

FAQs for Long Term Care and Assisted Living Facilities

April 29, 2020

Today's Overview



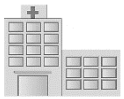
New Hampshire Situation Summary



HAN 13 Update



New Symptoms for Screening



Discharge from Hospitals

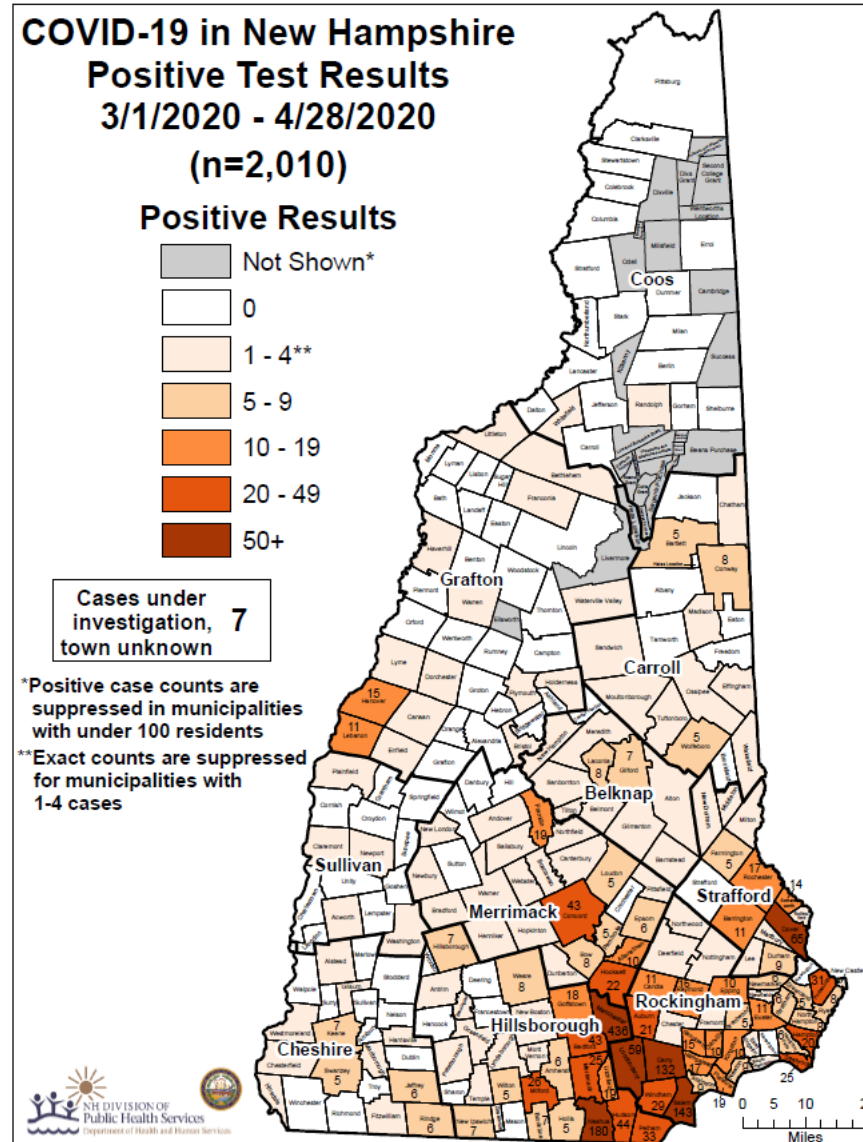


What does cohorting look like in my facility?



Audience Q&A

New Hampshire Situation Summary



HAN#13: Increased Testing Capacity

- ▶ NH DHHS has established 5 new drive-through locations where patients can have NP swabs collected for PCR testing
- ▶ These locations are open 7d/w from 11am – 7pm and are located in:
 - **Lancaster:** 350 Meadow St., Lancaster, NH 03743
 - **Plymouth:** 7 Armory Rd., Plymouth, NH 03264
 - **Tamworth (DMV):** 1864 White Mountain Highway, Tamworth, NH 03886
 - **Claremont** (middle school): 107 South St., Claremont, NH 03743
 - **Rochester:** 106 Brock St., Rochester, NH 03867

HAN#13: Accessing Testing

- ▶ Facilities (e.g., LTCFs, ALFs, residential homes, etc.) with concern about active COVID-19 transmission can request testing for staff and residents by calling the NH DHHS COVID-19 Coordinating Office at 603-271-5980
- ▶ To order testing for your patients at one of these new stations, send a completed [test requisition form](#) to the NH DHHS COVID-19 Coordinating Office via fax (603-271-3001) or email (covidtesting@dhhs.nh.gov)

HAN#13: Antibody-based Tests

- ▶ Available through commercial laboratories for the detection of antibodies against SARS-CoV-2.
 - Do not use antibody-based tests to diagnose acute infection. It can take ~2 weeks after infection for antibodies to be detectable. If a patient is symptomatic, collect an upper respiratory tract specimen for testing by PCR
 - Become acquainted with the test characteristics of the various antibody tests, noting the possibility of false-negative results (especially from use too early following symptoms) and false-positive results (especially from cross-reactivity to commonly circulating coronaviruses)
- ▶ A positive antibody test should not be used to make decisions about a person's potential to infect others or be infected
 - For example, healthcare workers with positive serology should still use personal protective equipment in the care of suspect or confirmed COVID-19 patients and everybody, including those with a positive antibody test result, need to continue to practice social distancing measures

New Symptoms for COVID-19 Screening

Fever



Cough



Shortness of breath



- ▶ Chills
- ▶ Repeated shaking with chills
- ▶ Muscle pain
- ▶ Headache
- ▶ Sore throat
- ▶ New loss of taste or smell

New Symptoms for COVID-19 Screening

Emergency Warning Signs:

- ▶ Trouble breathing
- ▶ Persistent pain or pressure in the chest
- ▶ New confusion or inability to arouse
- ▶ Bluish lips or face

Reminders for COVID-19 Resident Screening

- ▶ For daily resident screening, include vital signs and pulse oximetry
 - Temperature
 - Heart rate
 - Oxygen saturation
 - Blood pressure
- ▶ Be sure to clean all equipment between each resident use
 - Note contact time/wet time required for a disinfectant to work appropriately

Discharge from Acute-Care Hospitals

Flashback: HAN#12 Testing Before Resident Transfer

- ▶ Work with your local hospital to review discharge protocols
- ▶ All patients being admitted to a LTCF should be tested for COVID-19, even if asymptomatic, per CMS guidance (April 2nd)
- ▶ UNINTENDED CONSEQUENCES: To ease delays from acute care settings
 - The hospital should collect the specimen and submit for testing
 - Discharge may occur before test results are received
 - Residents should still be subject to a 14-day quarantine
 - LTCFs should cohort residents coming or returning from the hospital
 - [CMS provided supplemental information](#) for transferring residents between facilities
 - Alternatively, patients can be placed in a single room, restricted to their room, and wear a facemask during care activities for 14 days
 - All hospitals implementing near patient rapid molecular testing capacity

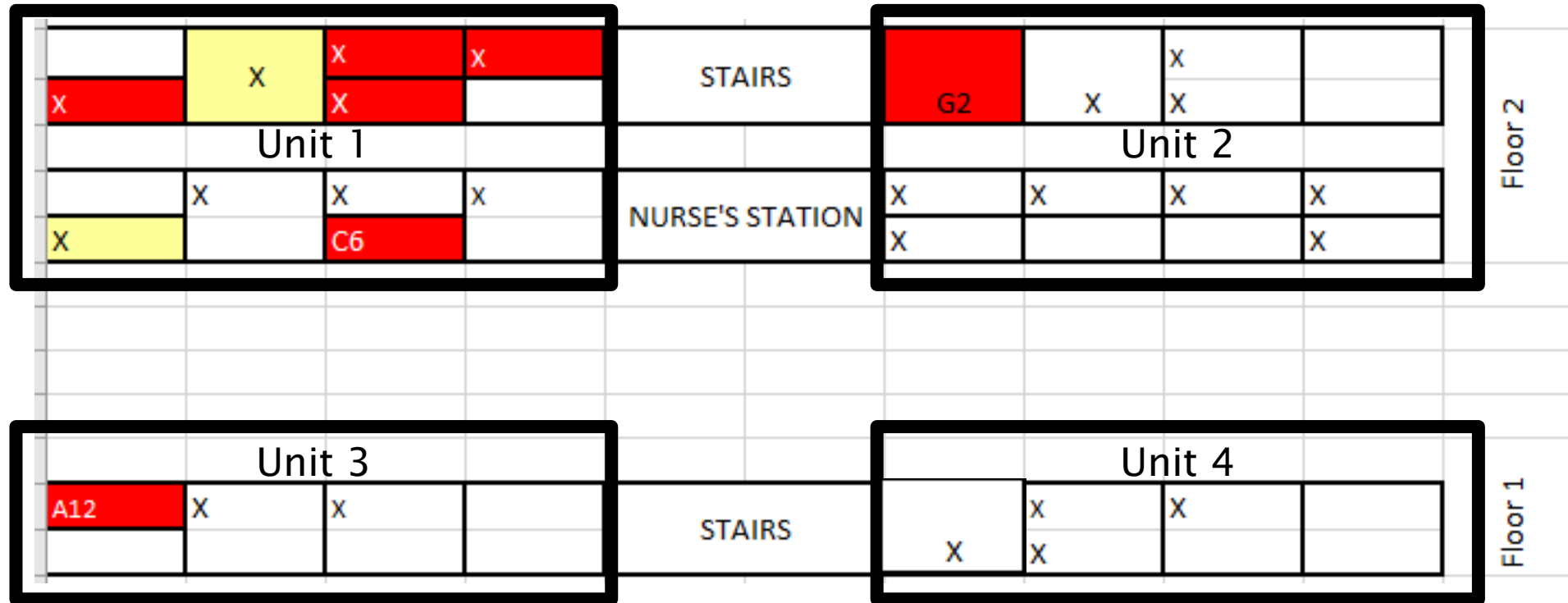
What might cohorting look like in my facility?

Sample Scenario

Objectives for this cohorting sample scenario:

- I. Look at a sample floor plan to visualize what cohorting may look like
- II. Identify when entire units should be on full droplet precautions
- III. Understand the reasons and benefits of cohorting

Sample Scenario:



Key:

POSITIVE COVID-19
SYMPTOMATIC, UNKNOWN
COVID-19 NEGATIVE

Without cohorting, which units would be on full droplet precautions?

	A	B	C	D	E	F	G	H	I	J	K
1											
2		X	X	X	STAIRS		G2		X		
3	X		X					X	X		
4	Unit 1				Unit 2						
5		X	X	X	NURSE'S STATION		X	X	X	X	
6	X		C6				X			X	
7											
8											
9											
10											
11	Unit 3				Unit 4						
12	A12	X	X		STAIRS			X	X		
13							X	X			
14											

POSITIVE COVID-19

SYMPTOMATIC, UNKNOWN

COVID-19 NEGATIVE


Without cohorting, which units would be on full droplet precautions? ANSWER:

	A	B	C	D	E	F	G	H	I	J	K
1											
2					STAIRS						Floor 2
3											
4	DROPLET PRECAUTIONS					DROPLET PRECAUTIONS					
5					NURSE'S STATION						
6											
7											
8											
9											
10											
11	DROPLET PRECAUTIONS					Unit 4					Floor 1
12					STAIRS						
13											
14											

POSITIVE COVID-19

SYMPTOMATIC, UNKNOWN

COVID-19 NEGATIVE



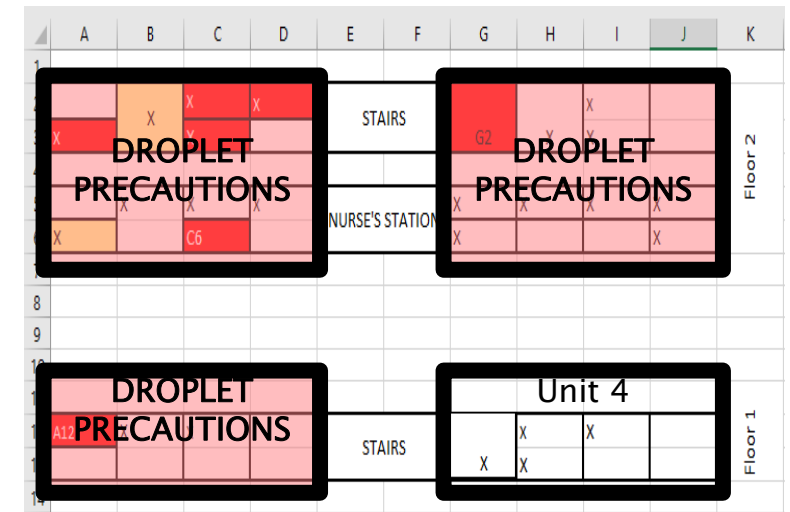
Department of Health Services
University of Washington
Health and Human Services

Why would these units be on droplet precautions?

- ▶ When there is a COVID-19 case identified on a unit, *all residents in that unit* should be placed on droplet precautions

When would Unit 4 also be placed on droplet precautions?

- ▶ If a resident in Unit 4 becomes symptomatic and there is suspicion of ongoing transmission throughout the facility
- ▶ Consult with DPHS to make decisions about placing the facility on droplet precautions or to establish cohorting procedures



What are the reasons for cohorting?

- ▶ Decrease the number of units requiring full droplet precautions
 - Preserve PPE
- ▶ Limit exposure to other residents
- ▶ Limit exposure to staff

What is one way to cohort residents in this scenario?

- Consider this complication: resident G2 requires a single room

	A	B	C	D	E	F	G	H	I	J	K
1											
2		X	X	X	STAIRS		G2		X		Floor 2
3	X		X					X	X		
4	Unit 1					Unit 2					
5		X	X	X	NURSE'S STATION	X	X	X	X		
6	X		C6			X			X		
7											
8											
9											
10											
11	Unit 3					Unit 4				Floor 1	
12	A12	X	X		STAIRS		X	X			
13						X	X				
14											

What is one way to cohort residents in this scenario?

ANSWER:

	A	B	C	D	E	F	G	H	I	J	K
1											
2	C6	X	X	X	STAIRS		TERMINAL CLEAN		X		Floor 2
3	X		X	A12				X	X		
4	Unit 1				Unit 2						
5		G2	X	X	NURSE'S STATION		X	X	X	X	
6	X			B5			X			X	
7											
8											
9											
10											
11	Unit 3				Unit 4				Floor 1		
12	TERMINAL CLEAN	X	X		STAIRS			X		X	
13							X	X			

With cohorting, which units require full droplet precautions?

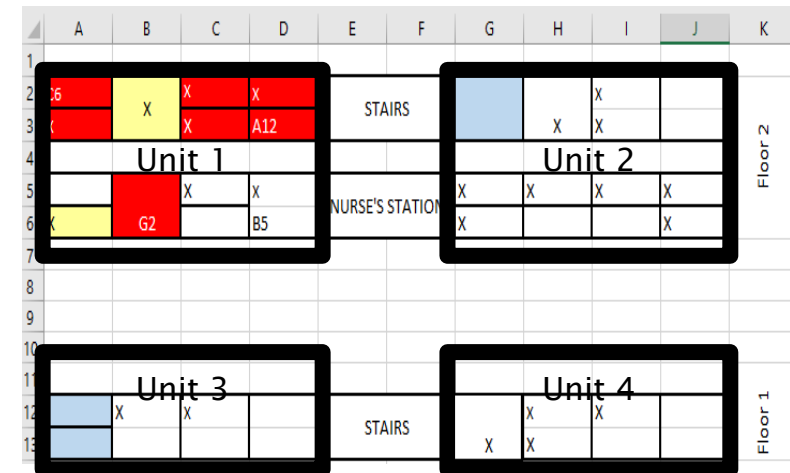
	A	B	C	D	E	F	G	H	I	J	K
1											
2	C6	X	X	X	STAIRS		TERMINAL CLEAN		X		
3	X		X	A12				X	X		
4	Unit 1						Unit 2				
5			X	X	NURSE'S STATION		X	X	X	X	
6	X	G2		B5			X			X	
7											
8											
9											
10											
11	Unit 3						Unit 4				
12	TERMINAL CLEAN	X	X		STAIRS			X	X		
13							X	X			

With cohorting, which units require continuous full droplet precautions? ANSWER:

	A	B	C	D	E	F	G	H	I	J	K
1											
2	C6	X	X	X	STAIRS		TERMINAL CLEAN		X		
3	X		X	A12				X	X		
4	DROPLET PRECAUTIONS						Unit 2				Floor 2
5		G2	X	X	NURSE'S STATION		X	X	X	X	
6	X						B5	X			
7											
8											
9											
10											
11	Unit 3						Unit 4				Floor 1
12	TERMINAL CLEAN	X	X		STAIRS			X	X		
13							X	X			

What are the benefits of cohorting in this way?

- ▶ Only Unit 1 requires full droplet precautions throughout the entire unit
- ▶ PPE Burn Rate is improved
- ▶ Limited exposure to staff and other residents
- ▶ Ability to dedicate certain staff to a COVID-19 unit
- ▶ Enables rooms to be terminally cleaned



What will cohorting look like in my own facility?

- ▶ If your facility has identified cases of COVID-19, the Cluster Investigation team will work with you on a case-by-case basis to determine how to cohort most efficiently
- ▶ Call **2-1-1** and ask to speak with a member of the Cluster Investigation team or email **haiprogram@dhhs.nh.gov**

Q&A