FAQs for Long Term Care and Assisted Living Facilities

July 15, 2020
Today’s Overview

- NH Updates and Resources
- Submitted Questions
- Audience Q&A via chat
Phase 1 Reopening Updates

Rockingham County
- Incidence: 42 cases per 100,000
- Rockingham is eligible to implement phase 1 reopening in LTCF

Hillsborough County
- Incidence: 89 cases per 100,000
- Hillsborough is not yet eligible to implement phase 1 reopening in LTCF
Updated NH Resources

- **Visitation Guidance**
  - Includes clarification on PPE for compassionate care visitation

- **Travel Guidance & Employer Screening Tool**
  - Includes latest updates from the governor
PPE for Compassionate Care Visits

- Setting: compassionate care in LTCF
- Visitors: 1-2, asymptomatic, passed facility’s screening questions
- Patients: compassionate, end of life
  - With confirmed or suspected COVID-19
    - Visitor wears full PPE with facemask
    - Patient wears surgical mask, if possible
  - Without confirmed or suspected COVID-19
    - Visitor and patient wear a surgical face mask
What are compassionate care situations?

- Compassionate care situations does not exclusively refer to end-of-life situations
- Examples from CMS:
  - “For a resident who was living with their family before recently being admitted to a nursing home, the change in their environment and sudden lack of family can be a traumatic experience. Allowing a visit from a family member in this situation would be consistent with the intent of the term compassionate care situations.”
  - “Similarly, allowing someone to visit a resident whose friend or family member recently passed away, would also be consistent with the intent of these situations”
- Facilities consult with state leadership, families, and ombudsman to help determine if a visit should be conducted for compassionate care
- CMS states that while “compassionate care situations may extend past end-of-life situations, we still believe these visits should not be routine, and allowed on a limited basis as an exception to restricting visitation”
- See CMS Visitation FAQ for more details
General Travel Guidance

Anyone traveling should continue to:
- Avoid large gatherings and public areas
- Keep a distance of at least 6 feet from others
- Wear a cloth face covering when in public areas
- Frequently sanitize their hands

NH residents or out-of-state visitors traveling to/from areas outside of New England (VT, ME, MA, CT or RI) need to self-quarantine for the first 14 days of any intended stay in NH after travel
- 14 days starts from the last day of their travel outside New England
- This recommendation is irrespective of the mode of transportation for travel (public vs. private transportation)

*7/15/20 updates in orange
Travel Guidance for Employers

- Any persons traveling internationally (including Canada), on a cruise ship, or domestically outside of Maine, Vermont, Massachusetts, Connecticut, or Rhode Island should quarantine for 14 days after return.
- Occupational Medicine and businesses should screen staff for such travel before returning to work after vacation.
- Other New England-based domestic travel risks can be assessed by Occupational Medicine on a case-by-case basis.
Do you have any symptoms of COVID-19 or fever of 100.4 degrees Fahrenheit or higher? Symptoms of COVID-19 can include:
- Fever, or feeling feverish;
- Respiratory symptoms such as runny nose, nasal congestion, sore throat, cough, or shortness of breath;
- General body symptoms such as muscle aches, chills, and severe fatigue;
- Gastrointestinal symptoms such as nausea, vomiting, or diarrhea, and
- Changes in a person’s sense of taste or smell

Have you had close contact with someone who is suspected or confirmed to have COVID-19 in the prior 14 days? (Note: healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment should answer “no”)

Have you traveled in the prior 14 days outside of New Hampshire, Vermont, Maine, Massachusetts, Connecticut, or Rhode Island?
What Are Antigen Tests?

- Detect fragments of proteins on or within the virus
  - Intended to detect acute infection
- Advantages: cost less to manufacture, bulk availability, fast TAT, POC, positive results are highly accurate
- Disadvantage: high probability of false negative results
  - Negative tests in suspected patients need to have PCR
COVID-19 Testing Timeline

- Exposure
  - RNA Detected
  - IgG-positive Antibody Test

- Symptom Onset
  - Ag Detected
  - 14 days Quarantine Period
  - 10+ days Isolation Period

- Weeks Post-Symptom Onset
  - 1-2
  - 3-4
  - 5-6
  - 7-8
  - 9-10
  - 11 and 12
Sofia 2 SARS Antigen FIA (Quidel)

- 10 May FDA issued EUA for use in CLIA labs and POC patient care settings under CLIA waiver
- NP or AN swab run on Sofia 2 analyzer
  - In use (flu, strep tests) in >40,000 clinics/practices
- Results available in 10 minutes
- ~80% sens, 100% spec against PCR

https://www.quidel.com/immunoassays/rapid-sars-tests/sofia-sars-antigen-fia
BD Veritor

- July 10 FDA EUA for second Ag test granted for BD Veritor System for Rapid Detection of SARS-CoV-2 (Beckton, Dickinson and Company) for use in CLIA laboratories and POC patient care settings (under CLIA waiver)
- >10M tests to be produced by end Sept 2020
- Nasal swab specimen run on portable BD Veritor Plus Analyzer Instrument
  - In use in >25,000 hospitals, clinics, pharmacies
- Results in 15 minutes
- Against Quidel
  - Pos agreement 84%
  - Neg agreement 100%
Antigen Test Roll Out

- **14 July the Trump Administration announced HHS** would embark on one-time procurement of antigen testing devices and tests to be distributed to nursing homes in hotspot areas of U.S.

- Each nursing home will receive **1 diagnostic instrument** – either Quidel Sofia 2 Instrument or Veritor Plus system – along with associated tests
  - Nursing homes then procure additional tests directly from manufacturer

- All nursing homes must have capability to screen and test residents at baseline, and test staff on weekly basis (or acc to state guidance)
  - Will also enable testing of visitors if appropriate for that facility
Which Facilities are Eligible?

- Distribution will begin with nursing homes prioritized by CMS, based on CDC epi hotspot data, and nursing homes that have reported to CDC by July 5th:
  - >3 confirmed or suspected new cases within last 7d
  - >1 new case in last 7d after having 0 previous cases
  - Inadequate access to testing within last 7d
  - >1 new resident death within last 7d
  - >1 new confirmed or suspected case among staff within last 7d

- Facilities that do not have CLIA Waiver to administer the tests will not receive a testing instrument. Facilities will receive allocations when HHS sends the remaining nursing homes instruments and tests, and they obtain a CLIA waiver
  - Nursing homes can follow [CMS guidance](#) to obtain Waiver
Submitted Questions