MIDDLETOWN

Public Health
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Distributed by: The City of Middletown Health Department

Key Points for COVID-19 in Long-term Care Settings

Long-term care facilities are at high risk for severe COVID-19 outbreaks due to their congregate nature and vulnerable population (e.g., older adults with multiple co-morbidities). Ill healthcare personnel (HCP) or visitors are the most likely sources of introduction of COVID-19 into the facility. **To protect this fragile population, the Ohio Department of Health is urging ALL long-term care facilities to immediately take the following actions to reduce the risk of COVID-19 infection in your residents and staff.** If you have a resident with known or suspected COVID-19 infection, your local health jurisdiction may recommend you take additional actions to those listed below.

- **Keep COVID-19 from entering and spreading your facility. All facilities should:**
  - Prohibit all visitors except for compassionate care situations (e.g., end of life). Facilities should offer alternative methods of visitation (Skype, FaceTime, etc.), if available.
  - Restrict all non-essential personnel and volunteers (e.g., barbers, delivery person) from entering the building.
  - Actively screen all staff for fever and respiratory symptoms before starting each shift; send them home if they are ill and follow CDC's return to work criteria.
  - Cancel all group activities, communal dining, and field trips.
  - Strengthen hand hygiene adherence. Place alcohol-based hand rub in every resident room to facilitate hand hygiene by staff. Keep sinks stocked with soap, water, and paper towels.
  - Make tissues, facemask, and no-touch receptacle available for people with a cough.
  - Educate HCP about adherence to infection prevention and control measures, including hand hygiene and selection and use of PPE.
  - Have HCP demonstrate competency with putting on and removing PPE.
    - Consider using shaving cream on their PPE as a visual marker to assess PPE removal without self-contamination.
- **Identify infections early:**
  - Actively screen all residents at least daily for fever and respiratory symptoms (e.g., shortness of breath, cough, sore throat); immediately isolate anyone who is symptomatic.
    - Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs).
  - Elderly residents with COVID-19 may not show typical symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, diarrhea, or sore throat.
    - Identification of these symptoms should prompt isolation and further evaluation for COVID-19. Have a low threshold of suspicion for COVID-19 testing.
  - Residents with known or suspected COVID-19 should ideally be placed in a private room with their own bathroom and do not need to be placed into an airborne infection isolation room (AIIR).
  - Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Contact your facility's designated infection control person if you need assistance with decisions about resident placement.

- Notify the local health department if: instances of severe respiratory infection, clusters (≥2 residents and/or HCP) of respiratory infection, or individuals with known or suspected COVID-19 are identified.

- Prevent spread of COVID-19:
  - When COVID-19 is reported in your facility, implement use of universal facemask by all staff while in the facility;
    - If facemasks are in short supply, they should be prioritized for direct care personnel. All HCP should be reminded to practice social distancing (at least 6 feet apart) when in break rooms or common areas.
  - Staff who work in multiple healthcare facilities may pose a higher risk and should be asked about exposure to facilities with confirmed COVID-19 cases.
  - Geographically cohort staff by assigning dedicated staff to specific units.
  - Minimize entries into patient rooms by bundling care and treatment activities.
  - If COVID-19 is identified in your facility, restrict all residents to their room.
  - To care for patients with confirmed or suspected COVID-19, staff should use gown, gloves, eye protection (such as goggles or face shield) and a facemask/surgical mask (N95 respirator if the facility has a fit testing program).
    - Consider having HCP wear PPE for all resident interactions if there are multiple cases in the facility.
  - Work with your health department to determine who else may need to be tested for COVID-19.
  - Ensure disinfectants in use are EPA-registered, hospital-grade with a claim against the virus are available for frequent cleaning of high-touch surface areas and shared resident care equipment. See EPA list N: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2.
- Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply:
  - 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.
- Communicate
  - Communicate to residents and families advising them about actions that the facility is taking in response to COVID-19. This could include:
    - Informing about visitor restrictions to the families and residents (sample letter included).
  - Communicate to residents about what they need to do – such as social distancing, informing personnel immediately if they feel ill, importance of hand hygiene and cough etiquette.
  - Communicate to residents about other changes that will take place with regards to their care such as higher frequency of monitoring of symptoms.