



# Infection Control Guidance to Prevent the Spread of COVID-19 in Long Term Care Facilities 2020

## Background Information

A new respiratory disease – coronavirus disease 2019 (COVID-19) – is spreading globally and there is now widespread COVID-19 community transmission in the United States. Long-term care facilities (LTCFs) are a priority for COVID-19 prevention efforts due to the high proportion of persons with risk factors for severe disease who reside in LTCFs and their congregate living setting. The strategies the Centers for Disease Control and Prevention (CDC) recommends to prevent the spread of COVID-19 in LTCFs rely on the same strategies these facilities use every day to detect and prevent the spread of other respiratory viruses like influenza. More information is available from CDC at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

The Philadelphia Department of Public Health (PDPH), Division of Disease conducts surveillance on all confirmed and suspected cases of COVID-19. Health advisories and guidance documents for Philadelphia are posted at <https://hip.phila.gov/EmergentHealthTopics/2019-nCoV>.

## Symptoms and Transmission of COVID-19

The most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually. In more severe cases, infection can cause breathing difficulties, pneumonia and severe acute respiratory syndrome. Older adults or people with underlying medical conditions are at increased risk for serious illness. No vaccine or specific treatment for COVID-19 is available; care is supportive.

Influenza and other respiratory viruses can cause similar symptoms.

COVID-19 is transmitted person to person through close contact (approximately 6 feet). COVID-19 can be transmitted through (1) droplets expelled during coughing or sneezing, (2) contact with an infectious patient or contact with a contaminated object (fomite) followed by self-inoculation and (3) small particle aerosols in the vicinity of an infected person. Aerosol generating procedures such as deep suctioning and intubation pose the highest risk of transmission. All respiratory secretions and bodily fluids, including diarrheal stools, from an infected patient should be considered potentially infectious until further information about transmission of COVID-19 becomes available. The incubation period averages 2 to 14 days.

## Surveillance for COVID-19 and Other Respiratory Illnesses

Continue with ongoing surveillance for respiratory illness to facilitate early identification of COVID-19 cases and outbreaks of other respiratory illnesses. Institute infection control recommendations promptly. Report suspect COVID-19 cases and all clusters of respiratory illness to PDPH at (215) 685-6742.

- LTCFs should have a designated staff person to monitor respiratory illness in both residents and staff throughout the year.
- New admissions to the facility should be screened for signs and symptoms of respiratory infection on admission, and if symptomatic, placed on droplet and contact precautions as described below.
- Staff should evaluate a resident who has respiratory symptoms, even if the illness is mild. The evaluation should take into consideration the clinical presentation as well as potential exposures to sick contacts.
- COVID-19 should be considered along with influenza and other respiratory viruses as part of the initial workup of a symptomatic patient.

- Testing for COVID-19 and other respiratory viruses is available through commercial laboratories. PDPH can support testing for suspect cases. For further guidance and to coordinate testing call the PDPH at (215) 685-6742.

### **Specimen Testing**

Contact PDPH at (215) 685-6742 to develop a plan for collecting and testing of respiratory specimens for COVID-19 and other respiratory viruses.

- CDC recommends collecting and testing upper respiratory tract specimens (nasopharyngeal swabs) collected in viral transport media.
- For patients for whom it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested as a lower respiratory tract specimen.
- Specimens should be collected as soon as possible once a COVID-19 is suspected in a resident, regardless of the time of symptom onset.
- See the paragraph below on Droplet and Contact Precautions for personal protective equipment (PPE) recommendations for healthcare personnel (HCP) who perform specimen collection.

### **Infection Control Recommendations**

#### Education

Educate HCP and residents on the latest information on COVID-19 and the infection prevention and control measures the facility is implementing.

#### Vaccination

There is currently no vaccination for COVID 19. All employees and residents are strongly encouraged to receive the annual influenza vaccination to protect residents and staff against the seasonal influenza viruses that are also circulating in the community at this time.

#### Visitor Limitations

- Restrict all visitors to the facility. Exceptions might be considered in limited circumstances (e.g., end of life situations). In those circumstances the visitor should wear a facemask and restrict their visit to the resident's room.
- All non-essential services should be discontinued. Only healthcare personnel should enter the facility.
- Consider alternative methods for visitation, such as video calls using a mobile phone or tablet. Shared devices should be disinfected after each use.

#### Entry Screening and Universal Masking

- Screen HCP and anyone else who enters the facility for fever and symptoms that are consistent with COVID-19. Have them put on a mask and exclude from facility if symptomatic.
- All persons who enter the facility should wear a surgical mask covering both the nose and the mouth at all times in the facility.

#### Respiratory Etiquette

Post respiratory hygiene signage throughout common areas of the facility. Make alcohol-based hand sanitizer, tissues and no-touch waste receptacles widely available in common areas. Educate staff on respiratory hygiene practices including:

- Coughing or sneezing into a tissue or sleeve
- Performing hand hygiene after coughing or sneezing

- Not touching the face or eating unless hand hygiene was performed immediately prior
- Wearing a surgical mask if symptomatic but deemed safe to be at work (mild illness caused by an identified respiratory pathogen)
- Putting a surgical mask on symptomatic patients during transport or in common areas of the facility

#### Hand Hygiene

- Provide alcohol-based hand sanitizer both inside and outside of every resident room, and in facility common areas.
- Make sure hand hygiene supplies (soap, paper towels) are readily available at all hand washing sinks.
- Ensure employees clean their hands according to CDC guidelines, including upon room entry and exit, before and after contact with residents, after contact with surfaces or equipment in the resident's room, and after removing personal protective equipment (PPE).

#### Standard Precautions

- All staff in a LTCF should adhere to standard precautions during the care of residents in order to prevent disease transmission. Hand hygiene must be performed before and after resident care as described above. Use alcohol-based hand sanitizer if hands are not visibly soiled.
- Use gloves for any contact with potentially infectious material, followed by hand hygiene immediately after glove removal. Change gloves between resident encounters.
- Use gowns, surgical masks and eye protection for activity that may generate splashes of respiratory secretions or other potentially infectious material. Change gowns and perform hand hygiene between resident encounters.

#### Droplet and Contact Precautions

- Implement both Droplet and Contact precautions for symptomatic residents.
- Do not discontinue precautions for a person under investigation (PUI) without consulting the PDPH.
- Wear a surgical mask, eye protection, gown and gloves when entering an ill resident's room.
- Full PPE with eye protection should also be worn when collecting upper respiratory specimens. Ideally, specimen collection should be done in a separate room or in the resident's room during a time when the roommates are not present.
- Change gown and gloves and perform hand hygiene between resident encounters.
- Perform hand hygiene when exiting the resident's room.
- Put a surgical mask on ill residents before transporting them outside of their room.
- Ill residents must be restricted to their rooms unless transport out of the room is medically necessary, and they must not use any common areas.
- Use dedicated, disposable patient care equipment whenever possible. Clean and disinfect reusable medical equipment after each use and between patients.

#### Patient Placement and Further Precautions Considerations

- A COVID-19 infected long-term care facility resident or a PUI who has a mild illness, is not in respiratory distress, and is otherwise medically stable, should be primarily cared for in the long-term care facility.
- Move a suspect or confirmed COVID-19 case into a private room, if available.
- Do not move another resident into the room where previous roommates may have been exposed for at least 14 days. Do not move roommates who may have been exposed into rooms with other residents for at least 14 days.

- If a private room is not available, maintain resident and roommates in current location. Place all roommates on strict droplet and contact precautions and confine to room. Draw privacy curtain between residents.
- If a facility has multiple confirmed cases and private rooms are not available, consider cohorting ill residents who have the same illness.
- Cohort staff to care for ill residents.
- Staff should be dedicated to a unit. Staff from affected units should not work in unaffected units.
- A COVID-19 infected resident or a PUI who requires deep suctioning, nebulizer treatments, CPAP or BiPAP therapies, or other potentially aerosol generating procedures should not be cared for in a semi-private room. Move such patient into a private room or to a hospital, if medically indicated.
- Per current CDC recommendations, healthcare personnel who perform aerosol generating procedures should wear respiratory protection that is at least as protective as a fit-tested NIOSH-certified disposable N95 respirator before entry into the patient room. Full PPE as described in Droplet and Contact Precautions, including eye protection, should also be worn.
- Disposable N95 or reusable respirators (e.g., powered air purifying respirator/PAPR) and guidance for their appropriate use is available from the local or state health department. Contact PDPH for further guidance at (215) 685-6742.

#### Admissions, Care Transitions and Hemodialysis

- Do not admit new residents to a floor with known or suspected COVID-19. If multiple units are affected close the facility to new admissions until approved for reopening by PDPH.
- If a confirmed COVID-19 case or a PUI is transferred to a hospital or other healthcare facility, notify the receiving healthcare facility of the patient's COVID-19 status in advance of the transfer or care encounter.
- If a confirmed COVID-19 case or a PUI requires hemodialysis, notify the receiving dialysis facility of the resident's COVID-19 status prior to sending them to dialysis. The dialysis facility may need to make alternative arrangements to safely accommodate a confirmed COVID-19 case or PUI during the dialysis treatment.
- Long-term care facilities can admit individuals with confirmed or suspected COVID-19 if they can adhere to appropriate infection control recommendations.

#### Additional Things Facilities Should Do When There is Sustained Transmission in the Community

- Implement universal use of facemasks, eye protection and gloves with all patients regardless of COVID-19 status or presence of symptoms. Implement [protocols for extended use of eye protection and facemasks](#). Gloves should be changed between patients and when moving from dirty to clean body site or task. Hand hygiene should be performed every time gloves are donned or doffed.
- If PPE supplies allow, consider wearing gowns for the care of all residents for tasks that require close contact between the HCP and resident.
- Switch nebulizer treatments to metered dose inhalers when possible.
- Restrict residents to their rooms except for medically necessary purposes.
- If residents must 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).
- If residents are allowed to leave their rooms to smoke, have them wear masks while in the facility common areas and observe social distancing guidelines in both common and smoking areas. Limit the number of residents allowed in these areas at one time.
- Facility staff should practice social distancing while providing care to the extent it is possible, and in facility common areas and breakrooms.

### Discontinuation of Isolation Precautions for Residents with COVID-19

- The CDC recommends a test-based strategy for discontinuing isolation precautions for hospitalized and immunocompromised patients and for patients who reside in high-risk settings such as long-term care facilities. Keep residents on contact and droplet precautions as described above until a negative test result is obtained.
- A resident can be evaluated for discontinuation of precautions when he/she has been fever-free for a minimum of 72 hours without fever reducing medications and has an improvement in respiratory symptoms.
- Severely ill, immunocompromised and elderly patients may have prolonged periods of COVID-19 detection. PDPH recommends first considering testing for clearance 14 days from symptoms onset or from the first positive COVID-19 test for patients who meet the symptoms-based criteria.
- A single negative test results is enough to discontinue isolation precautions for a resident who meets the above criteria.

### Environmental Infection Control

Routine cleaning and disinfection procedures can be used for COVID, 19 however, the frequency of cleaning should be increased for affected patient rooms, nursing units, and high-touch areas throughout the facility. Products with EPA-approved external icon emerging viral pathogens claims are recommended for use against the virus that causes COVID-19 (SARS-CoV-2). Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

### **Management of Healthcare Personnel with Potential Exposure to COVID-19**

- Exclude all HCP who are symptomatic from working in the facility.
- Implement sick leave policies that are non-punitive and allow ill HCP to stay at home.
- Ask HCP to report recognized exposures to known or suspect COVID-19 cases and regularly monitor themselves for fever and symptoms of respiratory infection.
- Community transmission of COVID-19 is occurring in the Philadelphia area. All healthcare personnel (HCP) are considered at some risk for COVID-19 whether through patient interactions or from general community interactions.
  - Facilities should take HCP temperatures and screen for symptoms upon facility entry and evaluate ill HCP.
  - Facilities could consider allowing asymptomatic HCP who have had an exposure to a COVID-19 to continue to work after consultation with their occupational health program.
  - These HCP should report temperature and absence of symptoms each day prior to starting work.
  - [Universal masking](#) and eye protection with extended use are recommended for all HCP.
  - If HCP develop even mild symptoms consistent with COVID-19, they must immediately cease patient care activities, don a facemask (if not already wearing), and notify their supervisor or occupational health services prior to leaving work.
  - HCP with signs and symptoms of a respiratory illness should have the cause of illness confirmed by laboratory testing and be excluded from work until the cause of illness is confirmed and symptoms have resolved.
  - HCP with confirmed COVID-19 infection should be excluded from work until symptoms completely resolve and cleared by occupational health. A negative test result is not required for HCP who meet the time and symptoms-based [return to work criteria by PDPH](#).

- If a HCP was hospitalized and had severe illness, a test-based return to work strategy may be recommended. Contact PDPH for consultation on policies for return to work.
- Report all confirmed or suspect COVID-19 cases in HCP to PDPH at (215) 685-6742.

**Contact PDPH with Questions, for Further Guidance, or to Report a Case**

For questions regarding these guidelines, or other COVID-19 related concerns, please contact the Division of Disease Control, Philadelphia Department of Public Health, at (215) 685-6742 during normal business hours, and (215) 686-4514 after hours.