

Expect the Unexpected: This week's top newsmaker is COVID-19!

MHCA anticipates updates regarding Coronavirus (COVID-19) *will be on going throughout the next few months and we understand that members are eager to ensure that they are following the CDC guidelines and in compliance with federal and state regulatory requirements.*

On Wednesday March 4, 2020 CMS **issued [Guidance for Infection Prevention of Corona Virus \(COVID-19\)](#)**. In response, MHCA has connected with the *Maine State Survey Agency, the Maine CDC and the regional Health Care Coalitions of Maine* to assess our response and inquire regarding recommendations to assist member facilities.

According to the CMS Memo **QSO-20-14-NH**:

1. Facilities should monitor the [CDC Coronavirus](#) website for information and resources;
2. Facilities should contact the Maine CDC (1-800 821-5821) in the event of a patient/resident under investigation (PUI) for COVID-19 or if they have questions or suspect a resident of a nursing home has COVID-19;
3. Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact the Maine CDC (1-800 821-5821) for further guidance. This number is monitored 24 hrs. a day/7 days a week by a state epidemiologist;
4. Facilities should continue to be vigilant in identifying any possible infected individuals.
5. Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day. Per CDC:
 - a. **Active monitoring** means assessing for the presence of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat). Fever is either measured temperature >100.0°F or subjective fever. Note that fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Respiratory symptoms consistent with COVID-19 are cough, shortness of breath, and sore throat. Medical evaluation may be recommended for lower temperatures (<100.0°F) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhea, abdominal pain headache, runny nose, fatigue);
6. Take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Consider reviewing the [CMS head to toe infection prevention toolkit](#) that was recently released.
7. Communicate effectively with patients/residents, patient representatives and/or their family, and understand their individual needs and goals of care.

Information regarding Personal Protective Equipment

According to the CDC, in times of increased demand and decreased supply, consideration can be given to use the N95s past their manufacturer-designated shelf life when responding COVID-19. [CDC recommends](#) that N95s that have exceeded their manufacturer-designated shelf life should be used only as outlined in the Strategies for Optimizing the Supply of N95 Respirators. The respirators exceeding their manufacturer-designated shelf life are only being released due to the potential urgent demand caused by the COVID-19 public health emergency.

Per the State Survey Agency, PLEASE

1. consider all conventional capacity strategies first.

2. Assess the availability of N95 respirators and other types of respiratory protection. Consultation with entities that include the local healthcare coalitions (Healthcare Coalitions of Maine):
 - a. HC of Northern Maine: [Megan Melville](#) 207-747-9139
 - b. HC of Central Maine: [Mike Hatch](#) 207-747-8100
 - c. HC of Southern Maine: [Allyssa Caron](#) 207-747-9546
 - d. HC of Maine Coordinator and Webmaster: [Hannah James](#) 207-747-9318

..and federal, state, or local public health officials, appropriate state agencies that are managing the overall emergency response related to COVID-19.

As is the case with the regional Health Care Coalitions of Maine, even when we shift resources between health care facilities, assessing these strategies may still be necessary.

Remember that surveyors are looking to ensure that you HAVE A POLICY and ARE FOLLOWING YOUR POLICY. Don't put anything in your policies that you are not confident you can meet. Compliance is defined by having a plan and meeting it.

What happens when my staffing levels are affected by COVID-19 Precautions?

Per CDC Recommendations, facilities and organizations providing healthcare should implement sick leave policies that are non-punitive, flexible, and consistent with public health guidance. According to Maine Department of Licensing and Regulation the federal secretary of health and human services **HAS called the COVID-19 situation a national health emergency** and has instituted a state of emergency meaning an [1135 Waiver](#) may be appropriate:

"Social Security Act certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements may be waived to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods and that providers who provide such services in good faith can be reimbursed and exempted from sanctions (absent any determination of fraud or abuse)."

How should facilities monitor or limit visitors?

Facilities should screen visitors for the following:

1. International travel within the last 14 days to restricted countries. For updated information on restricted countries visit: [CDC Traveler Guidance located here.](#)
2. Closely monitor signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.
3. Screen if visitor has had contact with someone with or under investigation for COVID-19. (If visitors meet the above criteria, facilities may restrict their entry to the facility. Regulations and guidance related to restricting a resident's right to visitors can be found at 42 CFR §483.10(f)(4), and at F-tag 563 of Appendix PP of the State Operations Manual.)

How should facilities monitor or restrict health care facility staff?

1. International travel within the last 14 days to restricted countries. For updated information on restricted countries visit: [CDC Traveler Guidance located here.](#)

2. Closely monitor signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.
3. Screen if visitor has had contact with someone with or under investigation for COVID-19. (If visitors meet the above criteria, facilities may restrict their entry to the facility. Regulations and guidance related to restricting a resident's right to visitors can be found at 42 CFR §483.10(f)(4), and at F-tag 563 of Appendix PP of the State Operations Manual.)
4. Staff who have signs and symptoms of a respiratory infection should not report to work.
5. Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
 - Immediately stop work, put on a facemask, and self-isolate at home;
 - Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
 - Contact and follow the Maine CDC (1-800 821-5821) for recommendations for next steps (e.g., testing, locations for treatment).
 - Refer to the [CDC guidance](#) for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work.

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?

Nursing homes with residents suspected of having COVID-19 infection should contact the Maine CDC (1-800 821-5821) for recommendations for next steps.

Facilities without an airborne infection isolation room (AIIR) are not required to transfer the patient assuming:

1. the patient does not require a higher level of care and
2. the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a residents with COVID-19.
3. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer.
4. If the patient does not require hospitalization they can be discharged to home (in consultation with the Maine CDC (1-800 821-5821) if deemed medically and socially appropriate.
5. Pending transfer or discharge, place a facemask on the patient and isolate him/her in a room with the door closed.

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?

A nursing home can accept a patient diagnosed with COVID-19 and still under Transmission based Precautions for COVID-19 **as long as it** can follow CDC guidance for transmission-based precautions. **If a nursing home cannot, it must wait until these precautions are discontinued.** CDC has released [Interim Guidance for Discontinuing Transmission-Based Precautions or InHome Isolation for Persons with Laboratory-confirmed COVID-19](#).

Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present.

In general, we urge members to:

- 1. Review their current infection prevention plans and emergency preparedness policies and procedures as soon as possible. The best defense is a well thought out and planned offense. Consider checking out the [CMS head to toe infection prevention toolkit](#) that was recently released by the CMS CMPRP Program.**
- 2. Prepare your staff. Reinforce that any who is sick should stay home.**
- 3. Follow the same basic procedures used during flu season: handwashing, alcohol-based hand sanitizers and cover coughs. Consider limiting contractors and visitors, including family member, if appropriate. Family can visit by using skype or calling, texting or checking in on social media.**

AHCA COVID-19 Webinar Recording Available Now!

The recording to AHCA/NCAL's [COVID-19](#) webinar on March 3 is now available here. Please note that there are two versions, depending on which web browser you are using. This is a critical issue for long term care as evidenced by the more than 13,000 people who participated in the webinar. Please continue to check AHCA/NCAL's website for the latest information and resources that AHCA/NCAL has to share about COVID-19. Please email COVID19@ahca.org with any additional questions regarding this virus.