MEMO

To: Medicaid Nursing Facilities
TennCare Health Plans

From: Patti Killingsworth, Assistant Commissioner and Chief of LTSS

CC: Victor Wu, Chief Medical Officer

Date: April 16, 2020

Subject: COVID-19 Respiratory Care Recommendations

While we recognize that facilities are inundated with COVID-19 related communication, we also recognize the value of sharing information that may help you protect your residents from risk of exposure or spread of COVID-19.

Please find attached a set of *Best Practice Recommendations* developed by *Eventa®,* nationally recognized experts in the provision of care for individual with enhanced respiratory care needs.

We hope this information will be helpful—in particular to facilities who may not have respiratory care professionals on staff.

Any questions regarding the clinical recommendations may be directed to *Eventa®;* their contact information is available on their website included in the recommendations.

Again, we appreciate all you are doing to ensure the health and safety of your residents during these challenging times.

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Skilled Nursing Facility – Best Practice Recommendations for COVID-19

Infectious-disease experts say asymptomatic transmission may be playing a larger role in the outbreak than previously thought. For respiratory care and treatment of Skilled Nursing Facility residents, the following guidelines will reduce the chance of infection.

Masks: Since COVID 19 can be spread without being symptomatic caregivers administering respiratory treatments should consider wearing a face covering or simple surgical mask to protect the patient. An N95 is not required for general use.

Additionally, long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE (https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf)

- For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility.
- Each facility should have a treatment plan for residents that screen positive for symptoms that are consistent with COVID-19.
- Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE.
- If COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 diagnosis or symptoms.
- Residents who must regularly leave the facility for care (e.g., hemodialysis patients) should wear facemasks when outside of their rooms.
- For any resident that leaves the campus of the facility (physician appointments, outpatient procedures, readmissions, etc), the resident should be placed in droplet precautions for 14 days.
- For any new admission or readmission, the resident should be placed in droplet precautions for 14 days.
- For any potential exposure to COVID-19, the resident should be placed in droplet precautions for 14 days.

- When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Residents can use tissues for this. Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive.
- All outpatient appointments should be delayed until further notice (with attending physician approval).
- Consider telehealth support for ongoing, non-urgent clinical needs.
- Screen all employees prior to assigned shift for fever of >100.2, new onset of cough, and new shortness of breath, recommended additional screening 1-2 times during shift.
- Screen all employees for other locations for worked shifts.
- Monitor and audit PPE compliance daily, with documented results.
- Monitor hand washing compliance daily, with documented results.
- In extenuating circumstances, PPE may need to be reused. Please use the following guidelines as a resource:

  https://med.emory.edu/departments/medicine/divisions/infectious-diseases/serious-communicable-diseases-program/covid-19-resources/

The following are examples of recommendations for respiratory specific therapies with respect to suspected or confirmed COVID-19.

Oxygen use:

Low flow delivery via nasal cannula: Place surgical mask on while others are in the room and during transport

Non-Rebreathers should only be used for emergency and transport use

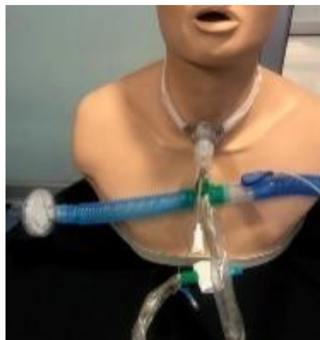
Venturi Mask, Face Tent, or Trach Collars are not recommended

Recommended devices for tracheostomy patients

No high flow open systems without filters

No Trach masks with cool mist nebulizers

Use closed suction with T piece connector and extension tubing with filter



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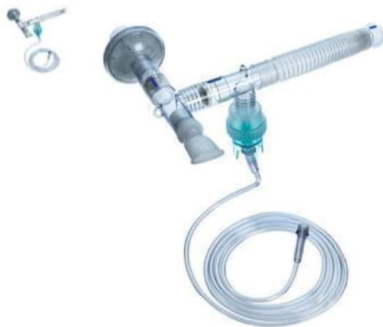
Decrease aerosol producing interventions in **non COVID 19** cases:

- When possible, change all patients requiring inhaled medications to metered dose inhalers instead of nebulized aerosols (consider long-acting bronchodilators)
- If nebulized aerosols are still used, consider placing a viral/bacteria filter on the distal end of the nebulizer circuit to catch any exhaled particles. One-way valves direct flow so contaminants are not re-inhaled or exhaled into the environment.



* Image shown above may not match the product

Guidelines for Decreasing Aerosol-Producing Medical Interventions for Patients with suspected or confirmed COVID 19.

- When possible, change all patients requiring inhaled medications to metered dose inhalers instead of nebulized aerosols (consider long-acting bronchodilators)
- Residents with aerosol medications be in a private room if other manners to decrease aerosol cannot be done
- If nebulized aerosols are still used, consider placing a viral/bacteria filter on the distal end of the nebulizer circuit to catch any exhaled particles. One-way valves direct flow so contaminants are not re-inhaled or exhaled into the environment.
- Resident with suspected illness waiting for test results should wear masks for personal care. If they have a roommate, they should also be considered for quarantine and /or provider evaluation

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- Use spacer (with mask is necessary)

Manual Ventilation: Add filter to minimize risk.

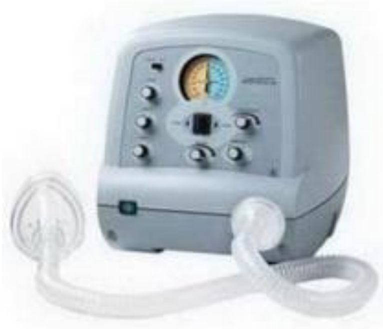
Lung Volume Expansion: Cough producing procedures are not recommended.

Use of PEP with a filter if the patient meets indications and able to perform CPT, (patient to wear a surgical mask while performing therapy or CPT)

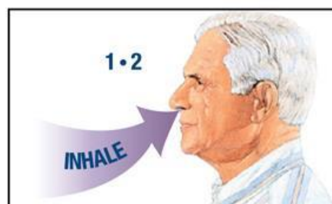
Some devices recommended use “only if necessary”.

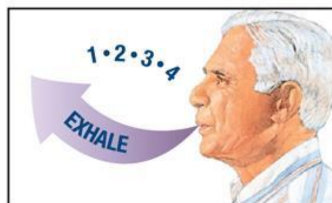
Cough Assist only if absolutely necessary (use filter to mask)

Vest keep Vest and tubing in resident’s room.



Breathing exercises and/or Incentive Spirometry is recommended if patient meets indications and can perform.





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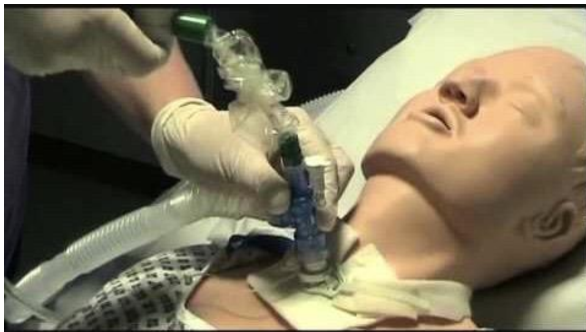
ERC units

Invasive Ventilation

For Invasive Ventilation add filter to exhalation port

Suctioning: use closed suction catheters.



- If no access to **close suction systems**, pause vent when disconnecting patient from the ventilator to avoid aerosol spray from the circuit when cycling.
- **Wear** mask and eye protectors as well as gown when using standard suctioning catheter.
- **Equipment**: disinfect “all” equipment before transferring to other patient rooms. This include portable finger pulse oximeter, stethoscopes, pumps, etc.
- No staffing agency nurses or CNA's on the ERC unit.
- Do Not comingle staffing. ERC unit staff only should work in ERC units, and they avoid exposure from the general SNF population.

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