FAQs for Long Term Care Facilities during COVID19

Your job is never easy, but right now it's especially hard. Caring for your residents is vital to our community, and we deeply appreciate you.

Included below are some FAQ's. If you have any other questions not answered below please contact Lisa Morgan at 919-545-8309 or lisa.morgan@chathamnc.org

We are running low on PPE and other supplies. What should we do?

If PPE or other supplies are critically low (<48 hour supply), LTC Facilities may now order directly from the State by submitting a request to: https://nc.readyop.com/fs/4cig/e5e0. If you order from the state, please send a screenshot to em@chathamnc.org.

How do we conserve our PPE?

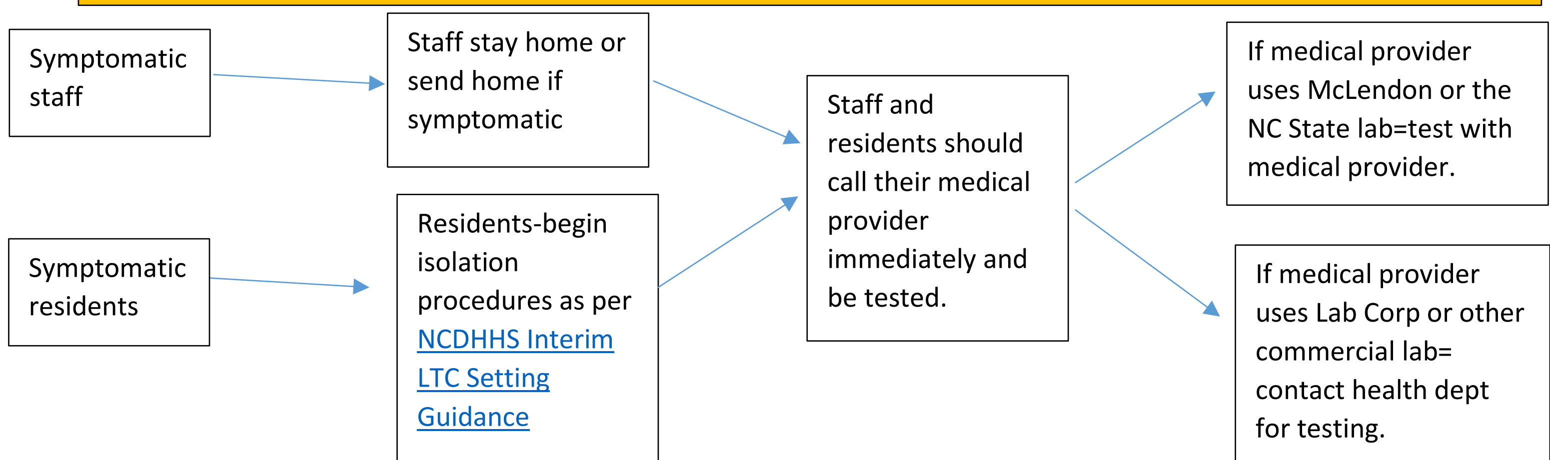
CDC has a website set up with strategies for optimizing the supply of PPE for COVID-19. CDC's PPE Conservation Strategy

Can homemade surgical masks be worn?

Using homemade surgical masks is a facility decision, but should only be considered for day to day use with residents not experiencing any illness symptoms.

If residents are experiencing symptoms of COVID 19 and the facility no longer has masks then health care workers might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort. However, homemade masks are not considered PPE, since their capability to protect HCP is unknown. Caution should be exercised when considering this option. Homemade masks should ideally be used in combination with a face shield that covers the entire front (that extends to the chin or below) and sides of the face.

What happens if a resident or staff is showing symptoms of COVID19?



We have a case of COVID19 in the facility. We should we do?

A. <u>Provide treatment according to standard protocols with the following considerations included:</u>

- Limit number of healthcare providers to minimize possible exposures.
- Healthcare personnel use contact AND airborne precautions INCLUDING eye protection (e.g., goggles or face shield). Please note: Airborne precautions include use of NIOSH-approved fit-tested N95 mask or higher.
- Use disposable or dedicated noncritical patient care equipment (e.g., blood pressure cuffs). If equipment will be used for another resident, clean and disinfect according to manufacturer guidelines before use.

B. **<u>Limit opportunities for the infection to spread to others in the facility.</u>**

- Place the resident in a private room (if available) with access to their own bathroom.
- Group (cohort) residents in a unit or wing with similar symptoms or diagnoses.
- Group (cohort) staff/caregivers to care for COVID-19 residents in your facility.
- Make sure that these employees are aware of infection prevention guidance and know how to use appropriate PPE. Only these caregivers should enter the resident's room.
- A designated caregiver should be available at all times to provide necessary care to COVID-19
- Consider closing units/wings where symptomatic residents reside, to decrease the risk of exposure to asymptomatic residents.
- Close communal dining areas.
- Cancel activities and events in the facility where many people assemble together.

C. <u>Limit opportunities for the infection to spread to other facilities.</u>

- If resident requires hospitalization, call 911 and notify the operator that the resident has COVID-19 so the EMS workers can take appropriate precautions.
- If resident is transferred, notify the receiving facility that the resident has COVID-19.

D. <u>Other considerations:</u>

- **Limit how germs can enter the facility.** Cancel elective procedures, use telemedicine when possible, limit points of entry and manage visitors, screen patients for respiratory symptoms, encourage patient respiratory hygiene using alternatives to facemasks (e.g., tissues to cover cough).
    - **Minimize chance for Exposures**
    - **Adhere to standard and transmission based precautions**
    - **Manage Visitors access and movements within the facility**

- Implement Engineer Controls
    - **Implement CDC's Environmental Infection Control**
- **Isolate symptomatic patients as soon as possible.** Set up separate, well-ventilated triage areas, place patients with suspected or confirmed COVID-19 in private rooms with door closed and private bathroom (as possible), prioritize AIIRs for patients undergoing aerosol-generating procedures.
    - **Patient Placement**
    - **Take Precautions when performing Aerosol-Generating procedures**
    - **Collection of Diagnostic Respirator Specimens**
- **Protect healthcare personnel.** Emphasize hand hygiene, install barriers to limit contact with patients at triage, cohort COVID-19 patients, limit the numbers of staff providing their care, prioritize respirators and AIIRs for aerosol-generating procedures, implement PPE optimization strategies to extend supplies.
    - **Monitor and Manage Ill and Exposed Healthcare Personnel**
    - **Educate and Train Healthcare Personal**

For more detailed information, visit CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

Do we need to notify the health department if we have a COVID19 case at the facility?

Yes. Contact Chatham County Health Department's Communicable Disease Nurses at 919-742-5641 or 919-545-1759

What cleaning and disinfection recommendations should we follow?

- **Clean all touchable surfaces**, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables daily, or as needed. Also, clean any surfaces that may have blood, body fluids, and/or secretions or excretions on them.

- **Launder linens** (e.g. clothing, bedding) contaminated with blood, body fluids and/or secretions or excretions at the warmest temperatures recommended on the item's label.

- **Dedicate medical equipment** (i.e. blood pressure cuffs, thermometers, etc.) should be used when caring for patients with known or suspected COVID-19.

- **Use disposable medical equipment, if possible**. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.

- **Ensure that environmental cleaning and disinfection** procedures are followed consistently and correctly.

- Routine cleaning and disinfection procedures (e.g., **using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label)** are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.

    - Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.

- **Management of laundry, food service utensils, and medical waste** should also be performed in accordance with routine procedures.

- Additional information about recommended practices for terminal cleaning of rooms and PPE to be worn by environmental services personnel is available in the **Healthcare Infection Prevention and Control FAQs for COVID-19**

For additional cleaning and disinfection questions, please call Lisa Morgan lisa.morgan@chathamnc.org or 919-545-8309.

When can Health Care Personnel return to work?

Test-based strategy. Exclude from work until

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens

collected ≥24 hours apart (total of two negative specimens)[1]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).

Non-test-based strategy. Exclude from work until

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 7 days have passed *since symptoms first appeared*

If Health Care Personnel (HCP) were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

Return to Work Practices and Work Restrictions

After returning to work, HCP should:

- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC's interim infection control guidance (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

For detailed information, visit CDC's Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance)