



[Visit our COVID-19 Page Here](#)

Dear Member:

CMS Co-horting Guidance as of April 13, 2020

On Monday, April 13, 2020, CMS released detailed [guidance on long term care facility transfers](#). In general, if two or more certified LTC facilities want to transfer or discharge residents between themselves for the purposes of co-horting, they do not need any additional approval to do so. However, if a certified LTC facility would like to transfer or discharge residents to a non-certified location for the purposes of co-horting, they need approval from the State Survey Agency.

This matches the [cohorting guidance](#) that AHCA/NCAL shared previously. AHCA/NCAL recommends that all nursing homes and assisted living communities should make plans for co-horting residents even before COVID-19 enters the building. Co-horting is imperative to help control the spread of the virus. If possible, nursing homes and assisted living communities should also begin preparing wings, units or floors as “isolation units”. Isolation unit should be a separate, well-ventilated area, ideally with a separate entrance.

Summary of today’s LTC call with CDC

COVID-19 by the numbers:

770 cases positive
126 hospitalizations
24 deaths
305 recovered
4 LTC outbreaks (3 or more residents at a facility)
98 LTC residents (91 are related to facilities with an outbreak where universal testing was done)
29 HCW
1 AL resident
1 AL HCW

Lesson learned from outbreaks:

- In nursing homes, it is typically a HCW who will bring this into the facility, therefore it is important to assess, test and mask as possible.
- Even if there is another medical reason for resident symptoms, that does NOT disqualify the possibility of a COVID + result.
- The largest amount of viral shedding occurs during days 1-5, but the viral load is 1000X higher, which means a much higher spread. There is some evidence that once off quarantine, a person can have antibodies to be immune.

Testing:

- There has been discussion about testing - Viable (Active) vs Nonviable (Passive, already passed). Our testing DOES NOT test for this. It just tests for the evidence of the disease but not what stage, so can't determine if symptoms are coming or if they've already presented.

- There is some limitation of testing supplies such as swabs and test kits.
- CDC will be notified through the lab when there is a positive case in a facility. You can also call CDC if you want guidance.
- There are some reports of PCPs unwilling to test HCW who are symptomatic and instead telling them to self-quarantine, which places a strain on staffing. CDC recommends bringing the ME CDC tiered guidance to the PCP and explain that HCW are a HETL priority. This may be an educational opportunity with our PCPs.

Miscellaneous:

- Asymptomatic Worker/Return to work criteria remains a resolution of fever, improving respiratory symptoms, and 7 days from first symptom.
- Staff who fail fit testing can use a PAPR hood. Make sure you check on the manufacturers cleaning.
- Masking residents on a dementia unit is a guideline, however, if you are unable to mask a person living with dementia, staff should be well versed in traditional infection prevention practices.
- If you have a resident who has orders for high risk procedures, such as nebulizers, for COVID+ residents, proper use of PPE is critical. If you don't have that, you should talk to the pharmacy and physician to come up with possible alternatives.

New OSHA Resources: Low/Unavailable PPE and Reporting Staff Cases

AHCA/NCAL released four new resources on guidance from the Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control (CDC) on critically low or unavailable Personal Protective Equipment (PPE). These new resources are applicable to all long term care providers.

- [A form letter](#) providers can fill in when responding to OSHA inquiries due to complaints regarding limited or unavailable PPE.
- [A document](#) on OSHA guidance when PPE is critically low or unavailable including steps providers can follow.
- [An explanation](#) of OSHA and CDC guidance on N95 respirators that are critically low or unavailable. This resource provides five options with guidance on what to do for a limited supply of N95 or other respirators to no N95 or other respirators available.
- [A document](#) with updated guidance from OSHA on employer recording and reporting requirements for COVID-19.

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

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