DATE: March 13, 2020

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED)

Memorandum Summary

- CMS is committed to taking critical steps to ensure America’s health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.

- Guidance for Infection Control and Prevention of COVID-19 - CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, including revised guidance for visitation.

- Coordination with the Centers for Disease Control (CDC) and local public health departments - We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html).

Background
The Centers for Medicare & Medicaid Services (CMS) is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus.

Guidance
Facility staff should regularly monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent
monitoring for potential symptoms of respiratory infection as needed throughout the day. Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the overarching regulations and guidance, we’re providing the following information about some specific areas related to COVID-19:

**Guidance for Limiting the Transmission of COVID-19 for Nursing Homes**

**For ALL facilities nationwide:**
Facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only. Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.). Note: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a governor’s executive order, a facility would not be out of compliance with CMS’ requirements. In this case, surveyors would still enter the facility, but not cite for noncompliance with visitation requirements.

For individuals that enter in compassionate situations (e.g., end-of-life care), facilities should require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks. Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident’s room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.

Exceptions to restrictions:
- **Health care workers:** Facilities should follow CDC guidelines for restricting access to health care workers found at [https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html). This also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians, that provide care to residents. They should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers. Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals ([https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html)).
- **Surveyors:** CMS and state survey agencies are constantly evaluating their surveyors to ensure they don’t pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to
transmission in the next facility, and must be allowed to enter. However, there are
circumstances under which surveyors should still not enter, such as if they have a fever.

Additional guidance:
1. Cancel communal dining and all group activities, such as internal and external group
   activities.
2. Implement active screening of residents and staff for fever and respiratory symptoms.
3. Remind residents to practice social distancing and perform frequent hand hygiene.
4. Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively
take their temperature and document absence of shortness of breath, new or change in
cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home.
5. For individuals allowed in the facility (e.g., in end-of-life situations), provide instruction,
   before visitors enter the facility and residents’ rooms, provide instruction on hand hygiene,
   limiting surfaces touched, and use of PPE according to current facility policy while in the
   resident’s room. Individuals with fevers, other symptoms of COVID-19, or unable to
   demonstrate proper use of infection control techniques should be restricted from entry.
   Facilities should communicate through multiple means to inform individuals and non-
   essential health care personnel of the visitation restrictions, such as through signage at
   entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.
6. Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or
   corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do
   not place individuals in the facility at risk for COVID-19.
7. Facilities should review and revise how they interact vendors and receiving supplies, agency
   staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to
   offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and
   take necessary actions to prevent any potential transmission. For example, do not have
   supply vendors transport supplies inside the facility. Have them dropped off at a dedicated
   location (e.g., loading dock). Facilities can allow entry of these visitors if needed, as long as
   they are following the appropriate CDC guidelines for Transmission-Based Precautions.
8. In lieu of visits, facilities should consider:
   a) Offering alternative means of communication for people who would otherwise visit,
      such as virtual communications (phone, video-communication, etc.).
   b) Creating/increasing listserv communication to update families, such as advising to
      not visit.
   c) Assigning staff as primary contact to families for inbound calls, and conduct regular
      outbound calls to keep families up to date.
   d) Offering a phone line with a voice recording updated at set times (e.g., daily) with the
      facility’s general operating status, such as when it is safe to resume visits.
9. When visitation is necessary or allowable (e.g., in end-of-life scenarios), facilities should
   make efforts to allow for safe visitation for residents and loved ones. For example:
   a) Suggest refraining from physical contact with residents and others while in the
      facility. For example, practice social distances with no hand-shaking or hugging, and
      remaining six feet apart.
   b) If possible (e.g., pending design of building), creating dedicated visiting areas (e.g.,
      “clean rooms”) near the entrance to the facility where residents can meet with
visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.

c) Residents still have the right to access the Ombudsman program. Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a case by case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).

10. Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?

Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

Please check the following link regularly for critical updates, such as updates to guidance for using PPE: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident’s diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?

A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19.

Information on the duration of infectivity is limited, and the interim guidance has been
developed with available information from similar coronaviruses. CDC states that decisions to
discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in
consultation with clinicians, infection prevention and control specialists, and public health
officials. Discontinuation will be based on multiple factors (see current CDC guidance for
further details).

**Note:** Nursing homes should admit any individuals that they would normally admit to their
facility, including individuals from hospitals where a case of COVID-19 was/is present.
Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning
from the hospital. This can serve as a step-down unit where they remain for 14 days with
no symptoms (instead of integrating as usual on short-term rehab floor, or returning to
long-stay original room).

**Other considerations for facilities:**
- Review CDC guidance for Infection Prevention and Control Recommendations for
- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs), *reinforce
  strong hand-hygiene practices*, tissues, no touch receptacles for disposal, and facemasks
  at healthcare facility entrances, waiting rooms, resident check-ins, etc.
  - Ensure ABHR is accessible in all resident-care areas including inside and outside
    resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough
  etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and
  areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect
  workplace areas (nurse’s stations, phones, internal radios, etc.).

**Will nursing homes be cited for not having the appropriate supplies?**
CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State
and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as
gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these
supplies for reasons outside of their control. However, we do expect facilities to take actions to
mitigate any resource shortages and show they are taking all appropriate steps to obtain the
necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect
staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of
PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility
should contact the local and state public health agency to notify them of the shortage, follow
national guidelines for *optimizing their current supply*, or identify the next best option to care for
residents. If a surveyor believes a facility should be cited for not having or providing the
necessary supplies, the state agency should contact the CMS Branch Office.

**What other resources are available for facilities to help improve infection control and
prevention?**
CMS urges providers to take advantage of several resources that are available:
CDC Resources:
- Infection preventionist training: https://www.cdc.gov/longtermcare/index.html

CMS Resources:

Contact: Email DNH_TriageTeam@cms.hhs.gov

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/
David R. Wright

cc: Survey and Operations Group Management
PURPOSE
The purpose of this guideline is to provide clarification for steps the facility will take regarding the novel Coronavirus (COVID-19) and ensure the health and safety of the facility’s residents to meet the standards required to help each resident attain or maintain their highest level of well-being.

Considering the recent spread of COVID-19, our Organization will attempt to minimize exposures to respiratory pathogens and promptly identify residents/patients with clinical features and risk for COVID-19.

The COVID-19 situation is fluid and the response plan likely will require periodic alterations to remain aligned with the most current recommended approaches. The organization is committed to maintaining a person-centered approach to care and providing communication to residents/patients, stakeholders and families and understanding their individual needs and goals of care. We are regularly monitoring the Centers for Disease Control and Prevention (CDC) website for CDC for the latest updates and resources.

The facility should contact their local health department for guidance, questions or if they suspect a resident has COVID-19. If the facility experiences an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel, they should immediately contact their local and/or state health department for further guidance. Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility.

PREVENTION

1. The recommended measures to prevent COVID-19 outbreaks mimic the same interventions advised by the CDC to implement routinely for Influenza and other similar respiratory based infections. For a current summary from the CDC on COVID-19, please go to the following link: https://www.cdc.gov/coronavirus/2019-ncov/summary.html.
2. The facility maintains an Infection Prevention and Control Program.
3. Please see below for additional prevention methods used by stakeholders and visitors.
4. The facility will follow the Pandemic Emergency Preparedness plan as applicable.
5. The Facility will maintain appropriate Personal Protective Equipment. Supplies will be ordered routinely, and Vendors will be notified should the facility’s needs for supplies increase.
6. Alcohol Based Sanitizers are available throughout the facility.
7. Remind residents, stakeholders and visitors to practice social distancing (no hand shaking, no hugging, staying 6 feet apart) and perform frequent hand hygiene.
8. The facility will cancel communal dining and all group activities such as internal and external group activities.
9. Please check the following link regularly for critical updates, such as updates to guidance for using Personal Protective Equipment (PPE) https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

SURVEILLANCE MEASURES
1. As part of the facility’s surveillance measures, the facility will maintain a high vigilance for evidence of any potential infected resident/patient, stakeholders, visitors/family and vendors with respiratory symptoms such as fever, cough, congestion, sore throat, and shortness of breath.
   a. The facility will actively screen all residents and stakeholders for fever and respiratory symptoms to include temperature checks.
2. Stakeholders will continue to utilize the Stop and Watch form to evaluate and report all signs and symptoms of respiratory illness for further evaluation and licensed nurses will complete a Situation Background Assessment Recommendation (SBAR) and notify physician and family or legal representative if applicable.
3. During a pandemic COVID-19 event, a status report on residents/patients with respiratory illness is reviewed during the clinical meeting and during afternoon stand-down.

EDUCATION
1. Stakeholders are educated on the signs and symptoms and prevention of COVID-19, universal/standard precautions, cough Etiquette hand hygiene and PPE and on the importance of prompt evaluation and communication when a resident/patient develops symptoms.
2. Stakeholders are educated on the importance of managing personal risk factors which may place them at risk for contracting the COVID-19 virus.
3. Stakeholders are educated in the provision of care to residents/patients who are symptomatic or have been diagnosed with COVID-19.
4. Temporary personnel will:
   a. Receive education on COVID-19 as part of initial orientation.
   b. Complete a screen before being allowed to start work.
5. The facility should restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In these cases, visitors will be limited to a specific room only.
   a. Individuals with fevers, other symptoms of COVID-19, or are unable to demonstrate proper use of infection control techniques should be restricted from entry.
b. In the last 14 days, has had contact with a person with a confirmed diagnosis of COVID-19, or is under investigation for COVID-19, or are ill with respiratory illnesses.


d. Residing in a community where community-based spread of COVID-19 is occurring.

e. Have visitors taken any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If so, facilities will ask them to postpone their visit to a later date.

**Restrict visitation of all visitors and non-essential health care personnel:** The Organization will follow CMS definition for restricting visitation to our communities to prevent the spread of COVID-19.

**Restricting is defined by CMS as:** visitors and non-essential health personnel should not be allowed in the facility at all except for certain compassionate care situations, such as end-of-life.

- Visitors will be limited to a specific room only.
- For individuals that enter in compassionate situations (e.g., end-of-life care), the facility should require visitors to perform hand hygiene and use Personal Protective Equipment (PPE) (as supply allows), such as facemasks. The facility will provide instruction, before visitors enter the facility and residents’ rooms, provide instruction on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident’s room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident’s room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.

**Exceptions to Restrictions:**
- Health care workers: The facility should follow CDC guidelines for restricting access to health care workers found at [https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html). Health care workers are defined by the Organization as providing services that is essential to the resident's care. This also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians, lab, x-ray, physicians/NPs/extendens that provide care to residents. They should be permitted to come into the facility if they meet the
CDC guidelines for health care workers. The facility should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals ([https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html)).

- The facility should increase visible signage at entrances/exits, increase availability to hand sanitizer.
- The Organization will follow the policy on vendor visits regarding COVID-19.
- In lieu of visits through restricting visitors, the facility should consider a) Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
- If possible, the facility should dedicate a visiting area(s) near the entrance to the facility where residents can meet with visitors in a sanitized environment. The facility should disinfect rooms after each resident-visitor meeting.
- Residents still have the right to access the Ombudsman program. Their access should be restricted per the guidance above (except in compassionate care situations), however, the facility may review this on a case by case basis. If in-person access is allowable, use the guidance mentioned above. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).
- Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. The facility should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

6. Visitors are provided education on the importance of Hand Hygiene via the use of COVID 19 informational posters stationed at visitor entrances in the facility. Informational posters stress proper Hand Hygiene and Cough etiquette.

**SUSPECTED CASE OF COVID-19**

1. The facility will contact the local and/or state health department for guidance as to whether a person who is symptomatic should be evaluated for COVID 19. This guidance is subject to change as the COVID 19 situation evolves.
   a. Necessity of COVID-19 testing will be based on consultation with the local and/or State Health Department with consideration of resident risk factors for COVID-19.
2. The attending physician and/or Medical Director should be notified of residents/patients experiencing symptoms.
Clinical Novel Coronavirus (COVID-19)

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a. Stakeholders should use the CDC definitions to guide whether an individual should be evaluated for COVID-19.
b. The Facility should regularly monitor the CDC website for updates to the case definition.

3. Once laboratory testing is available in the community, the physician will be able to order Coronavirus testing if applicable.

4. A resident/patient with known or suspected COVID-19, may require placement in an AIIR that is constructed and maintained in accordance with current guidelines.
   a. Based on current information on COVID-19, the organization defines “Suspected” as any resident/patient with respiratory symptoms where healthcare workers have reason to suspect an active COVID-19 infection.

NOTE: Our facilities are not equipped with AIIR rooms to provide appropriate airborne isolation; Therefore, the following would occur if a resident/patient contracts and tests positive for COVID-19.
   a. The facility will follow direction from the local or state health department and/or the physician regarding transferring the resident/patient to the hospital.
   b. While caring for or awaiting transfer of suspected or confirmed COVID-19 residents/patients, the resident/patient will be placed in a private room with the door closed (preferably not in a room where room exhaust is recirculated within the building without HEPA filtration).
   c. The resident/patient will be placed in droplet precautions
      b. While the resident/patient is in the facility, anyone entering the room must have a gown, glove, mask (respirator) and eye protection (i.e. mask with shield, goggles, etc.).
         i. If respirators are unavailable, a surgical mask will be used.
   c. No aerosol-generating procedures will be performed in the absence of an AIIR.

5. Respiratory illness outbreak should be communicated promptly to the local Health Department for further analysis and guidance.

6. During a Respiratory Illness outbreak, a line listing of symptomatic residents/patients and stakeholders should be maintained and communicated daily to the local health department, or as directed by the health department.

7. The Facility will review the pattern of COVID-19 in the facility and will consider cohorting residents/patients or groups using one or more of the following steps:
   a. Confining symptomatic residents/patients and exposed roommates to their room
   b. Where possible, staff who are assigned to affected units will not work unaffected units.

8. Cleaning and disinfecting resident/patient rooms and equipment will be performed using products that have EPA-approving emerging viral pathogens claims that have
demonstrated effectiveness against viruses like COVID-19 and are organization approved.

NEW ADMISSION REFERRAL AND READMISSIONS
1. The Facility uses a Clinical Capabilities Grid to assist in determining if the resident/patient is appropriate for the facility and/or to prompt detailed review of the referral before acceptance for admission.
2. Referrals that are exhibiting respiratory symptoms will be reviewed in detail by the clinical designee prior to acceptance into the facility. The clinical designee will review the possible admission in consultation with the Consulted Infectious Disease Physician/Medical Director, the local health department and with the referring facility. The clinical designee will determine if the facility can manage the clinical needs of the resident/patient, in consultation with the Signature Care Consultant (SCC) and the Regional Vice President (RVP).
3. The transmission-based precautions will be continued or discontinued in accordance with the CDC recommendations and in consultation with the local health department.
4. The clinical designee will coordinate the provision of services required, should the decision be made to admit.
5. If the facility is considering admission/readmission of a resident/patient with a diagnosis of confirmed or suspected COVID-19, the facility will do so in consultation with the local health department. The clinical designee will communicate to the local Health department the current level of capability of the facility to provide care, including the provision of airborne precautions.
6. The facility will implement appropriate transmission-based precautions, as directed by the local health department.
7. If possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor or returning to long-stay original room).

ADMITTING A RESIDENT/PATIENT TO FACILITY AFTER HOSPITALIZATION FOR COVID-19
1. The facility will admit a resident/patient with a confirmed diagnosis of COVID-19 into the facility only after transmission-based precautions have been discontinued following current guidance from the CDC.
2. Considerations to discontinue Transmission-Based Precautions include all the following (per CDC and can be found by visiting https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html):
   a. Resolution of fever, without use of antipyretic medication
   b. Improvement in illness signs and symptoms
**Clinical**

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c. Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least **two consecutive** sets of paired nasopharyngeal and throat swabs specimens **collected ≥24 hours apart** (total of four negative specimens—two nasopharyngeal and two throat).

**CDC Resources:**
- Infection preventionist training: [https://www.cdc.gov/longtermcare/index.html](https://www.cdc.gov/longtermcare/index.html)

**CMS Resources:**

**Contact:** Email DNH_TriageTeam@cms.hhs.gov
# Novel Coronavirus (COVID-19)

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# Infection Control Checklist

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<td>Visitor Screening for any approved visitor entering the facility</td>
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<tr>
<td>Provided Symptom advisement to all visitors/vendors</td>
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<tr>
<td>Resident Screening/Monitoring for Respiratory Symptoms with use of stop and watch and huddles</td>
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<tr>
<td>Resident psychosocial care plan - to be done on every resident (please revise on all residents to say restricted instead of limited)</td>
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<td>Using the respiratory template for documentation each shift on all residents</td>
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<tr>
<td>Visitor/Vendor Entrances (All doors locked, codes not shared)</td>
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<tr>
<td>Stakeholder Screening/ Sticker Requirement (before every shift worked) using log</td>
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<td>Stakeholder Attendance Policy</td>
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<td>Respiratory Infection</td>
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<td>Respiratory Hygiene/Cough Etiquette</td>
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<td>Survey Oversight for Infection Control</td>
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<td>Stakeholder Orientation</td>
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<td>Agency Staff Orientation</td>
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<tr>
<td>Education on Pandemic emergency preparedness plan</td>
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<tr>
<td>Education: Residents and Resident Representatives</td>
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<tr>
<td>Resident Council: Prevention Plan Overview, What Is COVID-19? Symptoms, Immediate Reporting of Symptoms, Hand Hygiene, Respiratory Hygiene, Cough Etiquette, Visitor Screening, practice social distances with no hand-shaking or hugging, and remaining six feet apart, limited visiting/altered means of communication</td>
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</table>
Provide handouts to visitors regarding Cough Etiquette and Handwashing.

**Provide education on proper PPE use**

Resident Representatives: Prevention Plan Overview Letter

Visitor Screening, Sticker Requirement

Facility Entrance Requirements

**Administrative**

All Entrances Locked

Signage on All Entrance Doors

All Door Codes Changed/No Sharing of Codes

Hand Sanitizer Dispensers Filled Routinely (Check Daily)

When available provide all stakeholders with their own hand sanitizer to keep on their person

General Sanitizing of Surfaces

Appropriate Cleaning Supplies Available

Stakeholder/Visitor stickers available

Symptom advisements are printed, available and are being given to all visitors/vendors

Utilize room log for suspected or confirmed COVID-19 residents until they are sent out or recovered

PPE Supplies Available (check daily)

Schedule for Door Monitors

One time Stakeholder Attestation (ALL stakeholders)

Handwashing and PPE compliance screening - weekly

Referral/Admission Process

Consistent Assignment

Contact Health department and maintain frequent contact for updates

No group activities, ensure other means such as 1:1, etc.

No communal dining if possible, if not, practice social distancing

Town hall/staff meetings for updates and CMS memo’s

Review infection control program and ensure it's in place

Review last 3 years of survey history for deficiencies in Infection Control

Designated infection preventionist in place and completion of required CDC training

Review the Long-Term Care and Other Residential Facilities Influenza Planning Checklist

Review the following daily: 24 hour report, Stop & Watch forms and SBARS

Ensure all residents have current, up to date psychosocial careplans related to limitation of visitors
<table>
<thead>
<tr>
<th>Task</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Check for respiratory documentation each shift on all residents and that follow-up was completed if respiratory symptoms were identified</td>
<td></td>
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<tr>
<td>Review routine labs with physician to determine necessity or opportunity to postpone lab testing</td>
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<td>All stakeholders education on signs and symptoms of psychosocial changes and use of the stop and watch</td>
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<td>Escort any visitor to and from resident room/dedicated visiting area</td>
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<td>Assign primary staff (i.e. Ambassadors) as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.</td>
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<td>Call all families before 3/13/2020 to inform of Limited Visitation</td>
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<td>We prefer direct communication with families, however, if this is not possible, offer a phone line with a voice recording updated at set times throughout the day with the facility’s general operating status, such as when it is safe to resume visits.</td>
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<tr>
<td>If possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).</td>
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<tr>
<td>Educate stakeholders on the difference in Respiratory infection and sinus/allergies</td>
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<td>Vendors- see policy</td>
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<tr>
<td>Lab direction for visitation (PPE while in resident care areas)</td>
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<tr>
<td>Have to offer an alternative means of communication for families. (i.e. teams) ensure to add step by step with the letter to the family</td>
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<tr>
<td>Cancel all outside visitor activities -QOL</td>
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</table>
PURPOSE
To provide guidelines on stakeholder restrictions to prevent the potential spread of COVID-19 Coronavirus. This is a temporary policy and will be reviewed periodically to determine the need for continued use.

POLICY:
The facility will conduct Infection Prevention practices to strive to prevent the spread of infectious diseases.

GUIDELINES:
1. Stakeholders are educated in the symptoms of and risk factors for COVID-19:
   a. Fever
   b. Cough
   c. Sore Throat
   d. Shortness of Breath
   e. Signs or symptoms of a respiratory infection such as fever, sore throat, cough or shortness of breath.
   f. In the last 14 days, has had contact with a person with a confirmed diagnosis of COVID-19, or is under investigation for COVID-19, or are ill with respiratory illnesses.
   g. International travel within the last 14 days to countries with sustained community transmission (COVID-19). For updated information on affected countries visit: https://www.cdc.gov/coronavirus/2019-ncov/summary.html.
   h. Have stakeholders taken any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If so, further screening is required prior to the stakeholder working.
2. Stakeholders sign an agreement indicating they understand the symptoms of and risk factors for COVID-19, and the direction to NOT come to work if any of these conditions apply.
3. Stakeholders are screened at the beginning of each of their shifts for fever, respiratory symptoms and if they work at multiple facilities.
   a. Actively take and record their temperature
   b. Document absence of shortness of breath
   c. New or change in cough
   d. Sore throat
4. Stakeholders who are asymptomatic or who do not have risk factors for COVID-19 can work. Stakeholders with a fever or any of the symptoms listed (in number three) will not be permitted to work.
   a. Have the stakeholder put on a mask and self-isolate at home.
b. The stakeholder will notify the health department for further guidance and recommendations.

5. Stakeholders who become symptomatic during work hours, are required immediately to don a mask, clock out and then leave the facility (or be removed from the facility).
   a. Have the stakeholder put on a mask and self-isolate at home.
   b. The stakeholder will notify the health department for further guidance and recommendations.

6. Stakeholders who do not follow these guidelines will be subject to disciplinary action.

7. Guidance is subject to change. COVID-19 is a fluid situation. Facilities are to follow the most stringent guidance within the jurisdictions where they are located.

8. Home Office and regional stakeholders would be treated as facility stakeholders for screening while visiting any facility.
PURPOSE
To provide guidelines on limiting visitors to potentially prevent the spread of COVID-19 Coronavirus. This is a temporary policy and will be reviewed periodically to determine need for continued use.

POLICY:
The facility will implement limited visitation to strive to prevent the spread of COVID-19.

GUIDELINES:
1. If visitation is necessary (such as end-of-life situations or when a visitor is essential for the resident’s emotional well-being and care), visitors are screened upon entry into the facility, using the questions on the Visitor Log.
   a. A trained stakeholder can review the visitor’s screen and determine if the visitor can enter the facility.
   b. A trained stakeholder is identified as the following:
      i. Have received education on COVID-19 symptoms and risk factors
      ii. The screening process and screening questions
      iii. Regulations and guidance related to limiting a resident’s right to visitors
      iv. How to manage situations where visitors or vendors may not want to leave the premises.

2. If the visitor is approved for entry, the visitor is given a sticker with the date and signature of the stakeholder approving the visitor for entry.
   a. At this time, the visitor will don Personal Protective Equipment (PPE) provided by the facility while in resident care areas.
   b. Visitors will be escorted to and from the designated visiting area or resident room.
   c. Visitation will be restricted to residents’ room or facility designated visiting area.
   d. The visitor badge is good for one calendar day. The visitor is to be rescreened daily.

3. Any provider, consultant or vendor visiting the facility is subject to these same requirements.

4. The facility Chief Executive Officer (CEO) or designee will inform residents and Resident Council about the temporary visitor screening process.
Coronavirus (COVID-19) – Limitation of Visitors

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<thead>
<tr>
<th>Clinical</th>
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<tbody>
<tr>
<td>Effective Date:</td>
<td>Last Reviewed:</td>
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<tr>
<td>3/9/2020</td>
<td>3/10/2020</td>
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<td>Last Revised:</td>
<td>3/10/2020</td>
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<tr>
<th>RESPONSIBLE ROLE</th>
<th>RESOURCE DOCUMENTS</th>
<th>ORIGINATION DATE</th>
<th>DATE REVISED</th>
<th>DATE REVIEWED</th>
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</table>
PURPOSE
To provide guidelines on restricting vendors to potentially prevent the spread of COVID-19 Coronavirus. This is a temporary policy and will be reviewed periodically to determine need for continued use.

POLICY:
The facility will implement restricted vendor access in order to strive to prevent the spread of COVID-19.

GUIDELINES:
1. Applicable to all contracted suppliers performing deliveries and other care and services to our facility locations.
2. All suppliers are required to announce themselves at the front entrance of the facility.
3. The facility will provide vendors with dedicated supply drop off location(s) as applicable.
4. If vendor entry is necessary (i.e. lab, x-ray, pharmacy delivery, etc.), vendors will be screened upon entry into the facility, using the questions on the Visitor/Vendor Log which include:
   a. Actively take and record their temperature
   b. Document absence of shortness of breath
   c. New or change in cough
   d. Sore throat
   e. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations).
5. If a vendor is allowed entry, a trained stakeholder can review the visitor’s screen and determine if the visitor can enter the facility.
   b. A trained stakeholder is identified as the following:
      i. Have received education on COVID-19 symptoms and risk factors
      ii. The screening process and screening questions
      iii. Regulations and guidance related to limiting a resident’s right to visitors
      iv. How to manage situations where visitors or vendors may not want to leave the premises.
6. If the vendor is approved for entry, the vendor is given a sticker with the date and signature of the stakeholder approving the vendor for entry.

NOTE: Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be denied entry.
   a. The vendor will perform hand hygiene and don Personal Protective Equipment (PPE) (as supply allows), such as facemasks, provided by the facility while in resident care areas.
Clinical

Coronavirus (COVID-19) – Vendors

Effective Date: 3/10/2020
Last Reviewed: 3/14/2020
Last Revised: 3/14/2020

a. Vendors will be restricted to designated delivery areas and/or residents’ room if a care service is to be provided.
b. Vendors will be escorted to and from the designated delivery area(s) and/or resident room.
c. The vendor badge is good for one calendar day. The vendor is to be rescreened daily.

7. Advise vendors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

<table>
<thead>
<tr>
<th>RESPONSIBLE ROLE</th>
<th>RESOURCE DOCUMENTS</th>
<th>ORIGINATION DATE</th>
<th>DATE REVISED</th>
<th>DATE REVIEWED</th>
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<tbody>
<tr>
<td>Visitor log</td>
<td>3/10/2020</td>
<td>3/14/2020</td>
<td>3/14/2020</td>
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</tbody>
</table>
PLEASE BE ADVISED:

After your visit today, you should monitor for signs and symptoms of respiratory infection:

- Fever
- New or change in cough
- Shortness of breath
- Sore throat

Monitor for these symptoms for at least 14 days after exiting the facility. If symptoms occur, self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date you were in the facility, the individuals you were in contact with, and the locations within the facility you visited.
**Room Log:** Residents with Suspected or Confirmed Novel Coronavirus (COVID-19)

Resident Name: ____________________________  Room Number: __________

*include all stakeholders, visitors, etc. who enter the room*

<table>
<thead>
<tr>
<th>Stakeholder or Visitor Name (print)</th>
<th>Date</th>
<th>Time In:</th>
<th>Time Out:</th>
<th>Initials</th>
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</table>
*Screen ALL Stakeholders prior to working on every shift. If answered YES to any question, further evaluation will be required prior to allowing you to work your scheduled shift for the safety of our residents*

<table>
<thead>
<tr>
<th>Stakeholder Name (print)</th>
<th>Date &amp; Shift</th>
<th>Temperature</th>
<th>Shortness of Breath</th>
<th>Cough (new or changed)</th>
<th>Sore Throat</th>
<th>Facility</th>
<th>Date</th>
<th>Screened By</th>
<th>Further Action taken</th>
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Visitor/Vendor Screening Log

*Screen ALL visitors, vendors, etc. who enter the facility. If answered YES to any question, we MUST ask you to postpone your visit for the safety of our residents*

<table>
<thead>
<tr>
<th>Visitor/Vendor Name (print)</th>
<th>Date</th>
<th>Have you had International travel within the last 14 days to countries with sustained community transmission (cruise ships or participated in other settings where crowds are confined to a common location)? Yes or No</th>
<th>Do they have signs or symptoms of a respiratory infection: fever, cough, shortness of breath or sore throat? Yes or No</th>
<th>In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19 or is under investigation for COVID-19 or is ill with respiratory illness? Yes or No</th>
<th>Is the visitor residing in a community where community-based spread of COVID-19 is occurring? Yes or No</th>
<th>Gave Advisement note to self-monitor for symptoms of respiratory illness after visit</th>
<th>Screened By</th>
<th>Further Action taken</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Temperature</td>
<td>Shortness of Breath</td>
<td>Cough (new or changed)</td>
<td>Sore Throat</td>
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