

# COVID-19 LTC Facility Infection Control Guidance Standard Operating Procedure

Date	Summary of Changes
4/16/20	<ul style="list-style-type: none"> <li>Edited item 3 page 1 for cohorting guidance</li> </ul>

## GENERAL COVID-19 INFECTION CONTROL FOR LONG-TERM CARE FACILITIES

- All LTC facilities who have not already done so, need to use this CDC checklist to prevent the spread of coronavirus in their facilities. [https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist\\_3\\_13.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf)
- All LTC facilities should use this sheet to track their infection control activities and to track employees and patients with respiratory illness. <https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>
- All LTC facilities should have a plan to rapidly implement, or implement now, how they will cohort confirmed or presumed COVID-19 patients in their facilities. This can be by wing, floor, or if available, by building. This should be done with expediency. The most ideal way to cohort patients is into three categories:
  - Red** residents are those who are confirmed COVID positive. They will be placed in transmission based precautions -droplet- contact and cohorted into the COVID wing, floor, or building.
  - Yellow** residents are those suspected of COVID (either because of close contact or symptoms) but testing is pending or not performed. They are placed in transmission based precautions droplet- contact and are moved based on facility capacity or until confirmed testing occurs to the COVID wing, floor or building based on facility occupancy.
  - Green** residents are those without symptoms and not suspected to have COVID. Likewise it includes residents who have recovered from COVID-19 are meet CDC criteria for removing transmission-based precautions. Droplet precautions are in place for all HCP and masks are worn during direct care due to community ongoing transmission. Standard precautions (wearing of gown and other PPE as needed per individual resident needs) should be followed.
  - CDC reference – [https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html).
  - If limitations are such that you cannot create three separate areas, those who are presumed positive (high exposure and symptomatic) can be cohorted with confirmed positive for COVID symptoms or exposure) residents until testing is completed.

## Cohorting Algorithm

COVID Status	Symptomatic	Asymptomatic
Positive		
High Exposure		
Indeterminate Exposure		
Negative/Recovered		

- Positive COVID patients are those with test confirmed COVID-19
  - High exposures are those patients who have had close (< 6 ft, prolonged time) contact of suspected or known COVID patient cases (e.g., roommate or COVID positive staff with inadequate/inconsistent PPE, or coming from another facility, or area within a facility, with an outbreak of COVID-19 where it could reasonably be assumed that the resident was exposed
  - Indeterminate exposure include persons who have no known exposure to COVID-19
  - Negative status includes residents who have tested negative for COVID or have recovered from COVID based on CDC criteria for removing transmission based-precautions.
4. All LTC facilities should limit patient contact to only essential direct care providers (Nurse, CNA, QMA, hospice, EMS etc.)- [https://www.in.gov/coronavirus/files/IN\\_COVID-19\\_out\\_of\\_hospital\\_03.18.2020.pdf](https://www.in.gov/coronavirus/files/IN_COVID-19_out_of_hospital_03.18.2020.pdf)
  5. Once you have access to EMResource, every facility needs to update its status daily. This information is critically important for tracking PPE needs.
  6. All LTC facilities should require those involved in direct patient care to wear a mask during their entire shift. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>
    - If national and local supplies are at conventional capacity then all staff in LTC facilities should wear a facemask per standard recommendations.
    - If national and local supplies are at contingency levels, only direct care staff should wear a mask and they should use one mask per shift. -
    - If national and local supplies are scarce <1 week supply then only direct care staff should wear a mask and they should use the same mask for multiple days
    - If national and local supplies are at crisis capacity then direct patient care staff should wear a mask if available. If masks are not available, they should use alternative methods to cover their mouth and nose and decrease respiratory droplet spread.
  7. All LTC facilities need to have updated lists of all residents' code status and preferences for hospitalization. Plans should be in place for how to provide hospice and comfort care to those patients who do not want hospitalization who develop critical symptoms from COVID-19.
  8. ISDH has a team available to come into facilities to rapidly test residents and staff who are suspected of having COVID-19. If your facilities have patients or providers who are symptomatic and need to be tested, please send an email to [striketeamrequest@isdh.in.gov](mailto:striketeamrequest@isdh.in.gov)

If you would like to discuss COVID-19 prevention such as PPE donning and doffing, please contact Casey Cummins, COVID-19 Outbreak Response Chief Nurse Consultant, at 317-954-2591 or [ccummins@isdh.in.gov](mailto:ccummins@isdh.in.gov).

### INFECTION CONTROL STEPS WHEN HEALTHCARE WORKER OR RESIDENT TEST POSITIVE FOR COVID-19

1. Immediately place all residents that have tested positive for COVID-19 in **Contact-Droplet Precautions** in a single room and limit movement around the building, including memory care units to the degree that is possible.
  - a. Facilities should follow the CDC guidelines for health care workers and positive protective equipment: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
  - b. Place a sign on the door indicating **Droplet- Contact Precautions**.
  - c. Single resident room placement to minimize exposures and adherence to PPE and hand hygiene compliance.
  - d. Minimize resident's movement around the building- confined to room or as in memory care consider placement in single room with dedicated staff to care for this resident.
  - e. Cohort staff and equipment for COVID-19 residents to minimize transmission in the building
2. **Mask** all HCW that are ill and remove from duty
3. **Mask** all direct care staff and conserve PPE as directed
4. Increase **hand hygiene** with all staff in the building.
5. Assure hand hygiene and alcohol based hand rub is at point of care for all HCW and hand washing after contact with COVID- 19 resident care.
6. Increase **Environmental cleaning on all high touch surfaces** in building with approved disinfectants
  - a. Cleaning and Disinfection: Follow CDC cleaning and disinfection guidance for EVS personnel with proper PPE for cleaning COVID-19 rooms  
[https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fhome%2Fcleaning-disinfection.html](https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fhome%2Fcleaning-disinfection.html)
  - b. Use approved Cleaning agents from List N: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
  - c. For shortage of approved disinfecting solutions: consider the following
    - o Use of resident dedicated glucometers
    - o Bleach 1:10 mixture (must be changed and remixed every 24 hours) which is 1 ½ cups of bleach per gallon.
7. **HCW scrubs** should be changed into street clothes each day before leaving facility.
  - a. HCW should perform hand washing upon entry to the building before work and prior to exit after changing into street clothes.
  - b. HCW should refrain from wearing scrubs home or the next day without being laundered, this includes jackets.
8. **Glove Hygiene:** Use non-sterile gloves upon entry into the resident room for direct care area.
  - a. Change gloves if they become torn or heavily contaminated.
  - b. Remove and discard gloves when leaving the resident room or care area
  - c. Immediately perform hand hygiene after removal of gloves.
9. **Gown Conservation:** If there are shortages of gowns, they should be prioritized for:
  - aerosol-generating procedures (e.g., nebulizer therapy)
  - care activities where splashes and sprays are anticipated

- high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include:
    - dressing
    - bathing/showering
    - providing hygiene
    - changing briefs or assisting with toileting
    - changing linens
    - wound care
    - transferring
    - device care or use
10. **Preservation of protective eyewear/goggles or face shield:**
- a. Do not touch eye or face protection during use.
  - b. Hand hygiene must be performed before and after donning and doffing eye or face protection.
11. **Equipment Dedicated to Resident Rooms:**
- a. Isolation carts or bins outside of each room for don and doffing
  - b. Trash cans for doffing beside each isolation cart
  - c. Cohort supplies, do not share room to room
  - d. Use disposable or single B/P cuff and stethoscopes/ no mobile units
  - e. Use Pitchers for each resident and disposable cups
    - Do not use ice coolers to take room to room for filling cups
  - f. Single use B/P O2 Sat per resident as much as possible
  - g. Single use bedpans or bathroom supplies for all residents
12. **Visitors and Community dining:**
- a. Restrict all visitation except for certain compassionate care situations, such as end of life situations.
  - b. Restrict all volunteers and non-essential healthcare personnel (HCP), including non-essential healthcare personnel (e.g., barbers).
  - c. Cancel all group activities and communal dining.
13. **Routine testing:**
- a. Consider postponing non-urgent testing for routine labs, chest X-rays, across your facility during this outbreak.
  - b. Consider changing aerosolizing treatments moving to metered dose inhalers during this outbreak, especially when N95 is not available.

**We will continue to work closely with you on behalf of the safety of your residents and staff  
at this unprecedented time.**

### ADDITIONAL INFORMATION

Questions about COVID-19 may be directed to the ISDH COVID-19 Call Center at the toll-free number 877-826-0011 (available 8 a.m. to midnight).

Additional information and resources for COVID-19 are available at the links below.

- CDC COVID-19 webpage: <https://www.cdc.gov/coronavirus/>
- ISDH COVID-19 webpage: <https://coronavirus.in.gov>