

VDH COVID-19 Guidance for Nursing Homes

Topic	Summary of Recommendation	Recommending Agency* and Resource Links
General Prevention Measures	<p>Goals: Early detection of possible infection, swift isolation of ill individuals, and interruption of potential exposure pathways.</p> <p>Continue to maintain at least 6 foot distancing between all residents and staff (except when staff are providing direct care to residents), universal requirement for masks (also known as cloth face coverings) for residents, staff, and visitors, frequent hand hygiene or hand sanitizing, proper use of personal protective equipment (PPE), cleaning and disinfecting of surfaces, and daily screening of staff and residents on each shift, including temperature and symptom checks, and isolation of those with symptoms. Some of these recommendations can be modified in response to COVID-19 vaccination. Assign an individual with training in infection prevention and control to provide onsite management of all COVID-19 prevention and response activities. Even as nursing homes resume normal practices and begin relaxing restrictions, nursing homes must sustain core IPC practices and remain vigilant for SARS-CoV-2 infection among residents and HCP in order to prevent spread and protect residents and HCP from severe infections, hospitalizations, and death.</p>	<p>CDC: Preparing for COVID-19 in Nursing Homes - www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination- https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html</p>
Hand Hygiene	<p>Use alcohol-based hand rub (ABHR) with 60% ethanol or 70% isopropanol as the primary method for hand hygiene in most clinical situations. Perform hand hygiene at appropriate times before and after touching a resident, between residents and frequently during care.</p>	<p>CDC: Hand Hygiene Recommendations - www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html Clean Hands Count Campaign - https://www.cdc.gov/handhygiene/campaign/index.html</p>
Personal Protective Equipment (PPE)	<p><u>Standard Precautions should be followed for the care of all residents at all times.</u> This involves the practice of hand hygiene and respiratory etiquette, safe injection practices, and the use of PPE when contact with blood, body fluids, wounds, etc. is possible.</p>	<p>CDC: Using PPE - www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html</p>

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	<p>When a staff member needs to enter a resident’s room or care area, <u>gloves</u> should be added to Standard Precautions.</p> <p>A <u>gown and eye protection</u> should be added when performing an aerosol-generating procedure; during care activities where splashes and sprays are anticipated; and during high-contact resident care activities, such as dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, or wound care. Proper donning (putting on) and doffing (taking off) procedures must be followed.</p> <p><u>Once personal protective equipment (PPE) supplies and availability return to normal, healthcare facilities should promptly resume conventional practices.</u></p>	<p>Optimizing Personal Protective Equipment (PPE) Supplies- https://www.cdc.gov/coronavirus/2019-ncov/hcp/pp-e-strategy/index.html</p> <p>VDH: Aerosol-Generating Procedures - www.vdh.virginia.gov/content/uploads/sites/182/2020/05/AGPs-and-COVID-19_FINAL_v3.pdf</p>
PPE for COVID-19	<p>The resident must be isolated in his or her room with the door closed, and healthcare personnel (HCP) should <u>wear all recommended PPE</u> during the care of <u>that resident</u>. This includes fit-tested respirator or facemask (if fit-tested respirator is not available or fit-testing has not been conducted for a staff member), eye protection (i.e., face shield that covers the front and sides of the face or goggles), gloves, and a gown.</p> <p>In some circumstances (e.g., memory care units), keeping the door closed may pose resident safety risks and the door might need to remain open. If doors must remain open, work with facility engineers to implement strategies to minimize airflow into the hallway.</p>	<p>CDC: Infection Control in Nursing Homes - www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html</p> <p>Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes- https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</p>
Cohorting	<p>Designate an area (e.g., a wing, ward, floor or end of a hallway) to care for residents with COVID-19</p> <ul style="list-style-type: none"> • A physically separated area with clear signage • COVID-19 positive and negative residents should not share common areas or bathrooms • Dedicate equipment and staff to each cohort to the extent possible. If equipment must be shared, clean and disinfect before and after each use. • Ensure that high-touch surfaces in staff break rooms and work areas are frequently cleaned and disinfected (e.g., each shift). 	<p>CDC: Responding to COVID-19 in Nursing Homes - www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</p> <p>VDH Quarantine Recommendations for Exposed individuals in Healthcare Settings- https://www.vdh.virginia.gov/content/uploads/sites/182/2021/03/Quarantine-Recommendations-for-Exposed-Individuals-in-Healthcare-Settings-.pdf</p>

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	<p>As space allows, it is recommended to cohort known COVID-19 positive residents, cohort new admissions with an unknown status, and cohort current, healthy asymptomatic residents, separately from each other with designated staffing for each group.</p> <p>If possible, HCP working on the COVID-19 care unit should have access to a restroom, break room, and work area that are separate from HCP working in other areas of the facility.</p>	
<p>Environmental Cleaning and Disinfection</p>	<p>Ensure appropriate environmental cleaning and disinfection of all areas according to a set schedule and as needed whenever environmental contamination may have occurred.</p> <p>Use disinfectants approved by EPA for use against the virus that causes COVID-19. Refer to List N on the EPA website, and follow EPA’s 6 Steps for Safe and Effective Disinfectant Use.</p> <p>High-touch surfaces should be cleaned and then disinfected on each shift. High touch surfaces include, but are not limited to bed rails, bed frames, bedside tables, call bells, remote controls, room chairs, and light switches.</p> <p>Shared equipment should be cleaned and disinfected before and after each use.</p> <p>Cleaning on COVID-19 units may need to be delegated to clinical staff to reduce the number of staff interacting with COVID-19 positive residents. All staff in a unit need to have a clear understanding of who is responsible for cleaning what items and surfaces and the proper methods of doing so to ensure there are no inadvertent gaps in cleaning services.</p> <p>Ensure HCP are appropriately trained on its use and follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method, and contact time).</p> <p>If possible, do not allow environmental services staff to work across units or floors.</p>	<p><u>CDC:</u> Environmental Cleaning and Disinfection Guidance - https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</p> <p><u>EPA:</u> 6 Steps for Safe and Effective Disinfectant Use - www.epa.gov/sites/production/files/2020-04/documents/disinfectants-onepager.pdf</p>
<p>Linens and Laundry</p>	<p>Manage laundry, food service utensils, and medical waste in accordance with routine procedures. Wash hands after handling dirty items.</p>	<p><u>CDC:</u> Infection Prevention and Control Recommendations - www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</p>

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		Cleaning and Disinfecting Your Facility - www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility-H.pdf
New Admissions/ Readmissions	<p>Facilities should create a plan for managing new admissions and readmissions.</p> <p>In general, all new admissions and readmissions should be placed in a 14-day quarantine, even if they have a negative test upon admission. Exceptions include residents within 3 months of a SARS-CoV-2 infection and fully vaccinated residents as described in CDC’s Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination.</p> <p>VDH recommendations for discharging hospitalized patients with a COVID-19 diagnosis to long-term care (LTC) are presented as a flow diagram. Transfer decisions are based on COVID-19 test results, clinical status, and the ability of the accepting facility to meet care needs and adhere to infection prevention and control practices.</p> <p>Meeting the criteria for discontinuation of transmission-based precautions is not a prerequisite for discharge from the hospital, and testing is not required before transfer.</p> <p>Quarantine is currently not required for residents, regardless of vaccination status, leaving the facility for less than 24 hours <u>who are asymptomatic and have not had close contact with someone infected with SARS-CoV2</u>. However, facilities might consider quarantining residents based on an assessment of risk, uncertainty exists about adherence or adherence of those around them to recommended IPC practices.</p>	<p>CDC: New Admissions and Residents who Leave the Facility - https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#new-admissions</p> <p>VDH: Recommendations for Hospitalized Patients Being Discharged to a Long-Term Care Facility During the COVID-19 Pandemic - https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDHTransferGuidance_8.24.2020.pdf</p>
Visitation	<p>On April 27, 2021, CMS published an updated guidance on nursing home visitation which aligns with the CDC’s Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination. The guidance establishes criteria for when indoor visitation can occur and differentiates ways to facilitate indoor visitation based on the COVID-19 locality (city/county) positivity rate and the</p>	<p>CMS: Visitation Guidance for Nursing Homes - https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf</p>

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	<p>percentage of fully vaccinated residents in the facility. Facilities may use positivity rate data from either the CMS or VDH website as long as they document the data source and consistently use the same source.</p> <p>Facilities should allow indoor visitation at all times and for all residents (<u>regardless of vaccination status</u>), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times).</p> <p>These scenarios include limiting indoor visitation for:</p> <ul style="list-style-type: none"> • Unvaccinated residents, if the nursing home’s COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated • Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions • Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine. 	<p>PCR Test Positivity Rate Data - data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg</p> <p>VDH: PCR Test Positivity Rates by Locality - www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/covid-19-in-virginia-pcr-positivity-rates/</p>
Testing	<ul style="list-style-type: none"> • Any staff or resident with symptoms of COVID-19, regardless of vaccination status, should receive a viral test immediately. • Asymptomatic HCP with a higher-risk exposure and patients or residents with prolonged close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately and 5–7 days after exposure. • In healthcare facilities with an outbreak of SARS-CoV-2, recommendations for viral testing HCP, residents, and patients (regardless of vaccination status) remain unchanged. • Routine testing of asymptomatic HCP (for healthcare facilities that are performing screening testing) should be considered for unvaccinated HCP. However, <u>asymptomatic fully vaccinated HCP who do not have a known exposure, can be excluded from routine screening testing.</u> 	<p>CMS: LTC Facility Testing Requirements - www.cms.gov/files/document/gso-20-38-nh.pdf</p> <p>CDC: Testing Guidelines for Nursing Homes - www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html</p> <p>CMS: PCR Test Positivity Rate Data - data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg</p> <p>VDH: PCR Test Positivity Rates by Locality - www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/covid-19-in-virginia-pcr-positivity-rates/</p>

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<p>Vaccination Planning</p>	<ul style="list-style-type: none"> Facilities should encourage their staff and residents to get vaccinated against SARS-CoV2. The Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at Your Facility provides resources including information on preparing for vaccination, vaccination safety monitoring and reporting, frequently asked questions, and printable tools. Weekly vaccination numbers of nursing home residents and HCP should be reported into the NHSN LTCF Weekly HCP & Resident COVID-19 Vaccination module. Guidance on adjustment to IPC recommendations following vaccination is available in CDC’s Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination Provide influenza vaccination for all residents and staff for the 2020-2021 influenza season. Consider tracking and monitoring weekly influenza vaccination data for residents and staff through CDC’s National Healthcare Safety Network (NHSN). 	<p><u>CDC:</u> Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination- https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html Weekly COVID-19 Vaccination Data Reporting (NHSN) - https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html www.cdc.gov/flu/season/protect-your-health.html Weekly Influenza Vaccination Data Reporting (NHSN) - www.cdc.gov/nhsn/ltc/vaccination/index.html <u>VDH:</u> COVID-19 Vaccination Response - https://www.vdh.virginia.gov/immunization/covid19vaccine/</p>
<p>Communication</p>	<p>Routinely update residents and families about the status of COVID-19 and pandemic response activities in the facility. Discuss concerns about disease, infection prevention, laboratory testing, etc. with the local health department.</p>	<p>Sample letters for resident and family communication are available at the bottom of the LTC Task Force website: www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/ VDH local health department contact information - https://www.vdh.virginia.gov/local-health-districts/</p>
<p>Reporting</p>	<ul style="list-style-type: none"> Report suspected and confirmed cases and outbreaks of COVID-19 to the local health department. Enroll in NHSN and enter data on the impact of infections on residents and staff, PPE supplies, staffing shortages, ventilator 	<p><u>VDH:</u> <i>Virginia Regulations for Disease Reporting and Control (12 VAC 5-90-80)</i> POC Reporting Portal - apps.vdh.virginia.gov/POCreporting</p>

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	<p>capacity and supplies, and monoclonal therapeutic availability and use.</p> <ul style="list-style-type: none"> • Report all results (positive and negative) from point-of-care (POC) diagnostic tests for COVID-19 through the VDH POC Portal or NHSN. • According to the Emergency Standard of the Virginia Department of Labor and Industry (DOLI), all staff cases must be reported to the Virginia Department of Health using the online disease reporting portal and if three or more employees test positive within a 14-day period a report must be submitted to DOLI. • Report COVID-19 cases to the VDH Office of Licensure and Certification (OLC) using the Facility Reported Incident form. 	<p>OLC Facility Reported Incident Form - www.vdh.virginia.gov/content/uploads/sites/96/2019/03/Facility-Reported-Incident.pdf</p> <p>CDC: NHSN LTC Module - www.cdc.gov/nhsn/ltc/covid19/index.html LTC Module Enrollment - www.cdc.gov/nhsn/ltc/covid19/enroll.html</p> <p>CMS: Requirements for Reporting SARS-CoV-2 Test Results - www.cms.gov/files/document/gso-20-37-clianh.pdf</p> <p>DOLI: Emergency Temporary Standard - www.doli.virginia.gov/wp-content/uploads/2020/07/RIS-filed-RTD-Final-ETS-7.24.2020.pdf VDH Portal for Reporting Under the DOLI Emergency Temporary Standard - redcap.vdh.virginia.gov/redcap/surveys/?s=LRHNP89XPK</p>
<p>Training</p>	<p>Before providing care to a person with COVID-19, HCP must:</p> <ol style="list-style-type: none"> 1) Receive comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE. 2) Get fit-testing for respirator use if providing direct care for COVID-19 positive residents. 3) Demonstrate competency in performing appropriate infection control practices and procedures. 	<p>CDC LTC mini webinars:</p> <ul style="list-style-type: none"> • Sparkling Surfaces - https://youtu.be/t7OH8ORr5Ig • Clean Hands - https://youtu.be/xmYMUly7qiE • Closely Monitor Residents - https://youtu.be/1ZbT1Njv6xA • Keep COVID-19 Out! - https://youtu.be/7srwrF9MGdw • PPE Lessons - https://youtu.be/YYTATw9yav4 <p>CMS training video: qioprogram.org/cms-cdc-fundamentals-covid-19-prevention-nursing-home-management</p>
<p>Special Situations</p>	<p>CMS defines a SARS-CoV2 outbreak as a new COVID-19 infection in any healthcare personnel (HCP) or any nursing home-onset COVID-19 infection in a resident.</p>	<p>CMS:</p>

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	<p>Outbreak response should be coordinated with the local health department. The health department will advise on laboratory testing and disease control recommendations. For outbreak situation, all staff and residents should be tested, regardless of vaccination status, and all staff and residents that tested negative should be retested every 3 days to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.</p> <p>Testing might be conducted for multiple pathogens during outbreaks of respiratory illness, especially during influenza season.</p>	<p>Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID19 Focused Survey Tool- https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf</p> <p>VDH: https://www.vdh.virginia.gov/local-health-districts/</p>
Special Populations	<p>Residents who receive hemodialysis – infection prevention and control recommendations are provided for residents who regularly visit outpatient hemodialysis centers because they are a group at increased risk for exposure and are vulnerable to disease.</p>	<p>VDH: Management of Hemodialysis Patients Residing in Long Term-Care Facilities- https://www.vdh.virginia.gov/content/uploads/sites/182/2021/04/Management-of-hemodialysis-patients-residing-in-LTCFs.pdf</p>
Tools	<p>Infection Prevention and Control (IPC) Assessment Tool Daily COVID-19 Screening Log COVID-19 Outbreak Line List</p>	<p>VDH: IPC Tool available under VDH Primary Resources at www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/ Screening Log and Outbreak Line List are available under Guidance for All LTCFs on that same site.</p>

* CDC is continually updating guidance and recommendations may change accordingly.

Agency Acronyms:

CDC – Centers for Disease Control and Prevention

CMS – Centers for Medicare and Medicaid Services

DOLI - Virginia Department of Labor and Industry

EPA - Environmental Protection Agency

VDH – Virginia Department of Health