Date: **11ᵗʰ March 2020**

From: **Teresa Anderson, Health Director**

To: **Long Term Care and Residential Facilities in Hall, Hamilton, and Merrick Counties**

Re: **COVID-19 and Facility Preparedness**

The devastating effects of the virus in the care home in the Seattle area serve to remind us of how vulnerable this segment of our community remains to this new virus. The situation is rapidly evolving. In order for your facility to be fully prepared, we provide here measures to take <u>before</u> COVID-19 is confirmed in our community and then <u>when</u> COVID-19 is present. Please use your discretion and implement measures that seem most appropriate to keeping your residents and staff healthy.

Actions to take <u>before</u> COVID-19 is identified in the community

- o Send letters or emails to families advising them to consider postponing or using alternative methods for visitation (e.g., video conferencing) during the next several months.
- o Post signs at the entrances to the facility instructing visitors to not enter if they have fever or symptoms of a respiratory infection. Consider having visitors sign visitor logs in case contact tracing becomes necessary.
- o Ask all visitors about fever or symptoms of respiratory infection. Restrict anyone with:
  - Fever or symptoms of respiratory infection (e.g., cough, sore throat, or shortness of breath).
  - International travel within the last 14 days to affected countries. Information on high-risk countries is available on CDC's <u>COVID-19 travel website</u>.
  - Contact with an individual with COVID-19.
- If allowed, visitors should be encouraged to frequently perform hand hygiene and limit their movement and interactions with others in the facility (e.g., confine themselves to the resident's room).
- When visitor restrictions are implemented, the facility should facilitate remote communication between the resident and visitors (e.g., video-call applications on cell phones or tablets), and have policies addressing when and how visitors might still be allowed to enter the facility (e.g., end of life situations).
- Strictly enforce the rules around staff being absent if they are sick.
  - Do not come to work if you are not well.
  - If they become sick at work, immediately remove them from patient care, give them a mask and send them home or seek medical attention if urgent.
- Clean thoroughly inside the facility on communal contact surfaces, tables, chairs, door handles etc.

- Rigorously enforce your hand washing regimen for staff and residents.
    - Ensure supplies for handwashing are in place and readily available.
- Consider what further restrictions within the care setting might be implemented if we have community spread locally such as closing communal areas, dining in resident rooms, and group activities.
- Revisit your inter-facility transfer infection protocols and whether you accept transfer of residents to or from your facility.
    - Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.
    - Check your staff rosters for those who may work at other facilities or other locations and may transit between departments or buildings. How might you re-organize this to prevent cross-contamination.
- Identify and quickly quarantine any resident with a fever who has symptoms of respiratory distress, difficulty breathing, shortness of breath, or a cough.
    - If they must leave the room - have them wear a facemask.

The symptoms of COVID-19 are Fever, Cough, and Shortness of Breath

Actions for when there are cases in the community, but not in the facility

Policies and Procedures for Visitors
- Visitation should be limited further to only those who are essential for the resident's emotional well-being and care. The facility should send communications to families advising the COVID-19 has been identified in the community and re-emphasizing the importance of postponing visitation. Ideally, visits should be scheduled in advance during a limited number of hours.

Healthcare Personnel Monitoring and Restrictions
- Restrict non-essential personnel including volunteers and non-essential consultant personnel (e.g., barbers) from entering the building.
- Screen all HCP at the beginning of their shift for fever and respiratory symptoms.
    - Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home.
    - HCP who work in multiple locations may pose higher risk and should be asked about exposure to facilities with recognized COVID-19 cases.
- Consider implementing universal use of facemasks for HCP while in the facility.

Resident Monitoring and Restrictions
- Actively monitor all residents (at least daily) for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat).
    - If positive for fever or symptoms, implement recommended IPC practices
- Cancel group field trips and activities and consider cancelling communal dining.

- If you close to visitors, place signage at all your entrances stating:

By request of the Director of Central District Health Department this facility will remain closed to ALL visitors due to concerns over COVID-19.
We are sorry for any inconvenience, but the safety of our residents and staff are our highest priority.

Please call _____ further information.

Resources:

Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 in Healthcare Settings https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

CMS Guidance for Infection Control and Prevention for Covid-19 in nursing homes https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf

Non non-pharmaceutical interventions for long-term care facilities https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

Long Term Care Facility Respiratory Outbreak Resources Checklist https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf

Interfacility transfer infection control checklist https://www.cdc.gov/hai/pdfs/toolkits/Interfacility-IC-Transfer-Form-508.pdf