

## **Taking Reasonable Efforts to Prevent COVID-19 From Entering Your Skilled Nursing Center (as of March 9, 2020)**

The top priority at this point with COVID-19 is to prevent the virus from entering your nursing home given the high case fatality rate in the elderly, which preliminary data shows it at 15% or greater. Evaluations from prior viral epidemics that spread like COVID-19 found that actions taken early in outbreaks (such as social distancing, restricting interaction with others, washing hands) can significantly reduce the spread of the virus. Waiting until the virus is spreading in the community is often too late.

As such, AHCA strongly recommends five actions to help prevent the entry of COVID-19 into your facilities whether or not it has been found in your surrounding community.<sup>1</sup>

1. Allow entry to only individuals who need entry.
2. Restrict activities and visitors with potential for exposure.
3. Actively screen individuals entering the building and restrict entry to those with respiratory symptoms or possible exposure to COVID-19.
4. Require all individuals entering the building to wash their hands at entry.
5. Set up processes to allow remote communication for residents and others.

### **#1 Restrict entry to only individuals who need entry, such as:**

- Facility employees, contractors and consultants who are needed to keep the operations running and assure the residents' needs are met.
- Government officials who in their capacity require entry (e.g., CDC or public health staff).
- Immediate families or friends who need to visit for critical or time sensitive reasons such as hospice-related visits, complete medical authorizations, etc. These visitors should be instructed to limit their movement within the facility.

*Visitor Exceptions: AHCA/NCAL's recommendation is NOT for a complete ban on all visitors. The circumstances for the reason for entry need to be taken into consideration, particularly for immediate family members (e.g. spouse or sons/daughters) but routine social visits are strongly discouraged. The rationale for this best practice should be explained, and alternative methods of communications offered. We recommend that the resident (or the resident representative) be consulted to determine if a resident wants or needs a specific visitor, including immediate family members, and to allow entry if they do not meet any of the screening exclusion criteria in #3 below.*

### **#2 Restrict activities and individuals with potential for exposure, including:**

- Visitors, when there are any confirmed COVID-19 cases in the surrounding community. This does not apply to workforce needed to keep the operations going and to meet resident needs.

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<sup>1</sup> These recommendations build upon what CMS and CDC currently recommend. We urge members to adopt these additional best practices when possible based on the growing data about the high mortality rate among the elderly over the age of 80 with chronic disease (estimated at 15%), who comprise the majority of our residents. Waiting until the virus starts to spread in the community, has been shown in prior viral epidemics to be too late. (Note the case fatality rate in the Kirkland WA SNF was over 50% based on data available on King County Health Departments website as of 3-7-20). To date, nearly all the deaths in the United States have been in individuals over the age of 70.

- Other visitors for routine social visits, tours with prospective residents or their families, and outside group activities (e.g., school groups or bands, etc.) should be restricted.
- Cancel activities that take residents into the community to public places particularly with large gatherings, such as mall, movies, etc. (note: this does NOT apply to residents who need to leave the building for medical care such as dialysis, medical visits, etc).
- Internal group activities should be restricted, especially if: a) the facility has residents with respiratory symptoms (who should be in contact isolation per CDC guidance); b) if COVID-19 is in the surrounding community; and/or c) the ability to restrict visitors is challenging in the facility.

Facilities should also continue to use [CDC recommended signage](#) reminding people that anyone with symptoms of respiratory illness should not enter the facility, including employees, government officials and contractors.

**#3 Actively try to screen all individuals entering the building**, including employees, contractors, volunteers, visitors, new admissions, government officials, and health care professionals. The screening process<sup>2</sup> should include asking individuals for:

- Respiratory symptoms (fever, sore throat, cough and new shortness of breath);  
*[Please note: As of March 7, taking temperatures is not included in any CDC or CMS recommendations and AHCA/NCAL is not recommending taking temperatures. Extenuating circumstances should be taken into consideration, but in these cases, individuals should use gown, mask and gloves during their visit.]*
- International travel within the last 14 days to areas where COVID-19 cases have been confirmed.
- Anyone who has worked in another health care setting with confirmed COVID-19 cases (this may change as COVID-19 spreads in your community)

**#4 Require all individuals entering the building to wash their hands at entry.**

- If technically possible, set up hand washing and/or alcohol-based hand rub (ABHR) stations immediately inside all entryways with signage reminding people to wash before entering.
- Have each person who enters the center immediately wash their hands or use hand sanitizer before they do anything else.
- Encourage them to wash their hands or use ABHR throughout their time in the building and in accordance with CDC recommendations. CDC recommendations includes increasing the access to ABHR.,
- Clean and disinfect frequently touched objects and surfaces following manufacturer's directions.
- Remind people to not shake hands or hug with each other, staff or residents during this epidemic.

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<sup>2</sup> See AHCA [screening tool](#) available on [AHCA/NCAL COVID19 website](#).

**#5 Set up a process to allow remote communication for residents and others.**

- Ensure emergency contact information for family members and the resident representative is up to date.
- Develop alternative means of communications for residents to visit and talk with loved ones, such as video chat, telephone, texting or social media.
- Inform residents or their representatives of these changes using clear, concise, jargon-free messages that express empathy for their situation while simply explaining the policy.
- Ensure proactive communication with residents' families, loved ones, contractors, volunteers, etc. to make them aware of these restrictions; and to keep them up to date.
- Develop a process for family members to communicate with the facility to get answers to their questions.

**Frequently Asked Questions**

**Who should NOT enter your center?**

- Anyone who has symptoms of respiratory illness or has traveled internationally within the last 14 days to areas where a COVID-19 outbreak has been confirmed.
- If COVID-19 is confirmed in your surrounding community, visitors should be restricted. This does not apply to the facility workforce or contractors.
- Any one has worked in another healthcare setting with COVID-19 patients (this may change as COVID-19 spreads in your community)

**Who should be screened?**

- Anyone who is entering your center including staff, visitors, contractors and government employees.

**How do I conduct a respiratory symptom screen?**

- Ask and observe for signs or symptoms of acute respiratory: (cough or sneezing or shortness of breath).
- Ask for symptoms of fever, sore throat, cough, shortness of breath.
  - *Please note: As of March 7, taking temperatures is not recommended.*

**What if a person refuses and tries to enter?**

- Explain the rationale for the restriction and need to keep all the residents safe.
- Offer them an alternate way to communicate with the person they want to see.
- Talk with the resident or person they want to see, to make sure they want to see the person and explain that person's request.
- Use best judgement and assess extenuating circumstances for entry.  
*[Note: this guidance is not a ban on all visitors and SNFs cannot be expected to physically restrain individuals from entering but should do what is feasible to explain the rationale for the restriction. Federal regulations permit SNFs to limit visitation if it poses a clinical or safety risk].*

### **Resources to Facilitate Communication**

AHCA/NCAL offers a number of communication resources on our coronavirus website ([www.ahcancal.org/coronavirus](http://www.ahcancal.org/coronavirus)), including:

- [Screening tool for visitors](#)
- [Template letters for families and residents](#)
- [Template letters for employees](#)
- Template statement and talking points for [impacted](#) and [non-impacted](#) facilities
- [A guide on communication plans during an emergency](#)

AHCA/NCAL strongly recommends all centers review the [CDC guidance on COVID-19](#) by checking the CDC website frequently as guidance and recommendations are continuing to rapidly evolve.

Please email [COVID19@ahca.org](mailto:COVID19@ahca.org) with any questions.

For additional information and resources on the virus, visit our dedicated website on this issue: [www.ahcancal.org/coronavirus](http://www.ahcancal.org/coronavirus).