

## Limiting Transmission of SARS-CoV-2 in Long Term Care Centers

I have put this document together based on my experience as a Share-A-Pet ([www.shareapet.org](http://www.shareapet.org)) volunteer in long term care facilities; my education in Microbiology; knowledge gained from CDC, CMS, and a few other sites (referenced on the last page).

### Questions for the Long Term Care centers (LTC):

Personnel	<b>Job Description</b> (include a chart that notes days they are in the LTC; role they play in the LTC; time spent in the LTC, who they work with; who they are ultimately answerable to; how often do they meet to discuss state of affairs of residents in their care; etc.) <b>How often do they come in?</b> <b>Who trains them re Infection Prevention in the LTC?</b>	<b>Supervisor</b> (Who is immediately the person in charge and answerable for any errors or misjudgments?)  <b>How often do they keep up with education?</b> <b>HOW do they keep up with ongoing education? When was the last time they talked to everybody who worked at the LTC?</b>	<b>Educational opportunities</b> (There is SO MUCH knowledge out there; who is ultimately responsible for delivering this knowledge? Who decides how to disseminate this info, using which media?)	<b>Mode of gauging knowledge and adherence to protocol</b>  (HOW do you know your audience understands the medical and infection prevention concerns you are trying to disseminate?)
Physicians				
Physician's assistant				
Nurses				
Nursing assistants (called Certified nursing assistants or CNAs in the United States)				
Healthcare professional students (includes medical students, nursing students, etc.)				
Housekeeping				
Catering				
Physical / Occupational Therapists				
Vendors				
Mail delivery				
Other?				

## How does your LTC monitor or restrict visitors?

- There needs to be a plan in place to monitor visitors to the LTC.
  - Some places have a Sign-In Book
    - one for Family;
    - one for Volunteers; and
      - so on.
- The LTC may also create a badge with a chip and a corresponding (data gathering) chip reader.
  - Each visitor will receive a badge with a chip.
    - When they enter the facility, they use the badge to get in;
      - as the badge allows them entry, a chip reader can also gather information such as time of entry and time of exit.
  - A designated person should look at this sheet every month and make sure to reach out to each visitor and ensure that they are familiar with the rules of the LTC as well as their infection prevention standards.
    - Visitors need to be educated about infections coming in from the outside (courtesy the visitors) and those going out into the community courtesy the LTC.
- How often does someone meet with each visitor and ensure that all visitor papers are in order?
  - Vaccination certificates on the animals
    - Every LTC needs to have a policy on ALL visiting animals.
      - **In brief:** the animals need to be current on all recommended vaccinations, be friendly, not bark, not jump on people, be friendly to other dogs and to people, be clean, smell free and parasite free, and be under the control of the human handler at all times.
  - Does the LTC mandate flu vaccinations on the visitors every Flu season?
    - If you don't have a policy, make that clear in a document.
    - If you do have requirements, clarify that in a document as well.
  - What about MMR, chickenpox, pneumococcal pneumonia, meningitis, other age appropriate vaccinations, etc.?
    - How regularly are these vaccinations offered in your area?
    - Is your LTC in an affiliation with a local Pharmacy or Clinic or Hospital so that vaccinations can be offered regularly?
- How often does someone meet with each visitor and ensure that they understand the LTC rules and regulations?
- Decide who this designated person is answerable to AND
  - how they receive ongoing training on what's important in safeguarding the health of the elderly residents, all employees, and all visitors.

### Visitors could include the following:

- Family
- Volunteers with pets
- Volunteers without pets
- Volunteers with children

- Church members

## What are some packages that come to the facility from the outside world?

- Flower deliveries
- Fruit arrangements
- Mail
- Other:

### TIPS:

Whoever receives a delivery of packages or other materials from the outside world, should do the following:

1. wipe the package down with disinfectant wipes
2. wash hands
3. open the package and handle contents
4. wash hands again
  - a. It might seem a little extreme, but recent research indicates that the new coronavirus may be able to survive on cardboard for 24 hours, and on surfaces such as plastic, and stainless steel for about 72 hours.

## When do we restrict nonessential visitors to the LTC?

- When there is an infectious disease outbreak inside the LTC and/or
  - when there is an infectious disease spreading in the outside community.
- In the case of the SARS-CoV-2 showing local transmission in the community, employees and visiting medical personnel may also carry the virus from the outside community and into the LTC.

One of **THE FIRST STEPS in INFECTION PREVENTION** should be the training of ALL employees (full time, part time, contractual, and any other types) in the following:

- **Ways that SARS-CoV-2 is transmitted**
- mainly person-to-person who are in close contact (within about 6 feet of infected person)
  - via respiratory droplets produced when infected person coughs or sneezes
  - These droplets can be inhaled by a susceptible person or they can land in the mouth or nose of a susceptible person who is nearby → thereby infecting that person
  - These droplets can also land on surfaces such as desks, elevator push buttons, stair railings, doorknobs and door handles etc. → these frequently touched surfaces should be wiped down with disinfectant multiple times a day

## Ways to prevent transmission

- **STAY HOME WHEN SICK**
  - People who are sick need to stay home (seek medical care when appropriate) and not come into the LTC.

- This will be part of the education that every LTC employee receives.
    - LTC Human Resources may need to create a sick-leave policy that does not penalize a person for staying home during community spread of the coronavirus.
    - It will be a fine balance between allowing the employee to stay home and not be “penalized” for doing the right things – as some employees may just try to mask their symptoms and show up for work anyway – and making sure that employees do not abuse the situation.
- **COUGH OR SNEEZE INTO A HANDKERCHIEF OR TISSUE**
  - Cough or sneeze into a handkerchief or tissue → throw the tissue into a trash bin with a lid, ideally operated with a foot pedal → wash your hands well
    - There needs to be POSTERS at the entrance and at key traffic points within the LTC that show people how to engage in proper cough and sneeze etiquette as well as the right way to wash hands.
- **CLEAN YOUR HANDS OFTEN**
  - Use soap and water (especially if hands are visibly dirty) for at least 20 seconds.
    - Do not use clean hands to turn off the faucet → use a paper towel to do so.
  - You may also use a hand sanitizer containing 60 – 95 % alcohol.
    - Use enough to cover all surfaces of your hands and rub hands together until completely dry.
      - Do not wipe off excess on a towel or on clothing.
    - Clean hands AFTER
      - blowing your nose, coughing or sneezing into a tissue or handkerchief
      - coming back inside after having been in a public place
      - using the toilet
      - changing the diaper on someone (old or young)
    - Clean hands BEFORE
      - eating
      - touching any part of your face
      - touching a resident/patient under your care
- **DO NOT TOUCH YOUR FACE WITH UNWASHED HANDS**
  - Avoid touching your eyes, nose, and mouth with unwashed hands.
- **CLEAN AND DISINFECT FREQUENTLY TOUCHED AND COMMON USE AREAS**
  - Clean and disinfect frequently touched and common use surfaces and objects everyday:
    - includes door handles, doorknobs, stair railings, elevator push buttons, desk tops, pens at receptionist desk, desks, tables, light switches, countertops, phones, keyboards, computer mouse, dining trays in the resident rooms, toilets, faucets, and sinks.
  - If surfaces are visibly soiled, clean them with detergent or soap and water prior to using a disinfectant.

## **WHAT ARE THE SYMPTOMS OF COVID-19 (the disease caused by SARS-CoV-2)?**

- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf>

- Symptoms have ranged from none to mild to severe illness, and even death, in the case of confirmed COVID-19 cases.
  - Symptoms when present may appear 2-14 days after exposure and may include:
    - fever
    - cough
    - shortness of breath
      - Some patients may also show
        - fatigue
        - sore throat
        - headache
        - diarrhea

An LTC may restrict visitors IF, on the basis of clinical and safety reasons, there is reasonable cause to do so.

- Clinical cause may include prevention of transmission of a community-associated infection to an LTC resident.

### What are the RISK FACTORS for COVID-19?

- It is mostly the following individuals who get severe illness or succumb to the disease:
  - people 60 years and older (risk increases with every decade after that)
  - those with chronic medical conditions such as diabetes, hypertension, pulmonary issues, kidney issues etc.
  - those with immune suppressed conditions (eg: HIV infection; cancer treatment; organ transplantation etc.)
  - those who are receiving end of life care
- Even otherwise healthy people may have a temporary lull in their immune capability if they are battling another infection such as influenza, perhaps even the common cold, are stressed, overworked, etcetera.

### When should you restrict visitors from entering the LTC?

- If they show signs and symptoms of a transmissible infection (fever, cough, signs and symptoms of an influenza-like illness) they should defer visitation until they are no longer potentially infectious.
  - ***Restriction means visitors should not be allowed in the LTC at all, until they no longer meet criteria for restriction.***

### Facilities should actively screen and restrict visitation according to the following criteria:

1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
2. Has had contact in the last 14 days, with someone who received a laboratory confirmed diagnosis of COVID-19 or is a person under investigation for COVID-19 or is a person who is ill with a respiratory illness.
3. Has taken recent trips (within the last 14 days) on cruise ships.

4. Has taken recent trips (within the last 14 days) to a country with sustained community transmission of SARS-CoV-2
5. Works in a profession that puts them at high risk of being exposed to people who may carry the virus (such as airport terminals, healthcare facilities etc.)
6. Resides in a community where there is local transmission of COVID-19.
7. Works in a setting where a large group of people might be confined to a common location.
  - a. If so, facilities should suggest deferring their visit to a later date.
  - b. If the visitor's entry is necessary, they should use Personal Protective Equipment (PPE) such as facemasks while inside the LTC.
  - c. If the LTC does not have PPE, the LTC should restrict the individual's visit, and ask them to come back at a later date (for example, after 14 days **with no symptoms of COVID-19**).

IF visitors fall into the above criteria, facilities can restrict entry.

### What is considered a necessary visit?

1. Visit from a family member or friend or outside caregiver, which could be essential for the resident's wellbeing or care or emotional state:
  - a. maybe one person from the family can be the designated visitor IF there is community spread of SARS-CoV-2, and
    - i. that ONE person will not be the person actively going about in the community to get groceries, mingle with friends, etcetera
2. Visit from a priest if resident is in end-of-life care.

### When should you limit visitors from entering the LTC?

1. If you see local spread of SARS-CoV-2 virus in your community, limit visitations from people who live in your community.
  - a. **Exceptions:** if the visit is essential for the care and wellbeing of the resident or if it is an end-of-life care visit
    - i. In this case, the visit can be conducted in the resident's room or in a place the LTC has already selected for these kinds of visits. ***It should not be in a common area.***
2. If you see local spread of SARS-CoV-2 virus in the community adjacent to yours, limit visitations from people who live in the community where you see local spread of the virus.
  - a. **Exceptions:** if the visit is essential for the care and wellbeing of the resident or if it is an end-of-life care visit

### What can facilities do to educate residents, staff, and visitors about SARS-CoV-2?

1. increase presence of educational posters at entrances/exits and instruct people (includes all staff, families, potential visitors, etc.) with frequent reminders if necessary
  - a. on proper cough and sneeze etiquette
  - b. proper way to wash hands
  - c. to not touch their faces until their hands have been cleaned adequately
  - d. reminder to stay home when sick

- e. how to recognize signs of COVID-19
  - f. what to do if a person has symptoms that suggest COVID-19
2. offer temperature checks to all visitors and staff
3. increase availability of hand sanitizer
4. offer Personal Protective Equipment (PPE) to necessary visitors entering LTC (if supply allows) and
  - a. instruct them on the proper way to use PPE
5. You can restrict individuals from visiting if they fevers or other symptoms of COVID-19 or are unable to demonstrate proper use of infection control techniques.
6. You can also put up signage to discourage visits, such as
  - a. recommending visitors defer their visit for another time unless it's a necessary visit.
7. You can also email families or have someone call the families and have a chat about deferring visits unless it's a necessary visit.
8. It may be challenging to educate those LTC residents who may have dementia or are otherwise experiencing cognitive decline.
  - a. Cancel all group activities, indoors and outdoors including cinema night; mall trip; card games; communal entertainment, including dining; and any other activity that does not allow keeping a safe social distance from others.

## Instructions to visitors when visits are allowed:

### Instruct visitors

1. to limit physical contact with residents and others while in the LTC
2. to limit their movement within the LTC to the resident's room or other location designated by the LTC
  - a. e.g., reduce walking the halls, avoid going to dining room or any common areas such as the cinema room, etc.
3. to practice social distances with no hand-shaking or hugging
4. to remain six feet apart from others
5. on adequate hand hygiene and frequent hand washing
6. to limit touching surfaces as much as possible
7. on proper cough and sneeze etiquette, followed by disposing tissue in a no-touch trash bin with a lid, and hand washing, and
8. on proper PPE wear (if supply allows)

## Facilities should do this immediately:

1. identify staff that work at other facilities (besides the LTC)
  - a. actively screen them for symptoms
  - b. educate them on transmission and prevention of infection with this pathogen
  - c. restrict them appropriately if they are at risk of spreading the infection to others
2. review and revise how The LTC interacts with all its vendors; mail deliveries; any volunteers, including visits from the church; all staff; housekeeping or cleaning staff; any Emergency Medical Services personnel; all equipment; transportation providers (e.g., when picking up residents to take them

offsite for dental or medical visits, etc.), other healthcare practitioners such as hospice workers, any specialists, physical therapists, etcetera

3. All the potential points of interaction mentioned above are potential routes of transmission of the virus.
4. LTC must take whatever action is necessary to prevent potential transmission.
  - a. For example, have supply vendors drop off packages at a designated and dedicated location (e.g., loading dock), instead of carrying it inside the LTC.
  - b. If possible, dedicate a set area as the visiting area and have it be as near the entrance to the LTC as possible: this will be the area where residents can meet with visitors in a sanitized and controlled environment.
    - i. Facilities should clean and disinfect this room after each resident-visitor meeting.

### **Facilities who really want to restrict visit can do this:**

1. Offer visitors an alternative means of communication such as FaceTime, Skype call, WhatsApp video call, etc.
2. Email families and advise them to not visit.
3. Assign staff members to call and update families on a regular basis and keep them informed about their family member's health status.
  - a. Maybe divide families by last names and distribute a certain number to each staff member, so that making all the calls don't fall on a limited number of people.
  - b. In the same manner, assign staff members as point of contact for communications with families.
4. If there is a phone recording that discourages families from visiting, be sure to update it if that restriction gets lifted.

### **Question for the LTC: does the LTC have an Ombudsman program to address resident concerns?**

### **What should the LTC do about visitors who may have been exposed to a COVID-19 resident?**

1. Exposure is considered to have been within 6 feet of someone who is positive, for at least 10 minutes.
2. Advise exposed visitors to self-quarantine at their home for at least 14 days and
  - a. to monitor for signs and symptoms of respiratory infection and
    - i. to contact their healthcare provider
3. Advise visitors to inform the LTC if they develop any signs and symptoms of COVID-19 within 14 days of visiting the LTC.

### **How should facilities monitor or restrict health care LTC staff?**

1. The same screening performed for visitors should be performed for LTC staff (see yellow highlighted section on Page 5).
2. Health care providers (HCP) with signs and symptoms of a respiratory infection should not report to work.
3. If the staff member develops signs and symptoms of a respiratory infection while at work, s/he should:
  - a. immediately stop work, put on a facemask, go home, and self-isolate;



- b. inform the LTC Infection Prevention specialist or Infectious Disease doctor, and
- c. provide information on individuals, equipment, and areas the person came in contact with; and
- d. follow your national and/or local health department recommendations for next steps (e.g., testing).

### How should facilities monitor or restrict residents?

- The same screening performed for visitors should be performed for residents (see first four points of yellow highlighted section on Page 5).
  - More information → <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/long-term-care-guidance>
- Care has to be taken to ensure that if symptoms are sufficiently mild and resident stays in LTC facility, there is no contact with anyone other than necessary medical staff.

### When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?

- Follow national and local guidelines and contact appropriate health department.
- Elderly residents infected with SARS-CoV-2 may show no symptoms to mild or severe symptoms or fatality.
- You may not need to transfer resident to a hospital if the symptoms are mild, as long as you can keep the patient isolated from other residents.
  - As long as national and local guidelines allow it, you can manage the patient in house.
    - The LTC can then follow all the infection prevention and control practices recommended by national and local guidelines.

### For the LTC: check national and local guidelines for testing algorithm

#### Who gets tested, who does specimen collection, where are samples sent for testing, etcetera?

1. If the resident develops more severe symptoms, LTC may need to transfer resident to a hospital for higher level of care.
2. The Emergency Medical Services and the hospital should be alerted to the resident's COVID-19 diagnosis (whether presumed or confirmed or awaiting results).
3. While resident is being transferred to a hospital, a facemask may be placed on the resident to minimize infecting others.

I have compiled this document using the references below, common sense, my background in infectious diseases and infection prevention, and my experience as a Share-A-Pet volunteer in long term care centers:

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

<https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>

Another site I haven't used, but looks useful: <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/long-term-care-guidance>