

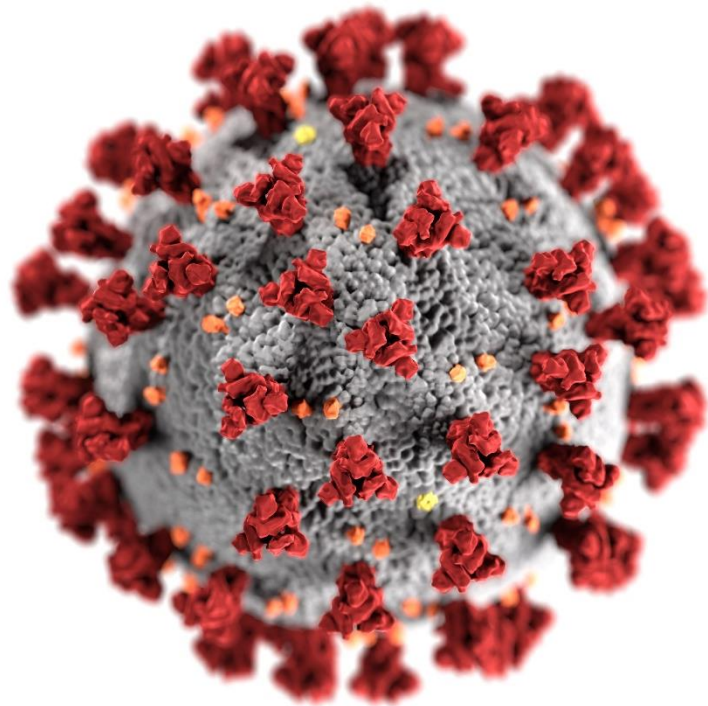
# Preparing Long-term Care Facilities for COVID-19

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Centers for Disease Control and Prevention



For more information: [www.cdc.gov/COVID19](https://www.cdc.gov/COVID19)

# Aggressive Action Needed to Protect Residents

- Given their congregate nature and resident population services, long-term care facilities are at the highest risk of being affected by COVID-19.
- If infected, residents are at very high risk of serious illness.
- Ill and COVID-19 infected visitors and healthcare personnel (HCP) are the most likely sources of introduction of COVID-19 into the facility.
- To protect this vulnerable population, aggressive efforts toward visitor restrictions and enforcement of sick leave policies for ill HCP are recommended, even before COVID-19 is identified in a community or facility.



# Presentation Objectives

- Describe COVID-19, the spread, symptoms, and risk factors
- Discuss the key strategies to prepare long-term care facilities for COVID-19, including:
  - Keep COVID-19 from entering your facility
  - Identify infection early
  - Prevent spread of COVID-19
  - Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply
  - Identify and manage severe illness



Key Strategies to Prepare for COVID-19:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html>

# Coronavirus Disease 2019 (COVID-19)



# Coronavirus Disease 2019 Abbreviation

“CO” stands for “corona”

“VI” stands for “virus”

“D” stands for “disease”

“19” refers to 2019



**COVID-19**

# What is COVID-19?

- COVID-19 is a respiratory illness
- Caused by SARS-CoV-2, a type of virus called a “coronavirus”
  - Related to SARS-CoV and MERS-CoV
- The first person was confirmed to have COVID-19 in the U.S. on January 21, 2020
- On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency for the United States



# How the Virus Causing COVID-19 Spreads

- **Person-to-person is the main way the virus spreads**
  - Between people in close contact with one another (less than about six feet apart)
  - Through respiratory droplets when an infected person coughs, sneezes, or talks (even if they don't have symptoms)

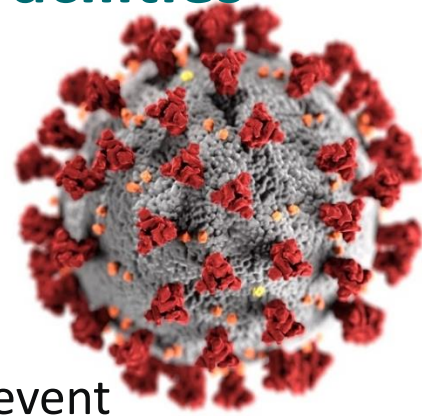


- **Contact with infected surfaces or objects**
  - It may be possible to get COVID-19 by touching surfaces or objects that the virus is on and then touching your mouth, nose, or eyes
- **COVID-19 is a new disease and we are still learning how it spreads**



# COVID-19 Spreads Easily in Long-term Care Facilities

- COVID-19 may be spread easily between:
  - Residents
  - Healthcare personnel
  - Staff, vendors, consultants, or others entering the building
- The earlier you identify sick residents, the faster you can prevent COVID-19 from spreading
- **Healthcare personnel, visitors, and others working in the building are the most likely sources of COVID-19 AND they may not have symptoms: Wear your facemask and do NOT work when sick**





# COVID-19 Signs and Symptoms

- It takes between 2-14 days for symptoms to start (median is 4-5 days).
- Some people never develop symptoms but can spread the virus
- Signs and symptoms can include:
  - chills
  - fever
  - cough
  - sore throat
  - shortness of breath
  - muscle aches
  - tiredness or discomfort
  - headache
  - dizziness
  - confusion
  - loss of sense of smell or taste
  - nausea, vomiting, diarrhea
- In older adults, initial symptoms might be mild and fever might be absent.



# Older Adults at Risk for COVID-19

- The risk for severe illness of the virus may be greatest among:
  - older adults
  - those with co-morbid conditions, including diabetes, hypertension, and heart disease
  - immunocompromised
- Nursing homes, assisted living facilities, other long-term care and residential facilities have vulnerable residents at high risk of COVID-19.



# COVID-19 Clinical Course and Management

- Clinical course varies from asymptomatic to mild to severe or fatal illness.
  - Mortality rate varies by age. Mortality rates among confirmed COVID-19 patients in early reports from the U.S.<sup>1</sup>:
    - Less than 1% for persons ages 0-54 years
    - 1-3% for ages 55-64 years
    - **3-11% for ages 65-84 years**
    - **10-27% in persons aged 85 years or older**
- Clinical signs and symptoms may worsen around days 8-12 after symptoms begin
  - Some early reports suggest these individuals can rapidly decompensate.
- Treatment for COVID-19 is currently being investigated.
- Management includes prompt infection prevention and control measures and supportive management of complications.



Close to 3 out of 10 adults 85 years or older may die from COVID-19

<sup>1</sup>CDC COVID-19 Response Team. MMWR weekly report 2020; Feb 12-Mar16.

# Preparing for COVID-19 in Long-term Care Settings



# Key Strategies to Prepare for COVID-19

1. Keep COVID-19 from entering your facility
2. Identify infection early
3. Prevent spread of COVID-19
4. Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply
5. Identify and manage severe illness



Key Strategies to Prepare for COVID-19:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html>

# 1. Keep COVID-19 from entering your facility

- Restrict all visitors except for compassionate care situations (e.g., end of life).
- Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber, hairdresser).
- Implement universal use of source control for everyone in the facility.
- Actively screen anyone entering the building (HCP, ancillary staff, vendors, consultants) for fever and symptoms of COVID-19 before starting each shift; send ill personnel home.
- Cancel all field trips outside of the facility.



# Communicate with Residents & Families

- Send letters or emails to families advising them that all visitation is being restricted except for certain compassionate care situations, such as end of life situations
- Facilitate remote communication between residents and visitors (e.g., video-call applications on cell phones or tablets)
- Post signs at the entrances to the facility instructing visitors to not enter
- Maintain contact information for resident's family or next-of-kin and continue open communication
- Inform residents and families if an individual in the facility tests positive for COVID-19

## Help Keep our Residents Safe from COVID-19

A message from: [REDACTED]

Dear Residents, Families, Friends, Volunteers:

We are committed to keeping our residents safe and we need your help. The virus causing Coronavirus Disease 2019 (abbreviated COVID-19) can cause outbreaks in nursing homes. Many of our residents are elderly and may have medical conditions putting them at a very high risk of becoming sick, or even severely ill, with COVID-19. Visitors and healthcare personnel (HCP) are the most likely sources of introduction of the virus that causes COVID-19 into a facility.

To protect our vulnerable residents, even before COVID-19 is seen in our community, we are immediately taking the following aggressive actions to reduce the risk of COVID-19 in our residents and staff:

**1. Effective immediately: We are restricting all visitation.**

All visitation is being restricted except for certain compassionate care situations, such as end of life situations. These visitors will first be screened for fever and respiratory symptoms. We know that your presence is important for your loved one but, per guidance from the Centers for Disease Control and Prevention (CDC), this is a necessary action to protect their health. We are introducing alternative methods of visitation (such as Skype and FaceTime) so that you can continue to communicate with your loved ones. Visitors who are permitted to enter the building will be required to frequently clean their hands, limit their visit to a designated area within the building, and wear a facemask. As the situation with COVID-19 is rapidly changing, we will continue to keep you updated.

**2. We are monitoring healthcare personnel and residents for symptoms of respiratory illness.**

Non-essential healthcare personnel and volunteers are now restricted from entering the facility. Healthcare personnel will be actively monitored for fever and symptoms of respiratory infection. Ill healthcare personnel will be asked to stay home. You may see healthcare personnel wearing facemasks, eye protection, gown, and gloves in order to prevent germs from spreading and help keep residents safe. Healthcare personnel will clean their hands frequently.

We are assessing residents daily for fevers and symptoms of respiratory infection in order to quickly identify ill residents and implement additional infection prevention activities. When ill residents are identified, they will be monitored closely, asked to stay in their rooms or wear a mask.

**3. We are limiting activities within the facility.**

We are cancelling all group activities within the building and all community outings. We will be helping residents to practice social distancing, including during meals, and to frequently clean their hands.

We encourage you to review the CDC website for information about COVID-19, including its symptoms, how it spreads, and actions you can take to protect your health: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

Thank you very much for everything you are doing to keep our residents and facility staff safe and healthy. We continue to monitor the situation in our community; we will keep you informed about any new precautions we think are necessary to keep your loved one safe.

Please contact us with additional questions at [REDACTED]

Sincerely,  
[REDACTED]



# Exceptions to Visitation Restriction

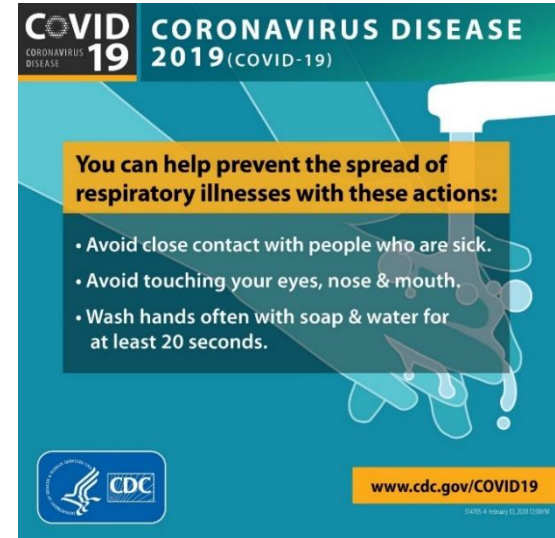
- All visitation should be restricted except for compassionate care situations (e.g., end of life).
- Visitors during end of life situations must first be screened for fever or symptoms of respiratory infection
  - Visitors during end of life situations that are permitted to enter the facility should frequently perform hand hygiene, wear a facemask, and limit their movement and interactions with others in the facility (e.g., confine themselves to resident's room).





# Educate Residents and Visitors

- Provide information about COVID-19.
- Explain actions the facility is taking to protect them and their loved ones.
- Visitor restrictions
  - Explain how they can serve as a source of infections in the facility
- Share actions they can take to protect themselves in the facility (e.g., perform hand hygiene, practice respiratory hygiene and cough etiquette, limit handshakes and hugs).



# Universal facemask use = Use a facemask at work ALL the time

- People can spread the virus causing COVID-19 without having symptoms
- Source control = wearing a facemask to prevent spreading your germs, which protects residents and staff
- People who work in long-term care facilities can spread germs to residents, patients, and staff
- Facemasks can also protect you!



# Screen Healthcare Personnel

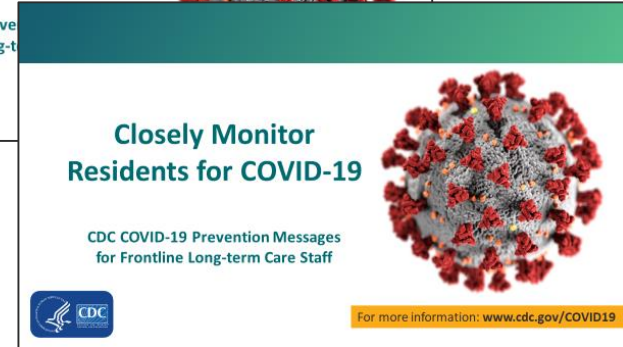
- **Actively screen all HCP**, including any visiting or consultant HCP (e.g., wound care, podiatry, barber, lab), for fever and respiratory symptoms before starting each shift (HCP should monitor themselves, even when not working)
  - Take temperature
  - Assess and report if HCP have any of the following symptoms:
    - fever
    - shortness of breath
    - new or changed cough
    - sore throat
- If staff become ill while working, they should immediately stop, put on a facemask, notify their facility supervisor, and go home
- Emphasize the importance of not reporting to work when ill
  - Explain how they can serve as a source of infections in the facility
  - Facility should have supportive sick leave policies



\*Fever is either measured temperature  $\geq 100.0^{\circ}\text{F}$ . Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures ( $< 100.0^{\circ}\text{F}$ ) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue) based on assessment by public health authorities

# Educate Healthcare Personnel

- Provide information about COVID-19
- Emphasize:
  - Not working when sick, wearing facemask
  - Hand hygiene
  - Monitoring residents
  - Cleaning and disinfecting the environment
  - Selection and use of personal protective equipment (PPE) to keep yourself safe
- Education should be provide to direct care, ancillary services (e.g. environmental services) and external providers (e.g., wound care, laboratory services)
- Inform healthcare personnel if an individual in the facility tests positive for COVID-19



## 2. Identify infections early

- You should take the residents' temperature daily
  - **WARNING** temperature = more than 100 degrees F
- Ask residents to report symptoms AND monitor for symptoms\*:
  - New or different cough
  - Sore throat
  - Shortness of breath
  - Muscle aches
  - New or worsening discomfort or tiredness
  - Change in sense of smell or taste
  - Diarrhea
  - Chills
  - Headache
  - New dizziness
  - Confusion

\*Older adults may not show typical symptoms



# Long-Term Care Respiratory Surveillance Line List

	Name	Age	Gender (M/F)	Resident (R) or Staff (S)	Residents Only: Short stay (S) or Long stay (L)	Residents Only: Bldg/Floor	Residents Only: Room/Bed	Staff Only: Primary floor assignment	Symptom onset date: (mm/dd)	Fever <sup>a</sup> (Y/N)	Cough (Y/N)	Myalgia (body ache) (Y/N)	Additional documented s/s (select all codes that apply) H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify _____
1.													
2.													
3.													



CDC resource for performing respiratory infection surveillance in long-term care facilities:  
<https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>

# Notify the Health Department

- Notify the health department about residents with severe respiratory infection and clusters (per local protocol or 3 or more residents or HCP with symptoms within 72 hours) of respiratory infection.
- Notify the health department if, based on evaluation of the resident or prevalence in the community, COVID-19 is suspected.
- Know your local and state health department point of contacts:
  - Contact information for the healthcare-associated infections program in each state health department is available here: <https://www.cdc.gov/hai/state-based/index.html>



### 3. Prevent Spread of COVID-19

- Enforce social distancing among residents (stay 6 feet apart)
- Cancel all group activities and communal dining
- Residents should wear a cloth face covering when they leave their room or are around others, if tolerated
- Ensure HCP wear a facemask at all times in the building (or cloth face covering if not within 6 feet of residents)
- Long-term care staff should also practice social distancing, including in breakrooms or other common areas





## If COVID-19 is identified in the facility:

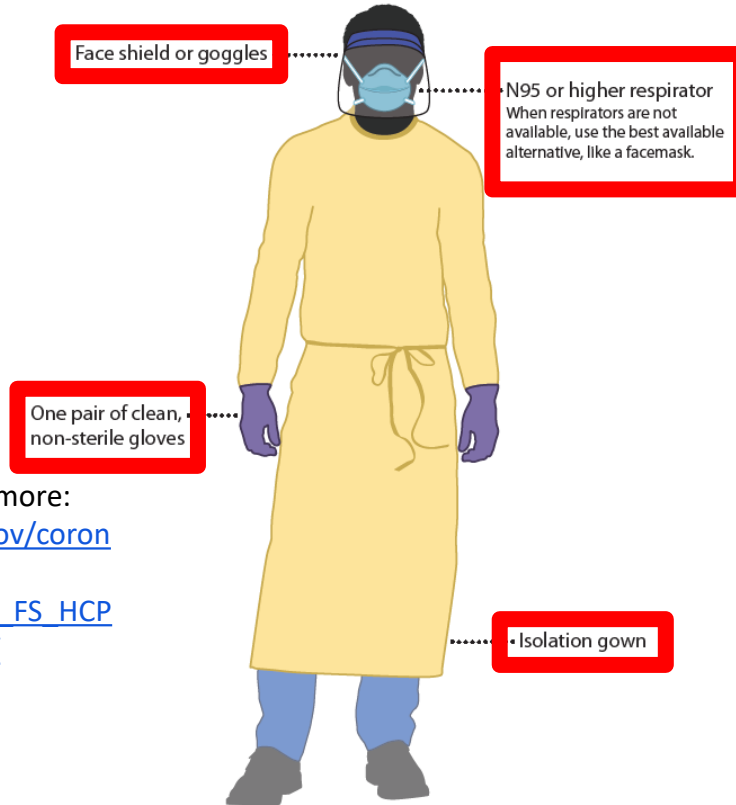
- Immediately restrict all residents to their rooms
- Have HCP wear all recommended PPE for all resident care, regardless of the presence of symptoms\* in the affected unit (or facility-wide)
- Notify staff, residents and families that an individual in the facility tested positive for COVID-19.
- Notify public health to help inform decisions about testing additional staff or residents on the unit and in the facility.



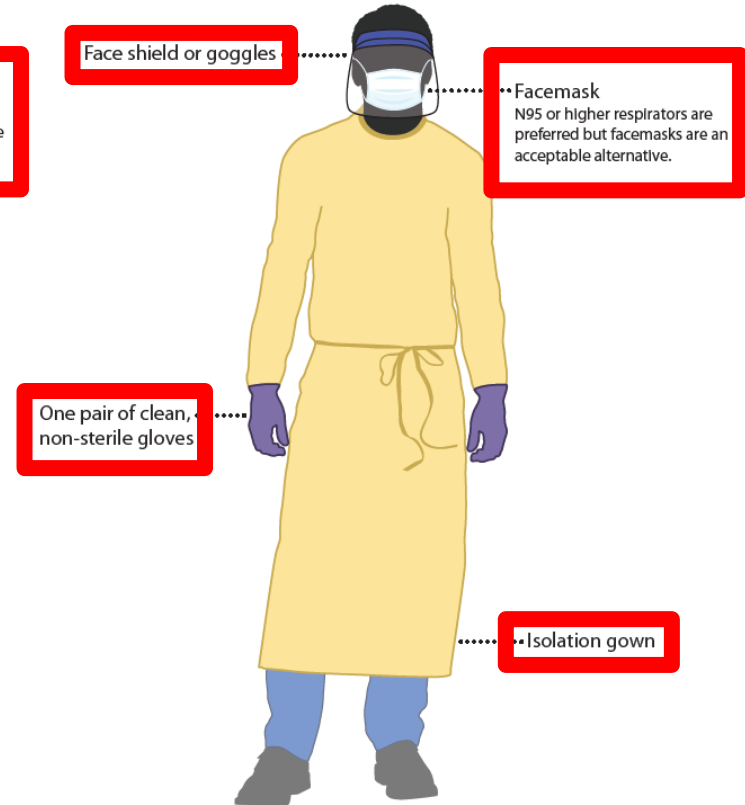
\*Implement PPE preserving strategies

# WHAT Does all recommended PPE mean?

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



Click here to learn more:

[https://www.cdc.gov/coronavirus/2019-ncov/downloads/A\\_FS\\_HCP\\_COVID19\\_PPE.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf)



# Use Your Facemask the Correct Way



**DO:**



- Clean your hands before you put on and take off facemask
- Make sure facemask covers your mouth and nose
- Remove facemask touching only the straps, store in paper bag



**DON'T:**



- Do not touch your facemask or face
- Do not wear your mask:
  - On the top of your head
  - Around your neck
  - Under your nose
- Do not store your mask on your arm or in your pocket



# Provide PPE and Cleaning Products



## ■ Personal Protective Equipment (PPE):

- Make PPE accessible outside of the resident room and in other resident care areas
- Put a trash can near the room exit for ease of discarding PPE, prior to exiting, or before providing care for another resident in the same room.

## ■ Environmental cleaning and disinfection:

- Make sure HCPs have access to EPA-registered, hospital-grade disinfectants\* to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.

\*Refer to the EPA-website for a list of Disinfectants for Use Against SARS-CoV-2: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>



# Provide Supplies for Infection Control

- **Hand hygiene supplies:**
  - Put alcohol-based hand sanitizer (ABHS) with 60-95% alcohol inside and outside every resident room.
  - Put ABHS in other resident care and common areas (e.g., outside dining hall, in therapy gym).
  - Make sure that sinks are well-stocked with soap and paper towels for handwashing.
- **Respiratory hygiene and cough etiquette:**
  - Make tissues available
- **Consider designating HCP to steward PPE supplies and encourage appropriate use**



## 4. Assess Supply of Personal Protective Equipment (PPE) and optimize supply

- How many days supply does the facility have of each type of PPE and alcohol-based hand sanitizer (ABHS)?
- Report PPE Shortages:
  - If your facility is concerned about a potential or imminent shortage of PPE, alert your state/local health department who can engage your local healthcare coalition, as they are best positioned to help facilities troubleshoot through temporary shortages.
  - Link to identifying your state HAI coordinator: <https://www.cdc.gov/hai/state-based/index.html>
  - Link to healthcare coalition/preparedness: <https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>



# Ways to Conserve PPE to Avoid Running Out

- **Gloves:** should be worn for any contact with the resident or their environment
- **Gowns:** should be prioritized for activities where splashes and sprays are anticipated or high-contact resident-care activities
  - Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care
- **“Extended Use” of eye protection, N95 respirator, and facemask:** extended use means these items are worn for the care of multiple patients without removing them
  - Prioritize N95 during shortages for high-risk activities (like aerosol-generating procedures)
- Personnel who do not interact with residents (do not come within 6 feet of them) or who do not clean patient environments or equipment, do not need to wear PPE except as part of universal masking



## 5. Identify and Manage Severe Illness

- Designate a location to care for residents with suspected or confirmed COVID-19, separate from other residents
- Maintain a list of all ill residents
- Facility performs appropriate monitoring of ill residents (including documentation of oxygen saturation via pulse oximetry) at least 3 times daily to quickly identify residents who require a higher level of care.
- Should a resident require a higher level of care, the receiving facility, EMS and transport service personnel, and the health department should be notified.





# Dedicate Space in the Facility to Monitor and Care for Residents with COVID-10

- Dedicate a space in the facility to care for residents with confirmed COVID-19:
  - This could be a floor, unit, or wing in the facility or a group of rooms at the end of a unit
  - Assign dedicated HCP to work only in this area of the facility
  - Create a plan for how residents who develop COVID-19 will be handled
  - Closely monitor roommates who may have been exposed – avoid placing unexposed residents into a share space with exposed residents
- Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown (observation area)
- All recommended PPE should be worn during care of residents under observation



# Preparing for COVID-19: Long-term Care Facilities, Nursing Homes

Print Page

## What's New

### [Key Strategies to Prepare for COVID-19 in Long-term Care Facilities \(LTCFs\)](#)

COVID-19 cases have been reported in all 50 states, the District of Columbia, and multiple U.S. territories; many having wide-spread community transmission. Given the high risk of spread once COVID-19 enters a LTCF, facilities must act immediately to protect residents, families, and staff from serious illness, complications, and death. Strategies include recommendations to:

## On This Page

[Interim Guidance for Nursing Homes](#)

[Background](#)

[Things Facilities Should Do Now](#)

[When There Are Cases in the Community](#)

• **Respirator:** A respirator is a personal protective device that is worn on the face, covers at least the nose and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles, agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use

## Additional Resources

[Recorded webinar, Preparing Nursing Homes and Assisted Living Facilities for COVID-19](#)

[Long-term Care Facility Letter](#) [1 page] to Residents, Families, Friends and Volunteers

[COVID-19 Hospital Preparedness Checklist](#), including long-term acute care hospitals

[Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Person-to-Person Investigation for COVID-19 in Healthcare Settings](#)

[Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities](#)

[CMS Emergency Preparedness & Response Operations](#) [↗](#)

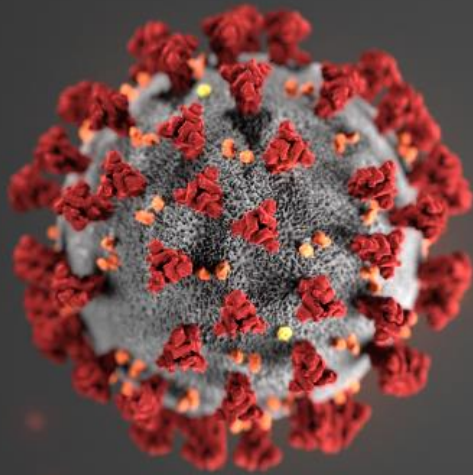
- For additional long-term care infection prevention guidance: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
- Key Strategies to Prepare for COVID-19 in Long-term Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html>
- Long-term Care COVID-19 Preparedness Checklist: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#checklist>
- Long-term Care template letter for residents and families: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facilities/Long-Term-Care-letter.pdf>
- Surveillance tool for respiratory infections: <https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>



# Resources

- Information about clinical presentation: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
- Guidance for evaluating and reporting PUI: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>
- For detailed infection prevention and control recommendations: [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](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)
- For guidance on risk assessment and potential work restrictions for HCP with potential exposure to patients with COVID-19, refer to the [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#)
- What healthcare personnel should know: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html>
- For example, extended use of facemasks and eye protection or prioritization of gowns for certain resident care activities: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>





For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

# Thank you!

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

