### Detection and Management of COVID-19 Cases in Skilled Nursing Facilities

#### Ill residents in facility?

**NO**
- No residents with fever/respiratory illness in facility
  - Actively monitor each resident daily for fever, cough, shortness of breath*
  - If COVID-19 cases in community, conduct fever and respiratory symptoms screening of visitors and healthcare personnel

**YES**
- Resident with fever/respiratory illness identified
  - 1 or more residents with fever/respiratory illness in facility
    - Actively monitor each resident daily (or more frequently) for fever >100.4F, cough, shortness of breath*
    - Isolate ill residents in their room; roommates (if any) can remain in the same room with 6ft (or as far as possible) between beds and curtains closed
    - Limit movement of ill residents outside their room unless clinically necessary
    - Cease communal/group activities
    - Restrict nonessential visitors and contracted services
    - Conduct fever and respiratory symptoms screening of essential visitors and healthcare personnel (HCP) upon start of their shift
    - Consider use of facemasks by all HCP while in facility, if sufficient supplies
    - Notify local health department (LHD); notify families/advocates and potentially exposed HCP
    - Seek guidance for COVID-19 testing from LHD; also test for influenza for first 2-3 symptomatic residents
    - If there are no new cases in facility and no community transmission x 14 days, consult with LHD about relaxing restrictions

#### Ill residents remain in facility while ill?

**NO**
- If resident(s) are moved elsewhere or transported, continue above control and monitoring measures.

**YES**
- When Ill residents remain in the facility during their illness
  - Cohort all residents with suspected or confirmed COVID-19 on one wing/unit or floor, if possible
  - Designate dedicated HCP to provide care to residents with suspected or confirmed COVID-19; dedicated HCP should not care for non-COVID-19 residents
  - Group care tasks to limit frequent staff entrance to resident rooms and minimize numbers of exposed HCP
  - HCP caring for COVID-19 residents should use recommended personal protective equipment (PPE) including N95 respirator (preferred) or facemask, faceshield or goggles, gown, gloves
  - Consider expanding HCP use of recommended PPE for the care of all residents in the facility, and implement extended use and limited reuse strategies to conserve PPE supplies
  - Monitor clinically stable residents twice daily for signs of worsening condition
  - Continue isolation precautions and recommended PPE until:
    - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and
    - At least 7 days have passed since symptoms first appeared.

**If a resident’s condition worsens and needs a higher level of care**
- Notify family/advocate
- Arrange transport
- Keep in room
- Use recommended PPE

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* Symptoms of COVID-19 might also include sore throat, nausea, vomiting, diarrhea, muscle aches, fatigue; elderly people might not develop fever.