Indiana State Department of Health
Epidemiology Resource Center

Guidance for out-of-hospital facilities

Strategies to reduce the spread of infection in facilities with a patient/resident with a confirmed or suspected case of COVID-19:

GENERAL GUIDANCE

The following is guidance for out of hospital facilities who house patients with a confirmed or suspected case of COVID-19. There are a few guiding principles:

1. Placement of patient /resident in contact-droplet precautions with proper PPE- gown, glove, mask with face shield or eye protection
2. Proper donning and doffing of personal protection equipment when in contact with COVID-19 residents https://www.cdc.gov/HAI/pdfs/ppe/ppeposter148.pdf
3. Reduce the number of non-essential staff who come into contact with the patient/resident
4. Reduce the movement of staff between patients with and without COVID-19 –
    - cohort staff and patients in one area of the building if possible
    - cohort equipment for these patients/residents to limit spread of infection
5. Perform hand hygiene frequently before and after patient/resident contact, before clean/ aseptic procedures, and after body fluid risk exposure, before and after coming on duty, and when hands are visibly soiled.

PPE GUIDANCE

Facilities should follow the CDC guidelines for health care workers and positive protective equipment: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

Secondary to limited PPE availability facilities should use fit tested N95 masks only in essential staff who do procedures that are likely to generate respiratory aerosols (e.g., nebulizer treatments, COVID-19 testing), which would pose the highest exposure risk to the staff.

- *Should N95 masks not be available the staff should wear a tight fitting surgical mask with no gaps around the face and eye-protection as in goggles (not just eye glasses) or face shield.*

Those who do not do procedures which generate respiratory aerosols (e.g., insulin injections, medication delivery, lab draw, x-rays, and wound care) do not need N95 respirators at this time. These staff should wear eye protection, gown, gloves, and standard surgical facemasks to prevent droplet exposure.

- If there are shortages of isolation gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of essential staff
- Encourage staff to have a change of clothing on hand to change before leaving work and remember to perform hand hygiene after removal of uniforms and before leaving work for the day.

STAFFING RECOMMENDATIONS

Non-essential staff* are considered those staff who come into contact with patients/ residents, or patient/resident rooms, but do not provide medical care:

- Ancillary staff
- Administrative staff
- Housekeeping staff
- Maintenance staff (unless needing to repair vital equipment)
- Meal delivery
- Activity staff
- Assisted living staff

*Non-essential staff, as defined above, may still require access to the facility for its normal operation. The recommendations outlined here are to restrict their access only to the confirmed or presumed COVID-19 patient's room.

To reduce the interaction between non-essential staff and COVID-19 patients, facilities should develop plans to shift duties from these staff to essential staff.

- **ONLY ESSENTIAL staff should go into the room of a confirmed or presumed COVID-19 patient.**

Essential staff are considered those staff who come into contact with patient/resident and provide medical care:

- Certified Nurse Assistants (CNAs)
- Qualified Medical Assistants (QMAs)
- Nurses
- Paramedics: Paramedics, donning appropriate PPE, are to be allowed into facilities to assess and transport patients to hospitals.
- X-ray staff: Those who come in to do emergency radiographs should don appropriate PPE and follow contact-droplet precautions
- Laboratory staff: o If the essential staff at the facility can draw blood, the facility should work with their local laboratory to develop a protocol by which the facility staff draw the blood.
  - If essential staff at the facility cannot draw blood the laboratory staff should follow contact-droplet precautions.

To reduce essential staff who care for confirmed, or presumed, COVID-19 patients from interacting with patients ISDH recommends the following:

- Appropriate infection control measures with hand hygiene and contact-droplet precautions
  - https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/
  - https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html
- Appropriate donning and doffing of PPE – video training can be watched here
  - https://iuhealth.plateau.com/content/clarian/wbt/2020/Nursing/standard_iso_donning_and_doffing_update/index_lms_html5.htm
- Contract essential staff who recently cared for a COVID-19 confirmed, or presumed positive, patient/resident should, if possible, provide care at only one facility

- Contract essential staff who care for confirmed, or presumptive positive, COVID-19 patients/residents should restrict their movements in facilities to those areas where the patient/resident resides
    - Recommendation is to avoid working in other areas of the facility (e.g., going between assisted living and extended care facilities)
- To conserve PPE and N95 masks, limit the essential staff who perform testing or procedures that generate respiratory aerosols (e.g., suctioning, respiratory treatments). This can be done by identifying only one person who will do these procedures per shift.

FACILITY GUIDANCE

Included are considerations for designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients/resident and options for extended use of respirators, facemasks, and eye protection on such units.

Updated recommendations regarding need for an airborne infection isolation room (AIIR):

- Patients/residents with known or suspected COVID-19 should be cared for in a single-person (private) room with the door closed.
- Patients/residents with known or suspected COVID-19 should not share bathrooms with other patients/residents.
- All patients/residents returning from the hospital with suspected or confirmed COVID-19 should be cared for in a private room.
- Patients with close contact with a confirmed COVID-19 patient (e.g., roommate or infected staff without wearing PPE) should be isolated and follow 14 day self-monitoring guidelines outline by CDC https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html. If they develop symptoms, and are confirmed or suspected to have COVID-19, they should remain in isolation until at least 14 days after illness onset or 72 hours after resolution of fever, without use of antipyretic medication, and improvement in symptoms (e.g., cough) whichever is longer
    - Please note that elderly patients may not mount a fever with COVID-19
    - Please note that elderly patients/residents may not encounter a fever with COVID-19
- Staff who develop symptoms confirmed or suspected to be COVID-19 should call the Indiana State Department of Health at 877-826-0011 (open 24/7) to determine if testing is needed. They should also call their local health department to make them aware.
    - They should follow home quarantine recommendations from the CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html - and can return to work when the following conditions have been met;
        - Fever free for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers).
          AND
        - Other symptoms have improved (for example, when your cough or shortness of breath have improved).
          AND

- At least 7 days have passed since your symptoms first appeared.

GUIDANCE FOR MEDICAL DIRECTORS

Thank you for caring for vulnerable populations during this pandemic. To prevent the number of staff who come in contact with a confirmed or presumed COVID-19 patient at your facility please follow some simple guidance:

- Do not order non-urgent labs or x-rays. Refrain from ordering labs and x-rays that are to follow the long-term course of a disease (e.g., hemoglobin A1C, routine chemistries, Chest X-rays for pulmonary lesion progression).
- Consider alternatives to treatments to generate respiratory aerosols (e.g., inhalers vs nebulizers)