Fwd: Residential and Long-Term Care Newsletter

Residential and Long-Term Care Facility Newsletter

June 8, 2022

Outpatient COVID-19 treatments for long-term care facilities

We have a new resource to help long-term care facilities work through the process of considering treatments for residents who test positive for COVID-19.
The Outpatient COVID-19 Treatments for Long-Term Care Facilities webpage highlights treatments, eligibility criteria, what to do when a resident tests positive for COVID-19, and where in Colorado to find treatment.

• Questions about COVID-19 treatments in residential care settings? Email residentialcarestriketeam@state.co.us.
• The COVID-19 Medical Guidance team is available for consultations with facility medical directors and/or resident health care providers about therapeutics. Email cdphe_covid_med_guidance@state.co.us.

COVID-19 medical epi team – public health provider detailing

As part of the COVID-19 Medical Guidance Unit, physicians at CDPHE can help providers who administer/prescribe or are considering administering COVID-19 treatments. Examples of their work include, but are not limited to:
• Providing information on clinical trials related to COVID-19 therapeutics (e.g., effectiveness, number needed to treat).
• Presenting more in-depth information about each therapeutic (e.g., adverse events, use in special populations, contraindications, and warnings).
• Supplying providers with tools and resources that may aid with clinical decision making.
• Explaining options for ordering oral antiviral treatments or finding pharmacies where they are stocked.
• Explaining options for administering IV monoclonal antibodies or IV antivirals.
• Explaining utilization reporting requirements.
• Offering resources on COVID-19 therapeutics reimbursement.
• Providing information on pre-exposure prophylaxis (Evusheld).
If you or someone else at your facility is interested in working with a physician in the unit, email cdphe_covid_med_guidance@state.co.us.

EMResource question reminders, clarifications, and updates

With the recent update to Center for Disease Control and Prevention's definition of *up-to-date* with COVID-19 vaccine, and vaccine clinic-related questions in EMResource, the Residential Care Strike Team wants to provide clarification on reporting requirements for residential care facilities.

Per the Residential Care Facility Comprehensive Mitigation Guidance and Public Health Order 20-20, June 4, 2022 was the deadline to offer a vaccine clinic at your facility geared toward providing second booster doses to residents and staff. The vaccine clinic date(s) question (date: MM/DD/YY) should be answered in EMResource as soon as possible after the vaccine clinic. This vaccine clinic should be after April 1, 2022 to reflect offering second booster doses. CDC did not recommend second booster doses until March 29, 2022. Do not enter any date(s) prior to April 1, 2022.

CDC strengthened its recommendation that those aged 12 years and older who are immunocompromised, and all people aged 50 years and older, should receive a fourth dose/second booster dose of the COVID-19 vaccine at least four months after their third dose/first booster dose. Learn more about CDC's updated recommendations.

CDC also updated their definition of up to date for COVID-19 vaccines to include fourth and fifth doses (second boosters). You are up to date with your COVID-19 vaccines when you have received all doses in the primary series and all follow-up doses recommended for you. Per the RCF Comprehensive Mitigation Guidance, staff and residents should be offered the vaccine as part of each facility's plan for ongoing vaccination.

The **Up-to-Date Resident** and **Up-to-Date Staff** definitions have been revised in EMResource to reflect this change as follows: (to see the definitions, click on the questions in EMResource)

Definition: The total number of residents/staff who are up to date includes all residents/staff currently at your facility who have received all COVID-19 vaccine doses in the primary series and all booster doses recommended for them.

You are also considered up to date if you have:

- Completed your primary series, but are not yet eligible for a booster.
- Received one booster, but are not recommended to get a second booster.
- Received one booster, but are not yet eligible for a second booster.

Stay up to date by getting all recommended doses of COVID-19 vaccine.
Facilities should revise the number of Up-to-Date Residents and Up-to-Date Staff at your facility based on this revised CDC Up-to-Date definition as soon as possible.

Additionally, facilities must provide the number of residents who have received second booster doses by answering the Resident Second Boosters question. Residents who have received their second booster doses should be included in the number of Up-to-Date Residents question AND the number of Resident Second Boosters question.

Vaccine-related questions are required to be updated in EMResource weekly.

Questions? Email residentialcarestriketeam@state.co.us.

Resident placement for isolation

Isolation is for someone who has developed illness (i.e., COVID-19 like symptoms) or who has tested positive for SARS-CoV-2. Residents with COVID-19 are infectious and can transmit COVID-19 to others. People who are ill and/or who test positive for SARS-CoV-2, the virus that causes COVID-19, should remain in isolation until at least 10 days have passed since their illness began or from the date of test if asymptomatic.
Facilities should identify space in the facility that could be dedicated to monitor and care for residents with confirmed SARS-CoV-2 infection (page 26 of the CDPHE RCF Guidance). "Residents should only be placed in a COVID-19 care area if they have confirmed SARS-CoV-2 infection" (page 30). Facilities with rooms occupied by more than one resident should plan to separate roommates when one has a rapid/point of care positive test, has an exposure requiring quarantine, develops COVID-19 symptoms, or has a positive lab-based PCR test and the other one does not.
Also from page 30 of the CDPHE RCF Guidance: "Ideally, a resident with suspected SARS-CoV-2 infection should be moved to a single-person room with a private bathroom while test results are pending. In general, it is recommended that the door to the room remain closed to reduce transmission of SARS-CoV-2. This is especially important for residents with suspected or confirmed SARS-CoV-2 infection being cared for outside of the COVID-19 care unit. However, in some circumstances (e.g., memory care units), keeping the door closed may pose resident safety risks and the door might need to remain open. If doors must remain open, work with facility engineers to implement strategies to minimize airflow into the hallway. If limited single rooms are available, or if numerous residents are simultaneously identified to have known SARS-CoV-2 exposures or symptoms concerning for COVID-19, residents should remain in their current location pending return of test results."
Placement order of preference for residents with possible SARS-CoV-2 infection (positive rapid/point-of-care test or symptoms not yet confirmed with a lab-based PCR test or ruled out by a provider):
1. Remain in their current private room with a dedicated bathroom.
2. Remain in their current shared room with a dedicated bathroom if the roommate also has similar SARS-CoV-2 exposure or symptoms concerning for COVID-19 until lab-based PCR tests are resulted.
3. Move either the resident with possible SARS-CoV-2 or their roommate who is not suspected of having SARS-CoV-2 to a private room with a dedicated bathroom. Because SARS-CoV-2 infections spread mainly through shared air, a temporary divider within a room is not sufficient separation to protect the resident without positive rapid/point-of-care test/symptoms concerning for COVID-19 or exposure warranting quarantine.
Placement order of preference for residents with confirmed SARS-CoV-2 infection:
1. Move to the area dedicated to caring for residents with confirmed SARS-CoV-2 infections.
2. Remain in their current private room with a dedicated bathroom.
3. Remain in their current shared room with a dedicated bathroom if the roommate also has a confirmed SARS-CoV-2 infection.
4. Move either the resident with confirmed SARS-CoV-2 or their roommate without confirmed SARS-CoV-2 to a private room with a dedicated bathroom. Because SARS-CoV-2 infections spread mainly through shared air, a temporary divider within a room is not sufficient separation to protect the resident without confirmed SARS-CoV-2 infection.

Unvaccinated RCF admission during a COVID-19 outbreak form (Spanish now available)

Newly admitted or readmitted residents who are not fully vaccinated (even if they test negative upon admission) should be placed in a private room for 14-days and cared for by HCPs wearing full PPE as described in the source control and physical distancing table (page 20).
If a facility is experiencing an outbreak potential admissions that are not fully vaccinated should receive a copy of the CDPHE document "Unvaccinated RCF admission during a COVID-19 outbreak" prior to their admission, informing them of their increased risk of COVID-19. A Spanish version of the Unvaccinated RCF admission during a COVID-19 outbreak form is also now available.
Questions can be directed to cdphe_co_res_care_epi_team@state.co.us.

Residential and long-term care facility call

Wednesday June 15, 2022
Noon – 1 p.m.
If you have not already registered, you can do so here: https://zoom.us/webinar/register/WN_FKIE8zPHTjq3XseN36vTWw

Calendar information/registration must be completed before the call. Once registered, you will be able to use the same link for future calls.

After registering, you will receive a confirmation email containing information about joining the webinar. Use your facility- or agency- affiliated email address for easier verification.

Submit your questions through this form.

Residential and long-term care facility call slides June 1, 2022

Slides from the June 1, 2022 residential and long-term care facility call can be found at the link below:

• June 1, 2022 residential and long-term care facility call presentation

In case you missed it

• Who do I contact? Flyer
• Long-Term Care Facility Vaccine Clinic Toolkit
• ALL Public Health and Executive Orders
• Comprehensive Residential Care Facility Mitigation Guidance

Stay connected

Messaging/Data
• Colorado Health Facilities Interactive (CoHFI)
• Manual
• Support: cdphe.healthfacilities@state.co.us / 303-692-2836
• EMResource
• Request access form
• Account access information
• Health Facilities Community Blog
Web
• covid19.colorado.gov/ltcf
• covid19.colorado.gov/residential-care-strike-team
• healthfacilities.info
Residential and long-term care email list
Residential and long-term care facilities updates, including slides
from the statewide (biweekly) call, are shared via our Residential and Long-Term Care Email List. To register, complete this form.

The Residential and Long-Term Care Newsletter is a collaboration between CDPHE's Residential Care Strike Team and Infection Prevention Program.
Questions and content suggestions can be submitted to residentialcarestriketeam@state.co.us or cdphe_covid_infection_prevention@state.co.us.