

Long Term Care Provider Call

Key Guidance

Wednesday, May 06, 2020

1:00 PM – 2:30 PM

1. Welcome Mike Cook
 - All calls are muted, session is being recorded
 - Hold questions for Q&A session
 - 405.271.6868, LTC@health.ok.gov
 - Website - ltc.health.ok.gov (LTC COVID-19 Resources)

2. Guidance
 - CNA/MAT Expiration (Extension)

There have not been any changes to the updates of the Governor's Executive Order (EO) as it relates to occupational licenses and or certifications. The EO provides that occupational licenses and/or certifications, including Medication Aides, are extended for the duration of the emergency and 14 days after the emergency declaration ends.

 - Involuntary Discharge (Failure to abide by ALJ order)

When the ALJ rules there has been an involuntary discharge of a resident due to the coronavirus, and orders the nursing home to readmit the resident and perform a proper discharge, OSDH LTC Survey Department recommends nursing homes follow the ALJ's ruling or potentially be subject to enforcement actions.

 - COVID+ Staffing (Who to contact, Questions to expect) Staff working when positive
 - Nursing homes considering COVID+ staffing, meaning asymptomatic employees working when one or more of the staff members has tested positive for the coronavirus, must meet the following guidelines and receive approval prior to scheduling COVID+ employees to work:
 - Contact the LTC Survey Department 405.271.6868 or email Mike Cook, Service Director at MikeC@health.ok.gov
 - Respond to the questionnaire, which includes:
 - What steps has the nursing home taken to transfer the COVID+ resident to a designated health care facility or alternate care site?
 - What have you done to meet adequate staffing (e.g., staffing agencies, or contacting the Medical Reserve Corp)? Provide evidence of the agencies you contacted and indicate why the agency was not able to fulfill your request.
 - How many COVID+ staff are you requesting to schedule to work?
 - How long has the COVID+ employee been in their monitoring period (i.e., How long has the employee been asymptomatic?)
 - What are your infection control measures for where COVID+ staff will work? (e.g., Will COVID+ staff only be assigned to work with COVID+ residents?)



- What actions will be taken, and how will you inform and ensure residents, family members, representatives, and other staff members, that you have implemented protective measures to maintain the safety of residents, family and staff members against exposure to the virus from the COVID+, or suspected COVID, employee who is scheduled to work?
- COVID+ staff assigned to work, is not approved until OSDH LTC Survey Department has confirmed the above criteria has been met and appropriate protections are in place.
- Facility Wide Testing (What facility type, Who, Results)
 - Guidance was released on May 1, 2020 regarding Commissioner Gary Cox's statement on scope and authority of the Task Force teams to conduct COVID-19 testing in all nursing homes. The guidance included instruction to the Task Force teams on conducting the testing, and to coordinate with the facilities for testing.
 - The Task Force's priority focus is Tier 1, 2, and 3 facilities with exposure. This includes any LTC facility type, nursing homes, assisted living, ICF/IID, and residential care homes.
 - Tier 1 indicates there was a COVID related death in the facility or 3 or more residents/staff who are COVID+ in the facility.
 - Tier 2, there are 2 residents or a resident and a staff member identified as COVID+.
 - Tier 3, 1 resident who is positive for the virus, or less than 3 staff members who are COVID+ in the facility.
 - Task Force teams will then focus on the remaining nursing homes in each of the designated regions or districts they work in.
 - The Task Force will conduct a pre-visit screening to identify the number of residents and staff members who would not be able to conduct a saliva test. The Swab test will be conducted for individuals who are not able to complete the saliva testing.
 - Guidance has been provided to the Task Force teams to conduct training with individuals in the nursing homes who are interested in performing the testing. These individuals should be observed and verified they meet the testing criteria and maintain the integrity of the test. The Task Force will provide the sample collection media for the staff member to use.
 - Task Force teams may also set up outside the facility for staff members to provide the samples in order to minimize the number of people entering the facility and reducing the risk of exposure.
 - The lab processing the testing became back logged due to the large number of tests received so testing was placed on-hold to give the lab an opportunity to process the samples.
 - The results will go back to the Task Force and to the facility, so the facility is aware of any staff member they will need to remove from the work schedule.



- Once all the nursing homes have been tested, an evaluation will be conducted to determine when and how the testing will be expanded to other long-term care facilities. The decision has not been made at this time on when this will occur.
- Continuum Care Communities (nursing homes, assisted living, etc.) or campuses, OSDH is working with the Task Force and encouraging them to test the entire campus while there. The decision will be made by each Task Force based on their resources, the assessment of the situation, and the risk of transmission based on exposures that are present.
- Staff working at multiple facilities
 - Employees who work at multiple facilities may be at an increased risk of exposure and the nursing home may determine the need to increase the infection and safety precautions for these employees. Current guidance indicates all employees are required to wear a facemask. There is no current specific guidance related to employees working in multiple facilities, but nursing homes may want to restrict the employee's assigned tasks to minimize the potential of facility-wide exposure from these employees.
 - Staff working in multiple facilities should be instructed and reminded of their added risk and responsibilities to prevent exposure and cross-contamination. These employees have an added responsibility to be cognizant of their personal infection control habit while away from the job as well as on the job.
 - Facilities should assess each employee to determine if the staff member is following the required infection control protocols. If not, the facility will determine whether or not to continue scheduling the employee to work at that time, or require the employee to self-quarantine for 14 days.
 - A list of nursing homes who have COVID+ staff and/or residents is posted daily on the [OSDH COVID-19 website](#) and anyone is able to identify if a nursing home has COVID+ staff or residents in their facility.
- Out of state hospitals (Arkansas) not wanting to test residents prior to discharge ----- Paula Terrel
 - In Oklahoma, hospitals have been instructed they will provide COVID testing for residents discharging from the hospitals. Nursing homes may accept the resident back without the test if they prefer. The resident should be placed in quarantine for 14 days on return to the facility even if the test results are negative.
 - Last week's LTC Call and FAQ document addresses the discharge testing in detail.
 - There are no requirements to complete a second test. However, if the nursing home chooses to conduct the second test, the more appropriate time would be at the end of the 14 day quarantine.
 - Out of state hospitals are not subject to this guidance.

- Nursing homes faced with accepting residents from out-of-state hospitals may want to review the resident's medical record and determine if there have been signs/symptoms of COVID. If admitted to the nursing home, place the resident in quarantine for 14 days as instructed for any new admission/readmission.
- N95 Fitting
 - Nursing homes may be cited for deficiencies if the surveyor identifies employees are wearing the N95 respirators without being properly Fit-Tested.
 - Nursing homes should follow the CDC's guidance on when the N95 respirators should be worn.
 - Personnel who are caring for or performing aerosol generating procedures for COVID+ residents and need protection from both airborne and fluid hazards (e.g., splashes, sprays) are required to wear N95 respirators.
 - CDC recommends staff providing direct care services and are in close contact with suspected COVID or COVID+ residents should wear a N95 respirator.
 - Cohorting COVID+ residents and identify designated personnel to care for these residents, allows nursing homes to minimize the number of employees required to be Fit-Tested and wear the N95 respirator.
 - Facilities must also follow OSHA requirements and have all employees Fit-Tested and pass the medical clearance evaluation for those employees who will be wearing the N95 respirators.
 - OSDH contracted with a company to provide Fit-Testing in facilities and are currently in discussions on expanding the contract to assist in meeting the challenges nursing homes are facing in meeting the guidelines. Nursing homes would identify who would provide the medical evaluation in their facility. OSDH is in the process of identifying who is qualified to perform the medical evaluation for employees.
 - OSDH is considering calling all nursing homes that have COVID+ residents and/or staff in their facility to determine the number of staff who need to be Fit-Tested. The focus would then move out to the other nursing homes after Fit-Testing for COVID+ nursing homes was completed.
 - OSDH's goal is for nursing homes to have a Strike Team consisting of RNs, LPNs, CNAs, available that have been Fit-Tested in advance for when a COVID+ resident is identified in the facility, the team would be available to provide support.
 - Facilities should also research vendors and pursue Fit-Testing for their employees.



- Extended wear vs. limited-reuse of N95 respirators ----- Jeneene Kitz
 - Only those staff identified as providing close direct care to suspect or COVID+ residents should wear the N95. Following CDC crisis guidelines, if N95 respirators are not available, surgical masks may be worn for direct resident care.
 - Nursing home staff should not wear N95 respirators throughout the facility.
 - Facilities implementing Extended Wear and Reuse must follow CDC guidelines.
 - Extended Wear=wearing the N95 and providing care for all cohorted residents without removing the respirator until the care of the last resident is completed. This may only include 3-4 residents.
 - Limited Re-use=Once care is completed, the N95 must be carefully removed, following doffing protocol, and the respirator is then placed in a brown paper bag labeled with the employee's name and number of times the N95 has been reused.
 - If an individual wears the N95 for an entire shift (8 -12 hours) the respirator cannot be placed in the paper bag for reuse. Based on the manufacturer's guidelines for providing protection, the respirator should only be worn for 8-12 hours and then discarded in the trash.
 - Employees who wear the N95 for the entire shift will inadvertently expose themselves and/or result in cross-contamination due to not following infection control protocol and proper use. The employee will touch the outside of the respirator, grab it to adjust it, and crush the mask, making it less effective.
 - Other inappropriate wear/use includes: pulling it down around the neck or below the nose, wearing it during breaks including outside to smoke, placing it around the upper arm, wearing it in the bathroom. These practices are putting the employee, residents, and other staff members at risk and should be prohibited.
- CDC changes from April 30th ----- Jeneene Kitz
 - Changed the name of the 'non-test-based strategy' to the 'symptom-based strategy' for those with symptoms and the 'time-based strategy' for those without symptoms, and updated these to extend the duration of exclusion from work to at least 10 days since symptoms first appeared.
 - If facilities are using the test-based strategy it remains that the employee must be fever free for 3 days without fever reducing medications, symptoms have resolved, and two negative tests 24 hours apart to return to work.
 - CDC recommends for a facility to decide on either using the symptom-based strategy or the test-based strategy and continue with that strategy and not change between the two.
 - Changed when discontinuation of transmission-based precautions may be utilized for the resident.

- When to release from quarantine
 - Testing during the 14 day quarantine does not indicate the resident may be removed from quarantine early. The resident must remain in quarantine the entire 14 days even if the test results were negative for COVID-19.
 - If the nursing home chooses to follow test-based strategy to determine when the resident may be removed from quarantine and transmission-based precautions stopped, day 14 would be the best timeframe to conduct the testing.

- Cohorting once cleared from COVID-19 transmission based precautions -----
Jeneene Kitz
 - Facilities that have a COVID+ designated unit with COVID+ residents will use one of the desired strategies for removal of transmission-based precautions for the resident.
 - If using the test-based strategy, once two negative tests, 24 hours apart, are confirmed, the resident may be moved back to the general population.
 - The resident should be showered/bathed and clean clothes put on prior to transferring.
 - Do not take any of the residents' personal items that have been in the COVID+ cohort room back to the general population. Launder all clothing, disinfect items that cannot be laundered, and items that cannot be disinfected place in a bag for an extended time before introducing the item in the residents' general population room.
 - Do not move the resident back with a roommate who has never tested positive for COVID-19. If two residents who were both COVID+ are not cleared, those two residents may room together.

- Expectations of Assisted Living Facilities
 - Guidance is similar for the various types of long-term care facilities and is listed on the CDC website.
 - OSDH issued previous guidance regarding some of the following concerns:
 - Encourage residents to quarantine and follow the stay-at-home guideline.
 - Residents should wear a cloth facemask when coming out of their rooms.
 - Do not provide communal dining, but offer foods the resident may take back to their room or provide staggered dining with social distancing.
 - Offer activities that may be provided when following social distancing guidelines.
 - Staff must still follow proper PPE recommendations and being mindful of preventing cross-contamination.



- When are nursing homes opening back to the public
 - Various restrictions have been lifted or lessened across the country.
 - Concerns are ongoing regarding the lifting of restrictions due to staff going out in public places and bringing the virus back into the facility.
 - Currently, CMS has not issued any guidance lessening restrictions in the facilities.
 - Governor Stitt's executive order, 5th amended, issued on April 30th will lift restrictions for those 65 years and older, and vulnerable populations (e.g., significant underlying medical condition) on May 15, 2020. OSDH is discussing next steps and how this will impact facilities that have vulnerable populations living in there.
 - OSDH anticipates long-term changes in how we care for residents and restrict visitors for a considerable amount of time.
 - Facilities must remain vigilant in protecting and caring for their residents.
- Visitation for family when resident is passing
 - CMS provided guidance early on that made provision for end-of-life visitation.
 - Notify family members they will be screened upon arrival and screen for signs and symptoms of the COVID virus.
 - Make sure your screening questionnaire is updated and includes the revised sign and symptoms.
 - Inform visitors if they have been in close contact with someone who is COVID+, then they will not be allowed to enter the facility.
 - Provide PPE for visitors and Instruct how to properly don. Eliminate gloves so that family may have that personal touch with their loved one. Instruct on proper hand hygiene once visitor leaves the room.

3. Status Updates

- CMP Program
 - CMS approved for OSDH to offer funds for the communicative technology devices.
 - Guidance will be sent out to nursing homes for the application process.
- Infection Control Consults
 - OSDH Survey team is continuing to provide consults. Facilities may contact the Survey Department at 405.271.6868 and request assistance.
- COVID-19 Focused Surveys (State and Federal)
 - The Federal Regional Office in Dallas is conducting COVID Focused Surveys and have completed 9 in Oklahoma. Facilities can expect to see these continue along with State Surveys.
- Task Force
 - Additionally there are LTC surveyors that are part of the district Task Force Teams and are assisting with the testing in facilities.



- Reporting Requirements
 - Facilities must report within 24 hours of suspected or confirmed case of COVID.

- 4. Scope of Authority for Task Forces
 - Task force teams are operating on behalf of the Commissioner of Health and LTC Services.
 - Task force are under LTC authority, so please cooperate and work with them when requested.
 - Oklahoma has determined that Oklahoma City and Tulsa are independent of the State Health Department. OSDH is coordinating with these cities on the testing and the process as how it will be done.
 - Inconsistencies between the various teams are being addressed.
 - Facilities are encouraged to make recommendations to the Task Force teams if a different process would work better in a particular facility.

- 5. Questions and Answers
 - See FAQs for May 6, 2020, attached.

- 6. Next Session May 13th, 2020 1:00 PM-2:30 PM