



Date: March 20, 2020

DPH Numbered Memo 2020-16

To: Wisconsin Local Health Officers, Tribal Health Officials, Infection Prevention Staff, Long-Term Care Facilities, Assisted Living Facilities, Facilities Serving People with Developmental Disabilities, and Other Health Care Providers

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Important Guidance for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) (REVISED) in Long-Term Care Facilities and Assisted Living Facilities

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Summary

The Department of Health Services (DHS) is providing additional guidance to all Long-Term Care Facilities (LTCFs), Assisted Living Facilities (ALFs), and Facilities Serving People with Developmental Disabilities in Wisconsin to help them improve their infection prevention and control practices in order to prevent the transmission of COVID-19, *including revised guidance for visitation*. These recommendations apply to facilities caring for patients who are elderly and/or have chronic medical conditions that place them at high risk of severe complications from COVID-19. This guidance will be evaluated and updated as necessary.

If a healthcare worker or resident of a facility is diagnosed with COVID-19, immediately contact their local public health department to receive further guidance on infection control.

Background

Older and medically vulnerable adults have significantly increased risk of severe illness and death from COVID-19, necessitating that we take all reasonable efforts to prevent introduction and spread of this infectious disease into residential care facilities. As of March 18, 2020, DHS has detected COVID-19 in numerous Wisconsin communities, and has evidence of community transmission in several counties. That means there are people who have tested positive and have no exposure to a known case and did not travel to a location with community transmission. To protect the most vulnerable Wisconsin residents from serious harm, DHS recommends the following actions in accordance with Wis. Stat. ch. 252, Wis. Admin. Code ch. DHS 145, ch. 50 and Centers for Medicare & Medicaid Services (CMS) guidance.

Revised Guidance on Visitation

Based on guidance from CMS, 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 of the need to defer visitation until further notice (through signage, calls, letters, etc.).

For individuals that enter in compassionate situations (e.g., end-of-life care), facilities should require visitors to perform hand hygiene and use personal protective equipment (PPE), such as facemasks. Decisions about visitation during an end-of-life situation should be made on a case-by-case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of a respiratory infection (i.e., fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene, especially after coughing or sneezing.

Exceptions to restrictions:

- **Health care workers:** Facilities should follow CDC guidelines for restricting access to health care workers found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>. This also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians, who provide care to residents. They should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers. Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>).
- **Surveyors:** The DHS Division of Quality Assurance has suspended all non-essential survey activities, in accordance with CMS direction. For other ongoing survey activities, 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 of 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.

Additional Guidance

1. Cancel communal dining and all group activities, such as internal and external group activities.
2. Implement active screening of residents and staff for fever and respiratory symptoms.
3. Remind residents to practice social distancing and perform frequent hand hygiene.
4. Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document presence or absence of shortness of breath, new or change in cough, and sore throat. If employees develop signs and symptoms of a respiratory infection while on the job they should:
 - a. Immediately stop work, put on a facemask, and self-isolate at home
 - b. Inform the facility's Infection Preventionist
 - c. Contact their local health department for next steps
5. For individuals allowed in the facility (e.g., in end-of-life situations), before visitors enter the facility and residents' rooms, provide instruction on hand hygiene, the importance of limiting surfaces touched, and the proper use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or who are 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.

6. Facilities should identify staff who 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.
7. Facilities should review and revise how they interact with vendors and delivery drivers, 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). Facilities can allow entry of these visitors, if needed, as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions.
8. In lieu of visits, facilities should consider:
 - a. Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
 - b. Creating/increasing listserv communication to update families, such as advising them to not visit.
 - c. Assigning staff to serve as the primary contact to families for inbound calls, and conducting regular outbound calls to keep families up-to-date.
 - d. Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.
9. When visitation is necessary or allowable (e.g., in end-of-life scenarios), facilities should make efforts to allow for safe visitation for residents and loved ones. For example:
 - a. Suggest refraining from physical contact with residents and others while in the facility. For example, practice social distancing with no handshaking or hugging, and remaining at least six feet apart.
 - b. If possible (e.g., pending design of building), create dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.
 - c. Residents should still have the right to access the Ombudsman program. Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a case by case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).
10. Advise visitors, and any individuals who entered the facility (e.g., hospice staff), 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 where they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on their findings.

Communications with residents and families should be proactive and clearly explain the reasons for these changes. References able to be shared with residents and families are available through links in this memo and on the DHS COVID-19 website at <https://www.dhs.wisconsin.gov/covid-19>

Recommended resources

DHS Resources

- COVID-19 (Coronavirus Disease 2019) <https://www.dhs.wisconsin.gov/disease/covid-19.htm>
- Outbreaks in Wisconsin <https://www.dhs.wisconsin.gov/outbreaks/index.htm>
- CDC Resources
 - Coronavirus Disease 2019 (COVID-19) <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
 - Resources for Healthcare Facilities <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CMS Resources
 - Memo QSO-20-14-NH: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (Revised) <https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf>
 - CMS memo QSO-20-17-ALL Guidance for use of Certain Industrial Respirators by Health Care Personnel <https://www.cms.gov/files/document/qso-20-17-all.pdf>