Frequently Asked Questions Regarding COVID-19 and PALTC

When COVID-19 Is Not Currently In Your Regional Community (i.e., No Community Spread)

COVID-19 is the abbreviated name for novel Coronavirus Disease 2019 that first emerged in Wuhan, Hubei Province, China and spread globally. COVID-19 is a respiratory illness that can spread from person to person.

The situation with this outbreak is evolving rapidly with new information being learned daily. The CDC is monitoring the outbreak and working closely with federal, state, and local health departments. Because of this, healthcare personnel working in post-acute and long-term care (PALTC) settings should refer to the CDC website for the latest updates.

General Information

Strategies to Prevent the Spread of Infection in Long-Term Care Settings

Visitors and Volunteers

What should we tell our visitors and volunteers?
As we normally do during times when influenza and other respiratory illnesses are widespread in the community, ask visitors to refrain from visiting if they are feeling unwell. Post signs at the entrances to your building(s) asking visitors to not enter the facility if they have fever, cough, sore throat, runny nose, shortness of breath, or other signs of an infection. This includes those who feel they “only have a cold.”

Specifically for COVID-19, visitors should not visit nursing homes if they have traveled to areas with high prevalence of COVID until 14 days after travel. For updates on the list of countries:
Locations with Confirmed COVID-19 Cases
From the WHO: Coronavirus Disease (COVID-2019) Situation Reports

The vision of AMDA – The Society for Post-Acute and Long-Term Care Medicine is a world in which all post-acute and long-term care patients and residents receive the highest-quality, compassionate care for optimum health, function, and quality of life.
Staff

When should a staff member be asked not to work?
As we normally do during times when influenza and other respiratory illnesses are widespread in the community, staff members with signs and symptoms of a respiratory illness should go home. Signs and symptoms of respiratory illness may include fever, cough, sore throat, runny nose, shortness of breath, or other signs of an infection.

What if a staff member becomes sick while they are at work?
Staff members who develop signs and symptoms of a respiratory illness while at work should separate themselves from residents and other healthcare personnel and put on a surgical mask to minimize the risk of spreading virus in respiratory droplets. They should also wash their hands. Then, they should talk with their supervisor who may refer them to employee health and talk with them about going home in order to not sicken their residents or co-workers. These individuals should seek medical care through their healthcare provider.

When should someone who was sick be allowed to return to work?
As symptoms resolve, the amount of virus shed by a person decreases. Staff should be excluded from work until at least 24 hours after they are no longer febrile (without the use of fever-reducing medications such as acetaminophen, ibuprofen, or naproxen) and after respiratory symptoms have improved, typically 4-5 days from the onset of symptoms. Frequently, people may have a lingering cough after a respiratory viral illness. Facilities should identify a person who is accountable for ensuring that staff returning to work do not have fever and do not have significant signs or symptoms of a respiratory illness. This may be the director of nursing, infection preventionist, or other designee with a clinical background. Facilities should consult with their medical director as needed.

Prevention Strategies for Seasonal Influenza in Healthcare Settings
Stay Home When You Are Sick

A nurse is returning from visiting her family in the Philippines and will be returning to work tomorrow. Should she be allowed to work?
Staff traveling from areas with ongoing COVID-19 transmission should not be allowed to work in the nursing home for 14 days post-travel. As the situation with COVID-19 is rapidly evolving, facilities should regularly check the CDC and WHO websites for travel and outbreak related information:

Coronavirus Disease 2019 Information for Travel
Locations with Confirmed COVID-19 Cases
WHO Coronavirus Disease (COVID-2019) Situation Reports

Any staff member who is ill, regardless of recent travel, should be excluded from work.
Respiratory Illness in Nursing Home Residents

One of our residents has a fever, cough, and shortness of breath. What should we do? These symptoms could be caused by several different respiratory viral illnesses, such as influenza, respiratory syncytial virus (RSV), and rhinovirus. At present, while COVID-19 is beginning to circulate worldwide, we recommend standard, contact and droplet precautions with eye protection for all residents with suspected respiratory viral infections. This includes restricting the resident to their room. If they must leave their room, they should wear a facemask.

Should we test an ill resident for COVID-19?

Test for influenza first and then for other common respiratory viruses. In the absence of community spread of COVID-19 in your area, the most likely cause of a respiratory viral illness is influenza or respiratory syncytial virus (RSV). We recommend testing for influenza. If that test is negative and there is more than one resident showing signs and symptoms of a respiratory illness, we recommend testing those individuals for RSV and other viral pathogens as well. If those tests are not available to your nursing home, then contact the state health department for assistance in getting a respiratory viral panel.

One of our staff members went home with an influenza-like illness and now one of her residents has a fever. Is this an influenza outbreak? We recommend implementing infection control measures, including those used for an influenza outbreak, when one (or more) residents shows signs and symptoms of an acute respiratory viral illness. If a staff member has similar signs and symptoms, the outbreak control measures should be implemented on the unit where that individual was assigned. In addition to testing other residents with signs and symptoms of a respiratory viral illness for influenza, the staff should start active surveillance of all resident, including checking temperatures daily and assessing for symptoms.

Should we close the door of a sick resident’s room? It is reasonable to close the door if there is concern for a viral respiratory infection. This also serves as a visual signal to visitors and staff to look for any posted precautions.

The CDC suggests the following measures to reduce transmission:

- Have symptomatic residents stay in their own rooms as much as possible, including restricting them from common activities, and have their meals served in their rooms when possible.
- Limit the number of large group activities in the facility and consider serving all meals in resident rooms if possible when the outbreak is widespread (involving multiple units of the facility).
- Avoid new admissions or transfers to wards with symptomatic residents.
- Limit visitation and exclude ill persons from visiting the facility via posted notices. Consider restricting visitation by children during community outbreaks of influenza.
Monitor healthcare personnel absenteeism due to respiratory symptoms and exclude those with influenza-like symptoms from work until at least 24 hours after they no longer have a fever.

Restrict healthcare personnel movement from areas of the facility having illness to areas not affected by the outbreak.

Use of Personal Protective Equipment (PPE)

What kind of PPE should we use when caring for someone with a respiratory viral illness?
At present, while COVID-19 is beginning to circulate worldwide but is not yet in your community, we recommend standard, contact, and droplet precautions with eye protection for all residents with suspected respiratory viral infections. This means wearing a gown and gloves, together with a facemask and goggles or a face shield.

How do I know if I am using PPE correctly?
We recommend training and practicing proper use of PPE with your staff. Use a buddy system to help catch common errors. In a training scenario, it is okay to reuse gowns.

One common mistake that occurs when removing PPE is touching the front of the facemask that may be contaminated. Healthcare personnel should remove the mask carefully using the string ties and not the mask itself. Always perform hand hygiene upon removal of all PPE.

The CDC has posters that show how to put on and take off (don and doff) PPE: How to Put on PPE

There are also videos available through the University of Nebraska.

What else can we do to help our staff use PPE correctly?
Ensure that PPE is readily accessible. Ideally, supplies are located at the entrance to a resident’s room. Assign someone to check and restock supplies each shift. Ready access to supplies should be available 24 hours a day.

Staff should be trained to don and doff their PPE at the entrance to the resident’s room. A trash can should be placed near the door of the room into which used PPE may be discarded.

What type of masks should we use when caring for someone with a respiratory viral illness?
The CDC is recommending a standard surgical facemask with eye protection for non-COVID-19 respiratory viral infections. An N-95 mask is not necessary for routine care of residents with a respiratory viral illness. Some facemasks come with an eye shield. Safety goggles may be worn with a mask that does not have a face shield.
Transfer to Acute Care

Should I transfer my resident with a respiratory viral illness to the hospital in order to help reduce the spread of disease?
We recommend transferring residents based on their medical needs, not as a means to reduce the spread of infection. Before transferring, determine if hospital transfer is part of the resident’s goals of care. If the resident is sick enough that hospital transfer is indicated (and within their goals of care), alert the personnel transporting the resident as well as the receiving hospital that the resident has a suspected viral respiratory illness. Share the results of recent influenza and/or viral testing as well.

Other

I’m afraid I’m going to bring an illness home to my family. I live with my elderly father who is not in the best of health. What else can I do?
This is a common concern. Hand hygiene is the most important activity to reduce the risk of infection. Please make sure you are washing your hands and using alcohol hand rub correctly.

CDC Video: Clean Hands Count
More CDC Videos

If you have not already, get your seasonal influenza vaccine and make sure your family members get theirs too. While there is no vaccine against COVID-19, there are vaccines against influenza.

When providing care to a resident with a respiratory viral illness, be sure to wear a mask as indicated.

I’m a brand-new infection preventionist. Where do I start to help my nursing home get ready for a possible COVID-19 outbreak?
The CDC put together a great resource for pandemic influenza, specifically for long-term care settings. Use the checklist to see what is in place already and to identify gaps in your facility’s plans.

Pandemic Influenza Planning Checklist for Long-Term Care and Other Residential Facilities
Nursing Home Infection Preventionist Training from the CDC

Reach out to your state and local health department, as well as to your area’s Quality Improvement Organization (QIO).