

Montana Health Alert Network

DPHHS HAN

ADVISORY

Cover Sheet

DATE

May 7, 2020

SUBJECT

Re-opening Facilities to Provide Non-Emergency Non-COVID-19 Healthcare

INSTRUCTIONS

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Epidemiology Section
1-406-444-0273

For technical issues related to the HAN message contact the Emergency Preparedness Section at 1-406-444-0919

DPHHS Health Alert Hotline:
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Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

Information Service: passes along low level priority messages that do not fit other HAN categories and are for informational purposes only.

Please update your HAN contact information on the Montana Public Health Directory

DPHHS HAN

Information Sheet



DATE

May 7, 2020

SUBJECT

Re-opening Facilities to Provide Non-Emergency Non-COVID-19 Healthcare

BACKGROUND

The Centers for Medicare and Medicaid Services (CMS) provided guidance for re-opening facilities to provide non-emergency non-COVID-19 healthcare. The document can be found here:

<https://www.cms.gov/files/document/covid-flexibility-reopen-essential-non-covid-services.pdf>

INFORMATION

Montana healthcare facilities internally made decisions to close or limit specific types of healthcare as part of their effort to reduce risks related to COVID-19 and preserve supplies. To date, there has been no directive at the state level mandating the level of medical services that could be provided. As a result, it is the decision of specific facilities whether, or not, routine services will resume and how quickly.

RECOMMENDATIONS

Healthcare facilities that are moving forward to reestablish routine service should continue to follow CDC recommendations on infection control. CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings can be found here:

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

Healthcare Facilities:

To address asymptomatic and pre-symptomatic transmission, implement source control (universal mask use) for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms. This action is recommended to help prevent transmission from infected individuals who may or may not have symptoms of COVID-19.

- Cloth face coverings are not considered PPE for healthcare personnel (HCP) because their capability to protect HCP is unknown. Facemasks, if available, should be reserved for HCP. For visitors and patients, a cloth face covering may be appropriate. If a visitor or patient arrives to the healthcare facility without a cloth face covering, a facemask may be used for source control if supplies are available.
- Actively screen everyone for fever and symptoms of COVID-19 before they enter the healthcare facility.

CDC has developed a document for using testing to prevent SARS-CoV-2 transmission in nursing homes. Information can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

CMS recommends maximum use of all telehealth modalities. However, for care that cannot be accomplished virtually, these recommendations – the first in a series of recommendations – may guide healthcare systems and facilities as they consider resuming in-person care of non-COVID-19 patients in regions with low incidence of COVID-19 disease. Additionally, CMS recommends that facilities consider the following:

- In coordination with state and local public health officials, evaluate the incidence and trends for COVID-19 in the area where re-starting in-person care is being considered.
- Evaluate the necessity of the care based on clinical needs. Providers should prioritize surgical/procedural care and high-complexity chronic disease management; however, select preventive services may also be highly necessary.
- Consider establishing Non-COVID Care (NCC) zones that would screen all patients for symptoms of COVID-19, including temperature checks. Staff would be routinely screened as would others who will work in the facility (physicians, nurses, housekeeping, delivery and all people who would enter the area). Screening protocols will vary by facility and may be influenced by transmission in the community. *If laboratory testing of asymptomatic individuals is incorporated in screening protocols, please be aware that specimens sent to the Montana Public Health Laboratory for this purpose will be assigned a lower priority as testing of symptomatic persons is the primary focus of the state laboratory at this time.*
- Sufficient resources should be available to the facility across phases of care, including PPE, healthy workforce, facilities, supplies, testing capacity, and post-acute care, without jeopardizing surge capacity.

All facilities should continually evaluate whether their region remains a low risk of incidence and should be prepared to cease non-essential procedures if there is a surge. By following the above recommendations, flexibility can allow for safely extending in-person non-emergent care in select communities and facilities.

DPHHS Staff have compiled information on screening approaches in various settings and clarifications on mask use and copies of these are attached for your use.

Are you wearing the right mask for the task?

Masking for a friend.

	Non-medical cloth mask	Surgical Mask	N-95 Respirator
Members of the public	Yes ✓	No ✗	No ✗
Healthcare Workers	No ✗	Yes ✓	Yes ✓
Intended Use and Purpose	Source control	Protection from splashes, sprays, and large droplets	Protection from sprays, splashes, large particle droplets, and small droplet particles
Testing and Approval	Recommended by CDC for source control	Cleared by the U.S. Food and Drug Administration (FDA)	Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84
Face Seal Fit	Loose-fitting	Loose-fitting	Tight-fitting
Fit Testing Requirement	No ✗	No ✗	Yes ✓

Resources:

- Cloth mask: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>
- Surgical mask: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>
- N-95 respirator: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

To address asymptomatic and pre-symptomatic transmission, source control (e.g., mask use/symptom screening) should be implemented for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms. Cloth face coverings are NOT PPE and should not be worn for the care of patients with known or suspected COVID-19 or other situations where a respirator or facemask is warranted. For more information, please visit CDC's infection control recommendations webpage at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.

Q: Should my organization be screening for COVID-19?



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A: It depends on the setting.

Definition of Screening

Symptom-based screening looks for signs and symptoms of COVID-19.

This generally includes:

- Cough
- Shortness of breath or difficulty breathing
- Fever (may be subjective)*

Symptoms that may also occur are:

- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

*Definition of fever can be slightly different between recommendations.

Laboratory testing of asymptomatic people may also be considered for certain settings.

- PCR testing may be considered if the facility has the capability and capacity to do so.
- **Antibody testing is not recommended** as a screening for acute illness per CDC.

Settings where laboratory testing may be helpful for sentinel surveillance and to prevent introduction into a facility:

- Elective medical procedures
- Intake of residents/clients into a care facility or congregate housing or correctional setting

The type of screening recommended by CDC and regulatory bodies vary slightly. For example, some recommend temperature checks with symptoms screening, and some do not. Refer to the list below for the recommendations on types of screenings based on setting.

Setting Screening Recommendations

Dental (CDC Recommendations)

- Screen all dental employees for fever and symptoms of COVID-19 at the beginning of their shift
- Screen patients prior to arrival for fever and symptoms of COVID-19.

Healthcare Facilities (CDC Recommendations)

- Screen patients and visitors for fever and symptoms of COVID-19 upon arrival, triage and isolate those who are symptomatic.
- Screen healthcare workers at the beginning of their shift for fever (100.0 F) and symptoms of COVID-19

Long Term Care/Assisted Living Facilities (CDC Recommendations)

- Screen patients and visitors for fever and symptoms of COVID-19 upon arrival, triage and isolate those who are symptomatic.
- Screen LTC workers at the beginning of their shift for fever (100.0 F) and symptoms of COVID-19.
- Actively monitor residents at least daily for fever (100.0 F or greater) and symptoms of COVID-19.

Meat and Poultry Processing (CDC Recommendations)

- Consider providing screening of workers prior to shift including symptoms of COVID-19 and temperature checks (fever greater than or equal to 100.4 F)

Setting Screening Recommendations

Veterinary Staff (CDC Recommendations)

- Screen veterinary staff at the beginning of shifts prior to interacting with staff and clients.

Schools/Daycares/Colleges/Universities (CDC Recommendations)

- Per CDC, these facilities are not expected to screen students or staff to identify cases of COVID-19.
- **Governor Bullock's directive** encourages schools to implement temperature checks and/or symptom screening when practical.

Correctional Facilities (CDC Recommendations)

- The guidance recommends verbal screening and temperature checks for incarcerated/detained persons, staff, volunteers, and visitors who enter correctional and detention facilities, as well as incarcerated/detained persons who are transferred to another facility or released from custody.
- See the link for the verbal screening script.

Retirement Communities (CDC Recommendations)

- Screen, when possible, workers and essential volunteers who will be interacting with residents for signs and symptoms of COVID-19.
- This includes actively taking each person's temperature using a no-touch thermometer, and asking whether or not the person is experiencing shortness of breath or has a cough.

Critical Infrastructure Workers (CDC Recommendations)

- Employers should measure the employee's temperature and assess symptoms prior to them starting work.
- Ideally, temperature checks should happen before the individual enters the facility prior to the start of the individual's shift.

Congregate Housing (CDC Recommendations)

- See link, screening largely recommended for homeless shelters.

My organization doesn't fit into these settings...

All organizations should follow social distancing and mask use guidelines and directives.

CDC has made recommendations for **businesses and workplaces** to:

- reduce transmission among employees
- maintain healthy business operations
- maintain a healthy work environment.

Cloth face covering guidance is also available from CDC.

Review restrictions outlined in **Governor Bullock's 4/22/2020 directive** on reopening.

We would still like to perform screenings. What plans should we put into place?

- Individuals performing screenings should be trained in the use of thermometers and symptom screening forms
- If taking temperatures, please use thermometers intended for that purpose.
- Identify actions to take when symptomatic individuals are identified, such as referral to a primary care provider and exclusion from the setting.
- Contact your **local health department** with questions on this subject.