



CLARK COUNTY
WASHINGTON

PUBLIC HEALTH

COVID-19 and Influenza Recommendations for Skilled Nursing Facilities and Assisted Living Facilities

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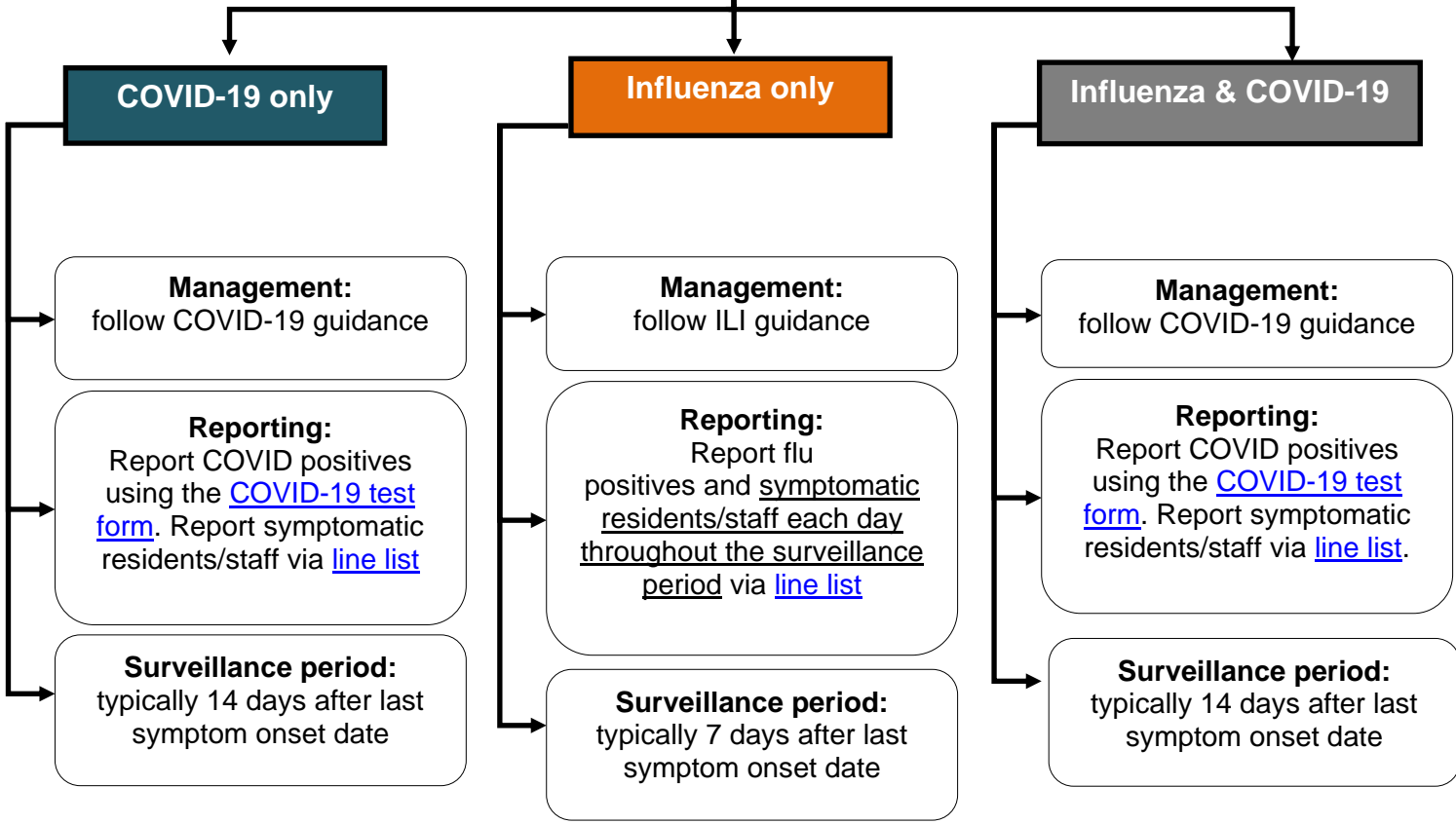
Reporting and Responding to Acute Respiratory Illness in Long-term Care

A resident in a LTCF exhibits acute respiratory symptoms

Management:

- ⚠ **Do not wait for test results to come back before reporting and initiating precautions**
- Implement and follow infection prevention guidance and practices
- Test symptomatic residents/staff for both COVID-19 and Influenza
- Report to CCPH symptomatic residents/staff via [line list](#) secured fax: (564) 397-8080

Resident(s) test positive for:



General Respiratory Illness Guidance

During an Outbreak of Unidentified Acute Respiratory Illness

In the absence of an identified respiratory pathogen, implement the more stringent of applicable control measures (e.g. during the COVID-19 pandemic, err on the side of caution and implement COVID-19 protocols unless or until lab testing identifies another respiratory pathogen (influenza) as the source of illness).

- Utilize [WA State DOH Recommendations for Prevention and Control of Influenza for LTC](#) to guide your facility's response.

Personal Protective Equipment

- ❑ CCPH has PPE posters and handouts available if you would like additional resources. Please let us know if this is a resource you would like to receive, and we will send it in a separate email.
 - APIC Do's and Don't's of Gowns
 - APIC Do's and Don't's of Gloves
 - APIC Do's and Don't's of Masks
 - APIC Do's and Don't's of Respirators
 - CDC Cover your Cough Poster
 - CDC PPE Donning and Doffing Poster
 - PPE Reuse Poster
- ❑ Review and ensure all staff members can accurately demonstrate donning and doffing PPE procedures ([Using Personal Protective Equipment \(PPE\)](#)).
- ❑ Review and ensure your facility has adequate PPE supplies (CDC: [Strategies to Optimize the Supply of PPE and Equipment](#)).
- ❑ If you need assistance in obtaining PPE, please notify the COVID Response Team and a separate email will be sent with attachments and instructions for requesting additional PPE supplies.

COVID-19 Overview

Definitions:

- ❑ **Close contact:** within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.
- ❑ **COVID-19-like illness (CLI) symptoms may include:** (per DOH COVID-19 Guidance)
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Sore throat
 - New muscle aches (myalgias)

- Loss of sense of taste (ageusia) or reduced ability to taste sweet, sour, bitter, or salty things (hypogeusia)
 - Lost sense of smell (anosmia) or reduced ability to smell (hyposmia)
 - **Atypical symptoms may also include:**
 - New or worsening malaise
 - New dizziness
 - Diarrhea
- ❑ **Exposure period:** For COVID-19, the exposure period is considered 14 days prior to symptom onset (note this could change as we learn more).
 - ❑ **Incubation period:** For COVID-19, the incubation period is estimated to be 5 days (ranges from 2-14 days) following exposure.
 - ❑ **Isolation:** separates sick people with a contagious disease from people who are not sick.
 - ❑ **Quarantine:** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. ([CDC Quarantine Guidance](#)).
 - ❑ **Outbreak:** Refer to DOH COVID-19 Guidance: [Outbreak Definition for Healthcare Settings](#)

When and How to Report to report COVID-19 CCPH

- ❑ All laboratory-confirmed COVID-19 positive residents or staff should be immediately reported to Clark County Public Health using the secure fax: (564) 397-8080.
- ❑ Residents experiencing acute respiratory symptoms, for whom test results are pending, should be reported to CCPH using the COVID-19/Influenza Line List Template.

⚠ Do not wait for test results to initiate precautions or report to CCPH.

How to Manage Close Contacts

- ❑ Identify close contact in your facility that may have been potentially exposed (staff, residents, visitors, etc.).
- ❑ Manage the notification and quarantine (for 14 days from last date of exposure) of your facility's staff and residents. The Department of Health has a helpful [informational document](#) that we recommend you provide to these individuals at your facility.
 - Follow CDC guidance for HCW returning to work: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

Follow the CDC Guidance for: [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\)](#)

Conduct Surveillance

- ❑ It is imperative to identify new infections in both staff and residents early. For 14 days following your facilities last exposure, please conduct active surveillance daily among staff and residents. This means you will need to continue to screen all staff and residents at least daily for fever and COVID-like symptoms. Immediately isolate anyone who develops COVID like symptoms.
 - Long-term care residents with COVID-19 may show atypical symptoms.
- ❑ Report daily to the CCPH COVID Response Team, any staff or residents you identify as having COVID-like symptoms by completing the attached line list template. The second row provides

details on what information should be included in each column of the line list. Completed line lists may be submitted via:

- Secure email (or password protected spreadsheet) to the county exposure team.
 - Fax: (564) 397-8080
- If no new staff or residents are identified as having COVID-like symptoms, email the county exposure team and notify there are no new symptomatic individuals to report.

Facility Based Testing

- Report POC testing results to CCPH by utilizing the CCPH [COVID-19 POC Test Report Form](#)
- Review and follow COVID-19 Testing guidance from [WA DOH](#).
- Review the CDC guidance that outlines criteria for Testing Guidance for Nursing Homes: [Interim Testing Guidance in Response to Suspected or Confirmed COVID-19 in Nursing Home Residents and Healthcare Personnel](#)

COVID-19 Symptom Screening Tools

- Can be provided on request

Additional COVID-19 Resources

Clark County Public Health Website

- [COVID-19 Resources](#)

Washington State Department of Health

- Infection Prevention and Control Assessment Tool for Long-term Care Facilities ([PDF](#))
- Employee and Visitor Daily Screening Guidance for COVID-19 ([PDF](#))
- [WA DOH link](#) to schedule an ICAR visit at your healthcare facility: Infection Control Assessment and Response (ICAR)
- Nursing Home Infection Prevention Assessment Tool for COVID-19 ([PDF](#))

Washington State Department of Social and Health Services (DSHS)

- WA State Department of Social and Health Services (DSHS): [Safe Start Washington](#)
- DSHS latest guidance regarding COVID-19. This is the link to provider letters and additional resources: [Information for Nursing Home Professionals](#).

CDC Guidance

- Healthcare Infection Prevention Guidance for 2019 Novel Coronavirus ([CDC](#))
- Infection Control for Aerosol Generating Procedures ([PDF](#))
- Return to Work Guidance for healthcare workers (HCWs) and first responders (FRs) who have Confirmed COVID-19 Infection or are asymptomatic with High or Medium Risk Exposures* to a known case of COVID-19 ([CDC](#))

Environmental Protection Agency (EPA):

- List N: [Disinfectants for Use Against SARS-CoV-2 \(COVID-19\)](#)

Influenza Overview

Definitions:

- ❑ **Incubation period:** For influenza, the incubation period ranges from 1 – 4 days (2 days on average). Most healthy adults can infect others beginning 1 day **before** symptoms develop and up to 5 – 7 days **after** becoming sick.
- ❑ **Influenza symptoms may include:**
 - Fever
 - Fatigue
 - Headache
 - Cough
 - Sore throat
 - Runny nose
 - Chills
 - Muscle aches
- ❑ **Elderly patients may experience more subtle symptoms including:**
 - Anorexia
 - Mental status changes
 - Pneumonia
 - Low-grade fever, or no fever
 - Worsening of chronic conditions, or congestive heart failure.

When and How to Report Influenza to CCPH

- ❑ Per Washington Administrative Code (WAC) 246-101-305, long-term care facilities are required to report the following:
 - A sudden increase in acute febrile respiratory illness over the normal background rate (e.g. 2 or more cases of acute respiratory illness occurring within 72hrs of each other) OR
 - Any resident who tests positive for influenza.
- ❑ Residents/staff with confirmed or suspected influenza, or influenza-like illness should be reported to CCPH using the [COVID-19/Influenza Line List Template](#).
 - ⚠ Do not wait for test results to initiate precautions or report to CCPH.

Conduct Surveillance

- ❑ Report daily to the CCPH Communicable Disease Team, any staff or residents you identify as having confirmed or suspected influenza by completing the attached line list template. The second row provides details on what information should be included in each column of the line list. Completed line lists may be submitted via:
 - Secure email (or password protected spreadsheet)
 - Secure Fax
- ❑ If no new staff or residents are identified as having influenza, or influenza-like symptoms, email the relevant health department contact and notify there are no new symptomatic individuals to report.
- ❑ An outbreak is typically over 7 days after the last onset of influenza. Using the daily completed line lists, CCPH will monitor and communicate the end of the outbreak directly with your facility point-of-contact.

Facility Based Testing

- ❑ Testing for influenza should occur when any resident has signs or symptoms consistent with influenza.
 - ⚠ **These residents should be tested regardless whether it is influenza season or not.**

During an Influenza Outbreak

- ❑ Notify CCPH of a confirmed or suspected influenza outbreak and conduct daily surveillance with line listing until the outbreak is declared over.
- ❑ Utilize WA State DOH Recommendations for Prevention and Control of Influenza for LTC to guide your facility's response.
- ❑ Implement standard and droplet precautions for all residents with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, whichever is longer.
 - Symptomatic residents should be treated regardless of testing.
 - Treatment should not be delayed for laboratory confirmation.
- ❑ Limit large group activities and consider serving all meals to residents in their rooms if the outbreak is widespread.
- ❑ Restrict staff movement between areas of the facility with and without illness.
- ❑ Limit visitors during the outbreak.
- ❑ Consider and prepare for chemoprophylaxis for all non-ill residents.
- ❑ Consider offering antiviral chemoprophylaxis to unvaccinated staff members who provide care to persons at high risk of complications from influenza.

Additional Influenza Resources

Clark County Public Health Website

- [Influenza Resources](#)

Washington State Department of Health

- [WA DOH Recommendations for Prevention and Control of Influenza Outbreaks in Long Term Care Facilities during the 2020-2021 Influenza Season](#)

CDC Guidance

- [CDC Guidance on Influenza Outbreak Management in Long-Term Care Facilities](#)
- [CDC Guidance on Infection Control in Healthcare Facilities](#)
- [CDC Prevention and Control of Season Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices – United States, 2020-2021 Influenza Season](#)