

Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health Guidance for Congregate Residential Facilities

The Los Angeles County Department of Public Health (Public Health) is asking for your assistance to slow the spread of the COVID-19 in Los Angeles County. This guidance is for congregate residential settings that are not skilled nursing facilities but provide some level of care to residents. These facilities include residential care facilities for the elderly (RCFEs) and adult residential facilities (ARFs), among other residential facilities licensed under the California Community Care Licensing Division (CCLD), as well as substance use treatment centers, behavioral and mental health treatment facilities, and licensed or unlicensed group homes.

We strongly recommend that all congregate residential facilities review and update their emergency plans and consider ways to continue essential services, such as planning for employee absences and creating a back-up/on-call system, if onsite operations must be reduced temporarily. We would like to provide you with some general information about COVID-19, as well as specific actions you should take to help slow the spread of respiratory infections, including COVID-19.

The goals of this document are to help congregate residential facilities develop strategies to:

- Prevent and reduce the spread of COVID-19 within your facility.
- Prevent and reduce the spread of COVID-19 between and outside of facilities.

General Information

What is novel coronavirus?

COVID-19 is caused by a virus that has never been seen in humans before. In some ways it is like other viruses we have seen, but there are important factors that set it apart:

- Since it has never infected humans before, none of us are immune to it.
- It can be spread from person to person more easily than some other viruses
- It can be spread by someone who doesn't have any symptoms and has no idea they are infected.
- While it causes mild or moderate symptoms in most people, it can be very serious and even fatal for people in high-risk groups.

High-risk groups

High-risk groups for COVID-19 include people over age 65, people with chronic conditions, including those that affect heart, lungs or kidneys, and people who have weakened immune systems due to disease, chemotherapy or other medical treatments or conditions.

What are common symptoms of COVID-19?

People with COVID-19 have had a wide range of symptoms ranging from mild symptoms to severe illness. Symptoms of COVID-19 may include some combination of the following:

- Fever (100.4 F or higher)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose

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- Nausea or vomiting
- Diarrhea

This list of symptoms is not all inclusive. Facilities should facilitate or encourage testing of all symptomatic staff or residents. Facilities should conduct their own testing if they can do so. Staff can be referred to their primary care provider about the need for testing.

Seek immediate medical attention by calling 911 for any of these COVID-19 emergency warning signs:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

When calling 911, notify the operator that the individual who is sick might have COVID-19. The person should put on a mask or cloth face covering before medical help arrives.

How are coronaviruses spread?

Like other respiratory sicknesses, such as influenza, human coronaviruses most commonly spread to others from an infected person who has symptoms through:

- Droplets produced when an infected person coughs or sneezes.
- Close personal contact, such as caring for an infected person.
- Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands.

COVID-19 is new and we continue learning more each day about how it spreads and how long it takes for people to become sick. As information changes, we will keep you informed. We encourage you to visit the DPH Novel Coronavirus webpage for additional resources including other Guidances, Frequently Asked Questions, and infographics: <http://publichealth.lacounty.gov/media/Coronavirus/>.

Steps to Protect the Health and Safety of Residents and Staff

Prevent and reduce spread of COVID-19 <u>within your facility</u>	
1. <i>Steps to reduce risk of infection</i>	<p>Signage</p> <ul style="list-style-type: none">- Post signs for residents and staff on the importance of handwashing and hand sanitizing.- Provide signs and regularly remind residents to alert staff if they have <u>symptoms of COVID-19</u> (Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea). <p>Screening</p> <ul style="list-style-type: none">- Immediately implement symptom screening for all staff, visitors, and, if feasible, residents—including temperature checks if possible.- Every individual entering the residential congregate facility (including residents,

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staff, visitors, outside healthcare workers, vendors, etc.) regardless of reason, should be asked about COVID-19 symptoms and if possible, have their temperature checked. An exception to this is Emergency Medical Service (EMS) workers responding to an urgent medical need. They do not have to be screened, as they are typically screened when they start their shift at work.

- Facilities should limit access points and ensure that all accessible entrances have a screening station.
- Anyone with a fever (100.0° F or 37.8° C) or [symptoms of COVID-19](#) may not be admitted entry.

Please also see section 3 below on screening of residents.

Hygiene

- Wash hands often with alcohol-based hand sanitizer that contains at least 60% alcohol or soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing.
- Cover coughs and sneezes with a tissue, and then dispose of the tissue and clean hands immediately. If you do not have a tissue, use your sleeve (not your hands).
- Minimize, where possible, close contact and the sharing of objects such as cups, utensils, food, and drink.

Social (Physical) Distancing – Promote social distancing throughout the congregate residential facility by enabling residents and staff to stay at least 6 feet away from each other. Avoid shaking hands or giving hugs to others.

- Re-arrange common areas in the facility to ensure that residents do not congregate.
- Set up common rooms so chairs are separated by 6 or more feet and facing away from one another, with easy access to tissues, hand sanitizer, and a nearby sink to wash hands.
- In shared rooms, beds should be placed at least 6 feet apart, when possible, and positioned head-to-toe, with heads positioned as far apart as possible.
- Meals should be served in a staggered manner or in outdoor areas to ensure that social distancing is maintained. Serve meals with the same groups of residents at each meal to reduce spread of infection.
- Restrict visitation in the facility to essential staff only.
- Restrict transportation of residents to essential visits only.
- Cancel all in-person group activities if possible. If group activities continue, consider holding them outdoors. These activities should adhere to social distancing, universal source control (noted below) and other infection control measures.
- Explore alternatives like individual sessions or telehealth to enable residents who require these sorts of services to continue these activities.

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	<p>Universal Source Control – Source control measures include the use of masks or face coverings. Require that all persons including staff, visitors, and residents wear cloth face coverings, at a minimum. Caregivers must wear surgical masks or N-95 respirators.</p> <ul style="list-style-type: none"> - Face coverings or masks are required by all persons in all resident areas, common or shared areas, walkways, or where residents and/or staff congregate. - Staff working alone in closed areas do not need source control unless they are moving through common spaces where they may interact with other staff or residents. - Surgical masks, if available, should be reserved for caregivers or for any resident that is confirmed or suspected to have COVID-19. - All residents must wear cloth face coverings when outside their room. This includes residents who must regularly leave the facility for care (e.g. hemodialysis patients). - Residents who, due to underlying cognitive or medical conditions, cannot wear face coverings outside their room should not be forcibly required to wear face coverings and should not be forcibly kept in their rooms. However, face coverings should be encouraged as much as possible. - When staff are in resident rooms, residents should cover their nose and mouth as much as possible, with at least a tissue but ideally with a cloth face covering.
<p>2. <i>Surveillance testing</i></p>	<p>Per CDSS PIN) 20-23-ASC, facilities that currently do not have any diagnosed COVID-19 cases in residents or staff, should conduct surveillance testing of 10 percent of all staff every 14 days (e.g. choose different staff to test every 14 days).</p>
<p>3. <i>Screen residents for symptoms of COVID-19</i></p>	<p>Screening Residents</p> <ul style="list-style-type: none"> - Assess all new residents at the time of admission for symptoms of COVID-19 - If able, assess ALL residents at least once a day for new symptoms. Remind residents to report any new COVID-19 symptoms to staff. Residents in care giving facilities should have their temperature taken or self-monitor their temperature every 12 hours. - If able, assess resident temperatures upon admission and daily with a scanning or disposable thermometer. A fever is a temperature of 100.4 F or higher. - Given the current outbreak, any resident with symptoms of respiratory illness can be presumed to have COVID-19 and SARS-CoV2 testing should be recommended. Encourage testing of routine respiratory pathogens including influenza testing if appropriate to establish any alternative diagnosis. - Ensure isolation precautions noted in the section below for all sick residents while testing is pending and if the resident tests positive for COVID-19. - Records should be kept of resident temperature checks.
<p>4. <i>When residents are symptomatic</i></p>	<p>Isolate Symptomatic Residents</p>

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- Isolate all residents with symptoms of COVID-19, whether or not they have been tested for COVID-19.
- Test all symptomatic residents for COVID-19
- Rapidly move residents who present with symptoms suggestive of COVID-19 into a separate sick area that is isolated from the rest of the facility.
 - It should be a separate building, room, or designated area, away from non-symptomatic residents, ideally with a separate bathroom.
 - Place clear signage outside all isolation areas so staff and residents know they should stay away.
 - If there is no way for symptomatic residents to reside in separate rooms or buildings, partitions (e.g., linen, dressers, etc.) should be constructed to create as much of a barrier as possible between symptomatic and non-symptomatic residents.
- A designated restroom should be identified and reserved for use by symptomatic individuals only. If this is not possible, cleaning after the room has been used by a symptomatic person is essential.
- If symptomatic residents need to move through areas with residents without symptoms, they should wear a surgical mask and minimize the time in these areas.
- Symptomatic residents should eat meals separately from residents without symptoms.
 - If dining space must be shared, stagger meals so symptomatic residents are not eating with non-symptomatic residents and clean after use by each group to reduce transmission risks.
- Mobile screens, linens, etc. (or other ways to form partitions) should be used to encourage compliance with separation in shared spaces.
 - If screens are used, it is important to adhere to applicable building fire codes and regulations. (e.g., maintain access for evacuations and do not cover fire alarms).
- Minimize the number of staff members who have face-to-face interactions with residents with symptoms. Provide instructions to all staff to prevent disease spread. Section 13 provides guidance on use of Personal Protective Equipment for staff who have contact with a symptomatic resident.
- Consider transferring symptomatic residents who are unable to self-isolate during their illness to OEM's quarantine/isolation housing. Call DPH's referral line at 833-596-1009.
- Resident isolation may be discontinued when the following conditions are met:

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	<ul style="list-style-type: none"> ▪ At least 10 days has passed since symptoms first appeared AND at least 24 hours since the resolution of fever without the use of fever-reducing medications and improvement of symptoms (such as cough and shortness of breath), Individuals that are severely immunocompromised may need to isolate for 20 days or longer see section 5 below for more details regarding this group of residents. ○ Staff should keep a daily log of all residents in isolation to monitor symptoms and determine termination of isolation. ○ If a symptomatic resident fits into a group at high-risk for complications of COVID-19 illness (over 65, has a chronic condition) encourage them to call their primary care provider (PCP) without delay if their symptoms worsen or to notify a staff member to call 911. When calling 911, staff members should notify the dispatcher that this resident has COVID-19 symptoms. <p>Seek immediate medical attention by calling 911 for any of these COVID-19 emergency warning signs:</p> <ul style="list-style-type: none"> - Trouble breathing - Persistent pain or pressure in the chest - New confusion or inability to arouse - Bluish lips or face <p>When calling 911, notify the operator that the person who needs transport has or may have COVID-19 and have the person put on a cloth face covering before medical help arrives.</p> <p>If possible, separate residents at high-risk for severe COVID-19 illness even if they have not been exposed</p> <ul style="list-style-type: none"> - When possible, designate a separate area for non-symptomatic residents who are also high-risk (age over 65, chronic medical problems). This is intended to protect the person at high risk from infection. However, if separate areas are not possible, use partitions or other means to keep high risk individuals separate from others. - This area would be separate from low-risk non-symptomatic residents, non-symptomatic quarantine residents, and symptomatic residents. - Consider placing high-risk residents in separate rooms or shared rooms with a maximum of 10 beds even when there are no suspected or confirmed cases of COVID-19 at the site.
<p>5. <i>When residents test positive</i></p>	<p>Symptomatic or Asymptomatic Residents</p> <ul style="list-style-type: none"> - Residents who test positive must be cohorted and placed in a separate COVID area (also known as the Red COVID area) of the facility with dedicated staff. - Isolation guidelines must be strictly instituted as indicated in section 4 above.



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	<ul style="list-style-type: none"> - Severely immunosuppressed patients should be isolated for at least 20 days from the date of their first positive COVID-19 diagnostic test. The following patients are considered severely immunosuppressed (actively receiving chemotherapy for cancer, HIV with CD4 count <200, immunodeficiency disorder, prednisone dose >20mg/day for more than 14 days, receipt of immunosuppressive medications [biologics, etc] for treatment of autoimmune disease, or other form of immunosuppression as determined by the patient's primary physician).
6. <i>When staff are symptomatic</i>	<p>Symptomatic Staff</p> <ul style="list-style-type: none"> - Staff should monitor their symptoms daily and be encouraged to go home if they are ill. Refer them to their primary care provider for SARS-CoV2 testing. - Identify staff and residents who are close contacts and conduct targeted testing (See section 9). Implement the Targeted Testing Strategy and follow the Targeted Testing Guidance - Staff with suspected or laboratory-confirmed COVID-19 should be provided with home isolation instructions and instructed to go home to self-isolate and to notify their healthcare provider if symptoms worsen. - Symptomatic staff who were directed to care for themselves at home may discontinue home isolation only when the following conditions are met: <ul style="list-style-type: none"> o At least 10 days has passed since symptoms first appeared AND at least 24 hours since resolution of fever without the use of fever-reducing medications and improvement of symptoms (such as cough and shortness of breath).
7. <i>When staff are asymptomatic and test positive</i>	<p>Asymptomatic Staff</p> <ul style="list-style-type: none"> - Asymptomatic staff who test positive should be sent home for self-isolation for 10 days after the test was done and asked to follow instructions listed in section 6 above.
8. <i>Reporting Cases of Symptomatic Residents or Staff</i>	<p>Case Reporting</p> <ul style="list-style-type: none"> - If 1 or more residents in your facility become newly sick with symptoms of COVID-19, notify Los Angeles County Department of Public Health at 213-240-7941 during daytime hours or (213) 974-1234 (After Hours Emergency Operator).
9. <i>Implement Targeted Testing Strategy</i>	<p>Targeted Testing - Under this strategy, all close contacts of a COVID-19 case are tested. If testing identifies additional cases, a new contact investigation is initiated around the new case to identify, isolate, and test their close contacts as well. This protocol is repeated for each identified case at the facility. Refer to the Targeted Testing Guidance.</p> <p>Identify a mechanism for the facility to obtain SARS CoV-2 samples (nasopharyngeal, nasal mid turbinate, nasal or pharyngeal swabs) for PCR testing and to send these specimens from the facility to a commercial clinical laboratory. The resources noted below provide onsite collection services.</p>

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	<ul style="list-style-type: none">- The facility should first be referred to the DHS reference guide or the California Testing Taskforce to find a lab –- If the facility is unable to find a lab to do testing within 1 week → The DPHN assigned to the facility after the case was reported will arrange for testing by the DPH community testing (strike) team.- California Department of Social Services Provider Information Notification (CDSS PIN) 20-23 recommends that when COVID-19 positive individuals (resident or staff) are identified, testing of all residents (excluding those who are at independent Continuing Care Retirement Communities--unless they have been in a communal settings with other residents) and staff should occur every 14 days for 2 rounds of testing until no further cases are identified. After this testing is completed the facility should revert to surveillance testing of 10% of staff every 14 days (test different staff each time). See section 2 above.
<p>10. <i>When is quarantine indicated ?</i></p>	<p>Exposed Residents</p> <ul style="list-style-type: none">- Residents who have come in <u>close contact</u> with a symptomatic person must be placed in quarantine for 14 days. <p>Close contact is defined as:</p> <ul style="list-style-type: none">• Contact within 6 feet of a symptomatic person (whether or not COVID-19 has been confirmed by test) for 15 minutes or more. In high risk settings such as a memory care unit, the duration of close contact is ≥ 2 minutes.• Contact with body fluids and/or secretions of a symptomatic person (they were coughed on/sneezed on, shared utensils or saliva) or provided direct clinical care to a symptomatic person without wearing a surgical mask or gloves. <p>Contact can have occurred with an infected staff person, resident, or someone outside the facility while the infected person was symptomatic OR up to 48 hours (two days) BEFORE the infected person showed symptoms.</p> <ul style="list-style-type: none">• Self-quarantine must be for 14 days from the time of contact.<ul style="list-style-type: none">○ If a resident begins to show symptoms during the quarantine period, the guidelines for isolation described in section 4 apply. The resident’s isolation period must be counted from the start of symptoms rather than the start of their quarantine period. <p>Exposed Staff</p> <ul style="list-style-type: none">- Staff who have come in close contact with symptomatic residents or staff must be sent home to quarantine or placed in onsite quarantine for 14 days.- The guidelines for staff quarantine are the same as those for residents (see Quarantine Exposed Residents, above).

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	<ul style="list-style-type: none"> - However, in times of <u>extreme workforce shortage</u>, non-symptomatic staff who were exposed can continue to work PROVIDED they wear a surgical mask at all times while at work for 14 days. <ul style="list-style-type: none"> o Non-symptomatic staff who were exposed and continue to work should self-monitor for symptoms of COVID-19 twice daily – once before coming to work and approximately twelve hours later. <p>Hospital Transfers and New Admissions (If applicable)</p> <ul style="list-style-type: none"> - Patients who are newly admitted or transferred from hospitals should be quarantined for 14 days. - COVID-19 PCR testing should be done at admission. An additional test may be done at the end of the 14-day quarantine period prior to rejoining the general population.
<p>1.1. <i>Staff returning to work</i></p>	<p>Returning to Work after Isolation or Quarantine</p> <ul style="list-style-type: none"> - A staff person who has been diagnosed with COVID-19 or who has symptoms of COVID-19 may return to the worksite after: <ul style="list-style-type: none"> o At least 10 days has passed since symptoms first appeared AND at least 24 hours) after the resolution of fever without the use of fever-reducing medications and improvement of symptoms (such as cough and shortness of breath). Asymptomatic staff who tested positive may return to work 10 days after their COVID-19 test was obtained. - A staff person who was a close contact to a case may return to work 14 days after their last contact with the case.
<p>1.2. <i>Steps to take for positive COVID-19 case(s)</i></p>	<ul style="list-style-type: none"> - Put your emergency plan into action to protect your staff and residents. - Seek immediate medical attention by calling 911 for residents that present with any of these COVID-19 emergency warning signs: <ul style="list-style-type: none"> o Trouble breathing o Persistent pain or pressure in the chest o New confusion or inability to arouse o Bluish lips or face <p>When calling 911, notify the operator that the person who needs transport either has or might have COVID-19. Have the person put on a cloth face covering before medical help arrives</p> <ul style="list-style-type: none"> - Post information and keep your staff and residents informed about public health recommendations to prevent disease spread and about changes to services that might be related to the case. - Ensure that all common areas within the facility follow frequent and effective practices for environmental cleaning. - Report the case as noted in section 8. - Environmental Health Specialists can visit the site to consult and provide technical assistance on sanitation and cleaning practices. An Environmental



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	<p>Health Specialist can be requested by calling the Environmental Health Program (626) 430-5201.</p>
13. <i>Guidelines for use of PPE</i>	<p>Personal Protective Equipment for Staff</p> <ul style="list-style-type: none">- Staff interacting with symptomatic individuals should provide a surgical mask to the resident and put on a surgical mask themselves during close contact with residents.- Ensure all employees clean their hands, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing items such as gloves, gowns, and surgical masks. <p>Caregiving Activities (for facilities that provide this service)</p> <ul style="list-style-type: none">- Wear disposable gloves for all caregiving activities and general cleaning activities, especially if you may have contact with blood, body fluids, secretions, excretions, non-intact skin, or surfaces or linens soiled with blood or other infectious material. Throw out gloves after each patient use, do not reuse.- If the resident has a respiratory illness, wear a disposable surgical mask during caregiving activities. Be sure to place a mask on the resident as well during these activities. Throw out the facemask after use, do not reuse.- When removing gloves and mask, first remove and dispose of gloves. Then, immediately wash your hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer. Next, remove and dispose of the mask and immediately wash your hands again with soap and water or use an alcohol-based hand sanitizer.- Consider using a plastic reusable or washable gown or apron and disinfect between uses for (1) caregiving activities where splashes and sprays may be anticipated and/or (2) high contact care activities, including bathing that provide opportunities for transfer of pathogens to the hands and clothing of the caregiver.- When feasible, consider giving bed baths to residents with respiratory illness symptoms to avoid splashes and getting masks wet.- Close the lid of the toilet or commode prior to flushing to avoid spraying or splashing.- If assisting with feeding residents, wash hands prior to meal preparation and wear appropriate barriers including gloves and a mask if the patient is ill during feeding.- Wear gloves while washing utensils and wash hands after removing gloves.

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4. *Best practices for sanitation and housekeeping*

Cleaning Practices

- Routinely and effectively clean and disinfect all frequently touched surfaces and objects, such as doorknobs, bannisters, countertops, faucet handles, and phones.
- Environmental cleaning should be done with an EPA-registered disinfectant consistent with recommended wet contact time. See [public health guidance on cleaning in group settings](#).
 - If an EPA-registered disinfectant is not available, use chlorine bleach solution (approximately 4 teaspoons of bleach in 1 quart of water or 5 tablespoons (1/3 cup) bleach per gallon of water). Prepare the bleach solution daily or as needed. Test strips can be used to check if the solution is the right strength..
 - Alcohol-based disinfectants may be used if > 70% alcohol and contact time is per label instructions.
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but should not be shared without thorough washing. Instruct cleaning staff to avoid “hugging” or shaking out laundry before washing it to avoid self-contamination. Instruct cleaning staff to wash their hands with soap and water or an alcohol-based hand sanitizer immediately after handling infected laundry.

Supplies

- Provide adequate supplies for good hygiene, including easy access to clean and functional handwashing stations, soap, paper towels, and alcohol-based hand sanitizer (especially near food areas and restrooms).
- Hand hygiene stations (sinks with antibacterial soap and alcohol gel products) should be readily available throughout the facility, especially at the entrances of the facility.
- Make sure tissues are available and all sinks are well-stocked with soap and paper towels for hand washing.
- Educate and remind residents to perform proper hand hygiene throughout the day, particularly after using the restroom and prior to eating their meals.
- Position a trash can near the exit inside any resident rooms (If they are providing care to the resident) to make it easy for employees to discard items such as gloves, surgical masks, and gowns.

NOTE: DPH Environmental Health Specialists can provide technical assistance to your site on sanitation and cleaning practices if needed. An Environmental Health Specialist can be requested by calling the Environmental Health Program at (626) 430-5201.

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Prevent and reduce spread of COVID-19 between facilities

Transportation

- Limit transport of all residents to essential purposes only. Non-essential transportation should be postponed or canceled.
- When transportation of symptomatic residents is necessary:
 - o Symptomatic residents should NOT be transported with non-symptomatic residents.
 - o Have symptomatic residents wear surgical masks.
 - o Avoid transporting multiple symptomatic residents together. When multiple residents need to be transported simultaneously, appropriate social distancing (> 6 feet) should be practiced both for residents and the driver. The resident should be placed on the opposite side of the car from the driver in the seat farthest away from the driver's seat.
 - o Vehicle windows should be rolled down to improve ventilation in the car.
 - o Transporting vehicles should be outfitted with plastic tarps or coverings that can be cleaned and appropriately disinfected after each transport.
 - o Include supplies for good hygiene, including tissues, trashcans or trash bags for disposal of used tissues, and alcohol-based hand sanitizer.
 - o If you plan to transfer the resident to higher level of care due to worsening respiratory status, notify EMS or other transporter that the resident has an undiagnosed respiratory infection.
- **Guidance for Drivers**
 - o Drivers of symptomatic residents should take appropriate precautions, including wearing personal protective equipment, including surgical mask.
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Additional Resources

- LAC DPH coronavirus website: <http://www.ph.lacounty.gov/media/Coronavirus/>
- Los Angeles Health Alert Network: The Department of Public Health (DPH) emails priority communications to health care professionals through LAHAN. Topics include local or national disease outbreaks and emerging health risks. <http://publichealth.lacounty.gov/lahan/>
- [FAQ](#)
- [What You Should Know \(Infographic\)](#)
- [Cleaning in Group Settings](#)
- [Handwashing](#)
- [Guidance for Multifamily Residences](#)

If you have questions and would like to speak to someone call the Los Angeles County Information line at 2-1-1, which is available 24 hours a day.

We appreciate your commitment and dedication to keeping Los Angeles County healthy.