Coronavirus Disease 2019 (COVID-19) Guidance for Long-term Care Facilities

This guidance is intended to help limit the spread of Coronavirus Disease 2019 (COVID-19) in long-term care facilities and other similar settings

Prior to having a suspected or confirmed case, ensure that the following activities are in place:

- Screen healthcare personnel (HCP) at the beginning of every shift for fever and respiratory symptoms. Temperature should be taken.
    - HCP with a temp ≥100.0 or symptoms should be masked and sent home immediately and prioritized for SARS-CoV-2 testing
- Restrict all visitors, nonessential staff, and volunteers from entering the facility.
- Cancel all group activities, communal dining, and outside trips.
- Counsel residents to restrict themselves to their room (**Exception:** The facility has developed rehab plans that are aligned with social distancing that include source control methods).
- Review current resident services, distinguishing between essential and nonessential services.
    - Reschedule services that are nonurgent and that can be postponed to a later date (i.e. dental hygiene, podiatry appointments, other elective consultations, etc.).
    - Consider using telehealth services for more urgent, but not emergent, medical care activities when feasible.
    - Review essential, contracted services COVID-19 plans and policies whether provided on or off site.
        - If services are provided on-site, require a screening process for those entering the facility; preferably the same process as with essential healthcare personnel.
        - If services are provided off-site that require the patient to leave and return to the facility as with dialysis, implement source control measures before the resident leaves his or her room.
            - Confirm continuation of source control, universal masking, and other control measures, such as maintenance of 6 feet between patients and unmasked HCP, while receiving care.
            - Upon each return, monitor the resident more frequently, at least twice daily, for COVID-19 signs and symptoms for the next 14 days (may be continuous for patients receiving on-going care such as dialysis).
- Implement source control by having all HCP wear facemasks. Patients could wear a facemask or cloth face covering if they have to leave their room.
- Implement a respiratory surveillance program if one is not already in place (see https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf for guidance).
- Screen residents for symptoms and fever, at least daily.
    - Residents with a temp ≥100.0 F or repeated low-grade temps (>99 F) or symptoms should be placed in a single-room with a private bathroom if possible, and cared for

using recommended personal protective equipment (PPE), including gown, gloves, N95 or higher-level respirator (or facemask if respirator is not available or HCP are not fit-tested) and eye protection (goggles or face shield) pending further evaluation. These residents should be prioritized for testing.

- Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.

- Implement a process to report COVID-19 cases in residents and staff to the Regional Public Health Office where the facility is located. Reporting information can be found on the South Carolina List of Reportable Conditions available at: https://scdhec.gov/sites/default/files/Library/CR-009025.pdf

If HCP tests positive for COVID-19 and worked while ill with symptoms or in the 48 hours prior to illness onset, the following should be implemented for residents that were cared for by the COVID-19-positive HCP:

- Restrict these residents to their rooms. If they must leave their rooms, these residents should wear a facemask, if available or a cloth face covering.
- Continue to monitor residents for fever and respiratory symptoms at least daily (should already be in place).
- Provide care for these residents using recommended PPE [N95 respirator (or facemask if respirator not available or HCP are not fit-tested), gloves, eye protection and gown] until 14 days after the residents' last exposure to the positive HCP.
- Prioritize testing for these residents if they develop symptoms of COVID-19.

If a resident(s) tests positive in the facility:

- Isolate the COVID-19-positive resident(s).
    - Place the resident in a single room with a private bathroom if possible.
    - If there are multiple COVID-19-positive residents, cohort positive residents together in rooms and in a designated location with dedicated HCP providing their care.
    - Roommates of COVID-19 patients should be considered potentially infected and not share rooms with other residents unless they remain asymptomatic and/or have tested negative for COVID-19 14 days after their last exposure.

Other recommendations once a positive case (resident or HCP) occurs:

- HCP should use ***all recommended PPE*** for the care of all residents in the affected areas (or facility if cases are widespread); this includes both symptomatic and asymptomatic residents.
    - If PPE supply is limited, consider extended use of facemasks and eye protection and limit gown use to high-contact, patient care activities. See CDC PPE optimization strategies at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html
    - Change gloves and perform hand hygiene between residents.

- Conduct surveillance to actively identify other symptomatic residents and HCP (should already be in place), as well as to detect clinically deteriorating residents more rapidly.
    - Increase assessment of residents from daily to every shift.
    - Include assessment of pulse oximetry as part of vital signs, if not already being done.
    - Educate HCP about the potential for rapid clinical deterioration in residents with COVID-19, how to identify such residents, and actions to be taken when identified.
- Consider temporarily halting admissions, at least until the situation can be clarified and interventions can be implemented.
- All residents should cover their nose/mouth with tissues or cloth mask (not facemask) when staff enter room.
- All units should have consistent assignments to each unit regardless of symptoms.
- Reinforce basic infection control practices within the facility (i.e., hand hygiene, PPE use, environmental cleaning).
    - Provide educational sessions or handouts for HCP and residents/families.
    - Maintain ongoing, frequent communication with residents, families and HCP with updates on the situation and facility actions.
    - Monitor hand hygiene and PPE use throughout the facility, but more frequently in affected areas.
- COVID-19-positive residents can be accepted back into the facility if the facility can care for the resident using recommended interventions and single rooms or they can room share with another COVID-19-positive resident.
- Maintain all interventions while assessing for new clinical cases (symptomatic residents). Ideally these interventions should be maintained for all residents on the unit (or facility if cases are widespread) until no additional clinical cases have been identified for 14 days.
- Use current CDC guidance for removing COVID-19-positive residents from Transmission-Based Precautions, available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html.