ME DHHS/ME CDC LTC Med Directors & Clinicians – Chat Q&A– Tues, 4/21/2020

Q: Have you considered testing employees of facilities randomly and repeatedly i.e. with a goal of q 2-week testing to ensure asymptomatic employees aren't gaining access to facilities? If not feasible currently would that not be a reasonable goal for the future?

A: Current US and Maine CDC recommendation do not support testing of asymptomatic individuals, other than in the situation of an outbreak in congregate settings, which is defined as 3 or more cases (residents or staff). Additionally, limitations on current COVID testing capacity and supplies do not make it possible to do widespread testing of asymptomatic individuals.

Q: Any information yet available on index cases in each LTC? Staff or patient? Rapidity of spread, Tracing back to community, hospital, or other source? Any ability to show if lockdowns are working to limit virus entry.

A: The fact that outbreaks have been documented in only 6 out of 94 LTC facilities to date would support the effectiveness of limiting visitors to these facilities. ME CDC contact each COVID positive case, and also then identify and contact that individual's close contacts. For any positive identified at a LTC facility or other congregate housing facility, ME CDC staff also contact the facility to notify them of the positive result. Further analysis of outbreak data is not available at this time.

Q: If you test a staff member who is positive but asymptomatic, how long do they have to stay out of work?

A: US CDC guidelines outline Return to Work Criteria for Health Care Providers with Confirmed or Suspected COVID 19; these guidelines state a staff member with laboratory-confirmed COVID-19 who does not have symptoms should be excluded from work until 10 days have passed since the date of their first positive COVID-19 test, assuming no subsequently symptoms developed since their positive test.

Q: Are hospitals and Maine CDC aware LTC are using 99 as a fever (AMDA) in elders as getting push back since not the recommendation from CDC?

A: Thank you for letting us know. US CDC is defining fever for COVID at 100.4F for hospitals and 100F for LTC. This parallels the definition of fever used by each facility type in HAI surveillance. There is also variation in accuracy across the different methods by which to take a temperature. This all implies the definition of fever may be somewhat relative.

Q: Currently our facility has a wing that will contain COVID affected pts in a cohort. (no cases yet). If we have a patient in the facility who is tested and is then a PUI, should that patient go into the cohorted area until COVID test is resulted? But if they are negative, should they go back into general area, or stay in the quarantine area, because then they will have been exposed to those patients and staff in the quarantine area?

A: It would be better to isolate a PUI in their room while awaiting testing. At this point the roommate(s) are already potentially exposed, therefore the isolation should be extended to the entire room. If the PUI tests positive, move the now confirmed case to the COVID positive ward. Follow recommendations for close contacts for all the other roommates.

Q: How many facilities have had 1 case without further spread?

A: 8 LTCs and 2 ALFs have reported one case each

Q: When we talk about TEMP - are we talking about tympanic or what method?

A: Temperature can be measured using infrared (temporal), tympanic, oral, or rectal methods. US CDC does not define what method should be used when determining a fever.

Q: Could you please give idea to utilizing an already impacted facility to cohort covid + SNF admits and if possible ALF/LTC individuals

A: LTC facilities and other congregate care facilities will need to determine the best use of resources in their area to identify options for cohorting individuals who are COVID-positive.

Q: We do not have any staff going to other facilities and have requested that our Hospice providers send us dedicated staff, however we know that one cannot do this. They are trying to make us their first visit. How are other facilities addressing this?

A: Given the current pandemic, LTC facilities are encouraged to ask staff to work in one location only; recognizing that this is often not possible, facilities and staff are encouraged to strictly adhere to rigorous symptom screening of all staff; careful hand hygiene; consistent use of surgical masks at a minimum for facility staff and appropriate use of Personal Protective Equipment (PPE) in high-risk situations.

Q: Do you have any info. on the National Guard and where fit testing will be done the Dr. Shah spoke about yesterday on the 2PM news conference?

A: In the April 20, 2020 press conference, Director Shah noted that the Maine National Guard is assisting with fit testing of N-95 masks for health care workers. Requests for assistance from the National Guard for fit testing for health care workers should be made through your local County Emergency Management Agency.

Q: Issue of masking patients: our facilities are doing this when out of room or with any interaction (staff in room). Is this recommended by anyone?

A: LTC and other congregate care facilities are encouraged to have staff use surgical masks or other PPE as appropriate and to ask residents to use cloth face coverings whenever possible. See US CDC Universal Source Control guidance for more information.

Q. Is Richard's [Dr. Richard Marino's] service offered to all nursing homes in Maine?

A: Dr. Marino works primarily with nursing homes in the MaineHealth service area in southern Maine, but he and a panel of other expert faculty have graciously offered to participate in these calls to offer guidance and advice to other clinicians working in LTC facilities across the state. LTC Medical Directors are also encouraged to work with other experts from their local hospitals or health systems for assistance.

Q: When testing all the residents, did Heidi [Dr Heidi Wierman] wear the same gown, mask, faceshield/goggles, or change for each test?

A: Drs. Wierman and Marion noted that they used the same gown, mask, faceshield, and mask for testing different patients, but changed gloves and cleaned their hands between each patient.

Q: Once an outbreak was determined (3+ individuals) how long did it take to get the mass testing actually underway, and how long did it take for lab results to process?

A: Following the identification of an outbreak at LTC or other congregate care facilities, ME CDC staff work with facilities to provide targeted support, and ideally aim to have testing of all residents and staff

completed within 24hours. Lab specimens sent to the state Health Environment & Testing Lab (HETL) in this situation are generally completed within 24hours.

Q: Can you share the major & minor symptoms Dr Marino mentioned?

A: The list of major/minor symptom (i.e. "Common" and "Less Common" COVID signs and symptoms for LTC residents) is available on the AMDA website at:
https://paltc.org/sites/default/files/Active%20Screening%20rlj-SG.pdf

Q: What can facilities do to help expedite the set up and take down if a mass testing event is necessary?

A: One of the best steps that facilities can take is to create a plan for conducting mass testing before it is needed, including identifying specific staff who will be involved; outlining procedures for conducting the testing; and ensuring sufficient supplies of PPE that will be needed for the testing.

Q: How can we request swabs for our facilities?

A: Facilities should still try to obtain testing supplies from vendors or routine channels. In an outbreak situation, if supplies are insufficient, consult with the Maine CDC Epidemiologist that is assigned to your facility outbreak.

Q: How quickly did the CDC get the swabs to Falmouth? Who was the contact?

A: A staff member went up to Augusta and obtained the test supplies

Q: FOR CARE OF POSITIVE PATIENTS, are you avoiding using their usual CPAP and nebulizer treatments (e.g. for chronic resp failure) to avoid aerosolization?

A: Yes – use of any respiratory procedures or devices that can cause aerosolization of respiratory droplets, including use of BiPAP, CPAP, or nebulizer treatments, should be avoided with any PUI or confirmed COVID-positive individual.

Q: What do you use in place of nebs for people in respiratory distress?

A: Other alternatives include use of high-flow oxygen, oral medications, and where appropriate, sedation.

Q: When entering a covid room, are you wearing n95 even though no nebulizer, suctioning, bpap, etc? Is it safe to use surgical masks?

A: When entering the room and/or otherwise coming into contact with a COVID-positive individual, health care providers should adhere to US CDC's updated recommendations for appropriate use of PPE, including a properly fit-tested N95 mask when possible, or alternatively, a surgical mask if N95 is not available, both with faceshield, gown, and gloves. Use of surgical masks alone in this situation is not sufficient. Please refer to US CDC Guidance documents for additional details:

- US CDC Infection Control Guidance
- US CDC Preparing for COVID-19 in LTCs
- US CDC Illustration of Preferred & Acceptable PPE