



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

Dear Member:

There is no federal CDC guidance specifically addressing fans and AC unit use in healthcare facilities during COVID. As the question continues to come up, the team at the Maine CDC have drafted some possible strategies below.

Use of portable fans or AC units on COVID negative units should be ok. Should a patient/resident become symptomatic/PUI and you need to isolate them in their current room, please see the next category of strategies...

Use of portable fans or AC units on COVID positive/PUI/observation/quarantine units:

The use of portable fans can disperse airborne contaminants and change airflow patterns. It is therefore important to consider alternate cooling strategies for patients/residents on these units.

Please consider the following strategies (in order of preference):

- Contact Facility Maintenance and discussion if adjustment to the HVAC system can be considered.
- Consider alternate cooling methods
- Window covering to provide shade.
- Cool washcloths or ice packs
- Portable cooling blankets
- Use of a portable window fan that directs airflow to the outside (pushes air out rather than pulls air in). This option should be discussed with Facility Maintenance to prevent imbalances in mechanical airflow throughout the facility.
- Use a portable AC unit in an empty room or positioned in a hallway. Use portable fans in patient/resident room windows that direct the airflow to the outside, to pull cooler air into resident rooms.

If all the above options fail to be enough, place a portable AC unit in a resident's room window, HOWEVER, keep the room door closed to minimize air flow changes (more frequent rounding may be needed to address patient/resident safety). If safety concerns arise regarding keeping the room door closed, consult with your facility Infection Preventionist for an alternate strategy, based on your facility design, patient/resident placement options, airflow patterns, etc.

MHCA recommends that regardless of the decision your facility makes, please ensure that your COVID pandemic plan addresses this and your facility's policy on such use. This should include allowances or refusal reasons, policies for notification of residents and families and any specific exemptions.

How to Make COVID-19 Notifications Meaningful

We have heard concerns from members about the challenges nursing homes are facing in

following CMS requirements for notifications to residents, their representatives and their families in a meaningful and useful way. CMS requirements for confirmed and clusters of suspected cases to be notified in an ongoing cumulative way is creating confusion for the people these notifications are supposed to serve. While nursing homes must continue reporting in this cumulative manner in order to meet the current CMS requirements, members may want to consider including additional information in these notifications that is more meaningful and useful to residents, their representatives and families.

We have included additional, optional items in this [COVID Notification Letter to Residents and Families \(06/17/20\)](#) as suggestions for you to consider including:

- Number of residents or staff with confirmed COVID-19
- Number of residents and staff who have recovered from COVID-19
- Number of residents and staff who have tested negative for COVID-19
- The number of days since a new resident or staff member has tested positive

These items are not required, nor are they prohibited. Along with providing numbers, make sure to provide updates to residents and family members about efforts you are undertaking to address the situation and how you will continue to keep them informed. This template letter is not just about fulfilling CMS requirements, but fostering a good relationship with those you serve.

The template letter may also be used by Assisted Living Communities. Nursing homes and assisted living communities may further adapt or tailor these letters as they see fit. As with all information included in these notifications, make sure you adhere to existing privacy requirements and do not include Personally Identifiable Information (PII), such as names or specific medical information.

Providers Share Their Experiences with COVID-19 Telehealth Waivers

AHCA/NCAL has posted a 45-minute [webinar on ahcancaLED](#) in which four members, from independent owners to large multistate for-profit and nonprofit organizations, share their experiences in implementing the COVID-19 telehealth waivers, and how the waivers have helped improve care during the public health emergency (PHE). The webinar is free to AHCA/NCAL members and is viewable on-demand.

Since March 1, 2020, the Centers of Medicare and Medicaid Services (CMS) has removed geographic telehealth limits, limits on the type of services and frequencies of physician telehealth visits, limits on telehealth services that non-physician practitioners such as nurse practitioners can furnish, and removed the prohibition on furnishing physician and occupational therapy and speech-language pathology services via telehealth. Additionally, relaxation of certain privacy regulations by the Department of Health and Human Services (HHS) has permitted an explosion in the use of lower-cost, audio/visual technology including smartphones, tablets, and software such as facetime and skype in the delivery of telehealth services.

The presenters share their thoughts on which waiver details they would like for AHCA/NCAL to advocate to CMS, HHS, and Congress to make permanent.

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

Nadine L. Grosso
Vice President and Director of Communications
ngrosso@mehca.org