



Guidance for Long-term Care Facilities in response to COVID - 19

We are continuing to respond aggressively to COVID-19 in Kentucky.

Community-wide mitigation strategies continue to evolve in order to keep all residents and visitors within the Commonwealth healthy and safe. 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 for Public Health is urging ALL long-term care facilities to take the following aggressive actions to reduce the risk of COVID-19 infection in your residents and staff.

Immediate actions to take:

Healthcare Personnel Infection Prevention Strategies:

- Restrict non-essential personnel including volunteers and non-essential consultant personnel from entering the building
- Screen all staff (including environmental services, ancillary services, vendors, contractors and external providers) at the beginning of their shift for fever and respiratory symptoms
- Daily record temperature and document absence of shortness of breath, new or change in cough, and sore throat. (Sample Health and Travel Screening Form Attached)
- Staff should be prohibited from working unless they have been screened at the start of every shift.
- If staff 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
- Geographically cohort staff by assigning dedicated staff to specific units
- Minimize entries into patient rooms by bundling care and treatment activities
- If 2 or more residents exhibit influenza-like illness (ILI), place all residents in droplet precautions and notify public health

****In addition to the actions described above, these are things facilities should do when there are cases in their community (county) but none in their facility.**

- Consider implementing universal use of facemasks for HCP 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
- 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



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Health and Travel Screen

- Visitor
- Outpatient
- Staff Member
- Other _____

Name: _____

Date: _____

1. Do you currently have any of the following symptoms? (mark all that apply):

- Cough
- Difficulty Breathing/Shortness of Breath
- Fever
- Sore Throat

Current Temperature: _____

2. Reason for today's visit? _____

3. Have you traveled outside of the country in the past 14 days?

- Yes
- No

If yes, where did you travel? _____

4. Has anyone that you have been in close contact with traveled out of the country recently?

- Yes
- No

If yes, where did they travel? _____

5. Have you been in contact with anyone who has been diagnosed with or suspected to have COVID-19 in the past 14 days, or are you residing in a community where community-based spreading of COVID-19 is occurring?

- Yes
- No

FOR STAFF USE ONLY:

This screening has been reviewed in its entirety. If any symptoms are marked in Question 1 **AND** any "yes" answers are provided on questions 2-4, the nursing supervisor has been notified.

Employee Name: _____

Signature: _____