Guidance and responses were provided based on information known on 8/13/2020 and may become out of date. Guidance is being updated rapidly, so users should look to CDC and NE DHHS guidance for updates.

COVID-19 and LTC

August 13, 2020

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Questions and Answer Session

Use the QA box in the webinar platform to type a question. Questions will be read aloud by the moderator
If your question is not answered during the webinar, please either e-mail it to NE ICAP or call during our office hours to speak with one of our IPs

A transcript of the discussion will be made available on the ICAP website

https://icap.nebraskamed.com/coronavirus/
https://icap.nebraskamed.com/covid-19-webinars/

Panelists today are:

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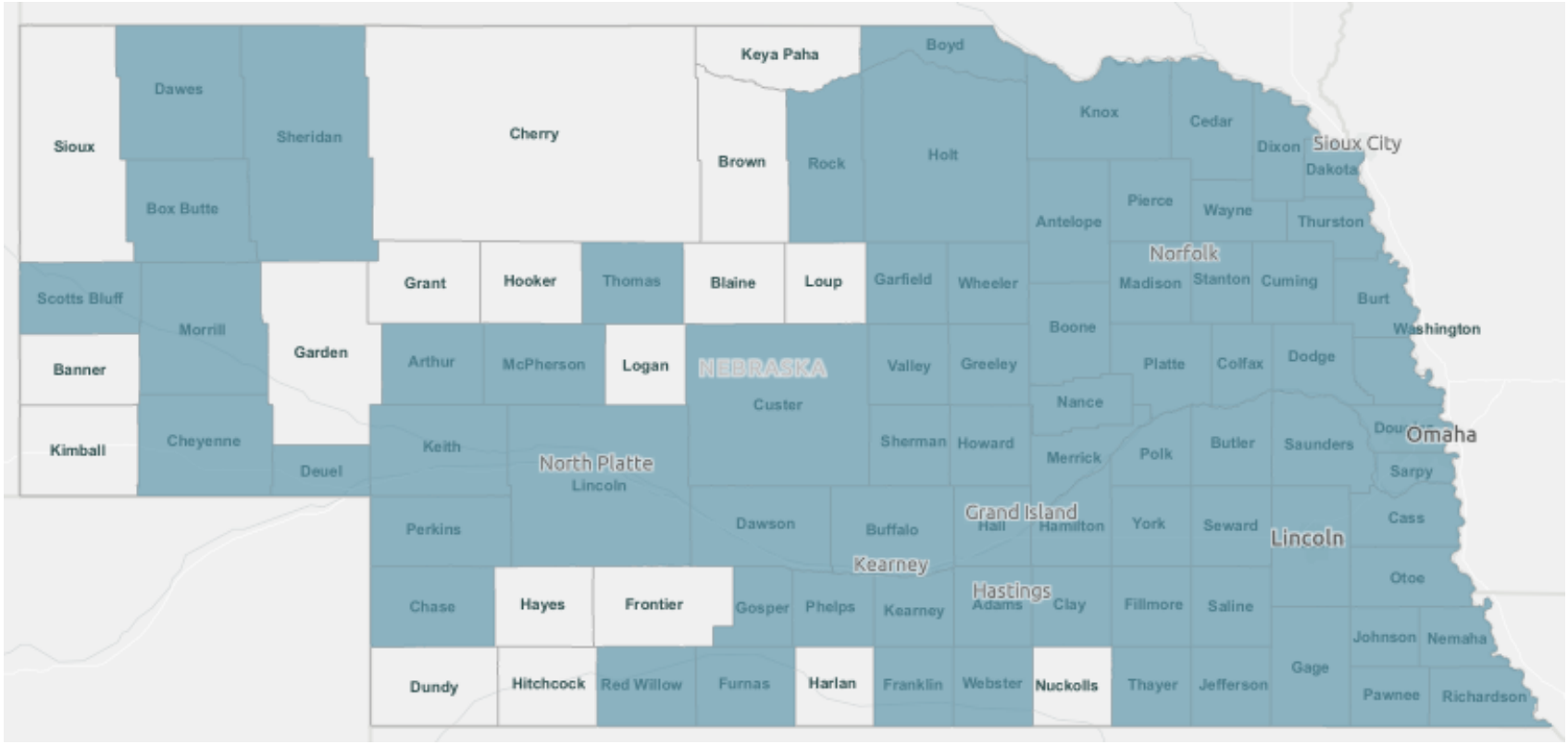
Nebraska COVID-19 Cases DHHS



Last 14 day Positive Cases as of 8/12

https://experience.arcgis.com/experience/ece0db09da4d4ca68252c3967aa1e9dd

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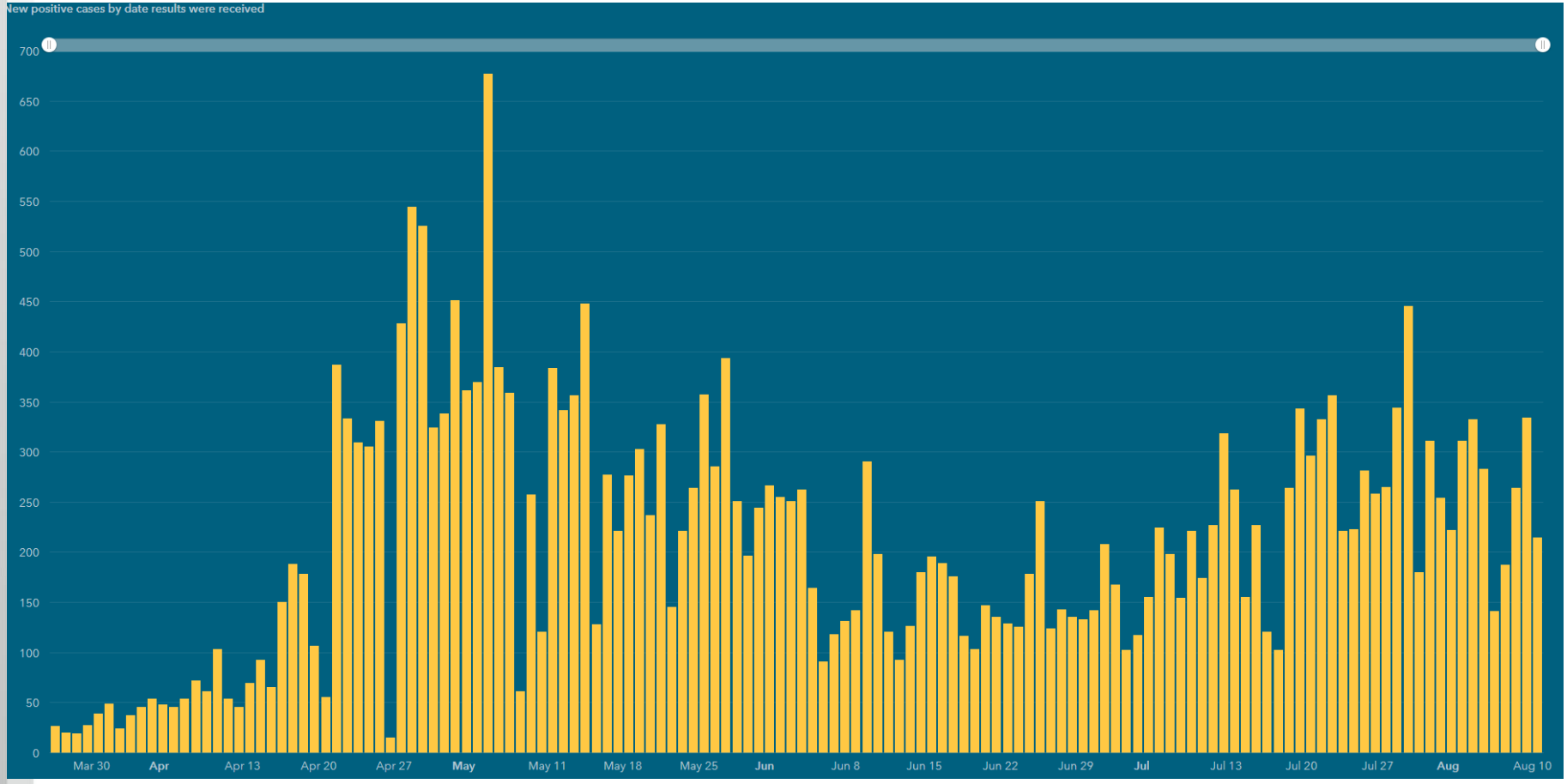
Nebraska COVID-19 Cases DHHS



New positive cases by date as of 8/12

https://experience.arcgis.com/experience/ece0db09da4d4ca68252c3967aa1e9dd

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Workflows in the Red Zone

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Workflows in Red Zone

Nursing Station Considerations

- Maintain clean workflows
- Remove contaminated PPE (gloves and gown) before doing anything in the Nursing Station or medication room
- Keep resident room door closed
  - Work with ICAP or NETEC when this is not possible

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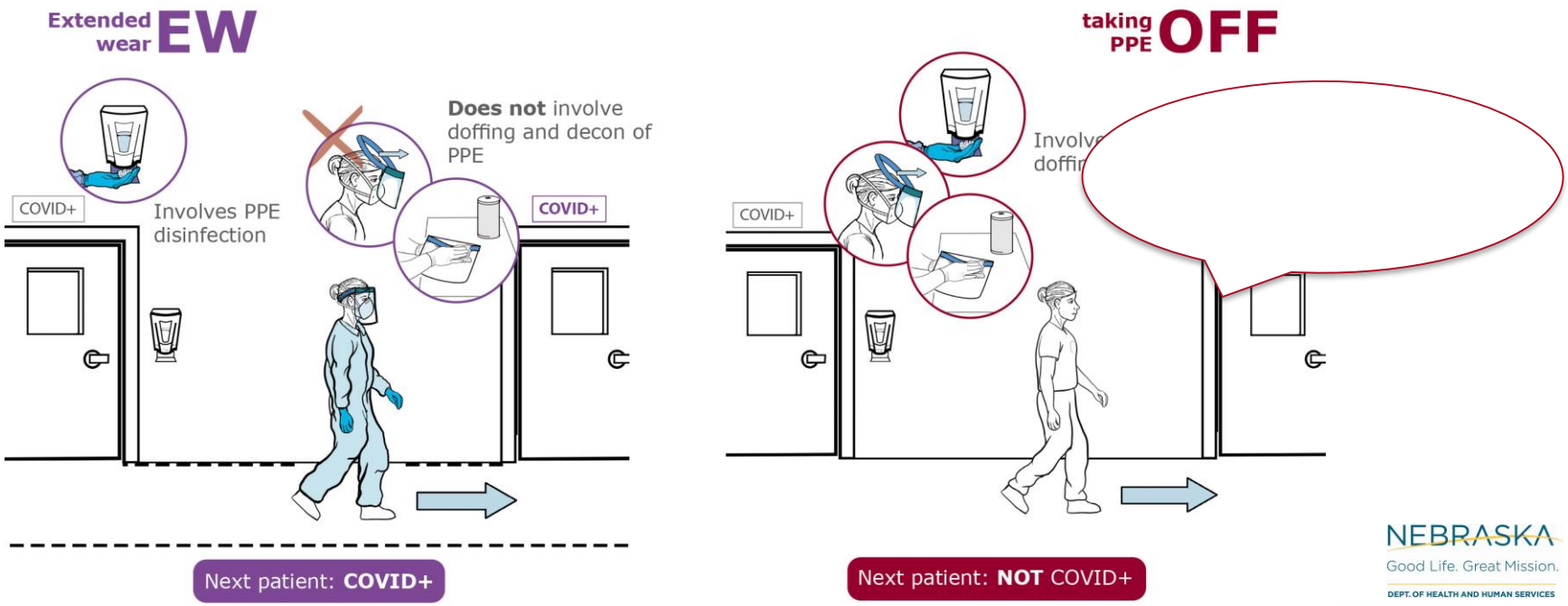
Workflows in Red Zone

- PPE Considerations
  - Gown, N95 and face shields can be worn from one COVID care room to the next



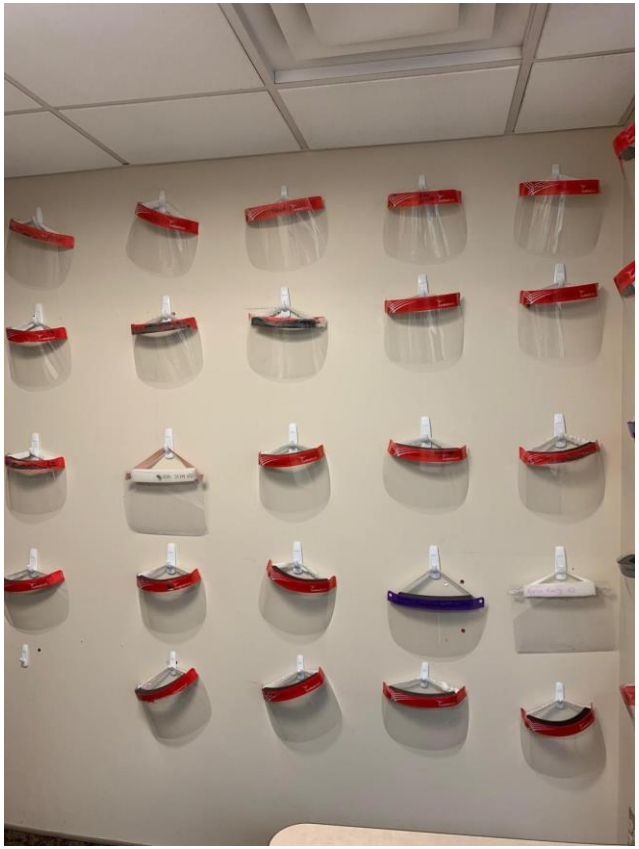
https://med.emory.edu/departments/medicine/divisions/infectious-diseases/serious-communicable-diseases-program/covid-19-resources/conserving-ppe.html

Workflows in Red Zone

- PPE Considerations
  - Medication and treatment carts should be considered "clean," never touch them with dirty hands/ gloves or let a soiled gown touch the cart
  - Only gowns, N95 respirators and face shields are appropriate for extended use
  - Any touch or adjustment to the face shield requires hand hygiene before and after the touch

Workflows in Red Zone

- PPE Considerations
  - If the face shield distorts vision, it should be removed, cleaned and stored appropriately before entering the Nursing Station or common area



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Memory Care Considerations

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Memory Care Considerations

- Routines are very important for residents with dementia. Try to keep their environment and routines as consistent as possible while still reminding and assisting with frequent hand hygiene, social distancing, and use of cloth face coverings (if tolerated). Cloth face coverings should not be used for anyone who has trouble breathing, or is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- Dedicate personnel to work only on memory care units when possible and try to keep staffing consistent. Limit personnel on the unit to only those essential for care.
- Continue to provide structured activities, which may need to occur in the resident's room or be scheduled at staggered times throughout the day to maintain social distancing.
- Provide safe ways for residents to continue to be active, such as personnel walking with individual residents around the unit or outside.
- Limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel.
- Frequently clean often-touched surfaces in the memory care unit, especially in hallways and common areas where residents and staff spend a lot of time.
- Continue to ensure access to necessary medical care, and to emergency services if needed and if in alignment with resident goals of care.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html

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Memory Care Considerations

- Memory Care units may find it more difficult to maintain zones due to the nature of their patients
- Wear full PPE for all interactions
- Clean/ fresh gowns and gloves should be donned for all instances of resident care
- If a protected space is available that residents can't enter, keep that a "clean" area
    - Utilize signage
    - Ensure gown/gloves are doffed before entering
- The entire unit may need to be considered "dirty"

Memory Care Considerations

When residents on a memory care unit are suspected or confirmed to have COVID-19

- As it may be challenging to restrict residents to their rooms, implement universal use of eye protection and N95 or other respirators (or facemasks if respirators are not available) for all personnel when on the unit to address potential for encountering a wandering resident who might have COVID-19.
- Consider potential risks and benefits of moving residents out of the memory care unit to a designated COVID-19 care unit.
    - Moving residents with confirmed COVID-19 to a designated COVID-19 care unit can help to decrease the exposure risk of residents and HCP; however,
    - Moving residents with cognitive impairment to new locations within the facility may cause disorientation, anger, and agitation as well as increase risks for other safety concerns such as falls or wandering.
    - Additionally, at the time a resident with COVID-19 or asymptomatic SARS-CoV-2 infection has been identified, other residents and personnel on the unit may have already been exposed or infected, and additional testing may be needed.
    - Facilities may determine that it is safer to maintain care of residents with COVID-19 on the memory unit with dedicated personnel.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html

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Memory Care Considerations

- If residents with COVID-19 will be moved from the memory care unit
  - Provide information about the move to residents and be prepared to repeat that information as appropriate.
  - Prepare personnel on the receiving unit about the habits and schedule of the person with dementia and try to duplicate it as much as possible.
  - Move familiar objects into the space before introducing the new space to the resident. Familiar objects such as favorite decorations or pictures can help make the person feel more comfortable; this applies to their new surroundings as well if residents are moved to new spaces.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html

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Back to School Considerations

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Back to School

- Schools will be back in session soon!
- How should you handle exposures through schools for your employees?

https://unsplash.com/photos/OyCl7Y4y0Bk

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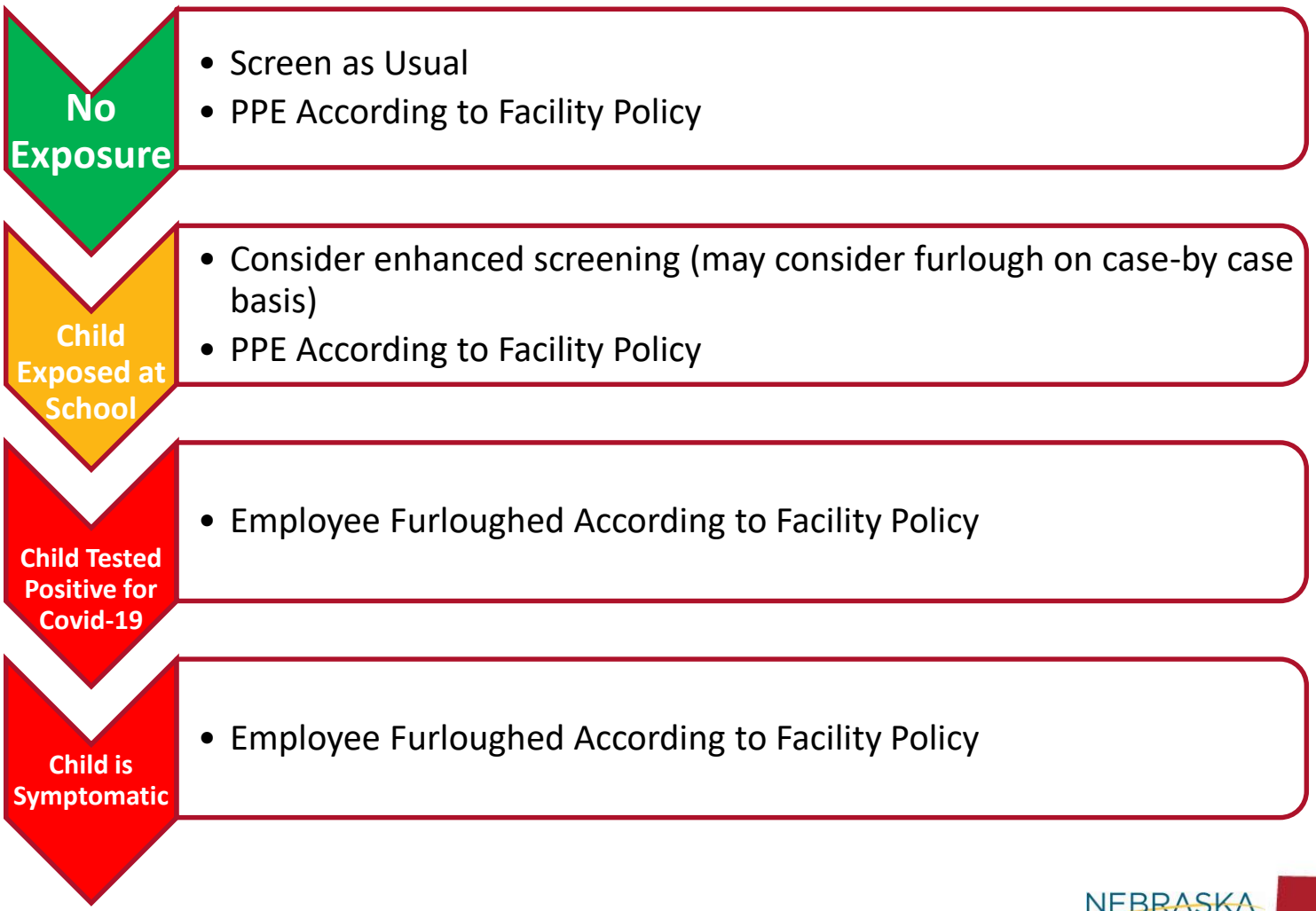
Back to School



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Animal Therapy Considerations

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What does CDC say about animals and COVID-19?

What to do if you own pets

Until we learn more about how this virus affects animals, treat pets as you would other human family members to protect them from a possible infection.

Because there is a small risk that people with COVID-19 could spread the virus to animals, CDC recommends that pet owners limit their pet's interaction with people outside their household.

- Keep cats indoors when possible and do not let them roam freely outside.
- Walk dogs on a leash at least 6 feet (2 meters) away from others.
- Avoid public places where a large number of people gather.
- Do not put a mask on pets. Masks could harm your pet.

There is no evidence that the virus can spread to people from the skin, fur, or hair of pets. Do not wipe or bathe your pet with chemical disinfectants, alcohol, hydrogen peroxide, or any other products not approved for animal use.

Talk to your veterinarian if your pet gets sick or if you have any concerns about your pet's health.

https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/pets.html

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Animal Therapy

Ways to protect therapy animals

Facilities that normally use therapy animals may not allow them at this time because people in many of these settings are at higher risk for serious illness with COVID-19. Follow local guidance and facility protocols for social distancing, masks, and other ways to prevent COVID-19 from spreading. If therapy animals are invited to a facility or other setting, follow the steps below.

- Therapy animal visits require some level of contact between clients and the therapy animal team. When possible, keep animals at least 6 feet away from people and animals not participating in the visit. Handlers and participants should wear a mask during the visit.
- Do not take therapy animals to visits if the animals are sick or have tested positive for the virus that causes COVID-19.
- When deciding if it is safe to visit a household, refer to CDC guidance on When You Can be Around Others After You Had or Likely Had COVID-19.
- People with symptoms of COVID-19 should not touch, be close to, or interact with therapy animals. If someone was sick with COVID-19, they should wait until they recover to interact with therapy animals.
- Before and after every contact, the handler and anyone petting or having contact with the animal should wash their hands.

https://www.cdc.gov/coronavirus/2019-ncov/animals/service-therapy-animals.html

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Animal Therapy

- Do not use items that multiple people handle, particularly if items are brought to multiple facilities between therapy visits (for example, leashes, harnesses, toys, or blankets). If items like leashes must be brought between facilities, disinfect them after each use or facility.
- Do not let other people handle items that go into the animal's mouth, such as toys and treats.
- Disinfect items such as toys, collars, leashes, harnesses, therapy vests and scarves, and food/water bowls frequently.
- Do not allow therapy animals to lick or give 'kisses'.
- Do not wipe or bathe therapy animals with chemical disinfectants, alcohol, hydrogen peroxide, or any other products not approved for animal use. There is no evidence that the virus can spread to people from the skin, fur, or hair of pets.
- Do not put masks on therapy animals. Covering an animal's face could harm the animal.

If you are a service or therapy animal handler, and **you get sick** with COVID-19 or have symptoms of COVID-19, follow recommendations for what to do if you get sick and recommendations for protecting pets if you get sick.

If your **service or therapy animal gets sick** after contact with a person with COVID-19, call your veterinarian. If the animal tests positive for the virus that causes COVID-19, follow recommendations for what to do if your pet tests positive.

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https://www.cdc.gov/coronavirus/2019-ncov/animals/service-therapy-animals.html

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For animals that live at the facility…

- Do not let pets in the facility interact with sick people.
- Pets or other animals should not be allowed to roam freely around the facility.
- Residents should avoid letting their pets interact with people as much as possible.
- Dogs should be walked on a leash at least 6 feet (2 meters) away from others.
- People sick with COVID-19 should **avoid contact with pets and other animals**.
- Do not allow pets into common areas of the facility such as cafeterias and social areas.
- Cats should be kept indoors to prevent them from interacting with other animals or people outside of the facility.

https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID-19-and-Animals

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CMS/ CDC Resource Library

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CMS/ CDC YouTube Library

- CMS/ CDC developed informational videos specifically for LTC
- These can be found on the CDC YouTube channel or at the links below:
  - Sparkling Surfaces - https://youtu.be/t7OH8ORr5Ig
  - Clean Hands - https://youtu.be/xmYMUly7qiE
  - Closely Monitor Residents - https://youtu.be/1ZbT1Njv6xA
  - Keep COVID-19 Out! - https://youtu.be/7srwrF9MGdw
  - Lessons - https://youtu.be/YYTATw9yav4

Infection Prevention and Control Office Hours

Monday – Friday
7:30 AM – 9:30 AM Central Time
2:00 PM -4:00 PM Central Time
Call 402-552-2881

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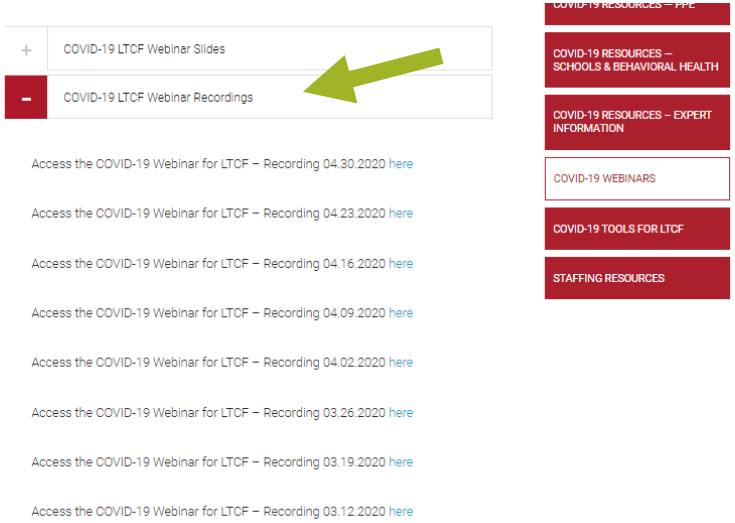
Dr. Salman Ashraf, MBBS
Kate Tyner, RN, BSN, CIC
Margaret Drake, MT(ASCP),CIC
Teri Fitzgerald, RN, BSN, CIC
Sarah Stream, MPH, CDA

Moderated by Mounica Soma, MHA

Supported by Sue Beach



https://icap.nebraskamed.com/resources/

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Nebraska DHHS HAI-AR and Nebraska ICAP
Long-term Care Facility Webinar on COVID-19 8/13/2020

1. **Can you provide guidance on contractors? If they are "low risk", which would be determined by a baseline COVID-19 test, wearing a face mask and goggles through their work, and did not come in contact with any residents or staff during their work, would they be allowed in during any phase? The concern here is many projects being started before COVID that still haven't been finished. I worry about the other side of "homelike environment, unfinished walls, etc."**
   Essential work that has to be done in the facility is important. If you're doing it in a protective setting, you probably will to be okay, as long as you're making sure that there are procedures in place so residents are not getting exposed. Staff members should not come into contact in the work areas and things like that. It makes sense to Dr. Ashraf, but he cautioned that there is a licensure component to this decision. It will also depend on what Phase a facility is in, especially for facilities which are not in Phase 3 yet. Facilities in Phase 1 or Phase 2 that want to do construction definitely should check with licensure before starting work. ICAP can assist in these decisions, but does not want to get a citation. Dr. Ashraf thinks if you put all the right protocols in place, you should be able to continue, but he does recommend to check with the licensure division, also, before you proceed with that.

   Kate Tyner agreed, and added that facilities should consider all the issues involved. Do you have to screen those construction people as you would your employees? She said licensure should definitely be consulted before starting construction projects now.

2. **The CDC has released guidance on returning to work on the 90-day period. In that period, if an individual had new exposure or new symptoms they could be tested but still permitted to work. Do you agree with this since there is not a strong stance of immunity?**
   Dr. Ashraf asked the questioner to supply a link or reference to this specific guidance so he can comment on the question. He does agree that there is no guarantee that someone who gets the disease will definitely mount immunity. We also don't know how long that immunity will last. It's an unknown question right now. It is Dr. Ashraf's practice right now that what he is saying to people (not based on any CDC guidance) is that if someone is six weeks out of the initial infection and develops symptoms consistent with COVID-19, he recommends the person gets tested, and starts isolation while the test results are pending. He added that anyone can make a case that you can be even be earlier than that, too. In general, the CDC is calling that a reinfection. After three months, they're saying that if you're looking for reinfection, three months is a good point when you can look for reinfection if somebody is positive again. Within the six months' time frame, that positive case could still be a remnant of the previous infection positivity. Dr. Ashraf said that it will be hard to say if you if you test again within 6 months that this is a new infection. Just showing a positive test does cloud the situation. I think it's a case by

case evaluation. At that point of time, you look into all the science symptoms, and see what is going on?

Dr. Ashraf still wants to review the guidance before providing a final answer. In general, Dr. Ashraf agrees that three months is a good period. Also, the CDC does list that three months time frame. But they also say that if someone is symptomatic before that, they do not want you to test somebody again in those three months, as long as they are symptomatic. But if there is somebody who is symptomatic, the CDC does recommend them to be considered for testing and to be considered for infection. They do not completely rule it out, either. That's Dr. Ashraf's understanding. If there is another CDC guidance that has come out that has contradicted that, Dr. Ashraf would like to see. But in general the questioner is right. For people who have been infected, there is a still a chance that they may get re-infected.

Having said that, in Nebraska, we're still looking for a truly documented and well-researched case of a re-infection. We have heard six or seven reinfection cases based on local health department's reports, but we have never not confirmed any of them yet, that Dr. Ashraf knows of that have been very studied and well confirmed. The ones that we have looked into in detail have been thought to be more related to the first infection coming back positive again. So this is a still mystery right now, So if you send the link, Dr. Ashraf will take a look for any recent changes.

Kate said one of the participants reminded their colleagues who are listening that if they are watching those CMS and CDC videos at your facility (excellent resources), you should be sure that you show evidence that you and your staff have watched them. Consider watching those things is a group. Also, keep a log or a sign in sheet, just to show evidence that your facility has had that kind of training, that that is really helpful. So if you are watching those videos and having staff have education, ensure that you document it for your records on employee education.

3. **Guidance from ICAP allows for extended use of mask and eye protection between zones, does that also apply to the red zone?**

This is a question that ICAP commonly gets, and that guidance definitely applies to the red zone. So there are a couple reasons for this. The infection preventionists on the team all agree that we want people to avoid touching their faces. Wearing an N95 mask in a continuous way with a face shield on And you know, refraining from touching that throughout a shift is beneficial to the employees. Remember that it's better if you cohort staff to work in the red zone. You don't want your staff to go from the red zone back into yellow or green. The whole idea of a red zone is that you're really trying to congregate staff so that you don't have somebody rush out of a red zone where somebody definitely has COVID-19 right away to answer a call light on a green zone room. That's the number one thing we're trying to avoid. And so, while yes, theoretically, you can wear your N95 mask and your face shield in different zones, you don't want staff working a multiple zones. That's the most important answer to that question. If you do have to have staff working in more than one zone, try to plan that care so that they work from the cleanest zone to the dirtiest zone. For example, a therapy staff member would see their two residents in the

green zone before they would go the red zone. If you can't do that, (for whatever reason, that's impossible) we really want you to work towards going clean to dirty, workflow cohorting staff. If you absolutely cannot, then, um, yes. After you come out of the red zone, we encourage you to have a hard stop where you remove PPE appropriately, you clean your hands appropriately, and you take some time to clean the face shield. The face shield is protecting the N95 mask. And so that's a great point to do a terminal doffing where you would take off the face shield and clean it. We have directions on the website of the best way to do that. It can be done. But remember that there's better engineering fixes for this movement between zones. You want a cohort staff. You want people to work from clean to dirty first and try to avoid going from the red zone into other areas of the facility.

4. **Any restrictions/suggestions that need to be in place before allowing a new admission to a Memory Care home?**

   Dr. Ashraf thinks we're talking about what phase they are incurred. Phasing guidance from the state talks about in Phase One and Phase Two you need to have, someone quarantine in a transitional zone for 14 days, as a new admission before you move them to the regular unit. So that's one thing. In Phase Three you are not required or mandated to have that quarantine. However, the thing that we have always told facilities, and that's what the CDC recommendations are, is that you may want to make the decision on quarantine, just not based on which phase you are in. You may also want to consider what your community prevalence is of COVID or the prevalence of COVID in the community where the person is coming from. If someone is coming from a high community transmission area, then you may still want to have that quarantine, even though it's not required in Phase Three. That's something that the facility may have to decide based on their policy. But that is what the CDC recommendation is. The state guidance does not factor that in and they just say in Phase Three, there's no requirement. But if you are going to implement a quarantine because of the high community prevalence in Phase Three, I think you have the right to do that based on the CDC guidance.

5. **On the Covid Unit or "Red Zone" once you doff PPE after resident care as you had explained, are you required to put all PPE back on if you are going back into the hall or nurses station to either chart or to do any other tasks?**

   No. Dr. Ashraf described the example and asked for input on his answer from other people on the ICAP team. If you're giving medications to all the residents in the in the red zone or the COVID unit, you went from room one to room ten, then you gave medications one by one. You are wearing the same gown and all the PPE, but you're changing between patients and doing hand hygiene and you went from room one to room 12. Everybody's medication has been given. Now you want to go to your nursing the station and chart. At that point of time, you will doff your gown and gloves and do your hand hygiene and then you will move to the nursing station and can chart at your nursing station. Considering that the nursing station has not been contaminated because you were just walking in the hallway in a narrow lane from room to room the room so the nursing station should still be clean, even though it is still in the red zone it will be clean. You have not contaminated it yet, and then you doff your gloves and gowns, and you went there. Now, if you're going to touch your face shield while charting, then you're going to have to do the hand hygiene right away and disinfect any surface that we have touched. So

that's basically how the process should work. And then, if you need to go back to the rooms and you will wear your gowns and gloves again and then and then go back to the room.

Kate agreed with Dr. Ashraf's directions. She added a point about the face shield. If it's possible to leave your face shield on like while you're charting in the nurses station, you can, because it's not touching anything in the nurses station. It's not contaminating anything. But, if as an employee, that person wants to remove the face shield because it distorts their vision and they are not able to work in it, they can do that. You just want to set them up that there's a safe way for them to doff the face shield and store it before they come back into the nurse's station. Considering that they have a place that they can clean it and maybe hang it, so that it's ready for them when they come out of the work area.

6. **The latest CDC guidance in regards to eye protection seems vague. What is considered moderate to sustained? And then, this indicates with all patient encounters?**
   Kate said that, " When in doubt, wear it." Dr. Ashraf said he thinks there is a discussion going on between, the licensure division and some other local organizations, like Leading Age and Nebraska Healthcare Association, trying to kind of define the moderate transmission also so that the facilities have a clear guidance. At this point, there can be several definitions that can be put out. Dr. Ashraf knows that licensure is working on giving the guidance. He does not want to step on anybody's toes, but, said in his mind, if your if your community is seeing significant transmission like over 5% positivity rate or more than 50 cases per million population, those can be some of the definitions. Dr. Ashraf stressed that is his general opinion and not official guidance. But I think those can be for now, used while you are awaiting on official guidance from the state licensure. Or you can use anything else that you want to kind of use based on the available information.

7. **CMS is sending out to every facility either a BD Veritor™ Plus System or a Quidel Sofia® 2 System. Both of these systems are capable of testing for the SARS-CoV-2 coronavirus AKA COVID-19. I would like to have explained, what a Positive and Negative test means. I ask, as I am not sure what a positive test means anymore as I have seen/heard information that all a positive test shows is that you have been exposed and have viral particles in your nares, and I have heard that if you have a positive test, it shows that you are infected with the virus. But either way you need to have a PCR test for a definitive diagnosis. I would like to know what a negative test means as well as I have heard and read that a negative test means you are "clean" from infection COVID-19.**
   Dr. Ashraf offered an explanation. Each of these systems coming out have their own sensitivity and specificity. These point of care testing different companies are putting the systems out have done their own studies and come up with the sensitivity and specificity. So, 100% sensitive tests will mean that you will not miss any positive case. Most of the time if there are positive cases, you're going to find it. That's what 100% sensitivity means. Now, some of these tests are coming out may have sensitivity around 80-84% which means that if you have five cases, you may be able to pick up four. There is one person that you will miss that may have a positive case, but you have missed that one person. That's why people say when you have a negative test, you may have to go and do a PCR to confirm that whether this negative is a true negative

or not. The good thing is that you will still be able to identify four out of five people. The only issue is that the negative person that when you're telling somebody you're negative, there is a small bit off a chance that the test result may not be right. Now, many of these tests also claim that they have a very high specificity, which means that if they are positive, somebody is positive. They claim that high specificity means that that you know your test result is going to be reliable in a way that if it's positive it will be true positive. For the most part, he doesn't think they have 100% specificity, so there might be still a small chance of a false positive result, but that's probably is going to be a very small chance. A positive result will definitely mean somebody is positive, for the most part. But a negative result will have a little bit higher chance of being a false negative. That's basically what these tests really mean. How you can use this tests? Dr. Ashraf thinks these tests can be a good test to be done. If you're trying to do every seven day testing in your facility of all the employees and want to get the result in 15 or 20 minutes time, that that can be a good way to use it because right now you're not doing any of that. If there are five people in your facility who are positive and working, you will not going to identify them all. However, if you're using this test and you and you find four out of those five, you will not find five of five. But you will find four out of those five. That's a great deal that you were able to identify the four out of the five. Then that will initiate an outbreak investigation. And in that outbreak investigation, the better test to be used will be the regular PCR test, that you will send these out for the for the outbreak investigation. This point of care testing may not be the best test to be used for outbreak investigation, but it maybe a good test for screening purposes. But this how it can be used in an outbreak situation also. You know some of the results will have to be reconfirmed through a PCR. Dr. Ashraf said he hopes he answered this difficult question; he tried to make it as simple as possible.

8. **What recommendations do you have for our physical therapists who work in school as well as our long term areas in the same day?**
   Kate Tyner recommended that if it's possible for those people to see the long term care residents first, I think that would be a good practice. We have a lot more control in long-term care with all the restrictions on visitation testing, etcetera. Kate thinks that that would be a reasonable request if you could have them do therapy on residents per day first. Certainly. you're going to want to have that person screened before they enter your facility, You want to have good communication with that person so if they think that they have been part of an exposure, you want them to talk to you about it.

   Dr. Ashraf agreed, and said that it may again depend which community you are living in. What the transmission rate is in the community may all end up to the risk calculation. In that scenario, definitely these are the type of things that we have to deal with now. But you just cannot completely deny someone who's working with the children to come to work because many of the employees are going to be taking care of the children at home and then coming to work, which can be an exposure. How is that going to be any different than the therapist taking care of the children and those children are going home? Dr. Ashraf said that he didn't know what if he explained it very well, or not, but he is trying to say that we just have to be super, super good in our screening. And we have to be super, super good in our universal masking and social distancing and hand hygiene, not only at work, but also in our outside of work activities. That is

the message right now. If we want to get things right everybody, all of our health care workers have to be super, super careful. They have to. They have to universal masking, social distancing, hand hygiene., and avoiding situations where they can get infected, like crowds. So Dr. Ashraf hopes that when that person is working at school children, they're following all infection control guidance there also. That's how we have to do it.

9. **What if the dogs are being groomed outside the building and brought back to the resident? Is there any specific guidance.**
   No guidance, except that we just have to follow what the CDC has recommended. If the person who is grooming the dog gets sick, they should not be grooming the dog. Dr. Ashraf thinks all the other things still remains the same. The risk is more than anything to the dog. That is because he thinks the transmission from pet to human is not as strong as the ability to transfer from human to the dog. We hope the person who is grooming the dog is not working while sick. Again, the phasing requirements may apply, too. If you're in phase three, it will probably be okay. In phase one, you might want to wait, if possible.

10. **Can you please give us an update on the CMS guideline for every 7-day COVID testing of LTC staff. I know that there were screening machines that were to be mailed out to all facilities for this screening purpose - is this currently happening? Are LTC going to be required to do this 7-day testing of staff?**
    The information Dr. Ashraf has is that it is going to be coming. I have not heard that any facility have received it. What he has heard is that there were a few, maybe 10-11 facilities in Nebraska that were selected for initial batch to be receiving those machines. He does not even think right now that they have received them. Even so, it will probably a little bit more down the road.

11. **Can you please explain what enhanced screening would entail?**
    Something we talked about this morning when we were discussing this is enhanced screening. we consider enhanced screening, instead of just screening people at the beginning of the shift, you would consider screening them at mid shift as well. That was one of the ways that we would consider.

    We've talked also on previous webinars just about screening fatigue, that people aren't reading the questions as well. People are kind of check, check, check boxes and go on. This is a good time to call people back to the form and go through the questions and make sure people are really being thoughtful. You know about each and every symptom in putting two and two together that if you have a child exposed at home, you're experiencing nausea and vomiting or nausea and diarrhea. You know that that's a pretty significant case picture where we want you to be out of the building things. Enhancing the screening procedure is what we meant by that. It sounds like there have been questions on other local all in the last week or so about animal therapy in considerations And so we want to first start out with What is the CDC say about animals and COVID 19 in general? That advice really hasn't changed since March. When we first started talking about that is that we don't know a lot about how the virus of exit animals and so we say, treat those pets is you would treat other human family members to protect them from a positive, possible infection. You know, you want them essentially to quarantine with you, and

not have exposures to public places for large numbers of people or lots of people's hands. That's in general about animals in COVID-19 in the link at the bottom of the screen because this actually CDC talks about animals in a couple different categories. Animal therapy is sort of separate. There's some guidance that came out in June about animal therapy. Clearly, if you normally use therapy animals, you would consider maybe not allowing them in Phase One and Phase Two, because those settings are higher risk.