

Coronavirus Disease 2019 (COVID-19)

Infection Prevention and Control Preparation Guide for Long-Term Care and Other Residential Facilities in Kansas

May 13, 2020

Healthcare facilities in Kansas cannot and *should not* turn away new residents or refuse to readmit previous residents for fear of COVID-19.

What this means is that we know and understand that we are working during uncertain and ever-changing times. Long-term care facilities (Adult Care Homes [ACH]) are a critical component of Kansas's healthcare system and are unique as they serve as both healthcare providers and full-time homes for some of our most vulnerable citizens. Learning from what other states have experienced, we also know that the hard reality is that we will likely continue to see COVID-19 entering into and spreading in LTCFs in Kansas. The best thing we can do is get prepared, and we know that all our **healthcare facilities in Kansas have the know-how and drive to continue providing the same great care they always have**, despite whatever infectious disease processes you might encounter. This guidance document is meant to help give you the tools and strategies we hope can get you started with the "how" to prepare for and handle COVID-19 within your facility. A big piece of feeling ready to receive admissions during this time is to have a plan for a COVID-19 unit or facility for which to house and care for these residents. We know there are many different levels of resource accessibility and we do not expect for everyone to be able to have the same plans. What facilities need to do is work with the resources they have to find a solution that will work for their unique setting and population. [The Kansas Department for Aging and Disabilities Services \(KDADS\) has been working with adult care homes on their response efforts to COVID-19. Four types of temporary licenses/assurances are being issued, based on adult care homes submitting plans for review to KDADS. Working with KDADS is one of the best first steps to take in order to get your facility prepared for the possibility of COVID-19 in your facility. Whether your plan includes a designated unit or an Alternate Care Site, please contact KDADS \(\[COVIDchecklist@ks.gov\]\(mailto:COVIDchecklist@ks.gov\)\) for assistance. A \[checklist\]\(#\) will be needed to help KDADS help you, please look this over and fill it out.](#) If your facility [suspects COVID-19](#), in a resident or staff, please report it to the Kansas Department of Health and Environment (KDHE) **within 4 hours** to help initiate prompt public health assistance for your team.

The **Centers for Medicare & Medicaid Services (CMS)** has implemented [guidance](#) that must be followed to focus on infection prevention and control in LTCFs for prevention of further spread of COVID-19. The primary focus for facilities without any active COVID-19 cases should be preparing for cases. As cases occur or are suspected in the community, the next focus should be surveillance to prevent importation into the facility. If and when cases occur in the facility, the focus should shift to containment. It is imperative that all facilities develop a realistic plan to care for COVID-19 patients within their facility. Drill your preparedness plan with frontline staff to ensure your facility knows how to respond when using the plan. Please see our [Long-term Care Facility COVID-19 Readiness Self-Assessment Checklist](#) for a quick and easy way to assess the preparedness level of your facility regarding the content below.

Facility Prevention and Response Planning

Facility Leadership:

Prevent entry/spread of illness into the facility

- [Post signage](#) at all entrances, limit entrance to one entry if possible
- Consider using [Enhanced Barrier Precautions](#) or other PPE/isolation precautions as needed throughout the facility

Resource planning

- Procure supplies – work with purchasing and suppliers, assess current stock levels and condition, determine facility “[burn rate](#)” of supplies
- Communicate with vendors, keep apprised of PPE availability
- Strategize and implement [policies to optimize](#) supplies ([eye protection](#), [gowns](#), [facemasks](#), [N95 respirators](#)) before shortages occur
- Store PPE to avoid pilfering (while not inhibiting HCP access to PPE)
- Develop [staff shortage mitigation strategies](#)

Form partnerships

- Contract with local healthcare facilities, partners and/or parent organizations to negotiate with vendors on a larger scale for regional supplies
- Develop PPE sharing/transfer agreements
- Develop patient transfer plans to avoid overwhelming facilities with insufficient staffing or supplies
- Discuss with local (usually the county) Emergency Management the plan for if /when emergent PPE acquisition after exhausting above

Preventing entry of COVID-19 into the facility begins with limiting entry of visitors and ensuring healthcare personnel (HCP) are avoiding work when ill or recently exposed. Non-essential workers (e.g., barbers, consultants) should be restricted until community transmission ceases.

Plans for [compassionate visits](#) for end of life situations should be developed before cases occur. When visitors related to compassionate care (e.g., [palliative care](#) and hospice providers, clergy, family) do enter, these individuals should have temperature and symptom screens, wear facemasks, be educated on proper hand hygiene, and limit movement within the facility and with other residents (i.e. confined to resident’s room).

Within the facility, attempt to distance residents as much as feasible (avoid compact communal dining, physical therapy, group activities). Residents not cognitively impaired should be involved in their own care. This includes educating them on the signs and symptoms of COVID-19, proper hand, and cough hygiene.

Ongoing frequent communication with residents, families, and HCP is critical to all stages of preparation, planning, and response.

Residents:

Communication/Transparency



- Educate residents and families on COVID-19
 - Facilities steps to protect residents
 - Reasons for restricting visitors
 - [Regularly communicate](#) with residents and family and friends (via [emails or letters](#)), including if/when COVID-19 cases occur within the facility
 - Post signs at entrances instructing visitors not to enter
 - Facilitate remote communication (e.g., video-call applications on cell phones, tablets)

Social Distancing



- Restrict visitors (family/friends, volunteers, non-essential staff)
- Cancel all group activities, communal dining ([CMS guidance](#))
- Develop plan for individual rooms (isolating ill) and cohorting strategies

Respiratory and Hand Hygiene

- Have residents to wear [cloth mask coverings](#) when outside their rooms and when HCP are in their room/providing care
- Make alcohol-based hand sanitizer accessible in every resident room (ideally inside and outside the room), ensure sinks well-stocked with soap, towels
- Train and encourage [how to perform hand hygiene](#), assisted if physically and cognitively unable
- Ensure residents perform hand hygiene upon entering and leaving rooms (ill should remain in room), prior to eating, oral care, handing of oral medications, after toileting, and any other times hands are potentially contaminated
- Keep tissues and trash cans available throughout common areas, resident rooms
- Place [posters/reminders](#) throughout the facility



Monitoring

- Educate on the signs and symptoms of COVID-19, encourage residents to report concerning symptoms sooner rather than later
- **At least twice a day** assess vital signs (including measuring temperature and oxygen saturation levels) and ask them about or observe them for signs/symptoms of lower respiratory illness (e.g. cough, shortness of breath) – keep a log.
- If a resident displays any signs/symptoms of COVID-19, immediately provide a facemask, isolate them, and have them assessed by the facility medical provider to confirm if they suspect the resident as for COVID-19.
 - Is the resident stable enough to care for the at your facility? Develop a plan for keeping the resident isolated/cohorted and providing care
 - Is the resident decompensating and needs to be admitted for care? Develop a plan for notification and transfer to an acute facility



Staff:

Educate and Train

- Educate about policies for source control and transmission-based precautions
- Review and ensure competency in hand hygiene and PPE use
- Reinforce adherence to standard infection prevention and control measures (hand hygiene, selection and use of PPE)
- Drill preparedness plans with frontline staff (steps for isolation, cohorting)
- Provide education and access to COVID-19 updates from [KDHE](#) and [CDC](#)

Support

- Reinforce sick leave policies, remind staff **not to report to work when ill**
- Provide [resources](#) to assist HCP with anxiety and stress

Source Control

- Use of universal masks – all people inside of the healthcare facility will wear a mask at all times (exceptions for eating, etc.).
 - Prioritize medical masks (e.g., N95, surgical, procedure) to HCP who have close contact with patients
 - Staff who do not have close contact with patients can use cloth face coverings
- If your facility is unable to follow this due to lack of PPE, please see the below alternative strategies as well as the Strategies for Optimizing Facemasks on our KDHE COVID-19 Resource Center.
 - Prioritize use of universal masking techniques to facilities in which active outbreaks are occurring.
 - Prioritize use of universal masking techniques to facilities within local areas with community transmission (e.g., counties, cities)



Monitoring

- **At least once a shift** (upon entry to building) perform a temperature and symptom (e.g. cough, shortness of breath) check – keep a log.
- If a staff member displays any signs/symptoms of COVID-19, immediately provide a facemask, discontinue their shift, and send them home to self-isolate or to seek medical care.
- If the person is stable enough to self-isolate for the duration of illness – they should stay isolated for a minimum of 7 days from onset of symptoms and 72 hours fever free (without fever-reducing medication) with improvement in other symptoms; whichever is longer.
 - Is the person able to be tested at the facility before leaving? Develop a plan for whether or not your facility will be doing testing and if so, how.
 - Is the person decompensating and needs to be admitted for care? Develop a plan for notification and transfer to an acute facility



HCP working in multiple locations may pose higher risk and should inform facilities if they have had COVID-19 exposures within other facilities (or close personal contacts). It is important to not penalize HCP, so that appropriate containment measures can be implemented (and also to keep HCP morale high).

As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members. Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for other HCPs and for safe patient care. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate shortages.

Have a plan for how to test and where to send specimens for COVID-19 testing.

- Have a plan to work with your local/state health department(s) for testing.
- Can you collect specimens at your facility – if so, use appropriate PPE during procedure. Be sure to keep specimen collection supplies on-hand and have a plan for obtaining more as needed.
- Do you have plans in place to have someone come to your facility to test when needed – if you are unable to collect specimens inhouse, consider working with nearby facilities to create agreements for getting your people tested as soon as possible while also minimizing exposures
- If testing is being done through Kansas Health and Environmental Laboratories (KHEL), please report via our [new online reporting portal](#), print a copy of that form when you are done, and send the copy with the specimen to KHEL
- If you are having testing done through a reference/commercial laboratory – no approval is required; however a report of the suspicion of COVID-19 is mandatory so please send a [general reportable disease form](#) to 877-427-7318

Testing for admission **should not** be required; rather testing should be prioritize to symptomatic persons and for expanded, early testing in a facility once a confirmed case has been found.

Do NOT refuse to receive new residents or residents being discharged from hospitals! Accept residents as you normally would and quarantine/isolation the resident (as needed) for 14 days ensuring to perform temperature, oxygen saturation, and symptom checks and use appropriate PPE.

Considerations for Memory Care locations:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>

References:

- CDC. *Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings*. March 19, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>. March 26, 2020.
- CDC. *Preparing for COVID-19: Long-Term Care Facilities, Nursing Homes*. March 21, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>. March 27, 2020.