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Memorandum

TO: Long-Term Care Facilities

FROM: Elizabeth Daake Kelley, MPH, MBA, Director
Bureau of Health Care Safety and Quality

SUBJECT: Caring for Long-Term Care Residents during the COVID-19 Emergency

DATE: April 6, 2020

The Massachusetts Department of Public Health (DPH) recognizes that providing care for individuals seeking treatment for Coronavirus Disease 2019 (COVID-19) may prove to be especially challenging for health care practitioners and facilities. As part of ongoing statewide preparations and to address the increase in COVID-19 cases, the DPH is issuing this memorandum to long-term care facilities with new recommendations for caring for residents with presumed or confirmed COVID-19 to help mitigate the spread of COVID-19.

All rest homes and nursing homes must be prepared to care for COVID-19 positive residents. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms. Symptoms may be mild and not require transfer to a hospital. All facilities are expected to follow the infection prevention and control practices recommended by DPH and CDC.

The following recommendations are consistent with CMS guidance released on April 2, 2020, which can be found here: <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

Screening of All Individuals

Long-term care facilities should be screening all individuals entering the facility, including staff, for symptoms on a daily basis. In accordance with previously issued guidance, every individual regardless of reason for entering a long-term care facility should be asked about COVID-19 symptoms and must also have their temperature checked. Residents should be asked about

COVID-19 symptoms and must have their temperatures checked a minimum of two times per day. An exception to this is Emergency Medical Service (EMS) personnel responding to an urgent medical need.

Use of Personal Protective Equipment (PPE)

Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with residents, to the extent PPE is available and in alignment with DPH and CDC guidance on conservation of PPE. For the duration of the declared state of emergency, all long-term care facility personnel should wear a facemask while they are in the facility.

Full PPE should be worn per DPH and CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE. If any residents have confirmed COVID-19 transmission which occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 diagnosis or symptoms.

When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. They could also use cloth, non-medical masks when those are available. The use of medical facemasks is restricted to COVID-19-positive or assumed to be COVID-19-positive.

Staffing

DPH requires long-term care facilities to implement the following staffing recommendations to mitigate the risk of transmission within facilities.

- Ensure all staff can recognize the signs and symptoms of COVID-19 and that a procedure is in place for alerting the nurse responsible for the resident's care.
- Create separate staffing teams that are dedicated for residents that are COVID-19-positive.
- Exercise consistent assignments of staff to residents regardless of symptoms or COVID-19 status. This practice can help with detection of emerging condition changes.
- As much as possible, staff should not work across units or floors.
- Minimize the number of staff caring for each resident.

Separation of COVID-19 Positive Residents

Long-term care facilities must separate residents who are positive for COVID-19 from residents who are not, or have an unknown status. Whenever possible, long-term care facilities must establish a dedicated wing or unit that is separate from the rest of the facility and residents to care for COVID-19 positive residents. COVID-19-positive units must be capable of maintaining strict infection control practices and testing protocols. When possible, facilities must have separate staffing teams for COVID-19-positive and COVID-19-negative residents.

Admissions

When a long-term care facility resident is transferred from a long-term care facility to a hospital for evaluation of any condition, including but not limited to, COVID-19 care, each long-term care facility must accept the resident's return to the facility when the resident no longer requires hospital level of care.

DPH continues to work with state, federal and local partners on the outbreak of novel Coronavirus 2019 (COVID-19), caused by the virus SARS-CoV-2, and we continue to appreciate the essential role you have in responding to this evolving situation.

DPH strongly encourages all nursing homes in Massachusetts to monitor the Centers for Medicare & Medicaid Services (CMS) website and the Centers for Disease Control and Prevention (CDC) website for up-to-date information and resources:

- CMS website: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>

Additionally, please visit DPH's website that provides up-to-date information on COVID-19 in Massachusetts: <https://www.mass.gov/2019coronavirus>.