

## Preliminary Guidance: Prevention and Management of COVID-19 in Long-Term Care Facilities

*March 4, 2020*

The following preliminary guidance was developed by Contra Costa Health Services (CCHS) for use by local facilities and will be posted online at [cchealth.org/coronavirus](https://cchealth.org/coronavirus) and updated as new information becomes available. Please be aware that the CDC has also issued related guidance at:

[cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html](https://cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html)

**AUDIENCE:** This guidance is targeted to long-term care facilities that provide 24-hour medical care on site.

**BACKGROUND:** COVID-19 is a new respiratory disease caused by the SARS-CoV-2 virus. Illness severity ranges from asymptomatic to life-threatening. Signs and symptoms of infection include fever, cough, and difficulty breathing. Fatigue, myalgia, sore throat, headache, and, less frequently, gastrointestinal symptoms such as nausea, vomiting, or diarrhea also have been reported in some patients. Based on the limited available data, **older adults and those with chronic medical conditions are at highest risk for severe illness.**

At present there is no vaccine to prevent COVID-19 and no antiviral medication that can be used for post-exposure prophylaxis of exposed patients. Thus, prevention and control efforts must rely on other measures.

COVID-19 may be introduced into a long-term care facility by newly admitted residents, healthcare personnel, staff, or visitors. Spread can occur between and among residents, healthcare personnel, staff and visitors.

### **GENERAL MEASURES TO BE IMPLEMENTED NOW:**

- **Restrict ill visitors.** Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
  - Please maintain a clear visitor log that includes: First and Last Name, Contact Phone Number, Date and Time of Entry and Departure



- **Restrict employees from working while ill.**
  - Staff with respiratory or influenza-like illness should not work until 24 hours after fever and other symptoms have gone.
  - Ensure sick leave policies allow employees to stay home if they have symptoms of infection.
  - Staff developing symptoms while at work should immediately don a facemask, notify management, and leave work.
- **Encourage hand hygiene and respiratory etiquette** by all residents, visitors, and employees:
  - Employees should review and follow recommendations for hand hygiene before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE). [cdc.gov/handhygiene/providers/index.html](https://www.cdc.gov/handhygiene/providers/index.html)
  - Encourage handwashing and/or use of alcohol-based hand sanitizer; place hand sanitizer inside and outside residents' rooms; have sinks available with soap and paper towels for hand washing
  - Post signs encouraging hand hygiene and respiratory etiquette. A hand hygiene sign with multiple translations is available for download at [eziz.org/assets/docs/IMM-825.pdf](https://www.eziz.org/assets/docs/IMM-825.pdf)
- **Provide infection control training** in advance to dedicated employees who may care for COVID-19 patients.
  - Guidance on implementing recommended infection prevention practices is available in CDC's free online course at [cdc.gov/longtermcare/training.html](https://www.cdc.gov/longtermcare/training.html) which includes resources and checklists for facilities and employees to use.
- **Ensure easy and correct use of personal protective equipment (PPE).**
  - Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.
  - Make PPE, including facemasks, eye protection, gowns, and gloves, available immediately outside of the resident rooms.
  - Position a trash can near the exit inside any resident room to make it easy for employees to discard PPE.
- **Enhanced cleaning of patient rooms and common areas.**
  - Make sure all surfaces are wiped with an EPA-approved disinfectant at least daily and as needed, especially "high-touch" surfaces such as doorknobs, handrails, etc.
- **Influenza Vaccination**
  - Because influenza can cause a similar, severe respiratory illness in the elderly, influenza vaccination should be provided routinely to all residents and healthcare personnel and staff of long-term care facilities. Vaccination can prevent influenza-related illness and death, especially among people at increased risk for severe influenza complications.
- **Stay up to date** with local and state COVID-19 activity and developments.



(in addition to CDC):

- CCHS [cchealth.org/coronavirus/](https://cchealth.org/coronavirus/)
- CDPH [cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx](https://cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx)
- **Assess residents' symptoms of respiratory infection upon admission to the facility** and implement appropriate infection prevention practices for incoming symptomatic residents.
- **Perform daily active surveillance for potential new cases of COVID-19.**
  - Evaluate all residents daily for fever, new cough, or new shortness of breath
  - Consider that patients who are medically fragile and those with neurological or neurocognitive conditions may manifest atypical signs and symptoms of viral infection (e.g., behavior change) and may not exhibit fever. Astute clinical judgement and flexibility in applying the clinical definition should be used.
  - Watch for trends in your facility as related to patients with fevers and respiratory symptoms.

### **SYMPTOMATIC RESIDENTS:**

- **Isolate** the resident immediately in an airborne infection isolation room (AIIR, also known as "negative-pressure" room) if possible.
  - If an AIIR is not available, a single, private, well-ventilated room with its own bathroom and the door kept closed is a second option.
  - If a single, private room is not available, cohort ill residents in the same room with spatial separation of at least 6 feet and a privacy curtain or barrier.
  - The ill resident should remain in isolation and be excluded from participation in group activities, including group dining, use of common areas, and receiving visitors, while COVID-19 testing results are pending.
- **Implement standard, contact, and airborne precautions plus eye protection.**
  - Wear gloves, gown, respiratory protection (fit-tested N95 respirator or PAPR), and eye protection (e.g., goggles or face shield)
  - Change gloves and gowns after each resident encounter and perform hand hygiene
  - If resident must leave their room for medically necessary procedures, have them wear a facemask
- **Contact CCHS' Communicable Disease Programs** to discuss the case. **Call 925-313-6740 Monday-Friday 8am-5pm;** after hours call 925-646-2441 to reach the Health Officer on-call via Sheriff's Dispatch. Suspected cases are required to be reported to CCHS.
- Evaluate for COVID-19 and other respiratory infections
- Collect both a nasopharyngeal swab and an oropharyngeal swab for COVID-19 according to instructions published in: <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>
  - COVID-19 testing must first be approved by the CCHS clinical consultant.



- Test for influenza and other respiratory pathogens according to your usual protocols. If possible, test for a full respiratory viral panel. Note that coronavirus testing currently available with commercial respiratory panels does not detect COVID-19.
- **Closely monitor the ill resident.** Clinicians should maintain a low threshold for obtaining a chest radiograph to exclude pneumonia or Acute Respiratory Distress Syndrome (ARDS) and refer for further evaluation and hospitalization if the patient exhibits clinical worsening.

### **FURTHER STEPS SHOULD COVID-19 INFECTION BE CONFIRMED:**

- **Conduct further management in consultation with CCHS COVID-19 Clinical Consultation center to limit the likelihood of transmission to others in the facility.** The following actions will be required in consultation with CCHS:
  - Restriction of admissions to the facility and transfers to any unit with symptomatic residents
  - Cancellation of group activities; all meals to be served in resident rooms
  - Restriction of all visitors, including children
  - Recording a log of all persons who care for or enter the room or care area of the ill resident
  - Monitoring and isolation of residents who were in contact with the case, including testing of symptomatic persons for COVID-19 and other respiratory pathogens.
  - Maintenance of strict isolation of ill resident with standard, contact, and airborne precautions plus eye protection and adherence to the CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or PUIs for COVID-19 in Healthcare Settings guidance ([cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html)).
  - Minimization of the number of staff providing care for COVID-19 patients, including restriction of staff from floating to more than one unit. Staff in contact with ill patients/units should not work with well patients/units (or in other health care facilities) until no new cases have been identified for 28 days.
  - Monitoring employees who were in contact with the case per the CDC Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19 ([cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html)).
  - Notification of external facilities prior to transferring any ill resident for further care.



- Additional control measures and duration of implementation will be determined in consultation with CCHS.

**ADDITIONAL RESOURCES:**

- Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF)
  - [cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html)
- Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 (COVID-19)
  - [cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html)
- Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States
  - [cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html](https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html)

