Interim Long-Term Care Setting Guidance for Residents with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) and Their Caregivers

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Long-Term Care (LTC) settings (including but not limited to skilled nursing facilities, adult care homes, and family care homes) should be prepared to assess and care for residents with many different respiratory infections such as Influenza (Flu), Respiratory Syncytial Virus (RSV), and most recently Coronavirus Disease 2019 (COVID-19). Patients confirmed to have, or being evaluated for, COVID-19 infection may need to be cared for in place at the long-term care facility (LTCF) based on their health and medical needs.

While much remains unknown about COVID-19, at this time we believe that individuals over age 64 and those with chronic medical conditions are at greatest risk for severe illness. LTC settings have experience managing respiratory infections and outbreaks among residents and staff and should apply the same infection prevention and outbreak management principles to COVID-19.

Early reports suggest person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs or sneezes. Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity. The contribution of small respirable particles, sometimes called aerosols or droplet nuclei, to close proximity transmission is currently uncertain. However, airborne transmission from person-to-person over long distances or through ventilation systems is unlikely.

Preventing transmission of respiratory pathogens in LTC setting requires adherence to, and application of, **strong infection prevention** practices and policies including environmental and engineering controls, administrative controls, safer work practices, and personal protective equipment (PPE). Measures that enhance early detection and prompt isolation of patients who should be evaluated for COVID-19 are critical to ensuring effective implementation of infection control measures. Successful implementation of many, if not all, of these strategies is dependent on the presence of clear communication, administrative policies, and organizational leadership that promote and facilitate adherence to these recommendations among the various people within the LTC setting, including residents, visitors, and healthcare providers (HCP). We encourage facility administrators and providers to review and update your pandemic influenza preparedness plans and your infection control policies and procedures now.

Recommendations:

1. Minimize Opportunity for Introduction and Exposures

Provide Signage & Respiratory Hygiene Supplies, Restrict Visitors and Screen Facility Entrants

- ❑ **Post signage to restrict visitors** (https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf)

- ❑ *To prevent the introduction of COVID-19 in our facility because our residents are at a high risk of severe disease, visits should be restricted with the exception of end-of-life situations OR other emergent situations determined by the facility to necessitate the visit.*
- ❑ Do not allow visitors with respiratory illness to visit the facility
- ❑ Screen visitors for symptoms of acute respiratory illness at the entrance of / before entering the facility
- ❑ Provide instructions prior to resident room entry on: hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room
- ❑ Instruct visitors to **limit movement** within the facility (e.g., do not visit other resident rooms, common areas, etc)
- ❑ **Maintain log** of all visitors who enter COVID-19 resident rooms

- ❑ Provide **respiratory hygiene** supplies (e.g., hand hygiene agents, tissues, face masks, trash receptacle)
- ❑ Instruct residents with symptoms of a respiratory infection to remain in their rooms and to adhere to respiratory etiquette. Residents should wear a **face mask** covering mouth and nose in the event they need to leave their room. If this is not possible (e.g. would further compromise respiratory status, difficult for resident to wear), have the resident cover their mouth/nose with tissue when coughing.
- ❑ Implement daily monitoring of influenza-like-illness amoung residents and staff.
- ❑ Evaluate incoming residents for symptoms of a respiratory infection and take the appropriate infection prevention precautions.

Educate Residents, Visitors, and Staff

- ❑ Educate residents, staff and family on the potential harm from respiratory illness to LTC setting residents. Inlude information on basic prevention and control measures for respiratory infections such as influenza and COVID-19 inclulding hand hygiene and cough etiquette.
  - ❑ Useful information can be found on the CDC
    - ❑ https://www.cdc.gov/handhygiene/index.html
    - ❑ https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.html
- ❑ **Keep residents and employees informed** of the actions the facility is taking to protect them, answer their questions, and explain how they can protect themselves and others.
- ❑ Ensure that staff are aware of **sick leave policies** and encourage them to stay home if they have symptoms of respiratory illness.
- ❑ If COVID-19 is spreading in your community, contact your local health department for further guidance.

Promote Good Hand Hygiene

- ❑ Ensure that residents, employees, and visitors know how to practice hand hygiene and have the opportunity to do so.
- ❑ Place **alcohol-based hand rub** (containing at least 60% alcohol) in every resident's room (ideally both inside and outside of the room).
- ❑ Make sure tissues are available and all sinks have soap and paper towels.

2. Adhere to Infection Prevention Precautions

Infection Prevention Precautions for Residents with Respiratory Illness Consistent with 2019 Coronavirus Disease (COVID-19)

A. Resident placement:
- ❑ Place a **face mask on the resident**. If this is not possible (e.g. would further compromise respiratory status, difficult for resident to wear), have the resident cover their mouth/nose with tissue when coughing.

- ❑ **Isolate** resident in a private room with their own bathroom
- ❑ Ensure that all staff entering the room adhere to **Contact and Droplet Precautions (including eye protection),** and use the following PPE:
  - ❑Gowns
  - ❑Gloves
  - ❑Facemask OR NIOSH-approved fit-tested N95 mask
  - ❑Eye protection (e.g., goggles or face shield)
- ❑ **Limit the number of healthcare providers** and **limit visitors** (as possible) to minimize possible exposures.

B. Notify infection prevention and health department personnel:
- ❑ Notify your facility's designated **infection control personnel**.
- ❑ Notify your **local health department** (http://www.ncalhd.org) to discuss need for laboratory testing for COVID-19

C. Monitor the CDC's COVID-19 infection prevention guidance for changes as the outbreak evolves and comply with the **most up-to-date recommendations:** https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html

3. Management of Residents and Environment

Manage Residents with Respiratory Illness, Suspected or Confirmed COVID-19

A. Provide treatment according to standard protocols with the following considerations included:
- ❑ Use caution when performing **aerosol-generating** procedures (e.g., intubation or nebulizer treatment)
  - ❑ Perform procedures only if medically necessary.
  - ❑ **Limit** number of healthcare providers to minimize possible exposures.
  - ❑ Healthcare personnel use **contact** AND **airborne precautions** INCLUDING **eye protection** (e.g., goggles or face shield). Please note: Airborne precautions include use of NIOSH-approved fit-tested N95 mask or higher.
  - ❑ Conduct procedures in negative pressure (airborne isolation) rooms if available.
- ❑ Use **disposable or dedicated** noncritical patient care equipment (e.g., blood pressure cuffs). If equipment will be used for another resident, clean and disinfect according to manufacturer guidelines before use.

B. Limit opportunities for the infection to spread to others in the facility.
- ❑ Place the resident in a **private room** (if available) with access to their own bathroom.
- ❑ **Group residents** with similar symptoms or diagnoses.
- ❑ **Group staff/caregivers** to care for COVID-19 residents in your facility.
  - ❑Make sure that these employees are aware of infection prevention guidance and know how to use appropriate PPE. Only these caregivers should enter the resident's room.
  - ❑A designated caregiver should be available at all times to provide necessary care to COVID-19 residents
- ❑ **Consider closing** units/wings where symptomatic residents reside, to decrease the risk of exposure to asymptomatic residents.
- ❑ **Consider closing** communal dining areas.
- ❑ **Consider canceling** events in the facility where many people assemble together.

C. Limit opportunities for the infection to spread to other facilities.
- ❑ If resident requires hospitalization, call 911 and notify the operator that the resident has COVID-19 so the EMS workers can take appropriate precautions.
- ❑ If resident is transferred, **notify the receiving facility** that the resident has COVID-19.

Management of Incoming Residents

A. **Admit all individuals that you would normally admit to your facility**, including individuals from hospitals where a case of COVID-19 is/was present.
   - ❑ If possible, designate a unit or wing exclusive for residents admitted from a hospital with COVID-19 cases. See section C for further information.
   - ❑ Facilities **should not require a negative COVID-19 test** to admit or readmit patients.

B. Admit patients diagnosed with COVID-19 **if your facility can adhere to transmission-based precautions**.
   - ❑ If your facility is not able to follow CDC guidance for transmission-based precautions for COVID-19, wait until those precautions have been discontinued to admit the patient.
   - ❑ If you admit a patient with COVID-19, follow CDC guidance to discontinue precautions in consultation with healthcare providers and state and local health departments.
   - ❑ Patients with COVID-19 should remain **isolated and on appropriate precautions** until:
     - ❑ At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**, at least 7 days have passed *since symptoms first appeared*.

C. Facilities may implement **special precautions for patients returning from an acute care hospital** to reduce the spread of COVID-19 in the event that patients were exposed in the hospital.
   - ❑ Facilities may designate a unit or wing exclusive for residents admitted from acute care hospitals. Residents should be placed in a private room, remain in this unit or wing for 14 days, and be monitored for symptoms.
   - ❑ Use transmission-based precautions according to the patient's needs.
   - ❑ Cohort staff working in this area.

Environmental Infection Control

A. **Hand hygiene:**
   - ❑ Use **standard FDA-approved** hospital hand hygiene agents effective against coronavirus (e.g., alcohol foam or liquid soap).

B. **Cleaning/disinfection:**
   - ❑ Use **EPA-registered disinfectant** (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)appropriate for coronavirus in healthcare settings, including those resident-care areas in which aerosol-generating procedures are performed.
   - ❑ Manage laundry, food service utensils, and medical waste in accordance with routine procedures and category B waste handling.
   - ❑ **Clean all touchable surfaces**, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables daily, or as needed. Also, clean any surfaces that may have blood, body fluids, and/or secretions or excretions on them.
   - ❑ Launder linens (e.g. clothing, bedding) contaminated with blood, body fluids and/or secretions or excretions at the warmest temperatures recommended on the item's label.

4. Management of Staff

Monitor Staff / Healthcare Providers

A. Healthcare provider follow-up:
   - ❑ **Maintain log** of all staff entering room (template available here)

- ❑ **Self-monitor** for symptoms while caring for the resident and for 14 days following the last date of exposure.
- ❑ **Supervision of self-monitoring** may be provided by the employer's occupational health or infection control program in coordination with the state/local health department of jurisdiction.
- ❑ Maintain symptom monitoring log (template available here).

❑ Staff who **develop any respiratory symptoms** after an **exposure**, whether **protected or unprotected** (i.e., not wearing recommended PPE at the time of contact) to a resident with COVID-19 should:

- ❑ **Notify** their supervisor and occupational health immediately.
- ❑ Implement respiratory hygiene and cough etiquette.
- ❑ Comply with **work exclusion** (as determined by employer occupational health and state/local health department) until they are no longer deemed infectious.

Donning and Doffing of Personal Protective Equipment (PPE)

Donning (Putting on):

❑ **Perform hand hygiene** before putting on any PPE

❑ General approach to putting on this PPE combination for respiratory pathogens:

- ❑ gown
- ❑ facemask / respirator
- ❑ goggles or face shield
- ❑ gloves

Doffing (Taking off):

❑ **Consider performing hand hygiene** using an alcohol based hand rub with gloves on prior to removing any PPE

❑ General approach to removing PPE for respiratory pathogens:

- ❑ gloves
- ❑ goggles or face shield
- ❑ gown
- ❑ facemask / respiratory

❑ **Remove all PPE except respirator or facemask** at doorway or in anteroom

❑ **Perform hand hygiene**

❑ Exit room

❑ Remove respirator or facemask **after leaving resident room and closing door**. Careful attention should be given to prevent contamination of clothing and skin during the process of removing PPE.

❑ **Perform hand hygiene** after removing all PPE