Key goals for the U.S. healthcare system in response to the COVID-19 outbreak are to:

- Reduce morbidity and mortality
- Minimize disease transmission
- Protect healthcare employees
- Preserve healthcare system functioning

Long-term care facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19. In addition, the following checklist will be initiated.

### Identify Plan and Resources

- **Identify public health and professional resources.**
  
  Local Health Department: ____________________________
  
  State Health Department: ____________________________
  
  State Long-Term Care Professional/Trade Association: ____________________________

- **Identify contacts at local hospitals in preparation for the potential need to hospitalize residents or receive discharged residents from the hospital.**

  If a resident is referred to a hospital, coordinate transport with local hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the facility.

  Hospital: ____________________________
  
  EMS: ____________________________

- **Identify contacts for local, regional, or state emergency-preparedness groups, especially bioterrorism/communicable disease coordinators.**

  City: ____________________________
  
  County: ____________________________
  
  Other: ____________________________

- **Perform surveillance to detect respiratory infections, including COVID-19.**

  - Assign one person to monitor public health updates from local and state public health departments.
  - Implement protocol for monitoring of influenza-like illness among residents and associates.
  - Keep line listing on each unit and monitor 24/7.
  - Assess all residents/staff with respiratory symptoms for:
    - Travel to area with COVID-19 in 14 days prior to onset of illness
    - Have family or visitors who have traveled to an area with COVID-19
    - Any diagnostic testing
  - Symptoms of COVID-19 are:
    - Cough
    - Fever
    - Shortness of Breath

- **Immediately contact your local health department if a resident meets exposure and symptom criteria.**

  - Your local health department will help assess the situation and provide guidance for further actions.
  - Specimens for COVID-19 will only be collected in the community if directed by the local health department.
Protecting Visitors and Associates

- Educate all staff, residents, and family members of residents about COVID-19.
  - Educate on potential harm from respiratory illnesses to nursing home residents as well as basic prevention and control measures for respiratory infections such as influenza and COVID-19.
  - Include the following topics in education:
    - Hand hygiene
    - Respiratory hygiene and cough etiquette, including sneezing/coughing into tissue or elbow, placing used tissues in a waste receptacle, and washing hands immediately after using tissues
    - Use of personal protective equipment (PPE) recommended when caring for those suspected or confirmed of having COVID-19, including gown, gloves, mask (or N95 respirator), and eye protection that covers the front and sides of the face.
    - Screening visitors for illness
    - Limiting visitors during outbreaks

Implementing Restrictions

- Develop criteria and protocols for closing units or the entire community to new admissions when COVID-19 has been identified in the community.
  - Inform discharge planners within your healthcare network that your community is closed to new admissions.
  - If a section of the community will be closed but other units will remain open to new admissions, develop communications protocol to inform new residents of COVID-19 in the community.

- If visitors are allowed to enter the room of a resident with confirmed or suspected COVID-19, the facility will:
  - Enact a policy defining what PPE should be used by visitors
  - Before visitors enter the resident’s room, associates will provide instructions to visitors on hand hygiene, limiting surfaces touched, and appropriate use of PPE
  - Maintain a record of all visitors who enter and exit the room
  - Ensure visitors limit their movement within the community, avoiding the cafeteria and other common areas

- Review, implement, and reinforce an infection control plan for preventing communicable disease among residents, visitors, and facility staff. The plan should include:
  - A policy for when direct care staff should use standard, droplet, and contact precautions for residents with symptoms of respiratory infection
  - A plan for implementing respiratory hygiene throughout the community
  - A plan for cohorting symptomatic residents or groups using one or more of the following strategies:
    - Confining symptomatic residents and exposed roommates to their rooms
    - Placing symptomatic residents together in one area of the community
    - Closing units where symptomatic and asymptomatic residents reside
    - Cohorting staff on either affected or non-affected units to prevent transmission between units
    - Canceling events in the community where many people come together
    - Cleaning and disinfecting high-touch surfaces with EPA-registered disinfectant with label claim of effectiveness against human coronavirus or merging viral pathogens
Associate Health and Contingency Planning

Implement an occupational health plan with a non-punitive sick leave policy to address the needs of symptomatic staff, including:

- Staff, other caregivers, and volunteers should not report to the community if they are symptomatic with fever or respiratory symptoms and must report any such symptoms to human resources.
- How to handle personnel who develop symptoms while at work.
- Staff who develop COVID-19 require two negative tests before isolation can be discontinued (this guidance may change as the situation evolves).
- How to accommodate personnel who need to care for ill family members.
- Educate staff to self-assess and report symptoms of respiratory illness before reporting for work.
- Identify staff who may be at higher risk for severe COVID-19 disease and attempt to assign them to unaffected units.

Develop contingency staffing and resident placement plans.

- Identify minimum staffing needs and prioritize critical and non-essential services based on residents’ health status, functional limitations, disabilities, and essential facility operations.
- Contact your local healthcare coalition for guidance on altered standards of care in case residents need acute care and hospital beds are not available.
- Strategize how your community can help increase hospital bed capacity in the community.
- Establish memoranda of agreement with local hospitals for admission to the long-term care community of non-influenza residents to facilitate utilization of acute care resources for more seriously ill patients.

resources

CDC - Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF)

CDC – Hand hygiene
https://www.cdc.gov/handhygiene/providers/index.html

CDC – Respiratory Hygiene
https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm

CDC – Personal Protective Equipment (PPE)
https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf

CDC – Posters for Education and Visitors