

## COVID-19 Update: Preparedness for long-term care facilities

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**3/13/2020 Update:** On March 13, 2020, CMS issued a [memorandum](#) restricting "visitation of **all** visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation" for all nursing home facilities in the U.S.

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Presently, the Centers for Disease Control and Prevention (CDC) considers risk for contracting COVID-19 to the general public to be low. However, the elderly are most vulnerable to the virus, which presents symptoms such as fever, cough and shortness of breath. While most people who become sick don't require hospitalization, older adults, people with chronic health conditions and people with compromised immune systems are more likely to require more advanced care.

On March 9, 2020, the Centers for Medicare and Medicaid Services (CMS) issued revised [guidance](#) for infection control, prevention and limiting transmission of COVID-19 in nursing homes. CMS' guidance includes:

- How to monitor or restrict visitors and staff
- When to transfer a resident with suspected or confirmed COVID-19 to a hospital
- When to accept a resident with COVID-19 from a hospital

Other considerations and links to CDC resources are also provided in the guidance.

The Ohio Department of Health (ODH) and Ohio Department of Aging have provided guidelines regarding strategies to prevent the spread of COVID-19 in long-term care facilities. These are the same CDC strategies that should be used every day to prevent the spread of respiratory viruses. Additionally, on March 11, 2020, ODH and the Ohio Department of Veterans Services issued an order limiting nursing home visitors to one per resident per day.

# COVID-19 Update: Preparedness for long-term care facilities



Long-term care facilities should maintain documentation on all efforts to address COVID-19. This includes maintaining documentation of any policies and procedures on restricting, limiting and discouraging visitors; policies and procedures on monitoring and restricting staff; notices provided to residents and family; staff in-service training; efforts to obtain appropriate supplies; posted signage; increased availability and accessibility of alcohol-based hand rub throughout the facility; and policies and procedures on monitoring for potential symptoms of respiratory infection.