

VDH COVID-19 Guidance for Nursing Homes

Topic	Summary of Recommendation	Recommending Agency* and Resource Links
General Prevention Measures	<p>Goals: Early detection of possible infection, swift isolation of ill individuals, and interruption of potential exposure pathways.</p> <ul style="list-style-type: none"> - Assign an individual with training in infection prevention and control to provide onsite management of all COVID-19 prevention and response activities. Continue to encourage physical distancing (6 foot distancing between all residents and staff (except when staff are providing direct care to residents)) - It is generally safest to implement universal use of source control for everyone in a nursing homes including residents, staff, and visitors - Frequent hand hygiene or hand sanitizing - Proper use of personal protective equipment (PPE) - Cleaning and disinfecting of surfaces - Actively monitor all residents upon admission and at least daily for fever and symptom checks, and isolation of those with symptoms. <p>Some of these recommendations can be modified in response to COVID-19 vaccination.</p> <p>Even as nursing homes resume normal practices and begin relaxing restrictions, nursing homes must sustain core IPC practices and remain vigilant for SARS-CoV-2 infection among residents and HCP in order to prevent spread and protect residents and HCP from severe infections, hospitalizations, and death.</p>	<p>CDC: Preparing for COVID-19 in Nursing Homes - www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination- https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html</p>
Hand Hygiene	<p>Use alcohol-based hand rub (ABHR) with 60% ethanol or 70% isopropanol as the primary method for hand hygiene in most clinical situations. Perform hand hygiene at appropriate times before and after touching a resident, between residents and frequently during care.</p>	<p>CDC: Hand Hygiene Recommendations - www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html Clean Hands Count Campaign - https://www.cdc.gov/handhygiene/campaign/index.html</p>

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<p>Personal Protective Equipment (PPE)</p>	<p><u>Standard Precautions should be followed for the care of all residents at all times.</u> This involves the practice of hand hygiene and respiratory etiquette, safe injection practices, and the use of PPE when contact with blood, body fluids, wounds, etc. is possible.</p> <p>When a staff member needs to enter a resident’s room or care area, <u>gloves</u> should be added to Standard Precautions.</p> <p>A <u>gown and eye protection</u> should be added when performing an aerosol-generating procedure; during care activities where splashes and sprays are anticipated; and during high-contact resident care activities, such as dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, or wound care. Proper donning (putting on) and doffing (taking off) procedures must be followed.</p> <p><u>Once personal protective equipment (PPE) supplies and availability return to normal, healthcare facilities should promptly resume conventional practices.</u></p>	<p><u>CDC:</u> Optimizing Personal Protective Equipment (PPE) Supplies- https://www.cdc.gov/coronavirus/2019-ncov/hcp/pp-e-strategy/index.html</p> <p><u>VDH:</u> Aerosol-Generating Procedures - www.vdh.virginia.gov/content/uploads/sites/182/2020/05/AGPs-and-COVID-19_FINAL_v3.pdf</p>
<p>PPE for COVID-19</p>	<ul style="list-style-type: none"> - The resident must be isolated in his or her room with the door closed, and healthcare personnel (HCP) should <u>wear all recommended PPE</u> during the care of <u>that resident</u>. This includes a NIOSH-approved N95 or equivalent or higher-level respirator, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face). - In some circumstances (e.g., memory care units), keeping the door closed may pose resident safety risks and the door might need to remain open. If doors must remain open, work with facility engineers to implement strategies to minimize airflow into the hallway. - If SARS-CoV-2 infection is not suspected, HCP working in facilities located in counties with substantial or high transmission should also use PPE as described below: 1- Eye protection (goggles or a face shield that covers the front and sides of the face) should be worn during all resident care encounters. 	<p><u>CDC:</u> Infection Control in Nursing Homes - www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html</p> <p>Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes- https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</p> <p><u>VDH:</u> Considerations for Personal Protective Equipment (PPE) and Cohorting during COVID-19 Response in Long-Term Care Facilities-</p>

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	<p>2- NIOSH-approved N95 or equivalent or higher-level respirators should be used for: All aerosol-generating procedures AND All surgical procedures that might pose higher risk for transmission if the resident has COVID-19 (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract)</p> <p>Facilities could consider use of NIOSH-approved N95 or equivalent or higher-level respirators for HCP working in other situations where multiple risk factors for transmission are present. One example might be if the resident is unvaccinated, unable to use source control, and the area is poorly ventilated.</p>	
Cohorting	<p>Designate an area (e.g., a wing, ward, floor or end of a hallway) to care for residents with COVID-19</p> <ul style="list-style-type: none"> ● A physically separated area with clear signage ● COVID-19 positive and negative residents should not share common areas or bathrooms ● Only residents with the same respiratory pathogen should be housed in the same room. ● Dedicate equipment and staff to each cohort to the extent possible. If equipment must be shared, clean and disinfect before and after each use. ● Ensure that high-touch surfaces in staff break rooms and work areas are frequently cleaned and disinfected (e.g., each shift). <p>As space allows, it is recommended to cohort known COVID-19 positive residents, cohort new admissions with an unknown status, and cohort current, healthy asymptomatic residents, separately from each other with designated staffing for each group.</p> <p>If possible, HCP working on the COVID-19 care unit should have access to a restroom, break room, and work area that are separate from HCP working in other areas of the facility.</p>	<p><u>CDC:</u> Responding to COVID-19 in Nursing Homes - www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</p>

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<p>Environmental Cleaning and Disinfection</p>	<p>Ensure appropriate environmental cleaning and disinfection of all areas according to a set schedule and as needed whenever environmental contamination may have occurred.</p> <p>Use disinfectants approved by EPA for use against the virus that causes COVID-19. Refer to List N on the EPA website, and follow EPA’s 6 Steps for Safe and Effective Disinfectant Use.</p> <p>High-touch surfaces should be cleaned and then disinfected on each shift. High touch surfaces include, but are not limited to bed rails, bed frames, bedside tables, call bells, remote controls, room chairs, and light switches.</p> <p>Shared equipment should be cleaned and disinfected before and after each use.</p> <p>Cleaning on COVID-19 units may need to be delegated to clinical staff to reduce the number of staff interacting with COVID-19 positive residents. All staff in a unit need to have a clear understanding of who is responsible for cleaning what items and surfaces and the proper methods of doing so to ensure there are no inadvertent gaps in cleaning services.</p> <p>Ensure HCP are appropriately trained on its use and follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method, and contact time).</p> <p>If possible, do not allow environmental services staff to work across units or floors.</p> <p>Once the resident has been discharged or transferred, HCP, including environmental services personnel, should refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles. After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.</p>	<p><u>CDC:</u> Environmental Cleaning and Disinfection Guidance - https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</p> <p><u>EPA:</u> 6 Steps for Safe and Effective Disinfectant Use - www.epa.gov/sites/production/files/2020-04/documents/disinfectants-onepager.pdf</p>
<p>Linens and Laundry</p>	<p>Manage laundry, food service utensils, and medical waste in accordance with routine procedures. Wash hands after handling dirty items.</p>	<p><u>CDC:</u> Infection Prevention and Control Recommendations - www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html Cleaning and Disinfecting Your Facility -</p>

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		www.cdc.gov/coronavirus/2019-ncov/community/diseases/infecting-building-facility-H.pdf
<p>New Admissions/ Readmissions</p>	<ul style="list-style-type: none"> - Facilities should create a plan for managing new admissions and readmissions. - In general, all unvaccinated residents who are new admissions and readmissions should be placed in a 14-day quarantine, even if they have a negative test upon admission. - VDH recommendations for discharging hospitalized patients with a COVID-19 diagnosis to long-term care (LTC) are presented as a flow diagram. Transfer decisions are based on COVID-19 test results, clinical status, and the ability of the accepting facility to meet care needs and adhere to infection prevention and control practices. - Meeting the criteria for discontinuation of transmission-based precautions is not a prerequisite for discharge from the hospital. - Quarantine is currently not required for residents, regardless of vaccination status, leaving the facility for less than 24 hours <u>who are asymptomatic and have not had close contact with someone infected with SARS-CoV2</u>. However, facilities might consider quarantining residents based on an assessment of risk, uncertainty exists about adherence or adherence of those around them to recommended IPC practices. 	<p><u>CDC:</u> New Admissions and Residents who Leave the Facility - https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#new-admissions</p> <p><u>VDH:</u> Recommendations for Hospitalized Patients Being Discharged to a Long-Term Care Facility During the COVID-19 Pandemic - https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDHTransferGuidance_8.24.2020.pdf</p>
<p>Visitation</p>	<p>On April 27, 2021, CMS published an updated guidance on nursing home visitation. The guidance establishes criteria for when indoor visitation can occur and differentiates ways to facilitate indoor visitation based on the COVID-19 locality (city/county) positivity rate and the percentage of fully vaccinated residents in the facility. Facilities may use positivity rate data from either the CMS or VDH website as long as they document the data source and consistently use the same source. Facilities should allow indoor visitation at all times and for all residents (<u>regardless of vaccination status</u>), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times).</p>	<p><u>CMS:</u> Visitation Guidance for Nursing Homes - https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf</p> <p>PCR Test Positivity Rate Data - data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg</p> <p><u>VDH:</u> PCR Test Positivity Rates by Locality -</p>

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	<p>These scenarios include limiting indoor visitation for:</p> <ul style="list-style-type: none"> • Unvaccinated residents, if the nursing home’s COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated • Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions • Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine. 	<p>www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/covid-19-in-virginia-pcr-positivity-rates/</p>
Testing	<ul style="list-style-type: none"> • Any staff or resident with symptoms of COVID-19, regardless of vaccination status, should receive a viral test immediately. • Asymptomatic HCP with a higher-risk exposure and residents with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure. • Expanded screening testing of asymptomatic HCP without known exposures is required in nursing homes. However, fully vaccinated HCP may be exempt from expanded screening testing. 	<p>CMS: LTC Facility Testing Requirements - www.cms.gov/files/document/qso-20-38-nh.pdf PCR Test Positivity Rate Data - data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg CDC: Testing Guidelines for Nursing Homes - www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html VDH: PCR Test Positivity Rates by Locality - www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/covid-19-in-virginia-pcr-positivity-rates/</p>
Routine Screening Testing in Nursing Homes	<ul style="list-style-type: none"> - CMS updated their testing guidance to align with CDC on these changes for nursing homes, which rely on the CDC community transmission level. - Level of community transmission” refers to the facility's county level of COVID-19 transmission. This metric uses two indicators (1. Total number of new cases per 100,000 persons within the last 7 days and 2. Percentage of positive diagnostic and screening nucleic acid amplification tests (NAAT) during the last 7 days) 	<p>CDC: Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes- https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031505598 Level of community transmission: https://covid.cdc.gov/covid-data-tracker/#county-view</p>

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	<ul style="list-style-type: none"> - In Nursing Homes located in counties with substantial to high community transmission, unvaccinated HCP should have a viral test twice a week. - If unvaccinated HCP work infrequently at these facilities, they should ideally be tested within 3 days before their shift (including the day of the shift) - In Nursing Homes located in counties with moderate community transmission, unvaccinated HCP should have viral tests once a week. - In Nursing Homes located in counties with low community transmission, expanded screening testing for asymptomatic HCP, regardless of vaccination status, is not recommended. 	<p><u>CMS:</u> Long Term Care Facility Testing Requirement- Revised- https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf</p>
<p>Outbreak Investigations in Nursing Homes</p>	<ul style="list-style-type: none"> - Because of the risk of unrecognized infection among residents, a single new case of SARS-CoV-2 infection in any HCP or a nursing home-onset SARS-CoV-2 infection in a resident should be evaluated as a potential outbreak. - The CDC updated guidance includes options for a more targeted, contact tracing approach when COVID-19 infections are detected in a facility. - The approach to an outbreak investigation should take into consideration whether the facility has the experience and resources to perform individual contact tracing, the vaccination acceptance rates of staff and residents, whether the index case is a healthcare worker or resident, whether there are other individuals with suspected or confirmed SARS-CoV-2 infection identified at the same time as the index resident, and the extent of potential exposures identified during the evaluation of the index resident. - Outbreak response should be coordinated with the local health department - If able to identify close contacts, facilities should test all close contacts immediately (but not sooner than 2 days) and again 5-7 days after exposure. 	<p><u>CDC:</u> Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes- https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031505598</p> <p><u>CMS:</u> Long Term Care Facility Testing Requirement- Revised- https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf</p> <p><u>VDH:</u> COVID-19 Outbreak Response Method in LTCFs</p>

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	<ul style="list-style-type: none"> - If unable to identify close contacts, facilities shall use a broad-based testing approach (unit-wide or facility-wide). - If no new cases are identified, ongoing testing is not required beyond the initial series of 2 viral tests. - If new cases are identified, facilities should continue testing every 3-7 days until 14 days with no new cases. - During an outbreak facilities should consider increasing monitoring of all residents from daily to every shift, to more rapidly detect those with new symptoms. - Testing might be conducted for multiple pathogens during outbreaks of respiratory illness, especially during influenza season. 	
<p>Vaccination Planning</p>	<ul style="list-style-type: none"> ● Facilities should encourage their staff and residents to get vaccinated against SARS-CoV2. ● The VDH Vaccination toolkit for LTCFs provides resources to ensure facilities are provided with the necessary information to access the COVID-19 vaccine, as well as the appropriate resources to contact if facilities require assistance. ● The Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at Your Facility provides resources including information on preparing for vaccination, vaccination safety monitoring and reporting, frequently asked questions, and printable tools. ● Weekly vaccination numbers of nursing home residents and HCP should be reported into the NHSN LTCF Weekly HCP & Resident COVID-19 Vaccination module. ● Guidance on adjustment to IPC recommendations following vaccination is available in CDC’s Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination ● Provide influenza vaccination for all residents and staff for the 2020-2021 influenza season. Consider tracking and monitoring 	<p><u>CDC:</u> Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes- https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031505598 Weekly COVID-19 Vaccination Data Reporting (NHSN) - https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html www.cdc.gov/flu/season/protect-your-health.html Weekly Influenza Vaccination Data Reporting (NHSN) - www.cdc.gov/nhsn/ltc/vaccination/index.html <u>VDH:</u> COVID-19 Vaccination Response - https://www.vdh.virginia.gov/immunization/covid19vaccine/ COVID-19 Vaccination Toolkit- https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/ Influenza Information for Healthcare Professionals and Facilities-</p>

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	weekly influenza vaccination data for residents and staff through CDC's National Healthcare Safety Network (NHSN).	https://www.vdh.virginia.gov/epidemiology/influenza-flu-in-virginia/influenza-information-for-healthcare-professionals-and-facilities/
Communication	Routinely update residents and families about the status of COVID-19 and pandemic response activities in the facility. Discuss concerns about disease, infection prevention, laboratory testing, etc. with the local health department.	VDH local health department contact information - https://www.vdh.virginia.gov/local-health-districts/
Reporting	<ul style="list-style-type: none"> Report suspected and confirmed cases and outbreaks of COVID-19 to the local health department. Enroll in NHSN and enter data on the impact of infections on residents and staff, PPE supplies, staffing shortages, COVID-19 vaccination status of residents and staff, and monoclonal therapeutic availability and use. Report all results (positive and negative) from point-of-care (POC) diagnostic tests for COVID-19 through the VDH POC Portal or NHSN. According to the 16VAC25-220 Final Standard of the Virginia Department of Labor and Industry (DOLI), if two or more employees test positive within a 14-day period, a report must be submitted to VDH and DOLI within 24 hours. Report COVID-19 cases to the VDH Office of Licensure and Certification (OLC) using the Facility Reported Incident form. 	<p>VDH: <i>Virginia Regulations for Disease Reporting and Control (12 VAC 5-90-80)</i></p> <p>POC Reporting Portal - apps.vdh.virginia.gov/POCreporting OLC Facility Reported Incident Form - www.vdh.virginia.gov/content/uploads/sites/96/2019/03/Facility-Reported-Incident.pdf</p> <p>CDC: NHSN LTC Module - www.cdc.gov/nhsn/ltc/covid19/index.html LTC Module Enrollment - www.cdc.gov/nhsn/ltc/covid19/enroll.html</p> <p>CMS: Requirements for Reporting SARS-CoV-2 Test Results - www.cms.gov/files/document/qso-20-37-clianh.pdf</p> <p>DOLI: DOLI 16VAC25-220 Final Standard - https://www.doli.virginia.gov/wp-content/uploads/2021/09/VOSH-standard-clean-version-09.7.21.pdf VDH Portal for Reporting Under the DOLI 16VAC 25-220 Final Standard - redcap.vdh.virginia.gov/redcap/surveys/?s=LRHNP89XPK</p>

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Training	<p>Before providing care to a person with COVID-19, HCP must:</p> <ol style="list-style-type: none"> 1) Receive comprehensive training on when and what PPE is necessary, where PPE is located, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE. 2) Get fit-testing for respirator use if providing direct care for COVID-19 positive residents. 3) Demonstrate competency in performing appropriate infection control practices and procedures. 	<p><u>CDC</u> LTC mini webinars:</p> <ul style="list-style-type: none"> • Sparkling Surfaces - https://youtu.be/t7OH8ORr5Ig • Clean Hands - https://youtu.be/xmYMUly7qiE • Closely Monitor Residents - https://youtu.be/1ZbT1Njv6xA • Keep COVID-19 Out! - https://youtu.be/7srwrF9MGdw • PPE Lessons - https://youtu.be/YYTATw9yav4 <p><u>CMS</u> training video: qioprogram.org/cms-cdc-fundamentals-covid-19-prevention-nursing-home-management</p>
Special Populations	<p>Residents who receive hemodialysis – infection prevention and control recommendations are provided for residents who regularly visit outpatient hemodialysis centers because they are a group at increased risk for exposure and are vulnerable to disease.</p>	<p><u>CDC</u>: Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes- https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#anchor_1631031505598</p>
Tools	<p>Infection Prevention and Control (IPC) Assessment Tool Daily COVID-19 Screening Log COVID-19 Outbreak Line List</p>	<p><u>VDH</u>: IPC Tool available under VDH Primary Resources at www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/ Screening Log and Outbreak Line List are available under Guidance for All LTCFs on that same site.</p>

* CDC is continually updating guidance and recommendations may change accordingly.

Agency Acronyms:

CDC – Centers for Disease Control and Prevention
 CMS – Centers for Medicare and Medicaid Services
 DOLI - Virginia Department of Labor and Industry
 EPA - Environmental Protection Agency

