

4/3/20

## COVID-19 Long Term Care Facility Update

### Requested Action:

- 1) Do not request routine testing of an individual for COVID-19 prior to discharge from a health care facility for entry back into a long-term care facility, unless the patient has **NEW** symptoms suspicious of COVID-19.
- 2) Patients with confirmed COVID-19 may be discharged back to their former residence per guidance from the Discussion section below. With access to testing still limited in Thurston County, implement non-test criteria for discharge instead of requiring two negative COVID-19 tests.
- 3) Report suspect or confirmed outbreaks of influenza or COVID-like illness in long term care facilities and follow established guidance for infection control.
- 4) Continue to follow the Governors Proclamation 20-06 of March 10<sup>th</sup>:  
[https://www.governor.wa.gov/sites/default/files/proclamations/20-06%20Coronavirus%20%28tmp%29.pdf?utm\\_medium=email&utm\\_source=govdelivery](https://www.governor.wa.gov/sites/default/files/proclamations/20-06%20Coronavirus%20%28tmp%29.pdf?utm_medium=email&utm_source=govdelivery)

### Discussion:

#### Evaluate and Manage Residents with Symptoms of Respiratory Infection

- In general, when caring for residents with **undiagnosed respiratory infection** use Standard, Contact, and Droplet Precautions with eye protection **unless the suspected diagnosis requires Airborne Precautions** (e.g., tuberculosis). This includes restricting residents with respiratory infection to their rooms. If they leave the room, residents should wear a facemask (if tolerated) or use tissues to cover their mouth and nose.
  - Continue to assess the need for Transmission-Based Precautions as more information about the resident's suspected diagnosis becomes available.
- **If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community,**
  - 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.
  - Use of non-private rooms might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. Roommates of symptomatic residents may already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement.
  - 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: [https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html), which includes detailed information regarding recommended PPE.



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- If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the resident should be transferred to another facility that is capable of implementation. Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer so they may take appropriate precautions.
  - While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and remain separated from others (e.g., kept in their room with the door closed). Appropriate PPE should be used by healthcare personnel when coming in contact with the resident.

**Background:**

The virus causing coronavirus disease-2019 (COVID-19), emerged in December 2019 and has since spread around the world causing a global pandemic. Eighty percent of cases are reported to be mild, but severe disease and deaths are more common in the elderly (older than 60 years) and in those with underlying health conditions. As of April, 2nd, there are 6951 confirmed cases and 279 deaths in Washington State with 36 counties reporting cases. Thurston County has had 58 positive confirmed cases reported and no deaths.

**Resources:**

Routine guidance to prevent spread of COVID in LTC facilities;

CDC - <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

Guidance for suspected COVID patients;

CDC - [https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html)

**THANK YOU FOR REPORTING**

TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
Voice mail for reporting <b>non-immediately reportable conditions (24 hours a day)</b>	Phone: 360-786-5470 Fax: 360-867-2601
<b>Day time immediately reportable conditions</b> – Call detailed information to the 24-hour Notifiable Condition Reporting Line at 360-786-5470. Messages are picked up hourly. If a call back can't wait call 360-867-2500 and ask staff to locate a Communicable Disease staff.	Phone: 360-786-5470
<b>After hours immediately and 24-hour reportable conditions or a public health emergency</b>	Call 1-800-986-9050
No one is available with Thurston County Public Health and condition is <b>immediately notifiable</b>	1-877-539-4344

Communicable Disease Updates are posted online at: <http://bit.ly/CDUpdatePHSS>