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Memorandum

TO: Long-Term Care Facilities

FROM: Elizabeth Daake Kelley, MPH, MBA, Director
Bureau of Health Care Safety and Quality

SUBJECT: Update to Caring for Long-Term Care Residents during the COVID-19 Emergency

DATE: November 13, 2020

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 preparations and to address the increase in 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 September 15 version and now includes expanded admissions guidance.

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 released on April 2, 2020, which can be found here: https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf.

Screening of All Individuals

Long-term care facilities should be screening all individuals entering the facility, including healthcare personnel and visitors, for symptoms on a daily basis. In accordance with previously issued guidance, every individual regardless of reason for entering a long-term care facility

should be asked about COVID-19 symptoms and must also have their temperature checked by a trained screener.

Long-term care facility personnel must be screened for symptoms 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 two times 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 on conservation of PPE. All long-term care facility personnel should wear a facemask and eye protection while they are in the facility.

Full PPE, including N95 respirator or, if not available, facemask, 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 per CDC guidance on conservation of PPE. 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, 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, 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 should not work across units or floors.
- Minimize the number of staff caring for each resident.
- Limit staff's 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

When possible, a long-term care facility should establish designated space – such as a room at the end of a unit or hallway, or a dedicated unit or wing within the facility – to care for recovered residents who previously tested positive for COVID-19 and are no longer exhibiting any symptoms. These residents may transition to the dedicated recovery space after fourteen days. Please note that although staff are no longer required to use full PPE, facemasks are still required when caring for such 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 or COVID-19 test results. If a test is not performed before hospital discharge, the long-term care facility should test the resident upon admission, if a test is available. Awaiting the test results should not delay an individual's discharge from the hospital to the long-term care facility.

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 should be quarantined in a private room or, if unavailable, placed in a room with another resident who is recovered (less than six months from infection), in a dedicated quarantine space and monitored for symptoms of COVID-19 for fourteen days after admission to the facility. Newly admitted or readmitted residents should be cared for using all recommended COVID-19 PPE. If a resident receives a positive COVID-19 test result during the fourteen days of quarantine, the resident should be moved to a dedicated COVID-19 space.

Residents who are readmitted or return after less than 24 hours in 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 of ongoing community transmission of COVID-19 within the Commonwealth of Massachusetts and concerns for the health and safety of residents, the Department recommends that residents do not participate in planned leaves of absence at this time. If, however, a long-

term care facility resident 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 must include education for the resident and loved ones about:

- wearing cloth face coverings;
- practicing physical distancing;
- limiting interaction to the fewest number of people possible while the resident is on their planned leave.
- Loved ones also limiting their interaction to the fewest number of people possible for two weeks before the resident's planned leave/visit.
- assessment about the possible exposure risks while the resident is on their planned leave and instructions about how to mitigate them.
- The need for the resident to quarantine for fourteen days upon return from leave

If the facility does not have a room available for quarantine for a resident who is returning from a planned leave of absence, then loved ones may be required to keep and care for the resident until a room is available. The facility must communicate this to the resident and their loved ones prior to the resident leaving the facility.

Long-term care facilities should test any resident returning from a planned leave of absence, however, a negative test result does not remove the requirement to quarantine for the 14 day period.

Nursing Homes with Dedicated COVID-19 Space

Whenever possible, hospitalized patients who are confirmed to be infected with COVID-19 and require skilled nursing level of care should be admitted to a facility with a dedicated COVID-19 space.

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
COVID Negative* Residents and COVID-Recovered Residents (>6 months from infection) When there are resident or staff case(s) identified within the last 14 days in the facility.**	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* Residents and COVID-Recovered Residents (>6 months from infection) When *no* resident or staff cases are identified within the last 14 days in the facility.**	Facemask and Face Shield/Goggles
COVID-Recovered Residents (< 6 months from infection) (meet 10 d/24h threshold clearance)	Facemasks only
COVID-Positive Residents	Full PPE to include N95 respirator or alternative (Facemask is acceptable if N95 respirator not available), Face Shield/Goggles, Gown and Gloves. Gowns do not need be changed between residents***.
Quarantined or Suspected Residents **(i.e. New admission or exposed to a confirmed COVID case, symptomatic individual with test result pending)**	Full PPE to include N95 respirator or alternative (Facemask is acceptable if N95 respirator not available, or if resident not known to have exposure to a confirmed COVID case), Face 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)

***Individuals infected or co-infected with a communicable disease (such as *Clostridioides difficile*) should be cared for using appropriate PPE, changed between residents.

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

Prioritizing gowns for activities where splashes and sprays are anticipated (including aerosol-generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of HCP, is recommended.

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