

FAQs for Long Term Care and Assisted Living Facilities

April 22, 2020

Today's Overview



When can COVID-19 positive staff return to work?

1. In a facility **without** staffing shortages...
2. In a facility **with critical** staffing shortages...



When can staff on quarantine return to work?



What is and where can I find more about the Governor's LTC stabilization fund?



Who should I communicate to about a COVID-19 case in my facility?



Audience Q&A

In a facility with **no staffing shortages...**

When can staff with confirmed COVID-19 return to work?

When can symptomatic, COVID+ staff return to work?

- ▶ Exclude from work until return to work criteria has been met
 - **Test Based Strategy***: Resolution of fever without the use of fever-reducing medication, improvement of respiratory symptoms, **AND** negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).
 - **Non-Test Based Strategy**: Seven days have passed since the onset of symptoms, respiratory symptoms have improved, **AND** at least 72 hours have passed since recovery (resolution of fever without the use of fever-reducing medication).

**CDC indicates a preference for the test-based strategy for healthcare personnel returning to work. In New Hampshire, the non-test based strategy is also acceptable depending on local resources for testing.*

When can asymptomatic, COVID+ staff return to work?

- ▶ Staff with confirmed COVID-19 who have not had any symptoms should be excluded from work until **10 days** have passed since the date of their **first positive COVID-19 diagnostic test** assuming they have not subsequently developed symptoms since their positive test

After returning to work, all COVID-19+ staff should:

- ▶ Follow [universal source control guidance](#) after returning to work which includes:
 - Wear a facemask at all times while in the facility
 - This serves as source control
 - A facemask is preferred over a cloth covering
 - A facemask for source control does not replace the need to wear an PPE when indicated
- ▶ Cannot care for severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
- ▶ Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen

Source: CDC [Return to Work Practices and Work Restrictions](#)

In a facility with **critical staffing shortages...**

When can staff with confirmed COVID-19 return to work?

Can COVID-19+ staff continue to work?

- ▶ Yes, when staffing resources have been exhausted and there are no longer enough staff to provide safe patient care, staff with suspected or confirmed COVID-19 who are well enough to work may do so
- ▶ Prioritize their duties in the following order:
 - Staff with suspected or confirmed COVID-19 may perform job duties where they do not interact with others
 - Staff with confirmed COVID-19 may provide direct care ONLY for patients with confirmed COVID-19, only in a strict cohort setting

If COVID-19+ staff continue to work:

Additional requirements must be met:

- ▶ Remind the staff that, in addition to potentially exposing patients, they could also expose their co-workers
- ▶ Staff must pay strict attention not to enter areas without COVID-19 patients
- ▶ Facemasks must be worn even when they are in non-resident care areas such as breakrooms
- ▶ If they must remove their facemask (e.g., to eat or drink), they should separate themselves from others ideally in a room dedicated for only COVID-19 positive staff
- ▶ Use a separate entrance/exit and a dedicated route to get to and from the COVID-19 unit in order to avoid viral shedding in areas of the facility that are not COVID-19 contaminated
- ▶ Additional environmental disinfection should be used in areas that are dedicated to the staff with confirmed COVID-19

When can staff on quarantine return to work?

If staff on quarantine test negative for COVID-19, can they return to work immediately?

- ▶ No. Because of the 14-day COVID-19 incubation period, an asymptomatic staff member may not test positive until the end of their incubation period
- ▶ Exposed healthcare workers should be excluded from work for 14-days based on the [CDC's Interim HCP Risk Assessment](#)

What is and where can I learn more about the Governor's LTC stabilization fund?

- ▶ This fund is intended to help stabilize front line work of certain Medicaid providers that is not able to be conducted remotely
- ▶ The fund provides a weekly stipend to direct support professionals providing frontline care during the COVID-19 pandemic
- ▶ Find more information on eligibility, guidelines, and application process here:
 - <https://www.nhes.nh.gov/services/employers/longtermcare.htm>

Who should I communicate to about a COVID-19 case?

- ▶ DHHS
- ▶ Your facility staff and residents
- ▶ Resident's family members
- ▶ Facilities (e.g., hospitals, dialysis centers) where you transfer residents to
 - *Communicate about COVID-19+ residents and potentially exposed residents*

Resources

- ▶ [CDC's Interim HCP Risk Assessment](#)
- ▶ [CDC's Return to Work Criteria](#)
- ▶ [CDC's Mitigation of Staffing Shortages](#)
- ▶ [DPHS Universal Source Control Recommendation](#)
- ▶ [**NH DPHS Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 in LTCF/ALF**](#)

Q&A?