Coronavirus Disease 2019 (COVID-19)

Infection Prevention and Control Preparation Guide for Long-Term Care and Other Residential Facilities in Kansas

April 27, 2020

Long-term care facilities in Kansas cannot and *should not* turn away new residents or refuse to readmit previous residents for fear of COVID-19.

While it is understood there is significant resource and staffing burden for facilities taking care of patients with COVID-19, it must also be emphasized that it is an inappropriate use of hospital resources hospitals to house patients who are no longer meeting inpatient criteria. It is critical that all Kansas facilities participate in the care of patients with COVID-19, whether they are caring for current residents who are ill but stable enough to remain in the facility or are receiving patients with COVID-19 no longer requiring hospitalization. Please help us all do our part to ensure safe and effective care for our residents in Kansas. If your facility medical provider suspects COVID-19, please report it to the KDHE Epidemiology Hotline via fax 877-427-7318.

This guidance is intended for use by infection preventionist, nursing personnel, and other relevant staff in long-term care facilities (LTCF).

The Centers for Medicare & Medicaid Services (CMS) has implemented guidance that must be followed to focus on infection prevention and control in LTCFs for prevention of further spread of COVID-19. Prior to any confirmed COVID-19 cases present in a LTCF, adherence to current CMS requirements and CDC recommendations should be in effect with the aim of preventing infections. The primary focus for facilities without any active COVID-19 cases should be preparing for cases. As cases occur or are suspected in the community, the next focus should be surveillance to prevent importation into the facility. If and when cases occur in the facility, the focus should shift to containment. It is imperative that all facilities develop a realistic plan to care for COVID-19 patients within their facility. Drill your preparedness plan with frontline staff to ensure your facility knows how to respond when using the plan.

Please see our Long-term Care Facility COVID-19 Readiness Self-Assessment Checklist for a quick and easy way to assess the preparedness level of your facility regarding the content below.

Facility Prevention and Response Planning

Facility Leadership:

Prevent entry/spread of illness into the facility

- Post signage at all entrances, limit entrance to one entry if possible
- Consider using Enhanced Barrier Precautions or other PPE/isolation precautions as needed throughout the facility

Resource planning

- Procure supplies – work with purchasing and suppliers, assess current stock levels and condition, determine facility "burn rate" of supplies
- Communicate with vendors, keep apprised of PPE availability
- Strategize and implement policies to optimize supplies (eye protection, gowns, facemasks, N95 respirators) before shortages occur
- Store PPE to avoid pilfering (while not inhibiting HCP access to PPE)
- Develop staff shortage mitigation strategies

Form partnerships

- Contract with local healthcare facilities, partners and/or parent organizations to negotiate with vendors on a larger scale for regional supplies
- Develop PPE sharing/transfer agreements
- Develop patient transfer plans to avoid overwhelming facilities with insufficient staffing or supplies
- Discuss with local (usually the county) Emergency Management the plan for if /when emergent PPE acquisition after exhausting above

Preventing entry of COVID-19 into the facility begins with limiting entry of visitors and ensuring healthcare personnel (HCP) are avoiding work when ill or recently exposed. Non-essential workers (e.g., barbers, consultants) should be restricted until community transmission ceases.

Plans for compassionate visits for end of life situations should be developed before cases occur. When visitors related to compassionate care (e.g., palliative care and hospice providers, clergy, family) do enter, these individuals should have temperature and symptom screens, wear facemasks, be educated on proper hand hygiene, and limit movement within the facility and with other residents (i.e. confined to resident's room).

Within the facility, attempt to distance residents as much as feasible (avoid compact communal dining, physical therapy, group activities). Residents not cognitively impaired should be involved in their own care. This includes educating them on the signs and symptoms of COVID-19, proper hand, and cough hygiene.

Ongoing frequent communication with residents, families, and HCP is critical to all stages of preparation, planning, and response.

Residents:

Communication/Transparency

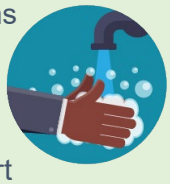
- Educate residents and families on COVID-19
  - Facilities steps to protect residents
  - Reasons for restricting visitors
  - Regularly communicate with residents and family and friends (via emails or letters), including if/when COVID-19 cases occur within the facility
  - Post signs at entrances instructing visitors not to enter
  - Facilitate remote communication (e.g., video-call applications on cell phones, tablets)

Social Distancing

- Restrict visitors (family/friends, volunteers, non-essential staff)
- Cancel all group activities, communal dining (CMS guidance)
- Develop plan for individual rooms (isolating ill) and cohorting strategies

Respiratory and Hand Hygiene

- Have residents to wear cloth mask coverings when outside their rooms and when HCP are in their room/providing care
- Make alcohol-based hand sanitizer accessible in every resident room (ideally inside and outside the room), ensure sinks well-stocked with soap, towels
- Train and encourage how to perform hand hygiene, assisted if physically and cognitively unable
- Ensure residents perform hand hygiene upon entering and leaving rooms (ill should remain in room), prior to eating, oral care, handing of oral medications, after toileting, and any other times hands are potentially contaminated
- Keep tissues and trash cans available throughout common areas, resident rooms
- Place posters/reminders throughout the facility



Monitoring

- Educate on the signs and symptoms of COVID-19, encourage residents to report concerning symptoms sooner rather than later
- **At least once a day** assess vital signs (including measuring temperature and oxygen saturation levels) and ask them about or observe them for signs/symptoms of lower respiratory illness (e.g. cough, shortness of breath) – keep a log.
- If a resident displays any signs/symptoms of COVID-19, immediately provide a facemask, isolate them, and have them assessed by the facility medical provider to confirm if they suspect the resident as for COVID-19.
  - Is the resident stable enough to care for the at your facility? Develop a plan for keeping the resident isolated/cohorted and providing care
  - Is the resident decompensating and needs to be admitted for care? Develop a plan for notification and transfer to an acute facility

Staff:

Educate and Train

- Educate about policies for source control and transmission-based precautions
- Review and ensure competency in hand hygiene and PPE use
- Reinforce adherence to standard infection prevention and control measures (hand hygiene, selection and use of PPE)
- Drill preparedness plans with frontline staff (steps for isolation, cohorting)
- Provide education and access to COVID-19 updates from KDHE and CDC

Support

- Reinforce sick leave policies, remind staff **not to report to work when ill**
- Provide resources to assist HCP with anxiety and stress

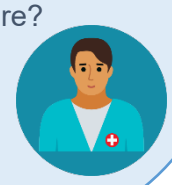
Source Control

- Use of universal masks – all people inside of the healthcare facility will wear a mask at all times (exceptions for eating, etc.).
    - Prioritize medical masks (e.g., N95, surgical, procedure) to HCP who have close contact with patients
    - Staff who do not have close contact with patients can use cloth face coverings
- If your facility is unable to follow this due to lack of PPE, please see the below alternative strategies as well as the Strategies for Optimizing Facemasks on our KDHE COVID-19 Resource Center.

    - Prioritize use of universal masking techniques to facilities in which active outbreaks are occurring.
    - Prioritize use of universal masking techniques to facilities within local areas with community transmission (e.g., counties, cities)

Monitoring

- **At least once a shift** (upon entry to building) perform a temperature and symptom (e.g. cough, shortness of breath) check – keep a log.
- If a staff member displays any signs/symptoms of COVID-19, immediately provide a facemask, discontinue their shift, and send them home to self-isolate or to seek medical care.
- If the person is stable enough to self-isolate for the duration of illness – they should stay isolated for a minimum of 7 days from onset of symptoms and 72 hours fever free (without fever-reducing medication) with improvement in other symptoms; whichever is longer.
    - Is the person able to be tested at the facility before leaving? Develop a plan for whether or not your facility will be doing testing and if so, how.
    - Is the person decompensating and needs to be admitted for care? Develop a plan for notification and transfer to an acute facility



HCP working in multiple locations may pose higher risk and should inform facilities if they have had COVID-19 exposures within other facilities (or close personal contacts). It is important to not penalize HCP, so that appropriate containment measures can be implemented (and also to keep HCP morale high).

As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members. Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for other HCPs and for safe patient care. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate shortages.

Have a plan for how to test and where to send specimens for COVID-19 testing.

- Have a plan to work with your local/state health department(s) for testing.
- Can you collect specimens at your facility – if so, use appropriate PPE during procedure. Be sure to keep specimen collection supplies on-hand and have a plan for obtaining more as needed.
- Do you have plans in place to have someone come to your facility to test when needed – if you are unable to collect specimens inhouse, consider working with nearby facilities to create agreements for getting your people tested as soon as possible while also minimizing exposures
- If testing is being done through Kansas Health and Environmental Laboratories (KHEL), please fill out the approval form, fax a copy to 877-427-7318, and send a copy with the specimen to KHEL
- If you are having testing done through a reference/commercial laboratory – no approval is required; however a report of the suspicion of COVID-19 is mandatory so please send a general reportable disease form to 877-427-7318

Do NOT refuse to receive new residents or residents being discharged from hospitals!
Acute care hospitals need to be reserved for patients who require admission for treatment and cannot hold residents who no longer need inpatient treatment. Accept residents as you normally would and quarantine/isolation the resident (as needed) for 14 days ensuring to perform temperature, oxygen saturation, and symptom checks and use appropriate PPE.

References:

CDC. *Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings*. March 19, 2020. https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html. March 26, 2020.

CDC. *Preparing for COVID-19: Long-Term Care Facilities, Nursing Homes*. March 21, 2020. https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html. March 27, 2020.