

Immediate Actions to Take in Response to Residential Institutional Outbreaks of Coronavirus Disease 2019 (COVID-19) March 29, 2020

Administrative / Facility:

- Notify NH DHHS about residents with severe respiratory infection, or a cluster of residents or personnel with symptoms of respiratory infections (e.g., >2 residents or personnel with new-onset respiratory symptoms over 72 hours). Call 603-271-4496 (after-hours 603-271-5300).
- Restrict nonessential personnel, visitors, and volunteers from entering the building.
- Close the affected unit(s) to new admissions. Current residents should be accepted back into the facility if they leave to receive care.
- Cancel communal dining and all group activities.
- Remind residents and personnel to practice social distancing (maintain a distance of at least 6 feet from each other) and perform frequent hand hygiene.
- Conduct frequent environmental cleaning and disinfection, including of shared medical equipment like vital sign machines.
 - Healthcare facilities should make sure that EPA-registered, hospital-grade disinfectants are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. Refer to [list N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2.
 - Non-healthcare community settings can use EPA-registered household disinfectant and follow the instructions on the label to ensure safe and effective use of the product. See CDC [guidance](#) for cleaning and disinfection for these settings.

Personnel:

- During an outbreak, personnel should use all recommended PPE for the care of all residents in affected areas (or facility); this includes both symptomatic and asymptomatic residents. If PPE supply is limited, consider extended use of facemasks and eye protection and limit gown use to high-risk procedures. Change gloves and perform hand hygiene between residents. If PPE resources are extremely limited, PPE could be diverted to COVID-19 residents while other [crisis methods](#) to interrupt transmission (dust masks or face shields without mask or N95) might be used for asymptomatic residents that test negative for SARS-CoV-2.
- Screen all personnel at the beginning of their shift for fever and respiratory symptoms. Temperature should be taken. Immediately send home any personnel who are symptomatic or have a temperature 100.0 F and prioritize for testing. Addition of a second mid-shift symptom check should be considered.
 - For healthcare settings and healthcare personnel working in other settings, NH DHHS recommends that healthcare facilities follow CDC's non-test-based strategy outlined in their return to work [guidelines](#) for healthcare personnel.
 - Non-healthcare personnel in community institutional settings may return to work once the person meets CDC's non-test-based strategy for release from home isolation [guidelines](#).
- Dedicate personnel to work only on affected units and do not float personnel. If possible, do not use personnel who work in multiple institutional settings. This practice has been a significant contributing cause of introduction and spread of viruses within institutional settings.

Residents:

- Screen residents for symptoms and fever, at least daily and possibly on every shift.
 - Look to identify residents with a temp ≥ 100.0 F or repeated low-grade temps (>99 F) or symptoms.
 - Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include: new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19. In residents with impaired baseline cognitive functioning, symptom history may not be able to be reliably obtained, hence the need for more frequent vital sign and temperature checks.
 - Maintain a line list of all residents and staff who are ill, illness onset dates, and symptoms
- Increase vitals/assessments of COVID-19 residents to detect clinically deteriorating residents more rapidly (e.g., every shift). Include assessment of pulse oximetry as part of vital signs, if not already being done. Vital sign equipment should be cleaned and disinfected between each patient. Educate providers about the potential for rapid clinical deterioration in residents with COVID-19
- Place ill residents in a private room with their own bathroom. If not possible, room sharing among ill residents may be necessary if multiple residents have known or suspected COVID-19 in the facility. These residents could also be cohorted together in a designated location with dedicated personnel providing their care.
- Roommates of COVID-19 patients should be considered potentially infected and not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure. Because they might already be exposed, it is generally not recommended to separate asymptomatic and symptomatic roommates.
- Follow CDC's COVID-19 infection prevention and control [recommendations](#), which include information on recommended personal protective equipment (PPE). We recommend the following for healthcare personnel:
 - For management of persons under evaluation for COVID-19, or persons confirmed with COVID-19, providers should wear gown, gloves, and eye protection (face shield or goggle).
 - For routine evaluation and sample collection for COVID-19 testing, we recommend **surgical face masks** for healthcare provider protection in addition to other recommended PPE. There is no current laboratory or epidemiologic evidence that COVID-19 is routinely spread through airborne routes of transmission.
 - For aerosol-generating procedures (e.g., sputum induction, nebulizer use, intubation), an N95 or higher-level respirator should be used.
- In the event an ill resident must leave the facility, notify transport personnel and the receiving facility about the suspected diagnosis prior to transfer. Place a facemask on the ill resident if tolerated.

Reinforcing and Maintaining Infection Control Practices:

- Reinforce basic infection control practices within the facility (i.e., hand hygiene, PPE use, environmental cleaning).
 - Provide educational sessions or handouts for HCP and residents/families
 - Maintain ongoing, frequent communication with residents, families and HCP with updates on the situation and facility actions
 - Provide just-in-time training to all staff members on donning and doffing, especially when staff are using new PPE.
 - Provide just-in-time training to environmental staff of terminal cleaning and [list-n products](#)
 - Monitor hand hygiene, PPE, and environmental cleaning use in affected areas
 - Keep monitoring PPE Burn Rate

Determining When the Outbreak is Over:

Maintain all interventions while assessing for new clinical cases (symptomatic residents):

- Maintain precautions for all residents on the unit until no additional clinical cases for 14 days or until cases subside in community.
- Removing COVID-19 residents from Transmission-Based Precautions should follow current [recommendations](#).
- The facility should keep in mind that the incubation period can be up to 14 days and the identification of new case within a week to 10 days of starting the interventions does not necessarily represent a failure of the interventions to control transmission
- Confirm with NH DHHS that the outbreak is under control and that outbreak control measures can be discontinued prior to discontinuing them.

CDC Guidance for Specific Settings:

- Long-term Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>
- Schools: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>
- Colleges and Universities: <https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html>
- Homeless Shelters: <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/index.html>
- Correctional Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html>