

Recommendations for Long-Term Care Facilities during COVID-19 Outbreak

Identify Plan and Resources	
Review and update your pandemic influenza preparedness plans.	<p>If you do not have a plan, a template can be found at here: https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf http://www.cahf.org/Portals/29/DisasterPreparedness/pandemic/AHCA_NCAL_Infectious_Disease_Sample_Policy.pdf http://www.cahf.org/Portals/29/DisasterPreparedness/NHICS/InfectiousDiseaseIRG_2017.pdf</p>
Identify public health and professional resources	<ul style="list-style-type: none"> ▪ Local health department contact _____ ▪ State health department contact _____ ▪ California Association of Health Facilities: 916-441-6400
Identify contacts for local, regional or state emergency preparedness groups, especially bioterrorism/communicable disease coordinators	<ul style="list-style-type: none"> ▪ City _____ ▪ County _____ ▪ MHOAC _____
Identify contacts at local hospitals in preparation for the potential need to hospitalize facility residents or to receive discharged patient from the hospital. Note that the local health officer would be involved in placement of any resident previously diagnosed with or with suspected COVID. A hospital wont discharge those individuals without that guidance	<ul style="list-style-type: none"> ▪ If a resident is referred to a hospital, coordinate transport with the local health department and MHOAC to ensure that the resident can be safely transported and received by the facility. ▪ Opening bed capacity in hospitals is vitally important as the outbreak spreads. ▪ Coordinate all movement through local public health and the MHOAC program
Identify and contact vendors to determine their ability to deliver goods and services	<ul style="list-style-type: none"> ▪ Contact all vendors to confirm routine and medical supplies continue to be delivered in a timely manner ▪ Ask the vendor if they anticipate staffing shortages that could impact your ability to receive supplies. ▪ If yes, contact county MHOAC to provide begin resource requesting process.

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Surveillance and Tracking	
<p>Perform surveillance to detect respiratory infections including COVID-19.</p>	<ul style="list-style-type: none"> ▪ Assign one person to monitor public health updates from local and state public health departments. Inform staff of critical information and changes. ▪ Implement protocol for daily monitoring of influenza-like-illness (ILI) among residents and staff. McGeer criteria for ILI can be found here: https://spice.unc.edu/wp-content/uploads/2017/03/Respiratory-Tract-Infection-Worksheet-McGeer-SPICE.pdf ▪ Assess incoming residents with respiratory symptoms* for: <ol style="list-style-type: none"> i. Travel to area with COVID-19 transmission in 14 days prior to illness onset ii. Fever, Cough, Shortness of Breathe <p>*Symptoms of COVID-19 can be found here: https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html</p>
<p>Immediately contact your local health department if a resident meets exposure and symptom criteria.</p>	<ul style="list-style-type: none"> ▪ Your local health department will help assess the situation and provide guidance for further actions. ▪ Specimens for COVID-19 should not be collected in the facility, unless a procedure has been put in place and cleared by your local health department.

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Protecting Staff and Visitors	
<p>Educate all personnel, residents, and family members of residents about COVID-19.</p>	<ul style="list-style-type: none"> ▪ Educate on potential harm from respiratory illnesses to nursing home residents, and basic prevention and control measures for respiratory infections such as influenza and COVID-19. ▪ Include the following topics in education (with useful resources): <ul style="list-style-type: none"> i. Hand hygiene: https://www.cdc.gov/handhygiene/providers/index.html ii. Respiratory hygiene and cough etiquette including sneezing/coughing into tissue or elbow, wear a procedure mask if needed, place used tissues in a waste receptacle and wash hands immediately after using tissues: https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm iii. Use of Personal Protective Equipment (PPE) recommended when caring for COVID-19 patients, including gown, gloves, mask (or respirator), and eye protection that covers the front and sides of the face. https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf iv. Screening visitors for illness v. Limiting visitors during outbreaks
<p>Review, implement, and reinforce an infection control plan for preventing communicable disease among residents, visitors, and facility personnel. The plan should include:</p>	<ul style="list-style-type: none"> ▪ A policy for when direct care staff should use standard, droplet, and contact precautions for residents with symptoms of respiratory infection. ▪ A plan for implementing respiratory hygiene throughout the facility. ▪ A plan for co-horting symptomatic residents or groups using one or more of the following strategies: <ul style="list-style-type: none"> i. Confining symptomatic residents and exposed roommates to their rooms. ii. Placing symptomatic residents together in one area of the facility. iii. Closing units where symptomatic and asymptomatic residents reside. iv. Co-horting staff on either affected or non-affected units to prevent transmission between units. v. Closing communal dining halls. vi. Canceling events in the facility where many people come together. vii. Cleaning and disinfecting high touch surfaces with EPA-registered disinfectant with label claim of effectiveness against human coronavirus or emerging viral pathogens. viii. Consider cancelling community and/or group outings

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Implementing Restrictions	
<p>Develop criteria and protocols for closing units or the entire facility to new admissions when COVID-19 has been identified in the facility.</p>	<ul style="list-style-type: none"> ▪ Inform discharge planners within your healthcare network (e.g., transferring hospitals) that your facility is closed to new admissions. ▪ If a section of the facility will be closed: For units that will remain open to new admissions, develop communications protocol (e.g., talking points) to inform new residents of COVID-19. ▪ Prepare program waiver and/or program flex and fax/email to your CDPH licensing district office.
<p>Develop criteria and protocols for enforcing visitor limitations.</p>	<ul style="list-style-type: none"> ▪ Screen visitors for respiratory illness symptoms. ▪ Screening visitors for recent travel to area with COVID-19 transmission. ▪ Post signs at the entry, the reception area, and throughout the facility to help visitors, staff, and volunteers self-identify relevant symptoms and travel history. ▪ Educate visitors and family members not to visit the facility if they are experiencing respiratory symptoms.
<p>If visitors are allowed to enter the room of a resident with confirmed or suspected COVID-19, the facility will:</p>	<ul style="list-style-type: none"> ▪ Enact a policy defining what PPE should be used by visitors. ▪ Before visitors enter the resident’s room, staff will provide instructions to visitors on hand hygiene, limiting surfaces touched, and appropriate use of PPE. ▪ Maintain a record (e.g., a log with contact information) of all visitors who enter and exit the room. ▪ Ensure visitors limit their movement within the facility (e.g., avoid the cafeteria and other public gathering areas like halls).

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Staff Health and Contingency Planning	
<p>Implement an occupational health plan with a non-punitive sick leave policy to address the needs of symptomatic personnel including:</p>	<ul style="list-style-type: none"> ▪ Personnel, other caregivers, and volunteers should not report to the facility if they are symptomatic with fever or respiratory symptoms and must report any symptoms to whomever manages occupational health at the facility. ▪ How to handle personnel who develop symptoms while at work. ▪ When personnel can return to work after having COVID-19. Public Health requires confirmed cases to have 2 negative tests before isolation can be discontinued. This guidance may change as the situation evolves. ▪ How to accommodate personnel who need to care for ill family members. ▪ Educate staff to self-assess before reporting for duty and report symptoms of respiratory illness and need for self-isolation. ▪ Identify staff who may be at higher risk for severe COVID-19 disease, and attempt to assign them to unaffected units.
<p>Develop contingency staffing and patient placement plans.</p>	<ul style="list-style-type: none"> ▪ Identify minimum staffing needs and prioritize critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations. ▪ Contact CDPH for guidance on altered standards of care in case residents need acute care and hospital beds are not available. ▪ Strategize about how your facility can help increase hospital bed capacity in the community. ▪ Establish memoranda of agreement with local hospitals for admission to the long-term care facility of non-influenza patients to facilitate utilization of acute care resources for more seriously ill patients. ▪ Identify facility space that could be adapted for use as expanded inpatient beds.