IDAHO DEPARTMENT OF HEALTH & WELFARE

Guidance for Long-term Care Facilities
What to do if you have a resident with suspected COVID-19

Residents of long-term care facilities are among the most vulnerable populations at risk for contracting and experiencing serious health consequences of coronavirus disease (COVID-19). Guidance has been published to assist long-term care facilities in preparing for COVID-19. IDHW recommends the following actions if you suspect a resident may have COVID-19.

1. Immediately isolate the resident

Any resident suspected of having COVID-19 should be placed in a private room with their own bathroom (if at all possible), and the door should be kept closed. The resident should be restricted to that room, if at all possible; if they must leave the room, they should wear a facemask. Healthcare personnel (HCP) caring for the resident should use Standard, Contact, and Droplet Precautions with eye protection. Reference the Centers for Disease Control and Prevention (CDC) Infection Prevention and Control Recommendations for additional information regarding recommended PPE.

2. Continue measures to evaluate and manage staff

Facilities should already have in place measures addressing staff based on previously issued guidance. Any staff member who develops fever or symptoms of respiratory infection while at work should immediately put on a facemask, inform their supervisor, and leave the workplace. Facilities should immediately notify the local public health district for further guidance regarding a staff member with a suspected case of COVID-19.

3. Contact the resident's medical provider and the local public health district

Contact the resident's medical provider for any immediate questions or concerns about the medical management of the resident.

Contact the local public health district, as soon as possible and no later than within one working day. The local public health district can:

- Help you ensure that appropriate infection prevention and control measures have been taken
- Review personal protective equipment (PPE) recommendations and facilitate PPE resource requests from the state stockpile if additional PPE is needed*
- Facilitate COVID-19 (and influenza) testing of residents, including provision of testing swabs and instructions on specimen collection, delivery of swabs to the Idaho Bureau of Laboratories (IBL), and notification to IBL that the specimens are "high priority" to ensure rapid turnaround time of test results.

*Note: Many community individuals and organizations have generously made and donated homemade facemasks in an effort to help protect healthcare personnel. Guidance is being developed regarding possible uses of homemade masks. However, at this time homemade masks are not considered PPE, since their capability to protect HCP is unknown.

4. Implement additional facility-wide protective measures when there is even a single a confirmed COVID-19 case in the facility

The experience of a long-term care facility in Washington State has determined that residents and staff of a long-term care facility may be infected and contributing to transmission of the COVID-19 virus within the facility, *even if they have no symptoms.* CDC now recommends that the following measures be undertaken when there is even a single case in a facility or sustained transmission in the community (i.e., community spread):

- Implement universal use of facemasks for HCP while in the facility.
- Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator or, if not available, a facemask) for the care of all residents, regardless of the presence of symptoms. Implement protocols for extended use of eye protection and facemask.
- Encourage residents to remain in their room. If there are cases in the facility, restrict all 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 (stay at least 6 feet away from others).
- Implement protocols for cohorting ill residents with dedicated HCP.

In addition, facilities should look at staffing schedules and attempt to minimize the number of staff working in multiple facilities in order to further mitigate against inter-facility transmission. Staff working in multiple facilities was identified as a factor that likely contributed to inter-facility spread in Washington. Facilities may also want to consider restricting staff work to particular wings or floors, to minimize intra-facility movement.

5. Establish a tracking sheet (i.e., line list)

Consider implementing a line list for active monitoring of both residents and staff during a suspected respiratory illness cluster or outbreak. CDC has developed a "Long-Term Care (LTC) Respiratory Surveillance Line List" that may be useful as a template. Local public health districts and the state Healthcare-associated Infections Program Manager (Dharmraj "Raj" Giri, dharmaj.giri@dhw.idaho.gov) can provide an Excel-based template, if needed.

6. Manage PPE and other wastes that may be contaminated with the COVID-19 virus as medical waste

PPE and other waste that is contaminated with the COVID-19 virus and thrown in the trash has the potential to expose numerous sanitation workers and should instead be managed as medical waste. See guidance from the Idaho Department of Environmental Quality for more details.

7. Where to get more information

Additional information can be found on the COIVD-19 Resource List for Long-term Care Facilities on the Idaho Coronavirus website: coronavirus.idaho.gov.

Long-term care facilities can also direct questions to their local public health district.

Questions about infection control and prevention can be directed to the local public health districts or the DHW Healthcare-associated Infections Program Manager (Dharmraj "Raj" Giri, dharmaj.giri@dhw.idaho.gov).