

FAQs for Long Term Care and Assisted Living Facilities

May 8, 2020

Today's Overview



What do we know about testing?



Wednesday's FAQ follow-up



Audience Q&A

Options for Testing Residents/Staff

1. Normal route

- Order testing kits through your normal ordering provider

2. Metropolitan Medical Response System (MMRS)

- State-run operation staffed by trained volunteers
- During an outbreak, DPHS will help you coordinate an MMRS visit
- Contact the NH DHHS COVID-19 Coordinating Office at [603-271-5980](tel:603-271-5980) to request testing

3. Community drive-through testing

- NH DHHS has established 6 fixed drive-through locations where any NH resident can have NP swabs collected for PCR testing
- Submit a [test requisition form](#) to the COVID-19 Coordinating Office via fax (603-271-3001) or email (covidtesting@dhhs.nh.gov)

What are key principles of mass testing in LTCF?

- ▶ Testing should not replace existing infection prevention and control (IPC) interventions
- ▶ Testing should be used when results lead to specific IPC actions
- ▶ Repeat testing may be warranted in certain circumstances

Source: [Testing for COVID-10 in Nursing Homes, CDC](#)

New Surveillance Programs

- ▶ As testing availability increases in NH, testing for COVID-19 among residents and staff in LTCF has become a priority to help inform prevention and control in the facility
- ▶ The purpose of testing is to:
 - Identify and respond to outbreaks as early as possible
 - Inform additional prevention and control interventions to limit transmission
- ▶ Surveillance programs for LTCFS:

Point Prevalence
Survey of All Staff
and Residents

Sentinel Surveillance
and Response

Wednesday's FAQ Follow-up

“What is the new return to work criteria?”

- ▶ CDC has updated Discontinuation of transmission-based precautions and Return to work criteria for healthcare personnel
- ▶ Symptom-based 3/10 rule for all (replaces the 7/72 rule and 10d for HCP)
 - A person can be removed from isolation if at least **10 days** have passed since symptoms first began, as long as the person has also been afebrile (off fever-reducing medications) and symptoms have been improving for at least **72 hours (3 days)**
- ▶ Asymptomatic persons can be removed from isolation after **10 days** have passed from the date of the person’s first positive COVID-19 test
 - Assuming the person does not subsequently develop symptoms
- ▶ CDC has removed their preference for a test-based strategy

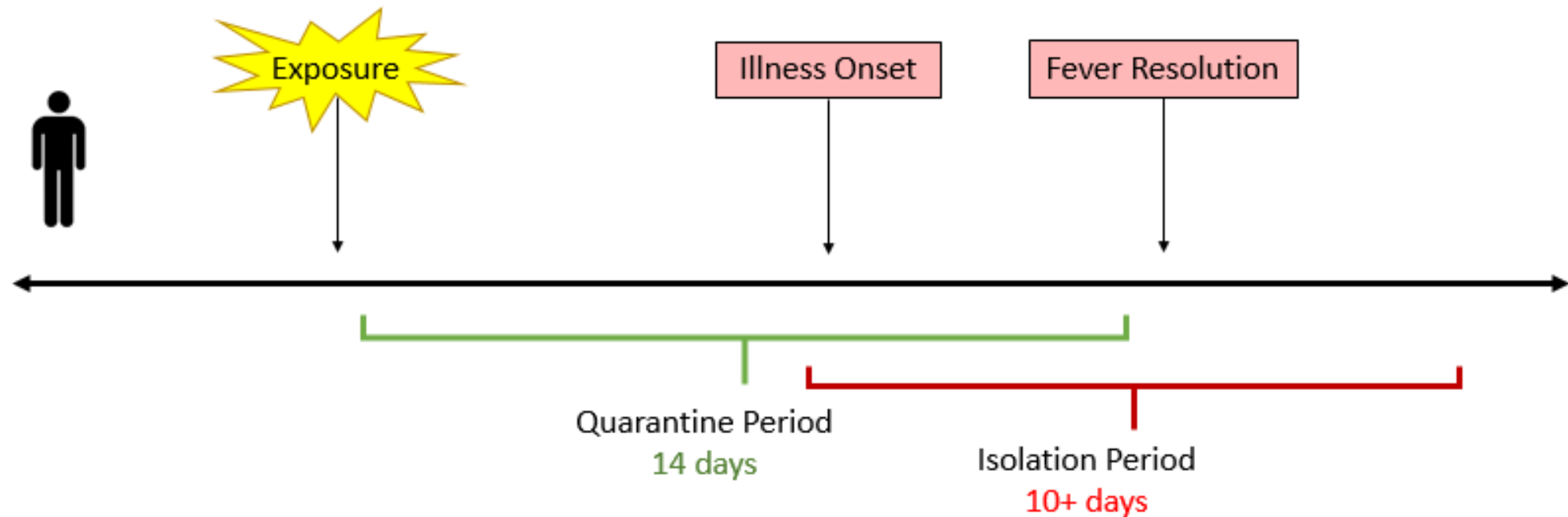
Extra Caution for LTCF Residents

“If a patient with COVID-19 is discharged to a nursing home or other long-term care facility and they have met the CDC criteria for removal from isolation and precautions but the patient has persistent symptoms, the patient should be placed in a single room, be restricted to their room to the extent possible, and wear a facemask (if tolerated) during care activities until all symptoms are completely resolved or at baseline.”

“Is it possible to test a resident too soon after their exposure?”

- ▶ Yes, if testing an asymptomatic person during their incubation period you may get a false negative
- ▶ Asymptomatic persons who are tested may not test positive until the end of their 14-day incubation period
 - This is why asymptomatic residents must quarantine for 14 days after a negative test
- ▶ Median incubation period is 5.1 days
- ▶ If the person is symptomatic, you can go ahead and test with confidence that results will be accurate

“Is it possible to test a resident too soon after their exposure?”



“What is the recommended timeline for testing asymptomatic staff who have had an exposure?”

- ▶ PCR testing 14 days after exposure will capture most COVID-19 positive infections in asymptomatic individuals
- ▶ Staff with unprotected exposure to COVID-19 should quarantine for 14 days
 - During crisis staffing needs, these staff can work according to certain criteria
 - See NH DHHS [Return to Work and Crisis Staffing](#) guidance

“Can a confirmed COVID-19 individual still test positive after an extended period of time?”

- ▶ Yes. Someone may test positive for 5+ weeks after illness because the PCR test can detect non-viable virus after the individual is no longer infectious
- ▶ For this reason, we recommend a symptom-based (or non-test) strategy for return to work criteria or discontinuation of transmission based precautions
 - For immunocompromised individuals, a test-based approach is still recommended

“After a mass testing event, should all staff be in PPE while results are pending?”

- ▶ It depends!
- ▶ If the facility has no suspect or confirmed cases of COVID-19, there is no need for everyone to be on full droplet precautions
- ▶ If the facility has suspect or confirmed cases of COVID-19, PPE should be worn in the affected units/entire facility (determined in coordination DPHS)

“How often to perform resident screening?”

- ▶ For daily resident screening, include assessment of symptoms, vital signs, and pulse oximetry
 - Temperature
 - Heart rate
 - Blood pressure
 - Oxygen saturation
- ▶ If COVID is suspected or confirmed in the facility, increase screening of all residents to at least 3 times daily to identify and quickly manage serious infection
 - Include assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily

“Are most facilities masking all employees and members even if no positive cases?”

- ▶ Yes, all facilities should implement universal masking for the purpose of source control
 - A cloth face covering is appropriate for persons who are not in contact with patients
 - Direct healthcare providers should wear a surgical face mask when available

“Should we quarantine residents who go out for elective procedures?”

- ▶ It depends!
- ▶ Our simplified, more intuitive recommendation is that if a resident leaves the facility for a medical encounter, does not stay overnight, is wearing a mask and has no known contact with a COVID-19 patient, they do not need to quarantine upon return.
 - We will assume that the usual strategies of universal masking, symptom screen and hand hygiene will achieve what is needed for protection.

Is there any difference in policy between day vs. overnight stays?

- ▶ Yes, residents returning from overnight stays should be quarantined for 14 days upon return

“Are there special considerations for staff who float between facilities?”

- ▶ As much as possible, DO NOT float staff
- ▶ Particularly if there is an outbreak of COVID-19 in a facility, do not float staff
- ▶ If necessary, staff should wear surgical facemasks, be screened, and self monitor for symptoms (like all other staff)

Additional Q&A



NH DIVISION OF
Public Health Services
Department of Health and Human Services



“Have you seen any cases where the presenting symptom has been GI illness only?”

- ▶ It is rare to see GI symptoms only
- ▶ This occurrence is too unusual to change resident screening procedures
 - Testing of upper respiratory tract will still detect GI symptomatic patients

“What PPE is required for a resident on quarantine or isolation?”

- ▶ The same PPE!
- ▶ Known or suspect COVID-19 patients should be cared for using full droplet precautions with eye protection
 - Facemask
 - Surgical facemask for routine evaluation and sample collection for COVID-19 testing
 - N95 or higher-level respirator for aerosol-generating procedures (e.g., sputum induction, nebulizer use, intubation)
 - Gloves
 - Gown
 - Eye protection

Other Comments on PPE:

- ▶ Proper donning and doffing should be performed between each resident's care activities unless the facility is implementing [extended-use](#)
 - If the facility is implementing extended-use, they should consult DPHS to ensure they are doing it properly as to not allow for staff to self-inoculate or contaminate other residents
- ▶ If your facility is utilizing coveralls due to a lack in gowns, see [CDC's videos](#) on how to properly don and doff coveralls
 - Do not cut coveralls

“What is guidance for LTCF with Stay at Home 2.0?”

- ▶ Current guidance, including visitor restrictions, still stands

“What are your thoughts about nursing homes resuming haircare services if we follow the same guidelines including limiting the number of residents waiting for services and just focusing on simple cuts?”

- No, it is still important to only allow essential personnel into facilities/around residents

“As nicer weather approaches we are discussing trying to conduct small visitation sessions outside for residents and families. Would you support this if we practiced social distancing, screened visitors and required PPE for them?”

- No, visitation is still prohibited at this time