



## COVID-19 Guidance for Long-term Care Facilities in Utah

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### Who is the guidance for?

This document provides interim guidance specific for long-term care facilities during the outbreak of novel coronavirus disease 2019 (COVID-19) to ensure protection of the health and safety of residents, staff and visitors. Recommendations will be revised as more information becomes available. Monitor the Centers for Disease Control and Prevention (CDC) website regularly at <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>. The focus of this guidance is on general preventive measures for facilities, risk reduction of introduction of the virus into facilities, rapid detection of persons with COVID-19, and management and isolation of identified cases.

### Why is the guidance being issued?

This information is intended to help long-term care facility staff understand how to help prevent the transmission of COVID-19 and to react quickly should a case be identified. Long-term care facilities pose special risks and considerations due to the nature of their unique environment, including limited options for isolation and removal of ill persons from the environment. The guidance includes considerations to help administrators plan for the continuity of patient care and supporting staff and families if there is community spread of COVID-19. Residents in long-term care facilities are sometimes debilitated and incontinent, so hygiene can be difficult to maintain. Residents may also share many facilities and equipment, increasing the risk of COVID-19 transmission.

### What is the role of long-term care facilities in responding to COVID-19?

COVID-19 is a respiratory illness caused by a novel coronavirus, and we are learning more about it every day. There is currently no vaccine to protect against COVID-19. At this point, the best way to prevent infection is to avoid being exposed to the virus that causes it. Stopping transmission of the virus through everyday practices is the best way to keep people healthy.

It is important to designate at least one point person in the facility, preferably several, who can keep updated with changes in the situation and guidance. This person should be knowledgeable on infection control procedures and how they are being implemented within the facility. This person should also provide staff with regular updates of the situation.

The accompanying slide set from the Utah Department of Health (UDOH) will assist you with in-service trainings for your staff. It will be updated regularly in accordance with changes in guidance from CDC. If your facility is not currently receiving updates from the UDOH, please contact [HAI@utah.gov](mailto:HAI@utah.gov) to be added to the distribution list.

Symptomatic staff should not report to work. Staff that develop signs and symptoms of respiratory infection should stop work, put on a facemask, and self-isolate at home. Inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).

## Guidance for long-term care facilities that *do not* have COVID-19 identified in their population

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To prepare for possible community transmission of COVID-19, the most important action for long-term care facilities to do now is plan and prepare. As the global outbreak evolves, facilities should prepare for the possibility of community-level outbreaks that could introduce COVID-19 to the residents.

### General prevention recommendations

- Encourage all persons within the facility to cough and/or sneeze into the elbow or sleeve or cover their cough/sneeze with a tissue. Throw the tissue in the trash after use. Maintain good hand hygiene by washing with soap and water for at least 20 seconds (the amount of time it takes to sing Happy Birthday twice), or using an alcohol-based hand sanitizer, especially after coughing or sneezing. Avoid touching eyes, nose and mouth without cleaning hands.
- [Respiratory hygiene/cough etiquette](#) should be implemented beginning at the first point of contact with a potentially infected person to prevent the transmission of all respiratory tract infections in the facility.
- Provide convenient access to appropriate hand hygiene facilities, including visitor entries and exits, residents' rooms, common areas, and staff-restricted areas, in addition to lavatories and food preparation and dining areas.
  - The gold standards for hand hygiene are running water, soap, and hand drying machines or paper towels and waste baskets; alternatively, except in lavatories and food preparation areas, alcohol-based hand sanitizers may be used.
- Periodically monitor staff for adherence to hand hygiene and provide them with feedback so they know how they are doing.
- Clean all common areas within the facility routinely and immediately, when visibly soiled. Use the cleaning agents normally used in these areas, and ensure that they are EPA-rated for emerging viral pathogens (<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>).
- Eating utensils should be washed either in a dishwasher or by hand with water and soap. Cups and utensils should not be shared until after washing.
- More frequent cleaning of "high-touch" surfaces (i.e., door knobs, keys, handrails, telephones, pencils, note pads, computer keyboards, and elevator buttons) is recommended.

## Environmental considerations

- Use dedicated equipment for individual patients whenever possible.
- Clean and disinfect all non-dedicated, non-disposable equipment used for resident care according to manufacturer's instructions and facility policies.
- Ensure environmental cleaning and disinfection procedures are followed consistently and correctly.
- Use the correct EPA registered, hospital grade disinfectant (EPA-approved emerging viral pathogen claims are recommended for use against COVID-19).

## Reducing the risk of COVID-19 entering a facility

- Post signs at all entrances to the facility that any potential visitor who has symptoms of fever, cough or difficulty breathing should not enter the facility. The visit should be postponed until symptoms have resolved.
- Require all visitors to sign in at the front desk. Maintain a log of all visits, including name of visitor, person visited, and the date and time of visit.
- Inform family members and other recurrent visitors of this policy and the reason for it.
- Now that testing is more widely available, there may be visitors who have been diagnosed with COVID-19.
  - Exclude these visitors until their physician certifies they are no longer infectious.
  - Exclude visitors who have had contact with someone with COVID-19 or exposed to COVID-19 in the 14 days prior to the visit even if s/he has no symptoms.
- Staff with fever, coughing, or shortness of breath should stay home (or be sent home if they develop symptoms while at the facility), and remain at home for 24 hours after symptoms resolve.

## Rapid detection of cases

- Instruct residents and staff to report symptoms of fever, coughing and shortness of breath to the facility healthcare professional at the first sign of illness.
- Evaluate incoming residents and isolate if they display symptoms of fever, coughing and shortness of breath.
- Consider daily temperature checks in units where COVID-19 cases are identified.
- Consider asking the facility's clinician to obtain specimens for COVID-19 testing if staff or patients have symptoms and COVID-19 is known to be circulating in the community.

## Protecting the long-term care facility workforce

- Encourage and promote influenza vaccination for all residents and staff.
- Follow strict adherence to general hygiene practices. See [Hand Hygiene in Healthcare Settings](#) and [Respiratory Hygiene/Cough Etiquette](#).
- Residents and staff with coughing, fever or shortness of breath should wear a mask to help prevent transmission of COVID-19 or other respiratory pathogens to close contacts.

## Guidance for long-term care facilities with identified COVID-19 cases in their population

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If known or suspected cases of COVID-19 are identified among residents or staff, facility administrators may need to take additional steps to prevent the spread of COVID-19 within the facility. The first step for long-term care facilities in this situation is to talk with local health officials. The guidance provided here is based on current knowledge of COVID-19. As additional information becomes available about the virus, how it spreads, and how severe it is, this guidance may be updated. Administrators are encouraged to work closely with state and local health officials to determine a course of action for their facility. They should also begin to develop a preparedness plan now to discuss policy options for isolation, continuity of patient care, communication to patients, staff, and families, etc.

- Staff caring for sick residents should follow [Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons Under Investigation for COVID-19 in Healthcare Settings](#).
- If confirmed or suspected COVID-19 cases occur in the facility, cancel internal group gatherings and stagger group meals and other activities to provide more personal space between individuals.
- Consider temporarily suspending visitation or modifying visitation programs, when appropriate.
- Separate residents with confirmed COVID-19 from others by placing them in an individual room when possible.
- Actively monitor the number, severity, and location of confirmed or suspected COVID-19 cases within the facility.
- Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident, assuming:
  - the patient does not require a higher level of care, and
  - the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.
- The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer.
  - If the patient does not require hospitalization, the patient can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate.
  - Pending transfer or discharge, place a facemask on the patient and isolate the patient in a room with the door closed. See: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.
- A facility can accept a patient diagnosed with COVID-19 and still under transmission-based precautions for COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>) if it can continue to follow those transmission-based precautions. If a facility cannot, it must wait until these precautions are discontinued. CDC has released interim guidance for discontinuing transmission-based precautions or in-home Isolation for persons with laboratory-confirmed COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>).

- Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials.
- If multiple residents become ill with COVID-19, establish a designated area of the facility specifically for sick persons.
  - Designate staff to care for these individuals only, and do not have these residents circulating in other parts of the facility.
  - Limit movement of designated staff between different parts of the facility to decrease the risk of staff spreading COVID-19 to other parts of the facility.
  - Staff on this unit should wear personal protective equipment including disposable gloves, eye protection and N95 mask respirators if feasible.
- Restrict movements of residents with COVID-19 within the facility.
  - Restrict COVID-19 positive residents from leaving, or transferring from or to another facility until 24 hours after symptoms resolve, or the patient has a negative lab test for COVID-19, whichever is longer, unless needed for medical care, infection control, or lack of isolation space.
- Provide residents with tissue, a plastic bag for the proper disposal of used tissues, and access to handwashing stations and/or alcohol-based hand sanitizers.
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but they should not be shared without thorough washing.
- Assess and treat as appropriate soon-to-be released residents with COVID-19 or other respiratory symptoms and make direct linkages to community resources to ensure proper isolation and access to medical care.
- Long-term care facility healthcare providers should identify and address the special health needs of persons at high risk for complications following infection with COVID-19.
  - Persons at high risk for complications from COVID-19 infection include persons aged 65 years and older, persons of any age with chronic medical conditions (such as asthma, diabetes, or heart disease), and persons who are immunocompromised (for example, taking immunosuppressive medications).
- Provide ongoing infection control education to residents and staff. Use a variety of media (posters, newsletters, videos) to increase the likelihood that employees and residents will comply with infection control recommendations. For an example, see <https://health.utah.gov/wp-content/uploads/Clinic-Office-Poster.pdf>.

## Additional Resources

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Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF)

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

Resources for Healthcare Facilities

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationonpolicy-and/qso-20-14-nh.pdf>

Updates for State Surveyors and Accrediting Organizations

<https://www.cms.gov/medicare/quality-safety-oversight-general-information/coronavirus>

Coronavirus – Infection Control

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>

Hand Hygiene in Healthcare Settings

<https://www.cdc.gov/handhygiene/providers/index.html>