BALTIMORE CITY HEALTH DEPARTMENT

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Long Term Care Facilities

Baltimore City Health Department Long Term Care Facilities COVID-19 Update #1 3/30/2020

***Note:** This guide is meant to be a supplement to (and not replace) the Maryland Department of Health "Preparing for and Responding to COVID-19 in Long-term Care and Assisted Living Facilities" and CDC's "Preparing for COVID-19: Long-term care facilities, Nursing Homes" https://phpa.health.maryland.gov/Documents/Recommendations%20for%20COVID-19%20Infection%20Control%20and%20Prevention%20-%20March%2010%202020.pdf
and
https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

Health Department recommendations regarding surveillance and testing for COVID 19 in LTCF:

- Actively screen staff, vendors, contractors and any other person entering the building for fever and/or respiratory symptoms. We encourage asking about other symptoms as well (sore throat, myalgias, etc.) Anyone with symptoms should not enter the building.
    - This screening can include actively taking temperatures and/or a form to complete. Signs alone alerting persons to avoid entering if they have symptoms are not sufficient. Staff should actively ask these questions and/or taking temperatures.
- Actively screen residents twice daily for symptoms concerning for COVID-19. We recommend having a very high level of suspicion for COVID-19. There are reports of those with COVID-19 with very mild symptoms, and non-traditional symptoms. In addition to taking temperatures, ask about cough, shortness of breath, as well as sore throat, myalgias, dizziness, new malaise or diarrhea.
    - Note that for elderly populations, a lower threshold of temperature might indicate a fever. (MDH guidance suggests >100.0F, and also relies on clinician's assessment)
    - Do not await test results for influenza/RSV or other respiratory samples prior to placing the resident on droplet precautions and notifying the health department of possible cases.
- If you have concerns that a staff member/resident has symptoms consistent with COVID-19:
    - Isolate the resident. Give them a mask.
    - Ensure they are cared for using standard, contact, and droplet precautions with eye protection (gown, gloves, facemask, and eye protection)
    - Cohort sick residents if there are more than one.
    - Send the staff member home.

  - Call the Baltimore City Health Department Communicable Disease team.
    410-396-4436 (business hours)
    410-396-3100 (after hours, weekends)
- When you call, we will discuss next steps regarding testing with you.
  - We will discuss testing options with you (sending COVID-19 tests to a vendor vs. BCHD/MDH test kits and testing.) Our recommendations will depend on the specific situation.

Who should be tested for COVID 19:

- Residents with signs and symptoms concerning for COVID-19 should be tested. This includes any of the following: fever, cough/shortness of breath without another identifiable cause, fatigue, sore throat, new dizziness, diarrhea, or myalgias. Residents can have one or several of the symptoms.
- We encourage having a low threshold to suspect COVID-19 and begin the process of isolation and contacting Baltimore City Health Department
- If rapid influenza testing is available at your facility, conduct influenza testing as well. However, do not delay COVID-19 testing or contacting Baltimore City Health Department to await results for influenza tests.

When to call Baltimore City Health Department:

- We would like to serve as a resource for you. Please reach out to us as soon as possible – this can be when you first recognize a resident has symptoms that might be consistent with COVID-19 or hear of a staff member who is ill.

Call Baltimore City Health Department Acute Communicable Diseases 410-396-4436 (business hours); 410-396-3100 (after hours, weekends)

How to conduct testing for COVID 19 for residents:

- Please call BCHD at 410-396-4436 (business hours); 410-396-3100 (after hours, weekends) if you have a resident who might need COVID-19 testing. We will help you evaluate how to conduct testing. Whether or not we recommend testing via a private lab you already have a relationship with or testing via BCHD and MDH will depend on each situation.

PPE for staff who perform testing:

- Ideally staff who perform testing should wear:
  - N95, isolation gown, gloves, eye protection
  - If N95s or fit testing is not available, a surgical mask can be worn

Additional PPE guidance:

- Face masks should be worn by those who are symptomatic. The face mask reduces the spread of virus to others.
- The resident who has symptoms should be put in a private room if possible. They should wear a face mask when others are in the room, including other staff.
    - BCHD can discuss potential roommate exposures and whether or not roommates need to be separated. In some cases, roommates might have already been exposed.
- Staff should minimize unnecessary trips into the room and attempt to group together tasks, to minimize PPE use (while ensuring the resident remains safe and has their needs met)
- Medication administration should be grouped together as much as possible, as well as other trips into the patient's room (such as for meal time, etc.) to reduce PPE needs for the staff

PPE preservation for staff

- PPE is very limited. We recommend PPE prolongation per CDC guidance: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

HCP planned proximity to the case patient during encounter	**Facemask or respirator determination**	
	Patient masked for entire encounter (i.e., with source control)	**Unmasked patient or mask needs to be removed for any period of time during the patient encounter**
HCP will remain at greater than 6 feet from symptomatic patient	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: no facemask or respirator	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: no facemask or respirator
HCP will be within 3 to 6 feet of symptomatic patient	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: facemask	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: facemask
HCP will be within 3 feet of symptomatic patient, including providing direct patient care	Facemask	N95 respirator/ elastomeric /PAPR, based on availability
HCP will be present in the room during aerosol generating procedures performed on symptomatic persons	N95 respirator/ elastomeric /PAPR, based on availability	N95 respirator/ elastomeric /PAPR, based on availability

*Based on availability, organizations may require and/or individuals may voluntarily choose to utilize higher levels of protection

- Mask extended use vs reuse
    - Extended use: wearing same mask/respirator for repeated close contact encounters with several patients, without removing the respirator between patient encounters.
    - Reuse: using same mask/respirator for multiple encounters with patients but removing it after each encounter.
- NIOSH guidance for extended use and reuse https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html
    - Discard after aerosol generating procedure, if visually soiled
    - Wash hands before and after touching/adjusting respirator
    - Face shield/surgical mask over respirator to reduce surface contamination
    - Hang in designated area or keep them in a clean, breathable container such as paper bag and label for assigned HCP
- Reusing face masks https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html
    - Masks that fasten via ties may be harder to untie without tearing. May be better for extended use, rather than re-use
    - Remove facemask after leaving patient area. Fold so that outer surface held inward to reduce contact with the outer surface during storage. Store in clean sealable paper bag or breathable container between uses.
- Reusing face shields
    - Wipe inside, then outside with neutral detergent solution or cleaner wiped, then wipe outside with EPA-registered hospital disinfectant solution, then wipe outside with clean water or alcohol, and air dry
    - Wear gloves while cleaning and perform hand hygiene when completed

Other guidance

- We recommend creating an **observation area** for all new/returning admissions per MDH guidance. Please contact us at if you'd like to discuss this more for your facility.
- Try to limit staff working across multiple sites or across floors as much as possible.
- **Cohort patients** together who need to be on precautions, to limit the times staff need to enter different rooms
- Limit the number of essential personnel needed to enter rooms. Transition some services to telehealth if possible.
- Adjust medication dispensation and serving food to limit the times staff need to enter rooms
- Encourage staff to wipe work stations with cleaning wipes throughout their shift
- Adjust staff work spaces to encourage social distancing
- Limit staff to working at as few buildings/floors as possible
- Limit or stop all congregate activities; if occurring limit to fewer than 10 people and distance at least 6 feet apart
- Have residents perform hand hygiene often, if possible and appropriate

- Test other patients as widely as possible. Discuss testing strategies with the health department.
- Any resident identified with symptoms of fever, cough/shortness of breath without another identifiable cause, fatigue, sore throat, or myalgias should be immediately placed in both Contact and Droplet transmission-based precautions.
    - The isolation should be implemented by the healthcare member who discovers the symptoms pending a physician order.
    - Residents with confirmed COVID19 or displaying respiratory symptoms should receive all services in room with door closed (meals, physical and occupational therapy, activities, and personal hygiene, etc.)
    - Symptomatic residents should only leave their room as required for medical procedures not available on site (i.e., dialysis, medical specialist appointment, and critical testing not available at the facility). If the resident is to leave room for these purposes the shortest route should be utilized and the immediate are/route to the exit/treatment areas should be cleared of all residents and unnecessary staff.
    - Testing to rule out routine pathogens may be completed via rapid influenza testing and respiratory viral panels (Rhinovirus, RSV, etc.). Cohort staff - Personnel should not go back and forth between areas of the facility with ill residents/patients and staff and areas of the facility that do not have ill residents/patients and staff. Staff should not float between units. Assign employees to care for the same group of patients each shift.

Resources

CDC long term care facility guidance:
https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html
CMS guidance for nursing homes:
https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
MDH long term care facility guidance:
https://phpa.health.maryland.gov/IDEHASharedDocuments/Preparing-for-and-Responding-to-COVID-19-in-LTC_final.pdf
https://phpa.health.maryland.gov/Documents/Recommendations%20for%20COVID-19%20Infection%20Control%20and%20Prevention%20-%20March%2010%202020.pdf
American Health Care Association
https://www.ahcancal.org/facility_operations/disaster_planning/Pages/Coronavirus.aspx