FAQs for Long Term Care and Assisted Living Facilities

May 27, 2020
Today’s Overview

- Updates: Travel Guidance for Staff, PPE Request Form, COVID-19 Positive Staff
- Last Week’s FAQ Follow-up
- CRSSSP Overview at 12:45
- Audience Q&A
Travel Guidance for Staff

- Do not permit non-essential international and out-of-state domestic business travel (e.g., conferences, meetings)
- Discourage personal
  - International travel, (including Canada),
  - Travel on cruise ships
  - Domestic travel outside of NH, ME, and VT
- Avoid domestic travel by public conveyances (e.g., bus, train, plane)
- Staff should quarantine for 14 days after:
  - Any international travel
  - Travel on a cruise
  - Travel on public conveyances outside of NH, VT, or ME
  - Other domestic travel risk can be assessed by Occ Med on a case-by-case basis
Do you have any symptoms of COVID-19?

- Fever (of 100.4 degrees F or higher)
- Respiratory symptoms such as runny nose, sore throat, cough, or shortness of breath
- General body symptoms such as muscle aches, chills, and severe fatigue
- Changes in a person’s sense of taste or smell
Staff Screening Questions (2)

- Have you had any close contact with someone who is suspected or confirmed to have COVID-19 in the past 14 days?
  - Note: healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment should answer “no”
- Have you traveled in the past 14 days either:
  1. Internationally (outside the U.S., including Canada);
  2. By cruise ship; or,
  3. Domestically (within the U.S.) outside of NH, VT, or ME on public transportation (e.g., bus, train, plane, etc.)?
New PPE Request Form

DHHS PPE Request Form – COVID 19

Facility Name

https://prd.blogs.nh.gov/dos/hsem/?page_id=8673
What to do when staff test positive?

- Resources to Help Facilities Plan and Respond to COVID-19 Positive Test Results Among Staff
  - Outlines return to work criteria
  - Includes an important note on negative test results
    - A negative test result during quarantine does not reduce the 14-day quarantine
  - Guidelines for crisis staffing
    - Consult with your case investigator prior to implementing any crisis staffing
Last Week’s FAQ Follow-up
Is there airborne transmission for COVID-19?

- COVID-19 is primarily transmitted through respiratory droplets
- Transmission can also occur from contaminated surfaces, although this is not the primary means of transmission
- Per CDC: “Current data suggest that close-range aerosol transmission by droplet and inhalation, and contact followed by self-delivery to the eyes, nose, or mouth are likely routes of transmission
  - Long-range aerosol transmission, such as is seen with measles, has not been a feature of SARS-CoV-2.
- Potential routes of close-range transmission include splashes and sprays of infectious material onto mucous membranes and inhalation of infectious virions exhaled by an infected person. The relative contribution of each of these is not known for SARS-CoV-2.”

What does “Stay at Home 2.0” mean for LTCF staff?

- The stay-at-home order still applies to everybody, including LTCF staff
- When people don't need to go out, they should continue to stay at home and avoid travel (see public health guidance: https://www.covidguidance.nh.gov/)
- When out in public places:
  - Maintain a safe distance of at least 6 feet from others at all times
  - Wear a cloth face covering over mouth and nose
  - Practice frequent hand hygiene
  - Avoid touching eyes, nose, and mouth with unwashed hands
- There are no recommended restrictions on what staff can do when off work-time aside from what is already recommended for the general public
  - Staff can go out for essential items (e.g. groceries, medical care, etc.), personal care (massage, haircuts, etc.), and other activities allowed under the Governor's Stay-at-Home 2.0 Executive Order
  - Everyone should continue to strictly followed the published public health guidance
What does “Stay at Home 2.0” mean for facilities?

- Because there is still community transmission occurring in NH, LTCFs need to continue to take recommended facility level precautions...
- Relaxing of restrictions does not apply to long term care facilities
- **Current recommendations and restrictions:**
  - Visitor restrictions still apply
    - Hairdressers and barbers are still not allowed to enter the facility
  - Communal dining and group activities still canceled
  - Screening for residents and non-residents still applies
  - Universal source control still implemented
Can residents gather outside in small groups?

- Still no congregating indoors or outdoors
- In facilities with **no cases** of COVID-19, residents may go outside but must wear cloth face coverings and maintain 6ft of distance between.
  - A staff member should monitor resident activity to ensure social distancing and to make sure outside visitors are not present
- In facilities **with cases** of COVID-19
  - Covid-19 unit residents restricted to their rooms/the unit
  - Consideration of nonCOVID-19 residents as above on case by case basis
Should the doors remain open or shut for suspect/confirmed COVID-19 residents?

- Depends on the facility context
- Ideally, close doors for suspect and confirmed COVID-19 cases
- But when resident safety is a concern, doors can remain open
- In a COVID-19 unit where all residents are cohorted as COVID-19 positive doors can remain open
- Other factors to consider: resident safety, facility layout, ventilation
**Fans and Air Conditioning?**

- **Recent study** reported that an air conditioning system at a restaurant in China may have contributed to the spread of virus among diners.
  - A person was symptomatic, seated near an air circulator which apparently blew her droplets, and infected two adjacent tables.

- However, experts agree that fans and AC will not increase transmission, especially with continued appropriate social distancing and source control.
  - Use correctly and with correct maintenance.
Additional Q&A