

## Steps to Limit COVID-19 Spread and Outbreaks in Long Term Care

COVID-19 spreads principally person-to-person, and often is spread by asymptomatic individuals who do not realize they are sick. Every interaction between people increases the risk of spread. This includes staff to staff, staff to resident and resident to resident. It's a simple formula for how spread happens – **the more interactions that happen with a variety of people, the greater the likelihood of spread.**

The following are action steps to take and continually reinforce to limit the spread of COVID-19 in your building.

### 1. Implement physical distancing among your staff and use source control masks<sup>1</sup> at all times for all people in the building.

- a. Consider how shared offices and workspaces are used and disinfected.
- b. Provide reminders to maintain six feet apart and wear source control masks at all times, including:
  - i. In meetings and huddles
  - ii. During staff breaks inside and outside the building
  - iii. Nurses station
  - iv. Laundry room
  - v. Kitchen areas
  - vi. Maintenance
  - vii. Administrative offices
- c. Limit staff meetings and gatherings. Gathering staff together in one location will increase the risk of spread. If an in-person meeting is necessary, staff must continue to wear source control masks. Avoid gathering all leaders or other teams in one room for in-person meetings to preserve continuity of operations.

### 2. Ensure symptom checks for all residents and staff.

- a. At the **beginning of each new shift**, check all staff for symptoms of respiratory illness and fever. If they exhibit symptoms, have them put on a mask and go home immediately. Use our [template log for personnel \(Excel or PDF\)](#) to track employees & their temperatures coming into the facility.
- b. Consider checking residents for symptoms of respiratory illness and fever two or three times daily and track your monitoring steps.

### 3. Limit the number of different staff going into each resident's room and increase efficiency of tasks performed.

- a. Implement protocols for cohorting ill residents with dedicated HCP.

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<sup>1</sup> Source control masks that can include cloth masks are not the same as surgical masks or N-95 and are not a substitute for use in transmission-based precautions during care.

- b. Assign staff to specific residents, and only those residents, to reduce number of interactions with resident.
- c. Minimize any and all staff working across units.
- d. Bundle trips into residents' room so multiple tasks can be done by single assigned staff during visit.
- e. Where possible, reduce frequency of routine procedures such as reducing vital signs, weights, bundle medication administration where clinically appropriate, laundry deliveries.

**4. Implement, or increase if already in place, transmission-based precautions.**

- a. **Wear facemasks for all staff** at all times while at the facility.
- b. HCP wear **all recommended PPE** (gown, gloves, eye protection, N-95 respirator or, if not available, a facemask) **for the care of all residents**, regardless of presence of symptoms.
- c. Extend use of facemasks and other PPE if supply shortage, per [CDC PPE Conservation Strategies](#).
- d. If residents leave their room, require them to wear facemask, perform hand hygiene, limit their movement in the facility, and use social distancing.
- e. When possible, have residents apply source control masks prior to staff entering room to limit potential spread from resident to staff.

**5. Isolation for all residents.**

Infected Resident(s) (known or suspected)	Non-Infected Residents
<ul style="list-style-type: none"> <li>• Create a <a href="#">cohorting plan</a></li> <li>• Single room: If possible, place resident in private room with their own bathroom and the door to their room closed.</li> <li>• Cohort with other COVID-19 residents: May need to share rooms with other COVID-19 positive or suspected residents</li> <li>• If the suspected/known COVID-19 resident was already paired with a roommate – and you don't have single rooms for both, do not separate as the other person in that room has already been exposed and moving in with other residents may spread the virus.</li> </ul>	<ul style="list-style-type: none"> <li>• Keep residents in their rooms as much as possible.</li> <li>• Continue to enforce social distancing between all people.</li> <li>• If room isolation is not possible, such as for a dementia unit with wandering residents, try to set up smaller areas for wandering that reduces number of residents interacting.</li> </ul>

For all residents, facilitate virtual communications with family and other supports.