Novel Coronavirus: Long-Term Care Facilities
(Including Assisted Living, Nursing Homes, Independent Living, etc.)

Working with employees, residents, and visitors:

- **Sick employees must stay home when sick.** Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
- When possible, employees should wear a mask when working with patients.
- Restrictions and social distancing:
  - Discontinue communal dining and group activities.
  - Restrict all visitation except for certain compassionate care situations, such as end of life situations or hospice.
  - Restrict volunteers and non-essential healthcare personnel.
  - Implement active screening of residents and restrict residents with fever and/or acute respiratory symptoms to their room.
    ✷ If resident must leave room, have them wear a mask.
  - Consistent or cohorts of staff, in which staff are assigned to the same unit or hallway.
    ✷ Identify dedicated employees to care for COVID-19 patients.
  - Provide enhanced Infection Control training to all staff.
- Encourage employees and residents to:
  - Ensure employees clean their hands according to CDC guidelines.
  - Encourage residents to wash their hands frequently with soap and water for at least 20 seconds. If soap and water is not available, use an alcohol-based hand sanitizer.
  - Cover their nose and mouth with a tissue when you cough or sneeze then throw the tissue in the trash.
  - Make sure tissues are available and sinks are well-stocked with soap and paper towels.
- Screen visitors at entry to facility especially when community wide transmission.  
- **Please review QSO Memo sent out on 03/20/2020 by DHHS Licensure.**

Planning and Preparing:

- Use your experience from yearly and pandemic influenza strategies.
  - Monitor surveillance for respiratory infection/COVID-19 in your local community.
  - Actively monitor daily surveillance in facility respiratory infection/COVID-19.
  - When a case is suspected or confirmed, notify local public health department immediately.
- Implement isolation strategies immediately and communicate with internal staff to implement isolation procedures (nursing, sides, PT/OT, dietary, housekeepers, etc.).

- Plan for employee absenteeism.
  - Have a plan to bring in temporary staff if insufficient staff due to illness like a staffing agency.
  - Develop staff policies to allow and account for potential absenteeism during community wide outbreaks.

- Prevent introduction of illness from visitors and staff.
  - Create a policy and enforce that health care providers who are sick should not return to work until cleared to do so. Additional guidance is forthcoming.
  - Consider a policy requesting or requiring that staff and visitors wear a mask with mild respiratory symptoms without fever.

- Frequent environmental cleaning (to prevent COVID-19 to gain entry into facility).
  - Frequent daily cleaning with an EPA- registered, hospital grade disinfectant.
  - Frequent cleaning of high touch surfaces to decrease environmental contaminations.

- Plan and prepare for PPE supply disruptions.
  - Monitor supply levels.
  - Anticipate orders will take additional time to be filled.
  - Bundle care in rooms where PPE is indicated to eliminate waste of PPE.
  - Do not attempt to horde or stockpile PPE.
  - Do not attempt to reuse PPE unless indicated by national guidance.

**If a resident has respiratory symptoms:**

- If a resident is suspected of having COVID-19 (fever, cough, other respiratory symptoms, SOB, and an epidemiologic link). Place them in a private room. Notify your local health department, the physician, Director of Nursing and administrator of your facility.

- If a hospital patient is undergoing testing for COVID-19, the hospital must not transfer the patient to a long-term care facility (i.e. Assisted Living, Nursing Homes, Independent Living) until testing results have been received. Testing results are necessary to determine the appropriate transfer location (i.e. cohorted hospital wing, cohorted skilled nursing facility, cohorted temporary facility) and the necessary health care precautions.

- Provide personal protective equipment (PPE) supplies at point of use:
  - Make PPE, including facemasks, eye protection, gowns, and gloves available immediately outside of the resident room.

*Your local health department will work with you on identification and tracking of a suspected case.*
– Position a trash can near the exit inside any resident room to make it easy for employees to discard PPE.
– Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.

● Protect your employees:

– Use standard, contact, airborne precautions with eye protection when caring for residents with confirmed or possible COVID-19.
– If don’t have N95 masks, have patient put on a surgical mask when a health care provider enters the room and the health care providers put on a surgical mask, as well.
– Perform hand hygiene frequently and encourage compliance with hand hygiene around the facility by everyone – residents, employees, and visitors.
– Practice proper don, use, and doff of PPE to prevent self-contamination. Additional guidance can be found at: https://repository.netecweb.org/files/original/990a7390ef46288fd7fe8df94bc2e2e4.pdf

● Environmental cleaning, waste, laundry, etc. of a suspected or confirmed case of COVID-19.

– Medical Waste coming from healthcare facilities treating COVID-19 patients is no different than waste coming from facilities without COVID-19 patients. No additional disinfection needed.
– CDC’s guidance states that management of laundry, food service utensils, and medical waste should be performed in accordance the routine procedures.

● Help prevent spread by notifying a receiving facility prior to transferring a resident of an acute respiratory illness, suspected or confirmed COVID-19.

For more information please visit:
www.dhhs.ne.gov/coronavirus

www.cdc.gov/coronavirus

https://paltc.org/COVID-19