Key Strategies to Prepare for COVID-19 in Nursing Homes

COVID-19 cases have been reported in all 50 states and DC; many having wide-spread community transmission. Given the high risk of spread once COVID-19 enters a nursing home, facilities must act immediately to protect residents, families, and staff from serious illness, complications and death.

1. <u>Keep COVID-19 from entering your facility</u>:
   o Restrict all visitors except for compassionate care situations (e.g., end of life).
   o Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber).
   o Actively screen all HCP for fever and respiratory symptoms before starting each shift; send ill staff home.
   o Cancel all field trips outside of the facility.
   o Have residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis) wear a facemask (if possible) whenever they leave their room, including for procedures outside of the facility.

2. <u>Identify infections early</u>:
   o Actively screen all residents daily for fever and respiratory symptoms; immediately isolate if symptomatic.
      ▪ Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory 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.
   o Notify the health department immediately (<24 hours) for: severe respiratory infection causing hospitalization or sudden death, clusters (≥3 residents and/or HCP) of respiratory infection, or individuals with known or suspected COVID-19 are identified.

3. <u>Prevent spread of COVID-19</u>:
   o Cancel all group activities and communal dining.
   o Enforce social distancing among residents.
   o When COVID-19 is reported in the community, implement universal facemask use by all HCP (source control) when they enter 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 when in break rooms or common areas.
   o If COVID-19 is identified in the facility, restrict all residents to their room and have HCP wear all recommended PPE for all resident care, regardless of the presence of symptoms. Refer to strategies for optimizing PPE when shortages exist.
      ▪ This approach is recommended to account for residents who are infected but not manifesting symptoms. Recent experience suggests that a substantial proportion of residents could have COVID-19 detected without reporting symptoms or before symptoms develop.
      ▪ When a case is identified, public health can help inform decisions about testing asymptomatic residents on the unit or in the facility.

4. <u>Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply</u>:
   o If you anticipate or are experiencing PPE shortages reach out to your state/local health department who can engage your local healthcare coalition
   o Consider 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

5. <u>Identify and manage severe illness</u>:
   o Designate a location to care for residents with suspected or confirmed COVID-19, separate from other residents
   o Monitor ill residents (including documentation of temperature and pulse oximetry) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.