IDAHO REBOUNDS

STAGE 4: PROTOCOLS FOR LONG-TERM CARE FACILITIES

June 13 – June 26

Long-term care facilities considering opening to visitors during Stage 4 should have an operational plan to mitigate the risk of introduction and spread of COVID-19 within the facility.

In developing the plans, facilities should communicate with their healthcare personnel (HCP), residents, and the residents' families/representatives and solicit their input on how to maintain health and safety during reopening. HCP include, but are not limited to, direct care staff as well as persons not directly involved in patient care (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, contractors, and volunteer personnel).

The plans can be submitted to the Division of Licensing and Certification for review. Approval is not required. However, long-term care facilities are asked to post their plans on their websites (if applicable) and make them available by hard copy upon request. In addition, requirements for visitors should be clearly posted within the facility and reviewed with visitors upon their arrival.

The following minimum criteria should be met before a facility opens to visitors or relaxes other restrictions:

- No COVID-19 cases among residents or HCP within the previous 28 days. An exception is residents who are admitted to the facility with a known diagnosis of COVID-19 and who are appropriately isolated and managed with transmission-based precautions (if applicable).
- If feasible, baseline SARS-CoV-2 (the virus that causes COVID-19) PCR testing of all HCP, regardless of any symptoms, completed for facilities located in counties where community spread has been identified. Facilities can contact their local public health district to determine in which counties community spread has been identified. Baseline testing of all residents in any facility and of all HCP in facilities located in counties without community spread can be considered at each facility's discretion.
- Facility has adequate personal protective equipment (PPE) (i.e., sufficient supplies for direct care HCP to wear full PPE, if indicated, for the care of all residents for at least three days). Facility has a plan to obtain additional PPE, if needed, through their own supply chains, a request for assistance to the state, or other alternative channels.
- HCP have been trained in proper use of PPE and other infection and control prevention measures.
- Procedures are currently in place to conduct daily surveillance to identify any new illnesses among HCP and residents and to screen anyone who enters the facility for illness.
- A written infection prevention and control plan for COVID-19 has been developed and includes policies for admissions and readmissions to the facility.
- A written plan has been developed to rapidly implement testing of all HCP and all residents for SARS-CoV-2 with PCR testing if a confirmed case is identified among residents or HCP. The plan should address access to testing supplies, an agreement with a laboratory to test specimens, and protocols for specimen collection and transportation of specimens to the laboratory.
- A written response plan, that includes notifying the local public health district, has been developed to manage a suspected or confirmed case of COVID-19 among HCP or residents. If the facility is unable to care for residents with suspected or confirmed COVID-19 in the facility, the plan should address the details of transferring to another facility or a hospital, including communication with a transport agency and the receiving healthcare facility.
- A written staffing contingency plan has been developed to mitigate any staffing shortages.
- A written communication plan has been developed to notify HCP, residents and residents' families/representatives if there is a suspected or confirmed case of COVID-19 among HCP or residents.

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If at any time, COVID-19 infection is suspected or confirmed among any HCP or resident, all visitation, communal dining, and group activities should cease. If COVID-19 is confirmed, the facility should not consider reopening until minimum criteria are again met.

Minimum criteria do not need to be met for surveyors, ombudsmen, adult protective services (APS) or representatives of other services vital to the health and safety of the residents to enter the facility. However, representatives from these services should follow infection prevention and control guidelines as provided by the facility administrator, including temperature assessment, symptom screening, and exposure risk history prior to entrance to the facility and physical distancing, strict hand hygiene, and use of cloth face coverings or facemasks while in the facility.

LONG-TERM CARE FACILITIES SHOULD USE THE FOLLOWING **PROTOCOLS** AS GUIDANCE FOR THEIR PLANS TO OPEN FOR VISITORS IN **STAGE 4.**

Facilities may wish to include the considerations provided below in their plans.

Establish written protocols to schedule in advance and create a safe environment for all visits to the facility. Considerations should include:

- Require visitors to schedule visit in advance.
- Keep a written log of all visitors and their contact information.
- Limit visitation to a minimal number of visitors per resident and a minimal number of visitors in the facility at any one time; or possibly establish a stated patient per visitor ratio.
- Do not permit children under a certain age (e.g., age 14) to enter the facility.
- Deny entry to the facility for any visitors unable or unwilling to comply with visitor screening, hygiene, and source control measures outlined below.
- Hold visits in a designated area within the facility. If a resident is unable to be transported to the designated area, the visit can take place in the resident's room with appropriate precautions.
- Encourage outdoor visits on the facility campus, weather permitting.
- Thoroughly sanitize the designated visitation area before and after each use.
- Continue to restrict volunteers and vendors from entering the facility unless they are determined to be essential and authorized by the Administrator. Essential volunteers and vendors who are permitted to enter the facility should follow the same protocol as other visitors.

Establish written protocols to reduce risk of introduction of SARS-CoV-2 into the facility from visitors through visitor screening, hygiene, and source control. Considerations should include:

- Screen everyone (except emergency medical personnel) entering the facility for: temperature greater than 100 degrees Fahrenheit or subjective fever; symptoms suggestive of COVID-19; any known exposure in the last 14 days to individuals with suspected or confirmed COVID-19; and observation of any signs or symptoms suggestive of COVID-19.
- Conduct screening at the entrance to the facility. Anyone with a positive screen should be denied entry.
- Instruct all visitors on, and require them to perform, hand hygiene at the beginning of the visit. Provide visitors with an opportunity to perform hand hygiene after the visit.
- Require that all visitors maintain physical distancing (i.e., at least six feet) and wear a cloth face covering or facemask at all times while in the facility. Cloth face coverings and facemasks must cover the visitor's mouth and nose at all times during the visit.

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Establish or maintain written protocols to ensure HCP health and safety. Considerations should include:

- Screen all HCP at the beginning of each shift for: temperature > 100 or subjective fever; symptoms suggestive of COVID-19; any known exposure in the last 14 days to individuals with suspected or confirmed COVID-19; and observation of any signs or symptoms suggestive of COVID-19.
- Require that any HCP with a positive screen at entry or who develops symptoms during their shift leaves the workplace. Have a plan in place for how to respond when HCP have worked while ill.
- Require all HCP to wear cloth face coverings or facemasks while in the facility, if PPE is not indicated.
- Require HCP to wear all appropriate PPE consistent with CDC guidelines, when indicated.

Establish protocols to ensure timely and appropriate SARS-CoV-2 PCR testing. Considerations should include:

- Follow the Idaho Department of Health and Welfare (DHW) Testing Strategy for Long-term Care Facilities guidance as posted on the coronavirus.idaho.gov website.
- Establish a written plan for those residents who are unable to be tested or who decline testing.

Establish written protocols to safely decrease social isolation among residents, through communal dining or group activities. Considerations should include:

- Continue to closely monitor residents at least daily for temperature > 100 or subjective fever and any signs or symptoms suggestive of COVID-19 (including low oxygenation saturation, cough, shortness of breath, new or worsening malaise, headache, dizziness, nausea, vomiting, diarrhea, or loss of taste or smell).
- Allow communal dining (for known COVID-19 negative and asymptomatic residents only) if at least six feet of distance can be maintained between residents.
- Permit group activities (for known COVID-19 negative and asymptomatic residents only) that allow social distancing of at least six feet between residents; hand hygiene and face mask or cloth face covering should be encouraged.

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Establish written protocols to mitigate risk of introduction of SARS-CoV-2 to the facility when residents leave the facility. Considerations should include:

- ¤ Encourage residents to remain in the facility or on the campus of the facility, unless they need to leave for a medically-necessary appointment.
- ¤ If a resident chooses to leave the campus for a non-medically necessary outing, educate the resident and family (or other accompanying individual) about proper precautions to take while in the community, such as physical distancing, hand hygiene, and use of face covering.
- ¤ Upon a resident's return from a non-medically necessary outing, the health and safety of HCP and fellow residents must be protected. Specific measures may include:
  - ¤ Providing resident with a private room for 14 days upon return
  - ¤ Per DHW Testing Strategy for Long-term Care Facilities guidance, testing the resident with PCR-based testing as if the resident were a new admission (i.e., on reentrance to the facility and again at certain intervals, such as at 7 and 14 days)
  - ¤ Strongly encouraging resident's use of face mask or cloth face covering, if tolerated, when HCP are in the resident's room and in all common areas
  - ¤ Strictly adhering to social distancing of at least six feet and good hand hygiene when resident is in common areas
  - ¤ Implementing enhanced sanitation of objects touched by resident in all common areas
  - ¤ Having HCP use PPE when in close contact with resident (< six feet), per the facility's infection prevention and control plan regarding PPE and new admissions with unknown COVID-19 status
  - ¤ Other: _____

References

Centers for Disease Control and Prevention (CDC), Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities

Considerations for Preparing for COVID-19 in Assisted Living Facilities | CDC

CDC, Preparing for COVID-19 in Nursing Homes

Preparing for COVID-19 in Nursing Homes | CDC

CDC, Responding to Coronavirus (COVID-19) in Nursing Homes

Responding to Coronavirus (COVID-19) in Nursing Homes | CDC

Center for Medicaid and Medicare Services (CMS), Nursing Home Reopening Recommendations for State and Local Officials

https:/www.cms.gov/files/document/qso-20-30-nh.pdf-0

Idaho Department of Health and Welfare, Testing Strategy for Long-Term Care Facilities in Idaho

https:/coronavirus.idaho.gov/wp-content/uploads/2020/06/LTCF-Testing-Strategy-FINAL-2020_6_3.pdf