Long-Term Care Facility Playbook to Access Resources

to Support COVID-19 Outbreak Responses

Background

This document is intended to serve as a playbook on how to access various staffing, supplies, infection control expertise, and other resources to support responses to COVID-19 cases and outbreaks in long-term care facilities (LTCFs) and in some circumstances, other residential facilities.

If your facility suspects or is experiencing an outbreak[1] of COVID-19, notify your local health department immediately, and implement steps as outlined in *VDH COVID-19 Guidance for Long-Term Care Facilities*.

In addition:
- Nursing homes: The VDH Office of Licensure and Certification (OLC) is requesting a Facility Reported Incident (FRI) form when either a resident or staff tests positive for COVID-19.
- Assisted Living Facilities: The Virginia Department of Social Services (DSS) requests that you notify your DSS inspector.
- Consider self-reporting to the Virginia Healthcare Alerting & Status System (VHASS).

The following list includes potential options for securing additional resources to support your facility's response to a COVID-19 outbreak.

Staffing

If applicable, engage corporate leadership to identify staff who may be temporarily reassigned to a LTCF experiencing an outbreak.

Engage with your local health system to explore what if any support they can provide in regards to infection control consultation, clinical guidance (either via telehealth or onsite), or re-directing recently furloughed employees to staffing agencies for temporary work at LTCFs. *It is most helpful to engage with health systems prior to a COVID-19 outbreak.*

Contact temporary staffing agencies.

Medical Reserve Corps volunteers, most of which are nurses, may promptly provide support when staffing levels are critical. Volunteers should not be considered a long-term staffing solution (plan for two weeks of support) and facilities are responsible for providing liability coverage, supervision and training for volunteers that are deployed to their facility. Facilities are

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[1] At least two (2) lab-confirmed cases are required to classify an outbreak.

encouraged to consider hiring MRC volunteers as staff and providing them with workers compensation coverage. It is preferable that volunteers are not assigned to provide care to COVID-19 residents. Please refer to the information provided on VDH's MRC page to request volunteers and start the MOU process.

The Virginia National Guard (VANG) can provide support with:
- Staffing testing events at LTCFs (e.g., specimen collection, transport of laboratory specimens)
- Loading, transporting, and unloading PPE or testing supplies
- PPE training (e.g., donning and doffing)
- Fit-testing facility staff for N95 respirators
- Teaching and coaching contamination avoidance and respiratory protection
- Data analytics

Requests for VANG deployment need to be coordinated with the local health department.

Testing   Public health testing is available for persons with COVID-19 symptoms who work, reside, or are newly arriving to a congregate setting.

Commercial laboratories are available for testing and information is available on the VDH website under "Testing and Laboratory" on the Health Professionals webpage.

CDC has released guidance for Testing for COVID-19 in Nursing Homes.

Point Prevalence Surveys (PPS) can be conducted to identify the number of people with COVID-19 at a specific point in time and may be used at the start of an outbreak investigation to determine how widespread COVID-19 cases are in a LTCF or to help guide control recommendations. Please see PPS Guidance and Frequently Asked Questions **here**. VDH will be contacting you to schedule a PPS in the coming weeks.
- Prior to conducting a PPS, it is important to have a plan in place as to what the facility will do with residents and staff that have positive test results. Please see **Attachment 1** for PPS FAQs.

PPE   LTCFs are encouraged to continue working through private sector vendors, associations and corporate offices to ensure availability of PPE. When a facility cannot secure an adequate level of PPE through normal channels, the Commonwealth may be able to support critical resource requests:
- Skilled nursing facilities can contact their Regional Healthcare Coalition.
- Assisted living facilities can contact their regional VDSS licensing office.
  - Additional guidance for assisted living facilities is available on the Virginia Department of Social Services (VDSS) website.
- Facilities requesting PPE should be prepared to provide information on current PPE inventory, PPE conservation strategies in place currently, and burn rates.

Ensure staff training and education on appropriate use of PPE:
- If possible, develop a plan to have all staff fit-tested for N95 respirators. Some local health departments have the capacity to offer fit testing. Other options include coordinating with the Virginia National Guard (VANG), local fire department or EMS agency for this service.
- The VANG can provide training and education on proper use of PPE, fit-testing, and coaching around some infection control practices.
- Local health systems may be able to offer consultative services, online training modules, and/or education regarding the use of PPE including donning/doffing examples.
- CDC videos on donning and doffing are available here.

Infection Control   Facilities should follow infection control guidelines from CDC and CMS. VDH has compiled guidance and posted it here.

Before or early in an outbreak, an onsite infection control assessment is valuable and often reinforces confidence of LTCF staff.
- Facilities can assess their own infection control readiness using a self-assessment tool. An example of a LTCF infection prevention assessment tool can be found here.
- Many local health departments have capacity to provide on-site infection control consultations in the beginning of an outbreak, or can coordinate with MRC volunteers. Please contact your local health department prior to an outbreak to determine if this is the case in your area.
- Some health systems may offer infection control consultative services, and/or may offer access to the hospital's infection prevention and control educational resources.

Teleconsultations are available with VDH infection control experts and may be available via CDC. Facilities may request VDH consultation through their local health department. CDC is conducting consultations with LTCFs that have not yet had a COVID-19 case identified.

To prevent the spread of infection, it is encouraged that staff work at only one facility. If that is not possible, please take extra precautions for those staff that work at multiple facilities.

It is recommended that facilities dedicate space for COVID-19 positive residents prior to an outbreak.

Care Transitions   A LTCF can accept a resident diagnosed with COVID-19 if the facility can follow CDC guidance for Transmission-Based Precautions. CDC has released Interim Guidance for Discontinuing Transmission-Based Precautions for persons with laboratory-confirmed COVID-19. CDC has also released Responding to COVID-19 in Nursing Homes, which includes considerations for new admissions or readmissions to a facility. In addition, the following guidance documents on discharge planning for LTCFs and health systems have been published:
- Guidance on Hospital Transfer and Admission of Patients to Long Term Care Facilities (LTCFs) During COVID-19 Emergency

- [Hospital to Long Term Care Facility (LTCF) Transfer – COVID-19 Assessment](#)

Communications   VDH recommends that facilities develop communication plans to ensure that residents, families, and staff are informed and up-to-date about any COVID-19 initiatives, including measures the facility is taking to protect residents and their loved ones. Communication can be implemented via different methods, such as letters, emails, or website updates. Communication should include information regarding visitation restrictions and what alternative methods for communication will be supported by the facility.

Collaborative public communication efforts with the local health department is also an advisable best practice. [Local health departments](#) may be able to support with public information officer (PIO) support, if needed. In addition, the following tools are available:

- The Virginia Health Care Association has developed a template media fact sheet and template letters for residents, family members, and staff to support communication efforts, which are available [here](#).
- LeadingAge Virginia has published [coronavirus communication and media tools](#) as well as a [media toolkit](#) to support media inquiries and other communication efforts.
- The American Health Care Association and the National Center for Assisted Living have produced [Communication Strategies for Keeping Families Up to Date](#), [Notification Guidelines for Confirmed COVID-19 Cases](#), and other communication [templates](#).
- The Virginia Assisted Living Association's (VALA) has published communications templates in the event of [a confirmed COVID case](#) or when there is [no spread of COVID within a facility.](#)

On April 21, 2020, Dr. Oliver, Virginia State Health Commissioner, announced that Local Health Departments can share COVID-19 information about COVID-19 cases/outbreaks in Long-term Care Facilities (LTCFs) to other LTCFs in their areas. As VDH distributes guidance to local health districts on sharing facility names, please be advised that such information is only intended for internal planning efforts and is not to be distributed.

Additional Resources

- VALA has developed a resource library, which can be accessed [here](#).
- LeadingAge Virginia has published a [COVID-19 Toolkit](#) as well as [online resources](#) to mitigate the effects of social isolation.

Attachment 1: Point Prevalence Survey

Frequently Asked Questions (FAQs)

What is a PPS?

A point prevalence study involves testing staff and residents for the presence of SARS-CoV-2, the virus that causes COVID-19. The results from a PPS can describe the scope and magnitude of COVID-19 in a facility and can sometimes help inform additional prevention and control efforts designed to further limit transmission.

Who will be tested?

VDH recommends testing all staff and residents in facilities with two or more confirmed cases of COVID-19.

Why test all residents?

Early experience from long-term care facilities with COVID-19 cases suggests that when residents with COVID-19 are identified, there are often asymptomatic residents with SARS-CoV-2 present as well. Conducting a PPS of all residents in the facility can identify infected residents who can be cohorted on a pre-specified unit or transferred to a COVID-specific facility.

Why test all staff?

Early experience suggests that, despite healthcare personnel (HCP) symptom screening, when COVID-19 cases are identified in a long-term care facility, there are often HCP with asymptomatic SARS-CoV-2 infection present as well. HCP likely contribute to the introduction and further spread of SARS-CoV-2 within long-term care facilities.

How should my facility prepare?

Facility leadership should be prepared for the potential to identify multiple asymptomatic residents and staff. CDC guidance on responding to COVID-19 in long-term care facilities should be reviewed by the appropriate infection prevention staff in your facility.

How do I schedule a PPS?

A coordinator from VDH will reach out to the facility to schedule. VDH is prioritizing facilities with at least two laboratory confirmed cases of COVID-19 in residents.

How will I get the results?

VDH or the testing laboratory will inform you of the results. The results will be reported back to the facility within 24 hours of the testing laboratory receiving the specimens. General guidance about what to do with the results will be communicated with the facility point of contact.

How will I get the results?

Results from a PPS will lead to infection prevention and control actions such as:
1. Cohorting residents to separate those with SARS-CoV-2 infection from those without detectable SARS-CoV-2 infection at the time of testing to reduce the opportunity for further transmission.
2. Identifying HCP with SARS-CoV-2 infection for work exclusion
3. Determining the SARS-CoV-2 burden across different units or facilities and allocating resources/training.

Is a PPS required?

No, a facility can opt out of a point prevalence survey.