

Writing a COVID-19 Outbreak Preparedness and Response Plan for a Long-term Care Facility

The situation is evolving rapidly and this information is subject to change.

Last updated: 05/21/2020

While this guide is not comprehensive, it is meant to help your facility prepare for a COVID-19 outbreak. Contact the Health Department for assistance as your facility creates or updates your outbreak plan at 802-863-7240. The Vermont Department of Health does not regulate long-term care facilities. For more detailed information, refer to CDC's [COVID-19 Preparedness Checklist for Nursing Homes and Long-Term Care Settings](#).

Staff Training and Education

Do staff members know the symptoms of COVID-19?

Ensure staff are educated about general COVID-19 information:

- www.healthvermont.gov/covid-19 is the most comprehensive source of COVID-19 information for Vermonters.
- Symptoms include fever ($\geq 100^{\circ}\text{F}$ or subjective fever), cough, sore throat, muscle aches, fatigue, shortness of breath, chills, headache, sore throat, or new loss of taste or smell.
 - Older adults may show atypical symptoms (e.g. diarrhea) and fever may be absent.
- The virus is thought to be spread person-to-person by respiratory droplets (from sneezing or coughing) between people who are in close contact with one another (within 6 feet for a prolonged period of time).
- It may also be possible to spread by contact with contaminated surfaces or objects.
- The incubation period, or time from exposure to onset of illness, is two to fourteen days.
- Individuals may be contagious up to 48 hours before the onset of symptoms.

It is an important preventive measure to monitor residents and staff daily for symptoms consistent with COVID-19, such as fever and respiratory symptoms.

Do staff members know how to define an outbreak?

An outbreak occurs when:

- a single resident has a positive COVID-19 lab test **and** one or more additional residents have respiratory illness symptoms.
- or
- two or more residents have at least two of the following symptoms:
 - fever (measured temperature of $\geq 100^{\circ}\text{F}$ or subjective fever)
 - cough
 - difficulty breathing
- or
- a single resident has a positive COVID-19 lab test and has been a resident of the facility for > 14 days.

Prior to an Outbreak

How will you keep COVID-19 from entering your facility?

- Restrict all visitors, except for compassionate care situations (end of life).
- Restrict all volunteers and non-essential health care personnel (HCP), including consultant services (e.g. barber, hairdresser).
- Implement [universal use of source control](#) for everyone in the facility.
 - Staff should wear surgical masks.
 - Residents should wear face masks.
- Actively screen anyone entering the building for fever and symptoms of COVID-19.
 - Staff should be screened before starting each shift and ill personnel should be sent home.
- Cancel all field trips outside the facility.
- Identify space in your facility to monitor and care for residents with COVID-19.
 - This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19.
- Assess current supply of PPE and refer to [CDC's PPE Optimization strategies](#) when resources are limited.

How will you identify infections early?

- Actively screen all residents daily for fever and symptoms of COVID-19.
- Older adults with COVID-19 may not show typical symptoms, such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.
- Notify the Vermont Department of Health immediately if any of these occur:
 - Severe respiratory infection causing hospitalization or sudden death;
 - Clusters (≥ 3 residents and/or HCP) of respiratory infection; or
 - Individuals with suspected or confirmed COVID-19.

Reporting Outbreaks

Do staff members know how to report outbreaks?

Identify which staff members are responsible for reporting suspected cases within your facility. Outbreaks should also be reported to the Vermont Department of Health by calling 802-863-7240. Call 802-241-0344 to notify the Vermont Division of Licensing and Protection that you are working with the Health Department.

Testing

Ensure staff know how specimens are collected (including appropriate PPE technique) and how they are sent for testing. Specimens can be sent to the Vermont Department of Health Laboratory for COVID-19 testing.

- Have a low threshold for testing residents if they have symptoms consistent with COVID-19.

- If one or more residents and/or staff at your facility have positive lab results, the Health Department can help arrange universal testing of all residents and staff to help determine the extent of the spread and whether additional infection prevention controls should be implemented.

Specimen Collection

How will your facility get specimen kits and Personal Protective Equipment?

Facilities can order a few kits to have on hand prior to an outbreak and more can be ordered if an outbreak occurs and additional testing is needed.

If facilities expect to run out of PPE within the next 14 days, PPE can be ordered by visiting the [COVID-19 PPE Resource Request Form](#).

How will your facility collect specimens?

Ensure staff are educated on your facility's process for collecting and shipping specimens for testing.

- If shipping to the Vermont Public Health Laboratory, refer to the [Forms & Ordering Information](#) page for information on ordering test kits, collection and packaging instructions, and the clinical test request form.

If collecting specimens at your facility:

- Ensure staff responsible for collecting specimens are educated on proper PPE use during collection. Consider sharing this video on donning and doffing [Personal Protective Equipment for COVID-19](#).
- Ensure staff are educated on CDC guidance for [Collection of Diagnostic Respiratory Specimens](#).

If referring a patient to an outside facility:

- Ensure staff know where to refer residents for testing.
- Ensure there is a plan for how to communicate with the referral facility and what information to communicate to them.
- Provide referral facility with relevant information such as resident testing status, illness information, outbreak status at referring facility, what information has already been provided to the Health Department, etc.

Recommendations: Protocol During a Suspected Outbreak

How will you prevent the illness from spreading?

- Adhere to [Standard and Transmission-Based Precautions](#).
- Restrict all residents to their rooms, only leaving for medically necessary purposes.
- Residents should be masked if leaving their room or are around others.
- Continue daily illness (fever and respiratory symptoms) checks for residents.
- Perform routine and thorough cleaning of commonly touched surfaces.
- See the EPA list of [Disinfectants for Use Against SARS-CoV-2](#).

- Consider designating an HCP as a PPE steward to track PPE supplies and encourage appropriate use.
- CDC has [Strategies to Optimize the Supply of PPE Equipment](#).
- Cancel communal dining and all group activities, both internal and external.
- Enforce social distancing among residents.
- Dedicate specific staff to work only on affected units.
- Implement universal use of facemasks for HCP while in the facility.
- If COVID-19 is identified in the facility, have HCP wear all recommended PPE for resident care, regardless of the presence of symptoms, on the affected unit or facility-wide depending on the situation.

When should staff stay home?

- Reinforce sick leave policies with staff and have them monitor themselves for fever or respiratory symptoms.

Any staff members who develop a fever and respiratory symptoms should not report to work. If they are already at work, they should put on a mask and immediately leave work. They should be encouraged to contact their PCP to consider testing and/or follow guidelines outlined in the CDC's [Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 \(Interim Guidance\)](#)

- Ask employees to report if they or someone they live with is getting tested for COVID-19.
- Additionally, if the employee has other places of employment, they should also alert them to any COVID-19 testing.

How will you separate sick residents from well residents?

- Residents with known or suspected COVID-19 do not need to be placed in an airborne infection isolation room but should ideally be placed in a private room with their own bathroom.
- Room sharing may be necessary if there are multiple residents with known or suspected COVID-19.
- If COVID-19 is suspected, facilities should follow the [Interim Infection Prevention and Control Recommendations for Patients with COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#)

What is the plan for new admissions or readmissions?

- If possible, suspend any new admissions during an outbreak. If this is not possible, the new resident or readmitted resident should be housed in a single room for 14 days. Individuals should be screened for fever and respiratory symptoms upon admission into the facility and daily going forward.
- All [recommended PPE](#) should be worn during care of residents under observation.

What is the plan for residents who are being discharged?

If residents are being discharged to home:

- If a resident is stable enough to receive care at home, determine what and how you will communicate with the caregiver. [The Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 \(COVID-19\)](#) provides a list of considerations and guidance.

If residents are being discharged to another facility:

- If discharging to another facility plan to communicate with the receiving facility to ensure they are aware of the situation, are prepared to take the resident, and know what resources are available if they have questions.

Communicating with Staff, Residents and Visitors

How will your facility communicate with staff members and residents?

Ensure your facility has a plan to easily and quickly communicate with staff and residents that there is an outbreak or suspect outbreak occurring at the facility. Share steps that they can take to stay healthy, like washing hands, maintaining social distancing, staying home when they are sick, and covering coughs and sneezes. Throughout the outbreak, make sure that all staff are kept up-to-date on the situation and recommendations/guidance from the Health Department. Because this is a rapidly changing situation, it is important to have a process in place prior to an outbreak on how communication will flow to staff (how will communication be sent, how often will it be sent, who can they can contact within the facility if they have questions, etc.).

How will staff communicate with facility administrators?

If staff members also work at other facilities, it is important that they share any relevant information with facility administrators, such as: if there is a suspected outbreak at a facility they worked at, if they have been working with suspected sick residents or staff, etc.

How will your facility communicate with visitors or family members?

- Place signs and messages around your facility indicating visitor restrictions are in place.
- Consider sending an email or letter out to any family members of residents letting them know that visitation is being restricted except for certain situations.
- Determine what exceptions will be made and how they will be handled (e.g. family visits for compassionate care situations, such as end of life).
- In the letter, provide resources of where they can find additional information, how they will be kept in the loop about the situation, who they can reach out to if they have questions or concerns, and what steps the facility is taking to protect them and their loved ones.
- Consider what remote communication can be set up between residents and visitors.
- Consider how facilities will communicate positive test results with families of residents.

Returning to Work and Discontinuing Transmission Precautions

When can a health care worker return to work?

Prior to an outbreak, communicate to workers when they can return to work if they test positive for COVID-19. CDC has a symptom-based, test-based, and time-based strategy for health care workers to return to work. More information can be found in the [Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 \(Interim Guidance\)](#).

Symptom-based:

- Symptomatic health care workers can return to work 10 days after their symptom onset and at least 72 hours have passed since recovery (resolution of fever without the use of fever-reducing medication and improvement in respiratory symptoms).

Time-based:

- Asymptomatic health care workers that test positive for COVID-19 can return to work 10 days after their test was collected, assuming they have not subsequently developed symptoms. If they develop symptoms, then the symptom-based or test-based strategy holds.

Test-based :

- Resolution of fever without the use of fever-reducing medication, improvement in respiratory symptoms, and two negative COVID-19 tests on respiratory specimens collected at least 24 hours apart,
- Or if asymptomatic, two negative COVID-19 tests on respiratory specimens collected at least 24 hours apart.

When can transmission precautions be discontinued for residents?

- CDC has two options for [discontinuation of transmission-based precautions for patients with COVID-19](#), both a test-based and symptom or time-based.
- Consider using the test-based strategy for patients who are hospitalized, severely immunocompromised, or being transferred to a long-term care or assisted living facility.

Test-based:

- Asymptomatic residents should remain in transmission-based precautions until two negative COVID-19 tests on respiratory specimens collected at least 24 hours apart.
- Symptomatic residents should remain in transmission-based precautions until resolution of fever without the use of fever-reducing medication, improvement in respiratory symptoms, and two negative COVID-19 tests on respiratory specimens collected at least 24 hours apart.

Time- and Symptom-based:

- Asymptomatic residents should remain in transmission-based precautions until 10 days have passed since the first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since the first positive test.
- Symptomatic residents should remain in transmission-based precautions until at least 10 days have passed since symptom onset and at least 3 days have passed since recovery (resolution of fever without the use of fever-reducing medication and improvement in respiratory symptoms).

Identifying When an Outbreak is Over

How will your facility identify when the outbreak is over?

An outbreak could be considered over when there have been no new cases after two incubation periods, or 28 days. Continue to minimize the risk of the virus re-entering the facility by instructing staff to stay home if they are sick, monitoring residents for fever and respiratory symptoms, universal masking and adhering to social distancing as much as possible.

Additional Resources

[Vermont Health Department COVID-19 Website](#)

[Evaluating and Testing Persons for COVID-19](#) (CDC)

[Vermont Department of Health - Alerts and Advisories](#)

[Department of Disabilities, Aging and Independent Living - COVID-19 Information](#)

[Vermont Department of Health - Long-term Care and Group Living Settings](#)

[Preparing for COVID-19 Long-term Care Facilities and Nursing Homes](#) (CDC)

[Responding to Coronavirus \(COVID-19\) in Nursing Homes](#) (CDC)

[Testing for Coronavirus \(COVID-19\) in Nursing Homes](#) (CDC)