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## COVID-19 GUIDANCE FOR LONG TERM CARE FACILITIES

April 10, 2020

### Situational Awareness

COVID-19 is prevalent in Sacramento County and the risk of a visitor or staff member bringing the virus into your facility is high. The following are recommendations from the California Department of Public Health (CDPH) Healthcare Associated Infections (HAI) Program.

#### **I. Review Appropriate Use of Personal Protective Equipment (PPE) in Long Term Care Facilities (LTCF)**

1. All healthcare personnel (HCP) should put on medical masks (facemasks) before entering the facility and wear it at all times while in the facility.
2. Cloth face covers may be worn for “source control” by staff not directly providing resident care, such as office or dietary workers not in the resident areas. This preserves the medical facemasks for those providing direct resident care.
3. HCP caring for positive COVID-19 residents should wear an N95 respirator, if available, face shield, gloves, gown when (If N95 respirator is not available, use procedure mask with face shield); implement strategies for safe extended use and limited re-use of N95 respirators and facemasks.
4. All residents who must leave their room for medical or dialysis appointment wear a face mask.

#### **II. CDC [Strategies for optimizing the supply of PPE, including facemasks](#) include:**

1. Know your PPE inventory and supply chain.
2. Know PPE utilization rate.
3. Communicate with your administrator, corporate representative, and local public health office (LPH) to identify how to get additional PPE supplies.
4. Ensure implementation of engineering and administrative control measures:
  - Reduce the number of residents going to outside settings if possible.
  - Exclude non-essential HCP from resident care.
  - Reduce face-to-face encounters with residents when possible.
  - Exclude visitors – except in end of life situations.
  - Cohort positive COVID-19 residents and HCP.
  - Maximize use of telemedicine if possible.
5. Educate HCP and ensure demonstrated competency with donning and doffing PPE.

#### **Contingency and Crisis Strategies**

1. Cancel elective procedures or appointments where facemasks are used.
2. Remove facemasks from public areas.
3. Implement extended use of N95 respirators and facemasks (wearing for repeated close contact encounters with several different residents, without removing between resident encounters). Note: hand hygiene and new gloves and gown to be donned between residents

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- Remove N95 respirator or facemask and discard if soiled, damaged, or hard to breathe through
  - Take care not to touch N95 respirator or facemask. If touched or adjusted, the HCP must immediately perform hand hygiene
  - HCP should leave the resident care area if they need to remove the N95 respirator or facemask.
4. Restrict facemasks to HCP use, rather than patients for source control.
5. **After caring for COVID-19 positive residents – DO NOT use same PPE for non-COVID-19 residents as part of your extended use plan**
6. Implement limited re-use of N95 respirators and facemasks
- The N95 respirator or facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
  - Not all facemasks can be re-used.
    - Facemasks with ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
    - Facemasks with elastic ear hooks may be more suitable for re-use.
  - HCP should leave patient care area if they need to remove the N95 respirator or facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The N95 respirator or folded facemask can be stored between uses in a clean paper bag or breathable container.
7. Prioritize N95 respirators and facemasks for selected activities
- Essential procedures
  - Care activities where splashes and sprays are anticipated
  - During prolonged close contact with a potentially infectious resident is unavoidable
  - For performing aerosol generating procedures, if respirators are no longer available

#### **When No Facemasks are Available, Options Include**

1. Exclude HCP at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 residents (such as older HCP, chronic medical conditions, pregnant)
2. Designate convalescent HCP to care for positive COVID-19 residents
3. Use a face shield that covers the entire front (below the chin) and sides of the face with no facemask
4. Consider using expedient patient isolation rooms for risk reduction
  - a. Portable HEPA filtration system
5. Consider use of ventilated headboards

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6. HCP use of homemade masks only as a last resort as they are not considered PPE.

a. Ideally use with a face shield that covers the entire front of face

### III. Additional Reminders and Suggestions in LTCF

- Communicate with staff often. May be done by virtual town hall to share facts, updates, dispel myths and provide opportunity to ask questions.
- Ensure social distancing of 6 feet between all staff during work and during breaks; stagger break times.
- Teach staff to use face coverings for source control when they are out of the building, to stay home when not at work and to always practice social distancing.
- If staff members are working at other facilities, teach them to follow the same infection prevention practices at the other facility as they practice in your facility.
- Avoid staff floating between units.
- Maintain residents in their rooms. If some residents have a need to leave room or keep door open, have them wear a mask. Stagger time out of the room to ensure that residents are never within 6 feet of each other
- It is reasonable to close doors to a unit to reduce access by non-essential personnel.
- Continue daily surveillance for respiratory tract illness.
- Ensure **hand hygiene for staff and residents** is frequent and between all care tasks. If there is a shortage of alcohol hand rub, the strategy of soap and water will be important.
- Ensure screening process is in place for staff upon entering the building and residents at least twice a day for fever, cough, and/or sore throat or other symptoms and a log is kept.
- Ensure doffing of PPE and hand hygiene in-between removing the PPE is done correctly
- Increase the cleaning frequency of high touch areas in the room (ask the staff to identify 5 critical points they touch when they go in the room).
- Emphasize cleaning equipment between resident use, glove removal, and hand hygiene performed. Also, add terminal cleaning of shared equipment at the end of the shift.
- Increase environmental cleaning of surfaces in common areas.

### Memory Care Units

- Utilize social distancing in large area (dining room) for residents who can be kept from wandering by one HCP/sitter monitoring and providing non-communal activities
- Whenever possible have dementia residents escorted for regular walks with the resident wearing a mask and social distancing monitored with attendant.
- Increase cleaning of all common surfaces frequently touched in hallways.

## Resources

Long Term Care

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

Strategies for Optimizing the Supply of Facemasks

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

CDPH COVID-19 Health Care System Mitigation Playbook

<https://www.cdph.ca.gov/Programs/CHCQ/LCP/CDPH%20Document%20Library/AFL-20-23-Mitigation-Playbook.pdf>

[Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)

Sincerely,



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