



COVID-19 Prevention and Response Activities in Long-term Care/Residential Care Facilities

Resources from the Centers for Disease Control and Prevention for Nursing Homes and Long-term Care Facilities:

- Preparing for COVID-19 in Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- Responding to Coronavirus in Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>
- Testing Guidelines for Nursing Homes: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>
- Considerations for Memory Care Units in Long-term Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>
- Infection Control Assessment Tool: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html>

COVID-19 Prevention Activities

The below are general guidelines to reduce transmission within nursing homes, other long-term care facilities and other residential care facilities. Please see the individual re-opening guidelines for Nursing Homes, Assisted Living and Personal Care Homes, and ICF-IID.

- Identify resources for onsite infection control management.
- Actively screen all employees/staff for fever and respiratory symptoms before starting each shift; exclude ill employees/staff.
 - 100% screening of all persons entering the facility and all staff at the beginning of each shift:
 - Temperature checks
 - Questionnaire about symptoms and potential exposure
 - Observation of any signs or symptoms
- Implement sick policies to encourage staff to stay home when ill.
- Assess the current supply of personal protective equipment (PPE) and initiate measures to optimize current supply. See strategies to optimize PPE located at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.
- All staff wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC guidance on optimization of PPE.
 - All staff should wear a surgical facemask, or cloth face covering if not providing direct patient care, at all times while in the facility.
- All facilities should actively screen all residents daily for symptoms consistent with infection, even if the facility is not currently experiencing cases among employees or residents.

- Long-term care residents may not present with typical symptoms of fever or respiratory symptoms. Cases have been identified in residents with minimal cough, low grade fever (< 100.0 °F), dizziness, diarrhea, sore throat or altered mental status.
- Have a high index of suspicion and utilize pulse oximetry in active screening. Diminished oxygen saturation has often been the first sign of infection among nursing home residents.
- Residents should wear a cloth face covering whenever they leave their room, including for procedures outside of the facility.
- Enforce social distancing among residents and restrict group activities
- Universal source control for everyone in the facility. Residents and visitors entering for compassionate care wear cloth face covering or facemask.
- Dedicated space in the facility for cohorting and managing care for residents with COVID-19
 - Identify a space within the facility that can be dedicated to care for COVID-19 residents;
 - Plan for dedicated staff to care only for those cohorted residents;
 - Plan to manage new/readmissions with unknown COVID-19 status and residents who develop symptoms;
 - Note: Readmissions of COVID-19 positive patients should follow the current Guidance for Discontinuation of Isolation and Transmission-Based Precautions in Patients with COVID-19 (https://msdh.ms.gov/msdhsite/_static/resources/8632.pdf) and Discharge Guidance for Suspected or Confirmed COVID-19 Patients (https://msdh.ms.gov/msdhsite/_static/resources/8600.pdf)
- Cancel all non-medically necessary trips outside of the facility*. For medically necessary trips away from of the facility:
 - The resident must wear a cloth face covering or facemask; and
 - The facility must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment
- Restrict all visitors except for compassionate care situations (e.g., end of life). In these situations, the visitor should be screened for symptoms and wear a cloth face covering during the visit*.
- Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber) *.
- Cancel all group activities and communal dining *.

*see specific reopening guidelines

If COVID-19 is identified in the facility or an outbreak is suspected

Notify the MSDH Office of Epidemiology (601-576-7725 or 601-576-7400 after hours) of any identified COVID-19 infection in a resident or employee within the facility.

Outbreak definition:

1. One confirmed COVID-19 infection in a resident at any time,
or
2. Two or more COVID-19 infections among employees/staff within a 14-day period

An outbreak should be suspected when clusters of respiratory disease (≥ 3 residents and/or staff) are identified. Notify the MSDH Office of Epidemiology of any confirmed or suspected outbreak. Below are some first steps to begin when contacting MSDH.

- Immediately isolate all affected residents (private room if possible).
- Residents should remain isolated:
 - Until 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
 - If asymptomatic, until at least 10 days have past since date of their first positive test
- Restrict all residents to their rooms.
- Test all employees and residents for COVID-19, whether symptomatic or not. MSDH can provide support for initial outbreak testing if no other capacity has yet been obtained.
- Symptomatic employees should be excluded from work and isolate at home while waiting for test results.
- Symptomatic residents should be immediately isolated while waiting for test results.
- Positive employees will be put on isolation orders and immediately excluded from work until 10 days after onset of illness or 10 days after test date if asymptomatic.
- Institute universal facemasks for all employees/staff while in the facility, if not previously done
- Utilize appropriate PPE when providing all resident care, regardless of symptoms: gloves, N95 (facemask if N95 not available) and face shield/goggles. Prioritize gowns for activities where splashes and sprays are anticipated (including aerosol-generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of HCP. Facemasks and goggles or eye protection are priorities when providing resident care in this situation. See strategies to optimize PPE located at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
- Actively monitor ill residents (including documentation of pulse oximetry) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.
- Cohort ill residents in one wing of the facility if possible.
- Cohort staff to care for only ill residents, or for only residents on the affected wing if possible.

- Consider a temporary halt to new admissions, especially to the affected wing or area of the facility.
- After initial outbreak testing, consider testing all non-positive residents and employees weekly until the outbreak resolves.
- Be prepared to act on positive results with a plan that addresses staffing and further isolation of residents with confirmed COVID-19.
 - Exclude all positive employees from work until 10 days after onset of illness or 10 days after test date if asymptomatic. Employees may return to work 10 days after onset of illness or test collection date if asymptomatic if they have been fever free for 24 hours without use of fever-reducing medication, with symptom improvement. Employees should not be allowed to work while symptomatic. A negative test should not be required for return to work. MSDH recommends a time and symptom-based strategy.
 - Cohort positive residents in a designated area of the facility and dedicate staff to care for these residents only, with no interaction with unaffected residents.
- Weekly testing of all staff and residents will continue until there have been no new positive cases for at least 14 days.
- Outbreak response measures should remain in place until no additional cases have been identified for at least 28 days.

Facility Under Investigation definition: Facilities that are under investigation will prompt a public health response by MSDH that will include bi-weekly communication with MSDH Outbreak Team Members to provide infection control recommendations to prevent further transmission within the facility.

Under Investigation Definition:

A confirmed COVID-19 infection in a single employee/staff member who worked during his or her infectious period (i.e. 48 hours prior to symptom onset, or test date if asymptomatic) in a facility with no other known COVID-19 infections in residents or employees/staff.

Notify the MSDH Office of Epidemiology of any confirmed or suspected COVID-19 infection in an employee/staff member. Below are some first steps to begin when contacting MSDH.

- Test all employees and residents for COVID-19, whether symptomatic or not. MSDH can provide support for initial outbreak testing if no other capacity has yet been obtained.
- Symptomatic employees should be excluded from work and isolate at home while waiting for test results.
- Symptomatic residents should be immediately isolated while waiting for test results.
- Positive employees will be put on isolation orders and immediately excluded from work.
- Institute universal facemasks for all employees/staff while in the facility, if not previously done
- Utilize appropriate PPE when providing all resident care, regardless of symptoms: gloves, facemask (N95 when providing care that may result in aerosolization) and face shield/goggles. Prioritize gowns for activities where splashes and sprays are anticipated (including aerosol-generating procedures) and high-contact resident care activities that

provide opportunities for transfer of pathogens to hands and clothing of HCP. Facemasks and goggles or eye protection are priorities when providing resident care in this situation. See strategies to optimize PPE located at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

- Public health response measures should remain in place until no additional cases have been identified for at least 14 days.