



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

March 25, 2020

Dear Long-Term Care Facility Administrator,

Long-term care facilities (LTCF) are at high risk for severe COVID-19 outbreaks because of their congregate nature and vulnerable population. Ill healthcare personnel (HCP) or visitors are the most likely sources of introduction of COVID-19 into the facility. **To protect this fragile population, the Hawaii Department of Health (HDOH) is urging all long-term care facilities to immediately implement the following aggressive actions, if not already, to reduce the risk of COVID-19 infection among your residents and staff.** The following recommendations align with current Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) guidance. Please note this is a rapidly changing situation, and facilities should refer to CDC, CMS, and HDOH for updated guidance.

All facilities should:

- Review CDC's COVID-19 Preparedness Checklist for Nursing Homes and other LTCF at https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf.
- Restrict all visitors, except for certain compassionate situations. Visitors with symptoms of a respiratory infection should not be permitted to enter the facility at any time.
- Restrict non-essential personnel including volunteers and non-essential consultant personnel from entering the building.
- Screen all staff (including environmental services, ancillary services, contractors, and external providers) at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new cough or change in cough, and sore throat. If they are ill, immediately send them home to self-isolate.
- Geographically cohort staff by assigning dedicated staff to specific units. If possible, do not allow staff to "float."
- Actively monitor all residents at least daily for signs and symptoms of respiratory infection. Record logs of temperature and oxygen saturation and notice any differences from day to day. Long-term care residents may be less likely to show signs of fever, and respiratory signs and symptoms may be subtle.
- Enforce social distancing among residents.
 - Cancel group activities or plan activities where people can stay 6 feet from each other.
 - Cancel communal dining or have residents dine in smaller groups so they can stay 6 feet away from each other.
 - Limit the movement of residents around the facility.

- Use Standard, Contact, and Droplet Precautions with eye protection for any undiagnosed respiratory infection for which airborne precautions are not otherwise recommended (i.e., tuberculosis). Keep these residents in their rooms, and away from others.
 - Assess supplies of Personal Protective Equipment (PPE) and estimate number of days available.
 - To conserve PPE, minimize entries into resident rooms by bundling care and treatment activities.
 - For more strategies to optimize PPE supply, view the CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.
- Adhere to hand hygiene best practices.
 - Ensure access to alcohol-based hand sanitizer at the entrance to every resident's room.
 - Perform hand hygiene before entering and exiting the unit and a resident's room.
 - Increase hand hygiene especially during care of residents and in between residents.
- Increase environmental cleaning.
 - Disinfect all frequently-touched surfaces regularly.
 - Ensure proper cleaning with an [EPA List N](#) registered disinfectant that is used correctly and for the appropriate amount of time.

You may refer to <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html> for the latest guidance for infection control. This CDC website, <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>, provides further guidance for LTCFs.

Please immediately notify HDOH by calling (808) 586-4586 about any influenza-like illness clusters which meet normal reporting criteria (3 or more cases in the same unit or wing within 48–72 hours) or if any resident is suspected or confirmed to have COVID-19. We acknowledge and thank the Washington State Department of Health for its assistance in developing the above guidance.

Thank you for keeping your residents safe and healthy.

Sincerely,



Sarah Y. Park, MD, FAAP
State Epidemiologist
Chief, Disease Outbreak Control Division