Missouri Interim Guidance for Long Term Care Facilities with Confirmed COVID-19 Cases

As COVID-19 rapidly spreads across the country, more nursing homes and assisted living communities will have residents develop COVID-19. When a resident develops COVID-19 in your facility, there are steps you can implement that may be able to limit the spread.

Administrative Actions

1) Consider suspending new admissions.
2) Review potential discharges with family or receiving facilities that residents are transferred to or must visit for care. State and/or Federal discharge notification requirements must be followed if the resident is being discharged from the facility.
3) Facilities may consider readmitting residents with a positive COVID-19 diagnosis based on their ability to care for such patients. Readmission to long term care for eligible patients from hospitals will help ensure availability of beds for COVID-19 patients with acute care needs. Refer to the CDC guidance on Discontinuation of Transmission-Based Precautions of Patients with COVID-19 in Healthcare Settings here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html
4) Ensure advance notification of appropriate health care entities, such as hospitals, medical transport, etc. of suspected or confirmed COVID-19 diagnoses within the facility.
5) Immediately notify the Local Public Health entity and the MO Department of Health and Senior Services Section for Long Term Care Regulation to coordinate patient and contact investigations.
6) Implement line listing of residents with symptoms, and share at least daily with public health contact(s).
7) Assess the ability of your facility to safely collect specimens for COVID-19 testing. Most local public health agencies do not currently provide this service. For more information on specimen collection-related infection control, please consult the Centers for Disease Control and Prevention recommendations, found here: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html#collection
8) Request testing from the Missouri State Public Health Laboratory for any residents with symptoms consistent with COVID-19 by calling the Missouri COVID-19 Information Hotline at 877-435-8411 and coordinate with the Local Public Health entity to acquire testing kits. Alternately, commercial testing may also be utilized if the facility has a contract with a private provider or if it will be more expedient for the facility to do so. Testing for asymptomatic individuals is not recommended under any circumstance or through any laboratory.

Visitor Management

1) Suspend visitor access to the facility except for end of life circumstances. Ensure proper infection control procedures outlined below are followed in these limited visiting situations.
2) Post "No visitors" signs on the doors, and consider limiting access through only one access point, ensuring that emergency egress can still be accomplished.

3) Ensure notification letters are distributed to family of residents so they are aware of restrictions at the facility[1]. If possible, consider ensuring availability of electronic communication between residents and families.

Resident Management

1) Suspend group dining and activities. Residents should stay in their rooms as much as possible. If a resident must leave their room for medically necessary reasons, they must wear a facemask and perform hand hygiene and social distancing measures, staying at least 6 feet from others.
2) Assess vital signs and check for symptoms at least daily, including temperature, cough or shortness of breath for all residents. Any other symptoms outside of the residents' normal baseline (increased fatigue, chest pain, sore throat, diarrhea, etc.) should be reason for further evaluation.
3) Execute a cohort plan to ensure that those that are ill are separated from those that are not ill. (https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Cohorting.pdf)
   a. When possible, care should be provided in a single-person room with the door closed.
   b. Residents should have dedicated bathrooms, as applicable, and should be restricted to their room to the extent possible.
   c. If a resident must leave their room for medically necessary reasons, they must wear a facemask and perform hand hygiene and social distancing measures, staying at least 6 feet from others.
4) Where possible, assign consistent staff to care for ill residents while cohort procedure is in place.
5) Initiate droplet precautions and standard precautions for all residents. Recent evidence suggests that transmission prior to symptom onset is possible, so each resident in a facility with a confirmed COVID-19 case should be under the same precautions in order to reduce spread of the disease within the facility.[2]
   a. Consider universal facemask use by healthcare personnel, and
   b. Use of full recommended PPE (gown, gloves, eye protection, and facemask) for healthcare staff that provide direct patient care for all residents.
   c. Ensure isolation carts and isolation supplies with isolation signs are outside resident rooms. Include signs to instruct staff on donning and doffing PPE.
6) Prior to entering and exiting the unit and resident room, healthcare personnel must perform hand hygiene by washing hands with soap and water or applying alcohol-based hand sanitizer.
7) Minimize visits into rooms by bundling patient care activities.
8) Assess the use and necessity of aerosolizing procedures (nebulizer treatments, suction, etc.). In consultation with the residents' health care providers, minimize aerosol generating procedures to only those that are essential.

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[1] American Health Care Association template letter:
https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Template%20Letter%20Resident%20Family%20Communication.docx
[2] https://www.cdc.gov/mmwr/volumes/69/wr/mm6913e1.htm?s_cid=mm6913e1_w

9) When performing aerosolizing procedures, or if a resident's cough is heavy or productive:
   a. Staff should utilize full PPE including an N95 respirator
   b. The number of staff should be minimized

Staff Management

1) Ensure access to supplies for hand hygiene in resident rooms, as well as easy availability for staff and encourage frequent use.
2) Assess the amount of PPE available and necessary for staff use.
   a. Use the CDC PPE burn rate calculator to anticipate PPE needs: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html
   b. Attempt to obtain necessary PPE from vendors, including partial shipments
   c. Visit the MO DHSS COVID-19 site for Health Care Professionals to request PPE assistance: https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/professionals.php
3) Assess training needs of staff (hand hygiene, donning and doffing of PPE, infection control measures, etc.) and provide as needed. Include audits and spot checks for hand hygiene.
4) Actively monitor and record signs and symptoms of fever or respiratory illness of all staff at the beginning of each shift.
   a. Log temperature and any symptoms.
   b. Provide clear instructions, including posting them in writing, for ill staff regarding when to stay home and how to seek health care and/or COVID-19 testing.
      i. Staff without close contact to confirmed case should be excluded with fever (measured or reported subjective fever), cough, or shortness of breath
      ii. Staff with close contact to confirmed case should be excluded when any new symptoms that could be consistent with COVID-19 are reported, including:
         - Measured or reported subjective fever
         - Cough
         - Shortness of breath
         - Sore throat
         - Loss of taste/smell
         - Diarrhea
         - Nausea
         - Vomiting
         - Headache
         - Myalgia
         - Fatigue
         - Malaise
   c. Ensure they know to contact the healthcare facility ahead of arrival and identify themselves as a possible COVID-19 contact.
   d. If possible, check in daily with ill staff members that are at home.

5) Ensure staff are educated to notify other facilities they are work with that they are working at a facility with COVID-19 case(s).
6) Ensure contingencies are in place for high staff absenteeism.
7) Consult the CDC guidance on staff who may have been exposed to a COVID-19 positive case (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).
   a. In general, staff who have been exposed to a COVID-19 positive case and fall within the medium or high risk categories should exclude themselves for work while monitoring for symptoms.
   b. During times of high staff absenteeism and when other staffing options have been exhausted such that patient care would be compromised, exposed but *asymptomatic* staff *may* work with the following in place for 14 days after the last exposure:
      i. Staff must remain asymptomatic while performing resident care
      ii. Staff must wear facemasks during their entire shift
      iii. Monitoring must continue for fever and respiratory symptoms through the facility employee health program before each shift
      iv. Staff must immediately remove themselves from resident care if they begin to exhibit any signs or symptoms
8) Consider providing childcare services for staff.

Environmental Management

1) Ensure that appropriate EPA disinfectants are being used according to instructions for dilution and contact times. https://www.epa.gov/sites/production/files/2020-03/documents/sars-cov-2-list_03-03-2020.pdf
2) Implement at least daily cleaning and disinfection of resident rooms.
3) Implement cleaning and disinfection several times a day for high touch surfaces in the facility, such as doorknobs and countertops.
4) Consider dedicated environmental services staff for specific zones in the facility, at a minimum assigning according to cohort (well, ill) status.
5) Use dedicated medical equipment where possible for each resident and sanitize rental and shared equipment prior to use.
6) Ensure personnel providing laundry services are using appropriate PPE and performing hand hygiene after gathering clothing and linens.