Is there airborne transmission for COVID-19?

- COVID-19 is primarily transmitted through respiratory droplets.
- Transmission can also occur from contaminated surfaces, although this is not the primary means of transmission.
- Per CDC: “Current data suggest that close-range aerosol transmission by droplet and inhalation, and contact followed by self-delivery to the eyes, nose, or mouth are likely routes of transmission.
  - Long-range aerosol transmission, such as is seen with measles, has not been a feature of SARS-CoV-2.
- Potential routes of close-range transmission include splashes and sprays of infectious material onto mucous membranes and inhalation of infectious virions exhaled by an infected person. The relative contribution of each of these is not known for SARS-CoV-2.”

What does “Stay at Home 2.0” mean for LTCF staff?

- The stay-at-home order still applies to everybody, including LTCF staff
- When people don't need to go out, they should continue to stay at home and avoid travel (see public health guidance: https://www.covidguidance.nh.gov/)

  - When out in public places:
    - Maintain a safe distance of at least 6 feet from others at all times
    - Wear a cloth face covering over mouth and nose
    - Practice frequent hand hygiene
    - Avoid touching eyes, nose, and mouth with unwashed hands

- There are no recommended restrictions on what staff can do when off work-time aside from what is already recommended for the general public
  - Staff can go out for essential items (e.g. groceries, medical care, etc.), personal care (massage, haircuts, etc.), and other activities allowed under the Governor's Stay-at-Home 2.0 Executive Order
  - Everyone should continue to strictly followed the published public health guidance
Because there is still community transmission occurring in NH, LTCFs need to continue to take recommended facility level precautions...

Relaxing of restrictions does not apply to long term care facilities

Current recommendations and restrictions:
- Visitor restrictions still apply
  - Hairdressers and barbers are still not allowed to enter the facility
- Communal dining and group activities still canceled
- Screening for residents and non-residents still applies
- Universal source control still implemented
Can residents gather outside in small groups?

- Still no congregating indoors or outdoors

- In facilities with **no cases** of COVID-19, residents may go outside but must wear cloth face coverings and maintain 6ft of distance between.
  - A staff member should monitor resident activity to ensure social distancing and to make sure outside visitors are not present.

- In facilities **with cases** of COVID-19
  - Covid-19 unit residents restricted to their rooms/the unit
  - Consideration of nonCOVID-19 residents as above on case by case basis.
Should the doors remain open or shut for suspect/confirmed COVID-19 residents?

- Depends on the facility context
- Ideally, close doors for suspect and confirmed COVID-19 cases
- But when resident safety is a concern, doors can remain open
- In a COVID-19 unit where all residents are cohort as COVID-19 positive doors can remain open
- Other factors to consider: resident safety, facility layout, ventilation
Recent study reported that an air conditioning system at a restaurant in China may have contributed to the spread of virus among diners:
- A person was symptomatic, seated near an air circulator which apparently blew her droplets, and infected two adjacent tables.

However, experts agree that fans and AC will not increase transmission, especially with continued appropriate social distancing and source control:
- Use correctly and with correct maintenance.
Additional Q&A