

## COVID-19 LTC Facility Infection Control Guidance SOP

1. All LTC facilities that have not already done so need to use this CDC check list to be prepared 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)
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.
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>
  - a. If national and local supplies are at conventional capacity, all staff in LTC facilities should wear a facemask per standard recommendations.
  - b. 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.
  - c. If national and local supplies are scarce (<1 week supply), only direct care staff should wear a mask and they should use the same mask for multiple days
  - d. If national and local supplies are at crisis capacity, 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. Plans should be in place for how to provide hospice and comfort care to those patients with DNR orders who develop 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 contact COVID-19 Outbreak Response Logistics Coordinator Tami Johnson at 317-412-2127 or tamjohnson@isdh.in.gov to schedule testing at your facility.
9. If you would like to discuss the need for testing at your facility or 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.

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## Infection Control Steps when you have a Healthcare Worker (HCW) or Resident Test Positive for COVID-19

1. Immediately place all residents 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 HH 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 HH ABHR 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%2F2019-ncov%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%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-22>
  - 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 cloths.
  - 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
- 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 or 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 cuff O2 Sat probe per resident if 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 unnecessary 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.