

# Reopening LTC

- **Who is allowed into the building?**

Other than for end-of-life situations, only essential healthcare personnel should be allowed to enter the building. Essential healthcare personnel includes hospice staff, phlebotomists, radiography technicians and other therapists that provide clinical care.

Anyone entering the building must be screened upon entry and comply with the policies and procedures related to preventing the spread of COVID-19. Failure to comply with those policies is grounds for denying entry.

- **How should we screen people that we consider letting into the building?**

Screen for:

- Clinical signs and symptoms of respiratory illness and fever.
- Recent onset diarrhea or influenza-like symptoms.
- If they have traveled outside of the state within the previous 14 days.
- Whether they've had contact with an individual with confirmed or suspected COVID-19 in the prior 14 days.

COVID-19 naïve nursing homes: If visitors do not pass the above screening criteria, they should not be permitted entry into a COVID-19 naïve nursing home, even for compassionate reasons such as end-of-life.

Nursing homes with limited numbers of COVID-19 cases: If visitors do not pass the above screening criteria, they should not be permitted entry. Exceptions for compassionate reasons may be considered on a case-by-case basis. We discourage allowing these individuals into the building.

For all nursing homes: Visitors who are unable to follow infection control precautions guidelines (washing hands, wearing mask, following cough etiquette) should be restricted from visitation.

- **We have accepted a patient who is recovering from an acute myocardial infarction. What are your recommendations for when the patient arrives at our building?**

We recommend that staff follow standard, contact, and droplet precautions during the admission assessment to minimize the potential for staff exposure.

CDC published MMWR Early release on March 27. It states that symptom-based screening of SNF residents might fail to identify all SARS-CoV-2 infections. Asymptomatic and presymptomatic SNF residents (approximately 50% of all tested positive) might contribute to SARS-CoV-2 transmission.

Residents admitted to the facility should be put on standard contact and droplet precaution for observation for 14 days. Further, they should not be placed with a roommate until this observation period is complete. CMS states that if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital.