

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

Date	Summary of Changes
08/10/2020	<ul style="list-style-type: none"> <li>• Add removal from TBP guidance updates from CDC for residents and healthcare personnel</li> </ul>

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

1. 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-HomesPreparedness-Checklist\\_3\\_13.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-HomesPreparedness-Checklist_3_13.pdf)
2. 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>
3. 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. Patients should be cohorted depending on COVID-19 status. Colors can be used on facility maps to help visualize testing results to facilitate moving of residents.
  - **COVID-19 Positive (Red)** – These are residents who are confirmed COVID-19 positive and who, based on [CDC criteria](#), still warrant transmission based precautions. These residents should be placed in transmission- based precautions (droplet and contact) and cohorted into a COVID-19 wing, floor, or building. If facilities have dedicated COVID-19 memory units, residents may continue to socialize so long as there are no COVID-19 negative residents or residents with unknown COVID-19 status in these units.
  - **Unknown COVID-19 status (Yellow):** All residents in this category warrant transmission based precautions (droplet and contact.)
    - **Waiting for test results** – These are residents whose COVID-19 status is unknown. This can include residents who have been tested and are waiting on results, or residents who are admitted, or readmitted, to a facility where they are likely to have been exposed to COVID-19 (e.g., transferred from a facility with an outbreak). Residents in this category should, if possible, be isolated from residents with a known COVID-19 status (both positive and negative). Residents in this category who have been tested and are waiting on results, may stay in their facility location until test results are back. This can include remaining with a roommate who is known to be COVID-19 positive if no other private rooms are available. After test results are back residents should be moved to the appropriate area of the facility.
    - For a resident who tests negative for COVID-19, but has had a roommate who is positive, it is not recommended to place them with another roommate until 14 days after their exposure, assuming they have not developed symptoms or had a positive tests.
      - **Symptom Observation** – Residents in yellow status who do not undergo testing can be transferred to the COVID-19 negative areas of the facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period can be done by the facility to increase the certainty that the resident is not infected. Residents who develop symptoms while being observed should be tested and moved accordingly.

- **COVID-19 Negative (Green)** – These include residents who are asymptomatic and not suspected to have COVID-19, asymptomatic residents who have had a negative test, and residents who have recovered from COVID-19 and meet CDC criteria for removing transmission-based precautions. If despite negative testing there remains clinical uncertainty around a resident’s COVID-19 status, the resident should be placed in isolation (yellow status) until additional testing can be done. Droplet precautions are in place for all healthcare providers and masks are to be worn during direct care due to ongoing community transmission. Standard precautions (wearing of gown and other PPE as needed per individual resident needs) should be followed.

4. All LTC facilities should limit confirmed or suspected COVID-19 positive resident contact to essential direct care providers (Nurse, CNA, QMA, hospice, EMS, healthcare providers, dedicated Environmental Services staff who have been trained in proper PPE for TBP etc.)

[https://www.coronavirus.in.gov/files/IN\\_COVID-19\\_out\\_of\\_hospital\\_08.17.20.pdf](https://www.coronavirus.in.gov/files/IN_COVID-19_out_of_hospital_08.17.20.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 Jennifer Spivey, COVID-19 Infection Prevention Program Manager, at 317-471-7844 or [jspivey1@isdh.in.gov](mailto:jspivey1@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 who 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/cleaningdisinfection.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019ncov%2Fcommunity%2Fhome%2Fcleaning-disinfection.html](https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaningdisinfection.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019ncov%2Fcommunity%2Fhome%2Fcleaning-disinfection.html)
  - b. Use approved cleaning agents from List N: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-useagainst-sars-cov-2>
  - c. For shortage of approved disinfecting solutions: consider the following
    - Use of resident dedicated glucometers
    - 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 linens
  - wound care
  - transferring

- changing briefs or assisting with toileting
  - 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 when there is ongoing transmission within the facility.
  - b. Restrict all volunteers and non-essential healthcare personnel (HCP), including non-essential healthcare personnel (e.g., barbers) for 14 days when there is ongoing transmission within the facility.
  - c. Cancel all group activities and communal dining for 14 days when there is ongoing transmission within the facility.
  - d. Refer to the ISDH website for Back on track Long term care visitation guidance.
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.

**14. Removal from Transmission --based precautions (TBP) for COVID residents will be based on following CDC COVID Healthcare IPC guidance: Discontinuation of Transmission-Based Precautions (*updated August 10,2020*):**

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>.

- a. **Residents with mild to moderate illness who are not severely immunocompromised:**
  - At least **10 days** have passed since symptoms first appeared **and**
  - At least **24 hours** have passed since last fever without the use of fever-reducing medications **and** Symptoms (e.g., cough, shortness of breath) have improved
- b. Note: For patients who are not severely immunocompromised and who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least **10 days have passed since the date of their first positive viral diagnostic test.**

**c. Residents with severe to critical illness or who are severely immunocompromised:**

- At least **10 days and up to 20 days** have passed since symptoms first appeared **and**

- At least **24 hours** have passed since last fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- **Consider consultation with infection control experts**
- **Note:** For severely immunocompromised residents who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least **10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.**

**15. Return to Work Guidance for Healthcare Personnel (HCP) will use symptom based strategy per CDC guidance (updated August 10, 2020): <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>.**

a. *HCP with mild to moderate illness who are not severely immunocompromised:*

- At least 10 days have passed *since symptoms first appeared and*
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- **Note:** HCP who are **not severely immunocompromised** and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

**b. HCP WITH severe to critical illness OR WHO ARE SEVERELY IMMUNOCOMPROMISED:**

- **At least 10 days and up to 20 days have passed SINCE SYMPTOMS FIRST APPEARED**
- At least 24 hours have passed SINCE LAST fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- **Consider consultation with infection control experts**
- **Note:** HCP who are **severely immunocompromised<sup>1</sup>** but who were **asymptomatic** throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

c. **Test-Based Strategy for Discontinuing Transmission-Based Precautions for residents or HCP.**

- In some instances, a test-based strategy could be considered for discontinuing Transmission-based Precautions earlier than if the symptom-based strategy were used. However, as described in the CDC's Decision Memo, many individuals will have prolonged viral shedding, limiting the utility of this approach. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/durationisolation.html>.

- A test-based strategy could also be considered for some patients (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the patient being infectious for more than 20 days.

**We will continue to work closely with you for 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 5 p.m.).

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>