CORONAVIRUS (COVID-19) PREPAREDNESS

Minnesota Department of Health (MDH)
LTC Preparedness for COVID-19 Teleconference (03.04.2020)

NOTE TO READERS: This is a LeadingAge Minnesota staff summary prepared Mar. 5, 2020, of information provided by MDH during its March 4 teleconference. The COVID-19 situation is evolving very quickly, and the recommendations MDH shared during the call may become out of date. Please continue to monitor for the most up to date information and guidance from MDH and the CDC. MDH Website. CDC Website

Call MDH for outbreaks of illness not due to influenza or other known pathogens. An outbreak is defined as two or more (respiratory) illnesses within 72-hours on the same unit or ward within the community. Providers are encouraged to use the same judgment as when there is an influenza outbreak.

Whether or not to test is determined by MDH. Each individual case is evaluated, and, based upon the situation, MDH may ask the provider to collect swabs for testing. MDH will review the proper collection and transport methods with the community if testing occurs. For now, communities should evaluate their access to swabs and transport media.

Current MDH Recommendations:

- Keep a log of staff and residents who are ill. A sample is available here.
- Have one person, 24/7, in the community who monitors residents and staff for illness and manages the process if symptoms occur.
- Use reliable sources only.
- Educate your staff, residents, and family on your community’s preparations.
- Post signs at the entrances for visitors to read - MDH signage.
- Review employee illness policies and procedures.
  - Remind staff to stay home when ill
  - Consider removing barriers to employees staying at home; e.g. disciplinary measures for absences.
- Hand Hygiene
  - Educate Staff
  - Post Handwashing signs - samples CDC, MDH
  - Complete hand hygiene audits and provide real-time education when needed.
  - Place alcohol-based hand rubs throughout the community especially at entrances, within common areas, inside and outside of every resident room.
- PPE (Personal Protective Equipment)
  - Secure supplies.
  - Educate staff on the appropriate way to don and doff PPE.
  - Audit current PPE use compliance, identify gaps, and reeducate staff.

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- Transferring Residents
  - Review communications process for transferring residents to another facility.
  - Have a form or formalized process if information is not missed.
  - Communicate signs and symptoms if other staff or residents are ill.
- Community Mitigation
  - MDH recommends providers do not require a physician’s / provider’s note from a staff member to excuse an absence relating to illness.
  - Social distancing may become advisable as the situation evolves; monitor for information from local and state public health officials.
- Emergency Preparedness:
  - Review emergency operations plans, especially regarding emerging infections.
  - Review your scarce resource strategy.

What about a supply cache?
The Minnesota Department of Health does not maintain a cache of supplies or pharmaceuticals. MDH encourages communities to keep the department informed of supply chain issues. There are eight healthcare preparedness coalitions in Minnesota. It is recommended communities reach out to their regional healthcare coalition when supplies become short. Coalitions do not maintain a cache of supplies; but they will communicate with MDH, and they will try to coordinate other types of assistance.

What if a resident tests positive for COVID-19?
MDH will review this on a case by case basis and will offer guidance at the time this happens. Currently, the guidance is to transfer the resident to a facility that has negative air-flow rooms and appropriate PPE to care for the individual. If there is a significant outbreak, providers should start preparing for providing care in place for residents.

What precautions should we use?
The Center for Disease Control’s (CDC) current recommendation is to follow standard contact and droplet precautions for direct caregivers.

What should we use to clean surfaces and equipment?
You can continue to use the same cleaners and disinfectants that you use for the influenza virus. The most frequently touched areas are the most at risk.

Next Steps
- MDH intends to distribute additional information regarding surveillance for respiratory illnesses in long-term care settings.
- MDH intends to convene regular teleconferences with long-term care providers and will provide additional information once it identifies a standing time and day of the week for these calls.

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