**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.¹
- 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.²
- 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
- Lisa Noya, MD (The Four Humours Healthcare and Lovelace Medical Center)
- John Howerton (OPCO)

### Resources/Reference:
1. See MAT Workgroup testing recommendations
2. See MAT Workgroup cohorting recommendations
