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 65 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.

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

  - 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 among 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. 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
A. Use caution when performing aerosol-generating procedures (e.g., intubation)
   - 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.
B. 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.
C. 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

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](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)).
  - 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](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)).
- 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 / respirator
- 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