



STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

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March 10, 2020

Dear Long-Term Care Facility Director:

Long-term care facilities are at high risk for severe COVID-19 outbreaks due to their congregate nature and vulnerable population (e.g., older adults with multiple co-morbidities). Ill healthcare personnel (HCP) or visitors are the most likely sources of introduction of COVID-19 into the facility. **To protect this fragile population, the Department of Health is urging ALL long-term care facilities to immediately take the following aggressive actions to reduce the risk of COVID-19 infection in your residents and staff.** If you have a resident with known or suspected COVID-19 infection, your local health jurisdiction may recommend you take more aggressive actions than those listed below.

### **Immediate actions to take:**

- **Visitor Restrictions:**

- Discourage visitation at your facility and offer alternative methods of visitation (Skype, Face Time, etc.), if available.
- Limit each resident to no more than 1 adult visitor per day. This is currently required by the Governor's emergency proclamation. No visitors should be allowed in units with an outbreak.
- Actively screen all visitors for a fever and respiratory symptoms. Do not allow ill visitors to visit. This is currently required by the Governor's emergency proclamation.
- Maintain a record (e.g., a log with contact information, date, travel and illness screening and temperature) of all visitors (including vendors, inspectors, etc.). Retain the visitor log for at least 30 days. This is currently required by the Governor's emergency proclamation.
- Ensure visitors limit their movement within the facility (e.g., avoid the cafeteria and other public gathering areas).
- Post visual alerts at the entrance to long-term care facilities instructing visitors not to visit if they have a fever, or symptoms of a respiratory illness.

- **Healthcare Personnel Infection Prevention Strategies:**

- Restrict non-essential personnel including volunteers and non-essential consultant personnel (e.g., barbers, delivery person) from entering the building

- Screen all staff (including environmental services, ancillary services, contractors and external providers) at the beginning of their shift for fever and respiratory symptoms. Staff are prohibited from working unless they have been screened at the start of every shift. This is currently required by the Governor's emergency proclamation.
  - Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, immediately have them put on a facemask and self-isolate at home.
  - Prioritize ill healthcare providers for COVID-19 testing.
  - Keep a record of others facilities where your staff are working. (Note that staff who work in multiple healthcare facilities may pose a higher risk.)
- Consider having staff who provide direct patient care wear all recommended PPE (gown, gloves, eye protection, facemask) for the care of all residents, regardless of presence of symptoms.
- Geographically cohort staff by assigning dedicated staff to specific units.
- Minimize entries into patient rooms by bundling care and treatment activities
- If resources allow, consider universal facemask use for healthcare personnel while in the facility.
- **Resident Monitoring and Restrictions:**
  - Actively monitor all residents (at least daily) for possible signs of respiratory infection:
    - Screen for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat) and perform pulse oximetry for changes in oxygen saturation at least daily. (Note that long term care residents with confirmed COVID-19 infection may be less likely to show signs of fever and respiratory signs and symptoms may be subtle.)
    - If positive for fever or respiratory signs/symptoms, isolate the resident in their room and implement recommended infection control precautions.
    - Have a low threshold for COVID-19 testing
  - Put plans in place to limit movement and ensure social distancing (i.e., staying 6 feet away from others) of your well resident.
    - Cancel group activities or plan activities where people can stay 6 feet away from each other.
    - Cancel communal dining or have residents eat in the dining room in smaller groups so that they can stay 6 feet away from each other.
    - Limit the movement of residents around the facility.
    - Make sure residents perform hand hygiene and wear a facemask (contingent on supply) if they leave their room.
  - Have a low threshold to transfer ill residents to a higher level of care.

- **General Infection Control:**
  - Train staff on how to wear PPE safely.
  - Use of Standard, Contact, and Droplet Precautions with eye protection for any undiagnosed respiratory infection for which airborne precautions is not otherwise recommended (e.g., tuberculosis). Keep these residents in their rooms away from others.
  - Increase hand hygiene especially during care of residents and in between residents.
  - Prior to entering and exiting the unit and a resident's room, healthcare personnel must perform hand hygiene by washing hands with soap and water or applying alcohol-based hand sanitizer.
    - Ensure access to alcohol-based hand sanitizer both inside and outside of patient rooms
  - Increase environmental cleaning. Disinfect all frequently touched surfaces such as doorknobs, elevator buttons, bathrooms, remote controls, and wheelchairs. Limit sharing of personal items between residents.
  - Ensure proper cleaning and disinfection with an EPA-registered disinfectant effective against SARS CoV-2 that is used correctly and for the appropriate amount of time.
- **Managing PPE and Supply Shortages:** When PPE supplies are limited, rapidly transition to extended use of eye and face protection (i.e., respirators or facemasks).
  - Assess IPC supplies (e.g. PPE, alcohol-based hand rub, etc.) and estimate number of days available.
- **Reporting to the Health Department:** Immediately notify the health department about anyone with COVID-19 or if you identify 2 or more residents or healthcare providers who develop respiratory infections within a week.

Thank you very much for everything you are doing to keep your residents safe and healthy.

Sincerely,

John Wiesman, DrPH, MPH  
Secretary of Health

Kathy Lofy, MD  
State Health Officer