MAGIC
Minnesota Association of Geriatrics Inspired Clinicians

MAGIC Recommendations for Facility and Provider Teams on COVID-19 Management 5.28.20

To: Community SNF/LTC/ALF partners

From: Minnesota Association of Geriatric Inspired Clinicians, Clinical Practice Alliance Committee

Focus: Providing updated information and resources for facility staff in managing COVID-19

Facilities and Residents still at High Risk

The number of positive cases in Minnesota is still on the rise, and specifically the growing number of facilities with positive numbers and outbreaks continues to be concerning. Our elderly residents in facilities are the most vulnerable population affected, with over 70% of those who have died from COVID-19 in MN. Asymptomatic and presymptomatic spread continues to be of concern as the incidence of COVID-19 continues to rise. Facilities are still at a high risk for the virus. Staff should continue to conduct active surveillance of residents for signs and symptoms of acute respiratory illness, as well as the atypical symptoms which often occur prior to fever and respiratory symptoms. It is critical that facilities follow recommended guidelines to prevent and contain COVID-19 to keep the residents and staff as safe as possible as this pandemic evolves.

Symptoms of COVID-19

Not all patients with COVID-19 have the typical symptoms of fever, cough, and shortness of breath. Many have atypical symptoms, and this often occurs prior to the typical symptoms. MDH has reported people with confirmed COVID-19 disease in Minnesota have shown varied signs and symptoms, including measured fever ≥100.4 degrees or subjective fever (59%), cough (76%), muscle aches (60%), headache (60%), chills (56%), congestion (41%), loss of taste (43%), loss of smell (39%), shortness of breath (45%), sore throat (37%), diarrhea (31%), nausea/vomiting (25%). There are also reports of skin manifestations related to COVID-19. CDC notes that older adults and those with medical comorbidities may have delayed presentation of fever and respiratory symptoms. Also, some persons with COVID-19 have experienced gastrointestinal symptoms prior to developing fever and lower respiratory tract signs and symptoms.

Source: MDH Responding to and Monitoring COVID-19 Exposures in Health Care Settings (4.21.20)
https://www.health.state.mn.us/diseases/coronavirus/hcp/response.pdf

Source: CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (revisions made on 4.3.20): https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html#Asymptomatic

Infection Control

As part of source control efforts, facility staff should wear a facemask while they are in the facility and practice strict hand hygiene. Universal masking is intended to protect both residents and staff from infected staff who might shed virus into the environment before onset of symptoms. A cloth facemask should not be worn by staff when PPE is indicated. Staff should wear all recommended PPE (gown, facemask, eye protection, gloves) for resident care, regardless of the presence of symptoms, in facilities with COVID-19 case, as PPE supplies allow. PPE should be prioritized for use by staff working with COVID-19-positive residents and for staff providing other direct resident care. Medical-grade facemasks should be prioritized for direct care personnel if they are in short supply.

Donning/Doffing PPE

MAGIC has created simple and concise instructions for donning and doffing PPE that can be displayed in patient care areas as instructions for facility staff. Please refer to these separate PDF documents.

Testing: Expanded Availability and Collection Guidelines

MDH has lifted previous testing restrictions that aims to test all symptomatic Minnesotans and broaden testing for vulnerable populations and health care workers. MDH recommends maintaining a low threshold for testing of ill residents and staff. Although a provider's order for COVID-19 testing is no longer required, it is still important to update the primary provider on changes in status and discuss clinical concerns. There are no requirements of presenting symptoms required for testing—it can be completed with any signs and symptoms or concerns of COVID-19. Specimens should be collected as soon as possible once a decision has been made to pursue testing, regardless of the time of symptom onset.

For initial diagnostic testing for COVID-19, CDC recommends collecting and testing an upper respiratory specimen. The following are acceptable specimens: nasopharyngeal (NP) specimen, oropharyngeal (OP) specimen, nasal mid-turbinate swab (using a flocked tapered swab), an anterior nares (nasal swab) specimen (using a flocked or spun polyester swab); or nasopharyngeal wash/aspirate or nasal wash/aspirate (NW) specimen, all collected by a healthcare professional. Staff collecting specimens or within 6 feet of patients suspected to be infected with COVID-19, should maintain proper infection control and use recommended personal protective equipment, which includes a facemask, eye protection, gloves, and a gown.

Facilities should continue to use their contracted lab company for processing of COVID-19 tests, but additional labs are available for overflow testing if needed. In addition to MDH, Mayo Clinic and the University of Minnesota have additional capacity to assist with increased testing. Facility administration will determine the priorities, processes, and procedures for using commercial laboratories (including University of Minnesota and Mayo Clinic labs) when the contracted lab company is unable to complete testing of COVID-19.

Source: CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (updated 5.5.20) https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html

Source: MDH Health Advisory: Expanded SARS-CoV-2 Testing
https://www.health.state.mn.us/communities/ep/han/2020/apr23testing.pdf

Testing: Deceased Residents

MDH provided guidance for testing of deceased residents in their COVID-19 Toolkit for Long-Term Care Facilities (published 5.12.20).

If a resident passes away in a facility, MDH recommends testing for COVID-19 if there are any confirmed cases in your facility or if the death is not clearly associated with another cause(s). A nasal pharyngeal (NP) swab should be collected from the deceased individual for testing prior to sending the body to the funeral home or medical examiner's office.

Facilities with cases of COVID-19

- If the deceased resident was not diagnosed with COVID-19 from a laboratory confirmed test at the time of death, a NP swab should be collected post-mortem.
- If the deceased resident has a known laboratory-confirmed COVID-19 positive test at the time of death or a swab is pending test results, no additional steps need be taken.

Facilities with no known cases of COVID-19

- If the resident had signs or symptoms of illness prior to death, an NP swab needs to be collected for COVID-19 testing prior to sending the body to the funeral home or medical examiner's office.
- If the deceased resident did not have signs or symptoms of illness prior to death, an NP swab can be collected for COVID-19 testing but is not necessary. Facilities can choose to conduct testing of deceased residents in an effort to identify unknown presence of COVID-19 in the facility.

The specimen can be sent to MDH for testing free of charge. Please see MDH: Evaluating and Testing for Coronavirus Disease 2019 (COVID-19) (https://www.health.state.mn.us/diseases/coronavirus/hcp/eval.html) for forms and submission guidance, and call MDH (1-877-676-5414) to report the death and suspicion of COVID-19.

Source: MDH COVID-19 Toolkit for Long-Term Care Facilities (5.12.20)
https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctoolkit.pdf

Discontinuing Transmission-based Precautions

Updated discontinuation of precautions by MDH, released 5.2.20:

Test-based strategy: If testing capacity allows, RT-PCR swab testing can guide discontinuation of Transmission-based Precautions when there is:

- Resolution of fever without the use of fever-reducing medications, AND
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), AND
- Negative results from at least two consecutive nasopharyngeal or nasal swab specimens collected ≥24 hours apart (total of two negative specimens).

Prolonged detection of RNA by RT-PCR can occur without presence of live virus. For this reason, additional symptom- and time-based strategies can be used to guide discontinuation of Transmission-based Precautions.

Symptom and time-based strategies

- **Immune-competent individuals with symptomatic confirmed or suspect COVID-19** should remain in Transmission-based Precautions until:
    - At least 10 days have passed since symptom onset, AND
    - 3 days have passed since recovery, defined as fever resolution without fever-reducing medication and improvement in respiratory symptoms (e.g., cough, shortness of breath).
- **Immune-competent individuals with confirmed COVID-19 who are asymptomatic** at the time of testing and remain asymptomatic during follow up, should remain in Transmission-based Precautions until at least 10 days have passed since the date of positive test.
- **Residents 75 years of age and older, or those with persistent symptoms,** should remain in Transmission-based Precautions until:
    - At least 14 days have passed since symptom onset, AND
    - 3 days have passed since recovery, defined as fever resolution without fever-reducing medication and improvement in respiratory symptoms (e.g., cough, shortness of breath).
- **Residents with immunocompromising conditions** (e.g., medical treatment with immunosuppressive drugs, bone marrow or solid organ transplant recipients, inherited immunodeficiency, poorly controlled HIV), should stay in Transmission-based Precautions until:

- At least 21 days have passed since symptom onset, AND
- 3 days have passed since recovery, defined as fever resolution without fever-reducing medication and improvement in respiratory symptoms (e.g., cough, shortness of breath).

MDH: Interim Guidance for Hospital Discharge to Home or Admission to Congregate Living Settings and Discontinuing Transmission-Based Precautions (https://www.health.state.mn.us/diseases/coronavirus/hcp/hospdischarge.pdf).

Providers in Personal Protective Equipment

Questions have been raised regarding providers wearing full PPE in facilities when facility staff members are not in full PPE. Most providers care for residents in more than one facility and if they are on-site at more than one facility, it increases the risk of transmission, including potentially introducing COVID-19 to a facility. To be very cautious, providers may treat all facilities and residents as if they were positive for COVID-19. Unrecognized asymptomatic and pre-symptomatic infections contribute to the transmission of COVID-19 in facilities. Donning full PPE when on-site is another way providers can help protect our residents and facility staff.

Treatment: Position Changes

Position changes can help with oxygenation of different parts of the lung and relieve dyspnea/hypoxia in COVID-19. This can be done in conjunction with supplemental oxygen via nasal cannula. Residents who can move independently (or with minimal assistance) can be instructed or assisted to change positions every 1-2 hours, rotating between left side, upright with bed at 60 degrees, right side, and prone (face-down with the face rotated to the side). Those who can't tolerate the prone position can rotate between the other three positions. Limited assistance can be provided for patients to move into different positions, but these positions are likely best suited for patients who have fairly independent bed mobility.

MAGIC has created a poster guide on position changes that can be used by facility staff to assist with COVID-19 residents. Please refer to the separate PDF as a reference.

Treatment: Hydroxychloroquine (Plaquenil)

To date there is no data supporting the use of hydroxychlorquine (HCQ) in humans infected with COVID-19 and only potential harm. Forty percent of patients with COVID-19 will develop myocarditis and there is also a concern that hydroxychloroquine can further exacerbate cardiac arrythmias. Randomized controlled trials are ongoing. Until the results of these studies HCQ should not be used in the routine treatment of patients with COVID-19.

Source: https://covidebm.umn.edu/home/medications/hcq

Treatment: Prophylactic Anticoagulation

There are no clear guidelines for prophylactic anticoagulation for non-hospitalized COVID-19 patients who reside in a facility. Based on data from hospitalized patients, there may be benefits for prophylaxis for those patients who are high-risk for blood clots and have moderate to severe COVID-19. However, given there are no clear guidelines for our facility residents and the facility's lack of being able to monitor as closely as the hospital can, there are concerns for treating prophylactically in this population, especially in our frail older adults. The decision to begin prophylactic anticoagulation should be determined by the provider team on an individual basis depending on goals of care, comorbidities, concurrent drug therapy, and risk of bleeding.

Telehealth

MAGIC recommends providers continue to utilize telehealth as the COVID-19 pandemic continues. Healthcare personnel and ill visitors are the most likely sources of introduction of COVID-19 into a facility. Limiting on-site visits is one-way providers can prevent the transmission of the virus. Telehealth will also help preserve the limited supplies of personal protective equipment (PPE). Recommendations for providers being on-site at facilities will evolve over time within this pandemic, as COVID becomes more widespread and PPE hopefully becomes more readily available.

Direct Hospital Admissions

If a resident needs to be hospitalized unrelated to COVID-19, the provider can arrange for a direct admission to avoid the Emergency Department. To facilitate a direct admission to any hospital, the provider could call the general hospital phone number and inquire about a direct admission. The hospitalist will assist in making the arrangements for the patient's transfer if it's determined to be appropriate for a direct admission.

Encouragement and Support

As clinicians in geriatrics working alongside our senior community colleagues, we want to highlight the very important role you have in caring for our vulnerable population and acknowledge the compassionate care you are providing to our frail elderly. Everyday facility staff show up with the personal mission to serve their residents during this challenging time, and it's important to know that MAGIC supports the tireless efforts the staff are providing. We want to extend our sincere gratitude to each role in the facilities who are working to better the care we provide during this pandemic and keep each resident and staff member as safe as possible. MAGIC is here to support and provide resources to our facility partners to better the care we all provide to our frail elderly. Below is the link to a letter written by MAGIC to the Star Tribune in response to the negative press published regarding nursing facilities during the COVID-19 pandemic:

https://www.minnesotageriatrics.org/uploads/1/1/8/4/118442543/star_trib_covid_ltc_letter_final.pdf

Resources

Minnesota Department of Health COVID-19 Toolkit: Information for Long-Term Care Facilities

MDH released a toolkit on 5.12.20 https://www.health.state.mn.us/diseases/coronavirus/hcp/ltctoolkit.pdf

MAGIC's COVID-19 Guide

Please refer to MAGIC's "Managing COVID-19: A Guide for Skilled Nursing Facilities and Assisted Living Settings" for more comprehensive information (4.15.20)
https://www.minnesotageriatrics.org/uploads/1/1/8/4/118442543/magic-cpac_covid-19_manual_4.17.20_pdf.pdf

MAGIC's Recommendations and Guidelines for COVID-19

To view the comprehensive list of recommendations and guidelines that MAGIC has released for COVID-19 management, please visit the MAGIC website: https://www.minnesotageriatrics.org/covid-19.html

MN Department of Health Resource

Situation Update for Coronavirus Disease 2019 (COVID-19)—provides case information for MN
https://www.health.state.mn.us/diseases/coronavirus/situation.html