

Coronavirus Disease 2019 (COVID-19)

People with Disabilities

COVID-19 is a new disease and we are still learning how it spreads, the severity of illness it causes, and to what extent it may spread in the United States.

Disability alone may not be related to higher risk for getting COVID-19 or having severe illness. Most people with disabilities are not inherently at higher risk for becoming infected with or having severe illness from COVID-19. However, some people with disabilities might be at a higher risk of infection or severe illness because of their underlying medical conditions. All people seem to be at higher risk of severe illness from COVID-19 if they have serious [underlying chronic medical conditions](#) like chronic lung disease, a serious heart condition, or a weakened immune system. Adults with disabilities are three times more likely than adults without disabilities to have heart disease, stroke, diabetes, or cancer than adults without disabilities.

You should talk with your healthcare provider if you have a question about your health or how your health condition is being managed.

Disability Groups and Risk

If you have one of the disability types listed below, you might be at increased risk of becoming infected or having unrecognized illness. You should discuss your risk of illness with your healthcare provider.

- People who have limited mobility or who cannot avoid coming into close contact with others who may be infected, such as direct support providers and family members
- People who have trouble understanding information or practicing preventive measures, such as hand washing and social distancing
- People who may not be able to communicate symptoms of illness

Protect Yourself

If you or someone you care for are at [higher risk](#) of getting very sick from COVID-19, [take steps to prevent getting sick](#). In addition to practicing everyday preventive actions, people with disabilities who have direct support providers can help protect themselves from respiratory illness in the following ways:

- Ask your direct support provider if they are experiencing any symptoms of COVID-19 or if they have been in contact with someone who has COVID-19
- Tell your direct service provider to
 - Wash their hands when they enter your home and before and after touching you (e.g., dressing, bathing/showering, transferring, toileting, feeding), handling tissues, or when changing linens or doing laundry. [Learn more about proper handwashing](#).
 - Clean and disinfect frequently touched objects and surfaces (e.g., counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, bedside tables), and equipment such as wheelchairs, scooters, walkers, canes, oxygen tanks and tubing, communication boards and other assistive devices. Refer to [CDC's General Recommendations for Routine Cleaning and Disinfections of Households](#).


Prepare

There are some additional things people with disabilities can do to prepare during the COVID-19 outbreak:

- Plan what you will do if you or your direct support provider gets sick. Create a contact list of family, friends, neighbors and local service agencies that can provide support in case [you or your direct support provider becomes ill](#) or unavailable.

- Plan at least two ways of communicating from home and work that can be used rapidly in an emergency (e.g., landline phone, cell phone, text-messaging, email). Write down this information and keep it with you.
- Have enough household items and groceries so that you will be comfortable staying home for a few weeks, at least a 30-day supply of over the counter and prescription medicines and any medical equipment or supplies that you might need. Some health plans allow for a 90-day refill on prescription medications. Consider discussing this option with your healthcare provider. Make a photocopy of prescriptions, as this may help in obtaining medications in an emergency situation.

About COVID-19

- Coronavirus disease is a respiratory illness that can spread from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It is also possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes. For more information go to CDC's Fact Sheet- [What you need to know about coronavirus disease 2019 \(COVID-19\)](#)  .
- Risk of infection with COVID-19 is higher for people who are in close contact with someone known to have COVID-19, such as healthcare workers, direct support providers, and household members. Other people at higher risk for infection are those who live or have recently been in an area with ongoing spread of COVID-19.

Prevention and Treatment

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to [take everyday preventive actions](#), like avoiding close contact with people who are sick and washing your hands often. There is no specific antiviral treatment for COVID-19. [People with COVID-19](#) can seek medical care to help relieve symptoms.

Related Pages

[People Who Need to Take Extra Precautions](#)

[People who are at higher risk for severe illness](#)

[Other At-Risk Populations](#)

[Symptoms & Testing](#)

[If You Are Sick or Caring for Someone](#)

[Cases and Updates](#)

Coronavirus Disease 2019 (COVID-19)

Symptoms of Coronavirus

Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

Watch for symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

These symptoms may appear **2-14 days after exposure to the virus:**

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell



Self-Checker

A guide to help you make decisions and seek appropriate medical care.

When to Seek Medical Attention

If you have any of these **emergency warning signs*** for COVID-19 get **medical attention immediately:**

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

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning to you.

Call 911 if you have a medical emergency: Notify the operator that you have, or think you might have, COVID-19. If possible, put on a cloth face covering before medical help arrives.

Caring for yourself or others



- Learn [how to protect yourself](#)
- [How to care for someone who is sick](#)
- [What to do if you are sick](#)

Printable Flyers

Stop the spread of germs

- [English](#)  [1 page]
- [Spanish](#)  [1 page]

If you are sick

- [English](#)  [1 page]
- [Spanish](#)  [1 page]

- Chinese  [1 page]

- Korean  [1 page]

- Vietnamese  [1 page]



- Chinese  [1 page]

- Korean  [1 page]

- Vietnamese  [1 page]



Symptoms of Coronavirus 2019

Symptoms of Coronavirus 2019-ASL

More Information

[Older Adults](#)

[Travelers](#)

[People at Higher Risk for Severe Illness](#)

[Healthcare Professionals](#)

Coronavirus Disease 2019 (COVID-19)

Caring for Someone Sick at Home

or other non-healthcare settings

Advice for Caregivers

If you are caring for someone with COVID-19 in non-healthcare settings, follow this advice to protect yourself and others. Learn what to do when someone has symptoms of COVID-19 or when someone has been diagnosed with the virus. This information also pertains to people who have tested positive but are not showing symptoms.

****Note:** Older adults and people of any age with serious underlying medical conditions, such as chronic lung disease, serious heart conditions, or diabetes, are at higher risk for developing more severe illness from COVID-19. People at higher risk of severe illness should call their doctor as soon as symptoms start.*

Provide support and help cover basic needs

- Help the person who is sick follow their doctor's instructions for care and medicine.
 - For *most* people, symptoms last a few days and people feel better after a week.
- See if over-the-counter medicines, such as acetaminophen, help the person feel better.
- Make sure the person who is sick drinks a lot of fluids and rests.
- Help them with grocery shopping, filling prescriptions, and getting other items they may need. Consider having the items delivered through a delivery service, if possible.
- Take care of their pet(s), and limit contact between the person who is sick and their pet(s) when possible.

Watch for warning signs

- Have their doctor's phone number on hand.
- [Use CDC's self-checker tool to help you make decisions about seeking appropriate medical care.](#)
- Call their doctor if the person keeps getting sicker. For medical emergencies, call 911 and tell the dispatcher that the person has or might have COVID-19.

People who have **emergency warning signs** for COVID-19 should **call 911 right away**. Emergency warning signs include*:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to wake up
- Bluish lips or face

*This is not every emergency symptom or sign.

Protect yourself when caring for someone who is sick

Limit contact

COVID-19 spreads between people who are in close contact (within about 6 feet) through respiratory droplets, created when someone talks, coughs or sneezes

- The **caregiver**, when possible, should not be someone who is at [higher risk for severe](#)

illness from COVID-19.



- **Use a separate bedroom and bathroom:** If possible, have the person who is sick stay in their own “sick room” or area and away from others. If possible, have the person who is sick use a separate bathroom.
- **Shared space:** If you have to share space, make sure the room has good air flow.
 - Open the window and turn on a fan (if possible) to increase air circulation.
 - Improving ventilation helps remove respiratory droplets from the air.

Avoid having visitors: Avoid having any unnecessary visitors, especially visits by [people who are at higher risk for severe illness](#).



Eat in separate rooms or areas

- **Stay separated:** The person who is sick should eat (or be fed) in their room, if possible.
- **Wash dishes and utensils using gloves and hot water:** Handle any dishes, cups/glasses, or silverware used by the person who is sick with gloves. Wash them with soap and hot water or in a dishwasher.

[Clean hands](#) after taking off gloves or handling used items.



Avoid sharing personal items

- **Do not share:** Do not share dishes, cups/glasses, silverware, towels, bedding, or electronics with the person who is sick.



When to wear a cloth face cover or gloves

- **Sick person:**
 - The person who is sick should wear a [cloth face covering](#) when they are around other people at home and out (including before they enter a doctor’s office).
 - The cloth face covering helps prevent a person who is sick from spreading the virus to others. It keeps respiratory droplets contained and from reaching other people.
 - Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is not able to remove the covering without help.
- **Caregiver:**
 - Wear gloves when you touch or have contact with blood, stool, or body fluids, such as saliva, mucus, vomit, and urine. Throw out gloves into a lined trash can.
 - A caregiver may wear a [cloth face covering](#) when caring for a person who is sick, however the protective effects (how well the cloth face covering protects healthy people from breathing in the virus) are unknown.
 - To prevent getting sick, make sure you practice [everyday preventive actions](#): clean hands often, avoid touching your eyes, mouth, nose with unwashed hands, frequently clean and disinfect surfaces.

Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to improvise a cloth face covering using a scarf or bandana. [Learn more here](#).



Clean your hands often

- **Wash hands:** Wash your hands often with soap and water for at least 20 seconds. Tell everyone in the home to do the same, especially after being near the person who is sick.
- **Hand sanitizer:** If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- **Hands off:** Avoid touching your eyes, nose, and mouth with unwashed hands.



Clean and then disinfect

Around the house

- **Clean and disinfect “high-touch” surfaces and items every day:** This includes tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks, and electronics.
- Clean the area or item with **soap and water** if it is dirty. **Then, use a household disinfectant.**
 - Be sure to **follow the instructions on the label** to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to kill germs. Many also recommend wearing gloves, making sure you have good air flow, and wiping or rinsing off the product after use.
 - Most household disinfectants should be effective. **A list of EPA-registered disinfectants can be found [here](#)** [↗](#).
 - **To clean electronics,** follow the manufacturer’s instructions for all cleaning and disinfection products. If those directions are not available, use alcohol-based wipes or spray containing at least 70% alcohol.

Bedroom and Bathroom

- **If you are using a separate bedroom and bathroom:** Only clean the area around the person who is sick when needed, such as when the area is soiled. This will help limit your contact with the sick person.
 - If they feel up to it, the person who is sick can clean their own space. Give the person who is sick **personal cleaning supplies** such as tissues, paper towels, cleaners, and [EPA-registered disinfectants](#) [↗](#).
- **If sharing a bathroom:** The person who is sick should clean and then disinfect after each use. If this is not possible, the caregiver and household member should wait as long as possible before entering the bathroom and clean and disinfect the bathroom before use.



Wash and dry laundry

- Do not shake dirty laundry.
- Wear disposable gloves while handling dirty laundry.
- Dirty laundry from a person who is sick can be washed with other people’s items.
- Wash items according to the label instructions. Use the warmest water setting you can.
- Remove gloves, and wash hands right away.
- Dry laundry, on hot if possible, completely.

- Wash hands after putting clothes in the dryer.
- Clean and disinfect clothes hampers. Wash hands after.



Use lined trash can

- Place used disposable gloves and other contaminated items in a lined trash can.
- Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.
- Place all used disposable gloves, facemasks, and other contaminated items in a lined trash can.
- If possible, dedicate a lined trash can for the person who is sick.



Track your own health

- Caregivers and close contacts should monitor their health for COVID-19 symptoms.
 - [Common symptoms](#) include fever, cough, and shortness of breath. Trouble breathing is a more serious warning sign that you need medical attention.
- [Use CDC's self-checker tool to help you make decisions about seeking appropriate medical care.](#)
- **If you are having trouble breathing, call 911.**
 - Call your doctor or emergency room and tell them your symptoms before going in. They will tell you what to do.

When it's safe to be around others: ending home isolation

People with COVID-19 or its symptoms who:

- are recovering at home (or other non-hospital setting), and
- **will not be tested** to determine if they are no longer contagious

can leave their "sick room" and home when:

- They have had no fever for at least 72 hours (that is three full days of no fever) without the use of medicine that reduces fevers
AND
- Other symptoms have improved (for example, when their cough or shortness of breath have improved)
AND
- At least 7 days have passed since their symptoms first appeared

People with COVID-19 or its symptoms who:

- are recovering at home (or other non-hospital setting), and
- **will be tested** to determine if they are no longer contagious

can leave their "sick room" and home when:

- They no longer have a fever (without the use of medicine that reduces fevers)
AND

- Other symptoms have improved (for example, when their cough or shortness of breath have improved)
AND
- They received two negative tests in a row, 24 hours apart

People who **DID NOT** have **COVID-19** symptoms, but tested positive who:

- are self-isolating at home (or other non-hospital setting)

can leave their “sick room” and home when:

- At least 7 days have passed since the date of the first positive test

AND

- They continue to have no symptoms (no cough or shortness of breath) since the test

For 3 more days, this group of people should continue to limit contact (stay 6 feet or more away from others) and wear a face covering for their nose and mouth when other people are present (including at home).

For **ALL** people

- When leaving the home, **keep a distance of 6 feet from others** and **wear a [cloth face covering](#)** when around other people.

Follow guidance provided by the healthcare provider and local health department. The decision to stop home isolation will be made in consultation with their healthcare provider and state and local health departments. Local decisions depend on local circumstances.

[Find more information on when to end home isolation.](#)

Coronavirus Disease 2019 (COVID-19)

Households Living in Close Quarters

How to Protect Those That Are Most Vulnerable

This guidance is intended for people living together in close quarters, such as people who share a small apartment, or for people who live in the same household with large or extended families.

[Older adults \(65 and older\) and people of any age who have serious underlying medical conditions](#) are at higher risk for severe illness from coronavirus disease 2019 (COVID-19). The following information is aimed to help you protect those who are most vulnerable in your household.

Everyone Should Limit Risks

If your household includes one or more vulnerable individuals then **all family members should act as if they, themselves, are at higher risk.** [More information on steps and actions to take if at higher risk.](#)



Limit Errands

Family members should leave only when absolutely necessary. [Essential errands](#) include going to the grocery store, pharmacy, or medical appointments that cannot be delayed (e.g., infants or individuals with serious health conditions in need of aid).

If you must leave the house, please do the following:

- Choose one or two family members who are not at a higher risk to run the essential errands.
- Wear a [cloth face covering](#), avoid crowds, practice social distancing, and follow these recommended [tips for running errands](#).
- Don't use public transportation, such as the train or bus, during this period if possible.
If you must use public transportation:
 - Maintain a 6-foot distance from other passengers as much as possible.
 - Avoid touching high-touch surfaces such as handrails, and wash hands or use hand sanitizers as soon as possible after leaving.
- Don't ride in a car with members of different households. If that's not possible:
 - Limit close contact and create space between others in the vehicle.
 - Improve air flow in the car by opening the window or placing air conditioning on non-recirculation mode.
- Wash your hands immediately after you return home.
- Maintain as much physical distance as possible with those at higher risk in the home. For example, avoid hugging, kissing, or sharing food or drinks.



Vulnerable members should avoid caring for children

Adults 65 years and older and people who have serious medical conditions should avoid [caring for the children](#) in their household, if possible. If people at higher risk must care for the children in their household, the children in their care should not have contact with individuals outside the household.



Separate a household member who is sick

Provide a separate bedroom and bathroom for the person who is sick, if possible. If you cannot provide a separate room and bathroom, try to separate them from other household members as much as possible.

Keep people at higher risk separated from anyone who is sick.

- If possible, have only one person in the household [take care of the person who is sick](#). This caregiver should be someone who is not at higher risk for severe illness and should minimize contact with other people in the household.
 - Identify a different caregiver for other members of the household who require help with cleaning, bathing, or other daily tasks.
- If possible, maintain 6 feet between the person who is sick and other family or household members.
- If you need to share a bedroom with someone who is sick, make sure the room has good air flow.
 - Open the window and turn on a fan to bring in and circulate fresh air if possible.
 - Maintain at least 6 feet between beds if possible.
 - Sleep head to toe.
 - Put a curtain around or place other physical divider (e.g., shower curtain, room screen divider, large cardboard poster board, quilt, or large bedspread) to separate the ill person's bed.
- If you need to share a bathroom with someone who is sick, the person who is sick should clean and disinfect the frequently touched surfaces in the bathroom after each use. If this is not possible, the person who does the cleaning should:
 - Open outside doors and windows before entering and use ventilating fans to increase air circulation in the area.
 - Wait as long as possible before entering the room to clean and disinfect or to use the bathroom.
- If you are sick, do not help prepare food. Also, eat separately from the family.

Coronavirus Disease 2019 (COVID-19)

Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings (Interim Guidance)

Related Pages

[Ending Home Isolation for Immunocompromised Patients](#)

[Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 \(Interim Guidance\)](#)

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

This document was updated to reflect the updates in the [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#).

The changes include:

- Updated PPE recommendations
 - Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
 - When the supply chain is restored, organizations with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Organizations that do not currently have a respiratory protection program, but interact with patients infected with pathogens for which a respirator is recommended, should implement a respiratory protection program.
- Updated language on collection of diagnostic respiratory specimens related to aerosol- vs. non-aerosol generating activities.
- Updated recommendations to include placing a facemask on symptomatic patients as source control.

Related Pages

CDC provides guidance on what specimens to collect when testing for COVID-19. The latest guidance is available online at [Evaluating and Testing Persons for Coronavirus Disease 2019 \(COVID-19\)](#).

Summary Page

Who this is for:

Healthcare providers and public health officials managing persons with coronavirus disease 2019 (COVID-19) under isolation who are not in healthcare settings. This includes, but is not limited to, at home, in a hotel or dormitory room, or in group isolation facility.

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

Summary of Recent Changes

Updates as of April 4, 2020

- Revised title to include isolation in all settings other than health settings, not just home.
- Additional information for asymptomatic persons with laboratory-confirmed COVID-19 on limiting contact and wearing a face covering after isolation to prevent spread

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

For Persons with COVID-19 Under Isolation:

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

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

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

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

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

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

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

Persons with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness provided they remain asymptomatic. For 3 days following discontinuation of isolation, these persons should continue to limit contact (stay 6 feet away from others) and limit potential of dispersal of respiratory secretions by wearing a covering for their nose and mouth whenever they are in settings where other persons are present. In community settings, this covering may be a barrier mask, such as a bandana, scarf, or cloth mask. The covering does not refer to a medical mask or respirator.

Footnotes

*Note that recommendations for discontinuing isolation in persons known to be infected with COVID-19 could, in some circumstances, appear to conflict with recommendations on when to discontinue quarantine for persons known to have been *exposed* to COVID-19. CDC recommends 14 days of quarantine after exposure based on the time it takes to develop illness if infected. Thus, it is possible that a person *known* to be infected could leave isolation earlier than a person who is quarantined because of the *possibility* they are infected.

**This recommendation will prevent most but cannot prevent all instances of secondary spread. The risk of transmission after recovery, is likely substantially less than that during illness; recovered persons will not be shedding large amounts of virus by this point if they are shedding at all. Certain employers can choose to apply more stringent criteria for certain returning workers where a higher threshold to prevent transmission is warranted. These criteria can include requiring a longer time after recovery or requiring they get tested to show they are not shedding virus. Such persons include

longer time after recovery or requiring they get tested to show they are not shedding virus. Such persons include [healthcare workers](#) in close contact with vulnerable persons at high-risk for illness and death if those persons get COVID-19. It also includes persons who work in critical infrastructure or with high-value human assets (e.g., military) where introduction of COVID-19 could cause major disruptions or reduce national security. Lastly, persons who have conditions that might [weaken their immune system](#) could have prolonged viral shedding after recovery. Such persons should discuss with their healthcare provider how best to assess if they are safe to return to work; this might include getting tested again to show that they are not shedding virus.

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

Additional Resources


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

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

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Coronavirus Disease 2019 (COVID-19)

Cleaning And Disinfecting Your Home

Everyday Steps and Extra Steps When Someone Is Sick

How to clean and disinfect




Clean

- Wear disposable gloves to clean and disinfect.
- Clean surfaces using soap and water.
- Practice routine cleaning of frequently touched surfaces. High touch surfaces include:
 - Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.



Disinfect

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
- Recommend use of [EPA-registered household disinfectant](#)  .
Follow the instructions on the label to ensure safe and effective use of the product.
Many products recommend:
 - Keeping surface wet for a period of time (see product label)
 - Precautions such as wearing gloves and making sure you have good ventilation during use of the product.
- **Diluted household bleach solutions may also be used** if appropriate for the surface.
 - Check the label to see if your bleach is intended for disinfection, and ensure the product is not past its expiration date. Some bleaches, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfection.
 - Unexpired household bleach will be effective against coronaviruses when properly diluted. Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser. Leave solution on the surface for at least 1 minute.

To make a bleach solution, mix:

 - 5 tablespoons (1/3rd cup) bleach per gallon of water
OR
 - 4 teaspoons bleach per quart of water
- **Alcohol solutions with at least 70% alcohol may also be used.**
- [Complete Disinfection Guidance](#)



Soft Surfaces

For soft surfaces such as carpeted floor, rugs, and drapes

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.
- **Launder items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

OR

- **Disinfect with an EPA-registered household disinfectant.** [These disinfectants](#)  meet EPA's criteria for use against COVID-19.



Electronics

For electronics, such as tablets, touch screens, keyboards, and remote controls.

- Consider putting a **wipeable cover** on electronics
- Follow **manufacturer's instruction** for cleaning and disinfecting
 - If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly.



Laundry

For clothing, towels, linens and other items

- Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick can be washed with other people's items.
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- Remove gloves, and wash hands right away.



Clean Hands Often

- **Wash your hands often** with soap and water for 20 seconds.
 - Always wash immediately after removing gloves and after contact with a person who is sick.
- **Hand sanitizer:** If soap and water are not readily available and hands are not visibly dirty, use a hand sanitizer that contains at least 60% alcohol. However, if hands are visibly dirty, always wash hands with soap and water.
- **Additional key times to clean hands** include:
 - After blowing one's nose, coughing, or sneezing
 - After using the restroom
 - Before eating or preparing food
 - After contact with animals or pets
 - Before and after providing routine care for another person who needs assistance (e.g. a child)
- **Avoid touching** your eyes, nose, and mouth with unwashed hands.


When Someone is Sick



Bedroom and Bathroom

Keep **separate bedroom and bathroom** for a person who is sick (if possible)

- The person who is sick should stay separated from other people in the home (as much as possible).

- **If you have a separate bedroom and bathroom:** Only clean the area around the person who is sick when needed, such as when the area is soiled. This will help limit your contact with the person who is sick.
 - Caregivers can **provide personal cleaning supplies** to the person who is sick (if appropriate). Supplies include tissues, paper towels, cleaners, and [EPA-registered disinfectants](#) . If they feel up to it, the person who is sick can clean their own space.
- **If shared bathroom:** The person who is sick should clean and disinfect after each use. If this is not possible, the caregiver should wait as long as possible before cleaning and disinfecting.
- See [precautions for household members and caregivers](#) for more information.



Food

- **Stay separated:** The person who is sick should eat (or be fed) in their room if possible.
- **Wash dishes and utensils using gloves and hot water:** Handle any used dishes, cups/glasses, or silverware with gloves. Wash them with soap and hot water or in a dishwasher.
- [Clean hands](#) after taking off gloves or handling used items.



Trash

- **Dedicated, lined trash can:** If possible, dedicate a lined trash can for the person who is sick. Use gloves when removing garbage bags, and handling and disposing of trash. Wash hands afterwards.

More details: [Complete Disinfection Guidance](#)

More Information

[Symptoms](#)

[Get your home ready](#)

[What to do if you are sick](#)

[Schools, workplaces, and community locations](#)

[Frequently asked questions](#)

[Healthcare professionals](#)

[COVID-19 and Animals](#)

Coronavirus Disease 2019 (COVID-19)

Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19

Summary of Recent Changes as of April 13, 2020

- Indicates a preference for use of the Test-based strategy to determine when HCP may return to work in healthcare settings
- Adds return to work criteria for HCP with laboratory-confirmed COVID-19 who have not had any symptoms
- Aligns with recommendations for [universal source control](#) for everyone in a healthcare facility during the pandemic.

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

Who this is for: Occupational health programs and public health officials making decisions about return to work for healthcare personnel (HCP) with confirmed COVID-19, or who have suspected COVID-19 (e.g., developed symptoms of a respiratory infection [e.g., cough, sore throat, shortness of breath, fever] but did not get tested for COVID-19).

Decisions about return to work for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances. Options include a test-based strategy or a non-test-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy).

Return to Work Criteria for HCP with Confirmed or Suspected COVID-19

Use the *Test-based strategy* as the preferred method for determining when HCP may return to work in healthcare settings:

1. *Test-based strategy*. Exclude from work until

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens) [1]. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

If the *Test-based strategy* cannot be used, the *Non-test-based strategy* may be used for determining when HCP may return to work in healthcare settings:

2. *Non-test-based strategy*. Exclude from work until

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

HCP with laboratory-confirmed COVID-19 who have not had any symptoms should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.

If HCP had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Return to Work Practices and Work Restrictions

After returning to work, HCP should:

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding [universal source control](#) during the pandemic.
 - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
 - Of note, N95 or other respirators with an exhaust valve might not provide source control.
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

Strategies to Mitigate Healthcare Personnel Staffing Shortages

Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for healthcare personnel (HCP) and safe patient care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate them, including considerations for permitting HCP to return to work without meeting all return to work criteria above. Refer to the [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) document for information.

Footnotes

¹All test results should be final before isolation is ended. Testing guidance is based upon limited information and is subject to change as more information becomes available. In persons with a persistent productive cough, SARS-CoV-2-RNA might be detected for longer periods in sputum specimens than in upper respiratory tract (nasopharyngeal swab) specimens.

Definitions

Cloth face covering: Textile (cloth) cover that are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. **They are not PPE and it is uncertain whether cloth face coverings protect the wearer.** Guidance on design, use, and maintenance of cloth face coverings is [available](#).

Facemask: Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare.

Coronavirus Disease 2019 (COVID-19)

Strategies to Mitigate Healthcare Personnel Staffing Shortages

Who is this for: Healthcare facilities who may be experiencing staffing shortages due to COVID-19

What is it for: To assist healthcare facilities in mitigating healthcare personnel staffing shortages that might occur because of COVID-19.

Summary of Recent Changes as of April 13, 2020

- Aligns with recommendations for [universal source control](#) for everyone in a healthcare facility during the pandemic.

Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for healthcare personnel (HCP) and safe patient care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate these, including providing [resources](#) to assist HCP with anxiety and stress.

There are Contingency and Crisis Capacity Strategies that healthcare facilities should consider in these situations. For example, if, despite efforts to mitigate, HCP staffing shortages occur, healthcare systems, facilities, and the appropriate state, local, territorial, and/or tribal health authorities might determine that HCP with suspected or confirmed COVID-19 could return to work before the full [Return to Work Criteria](#) have been met. Several of the Crisis Capacity Strategies are dependent on HCP wearing a facemask for source control while at work. Given ongoing shortages of personal protective equipment (PPE), facilities should refer to and implement relevant [Strategies for Optimizing the Supply of Facemasks](#).

Contingency Capacity Strategies to Mitigate Staffing Shortages

When staffing shortages are anticipated, healthcare facilities and employers, in collaboration with human resources and occupational health services, should use contingency capacity strategies to plan and prepare for mitigating this problem. At baseline, healthcare facilities must:

- Understand their staffing needs and the minimum number of staff needed to provide a safe work environment and patient care.
- Be in communication with local healthcare coalitions, federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) to identify additional HCP (e.g., hiring additional HCP, recruiting retired HCP, using students or volunteers), when needed.

Contingency capacity strategies for healthcare facilities include:

Adjusting staff schedules, hiring additional HCP, and rotating HCP to positions that support patient care activities.

- Cancel all non-essential procedures and visits. Shift HCP who work in these areas to support other patient care activities in the facility. Facilities will need to ensure these HCP have received appropriate orientation and training to work in these areas that are new to them.
- Attempt to address social factors that might prevent HCP from reporting to work such as transportation or housing if HCP live with vulnerable individuals.
- Identify additional HCP to work in the facility. Be aware of state-specific emergency waivers or changes to licensure requirements or renewals for select categories of HCP.
- Request that HCP postpone elective time off from work.

Developing regional plans to identify designated healthcare facilities or [alternate care sites](#) with adequate staffing to care for patients with COVID-19.

Developing plans to allow asymptomatic HCP who have had an unprotected exposure to the virus that causes COVID-19 to continue to work.

- These HCP should still report temperature and absence of symptoms each day before starting work. These HCP should wear a facemask (for source control) while at work for 14 days after the exposure event. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding [universal source control](#) during the pandemic.
 - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including for the care of patients with suspected or confirmed COVID-19.
 - Of note, N95 or other respirators with an exhaust valve might not provide source control.
- If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing.

[Prioritizing HCP with suspected COVID-19 for testing](#), as testing results will impact when they may return to work and for which patients they might be permitted to provide care.

Developing criteria to determine which HCP with suspected or confirmed COVID-19 (who are well enough to work) could return to work in a healthcare setting before meeting all [Return to Work Criteria](#)—if shortages continue despite other mitigation strategies.

- Considerations include:
 - The type of HCP shortages that need to be addressed.
 - Where HCP are in the course of their illness (e.g., viral shedding appears to be higher earlier in the course of illness).
 - The types of symptoms they are experiencing (e.g., persistent fever).
 - Their degree of interaction with patients and other HCP in the facility. For example, are they working in telemedicine services, providing direct patient care, or working in a satellite unit reprocessing medical equipment?
 - The type of patients they care for (e.g., immunocompromised patients).
- As part of planning, healthcare facilities (in collaboration with risk management) should create messaging for patients and HCP about actions that will be taken to protect them from exposure to SARS-CoV-2 if HCP with suspected or confirmed COVID-19 are allowed to work.

Crisis Capacity Strategies to Mitigate Staffing Shortages

When staffing shortages are occurring, healthcare facilities and employers (in collaboration with human resources and occupational health services) may need to implement crisis capacity strategies to continue to provide patient care.

When there are no longer enough staff to provide safe patient care:

- Implement regional plans to transfer patients with COVID-19 to designated healthcare facilities, or [alternate care sites](#) with adequate staffing
- If not already done, allow asymptomatic HCP who have had an unprotected exposure to the virus that causes COVID-19 to continue to work.
 - These HCP should still report temperature and absence of symptoms each day before starting work. These HCP should wear a facemask (for source control) while at work for 14 days after the exposure event. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding [universal source control](#) during the pandemic.

- A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including for the care of patients with suspected or confirmed COVID-19
 - Of note, N95 or other respirators with an exhaust valve might not provide source control.
 - If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing.
- If shortages continue despite other mitigation strategies, consider implementing criteria to allow HCP with suspected or confirmed COVID-19 who are well enough to work but have not met all [Return to Work Criteria](#) to work. If HCP are allowed to work before meeting all criteria, they should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) and facilities should consider prioritizing their duties in the following order:
 1. If not already done, allow HCP with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other HCP), such as in telemedicine services.
 2. Allow HCP with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
 3. Allow HCP with confirmed COVID-19 to provide direct care for patients with suspected COVID-19.
 4. As a last resort, allow HCP with confirmed COVID-19 to provide direct care for patients *without* suspected or confirmed COVID-19.
- If HCP are permitted to return to work before meeting all [Return to Work Criteria](#), they should still adhere to all [Return to Work Practices and Work Restrictions](#) recommendations described in that guidance. These include:
 - Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding [universal source control](#) during the pandemic.
 - A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.
 - Of note, N95 or other respirators with an exhaust valve might not provide source control.
 - They should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.
 - Facemasks should be worn even when they are in non-patient care areas such as breakrooms.
 - If they must remove their facemask, for example, in order to eat or drink, they should separate themselves from others.
- Being restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until the full [Return to Work Criteria](#) have been met.
- Self-monitoring for symptoms and seeking re-evaluation from occupational health if respiratory symptoms recur or worsen.

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