



Infection Control Guidelines for COVID-19

Residential Care Facilities

Core Infection Control Practices for COVID-19

Plan and establish a designated COVID-19 care unit or plan for residents with confirmed COVID-19. Consider how to handle new admissions or readmissions to the facility and how to respond to newly identified COVID-19 infected healthcare personnel (HCP) or residents. Consider how testing will be used to inform the response to COVID-19.¹

Adult Foster Care / Home for the Aged: [FOR AFC & HFA OPERATORS](#), MDHHS

Assisted Living Facilities: [Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities](#), CDC

Nursing Homes: [Preparing for COVID-19 in Nursing Homes](#), CDC [Responding to COVID-19 in Nursing Homes](#), CDC
[Nursing Homes and Long-Term Care Facilities](#), CDC

General Guidance: [Interim Infection Prevention and Control Recommendations for HCP](#), CDC

Recommended routine prevention and control (IPC) practices during the COVID-19 pandemic:

- Implement telehealth and nurse-directed triage protocols (if applicable).
- Screen and triage everyone entering a healthcare facility for signs and symptoms of COVID-19.
- Re-evaluate admitted patients for signs and symptoms of COVID -19.
- Implement universal source control measures.
- Encourage physical distancing.
- Implement universal use of personal protective equipment.
- HCP working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history): HCP should follow standard precautions (and transmission-based precautions if required based on the suspected diagnosis).
- Consider performing targeted SARS-CoV-2 testing of patients without signs or symptoms of COVID -19.
- Consider if elective procedures, surgeries, and non-urgent outpatient visits should be postponed.
- Optimize the use of engineering controls and indoor air quality.
- Create a process to respond to SARS-CoV-2 exposures among HCP and others.²
See the **Resources** above for specific guidance for facilities to establish protocol.

Caring for a patient with suspected or confirmed SARS-CoV-2 infection:

- For patients with COVID-19 or other respiratory infections, evaluate need for hospitalization. If hospitalization is not medically necessary, home care is preferable if the individual's situation allows.
- Report within and between healthcare facilities and to public health authorities.
- Quarantine/isolate resident per established plan (e.g., COVID unit, private room/door closed, limit number of HCP individuals caring for the resident). [See patient placement section to establish protocol](#).
- Use personal protective equipment per CDC guidelines.
- Collect diagnostic respiratory specimens (testing) per MDHHS guidelines.
- Manage visitor access and movement within the facility.
- Clean and disinfect per environmental infection control protocol.²
- Post appropriate signage outside of resident's room:
Poster [Contact Precautions](#), CDC **Poster** [Droplet Precautions](#), CDC **Poster** [Airborne Precautions](#), CDC

¹ [Responding to Coronavirus \(COVID-19\) in Nursing Homes](#), CDC

² [Interim Infection Prevention and Control Recommendations for Healthcare Personnel](#), CDC

Standard Precautions and Transmission Based Precautions

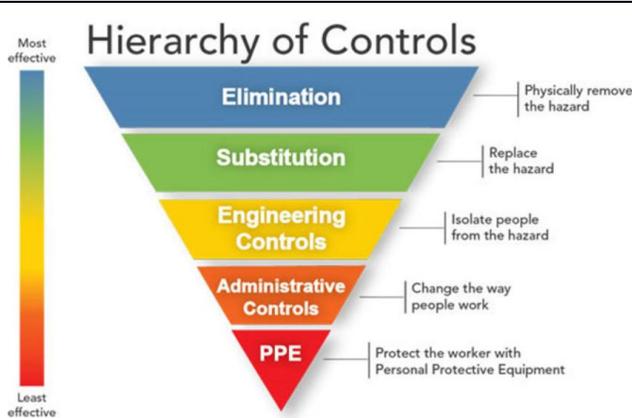
Healthcare Personnel (HCP) should adhere to **Standard and Transmission-Based Precautions** based on anticipated exposures and suspected or confirmed diagnoses. This might include use of eye protection, an N95 or equivalent or higher-level respirator, as well as other personal protective equipment (PPE). In addition, universal use of a facemask for source control is recommended for HCP if not otherwise wearing a respirator.

[Standard Precautions](#) are used for all patient care. They're based on a risk assessment and make use of common-sense practices and PPE use that protect HCP from infection and prevent the spread of infection from patient to patient. CDC

[Transmission-Based Precautions](#) are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. CDC

[Discontinuation of Transmission-Based Precautions and Disposition of Patients with SARS-CoV-2 Infection in Healthcare Settings](#), CDC

Hierarchy of Controls in Infection Control: Controlling exposures to occupational hazards is a fundamental way to protect personnel. Conventionally, a hierarchy has been used to achieve feasible and effective controls. Multiple control strategies can be implemented concurrently and or sequentially.



To prevent infectious disease transmission, elimination (physically removing the hazard) and substitution (replacing the hazard) are not typically options for healthcare settings. However, exposures to transmissible respiratory pathogens in healthcare facilities can often be reduced or possibly avoided through engineering and administrative controls and PPE. Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel (HCP), and visitors at the facility.³

Engineering Controls – Isolate people from the hazard.

Reduce exposures for HCP by placing a barrier between the hazard and the HCP. Engineering controls can be very effective as part of a suite of strategies to protect HCP without placing primary responsibility of implementation on them (i.e., they function without HCP having to take an action).

Examples: selective use of airborne infection isolation rooms, use of physical barriers, properly maintained ventilation systems. In smaller facilities this may not be possible.³

Administrative Controls – Change the way people work.

Administrative controls are employer-dictated work practices and policies that reduce or prevent hazardous exposures. Their effectiveness depends on employer commitment and HCP acceptance and consistent use of the strategies. **Examples:** limit the number of patients going to hospital or outpatient setting, limit HCP not directly involved in patient care, limit face-to-face encounters with patient, limit visitors to the facility, source control masking, cohorting patients (grouping patients who are infected with the same organism), cohorting HCP (assigning designated team to care for suspected or confirmed patient).³

Personal Protective Equipment – Protect the worker with PPE

While engineering and administrative controls should be considered first when selecting controls, the use of personal protective equipment (PPE) should also be part of a suite of strategies used to protect personnel.

Staff should receive comprehensive training on when and what PPE is necessary, how to don and doff PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.³

³ [Strategies for Optimizing the Supply of N95 Respirators](#), CDC