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FOCUS POINT NEWSLETTER
SPECIAL MARCH 14, 2020 COVID-19 UPDATE

Late Friday evening, March 13, 2020, CMS released a revised guidance document on COVID-19 and a news release that temporarily suspend survey inspections except in certain situations. These documents contained updated information for nursing facilities on COVID-19 – ***these changes are significant***. The CHC team encourages everyone [nursing facilities and assisted living facilities] to follow these guidelines for resident and staff safety.

The first guidance updates the guidance document from 3/4/2020 with instructions to nursing facilities on limiting transmission including new guidelines for restricting visitors, transferring suspected cases to hospitals, and many other precautions that the nursing facility should be taking. The Revised document QSO-20-14-NH clearly identifies the updated changes in red, italics. **This guidance is for ALL Nursing Facilities nationwide**.

The second is a news release –**Enforcement Activities: CMS will temporarily suspend non-emergency survey inspections, allowing providers to focus on the most current serious health and safety threats, like infectious diseases and abuse.** This entire article may be found at: https://www.cms.gov/newsroom/press-releases/cms-takes-action-nationwide-aggressively-respond-coronavirus-national-emergency.

Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (REVISED). This guidance can be found at https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf. Highlights include:

Guidance for Limiting the Transmission of COVID-19 for Nursing Homes - *For ALL facilities nationwide:*

*Facilities should **restrict** visitation of **all** visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only. Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.).*

> *Note: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a governor's executive order, a facility would not be out of compliance with CMS' requirements. In this case, surveyors would still enter the facility, but not cite for noncompliance with visitation requirements.*

For individuals that enter in compassionate situations (e.g., end-of-life care), facilities should require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks. Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations). Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.

Exceptions to restrictions:

- ***Health care workers**: Facilities should follow CDC guidelines for restricting access to health care workers found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.htm . This also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians, that provide care to residents. They should be permitted to come into the facility as long as they meet the CDC*

guidelines for health care workers. Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html

• ***Surveyors**: CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to*
transmission in the next facility and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever.

Additional guidance:

1. Cancel communal dining and all group activities, such as internal and external group activities.

2. Implement active screening of residents and staff for fever and respiratory symptoms
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3. Remind residents to practice social distancing and perform frequent hand hygiene.

4. Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home.

5. For individuals allowed in the facility (e.g., in end-of-life situations), provide instruction, before visitors enter the facility and residents' rooms, provide instruction on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Facilities should communicate through multiple means to inform individuals and non-essential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.

6. Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.

7. Facilities should review and revise how they interact vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors if needed, as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions.

8. In lieu of visits, facilities should consider:
a) Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
b) Creating/increasing listserv communication to update families, such as advising to not visit.
c) Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
d) Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.

9. When visitation is necessary or allowable (e.g., in end-of-life scenarios), facilities should make efforts to allow for safe visitation for residents and loved ones. For example:
a) Suggest refraining from physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging and remaining six feet apart.

b) If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.

c) Residents still have the right to access the Ombudsman program. Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a case by case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).

10. Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

Please check the following link regularly for critical updates, such as updates to guidance for using PPE:
https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

CHC encourages you to reach out to your state trade associations for current information about your State. In Virginia, both VHCA/VCAL and LeadingAge have resource pages and these organizations are diligently working with state agencies to keep you informed. These websites are frequently updated and available to all.

Virginia Assisted Living Facilities: In a memo earlier this week, DSS transmitted information to Virginia Assisted Living Facilities to follow the CMS guidelines. As this is evolving, we do not have information on how DSS will manage ALF surveys, but we encourage all Virginia Assisted Living Facilities to follow the new guidelines from CMS on limiting transmission of COVID-19.

CHC wishes to thank you for all that you are doing to ensure the safety and well-being of residents and staff. We understand that this unique situation is evolving, will not be over for a while, and is going to be a challenge and upset daily life and activities for all us. If any of the CHC team can be of assistance and/or support to do not hesitate to reach out to us. We are here to help and will make all reasonable efforts to keep you informed.

Mary, Alex, Betty, Bonnie, Carey, Nancy, Sarah and Val