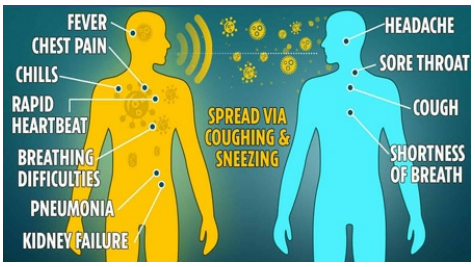
MHCA

Maine Health Care Association



Visit our COVID-19 Page Here

Dear Member:

Maine CDC to host Medical Director Call tomorrow
The Maine CDC will be hosting an extended Long Term Care COVID-19 prevention and response zoom discussion for long term provider MEDICAL DIRECTORS tomorrow (April 14, 2020) which will include guest speakers discussing some best practices for nursing homes in dealing with Covid-19 residents and containment. The zoom link is: **https://zoom.us/j/6218434986?pwd=dEJoNEVRSkVSN2dwZlJ5WEl3WjJsZz09**

Topic: DHHS Intensive Session on COVID-19 Prevention and Response in Long Term Care Facilities
Time: April 14, 2020 12-1pm Eastern Time (US and Canada)
Join Zoom Meeting
https://zoom.us/j/6218434986?pwd=dEJoNEVRSkVSN2dwZlJ5WEl3WjJsZz09
Meeting ID: 621 843 4986
Password: 338847
One tap mobile: +13126266799,,6218434986#,,#,338847#
Meeting ID: 621 843 4986
Password: 338847

Key takeaways for LTC from today's Maine CDC ALL provider call
According to CDC press releases issued this weekend, the current PPE focus is on LTC facilities in light of outbreaks in Tall Pines, Augusta Rehab and MVH Scarborough. Per Bill Jenkins of the Maine Emergency Management Agency, as of this morning Maine has the following supplies in our state stockpile:

- 48000 N95s,
- 45000 surgical masks,
- 13000 face shields,
- 92000 Tyvek suits
- 19000 gowns
- 186 coveralls

Tomorrow there are PPE deliveries scheduled with 77 out of 166 going to congregate care settings (SNF, AL, RC). CDC is working to make sure the three facilities with outbreaks have the supplies they need as well. Partial Deliveries: **If you only received part of your original PPE order, please resubmit another order to your County EMA for the remainder.**

In terms of assessing the gap in fit testing for Maine facilities, Bill Jenkins indicates that OSHA and FDA have NOT lifted their fit testing requirement, which includes a physician health sign off and your facility must have a respiratory plan in place. MEMA is working to identify those organizations who can provide fit testing. Most are the fire departments. MEMA would suggest facilities reach out to your local fire department and coordinate for staff to go to the station or have a fire department rep on site to fit test. If you DO NOT have a respiratory plan you can't proceed with fit testing. MHCA can assist members in creating a respiratory plan and is working on a template to be shared soon.

According to the call today, none of the facilities that CDC has worked with have fallen short regarding PPE or infection prevention strategies. They have been very cooperative and the advanced preparation they did has helped them through this process. The advice: All LTC

providers should look at your emergency plans, pay attention to your staffing levels if/when they test positive. Consider your plan if your staff test positive and can't work. Continually assess your PPE levels. **OSHA requires 72 hours of PPE on hand. If you don't have that level, put in a PPE request form.**

Loss of smell and taste may not be official COVID-19 symptoms but screening may be worth it
MHCA is aware of news reports that indicate a lost sense of smell, known medically as anosmia, is increasingly being noted as a symptom of the coronavirus. According to the American Academy of Otolaryngology this is not surprising as COVID-19 is a virus and often "viral infections are a leading cause of loss of sense of smell." **We have also heard from some member facilities who have added this screening question to their current process.** It is not unusual to lose sense of smell with any viral infection in the nose, including other coronaviruses that cause the common cold.

Taste, however, is another issue. Viruses don't typically affect those senses directly. "Losing sense of taste is from a completely different nerve system, a different disease process," says Dr. Joseph K. Han, of Eastern Virginia Medical School. Even if the sense of taste is not altered, smell has a direct effect on how we perceive the flavor of foods and the loss of taste may be reported in addition to loss of smell.

Currently, the loss of sense of smell and loss of sense of taste are not considered symptoms of COVID-19. Primary symptoms listed by the U.S. CDC are familiar to us all at this point: fever, cough and shortness of breath. At this moment, the exact mechanism for how COVID-19 might affect smell is still a mystery**. If member facilities don't want to wait for research to catch up before using such screening criteria, MHCA suggests working with your facility medical director to be on the lookout for staff and residents who have lost their sense of smell and taste** in addition to the universally accepted signs and symptoms of COVID-19. From there, facilities can take the appropriate precautions. Under the worst scenario, someone's isolated and it hasn't hurt them. Under a disease-control scenario, it may prevent them from spreading this disease to our most vulnerable.

Incident Response – Reminders of what to do when COVID-19 enters your building
We at MHCA know our member facilities' main goal is to provide a safe environment for residents, staff, and visitors. Any situation that impacts the structural integrity or service availability of our homes may require drastic responses. Most members have already enacted emergency preparedness plans. The Maine CDC and Maine Emergency Management Agency continue to be the sources of the latest information and most up to date guidance on prevention, case definition, surveillance, treatment, and skilled nursing/assisted living center response related to COVID-19.

Once your facility is notified by the Maine CDC and public health authorities that COVID-19 has spread to your care center's community, your facility will be working in partnership to activate surveillance and screening as instructed by the CDC, state agency and/or the local public health authorities. Facilities should immediately provide residents and families with education about the care center's response strategy at a level appropriate to their interests and need for information.

MHCA also recommends the following:

- Keep the number of staff assigned to enter the room of an isolated person to a minimum. Ideally, only specially trained staff and prepared (i.e. vaccinated, medically cleared and fit tested for respiratory protection) will enter the isolation room. Provide all assigned staff additional "just in time" training and supervision in the mode of transmission, and the use of the appropriate PPE. Consider tracking those that enter resident rooms, using consistent assignment to reduce potential exposure.

- If feasible, ask the isolated person to wear a facemask while staff is in the room. Provide care at the level necessary to address essential needs of the isolated individual unless it advised otherwise by public health authorities.

- Conduct control activities such as management of infectious wastes, terminal cleaning of the isolation room, contact tracing of exposure individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC.

- Activate quarantine interventions for residents and staff with suspected exposure as directed by local and state public health authorities, and in keeping with guidance from the CDC.

See MHCA website for **When COVID Gets into Your Facility (04/03/20)** and **Template Family Letter for Confirmed COVID-19 Case**

Thank you for all you do to care for your residents and staff.

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