Frequently Asked Questions (FAQs) on COVID-19 in Long-term Care Facilities (LTCFs)

Long-term care facilities (LTCFs) provide a variety of medical and non-medical services to people who have a chronic disease or disability. These settings may include but are not limited to: nursing homes/skilled nursing facilities, inpatient rehabilitation facilities, assisted living facilities (ALFs), hospice, and senior day care services.

What is COVID-19?

COVID-19 stands for coronavirus disease 2019 (referring to the year it was first identified). COVID-19 is a new respiratory disease caused by a recently discovered coronavirus. The new virus caused an outbreak in Wuhan, China in December 2019, and since then it has been spreading locally and globally. There have been instances of COVID-19 community spread in the United States.

What are the symptoms of COVID-19?

The most common symptoms of COVID-19 are fever, and respiratory symptoms like cough and shortness of breath (difficulty breathing). Some patients may have aches and pains, nasal congestion, runny nose, sore throat, or diarrhea. These symptoms are usually mild and begin gradually. Some people might become infected but not develop any symptoms at all. More severe cases of the infection can lead to pneumonia and there have been some deaths.

Are residents in LTCFs at risk for serious illness from COVID-19?

While we are still learning about how COVID-19 affects people, older persons and persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) appear to develop serious illness more often than other people.

How does COVID-19 spread?

There is still much that is unknown about the virus that causes COVID-19. Based on the information we have so far, the virus that causes COVID-19 appears to spread from person to person by respiratory droplets, such as when a person coughs or sneezes. Respiratory droplets might land on objects and surfaces around the infected person. Other people can catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth.

Are there any medications that can prevent or cure COVID-19?

To date, there is no vaccine and no specific antiviral medicine to prevent or treat COVID-19. Most people (about 80%) recover from the disease without needing special treatment. Patients infected with COVID-19 should receive supportive care to relieve symptoms, while patients with serious illness should be hospitalized. Currently, possible vaccines and some specific drug treatments are under investigation.

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What should a LTCF do if they notice a cluster of respiratory illness among residents?

Immediately contact your local health department for assistance and further guidance. Per the Virginia disease reporting regulations, all suspected clusters or outbreaks of any illness should be immediately reported to the local health department by the most rapid means available.

Is there a guidance to prevent the introduction and/or the spread of COVID-19 into LTCFs?

Yes. CDC and VDH developed guidance to prevent the spread of the virus causing COVID-19 in LTCFs based on what is currently known about this virus. 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.

Please refer to the CDC website, VDH website, and CMS guidance periodically for updated recommendations.

What are the current VDH recommendations to prevent the introduction of COVID-19 into LTCFs?

- Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
- Facilities should increase visible signage at entrances/exist, offer temperature checks, increase availability of hand sanitizer, and offer facemasks for individuals entering the facility.
- Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.
- Assess resident's symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.

How should facilities monitor or restrict healthcare facility staff?

- Healthcare personnel (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff member who develops signs and symptoms of a respiratory infection while on-the-job should:

    1) Immediately stop work, put on a facemask, and self-isolate at home.
    2) Inform the facility's Infection Preventionist, and include information on locations where the person spent time, including contact with residents and/or equipment.
    3) Contact and follow the local health department recommendations for next steps (e.g., testing).

- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

Should my facility monitor or restrict visitors? How?

1) Yes. Facilities should restrict all visitation except for certain compassionate care situations (e.g., end of life). Potential visitors should be screened before entering the facility for fever and other respiratory symptoms. Those with symptoms shall not be permitted to enter. Visitors that are permitted inside the facility must wear a facemask, and be reminded to frequently perform hand hygiene. They should walk through a designated pathway and be restricted to the resident's room.
2) It is highly advised to send a letter or emails to families informing and updating them about the situation and measures the facility is taking to protect residents and their loved ones, including visitation restrictions and what alternative methods for visitation will be facilitated by the facility.

What should I do if I suspect one of my employees/residents/visitors is infected with COVID-19?

You should immediately contact your local health department for consultation and further guidance.

What measures should I take to prevent the spread to COVID-19 in my facility?

- Educate residents, employees and visitors.
- Monitor residents and employees for fever or respiratory symptoms.
- Restrict residents with fever or acute respiratory symptoms to their room. However, if they must leave the room for medically necessary procedures, have the ill residents wear a facemask (if tolerated).
- For care of residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).
- Healthcare personnel should monitor their local and state public health sources to understand COVID-19 activity in their community to help inform their evaluation of individuals with unknown respiratory illness.
- Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.
- Put alcohol-based hand rub in every resident room (ideally both inside and outside of the room). Make sure tissues are available and any sink is well stocked with soap and paper towels for hand washing.

- Identify dedicated employees to care for COVID-19 patients and provide infection control training.
- Provide and actively monitor the appropriate supplies to ensure easy and correct use of PPE. Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE. Make PPE, including facemasks, eye protection, gowns, and gloves, available immediately outside of the resident room. Position a trash can near the exit inside any resident room to make it easy for employees to discard PPE.
- Screen all HCP at the beginning of their shift for fever and respiratory symptoms.
- HCP who work in multiple locations may pose higher risk and should be asked about exposure to facilities with recognized COVID-19 cases.
- Actively monitor all residents (at least daily) for fever and respiratory symptoms.
- Consider implementing universal use of facemasks for HCP while in the facility

What additional measure should LTCFs take during COVID-19 outbreak, before there are any cases in their community or facility?

- Cancel group activities inside the facility or field trips outside of the facility.
- Cancel large gatherings 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.
- Prepare alternative options for meal delivery and assistance.

How should my facilities interact with volunteers and third party vendors?

Facilities should restrict all volunteers, non-essential staff and programs with external staff (e.g., barber). In addition, facilities should review how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers, other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock).

What additional measures should LTCFs take during a COVID-19 outbreak, when there are cases in their facility or sustained transmission in their community?

- 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 limit his or her visit to the resident's room.
- 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.
- 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.
- Consult with public health authorities for additional guidance.

When should LTCFs consider transferring a resident with suspected or confirmed COVID-19 to a hospital?

If the resident's symptoms are mild, there is no need to transfer the person to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. If the resident develops more severe symptoms and requires transfer to a hospital for a higher level of care, the following precautions should be implemented:
- Before transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis
- Pending transfer, place a facemask on the resident and isolate him/her in a room with the door closed.
- Placing a facemask on the resident during transfer.
- Report any possible COVID-19 illness in residents to the local health department.

Are there specific considerations for transferring a resident with suspected or confirmed COVID-19 to hospice care?

Yes. Refer to the CMS guidance https://www.cms.gov/files/document/qso-20-16-hospice.pdf.

Are there specific recommendations for environmental cleaning and disinfection in LTCFs with suspected or confirmed COVID-19 cases?

If you have a suspected or confirmed COVID-19 case at your facility, ensure that recommended environmental cleaning and disinfection procedures are followed consistently and correctly. Routine cleaning and disinfection procedures are appropriate for the virus causing COVID-19 in any healthcare settings. Products with EPA-approved emerging viral pathogens claims are recommended for use against the virus that causes COVID-19.

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What are the recommendations to manage laundry and medical waste for residents with suspected or confirmed COVID-19?

Based on current information, VDH does not have specific recommendations in that regard. Management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures.

What should I do if I have a resident with suspected or confirmed COVID-19 and I do not have an airborne infection isolation room (AIIR) in my facility?

LTCFs with residents suspected of having COVID-19 infection should contact their local health department.

Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming:
1) The resident does not require a higher level of care and
2) The facility can adhere to the other infection prevention and control practices recommended for caring for a resident with COVID-19.

If the resident no longer requires admission to a LTCF, can the person be discharged home?

Yes. In consultation with your local or state public health authorities, residents can be discharged home if deemed medically and socially appropriate.

When should a LTCF accept a resident who was diagnosed with COVID-19 from a hospital?

A LTCF can accept a resident diagnosed with COVID-19 and still under Transmission Based Precautions for COVID-19 if the facility can follow CDC guidance for Transmission-Based Precautions. If a LTCF cannot provide care while maintaining appropriate precautions, the facility cannot accept the resident until precautions are discontinued for the patient. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions for persons with laboratory-confirmed COVID-19. CDC states that decisions to discontinue Transmission-Based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials.

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What resources are available for facilities to help improve infection control and prevention?

- Long-Term Care Infection Prevention Assessment Tool for COVID-19: http://www.vdh.virginia.gov/content/uploads/sites/182/2020/03/COVID-19-Nursing-Home-Infection-Prevention-Assessment-Tool.docx

- CDC guidance for using PPE: www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

- CDC resources for healthcare facilities: www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html

- CDC Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes: www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

- CDC Guidance for Retirement Communities and Independent Living https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/index.html

- CDC guidance for Healthcare Facilities Preparation for Community Transmission https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html

- CDC updates: www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html

- CMS Revised Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes: https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf

- CDC and CMS Nursing Home Infection Preventionist Training Course: www.cdc.gov/longtermcare/index.html