



# New Mexico COVID-19 Guide to Managing Facilities

**This Guide is provided to support New Mexico caregivers in their delivery of the best possible services in the unique circumstances of the COVID-19 Pandemic**

## **1. Clinical Background**

- a. COVID-19 is a new highly infectious and potentially lethal Corona virus that is now present in the United States and New Mexico
- b. Clinical Characteristics
  - i. Common Presenting Symptoms
    1. Fever
    2. Cough
    3. Shortness of Breath
  - ii. Emergency Warning Signs
    1. Difficulty breathing or shortness of breath
    2. Persistent pain or pressure in the chest
    3. New confusion or inability to arouse
    4. Bluish lips or face
- c. Person to Person Spread
  - i. Through respiratory droplets produced when an infected person coughs or sneezes
  - ii. Between people who are in close contact with one another (within about 6 feet)
  - iii. Spread is greatest during periods of severe symptoms
  - iv. Some spread might be possible before people show symptoms, but this is not currently thought to be the main way the virus spreads
  - v. Incubation period 5-6 days (range 2-14 days)

## **2. Public Health Responses**

- a. Prevent the Introduction of Respiratory Pathogens into the Facility
  - i. Post signs at the entrance prohibiting visitors who have signs of respiratory infection.
  - ii. Ensure staff and residents are familiar with the symptoms of general acute respiratory infection, as well as criteria for COVID-19.
  - iii. Screen visitors in advance and upon arrival for fever or signs of an acute respiratory illness.
  - iv. Exclude visitors who appear to be ill or report fever, cough, shortness of breath and either travel from an affected geographic area within the past 14 days or close contact with a person with confirmed COVID-19 within the past 14 days.
  - v. Encourage employees to stay home if they have symptoms of respiratory infection and remain at home until their symptoms resolve.



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- vi. Assess residents' symptoms of respiratory infection upon admission and implement appropriate infection prevention practices for incoming symptomatic residents.
- b. Identify new cases of respiratory illness
  - i. Instruct residents and staff to report recent symptoms of fever, cough or shortness of breath to the appropriate personnel at the first signs of illness.
  - ii. Screen new persons being admitted or re-admitted for recent respiratory illness.
  - iii. Consider daily temperature and symptom checks of residents and monitor for new fever and/or respiratory illness.
  - iv. Report any individual with signs and symptoms consistent with COVID-19 to the NMDOH.
- c. Prevent spread of respiratory pathogens from residents who do not meet COVID-19 criteria
  - i. Restrict residents with acute respiratory symptoms to their room or an area where they can be isolated from others in the facility by at least 6 feet.
  - ii. In some circumstances, it is better to keep families or other close groups together. If there are accompanying family members (or other personal contacts), consider housing them together, even if they are not ill, if there previously was an extended opportunity for exposure because they may already be infected. If the sick person must leave the room for medically necessary procedures, have them wear a facemask (if tolerated).
  - iii. Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees. Ensure employees clean their hands according to [CDC guidelines](#), including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).
  - iv. Place alcohol-based hand rub in every resident room (ideally both inside and outside of the room).
  - v. Have tissues available and stock sinks with soap and paper towels for hand washing.
- d. Management and isolation of suspected cases
  - i. If a facility has a resident with possible COVID-19 infection, further clinical workup should be initiated immediately. If the facility has a regular, established medical affiliation, the work-up should be initiated through those channels. If those resources do not exist, the **DOH COVID-19 hot line can be accessed on a 24X7 basis at 855-600-3453**. Every effort should be made to avoid sending these cases to Emergency Departments or Primary Care for these evaluations unless an initial consultation has taken place with those services.
  - ii. Minimize the movement of persons within the facility, from leaving the facility, and from being transferred to another facility until COVID-19 has been ruled out (with the exception of necessary medical care).



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- iii. Limit transport of suspected COVID-19 patients to essential purposes only. Place facemasks on suspected COVID-19 patients during transport.
- iv. Doors to any room or area housing suspected and confirmed COVID-19 patients should be kept closed except for entry or egress.
- v. Ensure access to hand washing stations and or alcohol-based sanitizers and facemasks for ill persons to wear to prevent further spread.
- vi. If COVID-19 infection is suspected the facility should consider temporarily suspending new admissions, visitors, and transportation to other institutions.
- vii. Even after the suspected case has entered the diagnostic and testing arena, the original facility should remain involved. The at-risk person should not be entering the public space prior to being cleared for COVID-19. If possible, the suspected case should return to his/her original facility and be isolated in that location. But even if that is not possible, the home institution should assist in finding a suitable temporary location.
- viii. Several New Mexico jurisdictions are working on alternate locations where individuals can be isolated or self-quarantined and observed. Check [Nmhealth.org](https://www.nmhealth.org) or your local NMDOH public health office regularly to get updates on progress.
- e. Cleaning and Disinfecting Facilities after Suspected or Confirmed Positive COVID-19 Persons Have Been in the Facility (<https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html> )
  - i. Immediately after first case has been identified, clear areas that have been used by the sick person.
  - ii. Ventilate area by opening doors and windows to the outside, and, if possible, allow area to remain undisturbed for 24 hours before beginning to clean and disinfect (to allow airborne respiratory droplets to dissipate).
  - iii. When cleaning and disinfecting, pay special attention to common areas (i.e., areas used by the whole community) that were used by the sick person.
  - iv. SARS-CoV-2, the virus responsible for COVID-19, has a lipid membrane and is thus highly susceptible to soap and water. Accordingly, frequent use of soap and water on surfaces and bodies in shelter facilities will go a long way toward the containment of this disease.
  - v. Cleaning and disinfecting protocol:
    1. Clean surfaces with soap and water before disinfection.
    2. Disinfect with diluted bleach solutions (4 tsp. of bleach/quart of water), alcohol solutions with at least 70% alcohol, or other EPA-approved virucides (see list here: <https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>).
    3. Do not mix household bleach with ammonia or any other cleanser!



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4. For soft and/or porous surfaces, remove visible contamination if present and clean with appropriate cleaners indicated for use on the given surface.
5. For items that can be laundered:
  - a. Avoid shaking them (doing so may allow the virus to disperse through the air).
  - b. Feel free to launder “contaminated clothes” with clean clothes.
  - c. Use the warmest-allowable wash setting.
  - d. Make sure to clean and disinfect hampers and laundry carts.
- vi. PPE for staff
  1. The above cleaning tasks can be undertaken by standard facility staff (professional cleaning crews are not necessary).
  2. The staff should wear a gown and gloves while cleaning (no exceptions).
  3. Be sure to safely dispose of PPE once finished and ensure that staff wash hands for 20 seconds with soap and water before and after cleaning.

### **3. Social Distancing**

- a. “Social distancing” refers to the practice of maintaining a greater than usual physical distance from others to mitigate community transmission. It involves the following:
  - i. Whenever possible, maintaining a distance of 6 ft from all other people.
  - ii. Avoiding unnecessary physical contact e.g. avoid shaking hands.
  - iii. Avoiding activities that involve a large (10 or greater) gathering of people.
  - iv. Avoiding the use of personal items by multiple people (e.g., towels).
  - v. Generally avoiding situations that involve close contact (e.g., crowded dining rooms).
- b. Resident activities and social schedules may be impacted by the closure of all dine-in restaurants, recreational facilities, shopping malls, gyms, and other non-essential commercial facilities.
- c. Facilities can encourage social distancing by:
  - i. Food provision
    1. Stagger mealtimes to reduce crowding in shared dining facilities allowing for crowds of no more than 10 at time
    2. Instruct clients/residents to sit 6 ft apart while eating. If facility space does not allow for this, maximize distance between diners.
    3. Promote nutrition, safety and efficiency by picking up free breakfasts and lunches daily for all children and youth residing in the shelter. A complete list of New Mexico School Meal Sites can be found here: <https://www.krqe.com/health/coronavirus-resources/nmsop-provides->



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[complete-list-of-meal-sites-during-school-closures-in-new-mexico/](#). See required form in appendix.

- ii. Bathing
  1. Create a staggered bathing schedule to reduce the potential for lines/crowding in the bathroom.
- iii. Sleeping arrangements
  1. Structure sleeping area such that beds at least 6 ft apart. If facility space does not allow for this, maximize distance between beds.
  2. Arrange beds in a “head-to-toe” or “toe-to-toe” fashion.
  3. Place barriers (lockers, curtains, etc.) between beds.
  4. If possible, reduce the number of residents per unit/room.
  5. Separate (with a wall and closed door) the sleeping quarters of suspected positive cases from the rest of the community. If this isn’t possible, place the bed of the suspected case in a position that will minimize interaction with other residents (e.g., corner of smallest room).
  6. Take special pains to protect the vulnerable population (e.g., elderly and/or underlying medical conditions) by placing them especially far from residents with symptoms.
- iv. Recreational/common areas
  1. Stagger schedules for common area use (for instance, divide the common area into zones and stagger group usage across those zones).
  2. Avoid activities that result in a large gathering of people (e.g., house meetings) and instead opt for smaller group meetings.
- v. Transportation
  1. Avoid unnecessary travel.
  2. For necessary travel, ensure that travelers are properly spaced in the vehicle (i.e., do not crowd vehicle).
- vi. Communication
  1. Avoid unnecessary face-to-face interactions. E.g., information distribution can be managed online.
- vii. Staff activities
  - 1.
  2. Avoid unnecessary staff meetings, and especially avoid meetings with 10 or more participants.
  3. When possible, opt for conference calls instead of in-person meetings.
- d. It is essential that the importance of social distancing is clearly and repeatedly conveyed to all staff and clients/residents. Ensure that all members of the facility community understand that it is their responsibility to reduce community transmission.



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### 4. Food Distribution

- a. **All children and youth can eat breakfast and lunch free.** They will receive 'grab and go' meals at designated feeding sites in your community.
  - i. You can find a complete list of New Mexico School Meal Sites here:  
<https://www.krqe.com/health/coronavirus-resources/nmsop-provides-complete-list-of-meal-sites-during-school-closures-in-new-mexico/>
- b. For statewide partner agencies and food pantries in your area using this navigation tool: <https://www.rafb.org/find-help/find-food/>
- c. Additional Food Pantries by area;
  - i. **THE COMMUNITY PANTRY** – GALLUP 505-726-8068 (Cibola, McKinley)
  - ii. **ECHO FOOD BANK** – FARMINGTON 505-326-3770 (San Juan)
  - iii. **ROADRUNNER FOOD BANK – ALBUQUERQUE** 505-349-8666 (Bernalillo, Catron, Chaves, Dona Ana, Eddy, Grant, Hidalgo, Lea, Lincoln, Luna, Otero, Sandoval, Sierra, Socorro, Torrance, Valencia)
  - iv. **THE FOOD BANK OF EASTERN NEW MEXICO** – CLOVIS 575-763-6130 (Curry, DeBaca, Guadalupe, Quay, Roosevelt)
  - v. **THE FOOD DEPOT** – SANTA FE 505-471-1633 (Colfax, Harding, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos, Union)

### 5. Behavioral Health Implications and Considerations

- a. Media attention to the COVID-19 pandemic and subsequent public health response can be very anxiety provoking and disconcerting. Increasing social separation might be very destabilizing to individuals who were already relatively isolated prior to the pandemic. As a result, it important to consider and manage the behavioral health consequence of COVID - 19 and its treatment.

*Appendix I contains several documents which will assist staff in recognizing and caring for these significant consequences:*

- i. The General Behavioral Health Guidance Document as a resource for all staff and youth.
- ii. The NM COVID-19 Coping Poster to post in all areas of the shelter
- iii. The General Provider Self Care Document as a support for all staff and volunteers who are working with the youth.
- iv. The 99 Coping Skills document can be distributed to staff, volunteers, and community members as an additional resource.
- v. The New Mexico Crisis and Access Line Poster to post in all areas of the shelter



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### **6. Additional Resources:**

- a. The Human Services Department conducts eligibility for Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance for Needy Families (TANF). Individuals may apply for benefits online at [www.yes.state.nm.us](http://www.yes.state.nm.us) or call the Income Support Division information line at 1-855-309-3766. You can also contact the Customer Service Center at 1-800-283-4465.
- b. The HSD/UNM Opioid Treatment Plan may provide important information for situations where substance abuse management adds to the challenges of COVID-19 management. It is provided in Appendix II
- c. New Mexico Resources and Contacts:
  - i. NM's authoritative source for coronavirus updates: <https://cv.nmhealth.org/>
  - ii. NM's FAQ webpage: <https://cv.nmhealth.org/faq/>
  - iii. NM's coronavirus hotline for health-related questions: 1-855-600-3453
- d. External resources (CDC issued or recommended):
  - i. The Centers for Disease Control and Prevention (CDC) website for the most up to date information and guidance : <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
  - ii. CDC Guidance for Homeless Shelters (general guidelines): <https://files.hudexchange.info/resources/documents/Interim-Guidance-for-Homeless-Service-Providers-to-Plan-and-Respond-to-COVID-19.pdf>
  - iii. CDC Printable Factsheets (in different languages): <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>
  - iv. Alaska's Homeless Shelter Infection Control Guide (not coronavirus-specific) :[http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/Homelessness-and-Health/Alaska%20Homeless%20Shelter%20Infection%20Control%20Recommendations\\_Nov%202018.pdf](http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/Homelessness-and-Health/Alaska%20Homeless%20Shelter%20Infection%20Control%20Recommendations_Nov%202018.pdf)
  - v. Toronto's Infection Prevention Guide for Homeless Shelters (not coronavirus-specific, but useful nonetheless): <https://www.toronto.ca/community-people/health-wellness-care/health-info-for-specific-audiences/infection-prevention-and-control-guide-for-homelessness-service-settings/>
- e. This is a rapidly evolving environment. The information and recommendations contained in this guide may change. Refer to:
  - i. The NM Department of Health Website: <https://nmhealth.org/>
  - ii. The CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>



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### **7. General Facility Preparations**

- a. Update the Emergency Operation Plan (EOP) and share with staff
- b. Educate staff on clinical management and infection control of COVID-19
- c. Stay informed about the local COVID-19 situation
- d. Maintain an optimal supply of personal protective equipment; be proactive against shortages when possible and review use-sparing methods in case of shortages.
- e. Prepare to safely triage and manage patients/clients with COVID-19

### **8. General Facility Management Recommendations**

- a. Actively encourage sick employees to stay home, place posters
- b. Emphasize respiratory etiquette and hand hygiene by all employees, provide tissues, receptacles, hand sanitizer, soap and water
- c. Perform routine environmental cleaning
- d. Advise employees about out of state travel
- e. Prepare to change business practices to maintain critical function if needed (e.g., identify alternate suppliers, hire temporary employees, extend hours)

### **9. Emergency Operations Plan (EOP)**

- a. Identify key contacts at the New Mexico Department of Health
- b. Identify a list of healthcare facilities in your area
- c. Identify list of alternate care sites (healthcare coalitions)
- d. Include contingency plans (increased employee absenteeism, extending hours, cross-training employees, temp employees)
- e. Create a plan and share it with employees

### **10. Recommendations Regarding Communications Management**

- a. Communicate with staff about COVID-19 and everyday preventive actions
- b. Create a communication plan for distributing timely and accurate information during an outbreak
- c. Implement everyday preventive actions and provide instructions to your staff about actions to prevent disease spread
- d. Communicate with NMDOH if you have clients with suspected COVID-19 in your facility
- e. Prepare for increased demands for medical and mental health services
- f. Help counter stigma and discrimination in your community
- g. Schedule on-going coordination calls



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## 11. Operational Process Recommendations

- a. Ensure that clients receive assistance in preventing disease spread and accessing needed care
- b. In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 6 feet apart, and request that all clients sleep head-to-toe
- c. Provide access to fluids, tissues, plastic bags for the proper disposal of used tissues
- d. Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing
- e. At check-in, provide clients showing respiratory symptoms (cough, fever) with a surgical mask
- f. Confine clients with mild respiratory symptoms consistent with COVID-19 infection to individual rooms, if possible, and have them avoid common areas
- g. For clients with severe symptoms, call the COVID-19 Hot Line, 1-855-600-3453

## Appendix I: Behavioral Health Resources

- |   |   |   |  |   |
|---|---|---|--|---|
|  |  |  |  |  |
| PFA General Provider SelfCare.pdf   | NM COVID-19 Coping Poster (1).pdf   | Behavioral Health COVID-19 Guidance F   | 99 Coping Skills Poster.pdf  | NMCAL poster.pdf  |

## Appendix II Opioid Treatment Plan

-   
NM OTP Guidance and FAQ COVID19 Fir



## New Mexico COVID-19 Guide to Managing Facilities

**This guide has been developed through the collaborative effort of individuals from:**

Office of Governor Michelle Lujan Grisham (<https://www.governor.state.nm.us/>)

New Mexico Department of Health (<https://nmhealth.org/>)

New Mexico Health and Human Services Department (<https://www.hsd.state.nm.us/>)

New Mexico Children Youth and Families Department (<https://cyfd.org/>)

New Mexico Public Education Department (<https://webnew.ped.state.nm.us/>)

Heading Home New Mexico (<https://headinghome.org/>)

New Mexico Coalition to End Homelessness (<http://www.nmceh.org/>)