

CDC Messaging for Nursing Home Infection Prevention and Control for COVID-19

The following information was compiled by the Centers for Disease Control and Prevention (CDC) using information available across the nation about outbreaks of COVID-19 in nursing care facilities. This information is intended to supplement guidance for infection prevention and control (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>) and for long-term care facilities (<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>)

The following priorities should be implemented by all nursing homes.

- **Keep COVID-19 from entering your facility:**
 - Restrict all visitors except for compassionate care situations (e.g., end of life).
 - Restrict all volunteers and non-essential healthcare personnel (HCP), including consultant services (e.g., barber).
 - Actively screen all HCP for fever and respiratory symptoms before starting each shift; send them home if they are ill.
 - Cancel all field trips outside of the facility.
 - Have residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis) wear a facemask whenever they leave their room, including for procedures outside of the facility.
- **Identify infections early:**
 - Actively screen all residents at least daily for fever and respiratory symptoms; immediately isolate anyone who is symptomatic.
 - 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 if it is circulating in the community.
 - Notify the health department if: severe respiratory infection, clusters (≥ 3 residents and/or HCP) of respiratory infection, or individuals with known or suspected COVID-19 are identified.
- **Prevent spread of COVID-19:**
 - Cancel all group activities and communal dining.
 - Enforce social distancing among residents.
 - When COVID-19 is reported in the community, implement universal facemask use by all HCP (source control) when they enter the facility;
 - If facemasks are in short supply, they should be prioritized for direct care personnel. All HCP should be reminded to practice social distancing when in break rooms or common areas.
 - If COVID-19 is identified in the facility, restrict all residents to their room and have HCP wear all recommended PPE for all resident care, regardless of the presence of symptoms. Refer to strategies for optimizing PPE when shortages exist.
 - This approach is recommended to account for residents who are infected but not manifesting symptoms. Recent experience suggests that a substantial proportion of long-term care residents with COVID-19 do not demonstrate symptoms.
- **Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply:**

- Implement conventional and contingency capacity strategies for Optimizing PPE as described in CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html>).
- Extended use of masks is safer and preferred over re-use.
- **Identify and manage severe illness:**
 - Facility performs appropriate monitoring of ill residents (including documentation of pulse oximetry) at least 3 times daily to quickly identify residents who require transfer to a higher level of care.