



Coronavirus Disease 2019 (COVID-19)

Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs)

COVID-19 cases have been reported in all 50 states, the District of Columbia, and multiple U.S. territories; many having wide-spread community transmission. Given the high risk of spread once COVID-19 enters a LTCF, facilities must act immediately to protect residents, families, and staff from serious illness, complications, and death.

1. Keep COVID-19 from entering your facility:

- Restrict all visitors except for compassionate care situations (e.g., end-of-life).
- Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber, hairdresser).
- Implement [universal use of source control](#) for everyone in the facility.
- Actively screen anyone entering the building (HCP, ancillary staff, vendors, consultants) for fever and symptoms of COVID-19 before starting each shift; send ill personnel home. Sick leave policies should be flexible and non-punitive.
- Cancel all field trips outside of the facility.

2. Identify infections early:

- Actively screen all residents daily for fever and symptoms of COVID-19; if symptomatic, immediately isolate and implement [appropriate Transmission-Based Precautions](#).
 - Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.
- Notify your state or local health department immediately (<24 hours) if these occur:
 - Severe respiratory infection causing hospitalization or sudden death
 - Clusters (≥ 3 residents and/or HCP) of respiratory infection
 - Individuals with suspected or confirmed COVID-19

3. Prevent spread of COVID-19:

- Actions to take now:
 - Cancel all group activities and communal dining.
 - Enforce social distancing among residents.
 - Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments.
 - Ensure all HCP wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.
- If COVID-19 is identified in the facility, restrict all residents to their rooms and have HCP wear [all recommended PPE](#) for care of all residents (regardless of symptoms) on the affected unit (or facility-wide depending on the situation). This includes: an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown. HCP should be trained on PPE use including putting it on and taking it off.
 - This approach is recommended because of the high risk of unrecognized infection among residents. Recent experience suggests that a substantial proportion of residents could have COVID-19 without reporting symptoms or before symptoms develop.
 - When a case is identified, public health can help inform decisions about testing asymptomatic residents on the unit or in the facility.

engage your local healthcare coalition.

- Consider extended use of respirators, facemasks, and eye protection or prioritization of gowns for certain resident care activities.

5. **Identify and manage severe illness:**

- Designate a location to care for residents with suspected or confirmed COVID-19, separate from other residents.
- Monitor ill residents (including documentation of temperature and oxygen saturation) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.