



HELPFUL FAMILY RESOURCES FOR DEALING WITH COVID-19



SUDDENLY, YOU'RE A CAREGIVER...

Like many family members across the country, you may find yourself caring for a loved one who normally benefits from the services of a professional caregiver. Perhaps, due to the coronavirus:

YOU ARE WORKING FROM HOME.

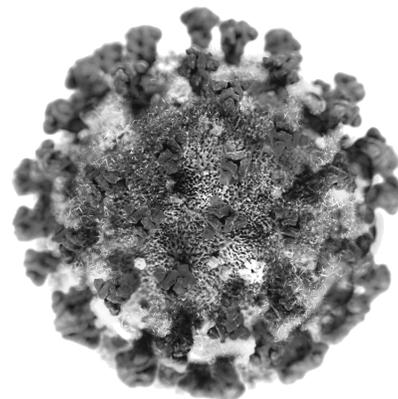
You may have requested that home care services be paused since you are home with your loved one all day anyway.

THE AGENCY IS SHORT ON CAREGIVERS.

Home care agencies are feeling the pinch because many caregivers have children who are now out of school, severely limiting their work schedules.

YOUR LOVED ONE IS CAUTIOUS ABOUT ANYONE VISITING.

Your loved one (or you) may be restricting visitors to the home in an effort to reduce the spread of infection.



IT CAN BE DIFFICULT TO STEP INTO THE SHOES OF A CAREGIVER!

You may suddenly be responsible for your loved one's:

"There are only four kinds of people in the world. Those who have been caregivers. Those who are currently caregivers. Those who will be caregivers, and those who will need a caregiver."

— Rosalyn Carter

- Personal care, including bathing, mouth care, grooming, dressing and toileting.
- Mobility, such as encouraging daily "strolls" around the house, range of motion exercises or simply changing position in bed.
- Transferring the person from the bed to a chair to a commode...and back again.
- Diet, including any special diet prescribed by the physician or a nutritionist.
- Health and wellness...watching for any changes in the person's condition and/or symptoms of the coronavirus.

Over the next few pages, we'll provide some tips and resources to help guide you through caring for your loved one during the coronavirus crisis.

BASIC INFO ON COVID-19

Coronaviruses are a family of viruses that can infect both humans and animals. The first human coronavirus popped up in the mid-1960s. To date, there are seven (7) coronaviruses that can infect people.

The newest (2019) coronavirus (**aka COVID-19**) was first detected in China in late December, 2019.

You may also hear the virus referred to as “Novel Coronavirus” because:

- NOVEL = NEW (never seen before).
- CORONA = CROWN (named for the crown-like spikes on the virus).

Other coronaviruses you may have heard of include:

- SARS (Severe Acute Respiratory Syndrome), and
- MERS (Middle East Respiratory Syndrome)

Where did COVID-19 come from?

Experts believe the newest coronavirus probably began in an animal in China. Both MERS and SARs originated in bats. Many of the first people to become sick from COVID-19 in China either worked or shopped at a live-animal market. So, while the exact source is still unknown, researchers are fairly certain the virus was spread from animals to humans.

Who is at risk for infection?

While anyone of any age, race, or gender can become infected by COVID-19, the majority of confirmed cases have been in adults aged 60 or older.

Older adults who have other medical conditions, such as heart disease, diabetes, or lung disease are at higher risk of serious illness from an infection with COVID-19.

About 81% of people who become infected will have a mild case and fully recover without complications.

HOW DOES IT SPREAD?

There are two ways coronavirus is spread:

- **Person-to-person:** The virus is thought to spread mainly from person-to-person between people who are in close contact with one another. Droplets produced when an infected person coughs or sneezes can travel **up to 6 feet away**. These droplets can land in the mouths or noses (or become inhaled into the lungs) of people who are nearby.
- **Contact with infected surfaces:** Droplets from an infected person can also land on surfaces or objects. When an uninfected person touches the surface or object that has the virus on it, then touches their own mouth, nose, or eyes, the virus enters the uninfected person.

A study published February 6, 2020 in The Journal of Hospital Infection found that coronaviruses can stay on surfaces such as metal, glass or plastic for as long as nine days.

WHAT ARE THE SYMPTOMS OF COVID-19



Check Your Symptoms!

For a comprehensive evaluation of symptoms and advice on what to do, visit Apple's Free COVID-19 Symptom Checker.

Here's the link:

www.apple.com/covid19

In Older Adults:

Older adults with COVID-19 may show several "atypical" symptoms since older adults don't often fit the typical profile for routine illnesses.

Be on the lookout for:

- The person seems "off" — not acting like themselves
- Sleeping more than usual.
- Not eating
- Confusion
- Loss of orientation
- Dizziness
- Increase in falls



CALL 911 NOW IF YOU NOTICE ANY OF THESE SYMPTOMS:

- Constant chest pain or pressure
- Extreme difficulty breathing
- Severe, constant dizziness or lightheadedness
- Slurred speech
- Difficulty waking up

COVID-19 causes a range of symptoms in those infected. The following symptoms may appear 2-14 days after exposure:

SEVERITY	SIGNS & SYMPTOMS
Asymptomatic	No symptoms at all.
Mild	Mild cold-like symptoms, chills, muscle aches, headache, sore throat, and new loss of taste or smell.
Severe	Fever, cough, shortness of breath, breathing difficulties; may progress to pneumonia.
Critical	Respiratory failure, septic shock, multiple organ dysfunction or failure, and even death.

INFECTION CONTROL YOU NEED TO KNOW

There are two ways to prevent the spread of infection:

- Prevent *yourself* from getting sick, and
- Prevent *others* from catching the virus from you.

To prevent yourself from getting sick:

- Wash your hands often with soap and water (preferred), or use an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose, and mouth if your hands aren't clean.
- Avoid close contact (within 6 ft) with anyone who is sick.
- Avoid crowded places such as sporting events, concerts, or religious gatherings.
- To keep your immune system strong, get enough rest, eat a balanced diet, and perform some type of exercise each day.

To prevent others from catching the virus from you.

- Stay home from work, school, and public areas if you're sick, except for medical visits.
- If you must leave the house for a medical visit, call the doctor in advance and wear a face mask to protect others with whom you may come in contact.
- Separate yourself from other people and animals in the home as much as possible. In other words, try to stay in a separate room with the door closed.
- Cover your mouth and nose with your elbow or tissue when you cough or sneeze. Or use a clean tissue, then throw it away and wash your hands.
- Clean and disinfect surfaces you touch frequently.
- Avoid sharing dishes, glasses, bedding, and other household items if you're sick.



Wash Your Hands!

The CDC recommends you follow these five steps every time you wash your hands:

1. Wet your hands with clean, running water (warm or cold), and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

STOP TOUCHING YOUR FACE!



How to STOP!

- **Tie a string around your finger.** Remember the old trick of tying a string around your finger to help you remember something? It can help you break your face touching habit too. It doesn't have to be a string. You could put a rubber band on your wrist, wear a different ring, or even draw a heart on the back of your hand to remind you! Do whatever works for you.
- **Use a clean tissue.** If you just can't fight the urge to scratch your itchy nose, grab a tissue to use as a barrier.
- **Use pleasant scents to remind you.** Rub a pleasant smelling lotion on your hands after washing them. When you bring your hand to your face, the scent will bring your awareness to what you are about to do.

RESEARCH SHOWS THAT MOST OF US TOUCH OUR FACES AT LEAST 16 TIMES A DAY.

Why is that a problem?

Under normal circumstances, it wouldn't be that big of a deal to touch your face 16 times a day. But we are NOT living under normal circumstances right now!

Think of your face as the onramp to your body. The mucous membranes on your face (eyes, nose, and mouth) are super-highways to your respiratory system.

So, if the virus is on your hand when you touch your eyes, nose, or mouth (even once), it will surely hitch a ride to your lungs and make you sick. It's that simple.

It's a hard habit to break.

Most of us touch our faces throughout the day without even realizing it. We rub our tired eyes, itch our tickly noses, and bite off ragged fingernails without much thought at all. So, how do you break a habit that you are hardly aware you even do?

Here are a few tips you can use:

- Wash your hands with soap and water often throughout the day. But keep in mind, this is not the ONLY solution. It's nearly impossible to keep your hands completely germ-free. As soon as you wash your hands, you will likely re-contaminate them by touching surfaces such as doorknobs, countertops, or light switches that may hold the virus.
- Pay close attention to your urge to touch your face. Becoming more aware of the habit can help you catch yourself before you do it.
- Put up signs or post it notes around the house reminding you to keep your hands away from your face.

CLEANING DURING THE COVID-19 CRISIS

In homes, the CDC recommends, “routine cleaning of frequently touched surfaces (tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks).”

Is there a difference between cleaning and disinfecting?

- Yes! Cleaning removes germs, dirt, and impurities from surfaces, lessening the risk of spreading infection by reducing the number of germs. However, cleaning does not kill germs.
- Disinfecting involves using chemicals to kill germs on surfaces.
- Your best bet to lower infection spread is to first clean a surface and then follow up by disinfecting it.

What are the best cleaning products to use?

First, remember to always wear gloves while cleaning and disinfecting during the COVID-19 crisis. When you are finished, remove them properly, dispose of them, and wash your hands. NOTE: If you don't have gloves, be sure to wash your hands before and after you clean.

If surfaces are dirty, CLEAN them first by scrubbing with soap/detergent and water. Then, if possible, DISINFECT.

- You can use a diluted bleach solution, an alcohol solution with at least 70% alcohol or any CDC-approved disinfectants. In general, look for sprays or wipes that promise to kill 99.9 percent of germs.
- Be sure to follow the manufacturer's instructions on the container.

You can prepare a bleach solution by mixing 4 teaspoons of bleach to one quart of water. However, please remember to:

- Check the expiration date on the bottle of bleach. If it has expired, it will not be effective against the coronavirus.
- Never mix household bleach with ammonia or any other cleanser, including vinegar. It may create a poisonous gas.
- Be sure to label the bleach solution container and keep it away from children and adults with dementia or Alzheimer's disease.



Laundry Tips!

The CDC recommends washing clothes and linens using the warmest appropriate water setting, making sure to dry all items completely.

They also suggest cleaning and disinfecting clothes hampers. Better yet, if possible, use a disposable bag to line the hamper.

Follow the same infection control precautions for handling your loved one's laundry as a professional caregiver would:

- Wear disposable gloves (if available).
- Never shake dirty laundry (to reduce the chances of spreading the virus through the air).
- Remove and dispose of gloves properly to avoid exposure to germs. Then wash your hands.

BASIC CARE TIPS FOR FAMILY CAREGIVERS

Start with the Care Plan

If your loved one has been under the care of a professional caregiver through an agency, you should have access to the care plan that was developed just for him or her. In most states, a copy of the Care Plan must be left in the home. If you are unable to locate it, reach out to the agency to request a copy.

What's in the Care Plan?

The care plan should list all the tasks the caregiver does **for** or **with** your loved one. Examples of tasks may include helping with bathing, preparing meals, and housekeeping duties. Try to keep the same schedule as the caregiver, if possible. The situation may be stressful for your loved one. Keeping a consistent schedule can ease some anxiety.



HELPING WITH PERSONAL CARE

Bathing Tips

Bathing is important because it prevents infection, controls body odor, promotes comfort and stimulates circulation. Depending on your loved one's abilities and care plan, you may give a:

Bed Bath. This type of bath is for people who can no longer get out of bed.

- **How do you do it?** Gather all your supplies and place them within reach of the bed. Close any doors or windows to avoid drafts. To ensure both warmth and privacy, cover the person with a light cotton blanket. Uncover, wash, and dry only a small part of the body at a time.

Tub Bath. This type of bath is only for people with good posture, balance and mental alertness.

- **What do you need to know?** Don't attempt to help anyone in or out of a tub unless you feel secure about your ability and/or you have the proper equipment (like a lift or slide board).

Shower. A shower is best for people who are "independent." It can be done standing or by using a shower chair, if available.

- **Best Practices:** Be sure to place a rubber mat on the shower floor—but don't cover the drain opening. Stand close by, while still providing privacy.

Mouth Care

Having a healthy mouth helps your loved one feel better, have a heartier appetite and eat a more balanced diet. Here are a few ways you may need to help:

- **Encourage or Remind:.** Your loved one may just need a reminder to brush his teeth or take care of his dentures independently. Remind him or her to brush at least once a day using a soft toothbrush. It's even better to brush after every meal!
- **Set-up Supplies.** If your loved one has mobility problems, you may need to set up and arrange her toothbrush, toothpaste, water and towel within easy reach. If more help is needed, wet the toothbrush with water and put the toothpaste on the toothbrush. Provide a basin for the person to spit.
- **Perform the Task for the Person.** Someone who is confused, completely immobile, in a coma, or in the end stages of life will need you to perform the oral care tasks for him. An unconscious person may need oral care every 2 hours. Gently swab the teeth, gums, inside of cheeks and tongue with a soft brush or a "toothette," if available.
- **Denture Care.** Dentures need to be removed from the mouth, rinsed, brushed with a denture brush and denture paste and soaked overnight.

BASIC CARE TIPS FOR FAMILY CAREGIVERS

HELPING WITH PERSONAL CARE

Toileting Tips

There's no way around this one! Everyone has to eliminate! Depending on your loved one's abilities and care plan, toileting may involve:

Clearing a Safe Path. For people who are independent and mobile, your only involvement in toileting may be to make sure the path to the bathroom is clear and clutter free!

- **Good Ideas!** Remove any area rugs that slide or move. Make sure there are no electrical cords crossing the path. Leave a nightlight on at night to light the way from the bedroom to the bathroom.

Using a Urinal (for men): Urinals are a handy option for immobile males.

- **Best Practices:** If possible, encourage your loved one to sit on the side of the bed to use the urinal.

Helping with a Bedside Commode. If your loved one can get out of bed with or without help, a bedside commode may be used.

- **Best Practices:** Keep the commode near the bed and clean it after each use to eliminate unpleasant odors. Adjust the legs of the commode so that the user's feet plant firmly on the ground during elimination.

Dressing and Grooming Tips

For people who have physical or mental impairments, dressing and grooming tasks are often difficult to manage alone. That's where you come in. You can help your loved one feel good about his or her appearance by:

- **Helping to Choose Clothing.** Encourage your loved one to choose what to wear, if able, to preserve independence and control.
- **Laying Out the Clothing:** If your loved one has a diagnosis of dementia or Alzheimer's disease, he or she may have trouble making choices. In this case, you might limit choices to just two items or choose the clothing and lay it out for the person.
- **Assisting with Dressing:** People with physical impairments, like paralysis after a stroke or stiff joints from arthritis, may need you to assist with dressing. Best choices are items with elastic waistbands and no buttons or zippers.



Helpful Hair Care Tips

It can be particularly upsetting for an adult child to see his or her mother with a wild-bedhead-hairdo, especially if, in the past, she was a stylish woman who always took special care of her appearance. How can you help with your loved one's hair?

Here are a few tips:

- Most people only need their hair washed once a week. Dry shampoos are a good option for individuals who are less mobile.
- If your loved one spends a lot of time lying on her hair in bed, then use a silk pillow case or try having her sleep in a hair net to minimize tangles.
- Women with long hair may need a shorter hairstyle. If a shorter cut is not an option, then braids or a bun can help tame a wild style!

BASIC CARE TIPS FOR FAMILY CAREGIVERS

HELPING WITH MOBILITY

Ambulation (Walking)

Ambulate means to **walk**. Ambulating keeps people active and improves muscle tone and strength. It can also slow down the process of bone density loss. Other benefits of ambulation include better digestion, circulation, self-esteem and greater independence.

Every time you get your loved one up and moving, it's important to follow these basic safety guidelines:

- Always clear the walking path of area rugs, furniture, wires and clutter before getting your loved one up to ambulate.
- Allow the person to sit on the edge of the bed and dangle his or her feet for a few minutes before standing. This will minimize the dizziness the person may have as a result of rising too quickly.
- Be sure he or she has socks and nonskid shoes on before ambulating.
- Does your loved one have a “weak side” and use a cane or a walker? If so, walk on the client's weak side, and slightly behind him or her.

Range of Motion Exercises

You know the old saying “use it or lose it”? That's what it's like with mobility. People who keep moving maintain mobility. Those that stop, lose it.

One way to maintain mobility is by doing range of motion exercises. People who have full range of motion have the strength, balance and coordination to move in many different ways.

You may want to try some very gentle joint rotation exercises.

- Joint rotations are performed to help warm and loosen up the joints.
- These are slow circular movements, performed in both clockwise and counterclockwise directions.
- This rotating motion is usually the best way to prepare for other forms of exercise—including range of motion and walking.

Remember to exercise each joint . . . shoulder, elbow, wrist and fingers! Rotate each joint, very gently, both clockwise and counter clockwise.



Helping Your Loved One Remain Flexible

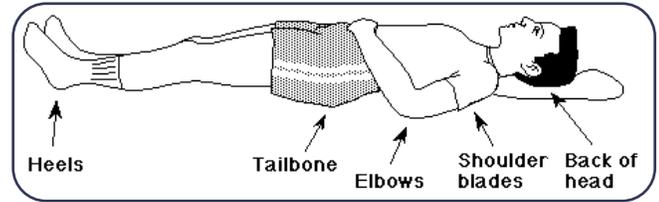
- A fun way to exercise the wrist and finger joints is to have your loved one make shadow puppets. (Remember how to do that? Make your hands into shapes that show up as shadows on the wall.)
- Another way to exercise hand and finger joints is to have the person squeeze a washcloth or sponge while soaking their hands in a basin of warm water. This is especially good for people who have arthritis in their hands.
- Movement that occurs during daily activities helps keep joints flexible. For example, Mrs. Taylor uses her shoulder, elbow, wrist and finger joints to brush her hair every day. If your loved one is independent and/or active in their personal care, they'll have a better chance of staying flexible.

BASIC CARE TIPS FOR FAMILY CAREGIVERS

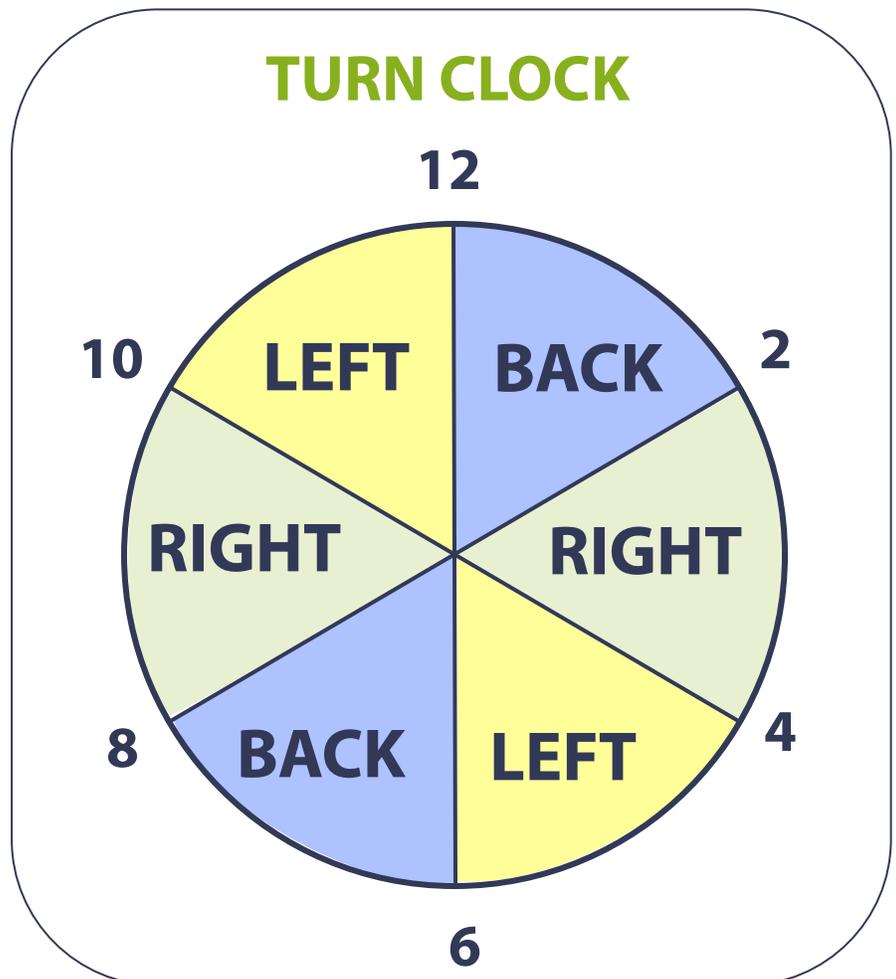
HELPING WITH MOBILITY

Frequent Position Changes

If your loved one has limited mobility, is bed bound or uses a wheelchair, it's important to assist with frequent changes of position throughout the day. This helps prevent putting too much pressure on the bony areas of the body...such as the ones pictured here:



- The physician may have ordered that your loved one change position at a specific frequency. If not, the best practice is that he or she move around every two hours.
- If your loved one spends a lot of time in bed, consider using the “turn clock” system. The clock (pictured below) serves as a reminder that at each two-hour interval, your loved one should be re-positioned according to the position indicated on the clock. For example, from 12:00 to 2:00 the person should be positioned on his or her back; from 2:00 to 4:00 on the right side; and so forth.
- Post the graphic below in a highly visible spot, then follow the clock so you know what positions were used...and when the cycle can be repeated.
- Use pillows and pads to help position your loved one comfortably in their bed or chair. Place extra pillows so that they minimize pressure on bony parts of the body.
- If your loved one uses a wheelchair, remind him or her to sit upright. Sitting with good posture will allow the person to switch positions with greater ease.
- Encourage your loved one to shift positions every 15 minutes— if able. Position changes are very important for preventing pressure ulcers.
- Does your loved one have an issue with incontinence? If so, try to keep the person as dry and clean as possible. It is extremely important to stay dry to prevent pressure ulcers. Wet skin can become brittle, making it tear more easily. Soiled or wet clothing can rub against the skin, creating an ulcer.
- If your loved one has an adjustable bed, make sure the incline is as low as possible. The straighter a person sits up in bed, the more pressure there is on the tailbone and lower back.



PERFORMING SAFE TRANSFERS

Helping your loved one move from one place to another may be one of the most dangerous tasks you'll have to perform. Both of you could get hurt. Here are TEN important tips you can follow to keep your loved one and yourself safe while doing this job!

TIP 1: Think before you act! Before you start, go through the entire transfer in your mind. Read through the steps at the bottom of this page.

TIP 2: Get help if you need it. Be realistic about what you can do safely on your own. Use transfer equipment or a mechanical lift if available. Ask for help, if help is available.

TIP 3: Set the stage. Clear the path where you plan to stand or walk with your loved one. If you are moving the person to a wheelchair, place the wheelchair close by and lock the wheels.

TIP 4: Balance it out. Stand so that your weight is centered over your feet with feet shoulder-width apart. Don't "lock" your knees.

TIP 5: Tighten it up! Pull in your abdominal muscles and tighten your buttocks to support your lower back.

TIP 6: Use your BIG muscles! Bend your knees to help you keep your balance during a transfer. If you need to bend forward, bend from the *hips*, not from the waist.

TIP 7: Don't do the Twist! Plan your transfer so that you don't have to twist your body. Twisting your

lower back puts you at risk for muscle strain—or even a more serious back injury.

TIP 8: Get close! Keeping the person close to you helps you use your large muscle groups to do the work and prevents straining the smaller arm and back muscles.

TIP 9: Take a breath test! If you can't lift and breathe at the same time, the person is *too heavy* for you. Get help if help is available.

TIP 10: Encourage participation! The most important tip of all is to encourage your loved one to help as much as possible during the transfer! This will give him the opportunity to use his muscles and joints—and possibly regain some mobility in the future.



HOW DO YOU DO IT?

TRANSFER YOUR LOVED ONE FROM BED TO CHAIR

1. Help your loved one sit on the side of the bed.
2. Put on non-skid slippers or shoes.
3. Position the chair near the bed. If the person has a weak side, place the chair on the *stronger* side. If the chair has wheels, be sure to lock them.
4. Now, support your loved one's knees by putting your knees right in front of them. And, keep his feet from sliding by putting your feet in front of his feet. **DO NOT LOCK YOUR KNEES!**
5. Ask your loved one to lean forward and push off the bed at the count of three. It's okay for him to hold onto your shoulders or waist, but never your neck!
6. Once the person is standing, turn your body, along with his toward the chair.
7. Make sure the chair seat touches the back of his legs before he begins to sit. Ask him to reach back for the armrests, if able.
8. Lower your loved one slowly to the chair seat without rounding your back.

BASIC CARE TIPS FOR FAMILY CAREGIVERS

What About This Special Diet?

Has a physician or dietician ordered a special diet for your loved one? If so, this is known as a therapeutic diet and it is considered a medical treatment—just like checking vital signs. The food your loved one eats is just as important as the medications he or she takes!

COMMON THERAPEUTIC DIETS

A LOW FAT DIET

A doctor might prescribe a low fat diet if your loved one has heart disease, diabetes, is overweight or has trouble digesting fats. People on a low fat diet should eat:

- Lots of fruits and vegetables.
- Small portions of meat.
- A bowl of oatmeal instead of a muffin.
- Steamed vegetables instead of French fries.
- Low fat milk instead of whole milk.
- Yogurt instead of sour cream.
- Skinless, baked chicken instead of fried.

A HIGH FIBER DIET

Your loved one might be prescribed a high fiber diet if he or she has heart disease, is overweight, suffers from constipation or has a high risk for colon cancer. People on a high fiber diet should eat:

- Whole grains like brown rice and whole wheat bread.
- Fresh vegetables and fruits.
- Dried beans like lentils, split peas, and black-eyed peas.
- An apple (4 grams of fiber) instead of applesauce (1.5 grams).
- A cup of brown rice (3.5 grams of fiber) instead of noodles (1.8 grams).
- Oatmeal (4 grams of fiber) instead of corn flakes (1 gram).
- Baked beans (7 grams of fiber) instead of green beans (2 grams).

A RENAL DIET

Has the doctor prescribed a renal diet for your loved one? It could be because of kidney disease, dialysis, or another condition that is affecting the kidneys, like diabetes or an infection.

- No two renal diets are the same. This is because a renal diet is developed individually for people depending on their weight and severity of their kidney damage. Please consult with the physician or nutritionist for details.
- Offer the specific number of calories to be eaten every day, as outlined in the diet order.
- Limit the amount of sodium (salt) so the body doesn't hold onto fluids and swell up.
- Limit fluids since too much fluid makes the kidneys work overtime.

A LOW SODIUM DIET

If your loved one has high blood pressure, has had a stroke, or has a lot of edema (fluid often showing up as swelling around the ankles), the doctor may have ordered a low sodium diet. People on a low sodium diet should eat:

- Lots of fresh fruits and vegetables.
- Small servings of meat, poultry, fish, dairy products, and eggs—because these foods have more sodium.
- Very little canned and processed food—because these are the highest in sodium. (Lots of foods have sodium added during processing. These include cheese, bacon, sausage, ham, pickles, and sauerkraut.)
- No salty foods like chips, popcorn, pretzels, and crackers.

MORE SUPPORT FOR YOU!

Your home care agency is eager to assist you and your loved one again as soon as possible. You and your loved one are in their thoughts and prayers. The staff will remain in touch with you during this difficult time...as we all work together to get through the COVID-19 pandemic. Until this period is behind us, we hope you find this guide useful. Here are some additional resources that you may want to explore:

AARP's Family Caregiver Resources

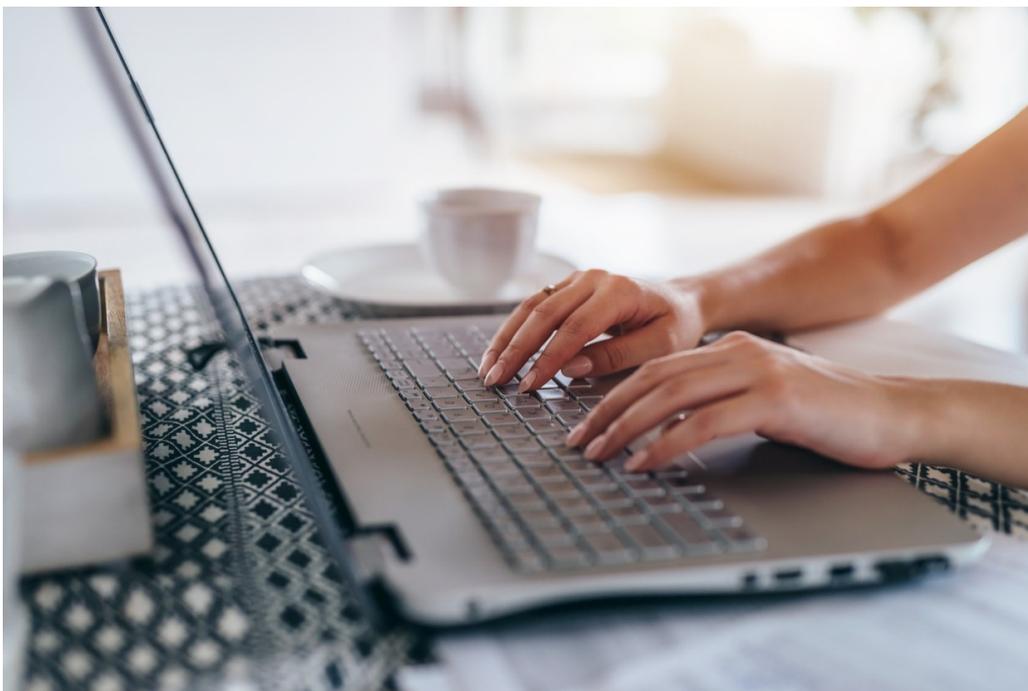
AARP offers a multitude of tips and guidance to help you care for an aging or ill loved one. You can find the site here: <https://www.aarp.org/caregiving/>

The Caregiver Action Network

Their Family Caregiver Toolbox provides a broad spectrum of support resources for family members. Simply click on this link: <https://caregiveraction.org/>

The Family Caregiver Alliance

The Family Caregiver Alliance supports and sustains the important work of families and friends nationwide who care for adult loved ones with chronic, disabling health conditions. : <https://www.caregiver.org/>



CORONAVIRUS OUTBREAK INFORMATION

Need More?

As the situation with the coronavirus continues, you may find yourself wanting more up-to-date infection control information.

We know how easy it is to get overwhelmed when searching the internet for reliable information. Unfortunately, it's also easy to get misinformed. Your best bet is to choose one or two trusted sites and only go to them when you need information. available. Here are two that we recommend:

- The Centers for Disease Control (the CDC):
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- The World Health Organization (the WHO):
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>