DELAWARE HEALTH AND SOCIAL SERVICES

DELAWARE DEPARTMENT OF HEALTH & SOCIAL SERVICES RECOMMENDATIONS FOR INFECTION CONTROL & PREVENTION OF COVID-19 IN FACILITIES SERVING OLDER ADULTS

UPDATED March 16, 2020

Updated State guidance for long term care facilities which is in alignment with the most recent Centers for Medicare and Medicaid Services (CMS) guidance.

General Guidance

- Regularly monitor the CDC website for information and resources (links below).
- Contact local health department if there are questions or you suspect a resident has COVID-19.
- Take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices.
- Maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care.
- Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among residents or healthcare personnel should immediately contact the state health department for further guidance.
- Cancel communal dining and all group activities.
- Implement active screening of residents and staff for fever and respiratory symptoms.
- Remind residents to practice social distancing and perform frequent hand hygiene.
- Continue to screen all staff 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.
- Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry.
- Communicate through multiple means to inform individuals and nonessential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.
- Identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.
- Review and revise how you interact with vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading

dock). Facilities can allow entry of these visitors if needed, as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions.

- In lieu of visits, facilities should:
  - Offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
  - Create/increase listserv communication to update families
  - Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.
  - Offer a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.
- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs).
- Reinforce strong hand-hygiene practices, tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, resident check-ins, etc.
- Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

Visitation

- Notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.).
- Restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation.
  - Decisions about visitation during an end of life situation should be made on a case by case basis.
  - Carefully screen the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms.
    - Visitors with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations).
  - Limit these visits to a specific room only. If possible (pending design of building), create dedicated visiting areas ("clean rooms") near the entrance to the facility where residents can meet with visitors in a sanitized environment.
  - Require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks.
  - Remind visitors not to touch surfaces in the facility.
  - Remind visitors to frequently perform hand hygiene.
- Disinfect rooms after each resident-visitor meeting.
- Advise visitors, and any individuals who enter the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility.
  - If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited.
  - Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

Health Care Workers

- Follow CDC guidelines for restricting access to health care workers found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidancerisk-assesment-hcp.html.

    - This also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians that provide care to residents.
    - They should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers.
    - Frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html). •
- Surveyors are constantly evaluated by DHCQ to ensure they don't pose a transmission risk when entering a facility. They should be screened by the facility the same as any individual entering the facility.

Transfer of Residents with Suspected/Confirmed Infection

- Remember, every time you transfer a resident, transfer trauma occurs.
- Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality.
- Mild symptoms do not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC.
    - Check the following link regularly for critical updates, such as updates to guidance for using PPE: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/controlrecommendations.html.
- More severe symptoms may require transfer to a hospital for a higher level of care.
    - Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer.
    - If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.
- You may accept a resident who was diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions.
    - If you cannot follow CDC guidance for Transmission-Based Precautions, transfer must wait until these precautions are discontinued. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19.*
- Also, if possible, dedicate a unit/wing exclusively for any residents admitted or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).

Resources

Infection preventionist training: https://www.cdc.gov/longtermcare/index.html
CDC Resources for Health Care Facilities: https://www.cdc.gov/coronavirus/2019ncov/healthcare-facilities/index.html
CDC Updates: https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html
CDC FAQ for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infectioncontrol/infection-prevention-control-faq.html
Information on affected US locations: https://www.cdc.gov/coronavirus/2019-ncov/casesin-us.html
CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/controlrecommendations.html

Guidance for use of Certain Industrial Respirators by Health Care Personnel: https://www.cms.gov/files/document/qso-20-17-all.pdf
Long term care facility – Infection control self-assessment worksheet: https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-819508.pdf
Infection control toolkit for bedside licensed nurses and nurse aides ("Head to Toe Infection Prevention (H2T) Toolkit"): https://www.cms.gov/Medicare/ProviderEnrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment
Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: https://www.cms.gov/Medicare/ProviderEnrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/AppendixPP-State-Operations-Manual.pdf
* Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals.
The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from appropriate agencies to change. Please monitor the relevant sources regularly for updates.