Interim Enhanced Respiratory Outbreak Surveillance for Long-term Care Facilities

UPDATED 03/11/2020


This guidance also does not replace surveillance of influenza or RSV outbreaks in LTC. Please continue to report influenza and RSV as usual. For more information, see Long-term Care: Influenza (www.health.state.mn.us/diseases/flu/ltc/index.html).

Before an Outbreak

▪ Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection, and screen visitors for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering your health care facility.

▪ Screen residents for symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing). If residents have symptoms, use appropriate infection prevention precautions (see below).

▪ Continue monitoring residents and staff for illness, and identify staff responsible for tracking illness seven days a week. You can use your own illness tracking log or use Appendix L: Infection and Antibiotic Use Tracking Tool in the Minnesota Antimicrobial Stewardship Program Toolkit for Long-term Care Facilities (www.health.state.mn.us/diseases/antibioticresistance/hcp/asp/ltc/index.html).

▪ Mandate that sick employees must stay home. Personnel who develop respiratory symptoms (e.g., cough, shortness of breath) should be instructed not to report to work. Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies. For current recommendations and resources, see COVID-19 Information for Businesses and Employers (www.health.state.mn.us/diseases/coronavirus/businesses.html).

▪ Ensure proper use of personal protection equipment (PPE). In general, for care of residents with undiagnosed respiratory infection, use Standard, Contact, and Droplet Precautions with eye protection unless suspected diagnosis requires Airborne Precautions (e.g., tuberculosis).

▪ Keep up to date on the recommendations for preventing the spread of COVID-19. This is a rapidly evolving response and guidance may change.


Identifying a Respiratory Outbreak

Report to MDH when your facility sees an increase in respiratory illness in residents and/or staff that cannot be attributed to influenza, RSV, or other known respiratory pathogens.

▪ Call MDH at 651-201-5537 or 1-877-676-5414 and tell the operator you need to report a respiratory outbreak in a long-term care facility.
  ▪ An outbreak is defined as two or more residents and/or staff with a recent onset of respiratory illness within the same unit or ward that have tested negative for influenza and have no known etiology.
▪ Discuss details of the outbreak with an MDH epidemiologist.
▪ Provide MDH with a line list of ill residents and staff.
▪ MDH will work with and provide guidance to facilities on infection control measures and the collection of specimens, if warranted.

Testing

You will need the following supplies to collect specimens for testing. If possible, acquire these supplies in advance of an outbreak so you will be ready to collect and submit specimens when an outbreak is first identified. MDH will provide more detailed instructions on the collection and submission of specimens in the event of an outbreak.

▪ At least five nasopharangeal (NP) swabs and five oropharangeal (OP) swabs.
▪ 10 vials of viral transport media (VTM).
▪ Transport materials that allow specimens to be kept cool, such as a Styrofoam cooler and ice packs.
▪ Identify a method to transport specimens from the facility to MDH.

For MDH Public Health Laboratory guidance and answers to frequently asked questions, see Coronavirus Disease 2019 (COVID-19) Specimen Guidance (www.health.state.mn.us/diseases/idlab/labcovid19.html).

During a Respiratory Outbreak

Use Standard, Contact, and Droplet Precautions with eye protection

▪ Examples of Standard Precautions:
  ▪ Wear gloves if exposure to blood or body fluids is anticipated.
  ▪ Wear gowns if clothes may become soiled.
  ▪ Change gloves and gowns after each resident encounter.
  ▪ Perform hand hygiene frequently even if gloves are worn, including: before and after touching the resident, after touching the resident’s environment, or after touching the resident’s respiratory secretions.
Gloves do not replace the need for performing hand hygiene.

Examples of Droplet Precautions:
- Place ill residents in a private room.
- Cohort ill residents if private rooms are unavailable.
- Wear a facemask upon entering the resident’s room.
- Have the resident wear a facemask if resident movement or transport is necessary.

Communicate information about residents with unidentified respiratory illness to appropriate personnel before transferring them to other departments and/or facilities.

Additional Control Measures
- Have symptomatic residents stay in their own rooms as much as possible, including restricting them from common activities and serving meals in their rooms.
- Consider canceling group activities in the facility.
- If possible, serve all meals in resident rooms.
- Avoid new admissions or transfers to wards with symptomatic residents.
- Limit visitation and exclude ill persons from visiting the facility via posted notices.
- Restrict personnel movement from areas of the facility having illness to areas not affected by the outbreak.
- Social distancing and restrictions on gatherings will be recommended when disease is widespread in the community. In those circumstances, the recommendations will include including canceling outings, meetings, gatherings, and events and limiting the presence of non-essential persons in your facility. Recommendations may also include, in some circumstances, assuring persons keep a distance of 6 feet between themselves and others.

If you have questions or issues with implementing any of the above recommendations, please contact MDH at 651-201-5414 or 1-877-676-5414.

Thank you for your collaboration during this rapidly evolving situation. Your contributions and participation will help us better understand and prevent COVID-19.

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To obtain this information in a different format, call: 651-201-5414.