COLORADO
Department of Public Health & Environment

INTERIM Guidelines for Preparation and Response to Single Cases and Outbreaks of COVID-19 in Long-Term Care Settings

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Scope: The purpose of this document is to provide guidance to long-term care facilities (LTCFs) when a resident or healthcare personnel is suspected or confirmed to have COVID-19 and to provide recommendations to prevent transmission within the facility. Guidance provided in this document is based on currently available information at the time it was drafted and is subject to change.

Background: A new respiratory disease, coronavirus-19 (COVID-19) is currently spreading globally and there have been instances of community spread within the United States. This disease is caused by the virus SARS-CoV-2. The Colorado Department of Public Health and Environment (CDPHE) is currently monitoring the situation closely. Updated case counts are available on the CDPHE website: Coronavirus Disease 2019 (COVID-19) in Colorado.

Residents of LTCFs, which are often older people and those with underlying health conditions, seem to be at especially high risk for developing serious illness associated with COVID-19. Healthcare workers and close contacts of people with COVID-19 are also at elevated risk for exposure. Respiratory illnesses have the potential to spread easily in these settings due to the communal nature of the environment.

Definition of Healthcare Personnel (HCP): HCP refers to all persons, paid and unpaid, working in healthcare settings engaged in resident care activities, including: resident assessment for triage, entering examination rooms or resident rooms to provide care or clean and disinfect the environment, obtaining clinical specimens, handling soiled medical supplies or equipment, and coming in contact with potentially contaminated environmental surfaces.

Preparation: Steps that LTCFs can take to prepare for community spread of COVID-19 and to prevent introduction of COVID-19 into the facility include:

1. Review the facility emergency plan.
2. Establish relationships with key healthcare and public health partners.
3. Communicate about COVID-19 with your staff.
4. Communicate about COVID-19 with your residents.
5. Ensure proper use of recommended personal protective equipment (PPE).
6. Conduct an inventory of available PPE and ensure adequate supply of PPE.
7. Reinforce sick leave policies and restrict ill HCP from work.

8. Ensure supplies are available for hand hygiene and respiratory etiquette.
9. Restrict visitors according to public health order 20-20 and guidelines from the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC).
10. Cancel group activities and communal dining.
11. Implement active screening of residents and HCP for fever and respiratory symptoms.
12. Ensure adequate supplies and procedures for environmental cleaning and disinfection.

Resources for preparation can be found here:

- Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 (COVID-19) (CDC).
- Preparing for COVID-19: Long-term Care Facilities, Nursing Homes (CDC).
- Notice of Public Health Order 20-20.
- Concept of Operations (CONOPS) for Coronavirus Disease (COVID-19) Personal Protection Equipment Shortage (CDPHE).

Response

Key Information about COVID-19

- **Agent:** SARS-CoV-2
- **Incubation Period:** One to 14 days
- **Transmission/Communicability:** The virus is thought to spread mainly from person-to-person.
    - Between people who are in close contact with one another (within about 6 feet),
    - Through respiratory droplets produced when an infected person coughs or sneezes.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

Case Definitions

- **Respiratory illness in LTCFs**: [Fever (>100 F)] OR [lower respiratory illness (new cough or shortness of breath)]

  **Note* When COVID-19 is detected in the surrounding community of the LTCF, a high index of suspicion should be maintained. The medical director or local public health agency might consider loosening the respiratory illness case definition to account for*

upper respiratory symptoms in an outbreak highly suspected of being due to COVID-19 in which residents do not manifest multiple signs.

- **Suspected COVID-19 outbreak**: two cases of respiratory illness, at least one in a resident, within a 1-week period without a positive test for COVID-19. Residents or staff with clinically relevant respiratory illness should be considered as suspect COVID-19 cases until the disease can be ruled out, even if other etiologies have been identified. We are still learning about the rates of potential co-infection of other respiratory illness among individuals with COVID-19.

- **Confirmed COVID-19 outbreak**: at least one resident or staff with a positive test for SARS-CoV-2, the virus that causes COVID-19.

Reporting to Public Health

Any suspected or confirmed case or outbreak of COVID-19 should immediately be reported to the local or state public health agency. To report, contact your local public health agency or the Colorado Department of Public Health and Environment at 303-692-2700 (8:30 - 5:00, Monday - Friday) or 303-370-9395 (after-hours, holidays and weekends).

Surveillance and Monitoring

Surveillance for Respiratory Illness in Residents during COVID-19: As part of routine practice, residents should be regularly evaluated for respiratory illness and facilities should conduct surveillance for respiratory illness. To aid in prompt detection of respiratory illness, ask residents to report if they feel feverish or have symptoms of respiratory illness. Assess residents for symptoms upon admission and throughout their stay.

At a minimum, collect the following information for each ill resident and staff member:

- Name
- Date of birth (residents)
- Admission dates
- Admission location
- Symptom onset date
- Symptoms (cough [Y/N], fever [Y/N], note if subjective or if measured, indicate temperature, shortness of breath [Y/N]
- Unit/room (residents)
- Hospitalization (Y/N - date transferred, location)
- Death (Y/N - date)
- Dates of testing performed and results (Respiratory Panel/Flu/RSV/SARS-CoV-2)
- Role/job duty (HCPs)

Residents with the following symptoms should be considered for potential COVID-19:

- Fever
- Cough
- Shortness of breath
- Symptoms of mild upper respiratory infection in the setting of a suspected or confirmed COVID-19 outbreak

Residents should ***also*** be assessed for other etiologies (e.g. influenza, RSV, etc.) according to clinical suspicion. See "Testing" section below for more information.

CDC's LTC Respiratory Surveillance Line List tool provides a template for data collection and active monitoring of both residents and staff during suspected respiratory illness cluster or outbreak in a nursing home: Long-Term Care (LTC) Respiratory Surveillance Line List.

Surveillance for Respiratory Illness in HCP during COVID-19:

- Screen all staff at the beginning of their shift for fever or respiratory symptoms.
    - Actively take their temperature and document absence of fever, shortness of breath, new or change in cough, and sore throat.
    - Keep a record of other healthcare facilities where your staff are working (these staff may pose a higher risk) and ask about exposure to facilities with recognized COVID-19 cases.
- As part of routine practice, ask healthcare personnel (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection.

Source Control/What to do when a resident with respiratory illness is identified

- Do not wait for confirmation of a diagnosis to implement infection control precautions.
- Place a facemask over the residents nose and mouth.
- Place the resident in a private room with the door closed. If roommates cannot be moved, ensure at least 6 feet separation between residents and utilize curtains or other physical dividers for seperation.
- Per CDC guidance, residents with known or suspected COVID-19 in the long-term care setting do not need to be placed into an airborne infection isolation room (AIIR) (Preparing for COVID-19: Long-term Care Facilities, Nursing Homes (CDC)).
- Only essential personnel should enter the room. Implement staffing policies to minimize the number of HCP who enter the room.
- If symptomatic residents need to leave their room (e.g., for medical care), the resident should wear a facemask when they are outside of their room or affected unit.
- Avoid transferring residents with symptoms of respiratory illness to unaffected units.

Source Control/What to do when a HCP with symptoms is identified

- Remind HCP to stay home when they are ill.

- 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. Ill staff should seek medical care and practice self-isolation at home.
- Consult occupational health/infection prevention or other appropriate administrative personnel on decisions about further evaluation and return to work. Consult public health as necessary.

Testing

Residents with respiratory illness should be tested for COVID-19. Residents should also be tested for influenza, RSV, and other respiratory viruses according to clinical suspicion and facility protocols.

Note that COVID-19 testing should not wait for results of other virus testing. In situations where the capacity for COVID-19 is limited and appropriate infection control measures for COVID-19 are in place, it may be reasonable to test for influenza or RSV first if there is a short turnaround time for test results. However, providers must also consider the possibility of coinfection with COVID-19.

COVID19 testing may be performed at the state public health laboratory if they meet criteria (CDPHE COVID-19 Testing) or at a commercial laboratory.

Facilities should submit samples for influenza, RSV, and other respiratory viruses via their usual testing protocols (not to CDPHE).

Staff ill with respiratory symptoms meeting the criteria above should also be tested for COVID-19 and influenza, at a minimum, through their usual healthcare provider or alternate testing site.

Specimen Collection

- Follow guidance from CDC and CDPHE regarding which specimens to obtain for COVID-19 testing (e.g., nasopharyngeal (NP) and/or oropharyngeal (OP) or lower respiratory specimens).
    - Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19) (CDC)
    - COVID-19 Resources for Local Public Health Agencies and Healthcare Providers (CDPHE)
- When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 patient, CDC recommends:
    - Specimen collection should be performed in a private area, such as an examination room with the door closed.
    - HCP in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.

    - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors and roommates should not be present for specimen collection.
- In the LTCF setting, **consult with public health as needed** and consider the following options for appropriate specimen collection activities:
    - Identify and designate an office space or conference room, for COVID-19 specimen collection. Consider designating this room for this purpose for an extended period of time.
    - Collect the specimen outdoors (if weather allows and is feasible given resident status).
    - Collect the specimen in the resident's room with the door closed.
        - If the resident has roommates, consider moving to other locations while the specimen is being collected. Do not allow residents or staff back in the room until a sufficient time has elapsed for enough air changes to remove potentially infectious particles has occurred (Airborne Contaminant Removal (CDC))
        - If roommates cannot be moved, ensure at least 6 feet separation between residents, and use curtains or other physical dividers for seperation.
    - If recommended PPE is not available, consider alternate sites of sample collection (e.g, patient transfer) or use the highest level of PPE available in consultation with public health.
- Clean and disinfect procedure room surfaces promptly in accordance with CDC guidance **(Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (CDC))** .

Infection control (for suspected or confirmed case/outbreak)

Note: Guidelines for infection prevention and control of COVID-19 may change as we learn more about the disease. The guidance provided below should be used as a guide.

***For the the most up-to-date information, visit CDC's website for Infection Control Guidance* (*Infection Control (CDC)*) and Strategies to Prevent Spread of COVID-19 in LTCFs: Healthcare Facilities (CDC).**

- **Isolation:** Residents with respiratory illness should be confined to their rooms while symptomatic. Removal from isolation for respiratory illness is typically recommended when the resident is no longer showing signs or symptoms of infection. However, the decision to remove residents who have tested positive for COVID-19 from isolation should be made according to the most updated guidance (Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19) and in consultation with public health.

- **Quarantine:** In the event that a resident is exposed to another resident who is a confirmed positive case, quarantine of up to 14 days (1 incubation period) might be recommended. Public health will make recommendations regarding contacts when a case is identified.
- **Standard and transmission-based precautions.** In general, when caring for residents with undiagnosed respiratory illness, use Standard Precautions, Contact Precautions, and Droplet Precautions with eye protection unless the suspected diagnosis requires Airborne Precautions (e.g. tuberculosis) or aerosol-generating procedures (AGPs) are expected to be performed.
- **Aerosol generating procedures (AGPs):** Some procedures performed on a patient with known or suspected COVD-19 could generate infectious aerosols (e.g., sputum induction, open suctioning of airways). If performed, LTCFs should follow CDC guidance on precautions to take when performing AGPs: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (CDC). There is separate guidance for specimen collection as described above.
- **Tracking contacts:** Facilities should keep a log of all persons who care for or enter the rooms or care area of residents with COVID19. CDPHE has developed a HCP Tracking Form to add in this process: Colorado Health Care Personnel Tracking Form.
- **HCP Exposures.** CDC has interim guidance available on How to Conduct a Risk Assessment and Public Health Management of Public Health Personnel with Potential Exposures in A Healthcare Setting to Patients with COVID-19: 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 (COVID-19) (CDC).
- **Environmental Infection Control.**
    - Ensure frequent daily cleaning with an EPA-registered, hospital-grade disinfectant of commonly touched environmental surfaces to decrease environmental contamination.
    - Use dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs). If equipment will be used for more than one resident, clean and disinfect such equipment before use on another resident according to manufacturer's instructions.
    - Once the patient has been discharged or transferred, HCP, including environmental services personnel, should refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles (e.g., a minimum of 2 hours; more information on clearance rates under differing ventilation conditions is available). After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.

If a suspect or confirmed COVID-19 outbreak is identified in a LTCF (using the definitions above) the following precautions **should also be implemented in accordance with CDC guidelines**:

- **Cohorting of Residents and Staff**: Implement protocols for cohorting ill residents with designated HCP. Contact public health for guidance on cohorting and consult the 'Patient Placement' section in the following guidance document: Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (CDC).
- **Resident Activities**:
    - 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).
    - Cancel group field trips and activities, as well as communal dining.
- **Visitor Restriction**:
    - Restrict all visitors to the facility (Notice of Public Health Order 20-20). Exceptions might be considered in limited circumstances (e.g., end of life event). In those circumstances, the visitor should wear a facemask and restrict their visit to the resident's room.
- **Healthcare Personnel:**
    - Implement universal use of facemasks for HCP while in the facility.
    - CDC recommends LTCFs consider having HCP wear all recommended PPE (gowns, gloves, face mask, eye protection) for all residents, regardless of presence of symptoms. If PPE supplies are limited, prioritize use of PPE according to sparing guidance (Strategies for Optimizing the Supply of N95 Respirators (CDC) or Interim Recommendations to Optimize the Supply of Personal Protective Equipment for Healthcare Personnel: COVID-19 Response (CDPHE)).
    - During times of limited access to facemasks and eye protection, facilities can consider implementing protocols for extended use of eye protection and facemasks. These protocols allow for HCP to remove only gloves and gowns (if used) and perform hand hygiene between patients with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and facemask (i.e. extended use). Risk of transmission from eye protection and facemasks during extended use is expected to be very low.
        - HCP must take care not to touch their eye protection and respirator or facemask.
        - Eye protection and the respiratory or face mask should be removed, and hand hygiene performed if they become damaged or soiled when leaving the unit.
        - For more information about extended use and other recommendations for PPE when supplies are limited, visit: Strategies for Optimizing the

Supply of N95 Respirators (CDC) or Interim Recommendations to Optimize the Supply of Personal Protective Equipment for Healthcare Personnel: COVID-19 Response (CDPHE).

- **New Admissions:** The facility should halt new admissions until the outbreak is over, following consultation with public health.

Case Management

- **Management in facility:** Residents with milder illness may be treated in the facility if felt to be medically appropriate by their healthcare provider. For more information about clinical management and treatment, see: Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) (CDC).
- **Acute care management:** Transfer of residents to an acute care facility could be considered in the following circumstances:
    - If a resident requires a higher level of care due to medical necessity.
    - If the LTCF is not able to implement or maintain recommended precautions to appropriately care for and protect other residents, transfer to another facility should be considered in consultation with public health.
- **Transport:** When transporting residents who require hospitalization, residents should wear a facemask over their nose and mouth to contain secretions. Ensure transport personnel and the receiving hospital are informed of COVID-19 suspicion or diagnosis before arrival. This will allow the transport service and healthcare facility the opportunity to properly prepare.

Return to the facility after hospitalization for COVID-19

- Residents with a history of COVID-19, who have met CDCs criteria for isolation discontinuation, can safely return to the facility. Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19 (CDC).
- For residents who do not meet the above criteria, consult with public health.