

Coronavirus Disease 2019 (COVID-19) Guidance for Long-term Care Facilities (LTCF) July 1, 2020

Background

Nursing homes, skilled nursing facilities, and assisted living facilities (collectively known as long-term care facilities, LTCFs) provide a variety of services, both medical and personal care, to people who are unable to manage independently in the community. LTCFs maintain a unique role in protecting some of the most vulnerable populations during the COVID-19 pandemic. LTCFs have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19. These recommendations are specific for LTCFs and may be applicable to some rehabilitation centers, and similar settings that provide care for elderly or patients with underlying medical vulnerabilities to severe outcome or death with COVID-19.

Guidance for LTCF Reopening Phase 1

- The New Hampshire Division of Public Health Services (DPHS) recommends all LTCFs adhere to [CMS LTCF Guidance](#) and [CDC Guidance for Nursing Homes & LTCFs](#) to maintain the current highest state of mitigation, with limited adaptations for facilities entering Phase 1 of [CMS LTCF Reopening Guidance](#).
- NH DPHS has adopted CMS LTCF Reopening Guidance in a phased, county-based approach. All facilities in counties with a prevalence of [active COVID-19 cases](#) (see “current positive cases”) of 50 cases per 100,000 population or fewer may implement Phase 1 of CMS Reopening Guidance.
 - As of the end of June, facilities in all counties except for those in Hillsborough and Rockingham Counties are eligible to fully implement Phase 1 of [CMS LTCF Reopening Guidance](#), including allowing limited communal dining and restricted group activities.
 - Based on county-level transmission, Hillsborough and Rockingham counties are not yet eligible to implement Phase 1 and should not relax any restrictions on communal dining or group activities.
 - Facilities experiencing active outbreaks of COVID-19 are not eligible to implement Phase 1 guidance.
- Adaptations for facilities entering Phase 1 of CMS LTCF Reopening Guidance include the following:
 - Limited communal dining and group activities for COVID-19 negative or asymptomatic residents, including those who have recovered from COVID-19 as long as they are asymptomatic and have met CDC criteria for removal from isolation.
 - Residents may eat or be seated in the same room while remaining at least 6 feet from others at all times (i.e., social distancing).
 - Limit the number of people at each table and space tables apart by at least 6 feet.
 - Hand hygiene should be performed before, after, and during activities.
 - Residents should use of a cloth face covering or facemask when out of their rooms.

Guidance for ALL LTCF (Including LTCF in Phase 1)

- Limited visitation for eligible facilities in accordance with [NH DPHS Visitation Guidance for LTCF](#).

- Universal source control for everyone in the facility (see [NH DHPS Universal Mask Recommendation](#)).
 - A cloth face covering is appropriate for source control for visitors and residents, if surgical masks are in critical shortage
 - Healthcare providers and anyone in direct resident contact should wear a surgical face mask. Other staff should wear, at a minimum, a cloth face covering while in the facility.
- Facilities should continue **active screening** for all persons entering the facility using the [screening tool](#) below as a guide.
 - Every individual entering the building (including healthcare personnel, staff, visitors, and vendors) should be screened upon entry for any symptoms of illness or risk factors for COVID-19 exposure, and must have their temperature checked. Temperatures must be below 100.0 Fahrenheit to be allowed entry.
 - Residents should also be actively screened using vital signs and pulse oximetry every day.
- Restrict entry of non-essential healthcare personnel and staff.
- Non-medically necessary trips outside of the building should be avoided.
 - For medically necessary trips away from the facility:
 - The resident must wear a surgical facemask; and
 - The facility must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment.
- All staff should wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC guidance on [optimization of PPE](#).
- All nursing home staff should be tested every 7-10 days. All residents in an affected facility/unit should be tested upon identification of an individual with COVID-19. Re-testing of negative residents should continue at least every 7 days, per [CDC guidance](#) and [CMS guidance](#), until the outbreak is closed. Outbreaks are closed by the DPHS team 14 days after the last case onset at the facility.
- Dedicate space in your facility for cohorting and managing care for residents with COVID-19.
- Develop a plan based on your facility's layout and resources to manage new/readmissions with an unknown COVID-19 status and residents who develop symptoms. Residents who develop symptoms and are being tested for COVID-19 should NOT be placed in a COVID-19 cohort until test results return positive.
- If one resident tests positive for COVID-19, contact NH DHHS immediately, place the entire unit on full droplet precautions, and work with DHHS to coordinate testing and cohorting for staff and other residents in the unit/facility
- To respond to outbreaks of COVID-19 in your facility, see the [COVID-19 Response Toolkit for LTCFs](#). Notify NH DHHS about residents or staff with respiratory symptoms by calling **603-271-4496** (after-hours **603-271-5300**).
- Continue to adhere to other mitigation strategies and [CDC guidance for nursing homes & LTCFs](#).
- Facilities can attend weekly Wednesday webinars from 12-1pm with NH DPHS and NHHCA:
 - Join Zoom Meeting
<https://zoom.us/j/511075725>
 - Meeting ID: 511 075 725
 - Call in number: (929) 205-6099
- Additional Resources:
 - [NH DHHS Screening Tool](#)
 - [CDC's Letter to Residents, Families, and Friends](#)
 - [NH DHHS Posters](#)
 - [CDC Transmission Based Precaution Posters](#)
 - [American Health Care Association \(AHCA\) Resources](#)
 - [CDC's Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes](#)

- [NH DHHS Return to Work Criteria](#)
- [CDC Guidance for Independent Living Facilities and Retirement Communities](#)
- [CMS Emergency Dashboard](#)

Frequently Asked Questions

What are common symptoms of COVID-19?

Reported illnesses have ranged from mild symptoms to severe illness and death. [Symptoms of COVID-19](#) include fever or chills, cough, shortness of breath, sore throat, congestion or runny nose, fatigue, muscle pain or body aches, headache, new loss of taste or smell, nausea or vomiting, and diarrhea. Older adults may not show typical symptoms.

When do I test a resident for COVID-19?

The threshold for testing LTCF residents for COVID-19 is low. Identification of any symptoms listed above should prompt isolation and further evaluation and possible testing for COVID-19.

Who do I call to report a cluster of respiratory illness or a suspect COVID-19?

Report a suspected or confirmed COVID-19 case in residents or staff, or clusters of respiratory illness to DPHS in the same way that you would for influenza or influenza like illness.

Call: 603-271-4496 (after-hours: 603-271-5300) Fax: 603-271-0545

How should long-term care facilities prepare for the potential of COVID-19 in their facilities?

- Implement the measures recommended in this document.
- Continue to monitor information from public health. Review key websites at the end of this document.
- Review, update, and implement emergency operations plans.
- Put alcohol-based hand rub in every resident room (ideally both inside and outside of the room)
 - Make sure any sink is well-stocked with soap and paper towels for hand washing
- Exclude sick employees from work and emphasize respiratory etiquette and frequent hand hygiene by all
- Identify where any residents with confirmed or suspect COVID-19 can safely reside apart. This should be a single room with access to private bathroom. If multiple patients become ill, consider cohorting.
- Perform routine and frequent environmental cleaning and disinfection, especially of commonly touched surfaces.
- Create communications plans; including strategies for sharing information with staff, volunteers, residents, and their families; and proactively communicate. See [examples](#) at the end of this document.
- Prepare for possible increased numbers of [employee absences](#). Identify essential functions, essential jobs or roles, and critical elements to maintain facility operations if absences are high. See CDC [guidance](#) for businesses for additional resources around planning for business continuity.
- Assess inventory and ensure supply of PPE recommended for care of patients with COVID-19.
- Review CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or [Persons Under Investigation for COVID-19 in Healthcare Settings](#)
- Review [CDC Strategies to Optimize the Supply of Personal Protective Equipment](#)

What preventive measures can employees, volunteers, residents and visitors take to help reduce the spread of COVID-19?

- Cover coughs and sneezes with a tissue or sleeve. Following use, dispose of tissues into trash and wash hands or use alcohol based hand sanitizer.
- Avoid touching your eyes, nose and mouth. Practice hand hygiene before and after touching face or cloth face covering/mask.

- Wash hands often for at least 20 seconds, especially after coughing or sneezing. Use alcohol-based hand sanitizer if soap and water are not available.
- Avoid close contact with people who are sick, and stay home if feeling or if a person has symptoms of COVID-19.
- Clean and disinfect frequently touched surfaces and objects.

How do I actively screen staff?

Facility should screen all staff at the beginning of their shift for fever or [symptoms of COVID-19](#), or risk factors for COVID-19 exposure that would require a person to quarantine. This should include actively taking staff temperatures and asking questions using the [screening tool](#) below as a guide. Staff should self-monitor throughout the day. If staff present or become ill, instruct them to put on a facemask, seek testing and return home.

How do I actively screen residents?

Screen residents at least daily for fever and [symptoms of COVID-19](#), and take their vital signs including pulse oximetry. Immediately isolate anyone who is symptomatic with symptoms that may indicate COVID-19. Ill residents should be screened at least 3 times daily to quickly identify anyone who would require transfer to a higher level of care.

For [Independent Living Facilities and Retirement Communities](#), the CDC advises encouraging residents to establish a “buddy system” to check in on one another (while observing social distancing) and also encourage residents self-observe for any [symptoms of COVID-19](#).

What steps should healthcare workers take when caring for people who are suspected to have COVID-19?

Healthcare personnel caring for patients with confirmed or suspect COVID-19 should adhere to CDC recommendations for [infection prevention and control](#) (IPC):

- Assess residents with symptoms and risk factors for COVID-19.
- Restrict residents with COVID-19 symptoms to their room. If they must leave the room for medically necessary procedures, have them wear a facemask.
- 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 available immediately outside of the resident room.
 - Position trash cans near the exit inside resident rooms to make it easy for employees to discard PPE.
- Perform hand hygiene with alcohol-based hand rub before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Use soap and water if hands are visibly soiled.
- Practice how to properly [don, use, and doff PPE](#) in a manner to prevent self-contamination.
- If the individual requires [immediate](#) medical care, call 911 for an ambulance and inform emergency medical services about the suspicion of COVID-19.
- Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.
- Call NH DPHS at 603-271-4496 (after-hours: 603-271-5300) to report suspected cases.

Similar approaches to managing outbreaks of influenza within LTCF will be used to manage any outbreak of COVID-19 that occur in a LTCF. It is critical that any increases in respiratory illness, clusters, or outbreaks are reported immediately to NH DPHS at 603-271-4496 (after-hours 603-271-5300) so that we can work together to implement control measures. Key strategies to control respiratory disease outbreaks in LTCF include restricting movement of residents and staff, restricting admissions, notification and restriction of visitors, and limiting group dining and social events. See CDC Influenza Guidance: Outbreak Management in Long-Term Care Facilities <https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>

What PPE is required for a resident with suspect or confirmed COVID-19?

Follow CDC's COVID-19 infection prevention and control [recommendations](#), which include information on recommended personal protective equipment (PPE). We recommend the following for healthcare personnel:

- For management of persons under evaluation for COVID-19, or persons confirmed with COVID-19, providers should wear gown, gloves, eye protection (face shield or goggle), and a surgical facemask or N95 or higher-level respirator as outlined below.
- For evaluation of patients with suspect COVID-19, including for sample collection for COVID-19 testing, we recommend surgical face masks for healthcare provider protection in addition to other recommended PPE. There is no current laboratory or epidemiologic evidence that COVID-19 is routinely spread through airborne routes of transmission.
- If available, consider using an N95 or higher-level respirator when evaluating patients with confirmed COVID-19, or for symptomatic suspect patients who may be at higher risk of aerosolizing respiratory droplets (e.g., patients with significant frequent coughing, sneezing, etc.).
- For aerosol-generating procedures (e.g., sputum induction, nebulizer use, intubation), an N95 or higher-level respirator should be used.

What type of signage should be displayed for COVID-19 residents?

Signage placed at the entry point of room should convey the type of Transmission-Based Precautions employed and appropriate PPE. This signage is an important cue to action for staff and visitors. Signs should not identify specific indications for precautions or personal health information. See CDC's [sample signage](#).

Will a resident with suspect COVID-19 be able to get testing?

Yes, testing for LTCF residents are prioritized at the NH Public Health Laboratories. There are multiple avenues for acquiring testing.

1. Providers should fill out a [lab requisition form](#) and select the check box under "Patient Information" that says "Long Term Care resident."
2. Contact the NH DHHS COVID-19 Coordinating Office via fax (603-271-3001) or email (covidtesting@dhhs.nh.gov)

Is there a need to transfer residents who are COVID-19 positive?

No. Be prepared to keep residents who are suspect or confirmed to have COVID 19 in the facility. Transferring a resident to a hospital should be considered only if the resident requires higher level of clinical care.

If transfer is necessary, transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer. While awaiting transfer, symptomatic residents should wear a facemask and be separated from others (e.g., kept in their room with the door closed).

Can I accept a resident with COVID-19 into the facility?

LTCFs should be able to accept and manage a resident with confirmed COVID-19, including enacting appropriate transmission-based precautions (including the appropriate PPE).

How should I handle new admissions to the facility?

Any persons newly admitted to a LTCF should undergo COVID-19 testing, even if asymptomatic. A test result does not need to be back before accepting a new resident, but that resident should be managed under appropriate quarantine precautions (assuming asymptomatic). If possible, CMS guidelines suggest dedicating a 14-day step down unit exclusively for new admissions and re-admissions.

How should a facility handle family member visits for hospice residents?

Visitors in compassionate circumstances should be handled on a case-by-case basis. Screen any visitors using the suggested screening tool and take the visitors temperature. If ill, do not allow entry. Provide asymptomatic visitors a facemask and limit them to a specific location in the facility (ex: the resident's private room or designated visiting area). Visitors should perform frequent hand hygiene.

What if I have residents who regularly leave the facility?

Residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis or chemotherapy) should wear a facemask whenever they leave their room, including for procedures outside of the facility. If the resident did not stay overnight, they do not need to quarantine upon return.

What precautions should be taken for employees who have already traveled?

See the NH DPHS [COVID-19 employee travel, screening, and exclusion guidance](#). If a facility is experiencing staffing shortages, asymptomatic staff members who should be on quarantine due to a potential exposure may return to work under certain precautions. They must be screened at the beginning of each shift, self-monitor for symptoms, wear a surgical facemask, and avoid working with severely immunocompromised individuals.

Can I allow an employee who has tested positive to continue to work before the end of their isolation period if they are feeling well?

Only under extreme circumstances and when all other staffing resources have been exhausted, should a staff member who has tested positive for COVID-19 be allowed back to work before the end of their isolation period, as outlined in NH DPHS [criteria for return to work for healthcare personnel with confirmed or suspected COVID-19](#). Such decisions must be taken in consultation with our NH DPHS Healthcare Associated Infections (HAI) team.

Do staff sick with undiagnosed respiratory illness require a negative COVID-19 RT-PCR test result to return to work?

No. We recommend testing for any HCP who has even mild [symptoms of COVID-19](#). If not tested, however, follow the “[symptom-based strategy](#)” for deciding when to allow HCP to return to work (this also applies to staff who test positive for COVID-19). Staff can be allowed back to work when at least 10 days have passed since symptoms first appeared AND at least 3 days (72 hours) have passed since recovery. Recovery is defined as resolution of fever without the use of fever reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath). After returning to work, HCP should self-monitor for symptoms, and seek reevaluation from occupational health if symptoms recur/worsen.

What cleaning and disinfection procedures should be followed?

Follow CDC's [infection prevention and control recommendations](#). Facilities should routinely clean and disinfect all frequently touched surfaces such as carts, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. 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. Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees, residents and visitors before each use. 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 [Infection Prevention and Control FAQs for COVID-19](#).

What will happen if anyone in our facility is diagnosed with COVID-19?

If a person in your facility is diagnosed with COVID-19, NH DPHS will work with your facility to coordinate testing. Testing for COVID-19 is recommended for all residents and staff in a facility/unit where COVID-19 has been detected. NH DPHS will make recommendations for monitoring close contacts and testing. See NH DPHS recommendations for [immediate action](#).

What should a facility do when experiencing staffing shortages?

See [CDC guidance](#) on allowing asymptomatic healthcare personnel to continue to work under certain conditions for crisis strategies. NH DPHS will work with facilities experiencing staffing shortages due to outbreaks.

When to contact Occupational Health Services

If you have an unprotected exposure (i.e., not wearing recommended PPE) to a confirmed or possible COVID-19 patient, contact your supervisor or occupational health immediately. For more information for healthcare personnel, visit: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

Where can I go for the most up-to-date information about the COVID-19 outbreak?

Outbreaks involving COVID-19 evolve quickly and recommendations from public health officials may change as new information becomes available. Please check the following websites often for updated information:

- U.S. CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- NH DPHS website: <https://www.dhhs.nh.gov/dphs/cdcs/2019-ncov.htm>



COVID-19 Screening Tool

If your answer is “YES” to any of the following questions, please do not enter the building, and contact your supervisor for more information.

Thank you!

1. Do you have any of the following symptoms of COVID-19?
 - a. Temperature of 100.0 F or greater, or have you felt feverish?
 - b. Respiratory symptoms such as cough, sore throat, runny nose, nasal congestion, or shortness of breath?
 - c. General body symptoms not due to another chronic medical condition, such as fatigue, muscle aches, joint aches, headache?
 - d. Nausea, vomiting, or diarrhea?
 - e. Change in your sense of taste or smell?
2. Have you had close contact with anyone with who is suspected or confirmed to have COVID-19 in the last 14 days?
(Note: healthcare providers caring for COVID-19 patients while wearing all appropriate PPE should answer “no”)
3. Have you traveled in the past 14 days either:
 - a. Internationally (outside the U.S.);
 - b. By cruise ship;
 - c. Domestically (within the U.S.) outside of NH, VT, or ME on public transportation (such as by bus, train or airplane)?

Help Keep Our Residents Safe

Dear Residents, Families, Friends, Volunteers:

We are committed to keeping our residents safe and we need your help. The new virus causing Coronavirus Disease 2019 (abbreviated COVID-19) can cause outbreaks in nursing homes. Many of our residents are elderly and have medical conditions putting them at a very high risk of becoming sick, or even severely ill, with COVID-19. Visitors and staff are the most likely sources of introduction of COVID-19 into a facility.

To protect our vulnerable residents, we are taking the following actions to reduce the risk of COVID-19 in our residents and staff while allowing residents some amount of social interaction:

1. We are allowing limited visitation.

All visitation is conducted according to NH public health Visitation Guidance, and during these visits we require everyone to adhere to social distancing, masking, and hand hygiene procedures. Visitation is also allowed in certain compassionate care situations, such as end of life situations. The number of visitors will be limited, and all visitors will first be screened for symptoms of illness and any potential exposures to COVID-19. We know that your presence is important for your loved one, but we must continue to protect our residents' health. We are continuing alternative methods of visitation (such as Skype and FaceTime) so that you can continue to communicate with your loved ones regularly. Visitors who are permitted to enter the building will be required to frequently clean their hands, limit their visit to a designated area on facility grounds, and wear a facemask. As the situation with COVID-19 is rapidly changing, we will continue to keep you updated.

2. We continue to monitor staff and residents for symptoms of COVID-19. Non-essential healthcare personnel and volunteers are still restricted from entering the facility. Staff will be actively monitored for fever and symptoms of COVID-19, and ill staff will be asked to stay home. All staff are wearing facemasks to protect others within our facility. You may also see healthcare personnel wearing eye protection, gown, and gloves in order to prevent germs from spreading and help keep residents safe. Healthcare personnel will clean their hands frequently.

We are assessing residents daily for fevers and symptoms of illness in order to quickly identify ill residents and put additional infection prevention activities in place. When ill residents are identified, they will be monitored closely, asked to stay in their rooms or wear a mask.

3. We continue to limit activities within the facility. [EDIT TO FACILITY CONTEXT]

We are now allowing limited group activities within the building and limited communal dining. We will be helping residents to practice social distancing, wear cloth face coverings or masks, and frequently clean their hands.

We encourage you to review the CDC website for information on COVID-19 symptoms, how it spreads, and actions you can take to protect your health: <https://www.cdc.gov/corona-virus/2019-ncov/index.html>.

Thank you very much for everything you are doing to keep our residents and facility staff safe and healthy. We continue to monitor the situation in our community; we will keep you informed about any new precautions we think are necessary to keep your loved one safe.

Please contact us with additional questions at [CONTACT #]

Sincerely,

[FACILITY NAME]