

FAQs for Long Term Care and Assisted Living Facilities

June 24, 2020

Today's Overview



NH Updates and Resources



CDC Guidance Updates and COCA Call



Audience Q&A

Updated NH Resources

- ▶ [Updated Response Toolkit for LTCF](#)
 - Includes updates from CDC guidance
- ▶ [Guidance on air conditioning and fan use](#)
 - This guidance was designed for facilities experiencing cases of COVID-19, but the principles can be applied to any room where someone is on quarantine for COVID-19
 - Key takeaway: Do not use portable fans or air conditioners in patient isolation rooms where any transmission-based precautions are in place

Updated CDC Guidance "Preparing Nursing Homes"

Summary of Changes to the Guidance:

- Tiered recommendations to address nursing homes in different phases of COVID-19 response
- Added a recommendation to assign an individual to manage the facility's infection control program
- Added guidance about new requirements for nursing homes to report to the National Healthcare Safety Network (NHSN)
- Added a recommendation to create a plan for testing residents and healthcare personnel for SARS-CoV-2

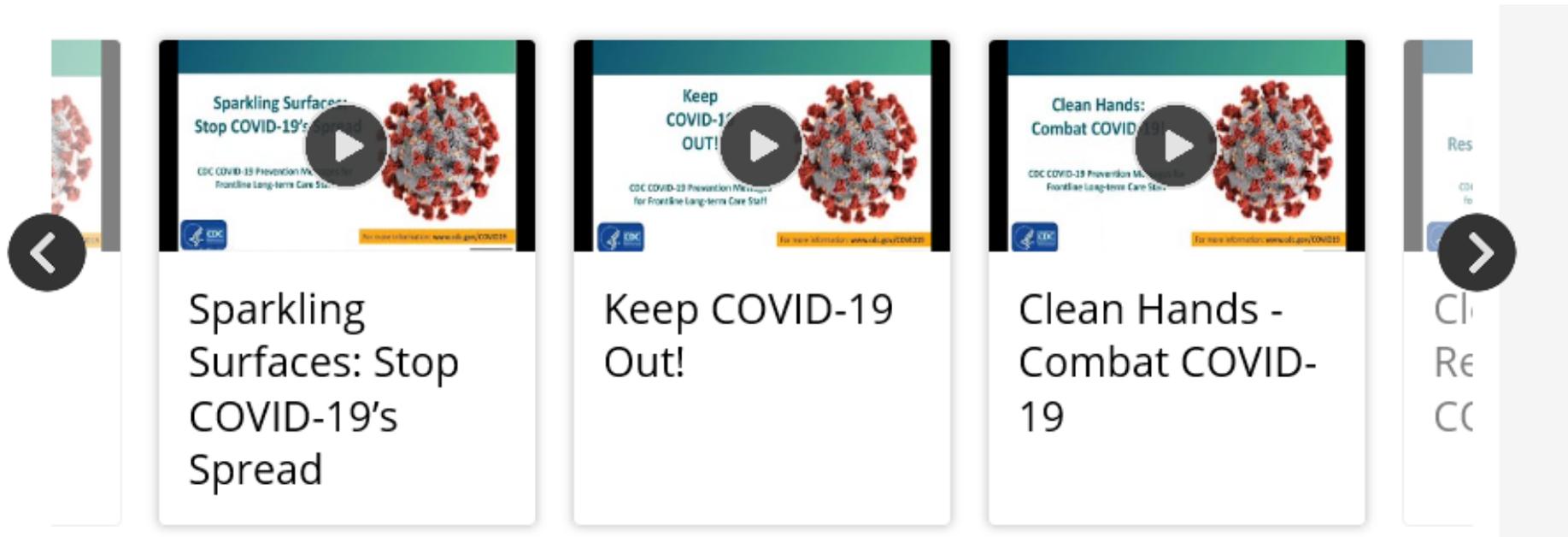
Details from Updated CDC Guidance (1)

- ▶ In the facility plan for testing residents and staff, include a procedure in case someone declines testing or is unable to be tested
 - Link to CDC [testing update](#) from June 13th
- ▶ The guidance was reorganized according to core infection control and prevention practices
- ▶ Screening update: 100.0 F should be the cut off for staff



Details from Updated CDC Guidance (2)

- ▶ Helpful links included in the update:
 - [NHSN LTCF COVID-19 Module](#) to report critical PPE shortages
 - Strategies about [managing stress and anxiety](#)
 - Webinar series/training [modules](#)



Infection Control Updates in CDC Guidance (3)

- ▶ Emphasis on hand sanitizer inside and outside every resident room
- ▶ Position a trash can near exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room
- ▶ Consider designating staff responsible for stewarding PPE and monitoring and providing just-in-time feedback promoting appropriate use
- ▶ Have a plan for cohorting and transferring residents between rooms
- ▶ Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown

PPE Updates in CDC Guidance (4)

- ▶ Implement a respiratory protection program
- ▶ Implement optimization of PPE before shortages occur
- ▶ Make a plan for disinfecting face shields and goggles for reuse
- ▶ On June 9th, CDC removed the second hand hygiene step from donning PPE training



COCA Call Highlights – 6/16/20

[CDC COCA Call Recording & Slides](#)

The section on
cohorting was
particularly helpful
for real world
implementation

Resident Cohorting: Creating a Dedicated COVID-19 Unit



Doesn't resident cohorting become complicated?

Key
takeaway:
four types
of cohorts



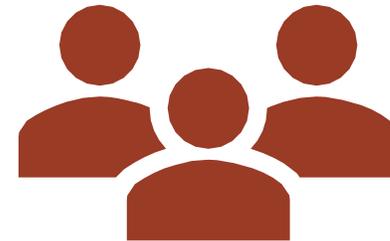
COVID
"negative"
(unknown)



COVID exposed



COVID
suspected
(symptomatic)



COVID
confirmed



Key
takeaway

Prioritize a separate area for COVID-19 Care

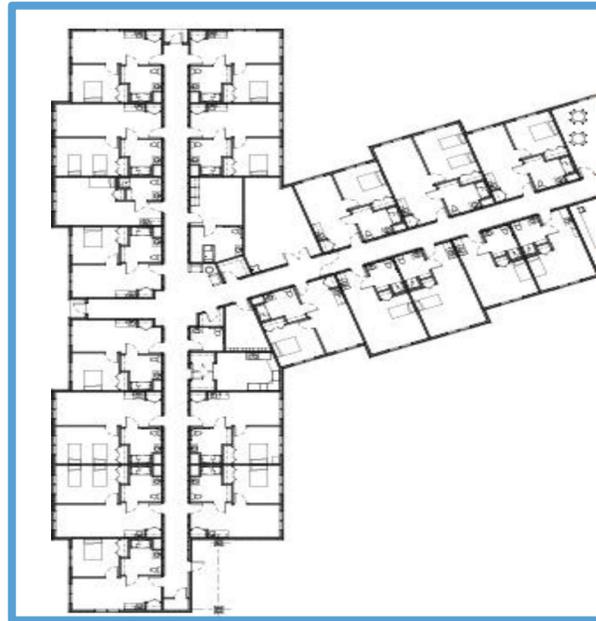
- Space designated for COVID care only
 - Physically separated from other rooms or units (e.g., separate entry/exit)
 - Space for staff (e.g. charting, break area and restrooms)
 - Clean areas for PPE donning
 - Space for PPE doffing and decontamination
- Staffing
 - Dedicate team to the COVID care unit (at least direct care nursing staff)
 - Bundling care tasks to conserve PPE and limit number of entries
 - Provide supports for team (e.g., uniform laundering, meals, work incentives)



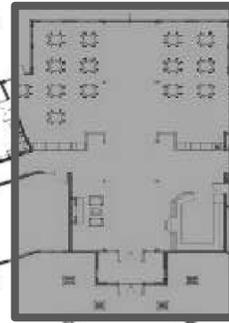
Helpful visualizations
of cohorting

Using Facility Layout for Cohorting

Asymptomatic, COVID
negative (presumed)



Common Areas
Closed



Observation



COVID
positive



Real world examples

Examples of COVID care areas



Helpful scenario
to guide you
through initial
response,
cohorting, and
testing.

Clinical scenario

- Mr. Smith is a 78 year old long-stay resident with a history of type 2 diabetes and hypertension
- Yesterday, he felt fatigued with loss of appetite, and overnight had a temperature of 99.2° F.
- This morning, his temperature was 99.9° F and had a slightly lower oxygen saturation than his previous measurements during the week
- His roommate has no complaints, normal vitals and a negative symptom screen

Could this be COVID-19? What steps should be taken before the diagnosis? Should Mr. Smith be moved to the designated COVID care area for testing? Should his roommate be moved also?



Key
takeaway

Suspecting COVID-19: Initial actions

- Implement Transmission-Based Precautions while evaluating a symptomatic resident
 - Increase clinical monitoring of symptomatic residents (e.g., q shift)
 - Prioritize SARS-CoV-2 testing (viral detection)
- If available, could move to a private room while awaiting testing
 - Do not move residents into a COVID-19 unit based on symptoms alone
- Leave roommate in current bed while awaiting additional information
- Notify local health department about suspected case

What are additional actions would you take if Mr. Smith's test confirms COVID-19?



Last Week's FAQ Follow-up

“What is the status on reopening LTCFs?”

- ▶ Nursing homes should remain in the highest state of mitigation and restrictions with the exceptions announced last week to allow limited outdoor and compassionate visitation
- ▶ Reopening for LTCFs lags behind the state’s reopening because of the impact COVID-19 has had on our LTCF populations (>80% of COVID-19 deaths have been in residents of LTCFs)
- ▶ We will align our NH LTCF guidance with CMS Phase 1 guidance to allow limited group and communal gatherings/dining for facilities with no outbreaks, and will have further recommendations by next week
 - Additional guidance may be based on county-level transmission

“Can we let hairdressers into facilities?”

- ▶ We are hearing your requests for creative approaches!
- ▶ Qualified existing staff can do haircuts that offer a compassionate response to a resident who has been repeatedly requesting and demonstrates interference with quality of life
 - Staff are participating in CRSSSP, trained in PPE and hand hygiene
- ▶ CMS guidance does not allow outside nonessential personnel and contractors (hairdressers) until Phase 2 for LTCFs. Planning for such may include
 - Outside setting is safer than indoor
 - Hairdresser only provides services to one facility and no one else!
 - Consider hairdresser as staff appropriate for CRSSSP testing
 - PPE to be determined
 - More guidance to come

Invalid vs. Inconclusive Test Results

Invalid

- ▶ Test failed; treat as if never happened
- ▶ Collect new specimen and test and determine if patient is symptomatic/reason for testing
- ▶ Possible reasons: poor specimen collection/quality, internal quality control fails, or something wrong with the reagents

Inconclusive

- ▶ Technically successful but neither positive or negative
- ▶ Treat as positive case and collect new specimen
- ▶ Possible reasons:
 - Only one of two pieces of SARS-CoV-2 RNA needed for a positive test was detected.
 - Cross-reactivity to a closely related virus that is not SARS-CoV-2.
 - Patient is at a point in their illness which is right at the limit of detection by PCR test.

In summary:

- ▶ For **invalid** results, staff are able to work but recommended retesting as soon as possible
- ▶ For **inconclusive** results, staff are presumed positive and cannot work

“Can we get COVID-19 from food?”

- ▶ No. The risk of getting COVID-19 from food or food packaging is very low
- ▶ The virus that causes COVID-19 cannot grow on food
 - Although bacteria can grow on food, a virus requires a living host like a person or an animal to multiply
- ▶ The virus that causes COVID-19 has not been found in [drinking water](#)
- ▶ Do NOT use disinfectants designed for hard surfaces, such as bleach or ammonia, on food packaged in cardboard or plastic wrap
- ▶ Read more [on the CDC website](#)

“Can residents and families eat during visits?”

- ▶ Residents and families should not eat or drink together during visitation, because this would require removing one’s mask

“If we admit a resident who has recovered from COVID, do they still need to quarantine for 14 days?”

- ▶ Yes
- ▶ We are not yet confident about protective immunity of COVID-19 antibodies

Additional Questions from Last Week:

- ▶ “Visitation guidance suggests an age limit of 12 due to the potential for younger kids to not understand distancing and not being able to have physical contact, stay in one place, etc. BUT – can someone bring a non-mobile baby to see a (great) grandparent?”
 - These decisions can be taken at the facility level, but this sounds acceptable
- ▶ “Can visits take place in an enclosed screened in porch that sits about 5 feet above the ground? If the screened windows open, do the same restrictions apply to this visit? There is no chance of physical contact through this visit.”
 - Visitation protocol should still be followed because this disease transmits by respiratory droplets that are not screened out by screens

Additional Questions from Last Week (cont.)

- ▶ “I have an employee whose family member plays on a traveling softball team... They will be having games in Rhode Island and Ct. These are back to back games which means an overnight in a hotel/motel.... [they] will be in mixed groups with people from New York, Massachusetts, Connecticut, Rhode Island, NH, VT and Maine....what should be the protocol for their return to work? Should they be self-quarantining??”
- ▶ “I understand going into another state and staying in your car – going from point A to point B you wouldn’t need to quarantine, but what about someone who will be attending a couple of days in a mixed crowd from multiple states and the kids are playing softball so they are unable to wear masks.”

Additional Questions from Last Week (cont.)

- ▶ “An employee is driving down to N.C. with another person in the car who has quarantined for 14 days – they are driving non-stop will stop for gas but will not be going in the buildings. Will attend a retirement ceremony not sure with how many others, how close the audience will be. And at the end will be driving back to NH Will spend 1 overnight with a family member who lives in N.C.??”
- ▶ **ETC!!**
- ▶ When staff travel or life in NH has violated social distancing, masking, hand hygiene, etc., individualized consultation and education are needed. Guidance for essential workers with unprotected exposures applies anyway

Additional Q&A?