pathogens claims.
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present. Launder items as appropriate in accordance with the manufacturer's instructions. Porous materials that will be laundered can be transported to the laundry facility in the usual manner. If possible, launder items using the warm water setting and dry items completely on high heat.

- When cleaning is completed, collect soiled material and PPE in a sturdy, leak-proof (e.g., plastic) bag that is tied shut and not reopened. This waste can go to the regular solid waste stream (e.g., municipal trash) as it is not biohazardous or regulated medical waste.
- If bulk material and spills containing blood or body substances are present, cleaning staff should use absorbent materials, such as towels, to remove the material. The area should then be cleaned and then disinfected with products with EPA-approved emerging viral pathogens claims used according to product label instructions.
- No additional cleaning is needed for supply and return ventilation registers or filtration systems for the building.
- No additional treatment of wastewater is needed before discharging to sanitary sewer.

Cleaning Recommendations for Quarantined Persons from Uncontrolled Sources (e.g. increased likelihood of many cases such as on cruise ships, etc.)

Cleaning for facilities housing persons under quarantine because of exposure from an uncontrolled source should be conducted following the Enhanced Cleaning procedures and include cleaning of common areas outlined above.

Cleaning a Room Vacated by persons under quarantine without COVID-19

After all persons under quarantine are released and assuming the quarantined persons are not from an uncontrolled source (see above):

- If all persons under quarantine have been released and vacated the housing area and no persons tested positive for COVID-19, the facility (e.g., rooms, common areas) should be cleaned according to standard procedures.
- No additional PPE is required beyond what is normally worn for regular housekeeping activities.

Cleaning of Common Areas of a Housing Facility (if used)

If common areas are used by persons under quarantine, those areas will require cleaning and disinfection during the quarantine period.

- Common areas of a facility should be cleaned on a daily basis, and as needed.
- Regardless of known COVID-19 status of persons under quarantine, common areas should be cleaned according to ***Cleaning a Room Vacated by a person under quarantine with COVID-19(Enhanced Cleaning)*** recommendations, since communication to cleaning staff about persons under quarantine who develop symptoms or test positive for COVID-19 may not be able to occur as quickly as cleaning services are required.
- No quarantined individuals should be present in a common area during cleaning. Common areas of a facility should be closed off to all persons except for cleaning staff before cleaning and disinfection activities take place.

Additional Resource:

OSHA COVID-19 Website:
https://www.osha.gov/SLTC/covid-19/