

COVID-19 Guidance

Post-Acute and Long-Term Care



April 10, 2019

Situation

Cases of COVID-2019 are increasing across the US and post-acute and long-term care facilities are providing resources to some of the highest risk individuals. The situation is evolving daily and being monitored closely by public health officials and healthcare leaders. The UDOH has provided updated guidance and follow the CDC recommendations.

Evaluating Residents for Post-Acute and Long-Term Care Facility Placement

COVID- 19 Positive Residents - Transfer to known COVID facilities

COVID-19 Negative Residents – Screen before admission – Any facility can take these patients.

Residents with Positive family Members – Screen with questions prior to admission to post-acute care - Place in 14-day droplet/contact isolation

Unknown COVID-19 status – Screen before admission if able but not required -Any facility can take – In room isolation for 14 days. Wear a minimum of mask and gloves when seeing patient. Wear gown when available.

SCREENING:

At discharge from hospital to post-acute and long term care the patient, family, and other caregivers (nursing facility caregivers if that was prior residence) should be asked the following screen:

EXPOSURE: Has the patient had contact in the last 14 days with any known COVID-19 infected patient/family?

SYMPTOMS:

Has the patient had any of the following in the past 7 days:

Cough	SOB	Fever
Nausea	Vomiting	Diarrhea
Confusion/encephalitis	Unexplained falls	

If yes, consider if explained by reason for hospitalization (and resolved). If unresolved consider 14-day contact/droplet isolation or 14 day in room isolation

Managing Residents in Post-Acute and Long-Term Care Facilities

It is recommended that facilities re-educate all staff on the proper use of personal protective equipment (PPE).

- Visitors who are ill, or with known COVID-19 should be advised to not visit residents (case-by-case exceptions for hospice circumstances)
- Visitors with known exposure to COVID-19 or travel to an affected area should not visit
- Visitors should wear Personal Protective Equipment (PPE), mask and gloves when visiting
- Visitors and caregivers should Perform Hand hygiene often
- Residents should be encouraged to remain in their rooms as much as possible
- When residents leave the room try to maintain social distancing of 6 ft when possible
- Daily cleaning of high-touch areas with an EPA-registered, hospital-grade disinfectant.
- PPE should be worn when caring for **all residents** including masks and gloves for **every** contact with residents

Performing care in Resident Room

- Perform hand hygiene prior to entering a resident room
- All caregivers should use personal protective equipment (PPE) when caring for **all residents** including masks and gloves for **every** contact with residents
- For close contact, caregivers will wear a gown, mask, and gloves for care such as bathing or cleaning
- A disinfectant wipe will be used to wipe clean all surfaces the caregiver touched while in the room
- Time in the room should be minimized
- If a patient is a known COVID-19 positive patient PPE will include contact/droplet with eye protection for all patient contact

COVID- 19 positive or Person Under Investigation

- If resident exhibits any signs or symptoms - fever, cough, shortness of breath, diarrhea - of COVID=19 notify physician and test immediately. Resident should be placed in a private room, if available.
- Place resident in a Contact/Droplet isolation with eye protection – gown, gloves, mask and face shield
- If performing an aerosol generating procedure a PAPR or N95 will be required
- Do not allow the resident to leave their room
- Do not allow visitors.
- Duration of isolation should be made on a case-by-case basis based on illness severity and viral shedding, and in consultation with the local health department.
- Caregivers who were in contact with resident will need to self-monitor for any signs or symptoms of COVID-19
 - If symptomatic immediately notify manager and call, ASK HR 801.442.7547

Reducing the Risk of Introducing COVID-19 in Your Facility

Early detection and recognition of potential outbreaks is key in the post-acute and long-term setting. Facilities should have an active surveillance program to identify outbreaks of all infectious illnesses.

To minimize introduction of COVID-19 into the facility, the following actions are recommended:

- Facility employees should NOT work while ill. The facility should have policies to allow and account for potential absenteeism during outbreaks
- In the case of community wide COVID-19 illness, employees should be screened for fever and respiratory symptoms upon entry into the facility (can also apply to visitors if deemed necessary)
- Visitors who are ill should be advised to not visit residents (case-by-case exceptions for hospice circumstances)

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