Coronavirus Disease 2019 (COVID-19) Guidance for Long-term Care Facilities (LTCF)
May 13, 2020

Nursing homes, skilled nursing facilities, and assisted living facilities (collectively known as long-term care facilities, LTCFs) provide a variety of services, both medical and personal care, to people who are unable to manage independently in the community. LTCFs maintain a unique role in protecting some of the most vulnerable populations during the COVID-19 pandemic. LTCFs have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19. These recommendations are specific for LTCFs and may be applicable to some rehabilitation centers, and similar settings that provide care for elderly or patients with underlying medical vulnerabilities to severe outcome or death with COVID-19.

- The New Hampshire Division of Public Health Services (DPHS) recommends adherence to CMS COVID-19 Long-Term Care Facility Guidance (updated April 2nd). This updated guidance expands on previous guidelines from March 13th.
- Facilities should abide by the Governor’s March 15th Executive Order 2020-04 which implemented a general prohibition of visitors to all assisted living, long-term care, residential care, and similar facilities providing residential care to elderly or infirm patients.
- For the duration of the state of emergency in New Hampshire, all LTCF personnel should wear a mask for source control while they are in the facility. (See NH DHPS Universal Mask Recommendation).
  - A cloth face covering may be appropriate for source control for visitors and residents, if surgical masks are in critical shortage
  - Healthcare providers and anyone in direct patient care should wear a surgical face mask
- Facilities should continue active screening for all.
  - Every individual entering the building (including healthcare personnel, staff, visitors, and vendors) should be screened upon entry for any symptoms of illness and must have their temperature checked. NH DPHS provides an example screening tool.
  - Residents should be actively screened using vital signs and pulse oximetry every day.
- Cancel communal dining and all group activities, such as internal and external group activities.
- If one resident tests positive for COVID-19, contact DHHS immediately, place the entire unit on full droplet precautions, and work with DHHS to coordinate testing and cohorting for staff and other residents in the unit/facility.
- To respond to outbreaks of COVID-19 in your facility, see NH DHHS Immediate Actions to Take in Response to Residential Institutional Outbreaks of COVID-19. Notify NH DHHS about residents or staff with respiratory symptoms by calling 603-271-4496 (after-hours 603-271-5300).
- In addition to the CMS guidance, the CDC has structured guidance in the following subject areas:
  - Infection Prevention and Control for Long Term Care Facilities
  - Responding to Coronavirus in Nursing Homes
  - Nursing Homes Preparedness Checklist
  - Conservation of Personal Protective Equipment (PPE)
• Additional Resources:
  o NH DHHS Screening Tool
  o CDC’s Letter to Residents, Families, and Friends
  o NH DHHS Posters
  o CDC Transmission Based Precaution Posters
  o American Health Care Association (AHCA) Resources
  o CDC's Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes
  o NH DHHS Return to Work Criteria
  o CDC Guidance for Independent Living Facilities and Retirement Communities
• Facilities can attend weekly Wednesday webinars from 12-1pm with NH DPHS and NHHCA:
  o Join Zoom Meeting https://zoom.us/j/511075725
  o Meeting ID: 511 075 725
  o Call in number: (929) 205-6099

Frequently Asked Questions

What are common symptoms of COVID-19?
For confirmed COVID-19 cases, reported illnesses have ranged from mild symptoms to severe illness and death. Symptoms include fever, cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell. Older adults may not show typical symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea.

When do I test a resident for COVID-19?
The threshold for testing LTCF residents for COVID-19 is low. Identification of any symptoms listed above should prompt isolation and further evaluation for COVID-19.

Who do I call to report a cluster of respiratory illness or a suspect COVID-19?
Report a suspected or confirmed COVID-19 case in residents or staff or clusters of respiratory illness to DPHS in the same way that you would for influenza or influenza like illness.
Call: 603-271-4496 (after-hours: 603-271-5300)
Fax: 603-271-0545

How should long-term care facilities prepare for the potential of COVID-19 in their facilities?
• Implement the measures recommended on page one of this document.
• Continue to monitor information from public health. See key websites at the end of this document.
• Review, update, and implement emergency operations plans.
• Put alcohol-based hand rub in every resident room (ideally both inside and outside of the room)
  o Make sure any sink is well-stocked with soap and paper towels for hand washing
• Exclude sick employees from work and emphasize respiratory etiquette and frequent hand hygiene by all
• Identify where any residents with confirmed or suspect COVID-19 can safely reside apart. This should be a single room with access to private bathroom. If multiple patients become ill, cohorting ill patients together is an option.
• Perform routine and frequent environmental cleaning, especially of commonly touched surfaces.
• Create communications plans, including strategies for sharing information with staff, volunteers, residents, and their families. Consider proactive communications now. See examples at the end of this document.
• Prepare for possible increased numbers of employee absences. Identify essential functions, essential jobs or roles, and critical elements to maintain facility operations if absences are high. See CDC guidance for businesses for additional resources around planning for business continuity.

• Assess inventory and ensure supply of PPE recommended for care of patients with COVID-19.


What preventive measures can employees, volunteers, residents and visitors take to help reduce the spread of COVID-19?

• Cover coughs and sneezes with a tissue or sleeve. Following use, dispose of tissues into trash and wash hands or use alcohol based hand sanitizer.

• Avoid touching your eyes, nose and mouth.

• Wash hands often for at least 20 seconds, especially after coughing or sneezing. Use alcohol-based hand sanitizer if soap and water are not available.

• Avoid close contact with people who are sick.

• Clean and disinfect frequently touched surfaces and objects.

How do I actively screen staff?
Facility should screen all staff at the beginning of their shift for fever and symptoms of illness by actively taking their staff’s temperature and documenting the absence of symptoms or risk factors for acquiring disease. Staff should self-monitor throughout the day. If staff present or become ill, instruct them to put on a facemask, and seek testing and return home.

How do I actively screen residents?
Screen residents at least daily for fever and symptoms of illness using vital signs and pulse oximetry. Immediately isolate anyone who is symptomatic with symptoms that may indicate COVID-19. Ill residents should be screened at least 3 times daily to quickly identify anyone who would require transfer to a higher level of care.

For Independent Living Facilities and Retirement Communities, the CDC advises encouraging residents to establish a “buddy system” to check in on one another and also encourage residents self-observe for any symptoms of respiratory illness.

What steps should healthcare workers take when caring for people who are suspected to have COVID-19?
Healthcare personnel caring for patients with confirmed or possible COVID-19 should adhere to CDC recommendations for infection prevention and control (IPC):

• Assess residents with acute respiratory symptoms and risk factors for COVID-19.

• Restrict residents with COVID-19 symptoms to their room. If they must leave the room for medically necessary procedures, have them wear a facemask.

• Post signs on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.
  o Make PPE available immediately outside of the resident room.
  o Position trash cans near the exit inside resident rooms to make it easy for employees to discard PPE.

• Perform hand hygiene with alcohol-based hand rub before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Use soap and water if hands are visibly soiled.

• Practice how to properly don, use, and doff PPE in a manner to prevent self-contamination.
• If the individual requires immediate medical care, call 911 for an ambulance and inform emergency medical services about the suspicion of COVID-19.

• Notify facilities prior to transferring a resident with an acute respiratory illness, including suspected or confirmed COVID-19, to a higher level of care.

• Call NH DPHS at 603-271-4496 (after-hours: 603-271-5300) to report suspected cases.

Similar approaches to managing outbreaks of influenza within LTCF will be used to manage any outbreak of COVID-19 that occur in a LTCF. It is critical that any increases in respiratory illness, clusters, or outbreaks are reported immediately to NH DPHS at 603-271-4496 (after-hours 603-271-5300) so that we can work together to implement control measures. Key strategies to control respiratory disease outbreaks in LTCF include restricting movement of residents and staff, restricting admissions, notification and restriction of visitors, and limiting group dining and social events. See CDC Influenza Guidance: Outbreak Management in Long-Term Care Facilities https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm

What PPE is required for a resident with suspect or confirmed COVID-19?

Follow CDC’s COVID-19 infection prevention and control recommendations, which include information on recommended personal protective equipment (PPE). We recommend the following for healthcare personnel:

• For management of persons under evaluation for COVID-19, or persons confirmed with COVID-19, providers should wear gown, gloves, eye protection (face shield or goggle), and a surgical facemask or N95 or higher-level respirator as outlined below.

• For routine evaluation and sample collection for COVID-19 testing, we recommend surgical face masks for healthcare provider protection in addition to other recommended PPE. There is no current laboratory or epidemiologic evidence that COVID-19 is routinely spread through airborne routes of transmission.

• For aerosol-generating procedures (e.g., sputum induction, nebulizer use, intubation), an N95 or higher-level respirator should be used.

What type of signage should be displayed for COVID-19 residents?

Signage placed at the entry point of room should convey the type of Transmission-Based Precautions employed and appropriate PPE. This signage is an important cue to action for staff and visitors. Signs should not identify specific indications for precautions or personal health information. See CDC’s sample signage.

Will a resident with suspect COVID-19 be able to get testing?

Yes, testing for LTCF residents are prioritized at the NH Public Health Laboratories. There are multiple avenues for acquiring testing.

1. Providers should fill out a lab requisition form and select the check box under “Patient Information” that says “Long Term Care resident.”

2. Contact the NH DHHS COVID-19 Coordinating Office via fax (603-271-3001) or email (covidtesting@dhhs.nh.gov)

Is there a need to transfer residents who are COVID-19 positive?

No. Be prepared to keep residents who are suspect or positive COVID 19 in the facility. Transferring a resident to a hospital should be considered only if the resident requires higher level of clinical care or if the facility cannot fully implement all recommended infection control precautions.

If transfer is necessary, transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer. While awaiting transfer, symptomatic residents should wear a facemask and be separated from others (e.g., kept in their room with the door closed).
Can I accept a resident with COVID-19 into the facility?
LTCFs should re-admit a resident with confirmed COVID-19 patients as long as you can enact appropriate transmission-based precautions (including the appropriate PPE). If possible, CMS guidelines suggest dedicating a 14-day step down unit exclusively for new admissions and re-admissions.

How should a facility handle family member visits for hospice residents?
Visitors in compassionate circumstances should be handled on a case-by-case basis. Screen any visitors using the suggested screening tool. If ill, do not allow entry. Provide these asymptomatic visitors a facemask and limit them to a specific location in the facility (ex: the resident’s private room or designated visiting area). Visitors should perform frequent hand hygiene.

What if I have residents who regularly leave the facility?
Residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis or chemotherapy) should wear a facemask whenever they leave their room, including for procedures outside of the facility. If the resident did not stay overnight, they do not need to quarantine upon return. Refer to strategies for optimizing PPE when shortages exist.

What precautions should be taken for employees who have already traveled?
Staff who have returned from international or domestic travel by bus, train, or airline must be excluded from work and stay at home for 14 days. If the facility is experiencing staffing shortages, these staff members may return to work under certain precautions. They must be screened at the beginning of each shift, self-monitor for symptoms, wear a surgical facemask, and avoid working with severely immunocompromised individuals.

See CDC guidance for potential exposures to HCP in healthcare settings and community settings. Employees who fall into the high or medium risk category described should be excluded from work in a healthcare setting until 14 days after their exposure. In staffing shortages, see CDC guidance for exceptions to these recommendations.

Do staff sick with undiagnosed respiratory illness require a negative COVID-19 RT-PCR test result to return to work?
No. However, we strongly encourage testing for HCP. If not tested, follow the “3/10 Rule” enhanced for HCP: At least 10 days have passed since symptoms first appeared AND at least 3 days (72 hours) have passed since recovery. Recovery is defined as resolution of fever without the use of fever reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath). After returning to work, HCP should:

- Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology oncology) until 14 days after illness onset
- Adhere to hand hygiene, respiratory hygiene, and cough etiquette in CDC’s interim infection control guidance
- Self-monitor for symptoms, and seek reevaluation from occupational health if respiratory symptoms recur or worsen

What cleaning procedures should be followed?
Facilities should routinely clean all frequently touched surfaces such as carts, countertops, and doorknobs. No additional disinfection beyond routine cleaning is recommended at this time. Use the cleaning agents that are usually used in these areas and follow the directions on the label. Refer to List N on the EPA website for EPA-registered disinfectants that have qualified under EPA’s emerging viral pathogens program for use against SARS-CoV-2. Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees, residents and visitors before each use. Management of
laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures. Additional information about recommended practices for terminal cleaning of rooms and PPE to be worn by environmental services personnel is available in the Healthcare Infection Prevention and Control FAQs for COVID-19.

What will happen if anyone in our facility is diagnosed with COVID-19?
If a person in your facility is diagnosed with COVID-19, NH DPHS will work with your facility to identify close contacts of the person diagnosed and to coordinate messaging to your facility community. NH DPHS will make recommendations for monitoring close contacts. See NH DPHS recommendations for immediate action.

What should a facility do when experiencing staffing shortages?
See CDC guidance on allowing asymptomatic healthcare personnel to continue to work under certain conditions for crisis strategies. For immediate staffing support, contact New Hampshire’s Emergency Services Unit at esu@dhhs.nh.gov.

When to contact Occupational Health Services
If you have an unprotected exposure (i.e., not wearing recommended PPE) to a confirmed or possible COVID-19 patient, contact your supervisor or occupational health immediately. For more information for healthcare personnel, visit: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html

Where can I go for the most up-to-date information about the COVID-19 outbreak?
Outbreaks involving COVID-19 evolve quickly and recommendations from public health officials may change as new information becomes available. Please check the following websites often for updated information:
COVID-19 Screening Tool

If your answer is “YES” to any of the following questions, please do not enter the building, and contact your supervisor for more information. Thank you!

1. Have you returned from international or domestic travel via bus, train or airline within the last 14 days?

2. Have you had contact with anyone with confirmed COVID-19 in the last 14 days?

3. Have you had any of the following symptoms in the past 72 hours?
   a. Feeling feverish: feeling flushed, having chills, or otherwise like you might have a fever even if your temperature is normal?
   b. Cough, sore throat, runny nose/sneezing, or shortness of breath?
   c. Two or more of these other signs of illness not due to chronic medical condition: fatigue, muscle aches, joint aches, headache?
   d. Loss of taste and smell?
Help Keep Our Residents Safe
A message from:

Dear Residents, Families, Friends, Volunteers:

We are committed to keeping our residents safe and we need your help. The virus causing Coronavirus Disease 2019 (abbreviated COVID-19) can cause outbreaks in nursing homes. Many of our residents are elderly and may have medical conditions putting them at a very high risk of becoming sick, or even severely ill, with COVID-19. Visitors and staff are the most likely sources of introduction of the virus that causes COVID-19 into a facility.

To protect our vulnerable residents, we are continuing to take the following aggressive actions to reduce the risk of COVID-19 in our residents and staff:

1. We continue to restrict all visitation.
All visitation is being restricted except for certain compassionate care situations, such as end of life situations. These visitors will first be screened for symptoms of illness and potential exposures to COVID-19. We know that your presence is important for your loved one but, per guidance from the New Hampshire Department of Public Health Services, this is a necessary action to protect their health. We are continuing alternative methods of visitation (such as Skype and FaceTime) so that you can continue to communicate with your loved ones. Visitors who are permitted to enter the building will be required to frequently clean their hands, limit their visit to a designated area within the building, and wear a facemask. As the situation with COVID-19 is rapidly changing, we will continue to keep you updated.

2. We continue to monitor staff and residents for symptoms of illness. Non-essential healthcare personnel and volunteers are still restricted from entering the facility. Staff will be actively monitored for fever and symptoms of respiratory infection. Ill staff will be asked to stay home. All staff are wearing facemasks four source control. You may also see healthcare personnel wearing eye protection, gown, and gloves in order to prevent germs from spreading and help keep residents safe. Healthcare personnel will clean their hands frequently.

We are assessing residents daily for fevers and symptoms of illness in order to quickly identify ill residents and implement additional infection prevention activities. When ill residents are identified, they will be monitored closely, asked to stay in their rooms or wear a mask.

3. We continue to limit activities within the facility.
We are still cancelling all group activities within the building and all community outings. We will be helping residents to practice social distancing and to frequently clean their hands.

We encourage you to review the CDC website for information about COVID-19, including its symptoms, how it spreads, and actions you can take to protect your health: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

Thank you very much for everything you are doing to keep our residents and facility staff safe and healthy. We continue to monitor the situation in our community; we will keep you informed about any new precautions we think are necessary to keep your loved one safe.

Please contact us with additional questions at

Sincerely,