

Frequently Asked Questions: Long Term Care and Assisted Living Facilities

March 27, 2020

What are symptoms of COVID-19?



- ▶ Older adults with COVID-19 **may not show typical symptoms** such as fever or respiratory symptoms
- ▶ Atypical symptoms may include: new or worsening malaise, new dizziness, diarrhea, nausea, sore throat, or change in mental state

Will my resident with suspected COVID-19 be prioritized for testing?

- ▶ YES, at the Public Health Lab. Testing for residents in long-term care facilities and HCP will be prioritized

How do I get testing?

- ▶ Providers should fill out a lab [requisition form](#)
- ▶ Select the check box under “Patient Information” that says “Long Term Care resident”

Check if patient is:

- ☐ Healthcare Worker
- ☐ Inpatient
- ☐ Emergency Responder
- ☐ Long Term Care resident

How do I actively screen residents?

- ▶ Actively screen all residents at least daily for fever and respiratory symptoms; *immediately isolate anyone who is symptomatic with symptoms that may indicate COVID-19*
- ▶ Screening should include **vital signs** and **pulse oximetry**.
 - Pay attention to rise in temp (even if doesn't meet true criteria for a fever)
 - Also pay attention to increase in heart rate or decline in oxygen levels
- ▶ Facility should perform appropriate monitoring of *ill residents* (including documentation of pulse oximetry) at least 3 times daily to quickly identify residents who require transfer to a higher level of care
- ▶ Facility should keep a list of symptomatic residents
- ▶ CDC advises in [Independent Living Facilities are Retirement Communities](#) to encourage residents to establish a “buddy system” to check in on one another and have residents self-observe for any symptoms of respiratory illness

How do I actively screen staff?

- ▶ Facility screens all staff at the beginning of their shift for fever and respiratory symptoms
- ▶ Facility actively takes their staff's temperature and documents absence of shortness of breath, new or change in cough, and sore throat
- ▶ Staff should self monitor throughout the day
- ▶ If staff present or become ill, instruct them to put on a facemask and return home

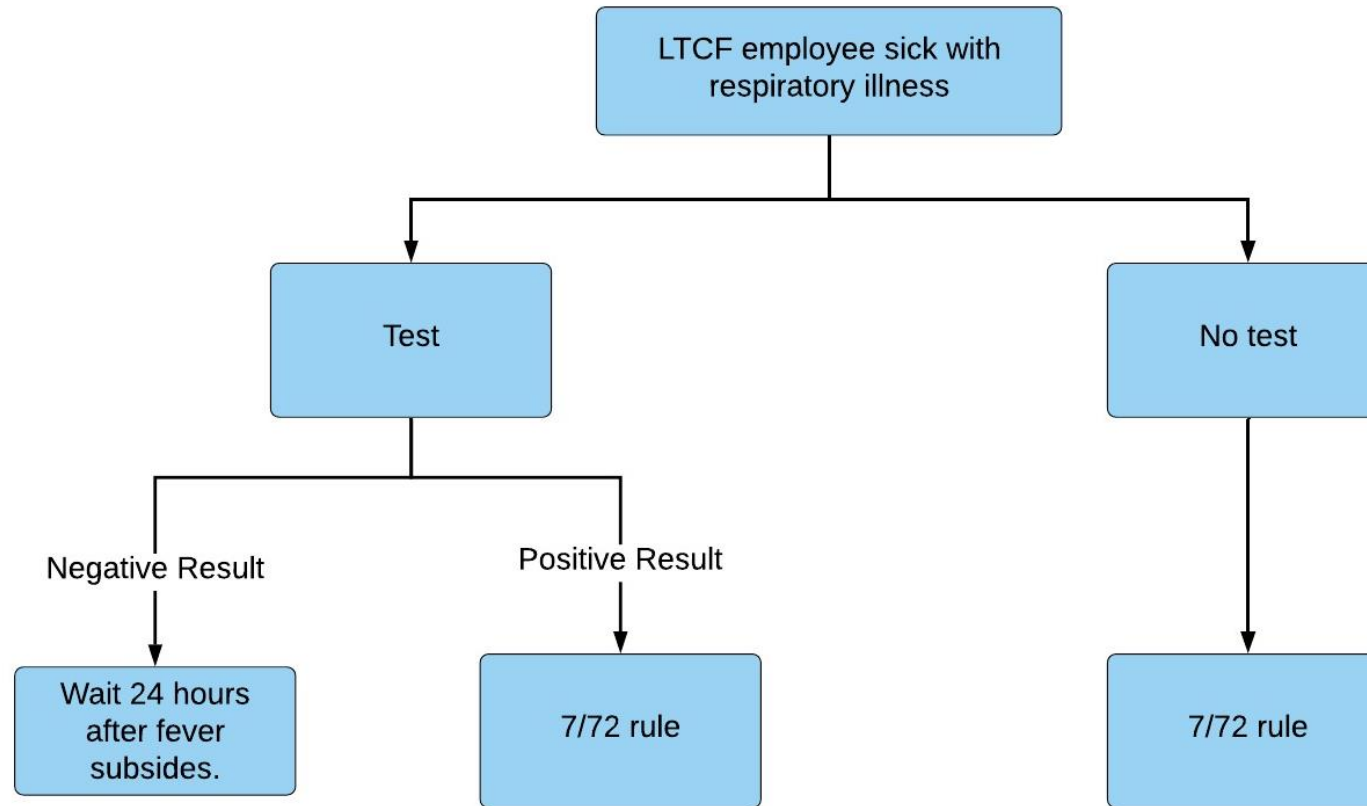
What precautions should be taken for staff who have traveled?

- ▶ Staff who have returned from locations with Level 3 travel notices for COVID-19 must be excluded from work and stay at home for 14 days
- ▶ Staff who have traveled to other international or domestic locations may continue to work. If the staff provides direct patient care, suggest
 - Screen at the beginning of each shift (like other HCP)
 - Wear a mask
 - Self monitor for symptoms (like other HCP)
- ▶ HCP with potential exposures to COVID-19 in community settings should have their exposure risk assessed according to this [CDC guidance](#). Employees who fall into the *high-* or *medium-* risk category described should be excluded from work in a healthcare setting until 14 days after their exposure
 - Asymptomatic contacts to asymptomatic persons on quarantine are not restricted

Do staff sick with undiagnosed respiratory illness need a COVID-19 test to return to work?

- ▶ No. We prioritize testing HCP, but if not tested, follow the “7/72 Rule” enhanced for HCP:
 - At least 7 days have passed since symptoms first appeared AND at least 3 days (72 hours) have passed since recovery.
 - Recovery is defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath)
- ▶ After returning to work, HCP should:
 - Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
 - Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
 - Adhere to hand hygiene, respiratory hygiene, and cough etiquette in [CDC’s interim infection control guidance](#)
 - Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

When can staff sick with respiratory illness return to work?



Crisis Strategies to Mitigate Staffing Shortages

- ▶ Healthcare systems, healthcare facilities, and the state health authorities might determine that the recommended approaches cannot be followed due to the need to mitigate HCP staffing shortages. In such scenarios:
 - HCP should be evaluated by occupational health to determine appropriateness of earlier return to work than recommended above
 - If HCP return to work **earlier than recommended**, they should still adhere to the Return to Work Practices and Work Restrictions recommendations
 - For more information, see [CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19](#)

What do I do for suspect cases among residents?

- ▶ For routine care for residents with **undiagnosed respiratory infection** use **Standard, Contact, and Droplet Precautions with eye protection**. For aerosol generating procedures* utilize Airborne Precautions
- ▶ Restrict residents with respiratory infection to their rooms. If they leave the room, residents should wear a facemask
- ▶ Use CDC's guidance regarding discontinuation of transmission-based precautions for COVID-19 patients

*Aerosol-generating procedures include: endotracheal intubation, bronchoscopy, open suctioning, administration of nebulized treatment, manual ventilation before intubation, physical proning of the patient, disconnecting the patient from the ventilator, non-invasive positive pressure ventilation, tracheostomy, and CPR.

Do residents with known or suspected COVID-19 need to be placed in an AIIR?

- ▶ No. Residents with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room (AIIR) but should ideally be placed in a **private room with their own bathroom**
- ▶ Room sharing might be necessary if there are multiple residents with known or suspected COVID-19 in the facility
 - “As roommates of symptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario” (CDC).

Should I transfer a resident who is COVID-19 positive?

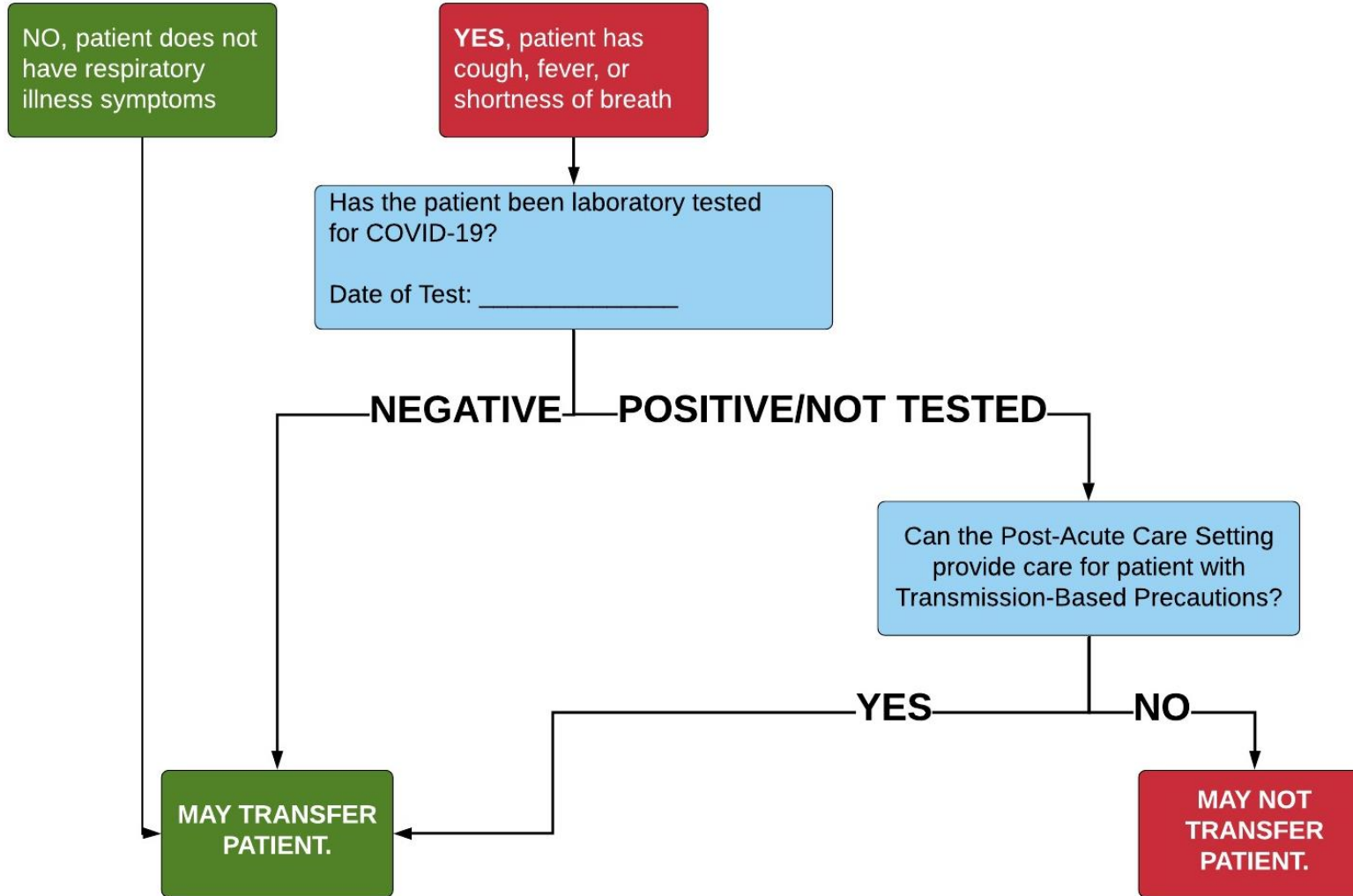
- ▶ No. Be prepared to keep residents who are suspect or positive COVID-19 in the facility
- ▶ Transferring a resident to a hospital should be considered only **if the resident requires higher level of clinical care** or if the facility cannot fully implement all recommended infection control precautions
- ▶ If transfer is necessary, transport personnel and the receiving facility should be **notified** about the suspected diagnosis **prior to transfer**
 - While awaiting transfer, symptomatic residents should wear a facemask and be separated from others (e.g., kept in their room with the door closed)

Can I accept a resident with COVID-19 into the facility?

- ▶ LTCFs should take their confirmed COVID patients back under appropriate Transmission-Based Precautions (including the appropriate PPE) in order to keep the hospitals operating
- ▶ Facilities should admit any individuals that they would normally admit to their facility
- ▶ If possible, CMS guidelines suggest dedicating a unit/wing exclusively for any residents coming or returning from the hospital
 - This can serve as a step-down unit where they remain for 14 days with no symptoms

Hospital to Post-Acute Care Transfer Form

Does the patient have respiratory illness symptoms?



Can residents be co-infected with COVID-19 and another virus like influenza?

- ▶ SARS-COV-2 infections have been seen together with other respiratory viruses such as influenza.
- ▶ Co-infections occur sporadically. Use clinical judgement.

How should a facility handle family member visits for hospice residents?

- ▶ On a case by case basis
- ▶ Screen any visitors for fever/symptoms of respiratory infection
 - If ill, do not allow entry
- ▶ Provide visitors a facemask
- ▶ Limit visitors to a specific location in the facility
 - e.g., resident's room or designated visiting area
- ▶ Visitors should perform frequent hand hygiene

What about residents who regularly leave the facility?

- ▶ Residents who must regularly leave the facility for medically necessary purposes (e.g., residents receiving hemodialysis or chemotherapy) should wear a facemask whenever they leave their room, including for procedures outside of the facility
- ▶ Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator (or facemask if not available)) for the care of these residents, regardless of presence of symptoms (if PPE supply allows). Refer to strategies for optimizing PPE when shortages exist

How do I optimize supply of PPE?

See [CDC's guidance](#) and most recent [COCA Call](#).

Strategies for Optimizing the Supply of PPE

Eye Protection

Isolation Gowns

Facemasks

N95 Respirators

What type of signage should be displayed for transmission based precautions?



What if there is ongoing transmission of COVID-19 in the facility?

- ▶ CDC recommends twice daily vital signs and clinical evaluation of all residents
 - For more information, listen to this [CDC COCA Call](#)
- ▶ Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator or, if not available, a facemask) for the care of all residents
- ▶ Restrict residents to their rooms
- ▶ Implement protocols for cohorting ill residents with dedicated HCP

How should facilities be disinfecting?

- ▶ Non-dedicated, non-disposable resident care equipment should be cleaned and disinfected after each use. (Ex: blood pressure cuffs)
- ▶ EPA-registered disinfectants ([List N](#)) are prepared and used in accordance with label instructions
- ▶ Perform routine and terminal cleaning according to existing protocols
- ▶ Only essential personnel should enter the room of patients with COVID-19
- ▶ Consider assigning daily cleaning and disinfection of high-touch surfaces to nursing personnel who will already be in the room providing care to the patient
 - If this is assigned to EVS personnel, they should wear all recommended PPE when in the room. PPE should be removed upon leaving the room, immediately followed by hand hygiene

What precautions should be taken by environmental service workers?

- ▶ After discharge, terminal cleaning may be performed by EVS personnel
- ▶ Delay entry into the room until a sufficient time has elapsed* for enough air changes to remove potentially infectious particles
- ▶ After this time has elapsed, EVS personnel may enter the room and should wear a gown and gloves when performing terminal cleaning
 - A facemask and eye protection should be added if splashes or sprays during cleaning and disinfection activities are anticipated or otherwise required based on the selected cleaning products
 - Shoe covers are not recommended at this time for personnel caring for patients with COVID-19

*207 minutes (~3.5 hours) with 2 air changes/hour (ACH)

What if there are shortages of alcohol-based hand rub?

- ▶ Use soap and water
- ▶ Make sure paper towels and trash cans are readily accessible
- ▶ Note the WHO's recipe for ABHR:
[https://www.who.int/gpsc/5may/Guide to Local Production.pdf](https://www.who.int/gpsc/5may/Guide%20to%20Local%20Production.pdf)
- ▶ FAQs about WHO's ABHR:
<https://www.who.int/gpsc/tools/faqs/abhr1/en/>

Should families be taking residents home if they are able?

- ▶ This should be considered on a case by case basis
- ▶ Some families may be able to safely care for their loved ones at home
- ▶ Families should consider the overall risk and whether this is safe for the resident
 - What is the level of medical care needed for the resident?
 - What is the risk of acquisition of COVID-19 in the family's home?
 - Will the resident be able to re-enter the facility should they choose to leave temporarily?

How do I report a suspect COVID-19 case or cluster of unknown respiratory illness?

- ▶ Report a suspect COVID-19 case
- ▶ Report a cluster (e.g., ≥ 3 residents or HCP with new-onset respiratory symptoms over 72 hours) of residents or HCP with symptoms of respiratory infection
- ▶ Call: 603-271-4496
- ▶ Fax: 603-271-0545

Resources

- ▶ [NH DHHS Lab Requisition Form](#)
- ▶ [NH DHHS Guidance for Long Term Care Facilities](#)
- ▶ [CMS Guidance for Infection Control and Prevention of COVID-19 in Nursing Homes](#)
- ▶ [CDC Preparing for COVID-19: Long-term Care Facilities, Nursing Homes](#)
 - [Guidance for Retirement Communities and Independent Living](#)
 - [COCA Call for Long Term Care Facilities \(3/17/20\)](#)
 - [COCA Call for Optimization of PPE \(3/25/20\)](#)
 - [Preparedness Checklist](#)
 - [Nursing Home Infection Prevention Assessment Tool for COVID-19](#)
- ▶ <https://www.vitaltalk.org/guides/covid-19-communication-skills/>

Other Questions?