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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: January 25, 2022

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. In consideration of continued indicators of substantial community transmission and including emergence of the Omicron variant of SARS-CoV2, 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 January 3, 2022 version and provides clarification of new isolation and quarantine guidance, as well as recommended PPE use.

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.

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. Please note that runny nose, sore throat, and headache have been identified as more common symptoms in individuals infected with the Omicron variant of SARS-CoV2. 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 do not meet the criteria for quarantine following exposure to a confirmed case of COVID-19. If an individual screens positively for symptoms, diagnosis of SARS-CoV2 infection in the past 10 days, or meets criteria for quarantine, then they must not be allowed to enter the facility. Any healthcare personnel who had a diagnosis of SARS-CoV-2 infection in the prior 10 days must meet the return to work criteria outlined here: https://www.mass.gov/info-details/what-to-do-if-you-have-covid-19-or-have-been-exposed-to-covid-19

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. On unit(s) conducting outbreak testing, a long-term care facility should assess residents for symptoms of COVID-19 during each shift.

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 and eye protection during resident encounters.

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 resident (not in quarantine due to being a new admission) or staff are confirmed to be COVID-19 positive within the past fourteen days, healthcare personnel should wear gowns and gloves for high contact care of all residents who are not up to date with COVID-19 vaccine or recovered from COVID-19 in the last 90 days, on affected units. **Up to date means the resident has received a booster, or if they have not received a booster, has completed an mRNA vaccine series more than 14 days ago but less than 5 months ago, or completed the primary J&J series more than 14 days ago but less than 2 months ago.** Appendix A provides PPE guidance, based upon resident COVID-19 and vaccination status.

When possible, all long-term care facility residents regardless of vaccination status, should wear a mask that covers their nose and mouth any time they leave their room and when they are in their room and staff are present, unless participating in communal activities or dining when all other residents present are up to date with the COVID-19 vaccine. This includes when residents leave the long-term care facility for essential health care appointments.

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.
- Whenever possible, create separate staffing teams that are dedicated for residents that are COVID-19-positive within the same shift.
- Exercise consistent assignments of staff to residents regardless of symptoms or COVID-19 status. This practice can help with detection of emerging condition changes.
- Staff who are not up to date with COVID-19 vaccine should not work across units or floors.
- Minimize the number of staff caring for each resident.
- Limit staff who are not up to date with COVID-19 vaccine to onsite work at only one facility, whenever possible.
- Test all staff who are not fully vaccinated at the beginning of each shift using BinaxNOW tests or other FDA EUA-approved rapid antigen tests. Staff only need to be tested once per shift/day and do not need to be tested in the middle of a double shift. Staff who are recovered from COVID-19 in the last 90 days do not need to be tested.

Separation of COVID-19 Positive Residents

Long-term care facilities should 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, residents with COVID-19 should be placed in a private room or in a room with another confirmed COVID-19 positive individual, with the door closed, unless the room is part of a physically separate, isolation unit in the facility or there is a serious safety concern. These residents should not share a bathroom with others who are not COVID-19 positive. Facilities could consider designating an entire unit within the facility, with dedicated staff, to care for patients with COVID-19 infection. Dedicated means staff are assigned to only care for these residents during their shifts. In some cases, it may be most appropriate to isolate positive residents in place. Residents with COVID-19 may be released from isolation after five days from symptom onset, if afebrile for at least 24 hours and any symptoms have improved and they have a negative viral test collected on day 5 or later or, if asymptomatic, after five days from specimen collection date of the positive COVID-19 test and have a negative viral test collected on day 5 or later. These residents must wear a mask around others through day 10.

Updated Admissions and Quarantine 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 up to date with COVID-19 vaccine and consents to vaccination.

Newly admitted or readmitted residents to a long-term care facility, or residents who are a close contact of a case of COVID-19, who are recovered from COVID-19 in the last 90 days, or who are up to date with COVID-19 vaccine, do not need to quarantine if they are asymptomatic. Newly admitted, readmitted, or exposed residents who are not up to date with COVID-19 vaccine or recovered from COVID-19 in the last 90 days and are asymptomatic, should be placed in quarantine in a private room or, if unavailable, in a room with another resident who is recovered from COVID-19 in the last 90 days or up to date with COVID-19 vaccine. Residents should receive a negative test on day 5 or later, before release from quarantine on day 6, and should wear a mask around others through day 10.

Testing *all* newly admitted residents for COVID-19 regardless of vaccination status is recommended. Long-term care facilities may use any FDA EUA-approved rapid antigen test to perform admission testing.

Residents who leave the long-term care facility for less than 24 hours, e.g., dialysis treatment, medical appointments or offsite visits do not need to be quarantined upon return regardless of vaccination status.

Please see Appendix C for a Detailed Isolation and Quarantine Chart for Residents based upon vaccination and recovered status.

Planned Resident Leave of Absences

Because there is increased 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 up to date with COVID-19 vaccine, carefully consider any planned leaves of absence.

If, however, any resident who is not up to date with COVID-19 vaccine 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 postponement of the leave until the resident is up to date with COVID-19 vaccine.
- Wearing face masks.
- Practicing physical distancing from other individuals who are not up to date with COVID-19 vaccine.
- Limiting interaction to the fewest number of people possible while the resident is on their planned leave, if those individuals are not up to date with COVID-19 vaccine.
- 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 and outbreak testing of residents and staff as soon as possible. If the long-term care facility, identifies that the resident or staff

member's first exposure occurred less than 2 days ago, then they should wait to test until 2 days after any exposure, if known, 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 at least every three days on the affected unit until the facility goes seven days without a new case and then once per week until the facility goes 14 days without a new case unless a DPH epidemiologist directs otherwise. Residents and staff who are recovered from COVID-19 in the last 90 days can be excluded from this testing**.** In addition, facilities should immediately test any symptomatic resident or staff member. The facility may use any FDA EUA-approved rapid antigen test to perform testing described in this paragraph, consistent with DPH Guidance: BinaxNOW Rapid Point of Care COVID-19 Testing for Long-Term Care Facilities. Positive FDA EUA-approved rapid antigen test results no longer need to be confirmed with a molecular test.

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 CMS website and 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/hcp/facility-planning-operations.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 Staff PPE	Recommended Sign for Resident Room
COVID-19 Negative* Residents who are not up to date with COVID-19 vaccine or recovered from COVID-19 in the last 90 days when there are resident or staff case(s) identified within the last 14 days on the unit.**	Facemask, Face Shield/Goggles, Gown and Gloves. Gown and glove use can be prioritized for high-contact resident care activities[1]. Gown and gloves **must** be changed between residents.	**Enhanced PPE** Sign **(For units with cases in the last 14 days)**
COVID-19 Negative* Residents when *no* resident or staff cases are identified within the last 14 days on the unit.**	Facemask and eye protection	N/A
COVID-19-Positive Residents	Full PPE upon room entry to include fit-tested N95 respirator or alternative, Face Shield/Goggles, Gown and Gloves. Gown and gloves **must** be changed between residents.	**Isolation** Sign
COVID-19-Suspected Residents **(i.e., Symptomatic, with test results pending)**	Full PPE upon room entry to include fit-tested 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-19 case or a new admission who is not up to date with COVID-19 vaccine or recovered from COVID-19 in the last 90 days)	Full PPE upon room entry to include fit-tested N95 respirator or alternative, Face Shield/Goggles, Gown and Gloves. Gown and glove use can be prioritized for high-contact resident care activities[1]. Gown and gloves **must** be changed between residents.	**Quarantine** Sign

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

**”Resident case” means a case that was potentially acquired in the facility

[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 potential facility-acquired COVID-19 infection 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 tests or other FDA EUA-approved rapid antigen tests to perform such testing. *See DPH BinaxNow Guidance.*

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 up to date with COVID-19 vaccine, 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. This includes whenever they leave the facility for essential health care appointments.

- ❑ Residents who are up to date with COVID-19 vaccine, should wear a facemask whenever they leave their room or are around others, as they are able to tolerate, unless participating in communal dining or activities where all other residents present are up to date with COVID-19 vaccine. This includes whenever they leave the facility for essential health care 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 on the affected unit(s) must take place as soon as possible. If the long-term care facility, identifies that the resident or staff member's first exposure occurred less than 2 days ago, then they should wait to test until, but not earlier than 2 days after any exposure, if known. This testing should include at least one molecular test (i.e., PCR) for affected units. Staff and residents who are recovered from COVID-19 in the last 90 days can be excluded from this testing.
    - Once the facility has completed the requisite outbreak testing described above, the facility should test 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 or other FDA EUA-approved rapid antigen tests to perform this testing.

- ❑ In some situations, a contact tracing approach, rather than a unit-specific approach may be appropriate (i.e., staff member with exposure to only a limited number of residents, etc.).

- ❑ A facility-wide or group-level (e.g., unit, floor, or other specific area(s) of the facility) approach should be considered if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.

- ❑ Contact DPH Epidemiology at 617-983-6800 for any questions regarding outbreak response.

- ❑ Asymptomatic staff and residents who have recovered from COVID-19 in the last 90 days can be excluded from outbreak testing unless there is an identified exposure, and 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 tests or other FDA EUA-approved rapid antigen tests 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 up to date with COVID-19 vaccine need to be assigned to work on a different unit, then test the staff member using the BinaxNOW tests or other FDA EUA-approved rapid antigen tests prior to the beginning of the shift on the alternate unit.

- ❑ Environmental services, therapy and dietary staff who are not up to date with COVID-19 vaccine 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 who are not up to date with COVID-19 vaccine or recovered from COVID-19 in the last 90 days 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 up to date with COVID-19 vaccine, 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. This includes whenever they leave the facility for essential health care appointments.

- ❑ Residents who are up to date with COVID-19 vaccine, should wear a facemask whenever they leave their room or are around others, as they are able to tolerate, unless participating in communal dining or activities where all other residents present are up to date with COVID-19 vaccine. This includes whenever they leave the facility for essential health care appointments.

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

Appendix C

Isolation and Quarantine Chart for Residents

Resident Vaccination/Recovered Status	**If resident identified as a close contact** of a case or leaves the LTC facility for 24 hours or more:**	**If resident tests positive for COVID-19:**
Up to date*	No quarantine indicated. **Test** on day 2 and day 5 following exposure, or if symptoms develop.	**Isolate** for 10 days with release on day 11 or release after day 5 with a negative test on day 5 or later. If released before day 11, resident must be able to wear a mask when around others through day 10 and must have substantial improvement in symptoms (if any).
Not up to date	**Quarantine** for 5 days with release after day 5 if resident remains asymptomatic and has a negative test collected on day 5 or later. **Test** on day 2 and day 5 following exposure, or if symptoms develop. Residents released after day 5 should wear a mask when around others through day 10.	**Isolate** for 10 days with release on day 11 or release after day 5 with a negative test on day 5 or later. If released before day 11, resident must be able to wear a mask when around others through day 10 and must have substantial improvement in symptoms (if any).
Recovered < 90 days (regardless of vaccination status)	No quarantine or testing indicated unless symptoms develop and no alternate diagnosis.	If resident develops new symptoms and tests positive for COVID-19, then isolate for 10 days with release on day 11 or release after day 5 with a negative test on day 5 or later. If released before day 11, resident must be able to wear a mask when around others through day 10 and must have substantial improvement in symptoms (if any).

* Up to date means the resident has received a booster, or if they have not received a booster, has completed an mRNA vaccine series more than 14 days ago but less than 5 months ago, or completed the primary J&J series more than 14 days ago but less than 2 months ago.

**Close contact means being within 6 feet for 15 minutes or more (in a 24-hour period), of someone diagnosed with COVID-19, while that individual was potentially infectious.