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DEPARTMENT OF PUBLIC HEALTH

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COVID-19 Guidance for Long-Term Care Facilities — March 26, 2020

The Centers for Disease Control and Prevention (CDC) has published guidance on COVID-19 for long-term care facilities (LTCFs). The CDC LTCF guidance is also relevant and useful for long-term acute care hospitals and assisted living facilities. This memo supplements the CDC guidance.

The elderly and those with certain underlying medical conditions have high morbidity and mortality from infection with SARS-CoV-2, the virus that causes COVID-19. This virus spreads easily, and aggressive infection control practices are necessary to blunt the serious impact of COVID-19 in facilities while maintaining high-quality long-term care for your residents. We understand such a balance under these circumstances is very challenging, and we thank you for your efforts.

The health and safety of Connecticut patients and healthcare personnel is a top priority of the Connecticut Department of Public Health (DPH) as the COVID-19 pandemic progresses. As we learn more about COVID-19 and as the landscape of our healthcare system changes in response to the pandemic, guidance will continue to be adapted and modified. It is important to stay up-to-date on guidance on CDC's website for your facility type.

Questions about infection control, residents or staff with possible COVID-19, and possible clusters can be directed to the DPH Infectious Diseases Section (860-509-7995). Other questions about COVID-19 can be emailed to COVID19.dph@ct.gov.

Preventing Introduction of COVID-19 into LTCFs: Recommendations for Visitors and Staff

CDC recommends restricting visitors, with certain exceptions (e.g. end of life and compassionate care situations). This is also mandated by the State of Connecticut.[1] CDC also recommends cancellation of all trips outside of the facility, and residents who must regularly leave the facility for medically necessary reasons (e.g. hemodialysis) should wear a facemask whenever they leave their room: inside your facility, during transportation, and during medical visits outside the facility. Having a mask on residents who leave the LTCF will lower their risk of becoming infected outside the facility and subsequently transmitting infection within the LTCF.

DPH recommends assessing symptoms and temperatures for all personnel at the beginning of their shifts, preferably outside or near an entryway, away from residents. Social distancing during this process should be maintained. LTCFs should consider asking personnel to check their temperature at home and not come to the facility if they have a temperature 100.0°F or higher, or other signs or symptoms of respiratory illness. This will prevent infected personnel from exposing others during the start-of-shift screening process.

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Personnel with respiratory symptoms or signs should be evaluated by their physician.[2] Staff should be reminded to stay home if ill. They should immediately notify supervisors, put on a mask, and leave the facility if they develop respiratory symptoms during a shift.[3] Those with documented or presumptive COVID-19 should not enter the facility and should not return to work until permitted in accordance with the latest CDC guidance.[4]

We recommend that staff movement within the facility be as limited as practicable. They should be assigned to particular areas of the facility, and movement between wings and floors should be limited. Identity staff who have jobs at other facilities as potential carriers of illness between facilities. Staff should practice social distancing with at least six (6) feet of separation from each other and from residents, except as necessary to deliver care.

Custodial services are essential, as SARS-CoV-2 spreads easily from contact with infected surfaces; adequate staffing for environmental and custodial services should be a priority.

Staff who had prolonged, close contact with anyone suspected or confirmed COVID-19 should be assessed to determine whether they should be furloughed or work with certain precautions. CDC has guidelines for this risk assessment of exposed asymptomatic healthcare workers.[2]

Hand Hygiene: For Residents and Staff

Careful hand hygiene is extremely important to prevent spread of COVID-19. Hand hygiene can be performed with either soap and water for 20 seconds or with hand sanitizer (containing $\geq$ 60% ethanol or $\geq$ 70% isopropyl alcohol). Soap and water should be used if hands are visibly dirty. Alcohol-based hand sanitizer may be more available and easier to use in healthcare facilities.[5]

Physical Separation and Common Areas

Residents need to stay separate from each other by six (6) feet or more. Therefore, when possible, they should not congregate in common areas for activities. Meals should not be served in common dining rooms.[6]

Cleaning materials

SARS-CoV-2 persists on environmental surfaces, and proper disinfection is an important component of infection control. Use an environmental services checklist to be sure that all potentially contaminated high touch surfaces are cleaned.[7,8] Use EPA approved disinfectants according manufacturer's instructions on contact time and dilution to ensure effectiveness.[9] Shared equipment (pulse oximeters, for example) should be disinfected according to manufacturer's guidelines.

Identification of Possible COVID-19 Cases

Early identification of infections is vital for preventing a COVID-19 outbreak. The first step includes frequent clinical assessment of residents and staff (as mentioned above).

All residents should be assessed at least once daily; some facilities may institute more frequent assessment. Assessments should include an inquiry about symptoms, and checking for signs of infection (temperature, and possibly oximeter readings). Long term care residents may have an atypical presentation of COVID-19. Persons with COVID-19 typically experience symptoms or signs of fever, cough, and shortness of breath. Elderly persons with SARS-CoV-2 infection may not have fever, and may instead present with non-specific symptoms and signs such as malaise, dizziness, diarrhea, sore throat, oxygen desaturation, loss of appetite, or mental status changes.[10] Particular attention should be made to identify sudden changes in behavior.

Immediately isolate any resident who is symptomatic or exhibits signs, and evaluate for COVID-19. They should be placed in a single room (when possible) with the door closed, and they should always have a mask on when outside their room.

Testing for SARS-CoV-2

Testing is only indicated for residents or staff with symptoms or signs consistent with COVID-19, even in situations where there has been contact with a COVID-19-positive person. As with any test, testing only those with symptoms lowers the risk of false-positive results. Testing informs patient management and infection control planning and influenza and respiratory viruses should also be considered. CDC guidance for infection control during nasal swabbing should be followed.[11]

Testing is increasingly available through commercial laboratories and is also available from the Connecticut State Public Health Laboratory (SPHL). Now is the time to determine if your send-out laboratory does COVID-19 testing, their requirements, and their turn-around-time. If you do not have access to timely commercial laboratory testing, you may submit specimen(s) to SPHL. COVID-19 testing at SPHL no longer requires prior approval from DPH Infectious Disease Section epidemiologists.

CDC provides guidance on specimen collection and handling.[11] Specimens must be transported on ice and accompanied by a SARS-CoV-2 test requisition form.[12] Healthcare facilities are responsible for arranging transport of specimen(s) to SPHL. For facilities that routinely send specimens to a local hospital laboratory for other testing, the hospital courier may transport the specimen to SPHL for you. SPHL can only perform a limited volume of tests each day; long term care residents with COVID-19 signs and symptoms will be prioritized for testing at SPHL if it is appropriately indicated on the requisition form. SPHL can receive specimens 24/7, and COVID-19 testing occurs 7 days a week. For more information: https://portal.ct.gov/DPH/Laboratory/Laboratory-Home/Katherine-A-Kelley-State-Public-Health-Laboratory

Appropriate Transfers from LTCFs to Hospitals

Connecticut's acute care hospitals are already starting to receive seriously ill COVID-19 cases, and numbers are rapidly rising. LTCFs play a vital role keeping acute care hospitals from becoming overwhelmed, allowing them to continue to function and care for any of your residents that need the intensity of care that only acute care hospitals can provide:

- Residents can be assessed for COVID-19 and test specimens can be collected on-site in LTCFs when hospital transfer is not indicated.
- Residents with suspected or confirmed COVID-19 can stay in LTCFs throughout the course of illness; transfer for acute care when that level of care becomes clinically indicated.
- LTCFs can receive patients with COVID-19 from acute care hospitals for LTCF-level of care during convalescence.

If a resident with suspected or confirmed COVID-19 requires transportation to a hospital for evaluation and care, please notify emergency medical services (EMS) who transport the resident and the receiving facility (e.g. emergency department) beforehand of potential COVID-19 so they can prepare accordingly.

Discharge of Patients with Confirmed or Suspected COVID-19 from Hospitals to LTCFs (or Assisted Living)

CDC provides guidance on when COVID-19 transmission-based infection control precautions can be discontinued.[13] Patients can be discharged from a hospital whenever clinically indicated, even when still on transmission-based precautions. When transmission-based precautions are still required, the patient should go to a facility with adequate personal protective equipment supplies and an ability to adhere to infection prevention and control recommendations for the care of COVID-19 patients. Preferably, the patient would be transferred to a facility that has already cared for COVID-19 cases, in a specific unit designated to care for COVID-19 residents. The patient should be housed in a single room and restricted to their room, or cohorted with other COVID-19-positive residents.

If transmission-based precautions have been discontinued according to CDC guidance[13], but the patient has persistent symptoms from COVID-19 (e.g., persistent cough), they should be placed in a single room and restricted to their room. If transmission-based precautions have been discontinued and the patient's symptoms have resolved, they do not require further restrictions.[13]

Personal Protective Equipment (PPE)

COVID-19 spreads through respiratory droplets from person-to-person. Surgical masks can block the droplets, and distancing people (at least 6 feet) can reduce the risk of respiratory droplet contamination. N95 respirators are only necessary when patients with COVID-19 undergo aerosol-generating procedures (e.g., open suction, nebulizer treatments). N95 respirators should be reserved for those procedures, to be performed by fit-tested personnel wearing a N95 respirator, full face shield or wrap-around goggles, gown, and gloves.[7] The door should be closed and the number of people in the room should be as few as possible.

CT DPH is aware that PPE supplies are running extremely low in healthcare facilities within the state and around the world. With shortages in the PPE supply chain, it is important to assess your PPE supply and utilization rate, and start measures to stretch your current supply. The first step to resupply is to procure PPE from your current supplier; DPH is working to bring more PPE to healthcare facilities, including LTCFs.

Maintaining close supervision and security of your PPE inventory during this period of scarcity is prudent. Access to your stock should be carefully controlled to ensure ready access for staff needing the PPE, while protecting the supply. CDC has guidance for optimizing all PPE (masks, gowns, eye protection) based on levels of supply.[14]

References: Please check the CDC and state COVID-19 websites regularly for updates.

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2. Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19) https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
3. COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf
4. Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance): https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html
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9. EPA. List N: Disinfectants for Use Against SARS-CoV-2: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
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12. Connecticut State Public Health Laboratory COVID-19 requisition form: https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/laboratory/labhome/lab-forms/2019nCoV-req20final.pdf
13. Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance): https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html
14. Strategies for Optimizing the Supply of PPE: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html