COLORADO
Department of Public Health & Environment

COVID-19 GUIDANCE

Preparation and rapid response checklist for residential care facilities

All residential care facilities (RCFs) should implement additional measures to prevent COVID-19 from entering the facility. **Prevention** measures should be implemented immediately, if not already done, to protect residents from possible COVID-19 infection. Consistent application is necessary to reduce transmission and severe disease from COVID-19. **Immediately implement rapid response measures** when a single case of respiratory illness or COVID-19 positive test is identified in a resident or staff member. Don't wait for a positive test to react. This checklist is updated regularly and guidance is subject to change.

I. Prevention

Every RCF should immediately implement the following, if not already done:

Core Infection Prevention and Control Practices Required for Nursing Homes and LTC Facilities

ALL RESIDENTIAL CARE FACILITIES

- ❑ All facilities should report COVID-19 information daily, using the CDPHE EMResource.
- ❑ Reinforce sick leave policies, and remind Health Care Personnel (HCP) not to report to work when ill.
- ❑ Reinforce adherence to standard Infection Prevention & Control (IPC) measures including hand hygiene and selection and correct use of personal protective equipment (PPE).
- ❑ Have HCP demonstrate competency with putting on and removing PPE and monitor adherence by observing their resident care activities. Consider utilizing CDC training modules for front-line staff that can be used to reinforce recommended practices for preventing transmission of SARS-CoV-2 and other pathogens.
- ❑ Educate HCP about any new policies or procedures.
- ❑ Educate residents and families on topics including information about COVID-19, actions the facility is taking to protect them and/or their loved ones, any visitor restrictions that are in place, and actions residents and families should take to protect themselves in the facility, emphasizing the importance of hand hygiene and source control.
- ❑ Have a plan and mechanism to regularly communicate with residents, families and HCP, including if cases of COVID-19 are identified among residents or HCP.
- ❑ Monitor the COVID-19 test positivity rates of the county that your facility is located. Develop a plan and implement ongoing surveillance testing according to the most current public health orders and any applicable federal requirements. See below for additional testing guidance.

CMS NURSING HOMES ONLY

- ❑ Assign one or more individuals with training in infection control to provide on-site management of the IPC Program. This should be a full-time role for at least one person in facilities with >100 residents or that provide on-site ventilator or hemodialysis services. Smaller facilities should consider staffing the IPC program based on the resident population and facility service needs identified in the facility risk assessment.
- ❑ Staff managing the infection prevention role should complete the CDC online training or other comparable infection prevention education.
- ❑ Report COVID-19 cases, facility staffing, and supply information to the National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module at least weekly. Current CMS Reporting Requirements can be found here.

Monitor Staff and Residents for Symptoms of COVID-19

STAFF SCREENING

- ❑ Screen all HCP at the beginning of their shift for fever (subjective or measured temperature >100.0℉) and symptoms of COVID-19 (chills, fatigue, headache, congestion or runny nose, nausea or vomiting, diarrhea, cough, shortness of breath or difficulty breathing, fatigue, muscle aches, headache, sore throat, new loss of taste or smell)
- ❑ Actively take staff temperature and document the absence of symptoms, a sample form can be found here. If staff have symptoms or become ill while working have them keep their cloth mask or face covering in place and immediately leave the workplace.
- ❑ Staff should follow isolation and quarantine orders issued outside of their workplace. Staff that have had high risk exposures such as a household member with COVID-19 should not work until public health has been consulted for guidance.
- ❑ Discourage staff from working in multiple facilities, whenever possible as working in multiple facilities increases the risk of disease transmission.

RESIDENT SCREENING

- ❑ Ask residents to report if they feel feverish or have symptoms consistent with COVID-19.
- ❑ Actively monitor all residents at least daily for fever (Temperature >100.0℉) and symptoms consistent with COVID-19: Fever or chills, cough, shortness or breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID -19, implement Transmission-Based Precautions.
- ❑ Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include changes in cognition, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >99.0℉ might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.

Implement Source Control

- ❑ HCP should wear a facemask at all times while they are in the facility, the mask should cover their nose and mouth fully. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Guidance on extended use and reuse of facemasks is available. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required.
- ❑ Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility. Cloth face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- ❑ Visitors, if permitted into the facility, should wear at minimum a cloth face covering while in the facility.
- ❑ All masks and/or face coverings should cover both the nose and mouth of the person wearing them. Masks with exhalation valves cannot be used for source control. If a mask has an exhalation valve it must be covered by a surgical or procedure mask to protect others from respiratory droplets.

Visitor Restrictions

- ❑ Post signs at the entrances to the facility advising visitors to check-in with the front desk to be assessed for symptoms prior to entry.
- ❑ Determine whether your facility is eligible to participate in outdoor visitation.
- ❑ Determine whether your facility is eligible to participate in indoor visitation.
- ❑ If visitation is allowed in your facility, all visitors must be screened for symptoms of COVID-19 (fever or chills, cough, shortness or breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or

smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea) prior to entering the facility. This form can be used to collect the necessary information.

- ❑ Remind visitors that they should restrict visitation if they have been in close contact with anyone who has tested positive for or has symptoms consistent with COVID-19 for at least 14 days. Visitors should report to the facility if they develop fever, symptoms consistent with or diagnosed with COVID-19 in the 14 days following visitation.

Resident Room Placement

- ❑ All new or readmitted residents must be isolated in a private room and cared for utilizing appropriate PPE for COVID-19 for 14 days to observe for symptoms of COVID-19. This does not apply to residents leaving the facility for outpatient care (e.g. hemodialysis).
- ❑ Residents who have been discharged from the hospital and have not yet met the criteria to discontinue transmission-based precautions for COVID-19 should continue to be isolated in a separate COVID-19 neighborhood within the facility with dedicated staff. Only residents with a confirmed COVID-19 test should be located in the COVID-19 neighborhood. Facilities should consider having a COVID-19 neighborhood ready and available even if cases are not identified in the facility so that if an ill resident is identified they can be quickly relocated.

Testing Residents and Staff for SARS-CoV-2, the Virus That Causes COVID-19

- ❑ Create a testing plan for SARS-CoV-2, the virus that causes COVID-19, in respiratory specimens to detect current infections (referred to here as viral testing or test) among residents and HCP in nursing homes. The plan should align with state and federal requirements for testing residents and HCP for SARS-CoV-2 and address::
  - Triggers for performing testing (e.g., a resident or HCP with symptoms consistent with COVID-19, response to a resident or HCP with COVID-19 in the facility, routine surveillance).
  - Access to tests capable of detecting the virus (e.g., polymerase chain reaction) and an arrangement with laboratories to process tests.
  - HCP with mild to moderate illness who are not severely immunocompromised:
    - Antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection and should not be used to inform IPC action.:
  - Process for and capacity to perform SARS-CoV-2 testing of all residents and HCP.
  - A procedure for addressing residents or HCP who decline or are unable to be tested (e.g., maintaining Transmission-Based Precautions until symptom-based criteria are met for a symptomatic resident who refuses testing).

Communal Dining and Group Activities

- ❑ Facilities should use the following guidance to determine what level of communal dining and group activities are allowed in their facility. *Facilities should use the percent test positivity rate found on the CMS website to determine current level (e.g. red, yellow, green).
- ❑ The following residents should be restricted from participating in communal dining and group activities: .
  - Residents with symptoms of illness, including signs and symptoms of COVID-19
  - New and readmitted residents requiring a 14 day observation period to assess for COVID-19 symptoms
  - Any resident requiring transmission based isolation precautions for any condition
  - Any facility experiencing an outbreak should stop all communal dining and group activities. The facility should follow the most conservative guidance (Red) regardless of the level of disease activity within the county.

Level of Disease in County of Facility	Level of Communal Dining	Level of Group Activities	Individual Resident Trips Out of Facility
Red* **>10.0% test positivity rate**	**Communal dining limited:** Residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet). ***Limit to those requiring assistance whenever possible.***	Restrict group activities, but some activities may be conducted with social distancing, hand hygiene, and use of a cloth face covering or facemask.	Trips outside the facility should be limited to those medically necessary whenever possible. *Residents must wear a cloth face covering or facemask.*
Yellow* **5.0%-10.0% test positivity rate**	**Communal dining limited:** Residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet). ***Limit to those requiring assistance whenever possible.***	Group activities, including outings limited with **no more than 10 people** and social distancing among residents, appropriate hand hygiene, and use of a cloth face covering or facemask.	Trips outside the facility should be limited to those medically necessary whenever possible. *Residents must wear a cloth face covering or facemask.*
Green* **<5.0% positivity rate or <10 tests in past 7 days**	**Communal dining limited:** Residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet). ***Limit to those requiring assistance whenever possible.***	Group activities, including outings, allowed with no more than the number of people where social distancing among residents can be maintained, appropriate hand hygiene, and use of a cloth face covering or facemask.	Trips outside the facility should be limited to those medically necessary whenever possible. *Residents must wear a cloth face covering or facemask.*

Provide Supplies Necessary to Adhere to Recommended IPC Practices

- ❑ Ensure adequate hand hygiene supplies: Put alcohol-based hand sanitizer with 60–95% alcohol in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., in dining room at front entrance). Make sure that sinks are well-stocked with soap and paper towels for handwashing.
- ❑ Make necessary PPE available in areas where resident care is provided. Implement strategies to optimize current PPE supply before shortages occur, include bundling of care and treatment activities to minimize entries to resident rooms.
- ❑ Place a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room, or before providing care for another resident in the same room.
- ❑ Staff working in facilities located in counties with moderate to yellow or red levels of test positivity should wear eye protection (e.g. face shields, goggles) during all resident care activities to protect against viral spread from asymptomatic individuals.
- ❑ Ensure adequate supplies for respiratory hygiene and cough etiquette are available.
  - Make tissues and cloth face coverings (or facemasks) available for coughing people. (Prioritize facemasks for healthcare personnel.)
  - Consider designating a staff person to steward supplies and encourage appropriate use by residents, visitors and staff.
- ❑ Assess current facility inventory of PPE. Facilities should have a two-week supply of:
  - facemasks
  - respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested providers)
  - gowns

- gloves
- eye protection (i.e., face shield or goggles)

❑ Ensure adequate supplies and procedures for environmental cleaning and disinfection.

Environmental Cleaning and Disinfection

❑ Ensure all resident care equipment (e.g., thermometers, pulse ox, blood pressure cuffs, resident lifts) is cleaned and disinfected according to manufacturer's instructions after each use, prior to use on additional residents. Whenever possible, use disposable or dedicated equipment for those requiring transmission-based precautions.

❑ Use an EPA-registered, hospital-grade disinfectant effective against SARS-CoV-2, the virus that causes COVID-19 to clean and disinfect environmental surfaces, paying close attention to frequently clean high-touch surfaces and shared resident care equipment.

❑ Validate environmental services staff members processes: (1) Follow disinfectant label instructions ; (2) Validate disinfection policies and procedures (e.g., cleaning from clean to dirty, changing gloves and performing hand hygiene between rooms and between resident surfaces within the same room).

II. Rapid Response

If a single case of COVID-19 is detected in a staff or resident, the facility should implement outbreak testing strategies and follow the additional procedures indicated below.

Restrict New Admissions, Communal Dining and Group Activities

❑ Facilities with one or more suspected or confirmed COVID-19 residents should stop all admissions, communal dining and group activities. Employees who test positive should be excluded from work until they meet the requirements to discontinue isolation. These restrictions should remain in place until the facility in collaboration with public health determines that the outbreak has been resolved.

❑ Residents can be readmitted back to the same facility. (Under certain circumstances, new admissions might be considered in consultation with public health). When admissions resume, residents admitted or readmitted to the facility should be placed under observation for 14 days with transmission-based precautions.

Monitor Residents for Fever and Symptoms of Respiratory Infection

❑ Increase resident COVID-19 symptom monitoring to at least two times daily. Residents that have signs and symptoms of COVID-19 should be monitored three times per day.

Social Distancing

❑ Isolate ill residents to their rooms with the door shut to the extent possible, ensuring resident safety, well-being and mental health.

❑ Communal dining and group activities should not take place until the facility has determined, in collaboration with public health, that the outbreak has been resolved.

Isolation Precautions

❑ Restrict staff movement between areas of the facility with and without ill residents (which might be accomplished by cohorting staff to a unit across multiple shifts). Staff as much as possible should not work across units or floors. Facilities should also use separate staffing teams for COVID-19-positive residents to the best of their ability. The goal is to decrease the number of different staff interacting with each resident as well as the number of times those staff interact with the resident.

❑ Staff should follow standard, contact and droplet precautions (gown, gloves N-95 or facemask if N-95 not available and eye protection) for any resident with fever, respiratory symptoms, or when COVID-19 is suspected. [2,3,4]

❑ When discordant roommate pairs are identified (e.g., one roommate is positive for COVID-19 and the status of the other roommate is unknown or negative), it is preferable to separate roommates. Options include moving the

roommate who is COVID-19-positive to a designated COVID-19 neighborhood (housing ONLY COVID-19-positive residents) or to a private room in the same wing or hallway. Other options should be discussed with public health prior to moving residents.

- ❑ Avoid transferring residents between different units. When designating separate units or facilities to care for COVID-19-positive residents and COVID-19-negative residents, it is recommended to consult with public health prior to moving residents.
- ❑ When EMS is activated, notify them that the facility is currently experiencing a suspected or confirmed outbreak of COVID-19 prior to their arrival so they may don appropriate PPE prior to resident contact. All recommended PPE should be worn for care of any resident requiring CPR or other emergent procedure.
- ❑ If transfer is medically indicated, inform the receiving facility that the facility is currently experiencing a suspected or confirmed outbreak of COVID-19 verbally in addition to written documentation prior to the arrival of the resident at the receiving facility.
- ❑ All visitors that must enter the facility (e.g., compassionate care) must wear appropriate PPE if visiting a resident with suspected or confirmed COVID-19 (e.g., gloves, gown, facemask and eye protection). In times of PPE shortages, prioritize a facemask.

Communication

- ❑ Communicate with staff, residents, and families about the suspected or confirmed COVID-19 outbreak, and steps the facility is taking to halt the outbreak. Confirmed outbreaks will be publicly reported by facility name by the state emergency operations center.
- ❑ Place a sign outside the door of the resident room indicating the appropriate PPE required to enter the resident room.

Notify Public Health Immediately

- ❑ If you have a one or more suspected or confirmed case of COVID-19 in a resident or staff member, report to public health immediately.

Footnotes

[1] Return-to-work criteria for healthcare personnel with suspected or confirmed COVID-19

- HCP with mild to moderate illness who are not severely immunocompromised:
  - At least 10 days have passed since symptoms first appeared and
  - At least 24 hours have passed since last fever without the use of fever-reducing medications and
  - Symptoms (e.g., cough, shortness of breath) have improved
  - Note: HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.
- HCP with severe to critical illness or who are severely immunocompromised:
  - At least 20 days have passed since symptoms first appearedAt least 24 hours have passed since last fever without the use of fever-reducing medications and
  - Symptoms (e.g., cough, shortness of breath) have improved
  - Note: HCP who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 20 days have passed since the date of their first positive viral diagnostic test.
- For more information, see Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)

[2] PPE-sparing strategies:

- See CDC PPE-sparing strategies for more information (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html).
- CDC's optimization strategies for PPE offer options for use when PPE supplies are stressed, running low, or absent. Contingency strategies can help stretch PPE supplies when shortages are anticipated, for example if facilities have sufficient supplies now but are likely to run out soon. Crisis strategies can be considered during

severe PPE shortages and should be used with the contingency options to help stretch available supplies for the most critical needs. As PPE availability returns to normal, healthcare facilities should promptly resume standard practices.

- CDC: Using Personal Protective Equipment https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html
- Sequence for proper donning and doffing of PPE: https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf.

[3] CDC and CMS recommend that if COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE (gowns, gloves, facemask and eye protection) for the care of all residents irrespective of COVID-19 diagnosis or symptoms. When PPE shortages are present, this recommendation may be impractical for implementation by healthcare facilities, and PPE use should be prioritized for use with any resident with fever, respiratory symptoms, or when COVID-19 is suspected.

[4] Discontinuation of Isolation for Residents:

- Residents with mild to moderate illness who are not severely immunocompromised:
  - At least 10 days have passed since symptoms first appeared and
  - At least 24 hours have passed since last fever without the use of fever-reducing medications and
  - Symptoms (e.g., cough, shortness of breath) have improved
  - Note: For residents who are not severely immunocompromised and who were asymptomatic throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.
- Residents with severe to critical illness or who are severely immunocompromised:
  - At least 20 days have passed since symptoms first appeared and
  - At least 24 hours have passed since last fever without the use of fever-reducing medications and
  - Symptoms (e.g., cough, shortness of breath) have improved
  - Note: For severely immunocompromised residents who were asymptomatic throughout their infection, Transmission-Based Precautions may be discontinued when at least 20 days have passed since the date of their first positive viral diagnostic test.
- For more information, see: Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)

Additional resources

- Preparing a COVID-19-positive neighborhood https://drive.google.com/file/d/1kDas3Qp2TPnmOgH-43TFruszPO8bk2a7/view
- Strategies to consider when working with memory care residents or facilities serving people with developmental disabilities: https://drive.google.com/file/d/1vhUj3a_9VPRmageceZzpcYPNZAyG8tb9/view
- Strategies to consider when working with assisted living residences: https://drive.google.com/open?id=1Bs7DCwUTgaASruZ7gioEBT-HfYluyP9t
- FAQs for Personal Protective Equipment: https://drive.google.com/file/d/1LQVT4bBe1FG_XwmP1WTAg5ZNJ-sTXbxf/view?usp=sharing
- Guidance for residential care facilities outdoor visitation: https://covid19.colorado.gov/outdoor-visitation
- INTERIM Guidelines for Prevention and Response to Single Cases and Outbreaks of COVID-19 in Long-Term Care Settings: https://drive.google.com/open?id=1J8XurY-o0SsWHt-668sRCNAUVAJSTc9j
- CDC: Responding to Coronavirus (COVID-19) in Nursing Homes. See: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html
- CDPHE Instructions to sign-up and use EMResource docs.google.com/document/d/1iOMlTS39UEWWf8_SlM4rPKNozE0bycNuRWHbTqa0Wwc/edit?ts=5f57e62d
- EPA list N, disinfectants effective for COVID-19 https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2.