

**Question or request:** Identify and draft summary of current COVID-19 best practices in New Mexico facilities

Practices currently in use:

- Restriction of all nonessential personnel and visitors into the facility
- Screening of all staff and essential personnel into facility with temperature and screening questionnaire
- COVID-19 negative PCR test prior to admission into facility with repeat test 24 hours later if patient has any concerning symptoms for COVID-19. ie 2 negative tests prior to admission into a COVID negative facility.<sup>1</sup>
- Maintaining separate quarantine units where patients are assumed to be COVID- positive and kept for 14 days prior to integration into facility community. Use dedicated equipment and staff for the separate units.<sup>2</sup>
- Increased vital sign checks to every 6 hours while awake – temp and O2 saturation
- Review of all non-emergent appointments - cancel or discuss with provider to identify option for telehealth.
- For any appointments that are necessary as deemed by consultant and attending physician (including dialysis patients), requiring patient quarantine on the COVID “rule-out” unit.
- Maintaining all dialysis patients on the COVID rule out unit.
- Designating smoking break in groups of four plus an employee. The employee supervises social distancing and hand washing with wearing masks to and from their rooms.
- Requiring patients/residents to wear a mask when outside of their room as tolerated.
- Creating distanced seating areas to discourage congregation
- Placing “Stop” signs inside the residents’ doors to discourage the exiting of their room.
- Using facility-dedicated staff with emphasis on employment history in COVID-positive environments.
- Placing Handwashing/Sanitizing stations at entry of facility.
- Creating dedicated facility entrances and exits.
- Providing resources to facilities/employees to alleviate fatigue and stress.
- Reviewing HVAC systems to maximize infection control, including continued operation of bathroom fans.

Ideas to mitigate risk of spread in COVID-positive facilities and units:

- Create temporary barriers to separate hot zones from warm.
- Extensive education on the proper handling of PPE and appropriate locations to don and doff.
- Provide rapid tests when initially identified

**Assessment:**

Factors to consider for re-opening:

- Case status in community
- Case status in nursing homes
- Adequate staffing
- Adequate testing, baseline and weekly:
  - All residents
  - All staff

**Red Flags/Concerns:**

- Adequate staffing that meets the needs of residents
- Potentially creating a set of requirements/recommendations that may be used for future litigation

**Contributors:**

Behavioral Health and Mortality Reduction – mitigation subgroup

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**Resources/Reference:**

1. See MAT Workgroup testing recommendations
2. See MAT Workgroup cohorting recommendations

New CMS guidance on re-opening nursing homes <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfs-states-and-regopolicy-and/nursing-home-reopening-recommendations-state-and-local-officials>

Reduction of transmission in Dementia pts:

<https://hhs.texas.gov/sites/default/files/documents/services/health/coronavirus-covid-19/helping-residents-dementia-prevent-spread-covid.pdf>