

COVID-19 PRECAUTIONS AND MITIGATION FOR LONG TERM HEALTHCARE FACILITIES

Safety at Long Term Care Facilities

- Restricting all visitors, effective immediately, with exceptions for compassionate care, such as end-of-life situations;
- Restricting all volunteers and nonessential health care personnel and other personnel (i.e. barbers);
- Cancelling all group activities and communal dining; and
- Implementing active screening of residents and health care personnel for fever and respiratory symptoms.
- Nursing homes should put alcohol-based hand sanitizer with 70-95 percent alcohol in every resident room – both inside and outside the room if possible – and in every common area.

Infection Prevention

In accordance with previous CMS guidance, *every* individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. An exception to this is Emergency Medical Service (EMS) workers responding to an urgent medical need. They do not have to be screened, as they are typically screened separately.

- Facilities should limit access points and ensure that all accessible entrances have a screening station.
- In accordance with previous CDC guidance, *every* resident and staff member should be assessed for symptoms and have their temperature checked every day.
- Patients, staff and residents who enter facilities should be screened for COVID-19 through testing, if available.

Long-term care facilities should ensure all staff are using appropriate Personal Protective Equipment (PPE) when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE.

- For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility.

- Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE. (see resources and references for full details)
- If COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 diagnosis or symptoms.
- Patients and residents who must regularly leave the facility for care (e.g., hemodialysis patients) should wear facemasks when outside of their rooms.
- When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive.

To avoid transmission within long-term care facilities, facilities should use separate staffing teams for COVID-19-positive residents to the best of their ability, and work with State and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative residents from COVID-19 positive residents and individuals with unknown COVID-19 status.

- Long-term care facilities should exercise as best as possible consistent assignment (meaning the assignment of staff to certain patients and residents) for all patients and residents regardless of symptoms or COVID-19 status. This practice can enhance staff's familiarity with their assigned patients and residents, helping them detect emerging condition changes that unfamiliar staff may not notice. The goal is to decrease the number of different staff interacting with each patient and resident as well as the number of times those staff interact with the patient and resident. Also, staff as much as possible should not work across units or floors.
 - Long-term care facilities should redeploy existing training related to consistent assignment, and ensure staff are familiar with the signs and symptoms of COVID-19. See references and resources section
- Long-term care facilities should separate patients and residents who have COVID-19 from patients and residents who do not or have an unknown status.
 - To this end, long-term care facilities should work with State and local community leaders to identify and designate facilities dedicated to patients and residents with known COVID-19-positive and those with suspected COVID-19, ensuring they are separate from patients and residents who are COVID-19-negative;
 - COVID-19-positive units and facilities must be capable of maintaining strict infection control practices and testing protocols, as required by regulation;
- When possible, facilities should exercise consistent assignment, or have separate staffing teams for COVID-19-positive and COVID-19-negative patients.

Dietary services should make every attempt to isolate food delivery between COVID positive and negative patients. When delivering meals, deliver meals to the negative patients first, then deliver to the COVID positive patients. All dietary food delivery should be on disposable plates, trays, cups, utensils etc... Remember nothing should ever return to the kitchen except for the cart.

- Always disinfect cart after every food service after entering a COVID isolation area prior to exiting the zone.
- Only the staff working in the isolation zone should deliver food to the residents. Dietary staff should not enter the isolation zone whenever possible.
- Never use reusable cups, pitchers, carafes etc. Every item being delivered should be single use and disposed of in the resident's room.
- Ensure food prep workers are wearing face covering/procedure mask and gloves when cooking and prepping meals for delivery.

The same procedure should be used when delivering medications to the room. Never use water pitchers or reusable cups for medications. All items should be single use water bottles and paper/Styrofoam cups.

How to clean and disinfect



Cleaning

Clean surfaces using soap and water. Practice routine cleaning of frequently touched surfaces. **This includes** tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.



Disinfecting

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
- Follow the instructions on the label to ensure safe and effective use of the product. Many products recommend:
 - Keeping surface wet for a period of time (see product label)
 - Precautions such as wearing gloves and making sure you have good ventilation during use of the product.
- Diluted household bleach solutions may also be used if appropriate for the surface.
 - Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.
 - Follow manufacturer's instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.
 - Leave solution on the surface for **at least 1 minute**
 - **To make a bleach solution, mix:**
 - 5 tablespoons (1/3rd cup) bleach per gallon of water OR
 - 4 teaspoons bleach per quart of water
 - **Solution must be remade every 24 hours.**
- **Alcohol solutions with at least 70% alcohol.**



Soft Surfaces

For soft surfaces such as carpeted floor, rugs, and drapes

- Clean the surface using soap and water or with cleaners appropriate for use on these surfaces
- Launder items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

OR

- Disinfect with an EPA-registered household disinfectant. [These disinfectants external icon](#) meet EPA's criteria for use against COVID-19.



Electronics

For electronics, such as tablets, touch screens, keyboards, remote controls, and ATM machines

- Consider putting a wipeable cover on electronics (i.e. SaranWrap)
- Follow manufacturer's instruction for cleaning and disinfecting.
 - If no guidance, use alcohol-based wipes or sprays containing at least 70% alcohol. Dry surface thoroughly.



Laundry

For clothing, towels, linens and other items

- Launder items according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.
- Wear disposable gloves when handling dirty laundry from a person who is sick.
- Wear N95 mask and goggles and gown when handling COVID contaminated items
- Dirty laundry from a person who is sick can be washed with other people's items.
- Do not shake dirty laundry.

- COVID Contaminated laundry must be kept isolated from clean linens and laundry facility.
- COVID Contaminated laundry should be washed immediately
- Clean and disinfect clothes hampers according to guidance above for surfaces.
- Remove gloves, and wash hands right away.

Cleaning and Disinfecting Your Building or Facility if Someone is Sick

- Close off areas used by the person who is sick.
- Open outside doors and windows to increase air circulation in the area. **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect **all areas used by the person who is sick**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- If **more than 7 days** since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary.
 - Continue routine cleaning and disinfection.

When Cleaning

- **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.**
 - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Wear N95 mask and goggles and gown when handling COVID contaminated item.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- **Wash your hands often with soap and water for 20 seconds.**
 - Always wash immediately after removing gloves and after contact with a person who is sick.
 - Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 70% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- **Additional key times to wash hands include:**
 - After blowing one's nose, coughing, or sneezing.
 - After using the restroom.

- Before eating or preparing food.
- After contact with animals or pets.
- Before and after providing routine care for another person who needs assistance (e.g., a child).

Additional Considerations for Employers



- **Educate workers** performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
- Provide instructions **on what to do if they develop [symptoms](#) within 14 days** after their last possible exposure to the virus.
- Develop **policies for worker protection and provide training** to all cleaning staff on site prior to providing cleaning tasks.
 - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Ensure workers are **trained on the hazards of the cleaning chemicals** used in the workplace in accordance with OSHA's Hazard Communication standard ([29 CFR 1910.1200external icon](#)).
- **Comply** with OSHA's standards on Bloodborne Pathogens ([29 CFR 1910.1030external icon](#)), including proper disposal of regulated waste, and PPE ([29 CFR 1910.132external icon](#))

Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19

- **Use the *Test-based strategy* as the preferred method for determining when HCP may return to work in healthcare settings:**
- *Test-based strategy.* Exclude from work until
- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens)

Non-test-based strategy. Exclude from work until

- **HCP with laboratory-confirmed COVID-19 who have not had any symptoms** should be excluded from work until 10 days have passed since the date of their first positive COVID-19

diagnostic test assuming they have not subsequently developed symptoms since their positive test.

- If HCP had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis

Resources and References

- [CMS - Safety at Long-Term Care Facilities](#)
- [CMS - Infection Protection](#)
- [CDC - Disinfecting Your Facility](#)
- [CMS - Prioritization of Survey Activities](#)
- [CDC - Return to Work for HCP](#)
- https://www.youtube.com/watch?v=31UiXLps3_E&feature=youtu.be(Spanish)
- <https://www.youtube.com/watch?v=nI0v6vTipvs&feature=youtu.be>(English)
- <https://gcc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fusing-ppe.html&data=02%7C01%7C%7C81b790b9488c422ee44b08d7e987d50b%7C2017beccef8453fae3c04934fc97714%7C0%7C0%7C637234641923877668&sdata=RXfhn2rA6L23ACSy2003eypKvjgQFlcyPVpb0BtUXhQ%3D&reserved=0> (CDC PPE)