

## Novel Coronavirus (COVID-19) Guidance for Long-Term Care Facilities

The Washington State Department of Health developed guidance to assist long term and residential care facilities in response to the 2019 novel coronavirus disease (COVID-19) outbreak. Those over 60 years old, immune-compromised or with chronic medical conditions may be at higher risk for severe illness from COVID-19. Long-term care facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19.

Additional resources on how long-term care facilities can prepare for and manage COVID-19 can be found at [CDC's Resources for Healthcare Facilities](#) webpage.

1. On 3/13/2020, through their [Guidance for Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\) in Nursing Homes](#), CMS recommended:
  - Nursing homes cancel all group activities
  - Active screening of residents
  - Screening of all staff at the beginning of their shift for fever and respiratory symptoms.
  - Restricting visitation of all visitor and non-essential healthcare personnel, except for compassionate care.
  - If a state's implementation action exceeds CMS (such as through a governor's executive order), the facility is not out of compliance by following the state order.
2. On 3/16/2020, [Governor's Proclamation #20-16](#), prohibits visitors from long-term care facilities except end of life situations or to visits by attorneys, administrative law judges, advocates or similar persons who represent a resident.

### Stay up-to-date:

Monitor public health updates from:

- [Local Health Jurisdictions](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

## Make a plan:

Review and update your infection control plan preparedness plan. If you do not have a plan, the CDC has developed a [Coronavirus Disease 2019 \(COVID-19\) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings](#).

For COVID-19, we recommend your plan include the following:

- A policy directing care staff to use personal protective equipment (PPE) when caring for residents with symptoms of a respiratory infection.
- A plan implementing respiratory hygiene throughout the facility.
- A plan to group symptomatic residents using one or more of the following strategies:
  - Confine symptomatic residents and exposed roommates to their rooms.
  - Place symptomatic residents together in one area of the facility.
  - Close units where symptomatic and asymptomatic residents reside.
  - Assign staff on either affected or non-affected units to prevent transmission between units.
  - Clean and disinfect frequently touched surfaces with [EPA-registered disinfectant](#) with a label indicating effectiveness against human coronavirus or emerging viral pathogens.
- A proactive sick leave policy to address the needs of staff including:
  - A plan to screen staff for fever and symptoms at least at the beginning of their shift.
  - Plans to advise staff, caregivers, or volunteers who have respiratory symptoms or fever that they should not report to work and to immediately report their symptoms to an identified manager.
  - A plan to manage staff who develop symptoms while at work.
  - Return to work policy for staff after having a diagnosis of COVID-19 (see [Return to Work Guidance for healthcare workers \(HCWs\) and first responders \(FRs\) who have Confirmed COVID-19 Infection or are asymptomatic with High or Medium Risk Exposures\\* to a known case of COVID-19](#))
  - Plans to accommodate staff who need to care for ill family members.
  - Identifying staff who may be at higher risk for severe COVID-19 disease and assigning them to unaffected units, if possible.
  - Contingency staffing and patient placement plans:
    - Identify minimum staffing needs and prioritize critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations.
    - Contact your local health department for guidance on altered standards of care in case residents need acute care and hospital beds are not available.
    - Strategize about how your facility can help increase hospital bed capacity in the community.

- Criteria and protocols for closing units or the entire facility to new admissions when COVID-19 has been identified in the facility.

## Identify and contact partners to coordinate:

Identify public health and professional resources in the table below.

Contact Name	Phone	Email
Local Health		
Department of Health		
State Long-Term Professional Trade Association		

Identify contacts for local, regional, or state emergency preparedness groups, especially bioterrorism/communicable disease coordinators in the table below.

Name	Phone	Email
Local		
Regional		
State		

Contact local hospitals to learn who to coordinate with if one of your residents needs to be hospitalized or is being discharged from the hospital. ([List of hospitals in Washington state.](#))

- **Residents referred to the hospital:** If a resident is referred to a hospital, you will need to coordinate transport with the hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the hospital.
- **Residents discharged from the hospital:** When your resident is ready to be discharged, coordinate with the hospital regarding transportation and continued care needs, including any precautions to take in your facility. As the outbreak spreads, having open beds in hospitals is vitally important.

### Hospital Contacts

Name	Phone	Email

## Communicate with staff, residents, and visitors:

- Educate staff and residents about COVID-19. Make sure they understand basic prevention measures, such as:
  - Wash hands often with soap and water or use alcohol-based hand sanitizer. (For staff tips, see [Clean Hands Count for Healthcare Providers](#).)
  - Cough and sneeze into the elbow or into a tissue. Throw away the tissue immediately after use and wash hands. (For staff tips, see [Respiratory Hygiene/Cough Etiquette in Healthcare Settings](#).)
  - Frequently clean and disinfect surfaces.
  - Appropriate use of PPE. The PPE recommended when caring for COVID-19 patients, includes a gown, gloves, mask (or respirator), and eye protection. (See [Sequence for putting on Personal Protective Equipment \(PPE\)](#) for more information.)
  - Staff should remain home if they are sick with cough, sneezing and/or fever. Inform staff about sick leave policies and/or the ability to work from home, if possible.
- Post signs at the entry, the reception area, and throughout the facility to help staff self-identify relevant symptoms and travel history. (See the [Novel Coronavirus Factsheet](#), available in 11 languages.)
- Let visitors know about any new policies or procedures in your preparedness plan and how they will impact their visits.
- Communicate with family members of residents to share information about the measures you are taking to protect your residents from COVID-19, including necessity of visitor exclusions and provide alternate means of communication with their loved ones (e.g., phone, video conferencing, etc.).
- Communicate with staff about any new policies and procedures in your preparedness plan that will impact how they do their work and what to do when they are sick.

## Watch for respiratory infection and COVID-19 symptoms in residents and staff:

- Observe your residents and staff to detect respiratory infections.
  - Monitor and track influenza-like-illness among residents and staff. These are some helpful tools that can be used to track:
    - [Respiratory Tract Infection Worksheet](#)
    - [LTC Respiratory Surveillance Line List](#)
  - Assess incoming residents with respiratory [symptoms](#) including coughing, fever or shortness of breath for:
    - Know exposure to a person with COVID-19 in 14 days prior to illness onset
    - Any diagnostic testing for COVID-19
    - Recent admission to facilities with known active COVID-19 cases

- Medical staff collecting nasopharyngeal swabs for COVID-19 testing should wear gown, gloves, mask (or respirator), and eye protection.

## **In the case a resident has symptoms of COVID-19 or a known exposure:**

Immediately contact your local health department. Your local health department will help assess the situation and provide guidance for further actions.