

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

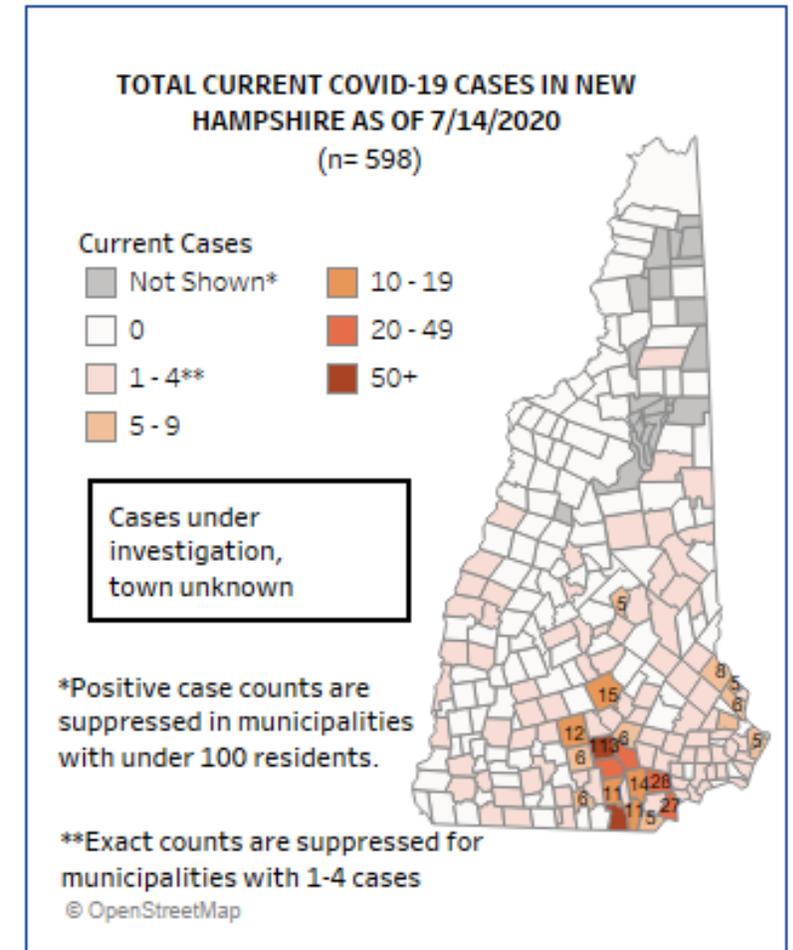
Phase 1 Reopening Updates

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

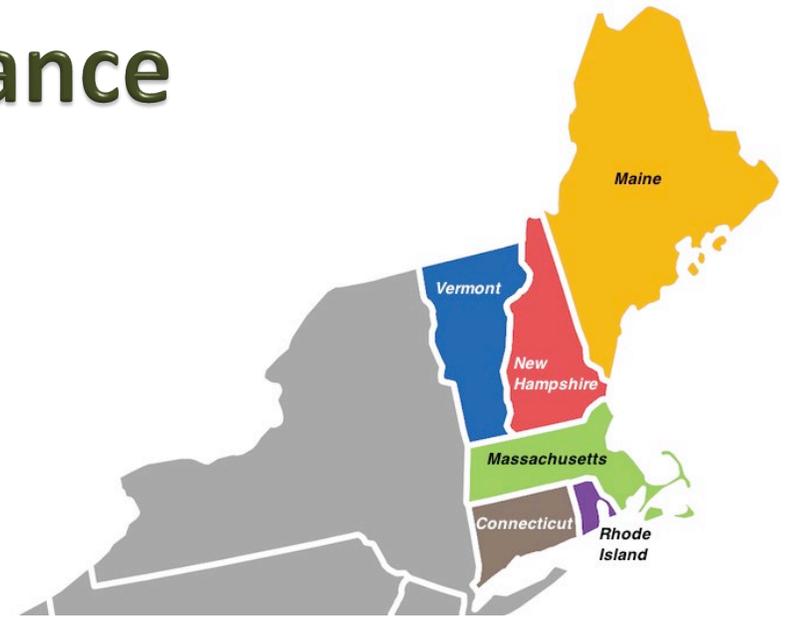
- ▶ Setting: compassionate care in LTCF
- ▶ Visitors: 1-2, asymptomatic, passed facility's screening questions
- ▶ Patients: compassionate, end of life
 - With confirmed or suspected COVID-19
 - Visitor wears full PPE with facemask
 - Patient wears surgical mask, if possible
 - Without confirmed or suspected 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)



Travel Guidance for Employers

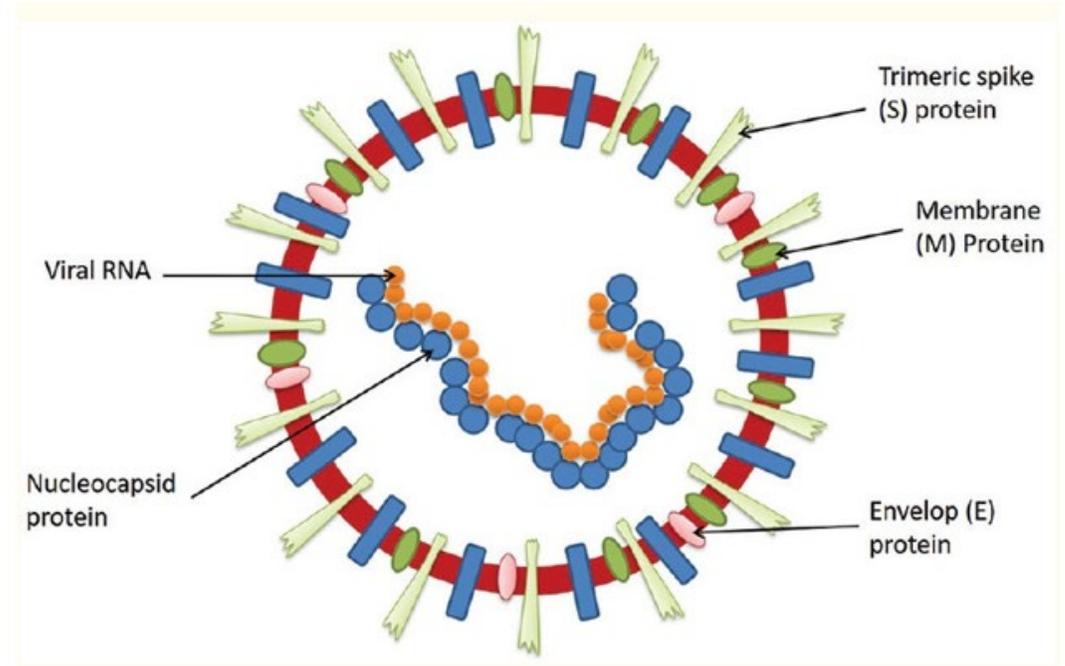
- ▶ Any persons traveling internationally (including Canada), on a cruise ship, or domestically outside of Maine, Vermont, Massachusetts, Connecticut, or Rhode Island should quarantine for 14 days after return
- ▶ Occupational Medicine and businesses should screen staff for such travel before returning to work after vacation
- ▶ Other New England-based domestic travel risks can be assessed by Occupational Medicine on a case-by-case basis

Employer Screening Tool

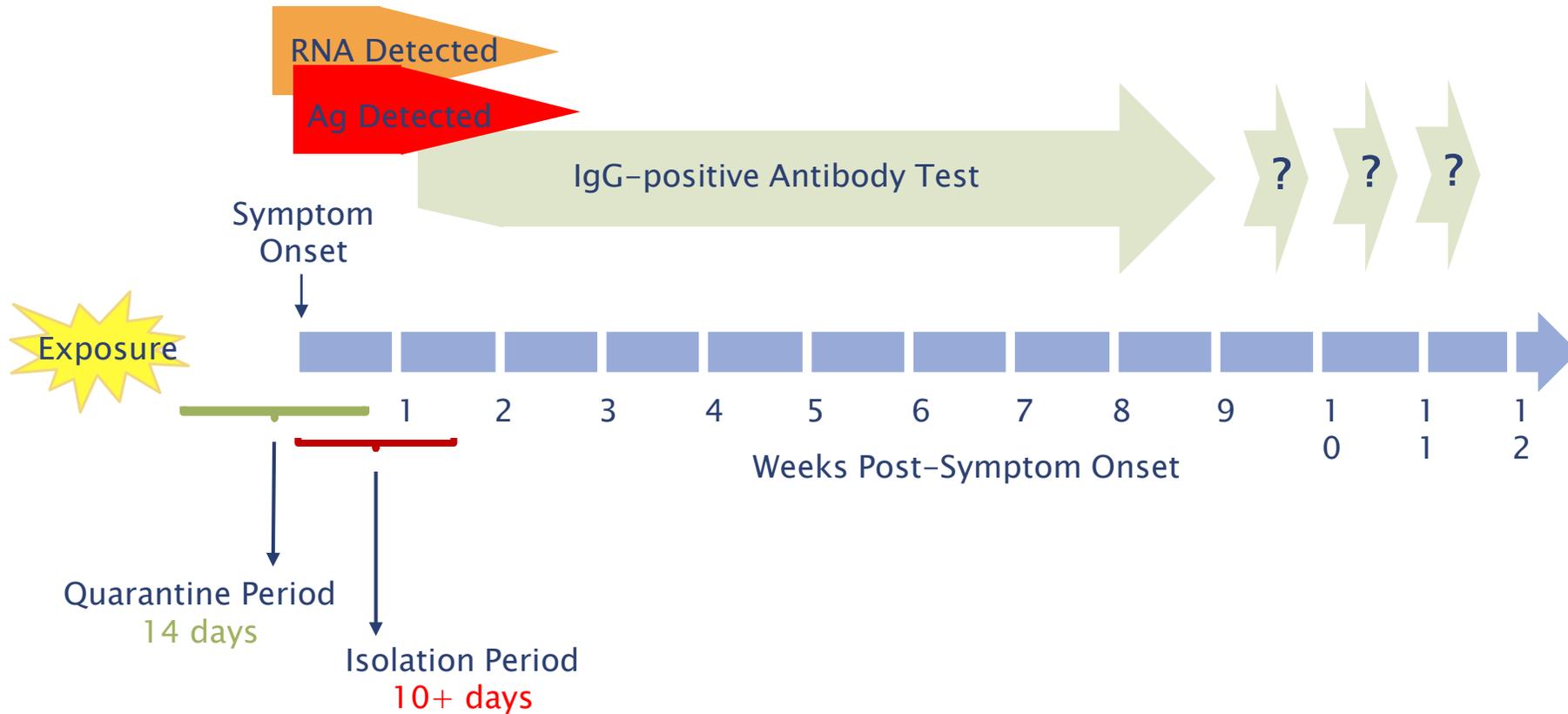
- ▶ Do you have any symptoms of COVID-19 or fever of 100.4 degrees Fahrenheit or higher? Symptoms of COVID-19 can include:
 - Fever, or feeling feverish;
 - Respiratory symptoms such as runny nose, nasal congestion, sore throat, cough, or shortness of breath;
 - General body symptoms such as muscle aches, 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



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

Additional Q&A?