Summary of Federal Guidance - Nursing Homes
Positive or Suspected Positive COVID-19 Resident

Category	When Applicable	Sub-Category	Federal Recommendation	Source	Effective Date	Link
Resident - suspected or positive	*After positive or suspected COVID-19 Resident*	Room Placement	Residents with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should ideally be placed in a private room with their own bathroom.	CDC	Online, 3/13/20	https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-facility
		Room Placement	Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility. As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario. Public health authorities can assist with decisions about resident placement.	CDC	Online, 3/13/20	https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-facility
		Notifying health department	Facilities should notify the health department immediately [note: Alabama law requires notification within 4 hours].	CDC and ADPH	AL Law, 2018 CDC Online, 3/13/20	https://www.alabamapublichealth.gov/publications/assets/notifiablediseases.pdf https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-facility
		Transfer	If a resident requires a higher level of care or the facility cannot fully implement all recommended precautions, the resident should be transferred to another facility that is capable of implementation. Transport personnel and the receiving facility should be notified about the suspected diagnosis prior to transfer. While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and be separated from others (e.g., kept in their room with the door closed). Appropriate PPE should be used by healthcare personnel when coming in contact with the resident.	CDC	Online, 3/13/20	https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-facility
		Treatment	Implement protocols for cohorting ill residents with dedicated HCP. Note that additional CDC guidance states: Facilities could consider designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients. Dedicated means that HCP are assigned to care only for these patients during their shift. It might not be possible to distinguish patients who have COVID-19 from patients with other respiratory viruses. As such, patients with different respiratory pathogens will likely be housed on the same unit. However, only patients with the same respiratory pathogen may be housed in the same room. For example, a patient with COVID-19 should not be housed in the same room as a patient with an undiagnosed respiratory infection.	CDC	Online, 3/13/20 Online (not dated)	https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-facility https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html
		Limited Movement	Limit transport and movement of the patient outside of the room to medically essential purposes. Whenever possible, perform procedures/tests in the patient's room.	CDC	Online (not dated)	https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2F
		Cleaning after discharge or transfer of COVID-19 resident	Once the patient has been discharged or transferred, HCP, including environmental services personnel, should refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles (more information on clearance rates under differing ventilation conditions is available). After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use (See Section 10).	CDC	Online (not dated)	https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2F
HCP	*After positive or suspected COVID-19 Resident*	Care of all residents	Implement universal use of facemask for HCP while in the facility.	CDC	Online, 3/13/20	https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-facility
		Care of COVID-19 known or suspected	HCP who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator or facemask, gown, gloves, and eye protection. When available, respirators (instead of facemasks) are preferred.	CDC	Online (not dated)	https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2F https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html
		Care of all residents	Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator or, if not available, a facemask) for the care of all residents, regardless of presence of symptoms. Implement protocols for extended use of eye protection and facemasks.	CDC	Online, 3/13/20	https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-facility
		Care of known or suspected COVID-19	Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible. If performed, the following should occur: - HCP in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown. - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure. - AGPs should ideally take place in an AIIR. - Clean and disinfect procedure room surfaces promptly.	CDC	Online (not dated)	https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

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Category	When Applicable	Sub-Category	Federal Recommendation	Source	Effective Date	Link
HCP (Continued)	*After positive or suspected COVID-19 Resident*	Clinical - Diagnostic respiratory specimens for possible COVID-19 patient	When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 patient, the following should occur: - HCP in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown. - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection. - Specimen collection should be performed in a normal examination room with the door closed. - Clean and disinfect procedure room surfaces promptly.	CDC	Online (not dated)	https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html
		HCP exposure	Perform an assessment of risk, monitoring, and work restriction decisions for HCP with potential exposure to COVID-19. [Note that this is a case-by-case analysis and the CDC has detailed instructions for risk, monitoring, and work restrictions].	CDC	Online, updated 3/7/2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
	At all times	HCP at work: screening	Continue all CMS 3/13/2020 requirements: Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home.	CMS	CMS, effective 3/13/2020	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
		HCP that work at multiple facilities	Continue all CMS 3/13/2020 requirements: Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.	CMS	CMS, effective 3/13/2020	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
Resident Monitoring and Restrictions (ALL residents)	*After positive or suspected COVID-19 Resident*	Movement	Encourage residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes.	CDC	Online, 3/13/20	https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-facility
		Movement	If residents leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).	CDC	Online, 3/13/20	https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-facility
		Screening	Verbal CDC guidance: "If a case of COVID-19 is found in your facility, we recommend instituting at least twice daily vital signs and clinical evaluation. At a minimum being, temperature, heart rate, and pulse ox to see if there's anyone else who's getting sick."	CDC	CDC public conference call, 3/17/20	https://emergency.cdc.gov/coca/ppt/2020/COCA_Call_Transcript.docx
	At all times	Movement	Cancel communal dining and all group activities, such as internal and external group activities.	CMS	CMS, effective 3/9/2020, portions amended 3/13/2020	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
	At all times	Movement	Implementation will likely require changes in staffing patterns and enlisting other staff in the facility. Approaches: (1) Provide in-room meal service for those that are assessed to be capable of feeding themselves without supervision or assistance. (2) Identify high-risk choking residents and those at-risk for aspiration who may cough, creating droplets. Meals for these residents should ideally be provided in their rooms; or the residents should remain at least six (6) feet or more from others if in a common area for meals, and with as few other residents in the common area as feasible during their mealtime. Staff should take appropriate precautions with eye protection and gowns given the risk for these residents to cough while eating. (3) If residents need to be brought to the common area for dining, do this in intervals to maintain social distancing: (a) attempt to separate tables as far apart as possible; at least six feet if practicable; (b) increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time; c) ideally, have residents sit at tables by themselves to ensure that social distancing between residents can be maintained, or depending on table and room size; and (d) if necessary, arrange for meal sittings with only two residents per table, focusing on maintaining existing social relationships and/or pairing roommates and others that associate with each other outside of mealtimes. (4) Residents who need assistance with feeding should be spaced apart as much as possible, ideally six feet or more or no more than one person per table (assuming a standard four person table). Staff members who are providing assistance for more than one resident simultaneously must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents. (5) Facilities may need to consider use of volunteers or other paid personnel to accomplish food service, which can be viewed as essential and not as visitors. [Note: they must undergo screening upon entry and adhere to frequent handwashing or use of alcohol-based hand rub.]	AHCA	On 3/15/20, AHCA released additional guidance for communal dining following CMS' memo dated 3/13/20	https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Communal-Dining-Approaches.pdf
	At all times	Testing	Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Clinicians should continue to work with their local and state health departments to coordinate testing through public health laboratories. In addition, COVID-19 diagnostic testing, authorized by the Food and Drug Administration under an Emergency Use Authorization (EUA), is becoming available in clinical laboratories.	CDC	Online, 3/4/2020	https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

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Resident Monitoring and Restrictions (ALL residents) (Continued)	*At all times*	Admission of New Residents	Actively monitor all residents upon admission and at least daily [note this will increase to at least twice daily if a positive case is in the facility] for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat).	CDC	Online, 3/13/20	https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-facility
Operational	*After positive or suspected COVID-19 Resident*	Engineering Controls	Design and install engineering controls to reduce or eliminate exposures by shielding HCP and other patients from infected individuals. Examples of engineering controls include: - physical barriers or partitions to guide patients through triage areas - curtains between patients in shared areas - air-handling systems (with appropriate directionality, filtration, exchange rate, etc.) that are installed and properly maintained	CDC	Online (not dated)	https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html
	At all times	HCP Sick Leave	Facilities and organizations providing healthcare should implement sick leave policies for HCP that are non-punitive, flexible, and consistent with public health guidance.	CDC	Online (not dated)	https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html
Individuals Allowed in the Facility	*At all times*	Restricted Visitation	Facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only. Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.). NOTE: Alabama has ORDERED that all nursing homes and long-term care facilities prohibit visitors, except for compassionate care situations such as end-of-life care. Violators may be charged with a misdemeanor and/or a fine per non-compliance occurrence.	CMS ADPH	CMS, effective 3/13/2020 ADPH, order effective 3/19/2020	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf https://www.alabamapublichealth.gov/news/2020/03/19.html
	At all times	Screening and Signs	Continue all CMS 3/13/2020 requirements: For individuals allowed in the facility (e.g., in end-of-life situations), provide instruction, before visitors enter the facility and residents' rooms, provide instruction on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Facilities should communicate through multiple means to inform individuals and non-essential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.	CMS	CMS, effective 3/13/2020	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
		Post-visit monitoring	Continue all CMS 3/13/2020 requirements: Advise any individuals who entered the facility to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.	CMS	CMS, effective 3/13/2020	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
PPE	*At all times*	Optimization	As necessary, employ CDC strategies to optimize PPE supply. Develop plans for PPE shortages and stay in contact with ADPH regarding anticipated shortages.	CDC	CMS, effective 3/17/2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html
Resident Families	*At all times*	End of life	Verbal CDC Guidance: "It's also important for healthcare providers to have discussions with residents and families about their goals of care. This is true any time and including about the end of life. If a resident has expressed a desire to avoid hospitalization or intensive care, that information should be clearly reported."	CDC	CDC public conference call, 3/17/20	https://emergency.cdc.gov/coca/ppt/2020/COCA_Call_Transcript.docx
		Methods of resident communication	Verbal CDC Guidance: "We encourage you during this rapidly changing situation to incorporate alternative methods for communication into your routine in order to help ease the anxiety that your residents and their families may be experiencing due to COVID-19 and visitation restrictions. Some ideas for this including using methods such as phone, or video conferencing to allow residents and families to connect."	CDC	CDC public conference call, 3/17/20	https://emergency.cdc.gov/coca/ppt/2020/COCA_Call_Transcript.docx
		Methods of facility communication	Verbal CDC Guidance: "Maintaining contact information for family and friends of residents, as well as sharing the facility's preferred contact information with those individuals so that important messages can continue to be communicated. And doing things like posting reminder signage outside of the facility about visitation restrictions. And who the visitor can contact for further information is encouraged as well."	CDC	CDC public conference call, 3/17/20	https://emergency.cdc.gov/coca/ppt/2020/COCA_Call_Transcript.docx
Surveyors	*At all times*	Screening	Continue all CMS 3/13/2020 requirements: [NOTE: Follow all screening required for normal visitors for surveyors] CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever.	CMS	CMS, effective 3/13/2020	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf

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HIPAA	*At all times*	Compliance	Ensure staff follows HIPAA requirements. HHS recently released a limited waiver of certain HIPAA requirements.	HHS	HHS, effective 3/15/2020	https://www.hhs.gov/sites/default/files/hipaa-and-covid-19-limited-hipaa-waiver-bulletin-508.pdf
Vendors	*At all times*	Interactions	Continue all CMS 3/9/2020 requirements: Facilities should review and revise how they interact vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock).	CMS	CMS, effective 3/9/2020, portions amended 3/13/2020	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf

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