Center for Policy, Planning and Evaluation
Division of Epidemiology–Disease Surveillance and Investigation

March 13, 2020

RE: DC Health Infection Control Recommendations for Preparedness and Management of Coronavirus 2019 in Skilled Nursing Facilities

Dear Skilled Nursing Facility Administrators:

On March 10, 2020 the Centers of Disease Control and Prevention (CDC) updated its Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html). Due to the developing situation with COVID-19 in the region, DC Health recommends that all skilled nursing facilities (SNFs) take aggressive steps to keep undetected COVID-19 cases from entering their facilities through visitors and healthcare workers, as well as thoroughly prepare to receive patients who are confirmed COVID-19 cases, suspected COVID-19 cases, or being transferred from facilities with known COVID-19 cases.

Below is a high level summary of the current DC Health infection control recommendations. These were drafted with guidance from CDC, the March 9, 2020 memo from Center for Medicare and Medicaid Services (https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf), and consultation with neighboring jurisdiction Healthcare-Associated Infections Programs. These are subject to change as the situation evolves.

- Based on the scientific evidence to date about how COVID-19 is transmitted, newly released infection prevention guidance from CDC, and given shortages of N95 respirators, **DC Health advises that collection of nasopharyngeal (NP) and oropharyngeal (OP) swab specimens for COVID-19 testing using contact and droplet precautions with a face mask is appropriate. Eye protection should always be used.**
- Residents with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should ideally be placed in a private room with their own bathroom.
- Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement.
- Specimen collection may be performed in an examination room with the door closed. Severely ill patients who will be transferred to a higher level of care should not be tested in in a skilled nursing facility setting. Airborne Infection Isolation Rooms (AIIRs) should be reserved for patients undergoing aerosol-generating procedures (APGs).
- Facilities should notify the health department immediately and follow the Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings, which includes detailed information regarding recommended PPE.
- **All skilled nursing facilities should implement strict visitor restrictions and limit points of entry.**

For the purpose of this document, the following definitions apply:

Person Under Monitoring (PUM)

- Any person who is transferred from another healthcare facility into a skilled nursing facility, regardless of COVID-19 testing or symptom status.

Person Under Investigation (PUI)

- Any person who qualifies for COVID-19 testing through the DC Public Health Laboratory or any other State Laboratory
- Sometime referred to a 'suspect case'

Airborne Infection Isolation Room (AIIR)

- AIIRs are single-patient rooms at negative pressure relative to the surrounding areas, and with a minimum of 6 air changes per hour (12 air changes per hour are recommended for new construction or renovation). Air from these rooms should be exhausted directly to the outside or be filtered through a high-efficiency particulate air (HEPA) filter directly before recirculation. Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized. Facilities should monitor and document the proper negative-pressure function of these rooms.

Aerosol-generating procedures (APG)

- These include (but are not limited to):
    - Intubation, extubation and related procedures such as manual ventilation and opening suctioning
    - Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
    - Bronchoscopy
    - Surgery and post-mortem procedures involving high-speed devices
    - Some dental procedures (such as high-speed drilling)
    - Non-invasive ventilation (NIV) such as bi-level positive airway pressure (BiPAP) and continuous positive airway pressure ventilation (CPAP)
    - High-frequency oscillating ventilation (HFOV)
    - High-flow nasal oxygen (HFNO), also called high-flow nasal cannula
    - Induction of sputum
    - Medication administration via continuous nebulizer

HCP (healthcare personnel)

- Refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including: body substances, contaminated medical supplies, devices, and equipment, contaminated environmental surfaces and contaminated air.

Infection Control Guidance for Skilled Nursing Facilities (can also be applied to Assisted Living Facilities)

Please review CDC's latest general infection control guidelines for COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html as well as CDC's latest Nursing Home specific infection control guidelines: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html. Pay special attention to the details around signage, hand hygiene, PPE, patient placement, environmental infection control, and occupational health policies. Ill visitors and healthcare personnel (HCP) are the most likely sources of introduction of COVID-19 into your facility.

All skilled nursing facilities should implement the following:

1. **Restrict all visitors until further notice**
    a. **Exceptions include:** Hospice care workers, family members of hospice patients, family members of patients receiving end-of-life care, and family of patients who need significant emotional support. These people should still undergo temperature screening as per Recommendation-3 below and wear PPE while on site and according to the facility's PPE policy. Advise these people to report any signs or symptoms of COVID-19 or acute illness within 14 days after visiting the facility.
    b. Facilitate remote communication between the resident and visitors (e.g., video-call applications on cell phones or tablets) whenever possible.
    c. The facility should send communications to families advising the COVID-19 has been identified in the community and re-emphasizing the importance of postponing visitation.

2. **Restrict non-essential personnel and non-essential resident activities that require leaving your facility (for example, non-critical medical appointments) until further notice**

3. **Implement active temperature checks for all skilled nursing facility staff and any visitors who are exempt from recommendation 1.**
    a. This includes both clinical and essential non-clinical staff (such as environmental services, ancillary, administrators, etc.).
    b. Any person who has a fever of 100.4 should not enter the facility for any reason.
    c. Temperature checks should be done in addition to a questionnaire that asks about other respiratory symptoms.
    d. Temperature checks should be documented in writing for future reference.

4. **Staff or visitors who develop symptoms while on-site should immediately take the following steps:**
    a. Stop what they're doing.
    b. Put on a mask.
    c. Leave the facility.
    d. Self-isolate at home.
    e. Call their healthcare provider.

5. **Routinely monitor patients for signs and symptoms of COVID-19**
    a. Conduct at least daily active temperature checks for all residents, screen for respiratory symptoms, and perform pulse oximetry for changes in oxygen saturation (signs and symptoms of COVID-19 may be subtle).
    b. Immediately place a mask on any patient who shows signs and symptoms of COVID-19, isolate them in their room, and follow infection control guidance the most up-to-date

infection control guidance: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

c. Refer to the latest Health Notice to receive the most up-to-date guidance about testing in DC: https://dchealth.dc.gov/page/health-notices.
d. Clinical staff should contact 844-493-2652 to receive additional guidance in the event that they plan to test a resident for COVID-19 testing. Concerned family members should email coronacvir or be directed to the DC Mayor's website https://coronavirus.dc.gov/.

6. **Utilize contact and droplet precautions with eye production during respiratory specimen collection (NP/OP collection) unless performing aerosolizing procedure (such as sputum induction, etc.)**
    a. The patient should be tested in a private room with a closed door.
    b. The HCP collecting the NP/OP swab should wear gown, gloves, and eye protection. Please do not use a respirator unless there is a clear clinical indication to do so. Available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
    c. Nobody else (other staff, family members, etc.) should be in the room while the NP/OP swab is being collected.

7. **Report anticipated PPE and other relevant supply shortages to the DC Health and Medical Coalition (HMC)**
    a. Use the following link to complete the PPE assessment form: https://tinyurl.com/dc-hmc-covid19.
    b. Please note that requests submitted through the assessment forms are not guaranteed to be fulfilled as there is a current global shortage of PPE, facilities may not receive the full quantity of PPE requested, facilities may receive PPE that is different from their standard PPE, facilities should complete this form based on a 30-day projection of need
    c. Reach out the DC HMC with any further questions: dc.hmc@dc.gov.

8. **Immediately report suspected respiratory clusters or outbreaks to DC Health**
    a. Call 844-493-2652 **AND** send an email to DOH.EPI@dc.gov.
    b. Contact the State Agency as per your normal reporting procedures.

9. **Skilled nursing facilities should be prepared to accept patients who are COVID-19 positive or transferred from healthcare facilities where there was a confirmed COVID-19 case.**
    a. Dedicate an area to isolate new patients who were admitted from another healthcare facility at which there was a confirmed COVID-19 case. If any of these patients require aerosol generate procedures, please place patient in an AIIR (if available).
    b. If an AIIR is not available and a clinically stable patient (with suspected or confirmed COVID-19) needs to undergo and an APG, keep them in a private room to receive care from cohorted HCP; these HCPs should wear N95 respirators during APGs. Have a plan in place for optimizing your supply of respirators; additional guidance can be found on CDC's website here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html. **Please contact DC Health if you need further guidance with contingency and crisis plans for respirators.**
        i. If you don't have an AIIR and you anticipate running out of respirators for suspected or confirmed COVID-19 cases with APGs or patient undergoing

monitoring with APGs (despite your crisis plan) then immediately contact DC Health for further guidance.

c. **Monitor patients transferred from a facility with COVID-19 cases closely for signs and symptoms of COVID-19 for 14 days.** This includes at least daily active temperature checks for all residents, screen for respiratory symptoms, and perform pulse oximetry for changes in oxygen saturation (signs and symptoms of COVID-19 may be subtle).
d. **Dedicate staff to these patients until they are past the 14 day monitoring period.**

10. **Ensure that all HCP and patients are aware of proper hand hygiene practices.**
    a. **CRITICAL**: Ensure that alcohol-based handrub (ABHR) dispensers are placed inside AND outside the doorway of every patient room. ABHR needs to be 60%-95% alcohol to be effective against COVID-19.
    b. **CRITICAL**: If hands are not visibly soiled then HCP should always use ABHR 1) upon entering a patient's room, 2) upon exiting a patient's room, 3) immediately prior to putting on gloves, 4) immediately after removing gloves, 5) every time they leave an individual unit, 6) every time they enter a new unit and 7) all other scenarios stated in your facility hand hygiene policy.
    c. Ensure that ABHR dispensers are properly stocked and that sinks are properly supplied with soap and paper towels for hand washing.

11. **Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.**
    a. 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: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2. This is being updated constantly.
    b. If List N supplies are not available then use a cleaning product that has an "emerging viral pathogen" claim associated with it. More information about this claim can be found here: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Please continue to closely monitor the DC Health webpage for updated Health Notices (https://dchealth.dc.gov/page/health-notices) and don't hesitate to reach out to the Healthcare-Associated Infections Program or your State Agency representative for guidance.

Sincerely,

Preetha Iyengar, MD
Medical Officer
DC Health