



## OPERATIONAL MEMO

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<b>TITLE:</b>	<b>DEPARTMENTAL GUIDANCE ON LONG-TERM CARE AND CONGREGATE SETTINGS</b>
<b>SUPERSEDES NUMBER:</b>	N/A
<b>EFFECTIVE DATE:</b>	<b>MARCH 13, 2020</b>
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### **Purpose and Audience:**

The Colorado Department of Health Care Policy and Financing (the Department) is working in coordination with the Colorado Department of Public Health and Environment (CDPHE) to stop the spread of novel coronavirus 2019 (COVID-19). At this time, the Department strongly encourages providers to take emergency measures to screen members and consider restricting visitors at the following settings:

- Brain Injury Supportive Living Programs
- Day Habilitation
- Day Treatment
- Group Homes
- Adult Day Centers
- Residential and Inpatient Treatment
- Partial Hospitalization Program
- Day Treatment
- Program of All-Inclusive Care for the Elderly (PACE) Centers

### **Information:**

Please see below for guidance on health and safety measures.

## GENERAL FINDINGS

- COVID-19 was first detected in Wuhan, China in late 2019, and since then has spread to over 60 countries including the United States. There are 77 known presumptive positive cases of COVID-19 in Colorado as of March 13, 2020, and there is every expectation that more cases will be diagnosed.
- COVID-19 is a respiratory illness transmitted like other respiratory illness through person-to-person contact or by contacting surfaces contaminated with the virus. Persons infected with COVID-19 may become symptomatic anywhere from five to fourteen days after exposure. Symptoms include fever, cough or shortness of breath, or difficulty breathing.
- Individuals with serious chronic health conditions and older adults are most at risk for becoming very ill with this disease, and these settings provide services to members who are at this level of risk.
- The Department strongly encourages all settings listed implement visitor restrictions and daily screening protocols for those entering the setting, in order to reduce the likelihood of possible introduction of COVID-19 into these settings.

### **I. Settings should follow CMS guidelines related to screening, limiting, and restricting visitors (guidelines can be found [here](#) and [here](#)) and should:**

- A. Restrict visitation of non-essential individuals.
- B. Settings should post signage clearly summarizing the essential individual visitor policy.
  1. Essential individual visitors should be defined by the facility and may include vendors providing necessary supplies or services for the setting or resident, and individuals necessary for the physical and/or mental well-being of the member.
- C. Settings accepting this guidance shall inform members and participants in the form of communication they prefer.
- D. Screen 100% of individuals prior to entry into the building, consistent with screening criteria, including personnel and members receiving services. Essential individuals should be limited.

- E. All screenings should be documented via a [form](#) and logged.
- F. Screening documentation should be maintained until further notice and made available upon request. After screening, if an essential visitor is allowed into the setting, they should:
  - 1. Limit their movement within the setting;
  - 2. Limit surfaces touched;
  - 3. Use appropriate personal protective equipment (PPE) – gown, gloves and mask;
  - 4. Limit physical contact with members;
  - 5. There can only be two essential visitors per resident/participant at a given time.
- G. If a facility has a suspected, presumptive, or confirmed COVID-19 patient, the facility should:
  - 1. Consult with the county's local public health agency.
  - 2. Notify CDPHE as the licensing authority within two (2) hours.
  - 3. Further restrict visitation after consultation with the local public health agency.
  - 4. Maintain a log of visitors and staff interacting with a patient who is isolated for presumptive or confirmed COVID-19.
  - 5. Be able to identify the staff who interacted with the member and their environment.
  - 6. Restrict all internal group activities to prevent infection exposure to other members.

## **II. Alternative Communications.**

Settings that do restrict or limit visitor access for any of the foregoing reasons should:

- A. Offer alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.);

- B. Assign staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date; or
- C. Offer 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.

### III. Restrictions regarding Third Parties

- A. Settings should review how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking members to offsite appointments, etc.), and other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and revise policies, practices and procedures to implement necessary actions and best practices to prevent potential disease transmission.
- B. The Department truly appreciates your cooperation in preventing and controlling any potential transmission of disease to others. For questions or concerns please email [HCPF\\_HCBS\\_Questions@state.co.us](mailto:HCPF_HCBS_Questions@state.co.us).

### IV. Health and Safety

- A. **Background:** COVID-19 is the abbreviated name for novel Coronavirus Disease 2019 that first emerged in Wuhan, Hubei Province, China. COVID-19 is a respiratory illness that can spread from person to person through respiratory droplets.
- B. The situation with this outbreak is evolving rapidly with new information being learned daily. The CDC is working closely with federal, state, and local health departments. We will issue additional guidance as it is available. The document is current with CDC guidance as of 3/12/20. Visit the CDC website for the latest updates:  
  
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
- C. **How it Spreads:** The coronavirus is thought to spread mainly from person to person, between people who are in close contact with each other (defined as within about six feet), and through respiratory droplets produced when an

infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

- D. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. [Learn more about how COVID-19 spreads.](#)
- E. **Symptoms:** The main symptoms are fever, coughing, and shortness of breath, just like the flu. Currently, CDC believes that symptoms may appear in as few as two days or as long as 14 days after exposure. There is no reliable way to distinguish coronavirus symptoms from symptoms caused by the common flu, as both diseases can cause fever, coughs, and pneumonia in severe cases. The doctor may consider a flu test first, unless the individual has been in close contact with someone who tested positive for COVID-19. Close contact is within six feet of someone for a prolonged period, such as through caring for, visiting, or sharing a room with someone who has the virus and being coughed on. Here is more information on symptoms.
- F. **Treatment:** Currently, there are no vaccines or antiviral medications to prevent or cure COVID-19; however scientists are currently working on both. Comfort measures should be provided to help relieve symptoms.
- G. **Steps to Prevent COVID-19 Include:**
1. **Handwashing:** Reinforce in your participants, members, staff, and visitors best practices for handwashing:
    - a. Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
    - b. If soap and water are not readily available, use a hand sanitizer that contains *at least* 60% alcohol.
    - c. Always wash your hands with soap and water if your hands are visibly dirty.
    - d. Remind your staff to be extra vigilant when cleaning, performing housekeeping, and preparing food

2. **Follow cough, sneeze and distance etiquette:** Avoid touching your eyes, nose, and mouth. This makes it more difficult for the virus to get from a surface to you. Cover coughs and sneezes with a tissue, then dispose of it immediately in a trash can, preferably one with a touchless lid opener.
3. **Cleaning:** Frequently clean commonly touched surfaces and objects daily, like tables, countertops, light switches, doorknobs, elevator buttons, phones, handrails, cabinet handles and other surfaces using cleaning products according to the manufacturer's instructions. [The EPA has posted a list of antimicrobial products](#) registered for use against the virus.
4. **Add more cleaning stations.** Station hand wipes or alcohol-based hand sanitizer in common assembly areas, such as living areas, exercise areas, game rooms, lobby, and living areas. Consider putting a bottle on all the dining room tables. Provide visual alerts providing instruction on hand hygiene, respiratory hygiene and cough etiquette. Provide a cleaning station with alcohol-based hand sanitizer, tissues, and a trash can for persons entering your building. Step up your infection control. These preventive measures may help avert an outbreak or spread of COVID-19 as well as other illnesses. [Review these important steps.](#)
5. **Implement strategies to limit visitors.** Because of the ease of spread in a setting and the severity of illness that occurs with COVID-19, consider discouraging visitation and begin screening visitors even before COVID-19 is identified in your community. Send letters or emails to families advising them to consider postponing or using alternative methods for visitation, and assist with (e.g., phone calls and video chats on cell phones or tablets), and have policies addressing when and how visitors might still be allowed to enter the facility (e.g., end of life situations).
6. **Post signs at entrances instructing visitors not to visit** if they have (1) fever or symptoms of a respiratory infection (e.g., cough, sore throat, or shortness of breath). (2) International travel within the last 14 days, or (3) contact with an individual with COVID-19. Consider having visitors sign visitor logs in case contact tracing becomes necessary.
7. Consider active monitoring of members and restriction of group field trips and group activities per CDC guidance.

8. [Monitor your staff and manage health care workers with symptoms of respiratory illness](#). Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill HCP to stay home. As part of routine practice, ask your staff (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection. Remind HCP to stay home when they are ill. If HCP develop fever or symptoms of respiratory infection while at work, they should immediately put on a facemask, inform their supervisor, and leave the workplace.
  9. When transmission in the community is identified, nursing homes and assisted living facilities may face staffing shortages.
- H. **Communicate and Stay Informed:** Communicating with your members and families, staff and visitors is critical. The more you communicate, the less likely they are to be stressed and speculate. Members, families, and staff may still come to you with concerns based on misinformation. Rumors can spread like wildfire and incorrect information can do a lot of damage. Refer them to credible information such as the CDC website or the [CDPHE website](#).
- I. **Reassure.** If members express concern, listening and validating concerns before offering advice or tips on precautions can help people through this process. If members ask about face masks, explain the CDC does not advise people to use face masks unless they are advised to do so by their health care provider or public health official.
- J. **Reassure families.** Let families know that you have a plan and inform them of precautions being taken in the setting to protect their loved ones (and them), including visitor restrictions and actions people can take to protect themselves.
- K. **Educate** members, family, and visitors about prevention practices, response, and precautions implemented within the community to protect them and their loved ones, and actions they can take to protect themselves in the setting. [Share the latest information about COVID-2019](#).
- L. **Post educational materials** about COVID-19 that explain why infection control precautions are necessary.
- M. **Train.** Hold staff training on sources of exposure, prevention, recognizing symptoms, response when an outbreak has been identified, and communication

protocols. Make sure staff get the message to monitor and report any symptoms they or the members have, and that all managers on duty know how to contact your local or state public health department if concerns arise.

N. **Communicate with your staff.** Review policies on sick leave and time off. Tell staff to speak up and stay home if they are not feeling well. You may want to check in at the beginning of work shifts to ask how staff are feeling. This applies to any temporary, on-call employment services and third-party health care providers as well. Review policies with the agency and in person when any other worker arrives. Keeping an infectious disease out of the community is worth the time.

O. **If you suspect someone in your community may have COVID-19**

1. **If someone exhibits symptoms associated with the coronavirus,** take the following steps:
  - a. **Place the person in a private room with a closed door.** Wait for guidance from the health department. Minimize the number of people who enter the room; ideally ONE healthcare person should be assigned or dedicated to working with that member. This minimizes the risk of transmission to others.
  - b. **Immediately contact the a primary care physician** and, if applicable, notify the member's family as soon as practicable. (The emergency COVID-19 funding includes waivers on some Medicare restrictions on telehealth, so you may be able to avoid going to the doctor's office.)
  - c. **Notify your local public health department or contact your state health department.** To contact the Colorado Department of Public Health and Environment Call Center at 303-692-2700.
  - d. **Follow HIPAA guidelines** and protect the confidentiality of the individual wherever possible.
  - e. **Wear appropriate Personal Protective Equipment** during close contact with someone in your community that may have COVID-19. Follow health department guidance and [check this CDC page to prepare](#). Currently, the CDC recommends standard, contact and droplet precautions, and using (1) facemasks (2) gowns; (3) gloves, and; (4) eye protection. If you do not have this equipment,



check with neighboring health facilities or contact your local health department if you are experiencing shortages. [The CDC has a plan in place to mitigate shortages](#)

- f. **If a physician recommends transport to a hospital** or treatment center, notify the hospital in advance that the person you're bringing may be suspect of having COVID-19 so they can get their infection prevention plan into action. Similarly, notify EMS or an ambulance service in advance that the person they are transporting may be suspect of having COVID-19 so EMS personnel can be prepared.
- g. **Find out where in the past 30 days the member has traveled and whether they have come in contact with someone who may have the virus.**
- h. **Clean the room, disinfect surfaces and any equipment** you used member before using it again.

**P. Be Prepared:**

1. **Update** emergency and outbreak plans, and practice or reinforce uncertain areas.
2. **Learn more about** how healthcare facilities can [Prepare for Community Transmission](#).
3. **Review security practices:** Go over or create new visitor policies for changing circumstances. You may need to ask members, staff, and family about travel or exposure to persons with COVID-19. Establish a single entrance to the community. Travel advisories are changing, but generally, you'll want to ask about any travel in the past 30 days as well as any planned travel. The CDC has [travel advisory guidelines](#) that list the changing levels of restrictions.
4. **Talk with suppliers & vendors** asking if they have any COVID-19 plans in place. If this is not already part of your emergency plan, sketch out a scenario of what you'd do if they couldn't enter your community and act as needed to prevent that outcome.

5. **Routinely review and follow the guidance of your local and state health departments.** This is the communication most critical to health. Viruses appear in clusters, so they're best fought on the local level. Follow protocols given for state and local jurisdictions.
6. **Check supplies** of tissues, touchless trash cans, hand sanitizer, soap, gloves, food, linens, and personal protective equipment.
7. **Keep working on the basics of infection prevention.**
8. **Check your staff's level of cross training and develop plans for staffing shortages.** This may occur when transmission in the community is identified.
9. **Review and update your communication plans.** Identify who on your staff will be a spokesperson for your setting if you are contacted by the media. Ensure that all staff are aware of who this is and how to reach them.
10. **Protect your employees.** As you work to protect everyone, staying in compliance with employment law is important. Consult the [CDC Guidance for Business and Employers](#) and [OSHA guidance](#) for preventing workplace exposure.
  - a. Review The U.S. Equal Employment Opportunity Commission's [Americans with Disabilities Act Pandemic Preparedness Guidance](#), and the [OSHA pandemic factsheet](#).
  - b. An outbreak could also trigger policies around the Fair Labor Standards Act and the Family Medical Leave Act. The [Society for Human Resources Management, SHRM](#), has a coronavirus FAQ page that can help.
  - c. Explore alternatives to face-to-face triage and physician visits.
  - d. Designate an area at the facility (e.g., an ancillary building or temporary structure) or identify a location in the area to be a "respiratory virus evaluation center" where people with fever or respiratory symptoms can seek evaluation and care.
  - e. **Review best practices for social distancing.**

- i. Prepare for possible changes in dining service. If dining in their rooms when ill, or the dining areas may need to be closed and members eat in their private space.
  - ii. Group activities would need to stop.
  - iii. Members might want to keep some magazines, cards, or other entertainment in their rooms.
  - iv. Ensure your kitchen is prepared to serve meals in rooms. Ensure you have a supply of disposable cups, plates, napkins and utensils that can be thrown away. Don't go through the kitchen after leaving a room with a sick person.
  - v. When appropriate, schedule or plan to visit rooms to check on them and give assistance if needed.
  - vi. Practice social distance by keeping about three feet between yourself and anyone coughing or sneezing.
11. **Follow the guidance** issued by state and local health departments.
  12. **Review medication management processes for emergencies.** Follow policy for medications in a congregate care environment as you would for the flu.
  13. **Have a plan for suspending prospective tours and limiting new admissions in the event of an outbreak in your community.**

#### R. **Additional References for this document & Resource Links**

1. [Recommendations for Long-Term Care Facilities](#) (CDC)
2. [Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 \(COVID-19\)](#) (CDC)
3. [FAQS for Healthcare Providers Regarding Medicare Billing and Payment](#) (CMS)
4. [Coronavirus Preparation and Response Toolkit](#) (Argentum)
5. [Interim Health Care Infection Prevention and Control Recommendations for Patients Under Investigation for Coronavirus Disease 2019 \(COVID-19\)](#) (CDC)
6. [Handwashing Video](#) (Ecolob)

7. [Information Regarding COVID-19](#) AHCA/NCAL (American Health Care Association / National Center for Assisted Living)
  8. [Handwashing 101](#) (ServSafe)
- S. Follow the [CDC website](#) to keep up with the general trends and what's happening. Communicating with your [state health department](#) and watching local news will help you with specifics.
1. For specific information, please call the CDPHE Call Center at 303-692-2700.
  2. For general questions about COVID-19: Call CO-Help at 303-389-1687 or
  3. 1-877-462-2911 or email COHELP@RMPDC.org, for answers in English and Spanish (Español), Mandarin (普通话), and more.

**Attachment(s):**

None

**Department Contact:**

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