



COVID-19 QIPMO GUIDELINE FOR ADMINISTRATORS AND DONs

The situation with the COVID-19 pandemic is evolving rapidly with new information being learned daily. The CDC is monitoring the outbreak and working closely with federal, state, and local health departments. Because of this, healthcare personnel working in long-term care should refer to the CDC website for the latest updates.

CALL: DHSS 24-Hour Hotline - 877-435-8411 (it is better to call the Regional Office if you can; they also carry a cellphone on the weekends)

CALL: Notify your county health department and they should provide guidance

WHEN A RESIDENT IS SHOWING SYMPTOMS:

- 1) Upon a resident being symptomatic they need to stay in their own room, restricting from common areas.
 - a. Symptoms include vomiting, high fever, coughing, tiredness, and shortness of breath.
- 2) Utilize dedicated staff to work with COVID-19 residents. Limit the amount of exposure of other staff by minimizing amount of staff caring for that resident.
- 3) Maintain a log for all staff who enter the resident room or care for the resident beginning at midnight.
- 4) If staff had direct contact the day that the resident had symptoms, they have to be sent home and be off for 14 days and they are not required to be tested until they are symptomatic and qualify for the testing. Please refer to link below for guidance:
 - a. Epidemiologic Risk Classification¹ for Asymptomatic Healthcare Personnel Following Exposure to Patients with Coronavirus Disease (COVID-19): www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html.
- 5) Notify the Physician.
- 6) Call your county Department of Health. They should have tests available. A nurse from your home will go the Health Department and pick up and perform the test and deliver it to the lab. Hospitals also have the tests.
- 7) Equipment should not be shared from unit to unit.
- 8) Temperature checks of 2 times per day one in the morning and one at night should be done on all residents and staff. *A fever is 100.4°F/38°C or higher.*
- 9) Monitor residents and staff for any change of condition. Anything out of the normal. Looking for signs and symptoms of acute respiratory illness including fever.

Facilities should *only* cohort COVID-19 confirmed residents and not cohort suspected cases on respiratory isolation pending testing results.

What should we do when a staff member is exposed to a resident with possible COVID-19?

If a staff member was exposed to a person with known or suspected COVID-19, the staff member needs to immediately alert the DON or designated staff, they should regularly monitor themselves for fever and symptoms of respiratory infection, and they should not report to work when ill. Exposed staff should not continue to participate in direct resident care until further details about the exposure are known. If staff is asymptomatic with a COVID-19 exposure they should be assessed by a designated employee, either the DON or the infection preventionist (IP), as per CDC guidance. Based on these guidelines, if the exposed staff is allowed to work, they should wear a facemask while at work for 14



days post exposure and practice hand hygiene. They should monitor themselves for respiratory symptoms and fever prior to coming to work: www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html.

Ordering PPE Supplies when running low: This link, health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/pdf/sns-ordering-form.pdf, will direct you to the order form. The form is essentially split into three sections: Requesting Org. Information, Resource Request Quantity, and Brief statements regarding your current supply on hand, your usage rate, and strategies for optimization. It should be noted that you will need to select a healthcare coalition in the first section (Select Non-Urban). After completion, you will need to print out the document and sign it. It will then need scanned and sent to the associated Coalition.

Guidance for When to Use PPE: cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/

Proper Use of Putting on PPE: www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf

Cleaning:

- 1) Trash is treated as routine and can go into regular resident room trashcan.
- 2) Linens can be placed in normal receptacle (do not need to separate).
- 3) Use dedicated or disposable medical equipment for the resident room.
- 4) Equipment can be cleaned with purple-top super-sani wipes or alphaHP.

***Be sure all cleaners are on the approved EPA list:** epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?

Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming:

- 1) the resident does not require a higher level of care and;
- 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?

- A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions.
- If a nursing home cannot, it must wait until these precautions are discontinued.
- CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19.
- Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to



discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

If possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).

Education Sheet for Staff: health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/pdf/novel-coronavirus-factsheet.pdf

- Stay home if you are able.
- Wash hands regularly.
- Clean and disinfect commonly touched items and surfaces.
- Cough or sneeze into your elbow or a tissue, then dispose of the tissue.
- Avoid touching your eyes, nose, and mouth with unwashed hands.

QSO-20-20-All on Survey Process for Covid-19: www.cms.gov/files/document/qso-20-20-all.pdf

QSO - Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED): www.cms.gov/files/document/qso-20-14-nh-revised.pdf

Visitor Restrictions: health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/pdf/ltc-memo.pdf

Emotional Support:

- ❖ This number was provided with the COCA call for support for caregivers struggling. Call 800-985-5990 or text TalkWithUs to 66746, to connect with a trained crisis counselor.
- ❖ Call the National Suicide Prevention Lifeline at 800-273-TALK (8255), a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress.
- ❖ Your QIPMO TEAM is here for you, we want to help with anything that we can. Thank you to all of you for doing such a great job. We have heard of some amazing stories!
- ❖ Visit us and find many resources at nursinghomehelp.org!

How to Care for a Body if Asked to Hold for >3-4 hours:

- Make sure the body is kept separate from any other resident (aka, no roommate). Homes may need to consider a “morgue room.”
- Turn the air conditioning in the room as low as possible.
- Place a large bag of ice on the chest and a small bag of ice over the face. This will preserve the body as well as possible and prevent contamination to allow embalming later.

Paperwork and Procedures for Positive and Suspected Positive COVID Cases:

- Nothing should change IF natural death or something clearly OTHER than COVID (no symptomatic, heart attack, stroke, etc.) Homes should follow their usual procedures.
- If COVID suspected (symptomatic OR confirmed cases):



- Follow steps above (minus the ice unless you are told by the funeral home that there will be a delay in pick-up).
- Call the county coroner and funeral home and tell them the resident is suspected and/or confirmed COVID. The county coroners are considering positive COVID cases a “natural” death from that specific disease. It is up to each municipality/county if those bodies will be autopsied. We should convey to the homes to NOT mention that aspect to the families.
- Provide the following PPE to the funeral home upon arrival unless they have their own:
 - Gown, Facemask (not just nose/mouth mask), gloves, surgical hat. Once someone is deceased, they can still contaminate via body fluids particularly of the nose, eyes, and mouth.

What to Do with A COVID Body Leaving the Building:

1. Wash down walls, closets, and floors—basically every surface.
2. If able to spray disinfectant on the ceilings, they should do so.
3. Wash all linens, including privacy curtain.
4. Disinfect any/all equipment. Dispose of in biohazard if disposable.
5. Wash mattress with hot, soapy water and allow to completely air dry.