Establishing an Isolation Unit to Care for Residents with Confirmed COVID-19 in Licensed Long-Term Care Settings

Long-term care facilities (LTCFs), including nursing homes, assisted living, memory care, and intermediate care facilities (ICF/IID), should develop plans to care for residents who are infected or suspected of being infected with COVID-19 at their facility as the dedicated COVID-19 units close in Utah. Caring for residents who are infected or suspected of being infected with COVID-19 includes protocols for isolation and establishing a COVID-19 isolation unit. This guidance includes information on 1) establishing an infection prevention and control program; 2) correct use of and maintaining an inventory of personal protective equipment (PPE); 3) establishing an OSHA/NIOSH respiratory protection program; and 4) creating a COVID-19 isolation unit during a COVID-19 outbreak.

Create a COVID-19 isolation strike team

- Identify appropriate team members to lead the Isolation Strike Team (administration, nursing, housekeeping, maintenance, etc.).

Establishing an infection prevention and control program

- Assign one or more individuals with training in infection prevention and control (IPC) to manage the IPC program. This should be a full-time role for at least one person in facilities that have over 100 residents or that provide onsite ventilator or hemodialysis services. Smaller facilities should consider staffing the IPC program based on resident population and facility service needs.[1]
- CDC has created an online training course that can orient individuals to this role in nursing homes.[1]

Personal Protective Equipment (PPE)

- Facilities should have supplies of facemasks, N95 or higher-level respirators, gowns, gloves, and eye protection (face shields or goggles).
- Staff caring for residents who are infected or suspected of being infected with COVID-19 should wear a fit-tested N95 respirator or a PAPR, gloves, gowns, and face shield or goggles (see Personal Protection Equipment (PPE) Requirements for Long-Term Care Facility Staff guidance document on the [LTCF web page](#)).
- Perform inventory of PPE and use the CDC's PPE Burn Rate Calculator to identify when PPE supplies will run out.[2]
- Identify health department contacts for getting assistance with PPE supplies when short on supplies.
- Utilize a competency-based training process for hand hygiene, donning/doffing PPE and
    - Reinforce adherence to standard IPC measures including hand hygiene[3] and selection and correct use of PPE.[4]
    - Ensure healthcare providers (HCPs) demonstrate competency with putting on and removing PPE and monitor adherence by observing their resident care activities.

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        ○ The CDC has created training resources for front-line staff that can be used to reinforce recommended practices for preventing transmission of SARS-CoV-2 and other pathogens.
- Place trash cans near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room.
- Follow the CDC's PPE optimization strategies, which offer a continuum of options for use when PPE supplies are stressed, running low, or exhausted.[5]

Establish an OSHA/NIOSH respiratory protection program, per CDC guidance
- The program should include medical evaluations, training, and fit-testing.[6]
- Ensure staff members are properly **trained** and **fit-tested** for N-95 masks or a higher-level of respiratory protection (PAPR) annually.
- Perform fit-testing for each brand of N-95 mask available at the facility. Facilities changing manufacturers will need to perform a new round of fit-testing for the new brand of N95 masks.

Identify a dedicated space to care for multiple residents with suspected COVID-19
- Decide on a location in the facility that can be separated and dedicated for residents requiring isolation. The space should be separated from COVID-19 negative areas by a barrier or closed doors so staff and residents cannot easily enter the area.
- Consider dedicated spaces with airborne infection isolation room (AIIR), if available. Prioritize the AIIR for patients with aerosol-generating procedures (e.g., CPAP, BiPAP, Ventilator, Nebulizer treatment).
- The facility's air system should be examined by an expert to ensure there is no recirculated air from the COVID-19 isolation unit to COVID-19 negative areas.
- Develop plans for emergency evacuation and fire extinguishers in the dedicated isolation area.
- Develop communication protocols between staff on the dedicated isolation area and other units of the facility.
- For facilities unable to isolate residents with confirmed COVID-19, such as memory care or residents with disabilities, consider transfer to an established COVID-19 unit or cohort cases with fully vaccinated residents or COVID-19 recovered residents within the last 90 days.

Residents with close contact to a person infected with COVID-19
- Residents with close contact to a person infected with COVID-19 should quarantine for 14 days following the exposure, regardless of vaccination status.
- Patients should be quarantined in a private room with its own bathroom.
- During the quarantine period, the resident's movements should be restricted.
- Staff caring for patients under quarantine should wear a fit-tested N95 mask or higher-level respirator, gown, gloves, and eye protection (face shield or goggles).

Residents with suspected COVID-19 infection or persons under investigation (PUI)
- Residents who are suspected to have COVID-19, regardless of vaccination status, should isolate in a private room and be placed on contact/droplet precautions until infectious status has been determined. Residents should not be transferred to a COVID-19 only unit until infectious status has been determined.
- Contact the HAI team at HAI@utah.gov or the HAI infection preventionist assigned to the facility for further guidance.

Residents with confirmed COVID-19

- Place residents with confirmed COVID-19, regardless of vaccination status, in the dedicated COVID-19 isolation unit and place on contact/droplet precautions.
- Restrict residents in isolation from leaving, or transferring from or to another facility until 24 hours after fever resolves and symptoms improve, unless needed for medical care, infection control by transferring to a COVID-19 unit, or lack of isolation space.
- The facility should clearly communicate the resident's infection status to the accepting healthcare facility prior to transfer. Use the Infection Control Transfer Form to assist with this process.
- Residents with confirmed COVID-19 may go home with family during their isolation period. Educate the resident's family on the risk of COVID-19 transmission before transferring the patient home.

Identify dedicated patient care staff

- Enlist a dedicated staff team who would be able to care only for patients in the isolation area.
- Limit movement of designated staff between different parts of the facility to decrease the risk of staff spreading COVID-19 to other parts of the facility.
- If a dedicated team is not possible, consider prioritizing staff who are fully vaccinated or have fully recovered from COVID-19 in the last 90 days to care for patients in isolation.
- For strategies to mitigate staffing shortages, please visit the LTCF web page.

Dedicated medical equipment

- Maintain an adequate supply of medical equipment that could be dedicated to the isolation area (Hoyer lifts, medication/treatment carts, monitoring equipment).
- If dedicated medical equipment for COVID-19 positive residents is not possible, ensure patient care staff are educated on proper disinfection of shared medical equipment between patient use with cleaning agents from the EPA N List.

Environmental cleaning/disinfection

- Establish responsibilities for which staff clean patient care areas and equipment.
- Develop a schedule to disinfect frequently touched surfaces and common areas.
- Develop an auditing tool for monitoring and assessing cleaning/disinfection practices.
- Establish plans for collection of trash and soiled linen, along with a process for the delivery of clean linen, dietary services, medication pass, and supplies.

Contact the HAI team at HAI@utah.gov or the HAI infection preventionist assigned to the facility for further guidance.

References

1. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#prevention-control
2. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html
3. https://www.cdc.gov/handhygiene/providers/guideline.html
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5. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/general-optimization-strategies.html
6. https://www.cdc.gov/niosh/docs/2015-117/default.html