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Memorandum

TO: Long-Term Care Facilities
FROM: Elizabeth Daake Kelley, MBA, MPH,
Director, Bureau of Health Care Safety and Quality
SUBJECT: Update to Caring for Long-Term Care Residents during the COVID-19 Response
DATE: June 18, 2021

The Massachusetts Department of Public Health (DPH) recognizes that providing care for individuals seeking treatment for Coronavirus Disease 2019 (COVID-19) may prove to be especially challenging for health care practitioners and facilities. As part of ongoing statewide activities to address COVID-19 cases, DPH is issuing this memorandum to long-term care facilities for admitting residents and caring for residents with presumed or confirmed COVID-19 to help mitigate the spread of COVID-19. This update replaces the May 24, 2021 version and removes the requirement to don eye protection in resident care areas and quarantine new admissions given the low rates of community transmission.
All rest homes and nursing homes must be prepared to care for COVID-19 positive residents. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms. Symptoms may be mild and not require admission to a hospital. All facilities are expected to follow the infection prevention and control practices recommended by DPH and the Centers for Disease Control and Prevention (CDC).

The following guidance is consistent with Centers for Medicare and Medicaid Services (CMS) guidance.

Screening of All Individuals

Long-term care facilities should be screening all individuals entering the facility, including healthcare personnel and visitors, for symptoms. In accordance with previously issued guidance, every facility must establish a process to ensure everyone arriving at the facility is assessed for symptoms of COVID-19 (cough, shortness of breath, or sore throat, myalgia, chills, or new onset loss of smell or taste and a fever), and exposure to others with suspected or confirmed SARS-CoV-2 infection. Options include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which, prior to arrival at the facility, people report absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-

CoV-2 infection in the prior 10 days, and confirm they have not been exposed to others with SARS-CoV-2 infection during the 14 days prior to a visit.

Long-term care facility personnel must be screened at the beginning of every shift. If long-term care facility personnel were screened at the beginning of their shift and must then leave the facility and return during that shift, the long-term care facility personnel do not need to be rescreened upon re-entry to the facility.

Residents should be asked about COVID-19 symptoms and must have their temperatures checked a minimum of one time per day.

Use of Personal Protective Equipment (PPE)

Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with residents and in alignment with DPH and CDC guidance. All long-term care facility personnel should wear a facemask while they are in the facility.

Full PPE, including N95 respirator or alternative, eye protection, gloves, and gown, should be worn per DPH and CDC guidelines for the care of any resident with known or suspected COVID-19 . If any residents admitted for longer than fourteen days or staff are confirmed to be COVID-19 positive within the past fourteen days, healthcare personnel should wear additional PPE for the care of all residents on affected units, except COVID-19 recovered (less than six months from infection) residents. Appendix A provides PPE guidance, based upon the resident's COVID-19 status.

When possible, all long-term care facility residents who are not fully vaccinated, whether they have COVID-19 symptoms or not, should cover their noses and mouths any time they leave their room and when they are in their room and staff are present. Such face coverings can include cloth and non-medical masks.

Staffing

DPH requires long-term care facilities to implement the following staffing recommendations to mitigate the risk of transmission within facilities.

- Ensure all staff can recognize the signs and symptoms of COVID-19 and that a procedure is in place for alerting the nurse responsible for the resident's care.
- Create separate staffing teams that are dedicated for residents that are COVID-19-positive.
- Exercise consistent assignments of staff to residents regardless of symptoms or COVID-19 status. This practice can help with detection of emerging condition changes.
- As much as possible, staff who are not fully vaccinated should not work across units or floors.
- Minimize the number of staff caring for each resident.
- Limit staff who are not fully vaccinated onsite work to only one facility, whenever possible.

Separation of COVID-19 Positive Residents

Long-term care facilities must separate residents who are COVID-19 positive from residents who do not have COVID-19 or who have an unknown COVID-19 status. Whenever possible, long-term care facilities must establish a separate, dedicated wing or unit (hereafter "dedicated space") within the facility to care for COVID-19 positive residents. Facilities with dedicated COVID-19 space must be capable of maintaining strict infection control practices and testing protocols. Facilities must make every effort to have separate staffing teams for COVID-19-positive and COVID-19-negative residents. These residents may transition off the dedicated space after ten days from symptom onset, if afebrile for at least 24 hours and any symptoms have improved, or, if asymptomatic, from specimen collection date of the positive COVID-19 test. Please note that although staff are no longer required to use full PPE, facemasks are still required when caring for recovered residents.

Updated Admissions Policies

When a long-term care facility resident is transferred from a long-term care facility to a hospital for evaluation of any condition, including but not limited to, COVID-19 care, each long-term care facility must accept the resident's return to the facility when the resident no longer requires hospital level of care.

Long-term care facilities shall not condition admission or return to the facility on COVID-19 testing, COVID-19 test results or COVID-19 vaccination status. If a test is not performed before hospital discharge, the long-term care facility should test the resident upon admission. Awaiting the test results should not delay an individual's discharge from the hospital to the long-term care facility. It is DPH's expectation that long-term care facilities will vaccinate any admitted resident who is not fully vaccinated, is eligible for COVID-19 vaccine and consents to vaccination.

Newly admitted or readmitted residents to a long-term care facility or residents returning from any setting outside of the facility who are not recovered from COVID-19 within the previous six months or are not fully vaccinated (14 days or more since their final dose in the vaccine series) and are asymptomatic are no longer required to complete a strict 14-day quarantine period, but should be placed in a private room or, if unavailable, in a room with another resident who is recovered (less than six months from infection) or who is fully vaccinated (14 days or more since their final dose in the vaccine series). Testing all newly admitted residents for COVID-19 regardless of vaccination status is still recommended. Long-term care facilities may use BinaxNOW test kits to perform admissions testing.

Residents who are readmitted or return after a health care setting such as a hospital or dialysis center do not need to be quarantined upon return.

Planned Resident Leave of Absences

Because there remains some risk of community transmission of COVID-19 within the Commonwealth of Massachusetts and due to concern for the health and safety of residents, the Department recommends that any resident who is not recovered (less than six months from

infection) or not fully vaccinated (14 days or more since their final dose in the vaccine series) carefully consider any planned leaves of absence.

If, however, any resident who is not recovered (less than six months from infection) or also not fully vaccinated (14 days or more since their final dose in the vaccine series) wants to schedule a planned leave of absence from the facility, the facility clinical leadership should work with the resident and their loved ones to create a plan for a safer leave. This plan should include education for the resident and loved ones about:

- Considering postponing the leave until the resident is fully vaccinated.
- Wearing cloth face coverings.
- Practicing social distancing from other individuals who are not fully vaccinated.
- Limiting interaction to the fewest number of people possible while the resident is on their planned leave, if those individuals are not fully vaccinated.

Assessment about the possible exposure risks while the resident is on their planned leave and instructions about how to mitigate them.

Testing

In addition to the circumstance-specific testing requirements described above in this memo, long-term care facilities are required to perform weekly surveillance testing of all staff who are not fully vaccinated and outbreak testing of residents and staff within 48 hours of a newly identified case pursuant to DPH Guidance: Updates to Long-Term Care Surveillance Testing.

As outlined in the checklist in Appendix B, once a new case is identified in a facility, following the requisite outbreak testing, long-term care facilities should test all residents and staff every three days on the affected unit until the facility goes seven days without a new case or a DPH epidemiologist directs otherwise. In addition, facilities should immediately test any symptomatic resident or staff member or newly exposed resident or staff member. The facility may use the BinaxNOW test kits to perform testing described in this paragraph, consistent with DPH Guidance: BinaxNOW Rapid Point of Care COVID-19 Testing for Long-Term Care Facilities.

Long-Term Care Facility Outbreak Prevention and Management Checklist

The Department has developed an outbreak prevention and management checklist (see Appendix B) as a tool for long-term care facilities to use to mitigate the spread of COVID-19 and ensure the health and safety of long-term care residents and staff. All facilities should use this checklist as a reference tool while still referring to DPH guidance documents for the full recommendations and requirements for responding to COVID-19. If the Department determines that a facility is unable to implement or adhere to any of the components of the checklist, the Department may require the facility to engage external resources to assist with implementation and adherence

DPH continues to work with state, federal and local partners on the outbreak of novel Coronavirus 2019 (COVID-19), caused by the virus SARS-CoV-2, and we continue to appreciate the essential role you have in responding to this evolving situation.

DPH strongly encourages all nursing homes in Massachusetts to monitor the Centers for Medicare & Medicaid Services (CMS) website and the Centers for Disease Control and Prevention (CDC) website for up-to-date information and resources:

- CMS website: https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page
- CDC website: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html

Additionally, please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: https://www.mass.gov/2019coronavirus.

Appendix A

Personal Protective Equipment Used When Providing Care to Residents in Long Term Care

Resident Type	Recommended PPE	Recommended Sign for Resident Room
COVID Negative* Residentsand COVID-Recovered Residents (>6 months from infection) When there are resident or staff case(s) identified within the last 14 days on the unit.**	Full PPE to include Facemask, Face Shield/Goggles, Gown and Gloves. Gown use can be prioritized for high-contact resident care activities[1]. Gown and gloves must be changed between residents.	**COVID-Negative (with recent cases)** Sign
COVID Negative* Residents, New Admissions and COVID-Recovered Residents (>6 months from infection) When *no* resident or staff cases are identified within the last 14 days on the unit.**	Facemask	N/A
COVID-Recovered Residents (< 6 months from infection) (meet 10 d/24h threshold clearance)	Facemask	N/A
COVID-Positive Residents	Full PPE upon room entry to include N95 respirator or alternative Face Shield/Goggles, Gown and Gloves.	**Isolation** Sign
COVID-Suspected Residents **(i.e., Symptomatic, with test results pending)**	Full PPE upon room entry to include N95 respirator or alternative (Face Shield/Goggles, Gown and Gloves. Gown and gloves must be changed between residents.	**Isolation** Sign
Quarantined (i.e., Exposed to a confirmed COVID case)	Full PPE to include N95 respirator or alternative Face	**Quarantine** Sign

	Shield/Goggles, Gown and Gloves. Gown and gloves must be changed between residents.	

*"Negative" refers to a resident who has never tested positive.

**"Resident case" means a case that was acquired in the facility (i.e., not within 14 days of admission)

[1] https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

CDC provides these examples of high-contact resident care activities:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing

https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html

Appendix B

Long-Term Care Facility Outbreak Prevention and Management Checklist

Purpose: DPH has developed this outbreak prevention and management checklist as a tool for long-term care facilities to use to prevent COVID-19 cases and, if any cases are confirmed, to mitigate the spread of COVID-19 within the facility and ensure the health and safety of long-term care residents and staff.

COVID-19 Prevention Checklist: Facilities that do not have a COVID-19 positive staff member or a resident with a facility-acquired COVID-19 infection within the past 14 days are urged to maintain vigilance and to review and implement the checklist below:

Facility Assessment:

- ❑ Conduct an *Infection Prevention and Control Assessment* using the CDC tool at least once per month. The tool may be found at the following link: https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html
    - Review findings with the facility's leadership team and make an actionable plan to address any improvement areas that includes a leader responsible for each area identified

Testing:

- ❑ Follow *DPH Surveillance Testing Guidance.*

- ❑ In addition to the surveillance testing outlined above, the facility should immediately test any symptomatic resident or staff member. The facility may use the BinaxNOW test kits to perform such testing. *See DPH BinaxNow Guidance.*

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Personal Protective Equipment (PPE) and Hand Hygiene:

- ❑ Perform routine PPE and hand hygiene audits using a tool, document the findings, review with the facility's leadership team and provide feedback to frontline staff
    - Perform hand hygiene audits routinely on all units.
    - Perform PPE audits routinely on all units.

- ❑ Ensure that alcohol-based hand-rub (ABHR) stations are available throughout the facility
    - ABHR stations should be available outside of every resident room and accessible to staff unless otherwise contraindicated

- ❑ All facility personnel are wearing a facemask while in the facility.

- ❑ residents who are not recovered (less than six months from infection) and also not fully vaccinated (14 days or more since their final dose in the vaccine series), as they are able to tolerate, should wear a facemask anytime a staff member enters their room and whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments.

COVID-19 Outbreak Checklist: If the facility identifies one new resident or staff case then the facility should take the following steps to mitigate any further transmission:

Facility Assessment:

- ❑ Conduct an Infection Prevention and Control Assessment using the CDC tool within 24 hours of a new case to identify potential vulnerabilities or deficiencies.
    - Review findings with the facility's leadership team and make an actionable plan to address any improvement areas that includes a leader responsible for each area identified.

Testing:

- ❑ Once a new case is identified, the facility should initiate outbreak testing. Outbreak testing should include:
    - Testing all staff and all residents as soon as possible and no later than 48 hours after identification of the positive. This testing should include a molecular test (i.e. PCR) for affected units.
    - Once the facility has completed the requisite outbreak testing described above, the facility should test all staff and residents every three days on the affected unit(s) until the facility goes seven days without a new case or a DPH epidemiologist directs otherwise. The facility may use BinaxNOW test kits to perform this testing.

- ❑ Contact DPH Epidemiology at 617-983-6800 and the Local Board of Health once a positive case is identified.

- ❑ Asymptomatic staff and residents who are less than six months recovered can be excluded from outbreak testing unless there is an identified exposure, or they become symptomatic. Facilities should follow the *Recovered Resident guidance.*

- ❑ *Follow DPH Surveillance Testing Guidance.*

- ❑ In addition to outbreak testing outlined above, the facility should immediately test any symptomatic resident or staff member or newly exposed resident or staff member. The facility may use the BinaxNOW test kits to perform such testing. *See DPH BinaxNow Guidance.*

Staffing:

- ❑ Limit direct care nursing staff to working on one unit for the duration of the outbreak. If staff who are not fully vaccinated need to be assigned to work on a different unit then test the staff member using the BinaxNOW test kit prior to the beginning of the shift on the alternate unit.

- ❑ Environmental services, therapy and dietary staff who are not fully vaccinated should be limited to working on one unit to the extent possible.

Personal Protective Equipment (PPE) and Hand Hygiene:

- ❑ Use gowns and gloves for high contact care activities in addition to facemasks and eye protection for COVID-19 negative residents on affected units until 14 days with no new COVID-19 positive residents and/or staff.

- ❑ Ensure PPE and Hand Hygiene Compliance.

- ❑ Designate a PPE coach or coaches for each shift who are responsible for performing PPE and hand hygiene audits as well as performing just-in-time education to staff on PPE use.

- ❑ Perform PPE and hand hygiene audits using a tool, document the findings, share with facility's leadership team at least daily and provide feedback to frontline staff
    - Perform hand hygiene audits during all shifts on all units.
    - Perform PPE audits during all shifts on all units .
    - Establish adherence goals for hand hygiene and PPE audits; if the facility's performance falls below the goal, then identify plan to address any causal factors for non-adherence.

- ❑ Ensure that alcohol-based hand-rub (ABHR) stations are available throughout the facility
    - ABHR stations should be available outside of every resident room and accessible to staff unless otherwise contraindicated

- ❑ Residents who are not recovered (less than six months from infection) and also not fully vaccinated (14 days or more since their final dose in the vaccine series), as they are able to tolerate, should wear a face mask when a staff member enters their room and whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments.

- ❑ Post precaution signs immediately outside of resident rooms indicating appropriate infection control and prevention precautions. *See DPH Precautions Signs.*