

**ORDER OF THE HEALTH OFFICER: IMMEDIATE LOCKDOWN OF  
ALL LONG-TERM CARE FACILITIES**

**Pursuant to §§ 252.042, 252.03, 250.06 Wis. Stats.,**

**Whereas,** Long-term care facilities are at high risk for severe COVID-19 outbreaks due to their congregate nature and vulnerable population (e.g., older adults with multiple co-morbidities). Ill healthcare personnel (HCP) or visitors are the most likely sources of introduction of COVID-19 into the facility; and

**Whereas,** it is essential to protect this vulnerable population from infection and the complications arising therefrom;

**IT IS HEREBY ORDERED that ALL long-term care facilities in Washington and Ozaukee Counties are to lockdown immediately to reduce the risk of COVID-19 infection.**

**IT IS FURTHER ORDERD that ALL Long-Term Care facilities in Washington and Ozaukee Counties are hereby subject to the following additional orders of the Washington Ozaukee Public Health Department until further notice:**

**Immediate actions to take:**

- **Visitor Restrictions:**
  - Restrict visitation at your facility and offer alternative methods of visitation (Skype, Face Time, etc.).
    - *Limited Exceptions: visitation restricted except in certain situations, such as end-of-life situations.*
  - Post visual alerts/messaging at all entrances to long-term care facilities alerting visitors of lockdown and visitation restriction.
- **Healthcare Personnel Infection Prevention Strategies:**
  - Restrict non-essential personnel including volunteers and non-essential consultant personnel (e.g., barbers, delivery person) from entering the building
  - Screen all staff (including environmental services, ancillary services, contractors and external providers) at the beginning of their shift for fever and respiratory symptoms. Staff are prohibited from working unless they have been screened at the start of every shift.



- Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, immediately have them put on a facemask and self-isolate at home.
    - Prioritize ill healthcare providers for COVID-19 testing.
  - Keep a record of others facilities where your staff are working. (Note that staff who work in multiple healthcare facilities may pose a higher risk.)
  - Staff who provide direct patient care are required to wear all recommended PPE (gown, gloves, eye protection, facemask) for the care of all residents, regardless of presence of symptoms.
  - Geographically cohort staff by assigning dedicated staff to specific units.
  - Minimize entries into patient rooms by bundling care and treatment activities.
  - If resources allow, consider universal facemask use for healthcare personnel while in the facility.
- **Resident Monitoring and Restrictions:**
  - Actively monitor all residents (at least daily) for possible signs of respiratory infection:
    - Screen for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat) and perform pulse oximetry for changes in oxygen saturation at least daily. (Note that long term care residents with confirmed COVID-19 infection may be less likely to show signs of fever and respiratory signs and symptoms may be subtle.)
    - If positive for fever or respiratory signs/symptoms, isolate the resident in their room and implement recommended infection control precautions.
  - Limit movement and ensure social distancing (i.e., staying 6 feet away from others) of your well resident.
    - Cancel group activities.
    - Cancel communal dining and deliver meals to individual rooms.
    - Limit the movement of residents around the facility.
    - Make sure residents perform hand hygiene and wear a facemask (contingent on supply) if they leave their room.
- **General Infection Control:**
  - Train staff on how to wear PPE safely.
  - Use of Standard, Contact, and Droplet Precautions with eye protection for any undiagnosed respiratory infection for which airborne precautions is not otherwise recommended (e.g., tuberculosis). Keep these residents in their rooms away from others.
  - Increase hand hygiene especially during care of residents and in between residents.



- Prior to entering and exiting the unit and a resident's room, healthcare personnel must perform hand hygiene by washing hands with soap and water or applying alcohol-based hand sanitizer.
  - Ensure access to alcohol-based hand sanitizer both inside and outside of patient rooms.
- Increase environmental cleaning. Disinfect all frequently touched surfaces such as doorknobs, elevator buttons, bathrooms, remote controls, and wheelchairs. Limit sharing of personal items between residents.
- Ensure proper cleaning and disinfection with an EPA-registered disinfectant effective against SARS CoV-2 that is used correctly and for the appropriate amount of time.
- **Managing PPE and Supply Shortages:** When PPE supplies are limited, rapidly transition to extended use of eye and face protection (i.e., respirators or facemasks).
  - Assess IPC supplies (e.g. PPE, alcohol-based hand rub, etc.) and estimate number of days available.
- **Reporting to the Health Department:** Immediately notify the health department about anyone with COVID-19 or if you identify 2 or more residents or healthcare providers who develop respiratory infections within a week.
- **Documentation of residents who leave the facility for any reason is required.** A log must be kept by each facility that documents residents who are relocated or leave the facility. Log must include date, resident name, contact phone number and address of relocation. Log must be reported to WOPHD weekly.

If you have a resident with known or suspected COVID-19 infection, your local health jurisdiction may recommend you take more aggressive actions than those listed above.

Dated this 21<sup>st</sup> day of March, 2020,

A handwritten signature in black ink that reads "Kirsten Johnson".

Kirsten Johnson, MPH, CPH, CHES  
Health Officer/Director  
Washington Ozaukee Public Health Department