COVID-19 is a highly contagious respiratory disease that can easily spread among residents and staff in long term care facilities if proper infection control measures are not maintained. Given congregate nature and resident population served (e.g. older adults often with underlying chronic medical conditions), nursing home populations are at the highest risk of being affected by COVID-19. Preparedness recommendations are intended to be put into place immediately to prevent serious illness including fatalities from COVID-19. This guide is an overview of best practices MHS used at Memorial Manor nursing home.

1. Complying with all state mandates
   a. No visitors. Use alternative methods for visitation (e.g. video conferencing).
   b. Sick leave policies in place for ill healthcare workers. Remind staff not to report to work when ill.
   c. Limit non-essential staff. Limit entrances.
   d. Implement telehealth to offer remote access to care providers.
   e. Signage at entrances including no visitors.
   f. Policy and procedure review. Educate all staff about new policies for infection control.
   g. Reinforce adherence to standard infection prevention and control measures including hand hygiene, selection and use of personal protective equipment (PPE). Demonstrate competency and monitor adherence by observing resident care activities.
   h. Information provided to residents, their representatives, and families concerning COVID-19 activity in the facility.
   i. Long-term care facilities concerned that a resident, visitor, or employee may be a COVID-2019 patient under investigation should contact their local or state health department immediately for consultation and guidance.
      i. Residents resulting in hospitalization or death
      ii. >3 residents or staff with new-onset symptoms within 72 hours of each other.
   j. Notify transport personnel and receiving facility about suspected diagnosis prior to transfer.

2. Surveillance screening
   a. Actively checking anyone entering facility for signs and symptoms of COVID-19 including temperature. No entry if anyone screens positive or >100F.
      i. Staff who work in multiple locations may pose higher risk and should be encouraged to tell facilities if they have had exposures to other facilities with recognized COVID-19 cases.
   b. All staff at shift change.
   c. All residents twice daily.
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i. Fever and symptoms include shortness of breath, new or change in cough, sore throat, muscle aches.

ii. Older adults may not show typical symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea.

iii. Immediate isolation and further evaluation if any symptoms identified.

iv. Increase monitoring of ill residents including assessment of symptoms, vital signs, oxygen saturation, and respiratory exam at least 3 times daily.

3. Surveillance testing
   a. Residents with COVID-19 may not report typical symptoms such as fever or respiratory symptoms; some may not report any symptoms.
   b. Unrecognized asymptomatic and pre-symptomatic infections likely contribute to transmission in these settings.
   c. If resources available, test all staff and residents at least every two weeks.

4. Universal masking
   a. All persons entering must wear a mask.
   b. All residents leaving room must wear a mask if possible.

5. Hand hygiene and respiratory hygiene
   a. Ensure alcohol based hand rub (ABHR) is accessible and at least 60% ethanol or 70% isopropanol. Ideally inside and outside room and other common areas.
   b. Ensure soap and water and paper towels well stocked and accessible.
   c. Hands should be washed with soap and water for at least 20 seconds when visibly soiled, before eating, and after using the restroom.
   d. Utilize WHO 5 Moments to observe hand hygiene opportunities
      i. Before patient care
      ii. After patient care
      iii. After touching patient’s surroundings
      iv. After touching blood or body fluids
      v. Before aseptic or sterile procedure
   e. Tissues and trashcans available for respiratory hygiene.

6. Personal protective equipment (PPE)
   a. Assess current supply of PPE and monitor daily PPE use to identify when supplies will run low.
   b. Effective standard and transmission based precautions.
   c. Utilize gowns, gloves, mask and eye protection for persons under investigation.
      i. N95 can be used if available and/or staff are fit tested.
   d. Review and implement strategies to optimize supplies of gowns, masks, N95 respirators before shortages occur.

7. Food and nutrition
   a. Sanitize the food areas and flat surfaces three times daily.
   b. Terminal cleaning of kitchen daily.
   c. Makes sure the staff is not taking lunch at the same time in a close space.

Updated 5/10/2020
d. Tape on the floor for any cafeteria lines to maintain social distancing.
e. Only 5 people in line at one time.
f. Plexi-glass barrier for register at cafeteria.
g. Hand sanitizer must be used after each transaction.

8. Cleaning and disinfection
   a. Ensure EPA-registered, hospital-grade disinfectant are used according to manufacturer’s instructions for use. List N on EPA website for efficacy against SARS-CoV-2.
   b. Disinfect all shared equipment after use.
   c. High touch surfaces need to be cleaned at two times daily if not more.
      i. Bed rails, bed side table, medicine cart, computers.
   d. Common areas cleaned daily.
   e. Restrooms cleaned twice daily and terminal cleaned.

9. Cohorting
   a. Place new admissions or readmissions in a separate location for 14 days and keep on contact plus droplet precautions with eye protection.
      i. Residents could be transferred out of observation area if they remain afebrile and without symptoms for 14 days after their exposure or admission. Testing at the end of this period could be considered to increase certainty that the resident is not infected.
   b. Dedicate an area of the facility to care for residents with suspected or confirmed COVID-19 ideally in a private room with private bathroom.
   c. Assign dedicated staff for these groups for the same shifts and work only in this area of the facility.
   d. Have a plan for how residents in the facility who develop COVID-19 will be handled (e.g. transfer to single room, prioritize for testing, transfer).
      i. Closely monitor roommates and other residents who may have been exposed to an individual with COVID-19 and, if possible, avoid placing unexposed residents into a shared space with them.