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Interim guidance for prevention and control of SARS-COV-2 infection in long-term care facilities

ISS Working group on Infection Prevention and Control COVID-19

Version April 17, 2020

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The indications mainly concern the areas of prevention and preparation of the structure for the management of any suspected / probable / confirmed case of COVID-19. The general measures foresee a strengthening of the programs and the fundamental principles of prevention and control of infections related to assistance including adequate training of workers. The strengthening must provide for a robust preparation of the structure to prevent the entry of COVID-19 cases, and to manage any suspected / probable / confirmed cases that may occur among residents. This document concerns the need for adequate active surveillance between residents and workers for the early identification of cases. Facilities must be able to temporarily isolate suspect cases and, if effective isolation is impossible for the clinical management of the confirmed case, transfer to a hospital or other appropriate facility for isolation for further clinical evaluation and the necessary care, such as in a facility dedicated to COVID-19 patients.

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Acronyms

DPCM	Italian Decree <i>Presidenza del Consiglio dei Ministri</i>
FAD	<i>Formazione a Distanza</i> (distance training)
FFP	Filtering Face Pieces
GP	General Practitioner
HAI	Healthcare-Associated Infections
PPE	Personal Protective Equipment
ROT	<i>Rifiuti Ospedalieri Trattati</i> (treated hospital waste)
RSA	<i>Residenze Sanitarie Assistenziali</i> long-term care facilities (or similar, e.g. RSD)
RSD	<i>Residenze Sanitarie per Disabili</i> residential facilities for people with disabilities
USCA	<i>Unità Speciale di Continuità Assistenziale</i> special continuity of care unit

Glossary

Long-term care facilities: include residential facilities for non-self-sufficient people, like elderly and disabled, and extra-hospital residential facilities with high healthcare commitment, for intensive residential treatment and functional maintenance (RSA or similar, and RSD), long-term care rehabilitation, rest homes, social structures in the local area.

The document in brief

- **Organization measures to prevent the entry of COVID-19 cases into the facility**
 - Identification of COVID-19 healthcare contact person
 - Coordination of all interventions, and ensure an effective information flow and relationships with relevant institutions and structures (Department of Prevention, Health Districts and Local Health Units)
 - Maintain communication with workers, residents and family members
 - Strengthen standard precautions
 - Occupational health plan
- **Preparing the facility to handle any suspected/probable/confirmed COVID-19 cases**
 - For the duration of the emergency, prohibit family members and acquaintances from accessing the facility. Prevent access to persons with symptoms.
 - Limit new resident entrances to long-term care facilities after health assessment and swab.
 - Avoid sending residents to the hospital as much as possible for specialist visits and instrumental examinations.
 - Isolation area for new admissions
 - Suspension of group activities and of sharing common spaces within the structure.
 - Access of health workers (USCA, GPs, palliative care) if possible, but avoiding overlaps.
 - Request for the use of surgical masks and adequate hand hygiene from suppliers, maintainers and/or other operators.
 - Procurement of Personal Protective Equipment (PPE), hydro-alcoholic solutions, soap, etc.
 - Proper arrangement of hand hygiene tools,
 - Procurement of contactless thermometers.
 - Suspected Case Management (Isolation Pending Swab Results)
 - Confirmed Case Management:
 - the suspected COVID-19 case, immediately placed in isolation, must be reported to the public hygiene service and be subjected to a nose-pharyngeal swab for SARS-CoV-27 search, also activating the USCA. If positive, the Department of Prevention will have to verify the feasibility of effective isolation at the same facility. If it is not possible to carry out effective isolation, the patient will be transferred to a hospital or to another structure suitable for isolation for further clinical evaluation and necessary treatment,

such as for example in a facility dedicated to COVID-19 patients. In addition, careful sanitization of the environment where the resident lived and where he was examined must be carried out immediately. Finally, it is important to carry out a timely and careful assessment of the risk of exposure for the operators and other residents. In case of identification of such a risk condition, the exposed subjects must be considered contacts of a COVID-19 case and follow the reporting, surveillance and quarantine procedures established by the local health authorities pursuant to the ministerial circular of 25 March 2020.

- In larger facilities, after evaluation by the Prevention Departments on the adequacy of effective isolation, create dedicated areas and paths that can ensure as much as possible the separation between “clean” and “dirty” areas.
- Procedures to be put in place in COVID-19 areas and temporary isolation conditions.
- Clinical management of the confirmed COVID-19 case.
 - In cases of suspected/probable/confirmed infection with COVID-19, USCAs must be activated with the advice/collaboration of infectious disease specialists. The protocols will be those issued by the management of the local healthcare units and promptly implemented by the healthcare manager of the long-term facility. Nurses and medical support must be guaranteed 24/7 where COVID-19 suspected or confirmed cases are present (and those awaiting hospital admission).
- Reduce contact occasions of residents with suspected/probable/confirmed cases of COVID-19.
- Measures for managing roommates and other close contacts of a COVID-19 case.
- **Staff training for the proper adoption of standard precautions and isolation procedures.**
 - Characteristics of SARS-CoV-2 infection and COVID-19 disease.
 - Standard precautions for assistance to all residents: hand and respiratory hygiene.
 - Precautions in preventing disease transmission by contact and droplets while assisting suspected or probable/confirmed cases of COVID-19.
 - Precautions for the prevention of airborne diseases.
 - Proper use of medical devices and PPE.
 - Behaviours to be implemented during breaks and meetings in order to reduce the possible transmission of the virus.
- **Raising awareness and training of residents and visitors. Promoting correct behaviours and physical distancing to reduce virus transmission.**
- **Active syndromic surveillance for acute respiratory infections among residents and workers.**
 - Promote empowerment of healthcare workers for self-control of symptoms.
 - Measure temperature at the beginning of shift for personnel

- Monitor over time the possible appearance of fever and symptoms of acute respiratory infection or respiratory distress and other risk factors (e.g. contact with cases of COVID-19) in residents of the facility.
 - Diagnostic screening of healthcare workers
 - Diagnostic test (swab) for residents in case of suspect (and related isolation)
- **Workers who test positive for the SARS-CoV-2, or even suspected of positivity, are restricted from work activities according to the current provisions.**
 - In case of fever before shift or during shift.
- **Monitoring the implementation of the measures taken.**

Introduction

The elderly and people with serious neurological, chronic and disability conditions are a particularly fragile population in the current epidemiological scenario. The average age of death from positive COVID-2019 patients is 81 years, about 20 years older than the average age of patients who contract the infection¹. About 60% of COVID-19 patients are over age 60. In addition, 95% of deaths occur in people over 60 and with multiple underlying conditions. Therefore, as part of the strategies for the prevention and control of the SARS CoV-2 epidemic, utmost attention is needed towards these population groups. Many subjects with chronic diseases, suffering from various kinds of disabilities or with other health problems, are hosted in long-term care facilities; these people are to be considered fragile and potentially at greater risk of serious evolution if affected by COVID-19. Considering the needs of the frail elderly, this report aims to outline procedures that allow long-term care facilities to take precautions to reduce the risk of COVID-19 infection in residents and workers. Precisely in consideration of their fragility and without prejudice to the necessary precautions that will be indicated here, high quality care of the elderly must be maintained, whether positive and negative for COVID-19 infection.

General and specific measures at the level of long-term care facilities

The indications in this document mainly concern the areas of prevention and preparation of the facilities for the management of any suspected/probable/confirmed cases of COVID-19. The general measures include strengthening the programs and the fundamental principles of prevention and control of Healthcare-Associated Infections (HAIs).

The specific measures to be put in place in the context of the COVID-19 epidemic are:

- Organizational measures to prevent the entry of COVID-19 cases into the facility
- Preparation of the facility for the management of any suspected/probable/confirmed COVID-19 case.
- Suspension of group activities and of sharing common spaces within the facility.
- Training of staff for the correct adoption of standard precautions and isolation procedures.
- Raising awareness and training of residents and visitors.
- Preparation of reminders to promote correct behaviour.
- Active syndromic surveillance of acute respiratory infections among residents and workers.
- Restriction from work activities of workers suspected or positive for the SARS-CoV-2 test according to the current provisions.
- Monitoring the implementation of the measures taken.

¹ http://www.salute.gov.it/portale/news/p3_2_1_1_1.jsp?lingua=italiano&menu=notizie&p=dalministero&id=4163

Strengthening programs and basic principles of prevention and control of healthcare-associated infections

Every long-term care facility should:

- have a contact person for HAI prevention and control and specifically trained for COVID-19 who can refer to a multidisciplinary support committee within the facility or at the local health unit level in close contact with local health authorities. If this is not already present, a contact person for the prevention and control of COVID-19 should be immediately designated and adequately trained (it is recommended to follow the ISS online courses on the EDUISS platform² and to refer to documents on prevention and control of COVID-19³) that collaborates with the occupational health physician and the clinical infectious risk managers of the local health unit. The contact person should act in synergy with the risk management function⁴, including for using health risk management methods and tools such as the assessment of the degree of clinical instability (e.g. NEWS-2).
- ensure through the COVID-19 contact person the coordination of all interventions and guarantee an effective information flow, and relationships with the relevant entities and facilities (Department of Prevention, Health Districts and Local Health Units), plan and monitor the appropriate and sustainable organizational solutions, ensure sanitation of specific environments.
- maintain communications with workers, residents and family members. The latter must be guaranteed the possibility of receiving information on the health status of their resident family member through a specially designated person.
- systematically adopt standard precautions in the assistance of all residents and specific precautions based on transmission methods and risk assessment in the facility. Particular attention should be paid to hand hygiene: in this regard, if possible, carry out an assessment of adherence to good hand hygiene practices.
- have an **occupational health** program that ensures the protection and safety of healthcare professionals, including the free administration of seasonal flu shots during regional vaccination campaigns.

Training of staff for the correct adoption of prevention, protection and isolation precautions

All healthcare workers and staff, including cleaners, must receive specific training on the basic principles of prevention and control of HAIs.

In addition, workers who provide direct care to residents of the facility and cleaners must receive specific training on how to prevent the transmission of SARS-COV-2 infection.

In particular, education and training must be provided for healthcare workers and assistant personnel:

² <https://www.eduiss.it/course/view.php?id=296>

<https://www.eduiss.it/course/view.php?id=297>

³ <https://www.epicentro.iss.it/coronavirus/sars-cov-2-ipc-rapporti-tecnici-iss>

⁴ art. 1, comma 539 of the Italian Law 208/2015, modified by the Law 24/2017

- **characteristics of SARS-CoV-2 infection and COVID-19 disease**, with particular attention to the following topics: virus characteristics and its transmission modalities, epidemiology, clinical presentation, diagnosis, treatment, procedures to be followed in the presence of a suspected/probable/confirmed case. Practical simulations of presentation of COVID-19 suspected case can be very useful;
- **standard precautions for assistance to all residents**: hand and respiratory hygiene, use of appropriate devices and PPE (in relation to risk assessment), good safety practices in the use of injection needles, safe disposal of waste, appropriate management of bed-linen, environmental cleaning and sterilization of equipment used for the residents;
- **precautions for the prevention of disease transmission by contact and droplets** in the care of suspected/probable/confirmed cases of COVID-19: gloves, surgical mask, safety glasses / visor, disposable gown (possibly water-repellent); isolation room. See specific document in its latest version⁴
- **Precautions for the prevention of disease transmission by air** when performing procedures that can generate aerosols and in the care of COVID-19 cases based on the risk assessment of the facility: filtering facepiece (FFP2 or FFP3); isolation room. See the specific document in its latest version⁵.
- **appropriate use of medical devices and personal protective equipment (PPE)** (see above) according to the type of procedure and according to the risk assessment, with particular attention to changing the equipment during the care between one resident and another (in particular the gloves, with adequate hand hygiene) and the correct execution of dressing and undressing procedures for the devices;
- **behaviours to be implemented during breaks and meetings in order to reduce the possible transmission of the virus**

It is suggested to provide appropriate moments, even brief, of listening and talking to workers to help them verbalize their feelings of concern, and to allow them to suggest "bottom-up" actions for improvement in procedures quality and for letting them share problems, ideas and best practices in care. At such times, it is essential that the precautionary measures provided for grouping of several people are implemented.

Operator training and education should be based on short-term mandatory sessions (no more than 2-3 hours), which include hands-on exercises (for example, on correct practices for hand hygiene and for dressing and undressing devices and PPE) and video presentation. Workers should be advised to take specific online courses on COVID-19. In this regard, the ISS has made online⁶⁶ courses available.

⁵ Gruppo di lavoro ISS Prevenzione e controllo delle Infezioni. Indicazioni ad interim per un utilizzo razionale delle protezioni per infezione da SARS-COV-2 nelle attività sanitarie e socio-sanitarie (assistenza a soggetti affetti da covid-19) nell'attuale scenario emergenziale SARS-COV-2 Roma: Istituto Superiore di Sanità; 2020 (Rapporto ISS COVID-19, n.2/ 2020) <https://www.epicentro.iss.it/coronavirus/sars-cov-2-rapporti-tecnici-iss>

⁶ <https://www.eduiss.it/course/view.php?id=296> , <https://www.eduiss.it/course/view.php?id=297> e <https://www.eduiss.it/course/view.php?id=299>

Organizational measures to prevent the entry of suspected/probable/confirmed cases of COVID-19 into a long-term care facility

Preventing the entry of suspected/probable/confirmed cases of COVID-19 represents a fundamental aspect of prevention; therefore, strict access control is necessary in the facility.

In particular, each facility should:

- For the entire duration of the emergency, prohibit family members and acquaintances from accessing the facility (as indicated in the Prime Ministerial Decree of March 9, 2020 art.2, paragraph q); the visit can be authorized in **exceptional cases** (for example end-of-life situations) only by the management of the facility, subject to an appropriate risk-benefit assessment. Authorized persons must however be limited in number and observe all the precautions recommended for the prevention of the transmission of SARS-CoV-2 infection. In end-of-life situations, at the request of the dying or family members, also consider authorizing spiritual assistance, where this is not possible through telematic means, with all the precautions recommended for the prevention of the transmission of SARS-CoV-2 infection.
- It is absolutely necessary to **prevent access** to people who have symptoms of acute respiratory infection, even minor, or who have had close contact with suspected/probable/confirmed cases of COVID-19 in the last 14 days (in Annex 1 an example of evaluation form for visitor entry). To this end, **an evaluation system must be in place for anyone who has to enter the residential social and health facility** so as to allow the immediate identification of people who exhibit flu-like symptoms (dry cough, widespread muscle pain, headache, runny nose, sore throat, conjunctivitis, diarrhoea, vomiting) and / or fever. It is recommended that this assessment also includes temperature measurement (with contactless thermometers, or fixed thermoscanners, where available) and compilation of a short questionnaire or interview by a worker. On the same occasion it is important to remember the behavioural rules and recommended precautions for the prevention of SARS-CoV-2 infection, as well as to have the person perform hand hygiene.
- **Restricting new residents entering long-term care facilities.** New entries should be limited to urgent and necessary cases, to allow a reduction in the number of residents to manage cases in isolation. Suspend, if appropriate, the planned admissions, after verification of sustainability by the family while ensuring the “cannot be postponed” interventions, that is, those without which a rapid worsening of the patient’s clinical condition could occur, as well as the probable recourse to hospitalization.
- **Keep in mind that the access of new residents to a long-term facility** is subject to ensuring that the facility sets up a temporary reception module dedicated to new residents, or the adoption of suitable measures to guarantee adequate social distancing between residents, in order to guarantee an additional barrier against the spread of the virus by subjects in a possible incubation phase.
- Ensure that **before a person accesses the facility, there are no risk conditions present.** The physician of the facility must verify, according to the instructions of the Ministry of Health, that the person is not in the conditions of "suspected case", "probable case", "confirmed case". In these circumstances, admission to facilities or areas not specifically dedicated to the care of people affected by COVID-19 is never allowed.

- Based on regional indications and availability, **request a diagnostic test (swab) for residents during when they enter the facility for the first time, or are discharged by a hospital**, in addition to the normal assessment. Please note that a negative swab result does not imply certainty that this resident will not develop infection in the following days. If the swab is negative at the admission, it should be repeated after 14 days, before the resident has a final accommodation.
- **Avoid sending residents to the hospital for specialist visits and instrumental examinations.**
- Notwithstanding that **access of the Special Continuity of Care Unit (USCA) or access by the General Practitioners (GP)** belonging to each individual facility is necessary, organize entry visits in shifts in order to limit the number of GPs present simultaneously in the structure. Also, access for any palliative care must be guaranteed.
- It is recommended to **require the use of surgical masks and adequate hand hygiene from suppliers, maintainers and / or other workers** whose stay on the premises is strictly necessary for carrying out specific activities. The delivery of goods must take place through a single entrance for greater control. The staff of the facility must monitor the temperature of suppliers, maintainers and / or other operators, using contactless thermometers or fixed thermoscanners, and investigate the presence of symptoms of acute respiratory infection, prohibiting entry if fever or other symptoms indicative of infection are found.

Active surveillance and early identification of suspected COVID-19 cases among residents and workers

In order to offer the highest level of prevention and protection to residents and workers of long-term care facilities, it is essential to implement screening strategies for the early identification of suspected/probable/confirmed cases of COVID-19 among residents and workers.

In particular, every social health residential facility should:

- **Promote the empowerment of workers**, which is essential so that they do not become sources of infection in the transmission chain; recommend that even outside the work environment, they pay attention to their state of health in relation to the onset of fever and / or flu-like symptoms (dry cough, widespread muscle pain, headache, runny nose, sore throat, conjunctivitis, diarrhoea, vomiting). In the case of appearance of clinical symptoms, avoid going to work and notify your GP. In addition, it is recommended to carefully follow the provisions of the Local Health Unit for the risk assessment of COVID-19.
- Given the scrupulous adherence to the restrictive measures referred to in the previous point, the **measurement temperature for staff at the beginning of the shift** is indicated. All workers with respiratory pathology or with temperatures > 37.5°C must abstain from working activities; if the symptoms occur during the shift, the activity must be stopped, the worker must wear a surgical mask and scrupulously follow the health measures provided for a suspected case; and the facility provides for its immediate replacement.
- **Monitor over time the possible appearance of fever and signs and symptoms of acute respiratory infection or respiratory distress and other risk factors** (for example contact with cases of COVID-19) **in the residential facility**, with particular attention to **the resident who is admitted, re-admitted or transferred from other sections of the facility in the last two weeks.**

If necessary, promptly notify the medical staff of the case management situation according to local protocols. Temperature measurement twice a day is indicated using a contactless thermometer.

- Make arrangements with the Prevention Department for a possible **screening strategy for RSA workers in accordance with the Ministry of Health circular of April 3, 2020** "COVID-19 Pandemic Update of indications on diagnostic tests and criteria to be adopted in determining priorities. Updated indications relating to laboratory diagnosis"⁷.

Preparation of the facility and management of suspected/probable/confirmed cases of COVID-19

Facilities should assess their current conditions and prevention and management capacity in response to a possible COVID-19 case.

It is essential that the Management, upon the recommendation of the facility's health manager and the COVID-19 contact person, carry out adequate planning of the supply, in quantity and quality, of personal protective equipment and other products and devices necessary for the prevention and control of transmission of SARS-CoV-2 virus. In particular, adequate estimates must be made regarding the necessary quantities of surgical masks, FFP, gloves, disposable gowns, eye protection, disinfectants and hydroalcoholic solution.

In every room of the residence there should be a hydroalcoholic solution dispenser for hand hygiene, the sinks must be provided with soap and paper towels. All high frequency contact surfaces (e.g. handles, handrails, tables, chairs and other risky surfaces) must be cleaned at least daily with disinfectant.

As indicated above, it is very important to establish active monitoring of the onset of fever and other signs and symptoms of acute respiratory infection or respiratory failure (e.g. contact with COVID-19 cases in the facility or in the community) among residents and workers. The use of contactless thermometers is recommended.

Some rooms must be identified in all facilities, in a number appropriate to the number of residents, which allow the isolation of suspected, probable, confirmed cases, pending diagnostic definition or before transferring to another structure.

The symptoms and signs of COVID-19 can also be of mild intensity, single or variously associated with each other. These include mainly fever, cough, fatigue, widespread muscle pain, headache, cold (stuffy nose and / or runny nose), difficulty breathing (shortness of breath), sore throat, conjunctivitis, diarrhoea, vomiting, arrhythmias (tachi- or bradi-arrhythmias), syncopal episodes, disturbances in the perception of smells and tastes (anosmia, a-dysgeusia).

Given that the symptoms caused by the new coronavirus are nonspecific and similar to those of other relatively frequent pathologies (for example flu), and that to confirm the diagnosis it is necessary to carry out a laboratory test (nasopharyngeal swab), pending diagnostic confirmation, suspected or probable cases should be considered contagious. It should also be considered that pneumonia caused by non-COVID-19 agents continues to be present and that even in case of doubt, adequate antibiotic treatment must be prescribed.

Regarding diagnostic tests and the criteria to be adopted for their execution, the Ministry of Health indicates that these tests should be primarily carried out for: people at risk of developing a severe form of the disease

⁷ <http://www.normativasanitaia.it/jsp/dettaglio.jsp?id=73799>

and fragile persons, such as older people with co-morbidities, including vulnerable people in residences for the elderly, as well as all cases of acute respiratory infection of inpatients in nursing homes and other long-term care facilities, as they are at the greatest risk of developing serious or fatal COVID-19 symptomology. Also, testing will be carried out on the first symptomatic individuals within closed communities to quickly identify outbreaks and ensure containment measures; staff, including asymptomatic persons, of the RSA and other residential structures for the elderly.⁸

In general, notwithstanding the major details provided elsewhere in the text, the suspected COVID-19 case, immediately placed in isolation, must be reported to the Prevention Department and be subjected to a nasopharyngeal swab for SARS-CoV-2, also activating the USCA. If positive, the Prevention Department, in collaboration with the Operative Group on the Control of Healthcare associated Infections of the Local Health Unit, will have to verify the feasibility of effective isolation at the same facility. In the event that it is impossible to carry out effective isolation, the patient will be transferred to a hospital or to another structure suitable for isolation for further clinical evaluation and necessary treatment, for example in a facility dedicated to COVID-19 patients⁹. In addition, careful sanitization of the environment where the resident lived and where he was examined must be carried out immediately. Finally, it is important to carry out a timely and careful assessment of the risk of exposure to the workers and other residents. In case of identification of such a risk condition, the exposed subjects must be considered case contacts of COVID-19 and follow the reporting, surveillance and quarantine procedures established by the local health authorities pursuant to the ministerial circular of 25 March 2020.

If the suspected/probable/confirmed case of COVID-19 is housed in the residential social-health facility, it is essential to isolate both the resident affected by COVID-19 and any other residents who have become contacts, following all the other precautions recommended for the hospital facilities.

In structures where there is no 24-hour nursing care, this will lead to temporary isolation in a single room and the subsequent transfer of the patient to another residential facility capable of guaranteeing isolation precautions in accordance with local, provincial and regional health authorities.

In larger structures, after the Prevention Department assessment on the possibility of effective isolation, it will be possible to create dedicated areas and paths able to ensure the separation between "clean" and "dirty" areas as much as possible.

The facilities must identify areas of isolation with "single isolation rooms with dedicated bathroom and, possibly, with anteroom".

The areas of isolation must be identified as much as possible according to a criterion of progression in relation to the severity and the diffusive risk of the infection:

- healthy residents and residents who had contact with a case but have a negative swab test;
- symptomatic residents with suspected of infection;
- asymptomatic or paucisymptomatic residents with positive swab;
- symptomatic residents with positive swab (with or without risk of aerosol);
- for each group separate entrance must be provided or alternatively, where not feasible, the change of devices and PPE must be performed for crossings between the areas;

⁸ Italian Ministry of Health April 3, 2020 "Pandemia di COVID-19 – Aggiornamento delle indicazioni sui test diagnostici e sui criteri da adottare nella determinazione delle priorità. Aggiornamento delle indicazioni relative alla diagnosi di laboratorio"

⁹ Italian Ministry of Health provision: "Circolare 25/03/2020 Aggiornamento delle linee di indirizzo organizzative dei servizi ospedalieri e territoriali in corso di emergenza COVID-19"

- avoid common paths as much as possible, both for staff and materials, to and from areas of isolation; in particular, the paths must be identified and kept separate and promiscuity between them must be absolutely avoided:
 - clean-dirty paths;
 - material supply paths (drugs, devices, linen);
 - paths for the catering service, especially with regard to after-lunch cleaning (favouring disposable materials);
 - paths for the elimination of special and non-special waste, with the definition of a specific protocol, including the availability of containers near the exit inside the resident's room to discard disposable devices and PPE if necessary
 - service paths for the mortuary;
 - access paths for dedicated personnel, with identification of a physical point separate from that of the other areas or, providing that access to the isolation areas has a changing room (at the entrance) and a room to remove (in exit) the devices and PPE safely and to carry out accurate hygiene; reusable devices and medical / health devices before storing or returning must be sanitized and sterilized (disinfection is not enough);
- provide personnel with the necessary guidance for the correct approach to assisting the infected resident, the use of devices and PPE and the behaviour to be followed;
- to provide attending physicians and / or any other professional with identical guidance regarding the reorganization for separate areas and the use of devices and PPE.

In the COVID-19 areas and in temporary isolation conditions, the following procedures must be implemented promptly and respected:

1. have the resident wear a surgical mask, if tolerated;
2. when direct assistance is necessary for the resident, strictly apply contact and droplets precautions in the assistance of suspected/probable/confirmed cases of COVID-19: gloves, respiratory protection device, protective goggles / visor, apron / disposable gown (preferably water repellent)¹⁰; if, however, direct contact is not necessary, wear the surgical mask, keep at least 1 meter away and avoid touching the surfaces in the resident's room;
3. frequently practice hand hygiene with hydroalcoholic solution or if not available or the hands are visibly dirty, wash your hands with soap and water and dry with a disposable towel
4. carry out frequent cleaning (at least twice a day) in the resident's room with water and detergents followed by disinfection with 0.5% sodium hypochlorite (equivalent to 5000 ppm) for the disinfection of frequently touched surfaces and bathrooms, and 0.1% (equivalent to 1000 ppm) for other surfaces; pay particular attention to common areas¹¹; and ventilate the rooms frequently;
5. disinfect reusable care devices or equipment (for example, thermometers and stethoscopes) with 70% ethyl alcohol whenever they are used from one resident to another;
6. notify the GP or the care continuity doctor;
7. concentrate care activities (e.g. therapy / breakfast / hygiene) in order to reduce access to the resident's room;

¹⁰ The protective equipment as detailed in the updated version of "Rapporto ISS COVID-19 n. 2/2020 Rev. - Indicazioni ad interim per un utilizzo razionale delle protezioni per infezione da SARS-COV-2 nelle attività sanitarie e socio-sanitarie (assistenza a soggetti affetti da COVID-19) nell'attuale scenario emergenziale SARS-COV-2".

¹¹ Chlorine-based products containing chlorine are sold as household bleach with variable chlorine (sodium hypochlorite) concentration. If the chlorine concentration is 5%, dilute 1 litre bleach into 9 litres of water to obtain 0.5 % concentration. If the chlorine concentration is 10%, dilute 1 litre bleach into 19 litres of water.

8. if transfers within the structure are necessary, ensure minimal exposure to other guests by avoiding common areas along the way;
9. ensure regular ventilation of the rooms;
10. carefully store the person's underclothes in isolation in a closed bag before laundry and avoid direct contact with own's skin or clothes. Do not shake the laundry to air it. Wash clothes, sheets, towels and bath towels in the washing machine at 60-90°C with the use of common laundry soap;
11. wash the dishes used by the suspected / confirmed case in the dishwasher or by hand with hot water and dishwashing liquid;
12. wear gloves and a mask when washing linen and clothes and disinfecting and cleaning the premises.

The management path of treated hospital waste (ROT) in place within each facility remains unchanged. The containers of the ROT must be placed inside the room of the person in isolation until closed. Once closed they must be immediately placed inside the depot identified inside the facility.

Management of the confirmed COVID-19 case

For suspected/probable/confirmed COVID-19 cases, it is necessary to activate the individuals identified as reference for the management of the care path, and in particular the USCAs, which make use of the advice / collaboration with infectious disease specialists and others (e.g. internist, geriatrician, pulmonologist, etc.). The protocols will be those issued by the management of the Local health Unit and promptly implemented by the Healthcare Manager of the structures.

If suspected or confirmed COVID-19 residents (or those awaiting transfer) are present, the presence of 7/24 nurses and medical support must be guaranteed.

Reduce opportunities for residents to contact suspected/probable/confirmed cases of COVID-19

In order to reduce the contact opportunities of residents with suspected/probable/confirmed cases, even if only temporarily present in the facility, it is necessary:

- suspend the administration of meals in common areas and all group activities that cannot be managed safely, including physical spacing of at least one meter;
- within the limits of correct care, reduce the frequency of procedures that lead to close contact with the resident;
- where the facility is organized in areas / units with the presence of patients with COVID-19, organize the care teams for individual areas so that they are autonomous and independent with the aim of avoiding or reducing as much as possible the passage of personnel between the areas, even during the night hours;
- ensure that residents stay in their own area, avoiding both transfers and meetings in common areas of residents from different areas. In any case, in the unavoidable moments of stay in common areas, promote hand hygiene, try to keep the distance of at least 1 meter between residents and, when it is not possible, consider the use of the mask.

Raising awareness and training of residents and exceptionally authorized visitors

The adequate awareness and training of residents and exceptionally authorized visitors are fundamental in the prevention and control of COVID-19. It is important to organize animation and socio-educational activities to convey these messages correctly, always organizing small groups and respecting the safety distance of at least one meter between the participants.

However, there are possible difficulties in the training of residents of residential social and health structures due to advanced age and / or the cognitive and physical deficits that are often present.

Therefore, the methods must be adapted to the local situation.

Awareness and training must focus on enforcing the following measures:

- avoid handshakes, kisses and hugs;
- hand hygiene, especially after using the bathroom and before eating, washing hands with soap and water and drying with a disposable towel, or friction with hydroalcoholic solution;
- respiratory hygiene: when coughing and sneezing, covering the nose and mouth using tissues or in the crease of the elbow; the tissues should preferably paper tissues and should be immediately disposed of in a closed dustbin;
- maintain a distance of at least 1 meter;
- use of surgical mask, possibly with elastic bands, in the presence of symptoms of acute respiratory infection;
- avoid sharing items with other residents, such as towels, washcloths and sheets, plates, glasses, cutlery, food, etc.

If possible, awareness, education and training of residents and visitors should be based on short-term sessions (no more than 30 min-1h) and include practical or even recreational exercises (e.g. demonstrations of practices for hand and respiratory hygiene, videos, hand hygiene songs, etc.). These activities should be supported by posters and other audio-visual media (postcards, flyers, etc.). The use of social media can also be considered if useful, especially to raise awareness of visitors.

Reminders to promote correct behaviours

To enhance awareness and training of staff, residents and authorized visitors, it is important to use visual reminders such as posters, signs, flyers, screen-savers that should, for example, insist on hand hygiene, social distancing and other precautions, as well as the need to monitor one's health. In addition, it is important to use these tools (information brochures, posters) to adequately inform family members of both the prohibition to make visits during the epidemic and the need to undergo temperature screening and to take protective measures, if visits were exceptionally authorized. Visual messages and reminders can also be spread via social media. The ISS has prepared a section of its website where one can download technical documents and infographics¹².

¹² <https://www.epicentro.iss.it/coronavirus/sars-cov-2-strutture-socio-assistenziali-sanitarie>

Measures for handling roommates and other close contacts of a COVID-19 case

The contacts of a COVID-19 case to be considered relevant are those made of made in the two days before the onset of symptoms and subsequently until the time of diagnosis and isolation.

Close contacts are those who:

- have had direct physical contact with a COVID-19 case (e.g. handshake);
- had direct unprotected contact with the secretions of a COVID-19 case (for example, touching used paper tissues with bare hands);
- had direct (face-to-face) contact with a COVID-19 case, less than 1 meter away and lasting longer than 15 minutes;
- remained in a closed environment (for example living room, meeting room, waiting room) with a COVID-19 case for at least 15 minutes, at a distance less than 1 meter.

For asymptomatic close contacts, proceed as follows:

- No tests are indicated for the asymptomatic contacts.
- Place in a single room and promote good room ventilation, higher than usual.
- Limit the movements in the common areas to the essential and in any case wearing a mask.
- Avoid contact with other residents at a distance of less than one meter with the exception of personnel equipped with standard protections.
- Active monitoring of symptoms is indicated, with surveillance for two weeks starting from the last close contact with the infected person.

Monitoring the implementation of the aforementioned indications

The health contact person for the prevention and control of HAIs and COVID-19 must play a supporting role, and constantly remind personnel and residents of the importance of preventive measures and precautions related to SARS-CoV-2 infection. He/she will also have to carry out or supervise the careful monitoring of practices (e.g. hand hygiene and respiratory hygiene), but also compliance with isolation. It is also recommended to keep a diary of the interventions introduced and to trace the difficulties of implementation / adherence to good practices in order to discuss them with the multidisciplinary committee (or in any case with the health manager of the facility) and identify new intervention / improvement strategies at the residential facility, possibly in close collaboration and synergy with the Local Health Unit. However, further documentation is available on the ISS Epicentro website¹³.

¹³ <https://www.epicentro.iss.it/coronavirus/sars-cov-2-ipc-rapporti-tecnici-iss>
<https://www.epicentro.iss.it/coronavirus/sars-cov-2-ipc>

Documents considered for the preparation of this document

Indicazioni per la prevenzione e controllo dell'infezione Covid-19 nelle Case Residenza per Anziani (CRA) – Regione Emilia-Romagna 23/03/2020

Misure straordinarie per il contrasto ed il contenimento sul territorio regionale della diffusione del virus COVID-19 nell'ambito delle Residenze Sanitarie Assistite (RSA) e Residenze Sanitarie Disabili (RSD) e altre strutture sociosanitarie Regione Toscana 29 Marzo 2020

Indicazioni operative per la Presa in Carico del Paziente Sintomatico Sospetto COVID-19 e per la valutazione del Rischio in Strutture Residenziali per Anziani – Regione Veneto 30.03.2020

Indicazioni organizzative e gestionali per l'emergenza covid-19 nelle strutture residenziali per anziani” -Versione 2-06/04/2020" della Regione Friuli-Venezia Giulia

Ministero della Salute - Circolare 25/03/2020 - Aggiornamento delle linee di indirizzo organizzative dei servizi ospedalieri e territoriali in corso di emergenza COVID-19

Ministero della Salute – Circolare 03/04/2020 - Pandemia di COVID-19 – Aggiornamento delle indicazioni sui test diagnostici e sui criteri da adottare nella determinazione delle priorità. Aggiornamento delle indicazioni relative alla diagnosi di laboratorio

Scheda di screening per ingresso di visitatori in strutture residenziali sociosanitarie – Sub Area Rischio Clinico Commissione Salute - marzo 2020

Malattia da Coronavirus (Covid-19): check-list per le Strutture sociosanitarie e le lungodegenze – ANIPIO-marzo 2020

Gruppo di lavoro ISS Prevenzione e controllo delle Infezioni.
Indicazioni ad interim per l'effettuazione dell'isolamento e della assistenza sanitaria domiciliare nell'attuale contesto COVID-19. Versione del 7 marzo 2020.
Roma: Istituto Superiore di Sanità; 2020 (Rapporto ISS COVID-19, n.1/ 2020)

Gruppo di lavoro ISS Prevenzione e controllo delle Infezioni.
Indicazioni ad interim per un utilizzo razionale delle protezioni per infezione da SARS-COV-2 nelle attività sanitarie e sociosanitarie (assistenza a soggetti affetti da covid-19) nell'attuale scenario emergenziale SARS-COV-2. Versione del 28 marzo 2020.
Roma: Istituto Superiore di Sanità; 2020 (Rapporto ISS COVID-19, n.2/ 2020)

Gruppo di lavoro ISS Ambiente e Gestione dei Rifiuti.
Indicazioni ad interim per la gestione dei rifiuti urbani in relazione alla trasmissione dell'infezione da virus SARS-COV-2. Versione del 14 marzo 2020. Roma: Istituto Superiore di Sanità; 2020 (Rapporto ISS COVID-19, n.3/ 2020)

Gruppo di lavoro ISS Prevenzione e controllo delle Infezioni.
Indicazioni ad interim per la prevenzione e il controllo dell'infezione da SARS-COV-2 in strutture residenziali sociosanitarie. Versione del 16 marzo 2020.
Roma: Istituto Superiore di Sanità; 2020 (Rapporto ISS COVID-19, n.4/ 2020)

Annex 1

PREVENTION AND CONTROL OF SARS-COV-2 INFECTION IN LONG TERM-CARE FACILITIES: EVALUATION FORM FOR VISITORS

Older people are the quintessential fragile population and must be protected in all ways during the Coronavirus epidemic (SARS-CoV-2). Also housed in socio-healthcare residential facilities are people with chronic conditions, suffering from various types of disabilities or other health problems; these people too are to be considered fragile and potentially at greater risk of serious evolution if affected by COVID-19. Therefore, utmost attention is needed towards these subjects.

For these reasons, the access of relatives and visitors to the facility is limited to only **EXCEPTIONAL CASES** (for example, end of life situations) authorized by the Health Department, which is required to take the necessary measures to prevent possible transmission of infection (DPCM March 9, 2020 art.2, paragraph q).

We ask you to answer the following questions:

<p>Have you had close contact (specify in a note*) with a person with a suspected /probable / confirmed diagnosis of coronavirus infection (COVID-19) in the past 14 days?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>Do you have any of the following symptoms?</p> <ul style="list-style-type: none"><input type="checkbox"/> fever<input type="checkbox"/> dry cough<input type="checkbox"/> wheezing/breathing difficulties<input type="checkbox"/> widespread muscle aches<input type="checkbox"/> headache<input type="checkbox"/> cold (stuffy nose/runny nose)<input type="checkbox"/> sore throat<input type="checkbox"/> conjunctivitis<input type="checkbox"/> diarrhoea<input type="checkbox"/> loss of sense of taste (ageusia)<input type="checkbox"/> loss of sense of smell (anosmia) <p>(*) Note: _____</p>
<p>DATA RECORDS</p> <p>Last name _____ First name _____</p> <p>Date of birth _____ Place of birth _____</p> <p>Municipality of Residence _____ Street _____</p> <p>Current residence (if different from above) _____</p> <p>Telephone _____</p>
<p>Aware of criminal liability, in the case of false statements referred to in Article 76 of the DPR 28/12/2000 n.445</p> <p>Date _____ Signature _____</p>

Definition of close contact (Ministry of Health circular 0007922-09/03/2020)

- A person living in the same house as a COVID-19 case;
- a person who has had direct physical contact with a COVID-19 case (e.g., handshake);
- a person who has had unprotected direct contact with the secretions of a COVID-19 case (for example, touching used paper tissues with bare hands);
- a person who had direct contact (face to face) with a COVID-19 case, at a distance of less than 2 meters and lasting longer than 15 minutes;
- a person who has been in a closed environment (for example classroom, meeting room, hospital waiting room) with a COVID-19 case for at least 15 minutes, at a distance of less than 2 meters;
- a healthcare professional or other person who provides direct assistance to a COVID-19 case or laboratory staff involved in the handling of samples of a COVID-19 case without the use of recommended PPE or through the use of unsuitable PPE;
- a person who has travelled by plane sitting in the two adjacent seats, in any direction, of a COVID-19 case, travel companions or assistance persons and crew members assigned to the section of the aircraft where the index case was seated (if the index case has a severe symptomatology or has moved within the plane, causing greater passenger exposure, consider all passengers seated in the same section of the plane or throughout the aircraft).
- The epidemiological link may have occurred within a period of 14 days before the onset of the disease in the case under consideration.

We remind you to comply with the following behavioural rules and to take the recommended precautions for the prevention of SARS-CoV-2 infection, in particular:

- keep at least 1 meter away;
- avoid handshakes, kisses and hugs and other forms of contact;
- perform hand hygiene with soap and water and dry with a disposable towel or friction with hydroalcoholic solution;
- cough and sneeze covering the nose and mouth using tissues or in the crease of the elbow then carry out hand hygiene with water and soap or with hydroalcoholic solution; the tissues should preferably be made of paper and should be disposed of in a closed dustbin;
- avoid sharing items with your relative and / or other residents, such as towels, washcloths and sheets, plates, glasses, cutlery, etc;
- if your stay is prolonged you need to wash your hands frequently with soap and water or rub them with hydroalcoholic solution;
- if you feel the need to touch your mouth, nose or eyes, wash your hands before and after with soap and water and dry them with a disposable wipe or friction with hydroalcoholic solution.

Rapporti ISS COVID-19 in Italian

Available from <https://www.iss.it/rapporti-covid-19>

1. Gruppo di lavoro ISS Prevenzione e controllo delle Infezioni.
Indicazioni ad interim per l'effettuazione dell'isolamento e della assistenza sanitaria domiciliare nell'attuale contesto COVID-19. Versione del 7 marzo 2020.
Roma: Istituto Superiore di Sanità; 2020 (Rapporto ISS COVID-19, n. 1/2020)
2. Gruppo di lavoro ISS Prevenzione e controllo delle Infezioni.
Indicazioni ad interim per un utilizzo razionale delle protezioni per infezione da SARS-CoV-2 nelle attività sanitarie e sociosanitarie (assistenza a soggetti affetti da COVID-19) nell'attuale scenario emergenziale SARS-CoV-2. Versione del 28 marzo 2020.
Roma: Istituto Superiore di Sanità; 2020 (Rapporto ISS COVID-19, n. 2/2020 Rev.)
3. Gruppo di lavoro ISS Ambiente e Gestione dei Rifiuti.
Indicazioni ad interim per la gestione dei rifiuti urbani in relazione alla trasmissione dell'infezione da virus SARS-CoV-2. Versione del 31 marzo 2020.
Roma: Istituto Superiore di Sanità; 2020 (Rapporto ISS COVID-19, n. 3/2020 Rev.)
4. Gruppo di lavoro ISS Prevenzione e controllo delle Infezioni.
Indicazioni ad interim per la prevenzione e il controllo dell'infezione da SARS-CoV-2 in strutture residenziali sociosanitarie. Versione del 17 aprile 2020.
Roma: Istituto Superiore di Sanità; 2020 (Rapporto ISS COVID-19, n. 4/2020 Rev.)
5. Gruppo di lavoro ISS Ambiente e Qualità dell'aria indoor.
Indicazioni ad interim per la prevenzione e gestione degli ambienti indoor in relazione alla trasmissione dell'infezione da virus SARS-CoV-2. Versione del 21 aprile 2020.
Roma: Istituto Superiore di Sanità; 2020. (Rapporto ISS COVID-19, n. 5/2020 Rev.)
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Procedura per l'esecuzione di riscontri diagnostici in pazienti deceduti con infezione da SARS-CoV-2. Versione del 23 marzo 2020.
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Raccomandazioni per la disinfezione di ambienti esterni e superfici stradali per la prevenzione della trasmissione dell'infezione da SARS-CoV-2. Versione del 29 marzo 2020.
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8. Osservatorio Nazionale Autismo ISS.
Indicazioni ad interim per un appropriato sostegno delle persone nello spettro autistico nell'attuale scenario emergenziale SARS-CoV-2. Versione del 30 marzo 2020.
Roma: Istituto Superiore di Sanità; 2020. (Rapporto ISS COVID-19, n. 8/2020).
9. Gruppo di Lavoro ISS Ambiente – Rifiuti COVID-19.
Indicazioni ad interim sulla gestione dei fanghi di depurazione per la prevenzione della diffusione del virus SARS-CoV-2. Versione del 3 aprile 2020.
Roma: Istituto Superiore di Sanità; 2020. (Rapporto ISS COVID-19, n. 9/2020).
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Roma: Istituto Superiore di Sanità; 2020. (Rapporto ISS COVID-19, n. 10/2020).

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Raccomandazioni per il corretto prelievo, conservazione e analisi sul tampone oro/nasofaringeo per la diagnosi di COVID-19. Versione del 7 aprile 2020.
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13. Gruppo di lavoro ISS Ricerca traslazionale COVID-19.
Raccomandazioni per raccolta, trasporto e conservazione di campioni biologici COVID-19. Versione del 15 aprile 2020.
Roma: Istituto Superiore di Sanità; 2020. (Rapporto ISS COVID-19, n. 13/2020).
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Indicazioni ad interim per un appropriato sostegno delle persone con enzimopenia G6PD (favismo) nell'attuale scenario emergenziale SARS-CoV-2. Versione del 14 aprile 2020.
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Indicazioni relative ai rischi di acquisto online di farmaci per la prevenzione e terapia dell'infezione COVID-19 e alla diffusione sui social network di informazioni false sulle terapie. Versione del 16 aprile 2020.
Roma: Istituto Superiore di Sanità; 2020. (Rapporto ISS COVID-19, n. 15/2020).
16. Gruppo di lavoro ISS Sanità Pubblica Veterinaria e Sicurezza Alimentare COVID-19.
Animali da compagnia e SARS-CoV-2: cosa occorre sapere, come occorre comportarsi. Versione del 19 aprile 2020.
Roma: Istituto Superiore di Sanità; 2020. (Rapporto ISS COVID-19, n. 16/2020).
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Roma: Istituto Superiore di Sanità; 2020. (Rapporto ISS COVID-19, n. 17/2020).
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Roma: Istituto Superiore di Sanità; 2020. (Rapporto ISS COVID-19, n. 18/2020).
19. Gruppo di lavoro ISS Biocidi COVID-19.
Raccomandazioni ad interim sui disinfettanti nell'attuale emergenza COVID-19: presidi medico-chirurgici e biocidi. Versione del 25 aprile 2020.
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Indicazioni ad interim per la gestione dello stress lavoro-correlato negli operatori sanitari e socio-sanitari durante lo scenario emergenziale SARS-COV-2. Versione del 7 maggio.
Roma: Istituto Superiore di Sanità; 2020. (Rapporto ISS COVID-19, n. 22/2020)

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Roma: Istituto Superiore di Sanità; 2020. (Rapporto ISS COVID-19, n. 23/2020).