

FAQs for Long Term Care and Assisted Living Facilities

August 12, 2020

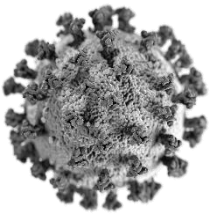


NH DIVISION OF
Public Health Services
Department of Health and Human Services

Today's Overview



NH Updates and Resources



Antigen Testing with Dr. Christine Bean, Dir, PHL!



Audience Q&A

SARS-CoV-2 Rapid Antigen Testing

Christine L. Bean, NH PHL Administrator

Purpose of Antigen Tests

- Detect presence or absence of antigen
 - Presence of antigen is positive test
 - No antigen detected is non-detected test
- Target specific proteins of the virus- in this case, nucleocapsid protein of SARS-CoV-2
- Antigen is detectable in acute phase of infection

Each category of diagnostic test has its own unique role: PCR; Serology; Antigen Testing

Point of Care Testing Instruments and Supplies

- Quidel Sofia 2 Instrument or Becton, Dickinson (BD) Veritor Plus System with antigen tests
- Must have a current CLIA Certificate of Waiver
- Priority given to facilities based on CDC hotspot data in a phased distribution. List posted on CMS COVID NHSN data page.
- Training materials provided by manufacturer and online training information is available
- Procurement of tests after initial shipment
 - Nursing homes will procure from manufacturer after initial distribution

Safety Considerations

- Use instrument in location associated with a current CLIA certificate
- Perform site-specific and activity-specific risk assessment to identify and mitigate risks
- Train staff on proper instrument use and document
- Follow procedures for decontamination after use
- Follow standard precautions for handling specimens
- Change gloves after adding specimen to instrument
- Biohazardous waste disposal

Advantages

- Inexpensive
- Short Turn-around-time (TAT)- rapid qualitative results- 15-30 minutes and identify infection rates closer to real time
- Commonly used for diagnosis in POC settings for influenza and RSV
- High specificity (100%)

Disadvantages

- Lower sensitivity than molecular tests which could lead to false negative results
- False positive results when prevalence is low
- Do not provide quantitative results

Sofia SARS Antigen FIA (Quidel)

- Sample: NP and nasal swab tested directly within the first 5 days of symptom onset
- Viral Transport Media (VTM) not recommended and may decrease sensitivity
- Handling: stable for up to 48 hours at room temperature or in refrigerator (2-8 degrees C)
- Follow manufacturer guidelines: BD Veritor Nasal Swab sample only

Recommendations for Use:

- Test symptomatic patients in populations with high prevalence of disease
- Use where a positive result directs clinical decisions or infection control measures.
- Deployed to test LTC residents and staff

Recommended Uses:

- Outbreak situations
- Triaging patients with respiratory symptoms in the ED
- DOC or LTCF where cases have been confirmed
- Symptomatic testing where prevalence is high and limited alternative access to testing exists, such as small, rural hospitals

Considerations

- How will test results be reported to DPHS?
- Staff training and documentation
- Biosafety risk assessments and procedures
- QA processes: QC and PT
- Test requisition should include onset of symptom date
- Not intended to test asymptomatic persons

- All laboratory test results should be considered in the context of clinical observations and epi data
- Negative Tests:
 - Using Quidel do not require PCR confirmation
 - BD Veritor System has a lower sensitivity and requires PCR confirmation of negative tests

Questions?

Christine Bean

christine.bean@dhhs.nh.gov

603 271-4657

NH Public Health Laboratories

29 Hazen Drive

Concord, NH 03301

Updated NH Resources

- ▶ Reopening Guidance for Long Term Care Facilities
 - Information on NH's phased reopening approach
 - Replaces July 24 Visitation guidance

LTCF Reopening Guidance

- ▶ NH LTCF Reopening Guidance operates in three phases, aligned with [CMS](#) Phases, to allow for gradual reduction of restrictions to support the health and safety of residents
- ▶ LTCFs in outbreak status continue in “phase 0” until outbreak is closed and then return to Phase I
- ▶ Facilities move bi-directionally between phases in response to local epidemiology and facility conditions
- ▶ Considerations to advance through phases:
 - Advancing is not mandatory
 - Local epi, facility layout, staffing levels, PPE supplies, access to PCR or antigen testing, and local hospital capacity
 - LTCFs should spend 14 days in each phase before moving to the next phase

Outbreak – Phase 0

Phase 0: Facilities in current outbreak status*	
Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care only
Non-essential personnel	No non-essential personnel
Trips outside the facility	Only medically necessary trips outside the facility
Communal dining	No communal dining
Group activities	No group activities
<i>*outbreak status is determined by the investigator from the DHHS Cluster Investigation Unit</i>	

Reopening – Phase I

Phase I: Facilities in counties with a prevalence of active COVID-19 cases of 50 cases per 100,000 population or fewer and are not in outbreak status

Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care Outdoor visitation
Non-essential personnel	No non-essential personnel
Trips outside the facility	Only medically necessary trips outside the facility
Communal dining	Limited communal dining with physical distancing
Group activities	Group activities limited* to no more than 10 people with masking and physical distancing, <u>cohorting encouraged</u>

**the number of individuals involved in group activities depends on facility layout and ability for masking and 6ft of space between residents*

Reopening – Phase II

Phase II: Facilities who have met criteria for Phase I and have been operating successfully in Phase I for at least 14 days

Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Compassionate care Outdoor visitation Limited indoor visitation
Non-essential personnel	Allow limited number of non-essential healthcare personnel and contractors with additional precautions as determined necessary by the facility
Trips outside the facility	Only medically necessary trips outside the facility
Communal dining	Limited communal dining with physical distancing
Group activities	Group activities limited to no more than 10 people with masking and physical distancing, cohorting encouraged

Reopening – Phase III

Phase III: Facilities in counties with a prevalence of active COVID-19 cases of 5 cases per 100,000 population or fewer and have been operating successfully in Phase II for at least 14 days

Symptom screening	Screen 100% of all persons entering the facility Screen 100% of residents at least daily
Visitation	Visitors allowed with social distancing and masks
Non-essential personnel	Allow non-essential healthcare personnel and contractors with additional precautions as determined necessary by the facility
Trips outside the facility	Some non-medically necessary trips permitted, based on risk of activity
Communal dining	Communal dining permitted with physical distancing
Group activities	Group activities permitted, including outings, with physical distancing, cohorting encouraged

Submitted Questions

LNAs

“Will Phase II of nursing home opening allow for nursing and LNA students to complete their clinical rotations in facilities who are Covid-19 negative?”

- ▶ In Phase II, a limited number of non-essential personnel are allowed
- ▶ If LNAs are allowed:
 - Only in COVID negative facilities
 - Under certain precautions negotiated with licensing and facilities
 - Ex: If there is a shortage of PPE, no LNAs allowed

Non-essential Personnel

“Any updates on when routine dentistry and podiatry services can restart in the LTC settings?”

- ▶ In Phase II they can resume in a limited capacity as non-essential personnel
- ▶ Coordinate services among residents to reduce repeat visits
- ▶ Maintain precautions such as masking, hand hygiene, social distancing when possible, and screening for symptoms and risk factors
- ▶ Note: Allowing limited non-essential personnel includes hairdressers!

Group Activities

“In a small group activity outdoors, if a resident with medical conditions that only allow tolerance to mask wearing for getting to and from the activity, can we include them if they have to take off the mask for a period of time while outdoors, but all other rules can be kept intact?”

- ▶ If residents are outside, and 6+ft apart, this could be allowed
- ▶ Face shields?
- ▶ For group activities, we recommend small, designated cohorts
 - Just like you want to avoid floating staff, avoid “floating” residents

Staff Illness

“If staff call out sick, do we require they get a COVID test? Do we ask that they stay out for 72 hours symptom free? Do they have to quarantine for 14 days?”

- ▶ Yes, they should get a COVID-19 test
- ▶ If a symptomatic person tests negative, they can return to work according to the criteria for their alternate diagnosis
 - Ex: for flu, must be fever free for 24 hours before returning
- ▶ If not tested, they are treated as a suspect case and should remain out until they meet the 10/24 rule for return to work criteria

Pets

“What is current guidance on pet visits (i.e., cats and dogs)?

- ▶ Are therapy animals allowed now? No.
- ▶ No pets are allowed during visitation (even outdoors)? No

Indoor Visitation

“...The administrator would like to consider creating “two units” in the same building, separate entrances, but the staff do not cross cover units. Purpose to separate the residents so that one unit is completely quarantined and will not see visitors, etc. The other unit would be fully PPE’d, but accepting visitors indoors. The residents and families would have to agree that they understand the risks associated with this and they would still be screened prior to visits.”

- ▶ As indoor visitation becomes allowed, cohorting like this would be a good idea to maximally protect residents who do not want to have visitors or risk exposure.
- ▶ After visitation following state guidance, quarantine (full PPE) is not necessary for residents

