Coronavirus Disease 2019 (COVID-19)

Response and Containment 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 help you feel able to handle COVD-19 within your facility. A big piece of this is to have a plan for a COVID-19 unit or even a few rooms reserved for isolation purposes in 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) 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 residents 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.

Monitoring for, Reporting, and Testing Cases

Your facility should already be assessing/monitoring both staff and residents. According to the plans you have in place, you should be prepared to respond when residents and staff exhibit signs/symptoms of COVID-19 (see our document). **Given the high risk of spread once COVID-19 enters a LTCF, facilities must act immediately to protect residents, families, and staff from serious illness, complications, and death.** When a person is suspected of having COVID-19 (person under investigation [PUI]), immediately implement infection control practices, notify infection preventionist, and local/state health departments.

K.A.R. 28-1-2 requires facilities to notify local/state health department within 4 hours regarding:

- Suspected or confirmed COVID-19 in any resident or HCP, or
- Identification, within 72 hours, of 2 or more cases of respiratory illness among residents and/or HCP

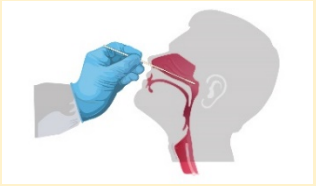
KDHE 24/7 Epidemiology Hotline contact information:

Phone – 877427-7317

Fax – 877-427-7318

These situations should prompt further investigation including testing for SARS-CoV-2 (the virus that causes COVID-19). Free testing (including testing supplies) of symptomatic HCP and residents is available through the Kansas Health and Environmental Laboratories (KHEL) and should be considered for testing residents based on local/state health department guidance. Testing is also available through many private laboratories. Residents and HCP with suspected COVID-19 (PUI) should be prioritized for testing. HCPs should cease patient care activities, notify infection preventionist, and be excluded from work.

Facility:



Testing plans

- Follow your facility's plan for how to test and where to send specimens for COVID-19 testing: supplies (swabs, collection media), staff capable of testing, plans to deliver specimens
- If collecting specimens in-house, ensure staff are trained in appropriate PPE and follow proper collection guidance
- If the facility is unable to collect specimens in-house, consider working with nearby facilities to create agreements for testing as soon as possible while also minimizing exposures
- If testing is being done through 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 private laboratory – no approval is required; however, a report of the suspicion of COVID-19 is mandatory so please report using our online portal

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.

Infection Control and Personal Protective Equipment

Develop a realistic plan to care for COVID-19 residents within your facility. Drill your preparedness plan with frontline staff to ensure your facility knows how to respond when using the plan.

KDHE encourages all healthcare facilities to follow CDC's infection prevention and control (IPaC) measures as closely as possible:

> CDC COVID-19 IPaC Guidelines
>
> Place suspect and positive residents in an AIIR isolation room and follow Standard, Contact, and Airborne plus eye protection.

These measures are currently the ideal scenario for managing PUI and confirmed cases of COVID-19. However, KDHE and CDC are aware that the realities of our healthcare facilities might limit the ability to follow these guidelines. To that end, KDHE has created "alternative" guidance to assist in limited resource situations, aiming to ensure the safety of staff and residents with supplies on hand. CDC also updated their recommendations of acceptable alternatives, to be used in times of PPE shortages.

> Alternative Strategies for COVID-19 IPaC Measures
>
> It is important to note that following these alternative strategies will place your HCPs in the **Low Risk Category** for the KDHE Asymptomatic Healthcare Workers with Exposure to COVID-19.

AIIR unavailable:

- Put resident in a private room with their own bathroom – ideal to use a room with an air system that does not recirculate to other rooms without HEPA filtration – in the case of multiple PUIs or confirmed cases, rooms can be shared among residents ill with the same disease
- Keep a mask on the resident when HCP are in room, except during COVID-19 specimen collection procedure
- Keep door closed except to enter and exit
- Restrict staff presence in room to only those essential for care/procedures. Consideration will need to be given for contracted medical services that come onsite to deliver necessary care, but again, if these are not medical necessities (e.g., hair care, volunteers, non-essential staff) you should restrict their entry to the facility during this time of COVID-19 spread in communities.
- Do not allow in-person visitors, instead offer virtual/audio-visual methods for visits
- Place a facemask on the resident if they need to leave the room

If N-95 or higher-level respirators are unavailable:

Observe Standard, Contact, and Droplet Precautions plus eye protection when coming into close contact (within 6ft for ≥10mins):

Cloth face coverings/masks are NOT considered PPE and should not be worn by HCP when PPE is indicated. Personal eyeglasses are NOT considered adequate eye protection.

- Gown
- Gloves
- Facemask (i.e., surgical mask)
- Eye protection (e.g., face shield or goggles)
- Appropriate donning, doffing, and hand hygiene used throughout

Steps for obtaining PPE from local/state Emergency Management:

#1 – Initially try to exhaust efforts with your primary contractor/vendor PPE suppliers

#2 – Check with all other vendors or contracted entities you have that might be able to find the product

#3 – Check with local/regional partners, organizations, or facilities who might be able to lend you some supplies (this includes going to parent organizations)

#4 – Call your local/county emergency management program (usually at the county level)

Presence of Suspected or Confirmed Cases in Facility

Note – it is very likely that you will see COVID-19 in your facility at some point. **Early detection and implementation of mitigation strategies** are key in trying to better control the spread. It is crucial that you notify your local/state health departments so they can assist in finding the best strategies for your facility.

The presence of COVID-19 in a LTCF usually starts with introduction from an outside source (e.g. essential HCP). Recognition of COVID-19 usually begins with a single person (resident or staff) appearing ill. The faster these can be detected, and appropriate containment measures implemented, the chances are better that transmissions can be controlled.

Examples of single cases you might see in your facility:
HCP with a laboratory-confirmed COVID-19 positive result worked while infectious (ill or during 48-hours prior to symptom onset).
Resident (PUI) tested and comes back with a laboratory-confirmed COVID-19 positive result.
Exposure includes contact with PUI (unless ruled out with low suspicion), or COVID-19 exposure either while the infected was symptomatic OR had contact 48h prior to symptom onset. KDHE can assist with decisions about testing of asymptomatic residents.

If HCP in your facility are strongly suspicious of COVID-19 in a HCP or resident, a report should be made to your local/state health departments resulting in assistance with testing suspect person(s) and investigating for potential presence of COVID-19 in your facility. However, many times this notification does not happen until after confirmatory lab results are already in-hand at the facility. Once a single case is detected, a report should be made to your local/state health departments to start (or continue) the disease investigation.

IN ADDITION TO STEPS DESCRIBED IN OUR PREPARATION GUIDE

Residents:

Monitor, at least 3 times/day

- Asymptomatic: vital signs (including measuring temperature and oxygen saturation levels) and ask or observe them for signs/symptoms of lower respiratory illness (e.g. cough, shortness of breath) for 14 days after exposure event
- Symptomatic (PUI)/Confirmed cases: immediately provide facemask, isolate according to plan, ensure facility's medical provider promptly assesses
    - If stable enough for continued facility care, keep resident isolated
    - If deemed unstable, call 911 or send them to the nearest hospital, ensure transport and receiving facility are notified of potential PUI

Source control – Isolation/Quarantine

- All: remain at least 6 feet away from others and cover nose/mouth when HCP in room and when outside of room
- Asymptomatic: remain in room to degree possible, cloth face covering can be used for source control, for 14 days after exposure event
- PUI/Confirmed case: isolate to single occupancy as available, facemask for source control

Track

- Continuing logging temp/symptom checks on all
- Start a line list of PUI/confirmed
    - Use for monitoring case
    - Use for identifying contacts (within 6 feet for more than 10 minutes)
- Update daily and share with your local health department

For PUIs (residents) who have negative test results (note – negative test results do not ensure lack of transmission), consider continued use of all recommended PPE during the care of the resident. Roommates of residents with COVID-19 might already be exposed, use of all recommended PPE during the care of these residents is recommended. Also, it is generally not recommended to place them with another roommate until 14 days after their exposure, assuming they have not developed symptoms or had a positive test.

Your line list should contain information that helps you and your health department partners track the introduction and potential exposures in your facility. Contacts outside of the facility (e.g. household contacts) also need to be considered for appropriate quarantine measures.

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.

IN ADDITION TO STEPS DESCRIBED IN OUR PREPARATION GUIDE

Staff:

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 residents
    - Staff who do not have close contact with residents can use cloth face coverings
- Universal use of all recommended PPE during the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or HCP is identified in the facility; this should also be considered when there is sustained transmission in the community.
- 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 mask/PPE techniques to facilities in which active outbreaks are occurring.
    - Prioritize use of universal mask/PPE techniques to facilities within local areas with community transmission (e.g., counties, cities)

Monitor

- Encourage daily (prior to work) temperature checks, symptomatic checks and enforce staff policies **not to report to work when ill**
- Consider doing a temperature and symptoms (e.g. cough, shortness of breath) check at the **beginning and during** every shift.

Manage

- If staff displays signs/symptoms of COVID-19 immediately provide facemask, discontinue their shift, send home to self-isolate or to seek medical care
    - If staff feels they need medical care and testing, they should be instructed on seeking care from their PCP, or
    - If deemed unstable, call 911 for transfer to the local emergency department (ensure aware incoming potential PUI)
- If deemed safe for home monitoring: isolate for duration of illness a minimum of 10 days from symptom onset, at least 72 hours fever-free (off fever-reducing medications) *with* symptom improvement, **whichever is longer** (releasing cases and contacts from isolation and quarantine), further return to work guidance discussed in After Outbreak

New Testing Strategy

KDHE would like to be more aggressive in testing of persons directly linked to these types of communal living settings, especially those serving populations who are at higher risk for severe illness due to COVID-19. If testing capacity is available, upon confirmation of one case, KDHE would like to work with the facility to determine a feasible plan for broad testing of staff and residents (both symptomatic and asymptomatic).

Outbreak Response

If an **Outbreak of COVID-19** is Identified in the Facility
(e.g. two or more cases within 14 days among HCP and/or residents)

NOTE – The incubation period can be up to 14 days and the **identification of new case within a week to 10 days of starting outbreak interventions DOES NOT necessarily represent a failure of the interventions to control transmission.**

1. Maintain all interventions from the above examples and build on those.
2. Maintain a line list of all positive staff and residents with documentation of minimum criteria and send **at least daily updates** to the local health department:
    - Name and date of birth
    - Specify staff or resident
    - Room number or unit staff assigned to
    - Symptom onset and type of symptoms
    - Hospitalization (admission and discharge dates, hospital name)
    - Date symptoms resolved
    - Date healthcare worker returned to work
3. Implement cohorting of staff and residents, if feasible*
    - Testing strategy – if broad testing is available:
        i. use testing of staff to ensure appropriate in-home isolation/quarantine
        ii. use testing of residents to help with cohorting strategies
    - *Cohorting = COVID-19 positive residents could share rooms with other COVID-19 positive residents. These residents should be cohorted together in a designated location with dedicated HCP providing their care (this is referred to as “cohorting of staff”).
    - For cohorting efforts to be effective, **consult the local/state health department** for guidance.
    - Roommates of COVID-19 residents should be considered potentially infected and not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure.
4. Enforce quarantine for all asymptomatic residents until no additional clinical cases for 28 days from last COVID-19 case onset date or until cases subside in community.
5. Increase frequency of cleaning high-touch surface areas.
6. Temporarily cease new admissions; until the situation can be addressed and interventions can be implemented OR if transmission is not controlled.

Note: Negative test results **do not** ensure lack of transmission. Isolation/quarantine should continue for exposed residents for a min. of 14 days symptom-free.

Do NOT refuse to receive previous residents being discharged from hospitals! Accept residents back 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.

If additional cases persist beyond the initial 10 days from start of enhanced outbreak interventions, notify your local/state health department for further assistance and guidance.

Additional Resources and Guidance to Implement:
Considerations of Memory Care locations: https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html

KDHE Guidance: Coronavirus Disease 2019 (COVID-19) – Infection Prevention and Control Preparation Guide for Long-Term Care and Other Residential Facilities in Kansas

CMS Guidance: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED)

CDC Guidance for LTCF (includes preparedness checklist and webinar, and sample family/resident notification letter):
https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

CDC Return-to-Work for HCP with COVID-19 Guidance:
https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html

American Health Care Association COVID-19 Resources (include sample family and resident notification letters, staff symptom screening tool and more):
https://www.ahcancal.org/facility_operations/disaster_planning/Pages/Coronavirus.aspx

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.

CDC. *Responding to Coronavirus (COVID-19) in Nursing Homes*. April 30, 2020. https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html. May 13, 2020.

Healthcare-Associated Infections & Antimicrobial Resistance Program

Kansas Department of Health and Environment