

**Frequently Asked Questions and Resources Regarding COVID-19 for Nursing Facilities**

**Last Updated: April 23, 2020**

1. **Can a nursing facility deny a resident permission to leave the facility for a community outing? Wouldn’t that be a resident rights violation?**

Under normal conditions, residents may leave a facility for outings in the community with family or friends. However, during the emergency, everyone, including nursing home residents, must stay at home as ordered by the Governor, except to engage in essential activities, such as traveling to an essential job or seeking medical attention. A nursing facility resident must therefore remain at the facility (their home) except to pursue an essential activity such as a medical appointment. This reduces the likelihood that a nursing facility resident would be infected outside the facility and bring the disease in upon return. Residents who must leave the facility for medical appointments or other essential activities should wear a cloth face covering and practice frequent hand washing.

1. **In a facility that has a no smoking policy and residents typically go off the facility property to smoke, does the facility have the authority to not allow them to do this during the pandemic?**

Yes. See response to FAQ #1 above. However, if a resident was previously allowed to go off the grounds to smoke and this is now being restricted, the facility needs to make alternative arraignments, such as create a temporary smoking area on facility grounds where residents would not be subject to contact with non-facility people. Start the resident on smoke free alternatives (such as nicotine smoke free puffers) or smoking cessation program (if the resident agrees) or work out a reasonable accommodation with the resident to address the resident’s need related to smoking/nicotine addiction that maintains the resident’s safety and all facility resident’s safety.

1. **Are facilities allowed to prohibit residents from going outside at all?**

Nursing home residents should be allowed to go outside the facility, on the grounds of the facility, to enjoy fresh air as desired. Federal CDC guidance is for cloth face coverings to be worn in addition to social distancing. During this current crisis, the Governor’s Stay Healthy at Home does not prohibit individuals from going outside in their own yards, but it does still require maintaining social distancing requirements. This is a case by case situation, a facility that has an outdoor area where residents can get outside and still maintain social distancing without coming into contact with public or potential carriers of COVID-19 could allow for residents to engage in such activities.

1. **What if the resident does go outside and then goes to a store or interacts with other people not using safe distancing? What if the facility does not have adequate space or PPE to isolate the resident for 14 days and it is a community with sustained transmission?**

Residents going outside for fresh air should be trained in safe distancing techniques and wear a face covering. They should be advised not to leave the grounds. If appropriate supervision is not available, or the resident has a history or wandering or leaving the grounds, they should not be permitted to leave the building. A facility may restrict a resident and prohibit them from going outside in this scenario as they have exhibited behavior that is dangerous to themselves and could be dangerous to others in the form of being a virus vector.

1. **If a resident does leave the facility with family, what happens when they come back?**

Allowing a resident to leave the facility with family significantly increases the risk of COVID-19 exposure. Therefore, residents should not leave the facility except for essential activities. (see FAQ #1). If this occurs, upon the resident’s return, they should be treated the same as a new admission or readmission whose COVID-19 status is now unknown (see FAQ #15)

1. **Are facilities allowed to mandate that residents remain in their rooms?**

Residents should be encouraged to stay in their rooms. If residents request to be in the halls or other areas of the facility, CDC guidance is for cloth face coverings to be used in addition to social distancing.

1. **Are facilities able to prevent visitors at the resident’s window?**

Facilities must decide their policies on this based on whether a “through the window” visit can be accomplished safely for the resident, the visitor and others at the facility. Social distancing and cloth face covering practices should still be observed. Nursing facilities are caring environments and a resident /family visit via a glass window is a reasonable accommodation to meet the resident’s needs for visiting with family and still afford protection. There is no evidence of virus transmission through a glass window.

1. **Are facilities within their right to prohibit deliveries and/or packages to residents? What guidelines should facilities use when a resident receives a package dropped off by their family vs the mail?**

The facility should draft policies on this based on CDC guidance, a package delivered through the mail or professional system like Fed Ex or UPS has been in transit for several days and the probability of any active virus on/in the package is minimal. A package hand delivered by family during this current situation may warrant being wiped down or held for a period to ensure there is no active virus, but this will depend on the contents-perishable/nonperishable. Facilities should draft policies which are reviewed by their infection control staff and their medical director to address family packages.

1. **If a resident is near end of life, can a visitor be allowed? If yes, what PPE should the visitor wear?**

CDC recommends limiting visitors to the facility to only those essential for the patient’s physical or emotional well-being and care. This may include a person providing emotional support near the end of life. Facilities should first consider whether alternative mechanisms such as video-call applications on cell phones or tablets could provide the support remotely.

Any visitor that is permitted by the facility must be screened and actively assessed for fever and COVID-19 symptoms upon entry to the facility. If fever or COVID-19 symptoms are present, the visitor should not be allowed entry into the facility.

CDC guidance on source control indicates that all visitors should always be instructed to wear a facemask or cloth face covering while in the facility, perform frequent hand hygiene, and restrict their visit to the patient’s room or other area designated by the facility.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

1. **Must all staff wear PPE, or only those in contact with COVID-19 positive residents?**

CDC guidance on source control for healthcare facilities recommend that all staff, patients, residents, visitors, and others mask when in a facility.  Surgical masks should be used by healthcare workers, cloth face covers by residents and visitors.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

1. **How much PPE do we need on hand? If we are not able to secure ideal amounts, what should we be doing to optimize what we have?**

Nursing facilities are required to have a minimum of 72 hours of PPE on hand. The amount of PPE on hand depends on the number of residents in your facility. To calculate your facility’s burn rate, use the CDC’s Burn Rate Calculator: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>

Refer to strategies for optimizing PPE supplies when shortages exist: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

See also Division of Licensing and Certification guidance on PPE: <https://www.maine.gov/dhhs/dlc/>

1. **We developed a plan to use a space in our facility to isolate COVID-19 patients, but our local fire inspector has indicated that it would not be an acceptable use for that space. What should we do?**

Contact the Division of Licensing and Certification to discuss your cohorting plan. Any use of space must support basic life safety requirements, but during an emergency, certain licensing provisions are being relaxed to allow flexibility when needed for infection control. DLC can discuss your plan with you and, if appropriate, can work with the State Fire Marshall to confirm that it meets basic life safety requirements.

1. **We are short on staff. What should we do?**

All facilities have emergency preparedness plans, including staffing plans, that have a cascading set of options to supplement regular staffing when needed. These plans should be implemented.

See Division of Licensing and Certification guidance on staffing: <https://www.maine.gov/dhhs/dlc/>

1. **How many days can I reuse a surgical mask or N95 respirator for?**

Per ‘limited reuse’ guidance from NIOSH and federal CDC, a surgical mask or N95 respirator should only be reused for no more than 5 donning events, when doffed after each patient encounter [NIOSH], and should be discarded at the end of the shift [federal CDC].

Links: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

1. **Do newly admitted residents, who have been tested for COVID-19 twenty-four hours prior to admission and the result is negative, still need to be isolated for 14 days?**

Current federal CDC guidance recommends that a facility have a plan (observation/quarantine period) for managing new admissions and readmissions whose COVID-19 status is unknown. AHCA COVID guidance recommends asking hospital to test discharges with respiratory symptoms or fever. If COVID-19 negative admit and manage resident per usual care.

Links: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>; <https://www.ahcancal.org/facility_operations/disaster_planning/Documents/SNF-Admit-Transfer-COVID19.pdf>

Also, please refer to the CMS Nursing home admission guidance in CMS Memo: QSO-20-14-NH

1. **What is the guidance for determining “essential” medical services?**

Per CMS Memo: **QSO-20-14-NH**

Health care workers: Facilities should follow CDC guidelines for restricting access to health care workers found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html> This also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians, that provide care to residents. They should be permitted to come into the facility if they meet the CDC guidelines for health care workers. Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>