



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

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.ghca.info//Files/AQ_NoVisitors_Poster_032320.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 any visitor, even those deemed essential, with respiratory illness to enter the facility.
- Screen visitors for symptoms of acute respiratory illness at the entrance of/before entering the facility. Screening tool:
https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID19-Screening-Checklist-SNF-Visitors.pdf
- Provide instructions prior to resident room entry on hand hygiene, limiting surfaces touched, and use of PPE according to current guidelines and availability while in the resident's room
- Instruct staff and essential 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 and temperature checks among residents and staff.
- Refer to guidance when evaluating potential new admissions.

Educate Residents, Visitors, and Staff

- Educate residents, staff and family on the potential harm from respiratory illness to LTC setting residents. Include information on basic prevention and control measures for respiratory infections such as influenza and COVID-19 including 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 health care 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** (<https://www.ghca.info/Files/Public%20Health%20District%20phone%20numbers.pdf>) 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 health care providers to minimize possible exposures.
 - Health care 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.
 - **Avoid** communal dining and activities.
- 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, based upon your ability to meet their comprehensive needs.
 - If possible, designate a unit or wing exclusive for residents admitted from a hospital with COVID-19 cases. See section C for further information.
 - Admission decisions should not be made solely on COVID-19 testing or lack thereof; rather, referrals should be evaluated on a case by case basis at the local level.
- 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.
 - Refer to AHCA's guidance related to accepting admissions from the hospital: https://www.ahcanca.org/facility_operations/disaster_planning/Documents/SNF-Admit-Transfer-COVID19.pdf
 - 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** 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 light switches, call lights, 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. Health care provider follow-up:
 - **Maintain log** of all staff entering room
 - **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
- 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

Proper PPE Donning & Doffing Resources:

- Donning and Doffing Video Resource:
<https://www.youtube.com/watch?v=twE8UtwndeQ&feature=youtu.be>
- These [documents](#) can be printed and posted in your center to ensure your staff are aware of how to appropriately don PPE.

- These [documents](#) can be printed off and posted in your center to ensure your staff are aware of how to appropriately doff PPE.

This document is only intended for general guidance to assist with education, prevention and mitigation efforts. Current official guidance may be obtained at <https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>. 04/07/2020