



Oregon's Voice for Long Term Care & Senior Housing

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To: Senate Committee on Human Services
House Committee on Human Services and Housing
From: Philip Bentley, Sr. Vice-President for Government Relations
Re: Long Term Care Infectious Disease Prevention Information
Date: March 4, 2020

The Oregon Health Care Association represents more than 700 providers of long-term care services and supports in Oregon. With the recent outbreak of COVID-19 in the US, including at a nursing facility in Kirkland, WA., providers have been implementing their infectious disease prevention protocols and taking additional actions to prevent an outbreak. Here is some information and actions taken to date:

- State and federal laws/regulations require all licensed long term care providers to maintain infection control programs, standards and protocols on a regular basis.
- State and federal law/regulations also require long term care providers to have emergency response plans, including for pandemic infectious disease outbreaks.
- On February 29, 2020, the Oregon Department of Human Services sent an Administrator Alert to all licensed providers with instructions to restrict visitors by posting signs asking visitors experiencing illness, or who could be ill due to recent travel in impacted areas, to refrain from visiting. The alert also included guidance from OHA Public Health.
- Providers are proactively notifying residents and families about the actions they are taking to protect residents and staff, and steps family members can take to help prevent causing an exposure, including limiting visitors.
- The American Health Care Association (AHCA) and OHCA are providing educational Webinars on coronavirus and infectious disease protocols for staff.
- OHCA distributed a Q&A sheet answering common questions about coronavirus for providers and interested parties. OHCA will update and disseminate additional info.
- OHCA is communicating regularly with state agency personnel leading preparation and response efforts and monitoring CDC and public health Web sites and alerts.
- **For reference, attached are copies of (1) OHCA's Coronavirus Q&A, (2) a nursing facility's state-approved influenza pandemic Policy and Procedures, and (3) the Administrator Alert materials from DHS.**

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ANSWERS TO COMMON QUESTIONS ON COVID-19

Q: Are there any cases of COVID-19/coronavirus in Oregon's long term care communities?

A: At this time, there are no confirmed or suspected cases of COVID-19/coronavirus in Oregon's long term care settings. However, based on reported patterns from the previous few weeks, it is reasonable to expect that COVID-19/coronavirus will impact healthcare facilities in Oregon.

Oregon's long term care providers are committed to protecting the health of residents and patients, their families, and staff members and are already taking measures to reduce the risks of transmission.

Q: What are long term care providers doing to limit the risks to residents in their communities?

A: Providers are following their state-approved emergency preparedness and infection prevention plans and protocols to limit risk and exposure to patients and residents in their communities. These protocols include:

- Posting signs at entrances requesting that visitors not visit if they have symptoms of acute respiratory illness (fever, cough, difficulty breathing, potential exposure)
- Screening visitors for symptoms of acute respiratory illness and recent travel history to impacted countries and asking visitors with these risk-factors not to visit
- Encouraging family members to use phone, Skype, Facetime, and other telecommunications methods in lieu of in-person visits
- Prescreening new patient/resident admissions for acute respiratory illness symptoms
- Asking staff to stay home if they are experiencing any symptoms of acute respiratory illness or if they have recently traveled to impacted countries or areas

Providers train staff for situations like these and are receiving communications with guidance on preventing and responding to a COVID-19 outbreak, including from the CDC, the Oregon Health Authority, local public health authorities and the Department of Human Services, to ensure that they are following up-to-the minute best practices and recommendations.

Q: What regulations relating to infection prevention are required for long term care providers by Oregon law?

A: Oregon long term care facilities and communities are required by state and federal laws and regulations to develop, implement, and maintain infection prevention programs, policies, and procedures in order to prevent, recognize, and control, to the extent possible, the onset and spread of infection within a facility. These programs, policies, and procedures are also a part of each facility's emergency plan, which is also required by state and federal regulations.

Q: Should families who are worried move their loved ones out of long term care communities?

A: No. The CDC does not currently recommend transferring residents to a home or hospital. Moving the elderly or frail individuals from a care community is risky and often has long-lasting impacts.

Q: Are providers having trouble getting things like masks and gowns?

A: We have heard reports of health care providers, including long term care providers, having difficulty getting additional supplies of personal protective equipment (PPE). Providers should contact their state and local health departments if they are unable to place orders for equipment they need. It's important to note that the CDC does not recommend masks for the general public at this point.

Pandemic Influenza Policy and Procedures

Pandemic influenza is a global outbreak of human disease. It is caused by new, or variants of an older, influenza virus that is unlike any previous influenza, so humans will not have any natural immunity to it. The lack of immunity allows the influenza to pass readily from person-to-person, creating widespread illness. Vaccines may not be available because of the way viruses change over time and in locations.

Planning for pandemic influenza is critical for ensuring the provision of healthcare services in this facility in the event of a community wide to pandemic situation. Human-to-human transmission has been demonstrated, along with the ability of pandemic-type viruses to cause community-level outbreaks, which together suggest the possibility of sustained human-to-human transmission. It is critical that all facility staff use appropriate infection control precautions when caring for residents with influenza-like symptoms, particularly in areas affected by outbreaks. Potential pandemic influenza outbreaks we will may say in near future include H1N1 (swine influenza), H5N1 (avian or bird influenza), or Severe Acute Respiratory Syndrome (SARS).

All outbreaks of influenza symptoms should be treated with the same protocols to help ensure the welfare of both residents and employees.

The Disease (the virus)

This policy and procedure applies to any pandemic influenza situation regardless of viral agent, particularly if human-to-human transmission through droplets. Therefore, the infection control precautions for patients with suspected H1N1 swine influenza, H5N1 avian influenza, SARS and those with influenza-like symptoms should prioritize the control of the spread of respiratory droplets. **Person-to-person spread is the known mode of transmission.**

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- Expect a 5-7 day illness process, although a longer course in the elderly is not unheard of. It may present with a variety of symptoms that manifest from mild to severe.
 - Symptoms usually begin 24-48 hours after exposure, but can occur more rapidly.
 - Symptoms may include sudden onset of illness, fever higher than 100.4F, chills, cough, headache, sore throat, stuffy nose, myalgia, lethargy, malaise, diarrhea, vomiting, dehydration, and abdominal pain.

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Infection Control: Pandemic Influenza

Fundamentals of Infection Prevention (Strategies)

1. Key components:
 - a. Implementation of Standard and Droplet Precautions
 - b. Avoid crowding and group activities
 - c. Promote distance between residents (36 inches minimum)
 - d. Triage residents for early detection, resident placement and reporting
 - e. Monitor and control use of supplies which may be limited (i.e., masks)
 - f. Refresh training on infection control regularly
 - g. Train staff on how to self-assess and report symptoms of pandemic influenza before reporting for duty
 - h. Ensure adequate facility ventilation
 - i. Use of Personal Protective Equipment, including fitting and use of N95 masks
 - j. Stress and train hand and coughing hygiene for employees, resident and visitors
2. To the extent possible, while influenza cases are occurring in the community, modify workplace environments and schedules to decrease social density to the greatest extent possible without disrupting essential services.
3. Plan for maintenance of services in the event of a reduced workforce due to illness, isolation, or quarantine. Refer to the emergency low staffing procedures in this Disaster/Emergency Manual.
4. Conduct active surveillance to look for influenza cases (i.e., review temperature logs, triage/sick call, hospitalizations, staff absences, unexplained deaths, etc). Interview influenza-like illness cases for pandemic risk factors), and obtain samples for testing in case of severe illness.

Tiers of Pandemic Influenza Outbreaks

First Tier:

Defined as being in an outbreak affected community. Employees may or may not be affected at this stage. The pandemic virus may or may not be confirmed in the facility's community.

Recommendations under First Tier:

- **HAND HYGIENE¹:** Employees should wash hands often with soap and water, especially after coughing or sneezing, touching the nose or face, or removing

¹ Ideally hands should be washed first with soap and water for one minute, dried and then rubbed with an alcohol based sanitizing hand rub for 15-60 seconds paying careful attention to the area under the nails.

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respirators, facemasks, eye protection, or gloves. Employees should be reminded to avoid touching their eyes, nose or mouth. 60-70% alcohol-based hand cleaners are also effective. Wash with soap and water for 1 minute, rinse for 20 seconds and dry with disposable paper towels. Use towels to turn facet on and off and open and close door. All employees are to be immediately refreshed in appropriate infection control procedures at the beginning of the next shift worked.

- **COUGH HYGIENE:** Coughing should be into the elbow or onto a tissue. Tissues should be disposed of after each use in the immediately location.
- **VISITORS:** Discourage visitors through use of front door entrance signs. Residents and visitors should be strongly encouraged to cover their nose and mouth with a tissue when coughing or sneezing, wash hands and use hand cleaners.
- **PRECAUTIONS:** Use standard and droplet precautions for non-ill residents and contact precautions for any symptomatic resident.
- **SICK EMPLOYEES:** Symptomatic employees should be sent home. Affected employees should remain at home and not return to the facility for 7 days after their symptoms begin or until 48 hours after symptoms resolve, whichever is longest.
- **ACTIVITIES AND DINING:** Consider discontinuing activities and social dining in favor of in-room activities and meals, particularly in the affected area.
- **ADMISSIONS:** New residents may be admitted, but should not be placed in a room with an affected resident.

Second Tier

Defined as community has strongly suspected or confirmed cases of pandemic virus. Employees are likely affected at this tier.

Recommendations under Second Tier (in addition to First Tier):

- **EMPLOYEES:** Cohort employees to limit contact with ill patients (caution should be exercised when allowing employees to work on different wings). Whenever possible, assign un-exposed employees to work with un-exposed residents. Consider allowing post-infected employees to work with currently ill residents, following protocols described later for returning employees.
- **VISITORS:** Encourage visitors to call residents, rather than visit. Notification on doors should include a notice to contact staff prior to entering. If the pandemic virus is prevalent in the facility's community, or if a resident is a probable or

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confirmed case of pandemic virus infection, the facility should consider closing to visitors. Consult with Regional Director, Nurse Consultant, Chief Quality Officer and Risk Management.

- **ADMISSIONS:** New residents may be admitted, but should not be placed in a room with a symptomatic resident. New residents may be placed in a room with a previously affected resident who has been asymptomatic for at least 48 hours. If the facility has several probable or confirmed cases of pandemic virus infection, they should consider closing to new admissions if cases cannot be cohorted or influenza symptoms are spreading rapidly throughout the facility. If the facility believes closure to new admissions is warranted, consult with the Regional Director, Nurse Consultant, Chief Quality Office and Risk Management. If the health department mandates the facility stop admissions, they must cease admitting.
- **RESIDENTS:** Ill residents should be kept away from other residents as much as possible. If possible, keep a distance of six feet between ill persons and contacts. Affected residents should be asked to remain in their rooms or apartments. Have the sick resident wear a mask if they need to be in a common area near others. Whenever possible, place affected residents in rooms with other similarly affected residents.
- **FOOD:** The facility should discontinue group dining in the dining room and usage of community bowls and platters filling with snack foods. Please foods into individual containers and use tongs to serve.
- **ACTIVITIES:** Discontinue activities for the duration of the outbreak.
- **RESIDENT ROOM SUPPLIES:** Remove all supplies which will not be used by the infected resident before an infected resident is placed in the room. Any supplies left in these rooms after the affected resident recovers should be discarded.
- **ENVIRONMENTAL ISSUES:** Identify potential areas of cross contamination in the facility.
- **DISINFECTION²:**

Please note: These protocols include both the use of dilute bleach solutions and standard hospital disinfectants. Whether bleach dilution or a hospital disinfectant is used the solution should be allowed to air dry after sprayed on the surface. Bleach and most hospital disinfectants will kill a pandemic-type virus in under 60 seconds if allowed to air dry.

 - Don gloves, gown and mask (general-type mask)

² *Disinfected: Wipe with a hospital disinfectant or dilute bleach solution and allow to air dry.

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- Disinfect the soiled surface with hospital disinfectant, diluted per product instructions, particularly on fabric, upholstered and carpeted surfaces or other surfaces where a bleach solution should not be used. SOLUTION SHOULD BE ALLOWED TO AIR DRY.
 - If hospital disinfectant is not available or on hard surfaces, non-porous surfaces such as linoleum– use a 1:10 dilution for heavily soiled areas, whereas a 1:50 solution is preferable to non-heavily soiled areas. SOLUTION SHOULD BE ALLOWED TO AIR DRY.
 - In addition, all high or common touch surfaces, if not heavily soiled, like doorknobs, light switches, tables, counter tops, keys, computer keyboards, copiers, restrooms, break rooms, refrigerators, telephones, etc. SHOULD BE DISINFECTED* each shift with either hospital disinfectant or a 1:50 dilution of bleach water. SOLUTION SHOULD BE ALLOWED TO AIR DRY. During any outbreak of influenza symptoms, **all staff** should actively participate in cleaning and maintaining the cleanliness and disinfecting of surfaces. Arrangement of an additional “dedicated” housekeeper may be required at the discretion of the facility.
 - Keep spray bottles of 1:50 or hospital disinfectant within easy reach of staff for frequent use.
 - Clean rooms in which there are no infected residents every 24 hours and consider wiping all cleaned surfaces with either hospital disinfectant or a 1:50 dilution of bleach, as appropriate.
 - Clean floors and change solution and mop head every 3-4 rooms for non-affected residents. For the rooms of affected residents, change mop head and solution after each infected resident's room.
 - Clean rooms in which there is an ill resident with a hospital disinfectant or 1:10 bleach solution after all other non-affected resident rooms have been cleaned. SOLUTION SHOULD BE ALLOWED TO AIR DRY.
 - Remove and replace fabric items, for example curtains, bedding, clothing or pillows if soiled or contaminated.
 - Disinfect all other equipment, i.e., blood pressure cuffs, gait belts, stethoscopes, glucose monitors, rehab utensils, etc. with a 1:10 bleach solution or a hospital disinfectant.
- THERAPY: Do not take equipment in and out of rooms where there is an affected resident. Dedicate as much equipment to the resident as supply will allow. Discard stretch bands used by affected residents. Disinfect all other equipment with a 1:50 bleach solution or hospital disinfectant (do not use the 1:10 bleach solution as this may damage equipment).
 - VISITORS: All visitors, especially small children, should be strongly discouraged against visiting the facility during a Tier Two situation.
 - If visitors insist on visiting during an outbreak in the facility, they should be requested to follow the same infection control protocols as staff for their protection and that of the residents. Including washing hands upon entering and leaving the facility and using sanitizing hand rub. If appropriate, they should be asked to wear a mask.

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- If possible, facilities should limit visitors to those who are essential to the residents' health and emotional well being and exclude any visitor with acute respiratory symptoms from the facility.

Additional facility suggestions:

1. Infection Control:

- a. Hand Hygiene: All staff, consultants, vendors and physicians should use appropriate hand hygiene immediately upon arrival at the facility, between resident care visits, and upon exiting the facility. Sanitizing hand rub of 60-70% isopropyl alcohol should be available throughout the facility and used consistently, appropriately, and according to label directions. Strongly encourage visitors and residents to do likewise. Frequent handwashing should be encouraged and reinforced routinely.
- b. Training for non-clinical staff should be conducted by a nurse or designated trained individual. Particular attention should be paid to education for caregivers and housekeeping staff. Cigarette smoking employees should also be made aware of contaminating themselves with the cross-contamination of fingertips to cigarettes.
- c. Supervisors should **actively observe** that all precautions are being followed.

2. Staffing Protocols:

- a. Staff are not to report to work with any influenza symptoms, if they develop symptoms they should be sent home immediately.
- b. Avoid, if possible, having pregnant or immuno-compromised employees care for sick persons. Pregnant women are at increased risk of influenza-related complications and immunity can be suppressed during pregnancy.
- c. Well staff should be discouraged from spending time with infected staff.
- d. Employees should be discouraged from working in more than one [REDACTED] facility if any of the employing facilities has signs or symptoms of influenza outbreak.
- e. The following **return-to-work** protocols may be followed for recovered staff:
 - i. Direct touch caregivers: May be allowed to return to work seven days after onset of fever or 48 hours after symptoms resolve, whichever is longer. These caregivers should be assigned to care for symptomatic or recovered residents if the residents have not been symptom free for at least 48 hours. Employees allowed to return must be instructed in standard and droplet precautions, and appropriate hand and cough hygiene. *If staffing is at critical levels, infected staff may be allowed to return earlier on a case-by-case basis or mildly symptomatic personnel who are well enough to work, may be allowed to work but should be cohorted with symptomatic residents only and should wear gloves and masks.*
 - ii. Non-direct touch employees: May be allowed to return to work seven days after onset of fever or 48 hours after symptoms have

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resolved, whichever is longer. Critical positions, as determined by the Administrator/Executive Director or Regional Director, may return earlier as determined on a case-by-case basis, as above under i, but must wear gloves and masks when interacting with staff and residents until seven days after onset of fever or 48 hours after symptoms have resolved, whichever is longer.

3. **Personal Protective Equipment:**

- a. An adequate supply of gloves, gowns and masks should be stocked. Additional contamination bags should be placed throughout the facility, particularly in affected resident areas. Monitor supplies daily.
- b. **Use gloves, masks and eye protection, as appropriate, for hands-on interactions with ill residents and other prolonged interactions within 6 feet.**
- c. **Use of N95 respirator masks requires fit training and testing per OSHA regulations. Caution should be exercised in the use of N95 masks by individuals with respiratory conditions such as COPD or asthma. If an N95 mask is not available or advisable for employee use a tight-fitting surgical mask may be used (do not use a mask with ear loops).**
- d. If the employee anticipates touching secretions-soiled items in the affected resident's room, the employee should wear a gown as well as gloves. If cleaning up body fluids, a mask should also be worn.
- e. Removal of PPE should be in the following order: gloves, gown, and mask. Place in the bag in the resident's room. Employees should never come into the hallway or approach another employee or resident with mask/gloves/gown on.

4. **Housekeeping Department:**

- a. Review the section on disinfection and the use of diluted bleach and hospital disinfectants.
- b. Prepared cleaning and spray disinfectants, bleach or hospital disinfectants should be changed out daily for maximum effectiveness.

5. **Laundry Department:**

- a. Water temperature needs to be 155-160F or higher of rinse cycle. Document every day.
- b. PPE - Use disposable gown and gloves when sorting. Re-useable gowns should be put into the laundry with the last contaminated load.
- c. Do not separate soiled linen. The separation activity may promote cross contamination.
- d. Wipe the mouth of the clothes washer, barrels and walls with 1:10 dilution of bleach or hospital disinfectant to help prevent cross-contamination.
- e. ALFs – place spray bottles of hospital disinfectant in the laundry rooms with a big note asking everyone to spray the solution on a paper towel and to wipe down whatever they have touched then throw the towel in the garbage.

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6. Media Management:

- a. The contact person for the media for any affected facility will be the Administrator or Executive Director in coordination with the Regional Director and Risk Management. For those facilities contacted that are asymptomatic, they should direct the media to Risk Management at the home office.
- b. Staff are to be instructed that should any member of any news media contact or question them, they are to direct the query to the Administrator or Executive Director immediately.

7. Residents:

- a. Provide an education handout for residents and visitors.
- b. Perform regular symptom screening to rapidly identify flu symptoms and implement procedures for separating the sick from the well.
- c. Quarantine close contacts (mainly roommates) with suspected, probable or confirmed cases of pandemic influenza virus until 3 – 4 days after the last face to face interaction with the sick person.
- d. Cancel group activities and outings
- e. Do not transfer residents (symptomatic or not) from outbreak-affected to unaffected wings or hallways.
- f. Check with resident's physician if resident who had close, extended contact with an infected resident - particularly those residents who may have chronic health conditions - should take preventative antiviral medications.
- g. If a suspected, probable or confirmed pandemic virus influenza case is diagnosed in the facility, if possible isolate sick resident with influenza-like illness in a single room with door closed.
- h. Residents with chronic cardiovascular disease and cerebrovascular disease (CVD) are at increased risk of experiencing an acute exacerbation of disease during influenza epidemics.
- i. Residents should not be transferred to the emergency room or an acute care facility unless admission for serious illness is being considered. Consult with the resident's physician.

8. Employees:

- a. Provide a list of mental health and faith-based resources that will be available to provide counseling to personnel during a pandemic.
- b. Provide materials for staff to take home to their families to help them be better prepared at home.



Oregon

Kate Brown, Governor

Department of Human Services

Safety, Oversight and Quality

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Phone: (503) 373-2227

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Reference: 20-65 Provider Alert

Date: February 29, 2020

To: Nursing Facility Providers, Community Based Care Providers & Adult Foster Home Providers

From: Department of Human Services
Aging and People with Disabilities
Safety, Oversight and Quality Section

Subject: **COVID – 19 (Coronavirus)**

Dear long-term care providers:

This alert is being sent to ask for your immediate action in helping prevent the spread of illness in Oregon long-term care facilities.

In recent days, concerns have grown in Oregon about the recent occurrences of a new strain of coronavirus, also known as COVID-19. COVID-19 is a new respiratory illness that has sickened tens of thousands of people worldwide.

It is very important that we do all we can to ensure that vulnerable populations, including older adults and people with disabilities, are not exposed to the virus.

We are sending this alert to encourage you to post a notice to visitors to practice prevention when entering a long-term care facility. An example notice is attached that may be customized for your specific facility.

We have also attached informational materials from the Oregon Health Authority to help educate the public about how to prevent the spread of flu viruses.

Normally, long term care facilities must permit visitors as residents choose. Via this alert, we are notifying providers that the Department of Human Services will not take any negative regulatory action for facilities acting in good faith when they deny visitation.

Thank you for your immediate attention to this important public health issue.

Sincerely,

Michael McCormick

Interim Director

Aging and People with Disabilities Program

Department of Human

ATTACHMENTS

For general information about the DHS Office of Safety, Oversight and Quality, visit the DHS Web site at www.oregon.gov/DHS/. If you have questions about this alert, please contact the Nursing Facility Licensing Unit at NFLicensing@state.or.us

NOTICE TO ALL VISITORS:

Due to a recent confirmed case of coronavirus in Oregon, and flu season, [name of community/facility] is taking additional precautions to prevent the transmission of these illnesses and protect the health of our residents.

If you are not feeling well – and in particular, if you have a fever, a cough or are experiencing difficulty

breathing or shortness of
breath – or if you recently
traveled to an area
experiencing a coronavirus
outbreak, we kindly ask that
you not visit until you are
certain that you are not
contagious.

If you have questions, please
contact [Facility/Community
Designee – Phone/Email]

Thank you!

Novel Coronavirus

Fact Sheet

What is novel coronavirus?

Novel coronavirus (2019-nCoV) is a virus strain that has only spread in people since December 2019. Health experts are concerned because little is known about this new virus. It has the potential to cause severe illness and pneumonia in some people and there is not a treatment.

How does novel coronavirus spread?

Health experts are still learning the details about how this new coronavirus spreads. Other coronaviruses spread from an infected person to others through:

- the air by coughing and sneezing
- close personal contact, such as touching or shaking hands
- touching an object or surface with the virus on it, then touching your mouth, nose, or eyes

How severe is novel coronavirus?

Experts are still learning about the range of illness from novel coronavirus. Reported cases have ranged from mild illness (similar to a common cold) to severe pneumonia that requires hospitalization. So far, deaths have been reported mainly in older adults who had other health conditions.

What are the symptoms?

People who have been diagnosed with novel coronavirus have reported symptoms that may appear in as few as 2 days or as long as 14 days after exposure to the virus:

Fever



Cough



Difficulty breathing



What should I do if I have symptoms?

Call your healthcare provider to identify the safest way to receive care. Let them know if you have traveled to an affected area within the last 14 days.

Who is at risk for novel coronavirus?

Currently the risk to the general public is low. At this time, there are a small number of individual cases in the U.S. To minimize the risk of spread, health officials are working with healthcare providers to promptly identify and evaluate any suspected cases.

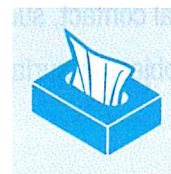
Travelers to and from certain areas of the world may be at increased risk. See wwwnc.cdc.gov/travel for the latest travel guidance from the CDC.

How can I prevent from getting novel coronavirus?

If you are traveling overseas (to China but also to other places) follow the CDC's guidance: wwwnc.cdc.gov/travel.

Right now, the novel coronavirus has not been spreading widely in the United States, so there are no additional precautions recommended for the general public. Steps you can take to prevent spread of flu and the common cold will also help prevent coronavirus:

- wash hands often with soap and water. If not available, use hand sanitizer
- avoid touching your eyes, nose, or mouth with unwashed hands
- avoid contact with people who are sick
- stay home while you are sick and avoid close contact with others
- cover your mouth and nose with a tissue or sleeve when coughing or sneezing



Currently, there are no vaccines available to prevent novel coronavirus infections.

How is novel coronavirus treated?

There are no medications specifically approved for coronavirus. Most people with mild coronavirus illness will recover on their own by drinking plenty of fluids, resting, and taking pain and fever medications. However, some cases develop pneumonia and require medical care or hospitalization.

For more information:
www.healthoregon.org/coronavirus

Updated 1/31/2020

Oregon
Health
Authority

PUBLIC HEALTH DIVISION
Health Security, Preparedness and Response (HSPR)

You can get this document in other languages, large print, braille or a format you prefer. Contact the Public Health Division at 971-673-0977 or 971-673-0372. We accept all relay calls or you can dial 711.

How can I avoid getting the novel coronavirus (COVID-19)?

Right now, the risk of getting the novel coronavirus (COVID-19) is very low in the U.S.

Steps you can take to prevent the spread of flu and the common cold can also help prevent the spread of the coronavirus.



Wash your hands often with soap and water.



Avoid touching your eyes, nose and mouth.



Avoid contact with sick people and stay home if you're sick.



Cover your mouth and nose with a tissue or sleeve when coughing or sneezing.