

COVID-19 Guidance for Long Term Care Facilities

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Actions to take now:

- Designate a time to meet with your staff to educate them on COVID-19. Review the recommended infection prevention measures (Standard, Contact, and Airborne Precautions with eye protection) and proper use of personal protective equipment (which includes gloves, gowns, face shield or goggles, and a fit tested N95 respirator).
 - Infection control guidance can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html> or in CDC's free online course — The Nursing Home Infection Preventionist Training — which includes resources checklists for facilities and employees to use.
 - Consider pre-designating staff who will be responsible for caring for suspected or know COVID-19 patients. Ensure these staff are fully trained on infection prevention measures and proper use of PPE.
- Develop a plan to optimize your facility's supply of personal protective equipment in the event of shortages. Identify flexible mechanisms to procure additional supplies when needed.
 - Strategies to optimize the supply of N95 respirators are available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>
- Develop a coordination plan for patients with acute respiratory illness (including suspected or confirmed COVID-19) needing emergency medical service transport to a local hospital for a higher level of care.
 - Communicate with the emergency medical services and hospitals in your community now, to discuss how the facilities and services will be notified prior to transferring ill residents.
- Report possible outbreaks of respiratory illness (when two or more residents or staff report fever and respiratory illness) to IDPH by calling 800-362-2736 during business hours and 515-323-4360 after hours (this will connect you to State Patrol Dispatch, who will page the on-call epidemiologist).
- Monitor staff and ensure maintenance of essential healthcare facility staff and operations:
 - Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms.
 - Advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill.
 - Do not require a healthcare provider's note for employees who are sick with respiratory symptoms before returning to work.
 - Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees.
- Your facility may consider screening staff for fever and respiratory symptoms before entering the facility if COVID-19 starts circulating in the community. Consider establishing procedures now directing how the screening will be implemented should the need arise.
- Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and staff.
 - Ensure staff clean their hands according to [CDC guidelines](#), including before and after contact with all residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment.
 - Put alcohol-based hand rub in every resident room (ideally both inside and outside of the room).
 - Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.

Actions to taken when COVID-19 is circulating in your community:

- Screen staff for fever or respiratory symptoms before entering the facility.
- Prohibit visitors to the facility.
- Post visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette.
- Limit movement of all residents outside of their rooms (e.g., serve meals in their rooms, cancel programs and activities).
- Consider closing admissions. If not possible, assess residents for symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.
- Support hand and respiratory hygiene, as well as cough etiquette by residents and staff.
 - Ensure staff clean their hands according to [CDC guidelines](#), including before and after contact with all residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment.
 - Put alcohol-based hand rub in every resident room (ideally both inside and outside of the room).
 - Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.
- Monitor residents for fever or respiratory symptoms.
 - Strictly restrict residents with fever or acute respiratory symptoms to their room. If they must leave the room for medically necessary procedures, have them wear a facemask (if tolerated).
- Report possible outbreaks of respiratory illness (when two or more residents or staff report fever and respiratory illness) to IDPH by calling 800-362-2736 during business hours and 515-323-4360 after hours (this will connect you to State Patrol Dispatch, who will page the on-call epidemiologist).
- Cohort all patients with symptoms of respiratory illness.
- Direct pre-identified dedicated staff to care for patients with respiratory illness. If staff were not pre-identified, do so now.
- Provide the right supplies to ensure easy and correct use of PPE.
 - Post [signs](#) on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.
 - Make PPE, including facemasks, eye protection, gowns, and gloves, available immediately outside of the resident room.
 - Position a trash can near the exit inside any resident room to make it easy for employees to discard PPE.
- Keep residents, their families, and employees informed. Describe what actions the facility is taking to protect residents, and educate them on what they can do to protect themselves and prevent spread.