

Michigan Directives and Guidance – Updated 5/21/2020

Optimizing Personal Protective Equipment:

- Consider excluding healthcare workers at high risk for illness from contact with known or suspected patients
- Strategies should be used when there is limited supply that exceeds the ability to provide conventional standards
 - Use of N95 respirators beyond shelf life ([CDC](#))
 - Reuse of N95 respirators ([CDC](#))
 - Decontamination of N95 respirators ([CDC](#)) with caution
 - Last resort – use of unapproved masks ([CDC](#))
 - Eye Protection – ([CDC](#))
 - Isolation – ([CDC](#))

Prioritizing Guidance for PPE: Broad considerations

General Information for Healthcare Professionals

Steps for Healthcare Facilities

Preparing for Community Transmission – Includes LTCFs

Preparing for COVID in LTCFs

MDHHS COVID Practice Management Guide

Guidance for Discharges- including Admissions to LTCFs

- Coordinate information about resident status with all parties; hospitals must communicate COVID status prior to transfer/discharge. Patients must be informed of visitation rights
- Patient does not need to be tested prior to discharge if testing not warranted based on CDC or MDHHS Guidance
- Preferred discharge of positive cases to facilities that currently have positive cases
- Discharges from the hospital should be based on clinical condition. If transmission based precautions must be continued, the receiving facility must be able to implement
- Nursing facilities can accept residents who are still under [transmission based precautions](#) as long as facility can comply with them
 - If facility cannot, must wait under precautions can be [discontinued](#)
 - Time based or test based discontinuation strategies
 - [CMS guidance](#) – nursing homes should admit as they would normally including persons from hospitals where COVID is present
- If possible, facilities should dedicate a unit/wing with step down units for observation
 - Units should have dedicated staff
 - Develop plans for staffing unit including if cases increase and staff become ill
 - Patients with different respiratory pathogens could end up housed together; only patients with the same respiratory pathogen should be in the same room
 - Facilities can consider removing only gowns and gloves and perform hand hygiene between persons with the same diagnosis (confirmed COVID) while continuing to wear the same eye protection and facemasks to extend use. Staff cannot touch eye protection or masks. Eye Protection and masks must be removed when soiled and when leaving the unit.
- Communal Space Considerations
 - Cancel communal dining and group activities
 - Find alternatives to face to face triage and visits

- Designate an area as a respiratory virus evaluation center
- Postpone elective procedures and unessential care and services
- Encourage residents to remain in rooms. Restrict residents to rooms if there are COVID residents in the facility. Residents should use a facemask, perform hand hygiene, limit movement in facility, and perform social distancing.
- Considerations for [Confirmed/Suspected Persons](#)

Guidance for Admissions including for Nursing Facilities

- If COVID testing was not warranted based on CDC or MDHHS guidance, then the patient does not need to be tested prior to admission
- Facilities should limit points of entry to the facility; post [visual alerts](#), provide supplies for hygiene etiquette, install physical barriers to limit contact between triage personnel, consider triage stations outside the facility itself
- Ensure rapid triage and isolation; prioritize triage for persons with respiratory symptoms – apply masks and provide tissues immediately. Ensure new admissions are screened according to guidelines.
- Isolate new admissions in an exam room with door closed – don't allow new admissions to wait with others.
- Assess all residents daily for symptoms – place persons with symptoms on precautions
- To the extent possible, avoid room transfers for persons with COVID
- Must wear facemasks during transport/when possible conduct tests in the resident unit
- Identify staff who work at multiple facilities and actively screen and restrict as needed
- After discharge, room should be [vacated](#) before cleaning
- See notes for Guidance for Discharges above

Guidance for facilities including nursing homes for evaluation and management of COVID

- Elders with COVID decompensate quickly – consider when determining need for inpatient hospital care
- Actively monitor all residents upon admission and daily
- Implement infection control precautions for anyone with fever or symptoms
- Notify the health department for all persons with severe respiratory symptoms or clusters of three staff/residents with onset within 72 hrs. [Michigan Reporting](#)
- Use standard, contact and droplet precautions, including restriction to room
- Continue to assess need for transmission based precautions as information about suspected diagnosis becomes available
- For higher resident needs, or if facility cannot implement all recommended precautions, resident must be transferred to a facility that can serve them.
- See notes for Guidance for Discharges above

Hospital to PAC Transfer Form – use for all LTCFs

Guidance to Protect Residents in LTCFs:

- Includes SNF, ALF, AFC, IL, HFA, community based residential facility, or residential care apartment complex
- Decision to discharge limited to clinical condition. Residents without COVID should be discharged from the hospital to facility of residence once clinically stable. Testing is not required unless warranted by CDC or MDHHS guidance
- Continued hospitalization until a resident can be tested is counter to MDHHS testing criteria and will overwhelm the health care system.

- Testing Strategy: 3/24/2020 updated. MDHHS is in alignment with Groups 1,2,3 in [US Public Health Guidance](#)
- 1) hospitalized patients and healthcare workers with symptoms
- 2) those at high risk for complication: residents in LTCFs, over age 65, with underlying conditions, or first responders if any of these groups have symptoms
- 3) critical infrastructure workers with symptoms
- Medicare will [cover COVID testing](#) when furnished to eligible beneficiaries by certified laboratories. Laboratories may choose to enter facilities to conduct COVID testing
- SNF best practices: CMS [infection control guidance](#) including self-assessment, [hand hygiene](#), [CDC Guidance for Preparing for COVID](#),
- Other LTCFs require screening of all visitors as well, except for EMS workers; assess all residents everyday for symptoms
- All LTC settings should use the [CDC CHECKLIST](#) and identify infections early/notify as required
- If a healthcare worker develops symptoms, prioritize for testing, restrict residents cared for by the worker to their room and observe, must wear face masks if leaving room, use recommended PPE for all until testing results are known, or 14 days if employee found to be positive
- Protocols for residents with COVID
- Use of PPE and N95 respirators
- Chart for PPE Considerations for all Michigan Provider Types
- Chart for PPE Considerations based on care requirements
- Protocols for patients using nebulizers

[General Medicaid Telemedicine Policy](#) MSA 20-09

[Telemedicine Policy Expansion](#) MSA 20-13

[Medicaid Face to Face Visits](#) MSA 20-12

[Options for use of NF Beds](#) MSA 20-16

[DCW Actions for Care of Older Adults](#) and [FAQs](#)

[Regional Hubs](#) MSA 20-27

[MDHHS Regional Hubs Limited to Nursing Homes](#)

[Medicaid Suspension of Program Closures \(Medicaid Coverage\)](#) MSA 20-19

[Guidance on Non-essential Procedures through EO 2020-17](#)

[Ventilator Prioritization Guidance](#)

[Return to Work Guidance for Symptomatic Employees](#)

[High Risk Exposures for Workers](#)

[Michigan Interim Guidance for COVID PUIs](#)

[Completion of Assessment for Nursing Facility Transitions](#) L 20-23

[Civil Money Penalty Applications for Telecommunications](#)

- [Application Template](#)
- [CMP Application FAQs](#)

[Updated AFC/HFA FAQs](#)

[Medicaid Covered Services for COVID-19](#) L 20-16

[SNF Reporting Requirements through EMResource](#) L 20-24

[SNF Reporting Requirements](#) L 20-25

[Michigan's HCBS Revised Transition Plan](#) L 20-11

[SNF NFLOC End Date Extensions](#) L 20-19

[COVID 19 Reporting Requirements for SNFS](#) L 20-32

[COVID 19: Premium Pay](#) L20-28