

## Long-Term Care Facility Checklist for COVID-19 Outbreak Management and Control

Below is a framework for responding to COVID-19 in long-term care (LTC) facilities, and it has been developed by the Healthcare-associated Infection Prevention & Antimicrobial Stewardship program in the Bureau of Epidemiology at the Pennsylvania Department of Health. It aims to guide infection preventionists and facility leadership on what to do when a case of COVID-19 has been identified in their facility. Please note that this is a suggested approach, and this checklist does not supersede outbreak response guidelines or requirements from any federal, state, or local regulatory agency.

### 1. **Identify & Isolate First Case**

#### **COVID-19 Positive Resident**

- Isolate with transmission-based precautions (TBP) on COVID-19 care unit/area in accordance with most recent guidance [PA HAN 663](#); if unit/area unavailable, provide source control to positive patient and isolate in room. Ideally, residents should be placed in a single-person room
- Prepare to open COVID-19 care unit/area. A COVID-19 Care Unit may not be necessary if the number of cases remains small, but plans should begin to open the unit, if needed, as soon as one case is identified. In the COVID-19 Care Unit:
  - As resources allow, dedicate staff to care for residents with COVID-19
  - Place TBP signs on the door to indicate to those entering the unit/area of the personal protective equipment (PPE) requirements when providing care to COVID-19 positive residents
  - Ensure all required PPE is available which includes N95 or higher-level respirator, gowns, gloves, and eye protection is worn as shown [Isolation PPE](#)
  - If staff are not trained in donning/doffing, perform on-the-spot training. No staff should enter a COVID-19 isolation room prior to successful completion of this training. Guidance for donning and doffing can be found at [COVID-19 Donning/Doffing](#)
- If the resident requiring isolation is being transferred to an outside facility, the receiving facility should be made aware of the COVID-19 diagnosis
- Reinforce core infection prevention practices among residents, visitors, and healthcare personnel (HCP) including hand hygiene, appropriate use of PPE, environmental cleaning, and disinfection, etc.

#### **COVID-19 Positive HCP**

- Exclude from work in accordance with most recent guidance [PA HAN 662](#)

### 2. **Identify Additional Cases and Exposures**

In general, exposed asymptomatic residents and HCP do not require quarantine (residents) or work restrictions (HCP). They are to be tested using a series of 3 viral tests as outlined in [PA HAN 661](#) (HCP) & [PA HAN 663](#) (residents).

- Select Outbreak Investigation approach (contact-tracing or broad-based) as described in [PA HAN 663](#)
- Identify exposures
  - **Resident Exposures:** An exposure is generally defined as less than 6 ft away from an infected person for a cumulative total of 15 minutes or more over a 24-hour period
  - **HCP Exposures:** Described in [PA HAN 661](#)
- If resident or HCP tests positive for COVID-19, place in TBP (residents) or restrict from work (HCP) in accordance with most recent guidance [PA HAN 663](#) and [PA HAN 662](#)

Maintain a line list of all cases

### 3. **Notification & Reporting**

Report new outbreaks in accordance with guidance outlined below

COVID-19 test results are to be reported to PA-NEDSS or NHSN in accordance with [PA HAN 633](#) & [PA HAN 635](#)

COVID-19 cases and deaths are to be reported in accordance with [QSO-20-29-NH](#)

Notify residents, families, visitors, and HCP promptly about identification of COVID-19 in the facility and maintain ongoing, frequent communication on the situation and facility actions

### 4. **Managing the Outbreak**

Facilities should aim to procure resources independently through the commercial market as part of their sustainable outbreak operations. When barriers or limitations exist, testing support, PPE, and staff augmentation resources remain available (See Additional Resources section below).

Monitor daily PPE use to identify when supplies will run low

Use [PPE Burn Rate Calculator](#) or other tools, such as the [PPE Preservation Planning Toolkit](#)

During PPE shortages, submit a [PPE Critical Needs Assessment Form](#)

Use the Supplies and PPE pathway in the [NHSN LTCF COVID-19 Module](#) to indicate critical PPE shortages (i.e., less than one week supply remaining despite use of CDC PPE optimization strategies). Even if you submit a request to the Department, NHSN data assists with nationwide tracking

Review staffing plans to ensure adequate coverage

Refer to CDC guidance for mitigating staffing shortages and PPE optimizing strategies if needed [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)

If critical staffing shortages occur due to COVID-19 outbreak, and facility has been unsuccessful in procurement of additional resources submit request for staffing through [Staffing Support Request](#)

If the facility has been unsuccessful in procurement of testing resources a request for testing supplies (e.g., NAAT testing) can be submitted through [Universal Testing Needs Assessment Form](#)

Alternatively, a request for point of care antigen testing supplies can be submitted through [Point of Care Rapid Antigen Test Order Request Form](#)

Determine a facility plan for visitation [QSO-20-39-NH-REVISED](#)

Enforce universal source control

- Universal source control is to be upheld when Community Transmission levels are high (regardless of outbreak status). If Community Transmission levels are not high, universal use of source control should still be enforced on the unit with the outbreak. If the outbreak is facility-wide, universal source control should be enforced throughout facility.

Provide ongoing education on COVID-19 prevention to residents, visitors, and HCP

Implement ongoing infection prevention audits including hand hygiene, donning/doffing of PPE, and environmental cleaning and disinfection. Sample audit tools can be found at DOH's [Healthcare Professionals Resources Page](#) or the [Agency for Healthcare Research and Quality](#)

Maintain room restriction and full TBPs (N95 or higher-level respirator, gowns, gloves, and eye protection) for care of residents who are positive for COVID-19 until there are no new cases identified depending upon Outbreak Investigation approach selected:

- **Contact tracing:** If no additional cases are found, outbreak is complete when the resident/staff with COVID-19 has completed their isolation period and exposed persons have completed their 10-day monitoring period

**Broad-based (unit-based or facility-wide):** If additional cases are identified, testing should continue for 3-7 days until there are no new cases for 14 days

5. **Returning to Routine Operations**

- Once outbreak is complete, return to routine operations
- Maintain ongoing infection prevention and control audits including hand hygiene, donning/doffing of PPE, and environmental cleaning and disinfection. Sample audit tools can be found at DOH's [Healthcare Professionals Resources Page](#) or [Agency for Healthcare Research and Quality](#)
- Provide ongoing education around COVID-19 prevention to residents, families, visitors, and HCP; this is especially important as new guidance becomes available through scientific advancements. Continue to stress the importance of vaccination for residents, HCP, and visitors. Current vaccination guidance can be found at [CDC Vaccination FAQ](#)
- Perform retrospective outbreak management and control review to identify what worked for the facility, as well as potential opportunities for improvement in the event of a future outbreak

## Additional Resources

### **PA GUIDANCE SOURCES**

- PA Health Alert Network (PA HAN) Health Alerts, Advisories and Updates [Health Alert Network](#)
- PA HAN Notification Sign Up [HAN Notification Registration](#)
- COVID-19 Data for Pennsylvania [COVID-19 Dashboard](#)
- CDC Community Transmission Tracker [CDC COVID-19 Transmission Levels](#)

### **INFECTION PREVENTION & CONTROL TOOLS**

- [PA Project Firstline](#)
- [APIC No Cost ICAR Assessment \(for skilled nursing facilities only\)](#)

### **SKILLED NURSING/LONG TERM CARE FACILITY CRISIS RESOURCES**

- [PA Medication Administration Training Program](#)
- [PPE Critical Needs Assessment Form](#)
- [Staffing Request Form](#)
- [Testing Needs Assessment Form \(PCR only-active outbreak\)](#)
- [Point of Care Rapid Antigen Test Order Request Form](#)

### **COMMUNICATE WITH PA**

- For emergency Healthcare Coalition/CORVENA issues & inquiries: [RA-DHHCC-OPS@pa.gov](mailto:RA-DHHCC-OPS@pa.gov)
- For inquiries regarding SNF reporting guidance: [RA-DHSNFQUESTION@pa.gov](mailto:RA-DHSNFQUESTION@pa.gov)
- For NHSN Inquiries: [RA-DHHAI@pa.gov](mailto:RA-DHHAI@pa.gov)
- For inquiries on PA's COVID-19 vaccination program: [RA-DHCOVIDVAX@pa.gov](mailto:RA-DHCOVIDVAX@pa.gov)

**If you have additional questions, please call PA DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.**