

VDH COVID-19 Interim Guidance for Outbreaks in Nursing Homes and Long-Term Care Facilities as of March 25, 2020

The [Centers for Disease Control and Prevention \(CDC\)](#) and the [Virginia Department of Health \(VDH\)](#) recommend extensive community mitigation activities to support slowing the spread of COVID-19 and other respiratory virus infections. Recommended approaches should be used to minimize morbidity and mortality and to protect the most vulnerable populations. Individuals, communities, businesses, and healthcare organizations are all part of a community mitigation strategy. Special consideration and attention should be paid to long-term care and nursing home facilities given their congregate settings and the vulnerable resident population.

A COVID-19 outbreak in a long-term care facility or nursing facility is defined as a suspected if one confirmed COVID-19 case and additional related cases with signs or symptoms are identified and as a confirmed if two lab-confirmed cases with links outside of a household setting are identified. Outbreaks require interventions to be put in place for the community and the individual healthcare setting.

Implementation of these interventions are essential for protecting the healthcare system and slowing the spread within the community. If infected, residents are at highest risk for morbidity and mortality. Ill healthcare personnel (HCP) or visitors might be the most likely sources of introduction of COVID-19 to these facilities. Visitor restriction and HCP screening for fever and respiratory symptoms are essential to reducing the impact of outbreaks in such settings.

Steps to Take Now (Before an Outbreak)

- Review and stay up to date on CDC's recommendations regarding COVID-19 in healthcare facility settings. As of this writing, these include: [Interim Guidance for Healthcare Facilities](#), [Strategies to Prevent Spread of COVID-19 in Long-Term Care Facilities](#), and [Steps Healthcare Facilities Can Take](#). CDC has developed a [COVID-19 preparedness checklist for nursing homes and other long-term care settings](#), which should be used to guide preparations and is summarized below:
- Develop a structure for planning and decision making
- Ensure that COVID-19 has been incorporated into emergency management planning for the facility
- Develop a multidisciplinary planning team and assign roles
- Develop a written COVID-19 plan
 - Elements of a COVID-19 Plan should include
 - *Rapid identification and management of ill residents*
 - *Consideration for visitors and consultant staff*
 - *Supplies and resources*
 - *Sick leave policies and other occupational health considerations*
 - *Education and training*
 - *Surge capacity for staffing, equipment and supplies, and postmortem care*
- Keep COVID-19 from entering your facility:
 - Restrict visitors except for compassionate care situations
 - For compassionate care situations, require the visitor to wear a mask and perform hand hygiene and escort the visitor directly to and from the resident's room
 - Restrict all volunteers and non-essential HCP

- Consider teleworking for appropriate staff
 - Actively screen all HCP for fever and respiratory symptoms before starting each shift; send them home if they are ill
 - Provide sick leave to encourage adherence
 - Cancel all field trips outside of the facility
 - Have residents who must leave the facility for medically necessary purposes wear a face mask
- Identify infections early:
 - Actively screen all residents at least daily for fever and respiratory symptoms; immediately isolate anyone who is symptomatic. Consider atypical symptoms such as new or worsening malaise, altered mental status, new dizziness, and diarrhea.
 - Notify the health department if individuals with known or suspected COVID-19 are identified, if severe respiratory infection is identified, or if clusters (≥ 3 residents and/or HCP) are identified with respiratory infection.
- Prevent spread of COVID-19
 - Cancel all group activities and communal dining
 - Enforce social distancing among residents and staff

Steps to Take during an Outbreak

- Immediately notify the [local health department](#)
- Coordinate with the local health department for testing to confirm a COVID-19 outbreak as recommended (testing of 3-5 ill residents/staff)
 - Additional testing of symptomatic staff with direct contact to a confirmed case will be prioritized by public health.
- In addition to continuing with steps taken prior to an outbreak, take the following actions:

Facility Wide:

- Implement appropriate environmental cleaning and disinfection of all areas. Refer to CDC's [environmental cleaning and disinfection guidance for healthcare facilities](#).
 - Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified for use against SARS-CoV-2, the coronavirus that causes COVID-19.
- Consider suspension of new admissions to facilities.
- Consider short-term closures as needed (if feasible) for cleaning and contact tracing.
- Consider longer-term closures or quarantine of facility until outbreak resolves.
- Maintain a line list of affected residents and staff

Staff:

- Implement universal use of facemask for HCP while in the facility if PPE inventory allows.
 - Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator or facemasks) for the care of all residents, regardless of presence of symptoms. Implement protocols for extended use of eye protection and facemasks.
- Implement protocols for cohorting staff
- Assess HCP exposures to known cases with guidance from the local health department as needed
- For impacted HCP, refer to [CDC's Criteria for Return to Work for HCP with Confirmed or Suspected COVID-19](#). While testing is limited, VDH recommends a non-test-based strategy.
 - *Test-based strategy*. Exclude from work until:
 - Resolution of fever without the use of fever-reducing medications **and**

- Improvement in respiratory symptoms **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected \geq 24 hours apart.
- *Non-test-based strategy.* Exclude from work until:
 - At least three days have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms **and**
 - At least 7 days have passed since symptoms first appeared.
- Permit asymptomatic, exposed HCP to return to work as needed to maintain staffing capacity if they can adhere to:
 - Wearing a mask at all times while in the healthcare facility until all symptoms are complete resolved or until 14 days after illness onset
 - Restrict contact with severely immunocompromised patients until 14 days after illness onset
 - Adhere to hand hygiene, respiratory hygiene, and cough etiquette
 - Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

Residents:

- Restrict residents 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.
- Implement protocols for cohorting ill residents with dedicated HCP.