OKLAHOMA State Department of Health

Long Term Care Provider Call
Key Guidance
Wednesday, May 13, 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. Policy & Guidance
   - Cleaning with National Guard ….. James Joslin

     The Governor has deployed the National Guard to assist nursing facilities and skilled nursing facilities with cleaning. The initial focus is on COVID+ facilities. However, if there is campus that also has assisted living cohorted facilities, cleaning may be expanded, but it is situational based on resources available.

     UPDATE: Notification regarding the National Guard Cleaning has since been sent out to all nursing facilities, skilled nursing facilities and ICF/IID facilities.

   - COVID-19 Testing ….. James Joslin

     i. National focus vs Oklahoma focus
     We do not have an answer as to how the National testing effort will coincide with the State's effort.
     Facilities may complete testing with their own contracted lab if desired, but must coordinated with your Regional Task Force.
     Purpose: Ensure other testing sites is valid and administration of test is performed consistent with administration standards.
     Coordination assists with Test Results and able to validate all employees were tested.

     ii. Status of testing and results
     We have been made aware that some facilities do not have their test results. The vendor got back logged and had other issues due to logistics and other problems we are not really aware of.
     Testing had been postponed, but it has now resumed.
     OKC and Tulsa set up their own contract with a vendor, but specific criteria had to be met to ensure validity of testing.
     We continue to identify new vendors or improved testing. We may have another vendor for saliva testing by the end of the week.
     We are working to stand-up some additional testing capacity with existing OSU and our public health lab. There are limits of approximately 2,000 tests/day combined that can be processed.
     Internal staff are being trained on the various types of testing including mid-turbinate testing.

     iii. Who can I contact for status of results?
     Point of Contact is your Task Force Regional Administrative Director.

Read the Commissioner's complete task force guidance, including contact lists for each Long-Term Care Task Force Leads and Regional Medical Response System Coordinators.

iv. Who receives the results?
The facility will receive the results of the test.

v. Can staff refuse to be tested?
Due to the public health emergency facilities have the authority to require staff to be tested for COVID-19.
Educate employees testing is being done as a Point-Source Test and not as a direct suspicion or positivity that the individual is not working.
Testing is being performed as a requirement for employment.

vi. What happens to those who refuse?
Staff who refuse to test are not to be scheduled to work until testing confirms negative for COVID-19.

vii. Do we have to send staff home who refuse?
See above. Yes, staff who refuse to test, are to be sent home until testing confirms a negative COVID test.

viii. What happens to positive staff?
If an employee tests positive for COVID-19, put a mask on the employee and send them home.
Employ CDC Return to Work Strategies to tips on employee returning to work.

ix. If we have to send staff home due to positive results, are we still bound to regulated staffing requirements?
Yes, nursing homes are required to try and meet all standards.
Possible considerations: Ask sister facilities for help with staffing if part of a corporation; contact staffing agencies, identify furloughed employees and bring back to work
Contact Mike Cook, LTC Service Director. For staffing concerns and desire to employee asymptomatic COVID+ personnel.

x. What actions are we to take with any patients who test positive?
Cohort COVID+ residents consistent with facility policy.

xi. What actions are required of the facility if staff refuse such as, I do not feel I can force them against their will so how do I handle the concerns and refusals?
Refer to v—vii above.

xii. Is there a specific resource I can print off to answer these and more questions?
The recording of the calls, along with printed Key Guidance from the calls and FAQ document is developed and distributed to all long-term care facilities.
These documents are also posted on the LTC COVID-19 Resource page.

3. CMPs for communication devices ….. Luvetta Abdullah

CMS has approved for Oklahoma to purchase communicative technology devices for residents of eligible facilities. This is a result of the COVID-19 public health emergency and the imposed visitation restriction.
The devices are to support both social and telehealth visits.
Facilities may qualify for up to $3,000. However, Oklahoma CMP Program does not have the funds to provide $3,000 for each facility. Therefore, assess your need carefully when you submit your application so there will be enough funds to support the majority of the facilities.
Notifications have been sent to all eligible facilities earlier this week with instructions on how to apply.

Eligible facilities are Medicare/Medicaid certified nursing facilities and skilled nursing facilities.
Submit the completed application to CMP@health.ok.gov

- Visitation
  There is no national movement or change at the time of this call.
  Governor Stitt's Fifth Amended Executive Order 2020-07 is still in effect and expires at the end of May. The Executive order indicates "Visitors are prohibited from entering and visiting patients and residents at nursing homes, long-term care facilities, and retirement homes."
  OSDH will continue monitoring the situation and provide updated guidance when received.
- Electronics
  Refer to CMP Communication Technology Devices above (e.g., iPad, iPhone, FaceTime, etc.)
- Resident's window
  Long-term care facilities are allowing family members and/or resident representative to come to a designated window so the resident and family/representative may visit.
  Some facilities have installed a telephone outside the building next to the window and a phone inside so the resident and family/representative may communicate.
- Isolated room
  As a reminder, the Governor's Executive Order (see above) restricting visitation is still in effect. The following considerations are situational and only for the mental health of certain individuals who are being negatively impacted from no visitation.
  Follow the CDC Guidance on Managing Visitor Access and Movement within the facility.
  What is the resident's mental health concerns (refusing to eat, etc.) and identify ways to help support the resident.
  It is situational, but it may be reasonable to institute a designated room where one visitor is allowed as long as the visitor is able to follow infection control guidelines such as wearing a mask while with the resident and also place a facemask on the resident, if possible, to allow interaction.
  Caution visitor to follow precautions and practice hand hygiene throughout the visit.
  Possibly set aside designated hours that a visitor may come in.
  Designate specific criteria and expectations that must be met.
  Develop a defined plan and educate all staff, residents and family, resident representative on the plan.
  Consider if someone needs to monitor the visit to ensure precautions are being followed.

4. Alzheimer's Association recommendations ….. James Joslin

   The local and national associations worked together to develop a document on Emergency Preparedness: Caring for Persons Living with Dementia in Long-Term Care or Community Based Setting. This document includes tips for dealing with residents with Alzheimer's or dementia during the COVID-19 pandemic.
   A link to the Alzheimer's document, Emergency Preparedness: Caring for Persons Living with Dementia in Long-Term Care or Community Based Setting. was sent to long-term care facilities.
   CDC updated the LTC Guidance webpage with Considerations for Memory Care Units in Nursing Homes.

5. Emergency Preparedness ….. Paula Terrel

- Necessity of being prepared
  Develop an Emergency Response Plan to follow if COVID+ resident is identified in your facility.
  Have a designated area, preferably a unit or wing, where COVID+ will be cohorted.
  If a hall or wing is not available, designate specific rooms at the end of the hall or away from other residents.
  Move residents around now so these COVID designated rooms are ready immediately when needed.
  Also identify a quarantine area, or place residents in a single room, for residents needing to be observed for 14 days, which includes: new admissions, readmissions for those residents who have been in the hospital, and residents who leave the facility for other medical needs (dialysis), residents who are suspected of COVID due to fever or respiratory symptoms, residents who were roommates with a resident who tested positive for COVID-19.
  Designate staff to care for the cohorted COVID+ residents.
- PPE for COVID positive residents
  Use full PPE for COVID+ residents or known transmission in the building which is when other residents become positive. Full PPE includes: N95 respirator, if available, wear surgical mask if no N95 or wear over N95; wear eye protection/face shield, gowns and gloves.
- PPE for Suspected COVID positive residents; new admissions; residents who receive outside medical services, i.e. dialysis; residents with exposure to COVID -19.
  Use the same full PPE for quarantine residents as specified for COVID+ residents (see above).
- PPE for negative residents
  Follow universal precautions and wear gloves or other PPE if indicated
  Educate staff on cross-contamination precautions between COVID+ residents and COVID negative residents.
- N-95 masks
  N95 respirators are preferred for the care of COVID+ residents, but if not available, then wear a surgical mask.
  Employees who are designated to wear the N95 respirator must be Fit-Tested prior to wearing.

6. Mental Health of residents

- Residents that work
  OSDH is reviewing the Governor's Sixth Amended Executive Order, 2020-13, and the Open Up and Recover Safely (OURS) Plan to develop guidance for those residents who live in ICF/IID and Residential Care facilities and work or go outside the facility for some type of excursion, activity or event.
  The Executive Order referenced above, lists adults over the age of 65 and people of any age who have serious underlying medical conditions, collectively referred to as "vulnerable individuals" shall stay in their home or place of residence until May 31st, except working in a critical infrastructure sector (refer to Executive Order for definition and complete guidance).
- Residents that stay with families periodically
  See comments under-Going on Excursions.

- Going on excursions
  Facilities will need to consider a triad of factors when considering allowing an excursion.
  Excursion is defined as an outing, work, or activity outside the facility.
  Facilities will need to develop policies and consider the following factors:
  i. Facility's status:
     - What is the population of residents? Are there residents who do not have chronic health conditions? When considering vulnerable populations residents with disabilities don't meet criteria.
     - If the facility allows the excursion, consider what risks will the remaining population be exposed to? What steps can be implemented to minimize the risk of the remaining population.
     - What is the facility's ability to cohort residents with chronic health conditions from those who do not have a chronic condition? How will the facility limit interaction between residents leaving the facility and those who do not leave?
     - What is the facility's PPE status?
     - What is the facility's ability to provide oversight and supervision to ensure infection control prevention strategies are being followed?

  ii. Resident's Status: Assess the resident's status
     - Identify the resident's health status and identify any chronic health conditions.
     - What is the resident's ability to wear a mask?
     - Will the individual be able to comply with infection control practices such as hand hygiene and social distancing?

  iii. Environmental Destination Status:
     - What type of environment will the individual be going to?
     - What infection control practices are being followed?
     - Will social distancing be observed while in the alternate location?
     - Will other people in the destination environment wear facemasks?

8. Operation Status Updates

- CMS QSO Memo 20-29-NH released May 6, 2020 requires nursing facilities and skilled nursing facilities to report COVID-19 facility data to CDC, and also to the resident, resident's representative, and family member.
- Two new Tags: F284 and F-285 for failure to report and these tags do have enforcement action.
- There is a grace period that ends May 24, 2020.
- If a facility fails to report by May 31st the first Civil Monetary Penalty (CMP) will be implemented and will be $1,000.
- Every week the facility does not report thereafter, an additional $500/week is imposed and this is an accumulative amount. For example, the facility does not report by the deadline, and receives $1,000 fine and goes another week without reporting and receives a $500 fine, for a total of $1,500. Then the facility reports for the next two weeks, so not fines, but the third week fails to report again. The total amount does not drop back down to the initial $1,000, but rather it is added to the previous total making it $2,000.

9. Infection Control Consults

- Have emergency plan in place.
- Contact OSDH for questions and/or to request consultation regarding infection control practices and emergency plan.

10. COVID Focused Surveys

- Continues to be primary focus for surveyors
- Federal Focus Surveys are also being conducted

11. Reporting

- Report within 24 hours of suspected infectious disease outbreak.
- If facility suspects or believes a resident or staff member is COVID+ the facility must report the information to OSDH.

Questions and Answers

Next Session May 20th, 2020 1:00 PM-2:30 PM