HAI UPDATES

As of July 13, 2020
Alexandra De Jesus
Epidemiologist

HCW do not need to self-quarantine after an exposure if they are not experiencing COVID-19 symptoms. All workers should wear appropriate PPE, and self-monitor for symptoms.

Of note: This 5/7 guidance still refers to a table on page 7 that has not existed on CDC’s website since June 18th. Disregard the table on page 7 of this guidance document.

<table>
<thead>
<tr>
<th>Worker Type</th>
<th>Quarantine for 14 days when...</th>
<th>Isolate when...</th>
<th>End Isolation and Return to work when...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Workers</td>
<td>As of May 4, 2020, the CDC is not recommending that these workers self-quarantine after an exposure if they are not experiencing COVID-19 symptoms. All workers should wear appropriate PPE, and self-monitor for symptoms.</td>
<td>You have tested positive for COVID-19 OR you have symptoms of COVID-19</td>
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<tr>
<td>First Responders</td>
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<td>Symptomatic</td>
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<td>Essential Workers</td>
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<td>1. Symptom-based strategy</td>
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<td>• At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and</td>
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<td></td>
<td>• Improvement in respiratory symptoms (e.g., cough, shortness of breath); and,</td>
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<td></td>
<td>• At least 10 days have passed since symptoms first appeared.</td>
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<tr>
<td>All Other Workers</td>
<td>You have been exposed to someone with COVID-19 BUT you don't have symptoms</td>
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<td>2. Test-based strategy:</td>
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<td>• Resolution of fever without the use of fever-reducing medications and</td>
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<td></td>
<td>• Improvement in respiratory symptoms (e.g., cough, shortness of breath), and</td>
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<td></td>
<td>• Negative results of two consecutive respiratory specimens collected ≥24 hours apart</td>
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</tbody>
</table>

Asymptomatic
1. Time-based strategy: At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
2. Test-based strategy: Negative results of two consecutive respiratory specimens collected ≥24 hours apart

*A positive test does not necessarily correlate with the person’s ability to transmit the disease.
HCP AND TRAVEL

• **What are the recommendations for HCP who travel out of state for summer vacation?**
  
  • Dr. Madoff responded on the 6/23 hospital call, that HCP are exempt from the 14-day self-quarantine if they traveled domestically.
  
  • CDC quarantine for international travel does NOT contain a waiver. As such, HCP & essential workers coming back from international travel would need to quarantine.
  
  • All HCP should monitor for symptoms and fever and wear a surgical mask.
**PPE**

**DPH Guidance, July 6th: Updated Comprehensive Personal Protective Equipment**

This guidance replaces Comprehensive Personal Protective Equipment guidance published on May 21st and is intended for ALL healthcare settings, not just LTCFs.
JULY 6TH PPE MEMO

Key Takeaways:

For “negative” residents (those who have never tested positive):
- Mask + Eye Protection (Face Shield or Goggles) NEW!
- Add Gown + Gloves during high contact patient care activities
- Care activities where splashes and sprays are anticipated, including aerosol generating procedures
- Care activities that provide opportunities for the transfer of pathogens to the hands and clothing of healthcare providers such as:
  - Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care

For “recovered” residents:
- Only a mask is required (and of course, hand hygiene and glove use as indicated by standard precautions)

Quarantined and COVID-positive residents:
- Continue to require full PPE use for all resident care activities and room entry
- PPE must be changed between quarantined individuals
- N-95 for COVID-positive residents
LTCF AND VISITATION

DPH Guidance, July 2nd: Limitations on Visitors in Long-Term Care Facilities during the COVID-19 Outbreak

This guidance replaces the June 1st and March 16th Memos
JULY 2ND LTCF VISITATION MEMO

• **Outdoor visitation**
  • Permitted for COVID-19 recovered, COVID-19 negative, & Quarantined (provided these residents are not suspected to have COVID-19)

• **Outdoor entertainment & group activities are allowed permitting:**
  • LTCF has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies;
  • No staffing shortages and the facility is not under a contingency staffing plan;
  • Allowed for COVID-19 recovered & COVID-19 negative only;
  • Participating residents must remain at least 6 feet apart;
**Indoor Communal Dining is allowed:**

- LTCF has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies;
- No staffing shortages and the facility is not under a contingency staffing plan;
- Allowed for COVID-19 recovered & COVID-19 negative only;
- The number of residents at each table must be limited with residents spaced at least 6 feet apart;
LTCF & REST HOME COVID SURVEILLANCE TESTING

DPH Guidance, July 1st:
Long Term Care Surveillance Testing
EMS Regions for Long Term Care Facilities
Rate of New Confirmed COVID-19 Cases by Region

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street
Boston, MA 02108

To: Skilled Nursing Facilities, Rest Homes, Assisted Living Residences
From: Kevin Cranston, MD, Director, BEDS
Elizabeth Dukas Kelley, MPH, MBA, BHCSQ
Date: June 30, 2020
RE: Long Term Care Surveillance Testing

A. Overview
This memorandum applies to all long term care settings including nursing homes, rest homes and assisted living residences (ALRs). Compliance with the testing program is required in nursing homes and rest homes. Compliance with the testing program is recommended in ALRs.

B. New Baseline Staff Testing
To protect the health and safety of long term care residents and staff against the spread of COVID-19 all long term care settings should conduct new baseline testing of staff no later than July 19, 2020, and adopt a surveillance testing program based on the results of the baseline staff testing, as outlined below.

This testing program may be updated as more is learned about the COVID-19 virus.
MassHealth Nursing Facility Bulletin 148:
LTCF & REST HOME COVID SURVEILLANCE TESTING (CONTINUED)

• Goal
  • Establish new baseline testing of staff

• When?
  • July 1st - July 19th

• Who?
  • 90% of staff (except for those who have previously tested positive for COVID-19). Previously positive staff should not be retested and do not count toward the facility’s denominator when calculating 90%.
NO NEW POSITIVE COVID-19 CASES FROM BASELINE STAFF TESTING

- Facilities will need to verify their regional transmission rate for the Emergency Medical Services (EMS) region.

- If the rate is below 40 cases per 100,000 residents as a 7 day rolling average, the provider should conduct testing every two weeks on 30% of its staff.
  - The staff to be included for testing should be a representative sample from all shifts and varying staff positions.

- If the rate is at or above 40 cases per 100,000 residents as a 7 day rolling average, the provider should conduct testing every 2 weeks on ALL of its staff.
NEW POSITIVE COVID-19 CASE(S) FROM BASELINE STAFF TESTING

- LTCF will need to conduct weekly testing of ALL staff until the testing results in no new positive COVID-19 staff for 14 days.
- Once testing results in no new positive COVID-19 staff for 14 days, the facility can follow the protocol outlined in “No New Positive COVID-19 Cases from Baseline Staff Testing” beginning the next full week.
- Additionally, LTCF will need to conduct one-time re-testing of all residents to ensure there are no resident cases and to assist in proper cohorting of residents.
- Please note any resident or staff that has previously tested positive for COVID-19, has recovered, and is asymptomatic can be excluded from this baseline and surveillance testing.
WHO MEETS THE CRITERIA OF “STAFF?”

• All persons, paid or unpaid, working or volunteering at the long-term care setting’s physical location, who have the potential for exposure to residents or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air.

• Staff includes, but is not limited to, physicians, nurses, nursing assistants, therapists, technicians, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual personnel, and persons not directly involved in resident care (such as clerical, dietary, house-keeping, laundry, security, maintenance or billing staff, chaplains, and volunteers) but potentially exposed to infectious agents that can be transmitted to and from staff and residents.

• Staff does not include persons who work entirely remotely or off-site, employees on leave, such as paid family medical leave, or staffing provided at the Commonwealth’s expense (such as those provided by EOHHS through a clinical rapid response team or the Massachusetts National Guard).
The DPH Guidance, from July 1st, states that the COVID-19 Surveillance Testing is only a recommendation for ALRs.

- Not enforceable
- ALRs are not reimbursed by MassHealth. If they decide to pursue staff testing, facilities will likely have to pay out-of-pocket.
Executive Office of Elder Affairs (EOEA) Guidance from July 2\textsuperscript{nd}:
JULY 2ND ALR VISITATION MEMO

- In-unit and Outdoor visitation is allowed permitting:
  - ALR implements the safety, care, and infection control measures outlined in the memo;
  - Allowed for COVID-recovered, COVID-negative, & Quarantined (provided they are not suspected to have COVID-19);
  - ALR visitors are appropriately screened;
- **In-unit visits are allowed in an ALR if the unit:**
  - Is large enough for at least 6 feet of distance between visitor and resident;
  - Is not shared between unrelated individuals; and,
  - Windows can be opened for ventilation.
• **ALRs may resume operations of in-house hair salon and barber shops.**

• **Outdoor entertainment & group activities are allowed permitting:**
  • ALR has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies;
  • No staffing shortages and the facility is not under a contingency staffing plan;
  • Allowed for COVID-19 recovered & COVID-19 negative only;
  • Participating residents must remain at least 6 feet apart;
• **Indoor Communal Dining is allowed permitting:**
  - ALR has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies;
  - No staffing shortages and the facility is not under a contingency staffing plan;
  - Allowed for COVID-19 recovered & COVID-19 negative only;
  - The number of residents at each table must be limited with residents spaced at least 6 feet apart;
Nursing Homes, ALRS, and Rest Homes are to report daily to DPH the number of COVID-19 cases and deaths among residents and staff, in order to comply with the Section 1(b) of Chapter 93 of the Acts of 2020.

The newly enacted statute requires that DPH collect demographic information about each case and death, including:

- gender
- race
- ethnicity
- disability
- primary city/town of residence
- age
- primary language
- occupation
Nursing homes, rest homes and assisted living residences (ALRs) should report daily, effective immediately, to DPH if there are any changes in the number of cases or deaths among residents and staff using the secure platform, Research Electronic Data Capture (REDCap).

In addition to reporting daily on new information, nursing homes, rest homes and assisted living residences (ALRs) should report all prior cases and deaths that occurred on or after March 10, 2020.

This retrospective reporting should be done as soon as possible but no later than July 31, 2020.

If facilities have questions about REDCap reporting they can email DPH.BHCSQ@MassMail.State.MA.US
HAI FAQs
PPE FOR OUTDOOR VISITATION

- During the visit, appropriate PPE is a surgical mask and eye protection (face shield or goggles):
  - For COVID-19 negative residents or quarantined residents participating in outdoor visitation, if there is any potential for high contact resident care while transferring the resident to the outdoor visitation area, then staff should wear a gown and gloves.
  - If no high contact care is anticipated, then surgical mask + eye protection is fine.
• For COVID-19 positive residents on CPAP/BIPAP, the resident should be in a private room.

• For COVID-19 recovered residents on CPAP/BIPAP, no special precautions are needed.

• For COVID-19 negative residents on CPAP/BIPAP, the resident should be in a private room. If a private room is not available, then cohort the resident with a COVID-recovered residents.

• If a facility does not have any COVID-19 recovered residents and private rooms are NOT available, then you can cohort the CPAP/BIPAP residents together with curtains dividing them and the beds spaced out as far apart as possible. Keep the door closed.
WHEN IS A 14-DAY QUARANTINE RECOMMENDED?

- Recommended for any residents who are away from the facility for an overnight stay
  - ED visits < 24 hours do not require a 14-day quarantine
  - Leaving the facility for an outpatient medical appointment does not require a 14-day quarantine
  - Dialysis does not require a 14-day quarantine
    - They should be quarantined if they have an exposure to a positive staff member or a positive patient while seeking treatment.
    - Due to their co-morbidities, it is important to pay close attention to any new onset of symptoms in this population.
PATIENTS WITH PERSISTENT OR RECURRENT POSITIVE TESTS

If a previously infected person has clinically recovered but later develops symptoms consistent with COVID-19, what should you do?

These situations need to be interpreted on a case-by-case basis in consultation with an infectious disease specialist and public health authority.

Isolate and re-test. Implement appropriate infection control measures.
RECURRENT POSITIVE TEST AND ASYMPTOMATIC

- If a previously infected person has clinically recovered, remains asymptomatic, but later tests positive (e.g. tested as part of pre-surgical clearance), what should you do?
- These situations need to be interpreted on a case-by-case basis in consultation with an infectious disease specialist and public health authority.
- A positive test should be interpreted as prolonged viral shedding within 6-8 weeks following recovery.
- Out of an abundance of caution, consider a patient that has subsequent positive testing greater than 6-8 weeks from recovery as a possible reinfection.
- Case would need to remain in isolation until meeting the criteria for discontinuation of isolation or transmission-based precautions.
MAVEN VARIABLES

- Applies to Confirmed & Probable cases
DEMOGRAPHIC QUESTION PACKAGE

- Race
- Is case Hispanic?
- Employer name
- Occupation
CLINICAL QUESTION PACKAGE

- Did case have symptoms – yes or no
- Clinical complications
- Was case hospitalized?
- Outcome
RISK/EXPOSURE QUESTION PACKAGE

• Employed/Admitted to a healthcare setting?
  • Where is the facility located?
    • Please write the name of the facility.
    • Facility type:
  • Is case a healthcare worker?
    • Direct Patient Care?
    • Worker Type:
CONTACT MONITORING

• Complete contact monitoring status variable
QUESTIONS?