Suspected or Confirmed Case(s) of COVID-19
Nursing Homes must report positive cases of a resident or employee via the PUI form located at Novel Coronavirus PUI Form.

If a staff member shows symptoms: Have them put on a mask and go home immediately.

If a resident shows symptoms: Implement droplet precaution procedure, move them to an isolated room, and contact the local health department.

If you suspect a resident may have COVID-19 you MUST complete this form regardless of where the specimen will be sent for testing and you MUST notify the County and/or State Health Department by telephone with 4 hours of presumptive diagnosis. COVID-10 is considered an Immediate, Extremely Urgent Disease Condition as defined by the Alabama Department of Public Health. As a courtesy, we recommend you also notify ADPH, Bureau of Provider Standards as well as the Alabama Nursing Home Association.

You will receive an email from ADPH confirming receipt of your consultation form.
- If you are requesting testing by ADPH Bureau of Clinical Laboratories (BCL), the email will also contain instructions for specimen collection and shipping, guidance for hospitalized patients, and patients being discharged home.
- If you are submitting your specimens to a commercial or clinical laboratory, the email will also contain guidance for hospitalized patients and patients being discharged home.
  You should contact your preferred laboratory for specimen collection and shipping instructions.

Once you have submitted your Novel Coronavirus Testing Request Form, there is no need to call ADPH. However, our 24/7/365 emergency phone number: 1-800-338-8374 is available if necessary.

Providers who send specimens to the BCL should use the BCL Web Portal to assist submitting all test requisitions and to receive test results in a timely manner. To register for or update an existing Web Portal account, using your work email address, please email the following information to limssupport@adph.state.al.us: Facility name, Facility address, Facility phone number, Facility point of contact.

Providers with positive cases tested by a commercial or clinical laboratory (not tested by the BCL) must complete the Novel Coronavirus Report Form and fax the laboratory report to ADPH at (334) 206-3774 or PUIFax@adph.state.al.us.

Facility Action(s) and Guidance
If a confirmed case of COVID-19 is diagnosed in your facility, you should take aggressive action immediately and contact the health department for further guidance:
- Place residents in isolation if possible.
  - If they leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others). You may also want to visit
Implement universal use of facemask for healthcare personnel (HCP) while in the facility.
  o HCP should wear all recommended PPE (gown, gloves, eye protection, N95 respirator or, if not available, a facemask) for the care of all residents, regardless of presence of symptoms. Implement protocols for extended use of eye protection and facemasks.
  o If PPE supplies are limited, strategies for extended PPE use and limited reuse should be employed (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html)

Guidance to nursing homes for preventing or mitigating the spread of COVID-19 into your buildings. The following measures should be implemented in ALL nursing homes, regardless of if you have increased respiratory illness or confirmed cases of COVID-19 in your facility, and regardless of the number of persons diagnosed with COVID-19 in your immediate area.

  • Restrict all visitors and non-essential health care personnel, except for certain compassionate care situations, including end of life.
  • Cancel communal dining and all group activities, both internal and external.
  • Establish appropriate social distancing infrastructure for residents and staff, and promote frequent hand hygiene
  • Implement active screening of residents for fever and respiratory symptoms (shortness of breath, new or change in cough, etc.)
  • Screen all staff at the beginning of their shift for fever and respiratory symptoms
  • Establish a mechanism so that staff who work in multiple locations are required to report their exposure to a COVID-19 case in other facilities and then follow guidelines for 14-day quarantine before returning to work.
  • Reinforce adherence to infection prevention and control measures, including hand hygiene and selection of personal protective equipment (PPE)
  • Consider implementing universal use of facemasks for HCP while in the facility. Although this is ideal, availability of masks must be considered.
  • Use Standard, Contact, and Droplet Precautions with eye protection when caring for residents with undiagnosed respiratory infection, unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).
  • Make sure that EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident-care equipment (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)
  • Create a plan to cohort residents with symptoms of respiratory infection, including dedicating healthcare personnel to work only on affected units.
Be Prepared and Proactive
Nursing homes can take steps to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19).

This checklist should be used as one tool to develop a comprehensive COVID-19 response plan, including plans for:
- Rapid identification and management of ill residents
- Considerations for visitors and consultant staff
- Supplies and resources
- Sick leave policies and other occupational health considerations
- Education and training
- Surge capacity for staffing, equipment and supplies, and postmortem care

You can find a CDC checklist at https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf. The checklist identifies key areas that nursing homes should consider in their COVID-19 planning. Nursing Homes can use this tool to self-assess the strengths and weaknesses of current preparedness efforts. This checklist does not describe mandatory requirements or standards; rather, it highlights important areas to review to prepare for the possibility of residents with COVID-19.

It is critical to identify any potential COVID-19 infections in long-term care facilities early, before it has a chance to spread.

For more information regarding COVID-19 specific to nursing homes, we encourage you to visit the ANHA dedicated webpage at https://anha.org/covid19/.