Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes

A new respiratory disease – coronavirus disease 2019 (COVID-19) – is spreading globally and there have been instances of COVID-19 community spread in the United States. The general strategies CDC recommends to prevent the spread of COVID-19 in LTCF are the same strategies these facilities use every day to detect and prevent the spread of other respiratory viruses like influenza.
Symptoms of respiratory infection, including COVID-19:

- Fever
- Cough
- Shortness of breath

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.

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Summary of Changes to the Guidance:

- Updated background to provide information about the risks ill HCP and visitors pose to this vulnerable population.
- Added and tiered actions facilities should take depending on whether COVID-19 has been identified in their community or facility.

Background

Given their congregate nature and residents 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. If infected with SARS-CoV-2, the virus that causes COVID-19, residents are at increased risk of serious illness.

Visitor Restrictions

Ill visitors and healthcare personnel (HCP) are the most likely sources of introduction of COVID-19 into a facility. CDC recommends aggressive visitor restrictions and enforcing sick leave policies for ill HCP, even before COVID-19 is identified in a community or facility.

Use these recommendations with CDC's [Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings](). These recommendations are specific for nursing homes, including skilled nursing facilities. Much of this information could also be applied in assisted living facilities. This information complements, but does not replace, the general [infection prevention and control recommendations]() for COVID-19.

This guidance is based on the currently available information about COVID-19. It will be refined and updated as more information becomes available and as response needs change in the United States. It is important to understand transmission dynamics in your community to inform strategies to prevent introduction or spread of COVID-19 in your facility. Consultation with public health authorities can help you better understand if transmission of COVID-19 is occurring in your community.

Things facilities should do now, before there are cases in their community or facility.

Educate Residents, Healthcare Personnel, and Visitors

- Share the [latest information about COVID-2019]().
- Review CDC's [Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings]().
- Educate and train HCP.
    - o Reinforce sick leave policies. Remind HCP not to report to work when ill.
    - o Reinforce adherence to infection prevention and control measures, including hand hygiene and selection and use of personal protective equipment (PPE). Have HCP demonstrate competency with putting on and removing PPE.
- Educate both facility-based and consultant personnel (e.g., wound care, podiatry, barber) and volunteers. Including consultants is important because

they often provide care in multiple facilities and can be exposed to or serve as a source of pathogen transmission.

- Educate residents and families including:
  - information about COVID-19
  - actions the facility is taking to protect them and their loved ones, including visitor restrictions
  - actions residents and families can take to protect themselves in the facility

Provide Supplies for Recommended Infection Prevention and Control Practices

- Hand hygiene supplies:
  - Put alcohol-based hand sanitizer with 60–95% alcohol in every resident room (ideally both inside and outside of the room) and 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 and facemasks available for coughing people.
  - Consider designating staff to steward those supplies and encourage appropriate use by residents, visitors, and staff.
- Make necessary Personal Protective Equipment (PPE) available in areas where resident care is provided. Put a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room, or before providing care for another resident in the same room. Facilities should have supplies of:
  - facemasks
  - respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP)
  - gowns
  - gloves
  - eye protection (i.e., face shield or goggles).
- Environmental cleaning and disinfection:
  - Make sure that EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.

- o Refer to [List Nexternal icon](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

Assessing Risk & Possible Restrictions for HCP

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)](#).

Evaluate and Manage HCP with Symptoms of Respiratory Illness

- Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill HCP to stay home.
- As part of routine practice, ask HCP (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection.
  - o Remind HCP to stay home when they are ill.
  - o If HCP develop fever or symptoms of respiratory infection while at work, they should immediately put on a facemask, inform their supervisor, and leave the workplace.
  - o Consult occupational health on decisions about further evaluation and return to work.
- When transmission in the community is identified, nursing homes and assisted living facilities may face staffing shortages. Facilities should develop (or review existing) plans to mitigate staffing shortages.

When to End Transmission-Based Precautions

Refer to the [Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19](#).

Consider New Policies and Procedures for Visitors

- Because of the ease of spread in a long-term care setting and the severity of illness that occurs in residents with COVID-19, facilities should discourage visitation and begin screening visitors even before COVID-19 is identified in their community. Facilities should:

- o Send letters or emails to families advising them to consider postponing or using alternative methods for visitation (e.g., video conferencing) during the next several months.
- o Post signs at the entrances to the facility instructing visitors to not enter if they have fever or symptoms of a respiratory infection. Consider having visitors sign visitor logs in case contact tracing becomes necessary.
- o Ask all visitors about fever or symptoms of respiratory infection. Restrict anyone with:
  - ▪ Fever or symptoms of respiratory infection (e.g., cough, sore throat, or shortness of breath).
  - ▪ International travel within the last 14 days to affected countries. Information on high-risk countries is available on CDC's COVID-19 travel website.
  - ▪ Contact with an individual with COVID-19.
- When allowed, visitors should be encouraged to frequently perform hand hygiene and limit their movement and interactions with others in the facility (e.g., confine themselves to the resident's room).
- When visitor restrictions are implemented, the facility should facilitate remote communication between the resident and visitors (e.g., video-call applications on cell phones or tablets), and have policies addressing when and how visitors might still be allowed to enter the facility (e.g., end of life situations).

Resources for Confirmed or Suspected COVID-19

- Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 (COVID-19)
- Evaluating and Reporting Persons Under Investigation (PUI)

Evaluate and Manage Residents with Symptoms of Respiratory Infection

- Ask residents to report if they feel feverish or have symptoms of respiratory infection.
- Promptly assess residents for fever and symptoms and signs of respiratory infection upon admission and throughout their stay in the facility.
- Implement appropriate infection prevention practices for symptomatic residents:

- If a resident has severe respiratory infection, or a cluster (e.g., ≥ 3 residents or HCP with new-onset respiratory symptoms over 72 hours) of residents has symptoms of respiratory infection, or there is an increase in cases reported in the community, begin active monitoring of all residents and HCP in the facility for signs and symptoms.
- Notify the health department about residents with severe respiratory infection and clusters of respiratory infection. See State-Based Prevention Activities for contact information for the healthcare-associated infections program in each state health department.
- CDC has resources for performing respiratory infection surveillance in long-term care facilitiespdf icon during an outbreak.

- In general, when caring for residents with **undiagnosed respiratory infection** use Standard, Contact, and Droplet Precautions with eye protection **unless the suspected diagnosis requires Airborne Precautions** (e.g., tuberculosis). This includes restricting residents with respiratory infection to their rooms. If they leave the room, residents should wear a facemask (if tolerated) or use tissues to cover their mouth and nose.
  - Continue to assess the need for Transmission-Based Precautions as more information about the resident's suspected diagnosis becomes available.

- **If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community,**
  - Residents with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should ideally be placed in a private room with their own bathroom.
  - 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. Public health authorities can assist with decisions about resident placement.
  - Facilities should notify the health department immediately and follow the Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings, which includes detailed information regarding recommended PPE.

- If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the resident should be transferred to another facility that is capable of implementation. Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer.
  - While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and be separated from others (e.g., kept in their room with the door closed). Appropriate PPE should be used by healthcare personnel when coming in contact with the resident.

Additional Measures

- Minimize group activities inside the facility or field trips outside of the facility.
- Develop criteria for halting group activities and communal dining, closing units or the entire facility to new admissions, and restricting visitation.
- Create a plan for cohorting residents with symptoms of respiratory infection, including dedicating HCP to work only on affected units.

In addition to the actions described above, these are things facilities should do when there are cases in their community but none in their facility.

Policies and Procedures for Visitors

- Visitation should be limited further to only those who are essential for the resident's emotional well-being and care. The facility should send communications to families advising the COVID-19 has been identified in the community and re-emphasizing the importance of postponing visitation. Ideally, visits should be scheduled in advance during a limited number of hours. Any visitors (that are permitted after screening) should wear a facemask while in the building and restrict their visit to the resident's room.

Healthcare Personnel Monitoring and Restrictions

- Restrict non-essential personnel including volunteers and non-essential consultant personnel (e.g., barbers) from entering the building.
- Screen all HCP at the beginning of their shift for fever and respiratory symptoms.

- o 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.
  - o HCP who work in multiple locations may pose higher risk and should be asked about exposure to facilities with recognized COVID-19 cases.
- Consider implementing universal use of facemasks for HCP while in the facility.

Resident Monitoring and Restrictions

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  - o Actively monitor all residents (at least daily) for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat).
    - ▪ If positive for fever or symptoms, implement recommended IPC practices
  - o Cancel group field trips and activities and consider cancelling communal dining.

In addition to the actions described above, these are things facilities should do when there are cases in their facility or sustained transmission in the community.

Policies and Procedures for Visitors:

- Restrict all visitors to the facility. Exceptions might be considered in limited circumstances (e.g., end of life situations). In those circumstances the visitor should wear a facemask and restrict their visit to the resident's room.

Healthcare Personnel Monitoring and Restrictions:

- Implement universal use of facemask for HCP while in the facility.
- Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator (or facemask if not available)) for the care of all residents, regardless of presence of symptoms. Implement protocols for extended use of eye protection and facemasks.

Resident Monitoring and Restrictions:

- Encourage residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes.
  - If they leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).
- In addition to cancelling group field trips and activities, cancel communal dining.
- Implement protocols for cohorting ill residents with dedicated HCP.

Additional Resources

- [COVID-19 Hospital Preparedness Checklist](#), including long-term acute care hospitals
- [Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#)
- [Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities](#)
- [CMS Emergency Preparedness & Response Operationsexternal icon](#)

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