GUIDANCE FOR HIGH RISK POPULATIONS - PLAN FOR AND RESPOND TO COVID-19

The following guidance provides planning considerations if there are widespread community outbreaks of 2019 novel Coronavirus (COVID-19).

A new respiratory disease – coronavirus disease 2019 (COVID-19) – is spreading globally and there have been instances of COVID-19 community spread in the United States. The general strategies CDC recommends to prevent the spread of COVID-19 in Long Term Care Facilities (LTCF) are the same strategies these facilities use every day to detect and prevent the spread of other respiratory viruses like influenza.

There is much more to learn about the transmissibility, severity, and other features of COVID-19 and investigations are ongoing. Updates are available on the Center for Disease Control’s (CDC) web page at www.cdc.gov/coronavirus/2019-nCoV.

Planning for a Possible COVID-19 Outbreak
Given their congregate nature and residents served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at the highest risk of being affected by COVID-19. If infected with SARS-CoV-2, the virus that causes COVID-19, residents are at increased risk of serious illness.

These recommendations are specific for nursing homes, including skilled nursing facilities. Much of this information could also be applied in assisted living facilities. This information complements, but does not replace, the general infection prevention and control recommendations for COVID-19.

Things Facilities Should Do Now, Before There are Cases in Their Community or Facility:

**Educate Residents, Healthcare Personnel, and Visitors**


- Educate and train HCP.
  - Reinforce sick leave policies. Remind HCP not to report to work when ill.
  - Reinforce adherence to infection prevention and control measures, including hand hygiene and selection and use of personal protective equipment (PPE). Have HCP demonstrate competency with putting on and removing PPE.

- Educate both facility-based and consultant personnel (e.g., wound care, podiatry, barber) and volunteers. Including consultants is important because they often provide care in multiple facilities and can be exposed to or serve as a source of pathogen transmission.

- Educate residents and families including:
  - Information about COVID-19
actions the facility is taking to protect them and their loved ones, including visitor restrictions

actions residents and families can take to protect themselves in the facility

Provide Supplies for Recommended Infection Prevention and Control Practices

- Hand hygiene supplies:
  - Put alcohol-based hand sanitizer with 60–95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym).
  - Make sure that sinks are well-stocked with soap and paper towels for handwashing.

- Respiratory hygiene and cough etiquette:
  - Make tissues and facemasks available for coughing people.
  - Consider designating staff to steward those supplies and encourage appropriate use by residents, visitors, and staff.

- Make necessary Personal Protective Equipment (PPE) available in areas where resident care is provided. Put a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room, or before providing care for another resident in the same room. Facilities should have supplies of:
  - facemasks
  - respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP)
  - gowns
  - gloves
  - eye protection (i.e., face shield or goggles).

- Environmental cleaning and disinfection:
  - Make sure that EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.
  - Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program for use against SARS-CoV-2.

Consider New Policies and Procedures for Visitors

Because of the ease of spread in a long-term care setting and the severity of illness that occurs in residents with COVID-19, facilities should discourage visitation and begin screening visitors even before COVID-19 is identified in their community. Facilities should:

- Send letters or emails to families advising them to consider postponing or using alternative methods for visitation (e.g., video conferencing) during the next several months.
• Post signs at the entrances to the facility instructing visitors to not enter if they have fever or symptoms of a respiratory infection. Consider having visitors sign visitor logs in case contact tracing becomes necessary.

• Ask all visitors about fever or symptoms of respiratory infection. Restrict anyone with:
  ▪ Fever or symptoms of respiratory infection (e.g., cough, sore throat, or shortness of breath).
  ▪ International travel within the last 14 days to affected countries. Information on high-risk countries is available on CDC’s COVID-19 travel website.
  ▪ Contact with an individual with COVID-19.

• When allowed, visitors should be encouraged to frequently perform hand hygiene and limit their movement and interactions with others in the facility (e.g., confine themselves to the resident’s room).

• When visitor restrictions are implemented, the facility should facilitate remote communication between the resident and visitors (e.g., video-call applications on cell phones or tablets), and have policies addressing when and how visitors might still be allowed to enter the facility (e.g., end of life situations).

Evaluate and Manage Residents with Symptoms of Respiratory Infection:

• Ask residents to report if they feel feverish or have symptoms of respiratory infection.

• Promptly assess residents for fever and symptoms and signs of respiratory infection upon admission and throughout their stay in the facility.

• Implement appropriate infection prevention practices for symptomatic residents:
  ▪ If a resident has severe respiratory infection, or a cluster (e.g., ≥ 3 residents or HCP with new-onset respiratory symptoms over 72 hours) of residents has symptoms of respiratory infection, or there is an increase in cases reported in the community, begin active monitoring of all residents and HCP in the facility for signs and symptoms.
  ▪ Notify the health department about residents with severe respiratory infection and clusters of respiratory infection. See State-Based Prevention Activities for contact information for the healthcare-associated infections program in each state health department.
  ▪ CDC has resources for performing respiratory infection surveillance in long-term care facilities during an outbreak.

• In general, when caring for residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis). This includes restricting residents with respiratory infection to their rooms. If they leave the room, residents should wear a facemask (if tolerated) or use tissues to cover their mouth and nose.
  ▪ Continue to assess the need for Transmission-Based Precautions as more information about the resident’s suspected diagnosis becomes available.
Resources and More Information

- Idaho State COVID-19 Website
- CDC COVID-19 Website
- Panhandle Health District COVID-19 Website
- What You Need to Know About COVID-19 Fact Sheet
- What to Do If You Are Sick With COVID-19 Fact Sheet
- CDC Health Alert Network
- CDC Travelers’ Health Website
- National Institute for Occupational Safety and Health’s Small Business International Travel Resource Travel Planner
- OSHA COVID-19 Guidance

Information adapted from: