



ICF/IID Provider Agencies,

LDH is sharing the below information with you as a potential resource for response to COVID-19.

This protocol is being enacted in all of our state operated 24 hour facilities.

Implementation of this protocol is not being mandated to non-state operated facilities. LDH is sharing as a resource tool for consideration of implementation in your facilities, as you deem appropriate.

Thank you.

LDH – State Operated Facilities COVID-19 Preparation Protocol

Information/Communication:

- Continue to keep employees notified with updated information.

General Infection Control:

- Continue with frequent and proper [hand hygiene](#) (additional [materials](#) available), CDC [cough and sneeze etiquette](#), and do not touch the T-Zone (education with both employees and patients). For the time being, avoid handshaking in the workplace.

Perform routine cleaning and disinfection of frequently touched environmental surfaces and equipment such as:



- Ensure adequate supplies are in stock to accommodate the increased, scheduled, high touch surface disinfection (CaviWipes1/gloves). NOTE: Certain supplies are only available in limited quantities.
- **Non-essential Personnel and Vendors:**
 - A facility shall restrict non-essential personnel (including volunteers, delivery persons, vendors, etc. from entering the facility's building.
 - A facility shall have a dedicated drop-off location for vendors/ delivery persons: location shall not be inside the facility, but should be a loading or covered outside area.
 - Residents/clients shall still have the right to access the Ombudsman program/mental health advocate attorney/ clients rights; please see the Centers for Medicare and Medicaid Services (CMS) Guidance QSO-20-14-NH or subsequently issued Guidance from CMS>
- Take measure to illicit all supervisors in ensuring staff and patients adhere to these principles and are enforcing not allowing staff to work ill.

Admissions and Off Grounds Patient Appointments:

- Appointments (non- essential) should be:
 - Rescheduled
 - Conducted via telemedicine
 - The Department recommends that all facilities consider limiting and restricting all elective or voluntary medical procedures in their facilities, for thirty (30) days from the date of this Notice.
- Recreational Outings
 - Recreational outings should be rescheduled until after April 10, 2020
 - Controlled Recreational outings (trip to store for essential personal items) may occur with staff supervision
 - Off grounds passes with family members should be rescheduled after April 10, 2020.
- Admissions should be delayed if possible.
 - If not possible, the person to be admitted should be screened for symptoms/fever prior to transport to the receiving facility.
 - If fever or symptoms of respiratory illness are noted, the admission should be postponed and the patient tested as deemed appropriate.

Implement CDC's Identify, Isolate, and Inform Template for:

- Screen all visitors, contractors and employees at entrance to facility or work building:
 - Screening shall include the following: measure of temperature when indicated, signs and symptoms of respiratory illness and relevant travel and exposure history.
 - A facility shall actively take staff's temperature when indicated and document the absence of any shortness of breath, new or change in cough, and sore throat at the beginning of each shift and periodically throughout the shift. If staff show signs or symptoms of a respiratory illness or infection at any time during the shift, such staff shall immediately stop work, put on a mask, and self-isolate at home for 14 days. Staff shall also report to facility administration information on individuals, equipment, and locations, that the staff person came into contact with.
 - Staff are prohibited from working unless they have been screened at the start of each shift.
 - Staff who have signs and symptoms of a respiratory infection or illness shall not report to work.
 - Essential personnel that live in a community where community-based spread of COVID-19 is occurring, should not report to work if exhibiting respiratory symptoms and should be screened upon arrival to work and throughout their shift if reporting to work.
 - Nonessential personnel living in a community where community-based spread of COVID-19 is occurring should make provisions to work from home if possible or may be placed on leave.
 - Employees who are directed to remain at home, or those that do not pass the screening process and are relieved from duty, must use their own leave.

- Implement active syndromic surveillance for patients
 - Monitor all residents/clients daily for fever, respiratory symptoms, and perform a pulse oximeter reading for changes in O2 sat daily (Recommendation for pulse oximeter reading applies to Nursing Homes or residents who are medically fragile.)
 - Isolate any patients who screen positive and implement all appropriate Infection Control precautions. Identify areas where ill patients could be co-horted or cared for that do not meet acute care inpatient criteria.
 - Follow CDC/ LDH Guidance for COVID-19 testing.
 - If a resident/client has a presumptive positive test for COVID-19, the facility shall immediately isolate the client and follow CDC/LDH guidelines.
 - Staff who provided care to this resident while not wearing appropriate PPE, shall immediately stop work, put on a mask, and self-isolate at home for 14 days. Staff shall report all contacts to facility administration. The facility shall report the information to LDH Office of Public Health and follow their instructions.

Implementation of Visitor Restriction:

- Visitor Restrictions:
 - Any licensed healthcare facility in Louisiana that receives visitors shall IMMEDIATELY PROHIBIT all non-essential visitors for thirty (30) days; this 30 day mandatory prohibition of visitors shall commence on March 12, 2020, and shall end on April 10, 2020, unless otherwise extended by written notice from the Department.
 - Visitors deemed essential, vital, or necessary to the patient's/client's/resident's care and well-being, as determined by the individual healthcare facility after consultation with healthcare personnel and any

family/responsible party, may be allowed into the facility pursuant to policies/procedures adopted by the healthcare facility, provided

- That such visitor does not meet the definition of Restricted Person
- If such visitor meets the definition of a Limited Person, that the visitor wear a regular surgical mask at all times during entry into the facility and that such visitor immediately leaves the facility should the visitor show any signs or symptoms of a respiratory illness.
- Restricted person definition (Deny Access)-
 - Fever, signs and symptoms of respiratory illness, sore throat, cough or shortness of breath as assessed by facility.
 - Has had close contact in the last 14 days to a COVID-19 patient.
 - Has been on international travel in the last 14 days to countries with sustained community transmission. For list of countries please see <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- Limited Person Definition (may enter facility subject to facilities approval)
 - Is residing in a community where community-based spread of COVID-19 is occurring; and
 - Has not tested presumptively positive or positive for COVID-19; and
 - Has no signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat (as assessed by the facility).
- However, this prohibition on non-essential visitors is subject to the following exception:
 - A visitor who does not meet the definition of a Restricted Person may be allowed to enter the facility as a non-essential visitor, subject to the facility's approval, in situations involving a resident/client/patient who is on end-of-life care.
 - A visitor who meets the definition of a Limited Person may be allowed to enter the facility as a non-essential visitor, subject to the facility's approval, in situations involving a resident/client who is on end of life care, provided the visitor wears a regular surgical mask at all times during entry into the facility, and provided that such visitor immediately leaves the facility should the visitor experience or show any signs or symptoms of a respiratory illness.
- If visitation is deemed essential to the well-being of the resident/client, the individual health care facility shall establish protocols to screen such visitors, to identify visitation areas away from congregate settings, to arrange transportation for residents/clients to and from visitation areas so that visitors do not enter congregate settings, to provide for disinfecting of the contact surfaces in the visitation area prior to and after each visit, and to ensure that visitors do not leave the designated visitation area(s) or take the residents/client into the community where risk of exposure is increased. Social distancing must be observed during the visit (no physical contact). Visitors who refuse to comply with the established visitation protocols will be asked to leave the facility.
- Facilities shall implement a policy and procedure to offer alternate means of communication for residents/clients and their families and friends. Alternate means of communication may include virtual visitations and communications (telephone access, Skype, Face Time, other video communications, etc.).
- Facilities may assign staff as primary contact for families for inbound calls, and should consider conducting regular outbound calls to keep families up to date.
- Facilities shall notify responsible parties and family members of restrictions and limitations on visitation and the alternative means of communication for residents/clients.
- State or federal personnel/officials and their agents (including, but not limited to, licensing/certification surveyors, public health inspectors/officials, compliance officials), case managers, law enforcement, and personnel/officials with the ombudsmen's office are NOT considered visitors, and should be allowed access to the facilities. Such officials and personnel are encouraged to seek alternative ways to complete their work that



would not include face-to-face visitation when possible. Such officials and personnel are subject to the facilities screening process to ensure that no such person has signs or symptoms of a respiratory illness.

Identify materials needed:

- PPE station/Screening tools to be set up for entry to Administration and single point of entry.
- Provide additional PPE: gloves, masks with face shields
- Provide screening tools: thermometers

Administrative Controls:

- Review and update as necessary COOP Plan and Hospital policies.
- Monitor the [CDC website](#) for additional tools and information on a daily basis.

Continue to monitor preparedness measures and implementation of prevention & control strategies. Each facility shall establish an Incident Command Structure to review the situational status daily. Reports will be provided to the Director of State Facilities.

For more information on Coronavirus please dial 2-1-1.