What to Do When COVID-19 Gets into Your LTC Facility
Don't Wait: Assume It's Already There

COVID-19 is rapidly spreading across the country which is growingly impacting nursing homes and assisted living communities. It is near impossible and impracticable to screen out all "potential" exposure risks at this point. Due to the rapid progression of this virus, centers should assume it is already in their surrounding community and may be in their facility.

Action steps should be taken now to limit the spread of COVID-19 among staff and residents, which unfortunately, has been shown to be difficult to do, despite implementing all CDC recommended approaches.

There are four steps to take to minimize the spread:

1. Isolate
2. Minimize contacts with all residents
3. Increase transmission-based precautions
4. Increase monitoring of residents and staff

1. Isolate

Infected Resident(s) (known or suspected)	**Non-Infected Residents**
• Single room: If possible, place resident suspected or with known COVID-19 in private room with their own bathroom and the door to their room closed. • Cohort with other COVID-19 residents: May need to share rooms with other COVID-19 positive or suspected residents • Create a cohorting plan • If the suspected/known COVID-19 resident was already paired with a roommate – do not separate as the other person in that room has already been exposed and moving in with other residents may spread the virus.	• Keep residents in their rooms as much as possible • Enforce social distancing between residents and staff and visitors as much as possible • Encourage all residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes. • If room isolation is not possible, such as for a dementia unit with wandering residents, try to set up smaller areas for wandering that reduces number of residents interacting.

2. Minimize number of close interactions with residents

- Bundle trips into residents' room so multiple tasks can be done by single staff during visit.
- Assign staff to same residents or same units to minimize the number of different staff interaction (including support non-clinical staff).
- Try to limit staff working between units or floors as much as possible.
- Change frequency of routine procedures such as reducing vital signs, weights, bundle medication administration where clinically appropriate, laundry deliveries.

See further recommended steps to minimize interactions.

3. Increase transmission-based precautions (if not already in place)

- Implement universal use of facemasks for HCP while in the facility at all times.
- Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N-95 respirator or, if not available, a facemask) for the care of all residents, regardless of presence of symptoms. Implement protocols for extended use of eye protection and facemasks.
- If residents leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).
- Residents should wear source control masks (e.g. cloth), if possible when staff enter a room to limit potential spread from resident to staff.

4. Increase monitoring of residents and staff

- Healthcare personnel monitoring for respiratory symptoms and fever (immediately isolate away from residents if symptoms or fever develop).
- Resident monitoring for respiratory symptoms and fever (consider at least every shift).
- Implement protocols for cohorting ill residents with dedicated HCP.

MANAGING RESIDENTS WITH COVID-19

Residents with COVID-19 will likely fall into three categories:

1. those with respiratory symptoms and fever that can be managed with traditional supportive care and will get better
2. those with worse respiratory symptoms or exacerbation of their underlying medical conditions that will require more nurses and physicians to manage, and
3. those who progress to ARDS or severe respiratory compromise who despite aggressive ICU level care have had an extremely high mortality rate and will require compassionate care.

Transfer to hospital or ER:

- If a resident requires higher level of care than what your facility can implement, the resident may need to be transferred.
    - If they are to be transferred, communicate with EMS and hospital so they can implement precautions and have the symptomatic resident wear a mask to reduce spread to others.
- If resident requires care with resources or PPE that is not available, consider transferring to the hospital.
- In the event of hospital surges from COVID-19 creating a lack of hospital beds, residents may need to be cared for in place at the facility.
    - Educate resident and family about the risks and benefits of sending to the hospital for care.

ADDITIONAL STEPS TO TAKE

Notifications that must occur:

- Facilities must notify the local and state health department immediately and follow the Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings, which includes detailed information regarding recommended PPE.
- Employee notification
- Resident and family member (sample letter)
- Prepare for potential media inquiries (template statement and talking points)

Staffing supports

Engage non-direct care staff in performing duties where they can assist to free up direct care staff to meet the increased care needs demand that will grow with COVID-19 in the center.

Self-assessments evaluation

Perform (or re-perform) self-assessment of infection control processes using CMS Focused COVID-19 Infection Control survey tool and make process and/or system corrections where needed.