



Health Department

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Public Health
Prevent. Promote. Protect.

****AMENDED MARCH 25, 2020****

ORDER OF THE HEALTH OFFICER: IMMEDIATE LOCKDOWN OF ALL LONG-TERM CARE AND NURSING HOME FACILITIES

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

Whereas, long-term care and rehabilitation 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); and

Whereas, 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;

Whereas, the original order was issued on March 23, 2020 and it is hereby amended as below and highlighted. This order of March 25, 2020 supersedes the order issued on March 23, 2020;

BASED UPON THE POWER GRANTED TO ME BY SEC. 252.03(2), IT IS HEREBY ORDERED that ALL long-term care, nursing homes, and rehabilitation facilities in Sauk County are to lockdown immediately to reduce the risk of COVID-19 infection.

IT IS FURTHER ORDERED that ALL Long-Term Care and Rehabilitation facilities in Sauk County are hereby subject to the following additional orders of the Sauk County Public Health Department until further notice:

Immediate actions to take:

- **Visitor Restrictions:**
 - Stop all in-person visitation at your facility and offer alternative methods of visitation (Skype, Face Time, phone, etc.).

- Prioritize ill healthcare providers for COVID-19 testing.
 - Keep a record of other 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, as long as your facility's inventory can support that level of use during this crisis. Facilities must assess their use of PPE (burn rate) and the delays in receiving new shipments, and make an informed decision about the best use of PPE given the risks present in each facility. Specific questions can be addressed to the Public Health Department.
 - Geographically cohort staff by assigning dedicated staff to specific units wherever possible.
 - Minimize entries into patient rooms by bundling care and treatment activities.
 - Only 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 (fever, 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.
 - Residents should still have the right to access the Ombudsman program. Their access should be governed by the guidance above. Facilities may review this on a case by case basis (compassionate care, for example). If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).
- **General Infection Control:**
 - Train staff on how to wear PPE safely, using expired PPE if available.
 - 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.
 - As long as supplies last, ensure access to alcohol-based hand sanitizer both inside and outside of patient rooms. If sanitizer is not available, ensure staff and patients wash hands with soap and water.
 - 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.
- **Symptom Monitoring:**
 - Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility.
 - If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they

were in the facility, the individuals they were in contact with, and the locations within the facility where they visited.

- Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on their findings.
- **Managing PPE and Supply Shortages:** When PPE supplies are limited during this crisis, rapidly transition to extended use of eye and face protection (i.e., respirators or facemasks). Follow CDC guidance for optimizing use of PPE (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>).
 - Assess IPC supplies (e.g. PPE, alcohol-based hand sanitizer, etc.) and estimate number of days available. Manage your use of PPE within CDC guidelines based on your facility's inventory and burn rate.
- **Reporting to the Health Department:** Immediately notify the health department (608-355-3290) about anyone with a COVID-19 diagnosis, or a suspected outbreak of COVID-19 of 2 or more staff or residents.
- **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 Sauk County Public Health weekly.
- **Communications with residents and families should be proactive and clearly explain the reasons for these changes.**

If you have a resident with known or suspected COVID-19 infection, Sauk County Public Health may recommend or require you take more aggressive actions than those listed above.

Dated this 25th day of March, 2020,



Tim Lawther, MPH, MA
Health Officer/Director
Sauk County Public Health Department