Interim Guidance for Long-Term Care Facilities

This document summarizes CUPHD’s recommendations regarding COVID-19 for long-term care, nursing homes, assisted living, and other facilities where seniors congregate. This guidance will be reviewed and updated by CUPHD on May 31st, 2020.

Recommendation for COVID-19 testing in LTC, nursing home, assisted living facilities.

Residents of LTC, nursing homes and assisted living facilities are at high risk for infection, serious illness, and death from COVID-19. Based on current community prevalence we are recommending:

1) Test all employees at least once every 28 days. This can be done by self-collected nasal swabs completed at your facility.

2) After a positive case (resident or staff), we recommend a point prevalence survey at the facility for residents and staff. Test all residents and staff.

3) Continue retesting residents and staff weekly until you find no new positive cases.

4) Immediate testing thereafter for anyone that tested negative during the PPS and later became symptomatic.

5) Repeat staff and residents testing every 28 days thereafter until two incubation period with no cases.

6) All new admissions should be tested upon admission or you should verify that they have been tested by the facility they are being transferred from. Verification of testing has to be within 72 hours of transfer. Newly admitted residents should be in quarantine for 14 days in a separate room regardless of test result and staff should take contact and droplet precautions.

Residents

- All residents should be screened for symptoms AND temperature, heart rate, respirations (vital signs) AND pulse oximetry every 8 hours
  - Contact Clinical Supervisor for any of the following: new-onset fever, SOB, cough, sore throat or for any decrease in pulse oximetry from resident baseline level or any pulse oximetry reading < 92%.
- Newly admitted residents should be in quarantine for 14 days in a separate room.
- All residents should cover their nose and mouths when interacting with staff or when they are outside of their rooms. They can be cloth or non-medical masks.
- Residents with a DNR status must be reevaluated due to COVID-19. The facility should have a conversation with the resident and family to determine if a higher level of care is desired should the resident develop COVID-19 illness. Some residents may not want to be transferred to a hospital and may only want comfort level measures taken.

Residents that are COVID-19 Positive or Symptomatic:

- Should be immediately places in both contact and droplet transmission-based precautions.
- Should have vitals and pulse oximetry obtained every 4 hours.
- Should move to a private room, or cohort with another symptomatic/positive resident.
- Should receive all services in room with the door closed.
- Should not leave their room, except for necessary medical procedures not available on site.
- Should be given a surgical mask, and encouraged to wear it all times, especially when close contact with others is anticipated.
To avoid transmission within facilities

- Promptly assess individuals entering the facility for fever and signs or respiratory infection. (An exception to this is EMS workers responding to an urgent medical need.)
- Facilities should use separate staffing teams for COVID-19 positive residents to the best of their ability, and work with State and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative residents from COVID-19 positive residents and individuals with unknown COVID-19 status.
- Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE.
- If COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 diagnosis or symptoms.
- Stop large group congregate activities and provide alternatives (activities where 6-foot distance is possible are okay, but if not possible, group activities should cease.) This includes sleeping and eating arrangements, as well as free-time.
- Limit all non-essential persons from entering the facility. This includes volunteers, interns, presenters, etc.
- Set up a sanitation station at the entrance of the building. Make sure everyone entering washes their hands properly (warm water, 20 seconds, soap).
- Suspend child/family visits in lieu of web based visits.
- Clean and disinfect frequently touched surfaces every 2 hours, to the greatest extent possible.
  - EPA approved disinfectant list