

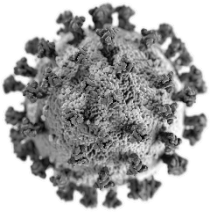
FAQs for Long Term Care and Assisted Living Facilities

August 19, 2020

Today's Overview



NH Updates



Reopening Phases for LTCF



Audience Q&A

LTCF Reopening Guidance (last week's slide)

- ▶ 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 COVID-19 outbreaks 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

NH LTCF Phases of Reopening

New Hampshire LTCFs not experiencing outbreaks are eligible for phased reopening as follows:

- ▶ LTCFs in counties with prevalence rates of <50 current active cases per 100,000 have been eligible for Phase I since July 1.
- ▶ LTCFs that have been in Phase I for at least 14 days and are in counties with prevalence rates of <50 current active cases per 100,000 will be eligible for Phase II.
- ▶ LTCFs that have been in Phase II for at least 14 days and are in counties with prevalence rates of <10 current active cases per 100,000 will be eligible to move into Phase III.

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

**outbreak status is determined by the investigator from the DHHS Cluster Investigation Unit*

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, cohorting encouraged
<i>*the number of individuals involved in group activities depends on facility layout and ability for masking and 6ft of space between residents</i>	

**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

Phase II – Limited Indoor Visitation

- ▶ Every resident can designate one essential support visitor for Phase II indoor visitation
- ▶ General process requirements for visitation are the same
 - Ex: screening, resident requirements, visitor requirements, etc.
 - Review “Before & During Visitation” and “After the Visitation”
- ▶ Indoor visitation must adhere to the following **additional** requirements:
 - All visitors within the facility should undergo the above screening questions and have their temperature taken prior to entry.
 - Visitors must frequently perform hand hygiene (particularly upon entrance to the facility).
 - Visitors must wear a surgical facemask. In compassionate care situations, if a resident on isolation or quarantine, the visitor must wear full PPE (gloves, gown, eye protection, and surgical mask).

Indoor Visitation Requirements (cont.)

- ▶ Indoor visitation must adhere to the additional requirements (cont.):
 - Visitation should be restricted to the resident's room or designated location in the LTCF
 - Preferably, a single consistent room for indoor visitation is close to a facility entrance so that visitors do not transit extensively through residential living areas
 - The room must also be large enough to allow all visitors, resident, and staff to consistently maintain 6 feet of space between each other at all times
 - The room should have space demarcations for people to sit and visit that are at least 6 feet apart
 - If visitation occurs in the resident's room but the resident has a roommate, the roommate or the roommate's guardian must consent to the visit
 - While the visit is ongoing, the roommate must wear a facemask and whenever possible, social distancing and physical barriers (e.g., curtain, plexiglass) be used
 - Visitation should ideally occur in a well ventilated room. If the building does not have an HVAC system, then look to open windows if/when possible to allow in outdoor air

Phase II – Limited Non-Essential Personnel

- ▶ As determined necessary by your facility, allow limited non-essential personnel and contractors (ex: hairdressers, dentists, podiatrists, etc.)
- ▶ Take precautions to be maximally protective: screening, masking, social distancing, hand hygiene, coordinating services to reduce repeat visits, avoid floating staff when possible

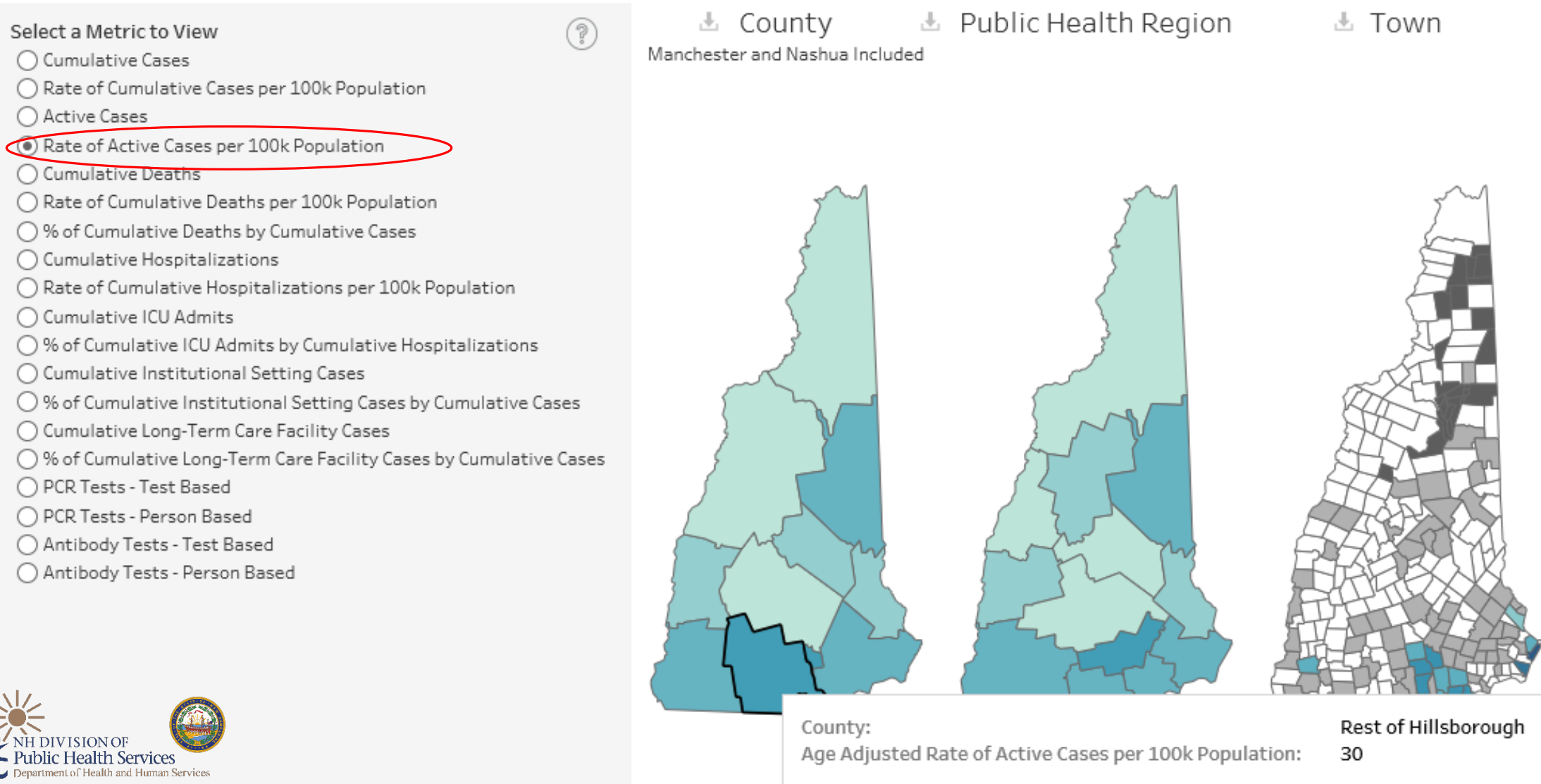
Reopening – Phase III

Phase III: Facilities in counties with a prevalence of active COVID-19 cases of 10 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	Limited 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

Dashboard Summary

- Case rates per county can be found on the [Interactive Analysis Map](#)



FAQs

- ▶ **What is the limit on number of visitors per resident?**
 - Compassionate care/end of life: 2 visitors
 - Outdoor visitation: 2 visitors
 - Limited indoor visitation: 1 essential support visitor
- ▶ **Can residents change who their essential support visitor is?**
 - The essential support visitor should not routinely change.
- ▶ **Is indoor visitation in Phase II restricted to only residents with advanced dementia or with mobility issues who are unable to participate in outdoor visitation?**
 - No, each resident can participate in indoor visitation in Phase II.

FAQs

- ▶ **Does my facility need to go back to Phase 0 for a single case?**
 - Not necessarily. Your investigator at DHHS will determine your facility's outbreak status. If your facility is classified as in outbreak, you will go back to Phase 0.
- ▶ **After an outbreak is closed, can my facility jump to Phase II or III with the rest of the county?**
 - No. After outbreak, your facility must first go through Phase I before Phase II, and then complete Phase II before Phase III.

