



FOCUS POINT NEWSLETTER
FOCUS POINT COVID-19 ALERT 6/22/2020

The re-opening phases discussed below are unique to nursing homes and noted re-opening guidance should not be confused with the phased reopening guidance for the geographical areas of Virginia. It will be entirely possible for a nursing home to be in a different reopening phase than the geographical location of the facility.



VDH – Re-Opening Plans for Virginia Nursing Homes – 6/18/2020

VDH published guidance for phased re-opening of Virginia *nursing facilities* - Link to full document published 6/19/2020 located [here](#).

Checklist for Facility to Enter Phase I	Checklist for Facility to Enter Phase II	Checklist for Facility to Enter Phase III
<ol style="list-style-type: none"> 1) City or county has been in Forward Virginia Phase I for at least 14 days 2) No nursing home-onset cases in residents for the past 14 days 3) Infection prevention and control (IPC) measures have been implemented <ol style="list-style-type: none"> a) An individual with training in IPC to provide onsite management of all COVID-19 prevention and response activities has been assigned b) Space in the facility that can be used to monitor and care for residents with COVID-19 has been designated c) Screening of residents for any symptoms consistent with COVID-19 infection with documentation is occurring d) Screening of staff for any symptoms consistent with COVID-19 infection with documentation is occurring e) Universal source control and social distancing have been implemented 4) Facility is reporting to the National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module weekly <ol style="list-style-type: none"> a) Facility has conferred rights to VDH in NHSN b) Facility has adequate staffing as reported in NHSN c) Facility has access to adequate personal protective equipment (PPE) as reported in NHSN d) Facility has access to adequate testing as reported in NHSN 5) Fit-testing for respirator use for staff providing direct care for COVID-19 positive residents has been conducted 6) Facility testing plan has been developed 7) A plan has been developed to manage new admissions and readmissions where COVID-19 status is unknown 8) Phase I Attestation has been sent to the LHD [local health department] 	<ol style="list-style-type: none"> 1) City or county has been in Forward Virginia Phase II for at least 14 days 2) Nursing home has been in Reopening Phase I for at least 14 days 3) Baseline testing of all residents and all staff has been conducted; predetermined plan for refusals was followed <ol style="list-style-type: none"> a) Testing is occurring per recommendations in Section 4 b) No nursing home-onset cases in residents for the past 14 days c) No new cases in staff for the past 14 days 4) Facility is reporting to the NHSN LTCF COVID-19 Module weekly <ol style="list-style-type: none"> a) Facility has adequate staffing as reported in NHSN b) Facility has access to adequate PPE as reported in NHSN c) Facility has access to adequate testing as reported in NHSN 5) Infection prevention and control assessment (IPCA) has been completed <ol style="list-style-type: none"> a) IPC measures have been maintained or implemented based on the assessment 6) Phase II Attestation has been sent to the LHD 	<ol style="list-style-type: none"> 1) City or county should be in Forward Virginia Phase III for at least 14 days 2) Nursing home has been in Reopening Phase II for at least 14 days 3) Testing is occurring per recommendations in Section 4 <ol style="list-style-type: none"> a) No nursing home-onset cases in residents for the past 14 days b) No new cases in staff for the past 14 days 4) IPC measures have been maintained 5) Facility is reporting to the NHSN LTCF COVID-19 Module weekly <ol style="list-style-type: none"> a) Facility has adequate staffing as reported in NHSN b) Facility has access to adequate PPE as reported in NHSN c) Facility has access to adequate testing as reported in NHSN 6) Facility has a plan to implement a Respiratory Protection Program 7) Phase III Attestation has been sent to the LHD



Triggers For Phase Regression

1. If a facility identifies a nursing home-onset COVID-19 case in the facility, the facility goes back to Phase I (even if the community is in a different Forward Virginia Phase) A “nursing home-onset COVID-19 case” refers to COVID-19 cases that originated in the nursing home, and **not** cases where the nursing home admitted individuals from a hospital with a known COVID-19 positive status, or unknown COVID-19 status, but became COVID-19 positive within 14 days after admission. This only applies to residents. Staff cases do not lead to Phase Regression.
2. If the surrounding community regresses to a previous Forward Virginia Phase, the facility must also regress to the same phase for mitigation steps.

Reopening Guidance for All Phases

- 1) Symptom Screening
 - a) Resident screening every shift AND symptomatic residents should be tested.
 - b) Staff -- screening at the beginning of shift AND symptomatic staff should be tested and sent home.
- 2) Universal Source Control and PPE
 - a) **All staff**, regardless of their position, will wear a cloth face covering or facemask while in the facility.
 - i) Cloth face coverings should **NOT** be worn by staff instead of a respirator or facemask if PPE is required.
 - b) Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room, including for procedures outside the facility.
 - i) Exceptions for anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
 - ii) **Note: CHC recommends that the resident care plan be updated for any resident who is unable or refuses to wear a mask or to socially distance when out of their room.**
- 3) **All staff and essential healthcare personnel (HCP) wear appropriate PPE when they are interacting with residents and in accordance with PPE optimization strategy guidance .**
 - a) **This includes all personnel and all staff including laundry, dietary, business office, admissions, etc.**
- 4) Additional universal source control recommendations can be found throughout the document (e.g., visitors, essential healthcare personnel), and will remain in effect for the duration of the pandemic

Cohorting Plan

- 1) Designate a portion of the facility (e.g., a wing, ward, floor, or end of a hallway) to care for residents with COVID-19
 - a) The cohorting area should be physically separated from the rest of the care areas in the facility with clear signage
 - b) Positive and negative residents should not share common areas or bathrooms
 - i) Equipment should be dedicated to each cohort (positive and negative)
 - ii) If equipment must be shared, make a plan to clean and disinfect equipment
 - c) Planning for cohorting should include considerations for possible movement of residents and furloughing of staff in response to testing results. See below in this document, “Responding to Test Results” for additional guidance.
- 2) When cohorting residents, and if facility space allows, it is recommended to cohort known COVID-19 positive residents, cohort new admissions with an unknown status, and cohort current, healthy asymptomatic residents, separately from each other with designated staffing for each group. Facilities might consider creating three types of units to help with cohorting staff and preserving PPE:
 - a) Cold – residents who are known negative or who have met the criteria for discontinuation of transmission based precautions
 - b) Warm - unknown COVID-19 status, symptomatic residents who tested negative for COVID-19, and roommates of COVID-19 positive residents or others considered exposed
 - i) Ideally all rooms in the warm zone should be single rooms
 - ii) Ensure careful planning of staff cohorting in warm zone
 - c) Hot - positive COVID-19 residents
- 3) Assign dedicate d HCP to work only on the COVID-19 care unit
 - a) Designate separate space (e.g., breakrooms, bathrooms) for staff
 - b) Cohort staff to care for positive or negative residents

Implementing Resident Cohorting Plan

- 1) The predetermined resident cohorting plan might not be feasible based on the number of positive residents and the types of rooms available, matching resident gender for room assignments, or a high census. If cohorting is not possible, two other alternatives might be considered:
 - a) Temporary physical barriers/screens/curtains that separate residents by at least 6 feet
 - b) Transport COVID-19 residents to a dedicated facility (if available and after consulting with LHD)

Relocating Residents

- 1) A safe move requires planning. If widespread testing is being conducted in the facility, the facility should not move residents until test results are available, but should be prepared to assess relocation once results are received. If a facility decides to relocate residents who tested negative, the following should occur:
 - a) Residents should be quarantined for 14 days in a private room (if available) on transmission based precautions.
 - b) Close daily monitoring for COVID-19 signs and symptoms.
 - c) If a resident becomes symptomatic, they should be retested.



Decision to Allow New Admissions or Readmissions of Residents




Per VDH Guidance for LTCFs, closure of facilities to new admissions may be recommended as a standard part of VDH disease control measures. However, any decision to close and/or accept new admissions or readmissions has to be made based on a risk assessment exercised and tailored to the situation. The decision to close a facility to new



admissions should be made in consultation with the LHD and shall continue for at least 7 days. The following criteria should be met when making a decision on accepting new admissions or readmissions:





- 1) The number of COVID-19 cases identified in the facility (staff and residents) is decreasing.
- 2) No evidence of widespread transmission of COVID-19 in the facility.
- 3) Facility is compliant with IPC best practices.
- 4) Enough space for cohorting positive versus negative residents, and an observational unit for new admissions is available.
- 5) Adequate staffing, PPE, and other supplies.
- 6) The facility has a plan to manage new admissions and readmissions.

7) CHC recommends informing the LHD on all current admission/readmission practices


Recommended Mitigation Steps and Considerations By Phase


Consideration	Phase 1	Phase 2	Phase 3
Visitation 	<ul style="list-style-type: none"> ▪ Visitation is generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened, and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must wear a cloth face covering or facemask for the duration of their visit. ▪ Types of visitation may continue under limited controlled conditions coordinated by the NH in consideration of social distancing and universal source control (e.g., window visits, outside visits). ▪ Limited visitation is at the discretion of each NH based on their temporary visitation policy and capacity for implementation. 		Visitation is allowed with screening and additional precautions including ensuring social distancing and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must wear a cloth face covering or facemask for the duration of their visit.
Dining 	Communal dining is limited to COVID-19 negative or asymptomatic residents or residents who: <ul style="list-style-type: none"> ▪ Meet criteria for discontinuation of transmission-based precautions . ▪ May eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet). 		
Social and group activities/ Outage 	Restrict group activities , but some activities may be conducted (for COVID-19 negative or asymptomatic residents, or residents who meet criteria for discontinuation of transmission-based precautions) with social distancing, hand hygiene, and use of a cloth face covering or facemask	Group activities, including outings, limited (for asymptomatic or COVID-19 negative residents, or residents who meet criteria for discontinuation of transmission-based precautions) with no more than 10 people and social distancing among residents, appropriate hand hygiene, and use of a cloth face covering or facemask.	Group activities, including outings, allowed (<i>for asymptomatic or COVID-19 negative residents, or residents who meet criteria for discontinuation of transmission-based precautions</i>) with no more than the number of people where social distancing among residents can be maintained, appropriate hand hygiene, and use of a cloth face covering or facemask.

Consideration	Phase 1	Phase 2	Phase 3
<p>Non-essential staff (salon specific guidance listed below)</p> <p>This section covers non-essential healthcare personnel / contractors [would include consultants such as CHC] and volunteers</p> 	<ul style="list-style-type: none"> Restrict entry of non-essential staff 	<ul style="list-style-type: none"> Allow entry of limited numbers of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask 	<ul style="list-style-type: none"> Allow entry of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask. Allow entry of volunteers with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.
<p>Salons</p> 	<ul style="list-style-type: none"> Entry of a beautician or barber is prohibited 	<ul style="list-style-type: none"> Entry of a beautician or barber is <u>generally prohibited</u> but if a facility deems necessary to allow entry of a beautician or barber, follow salon guidance listed in Phase III 	<ul style="list-style-type: none"> Salons may open so long as the beautician or barber is properly screened when entering the facility and must wear a mask for the duration of time in the facility. The beautician or barber must remain in the salon area and avoid common areas of the facility. Salons must limit the number of residents in the salon at one time to accommodate on-going social distancing. Staged appointments should be utilized to maintain distancing and allow for infection control. Salons must properly sanitize equipment and salon chairs between each resident; and the beautician or barber must perform proper hand hygiene. No hand-held dryers. Salons must routinely sanitize high-touch areas. Residents must wear a face mask during their salon visit

Consideration	Phase 1	Phase 2	Phase 3
<p>Resident trips outside the facility for non-medical necessary reasons</p> 	<ul style="list-style-type: none"> Non-medically necessary trips off facility property should be avoided. Telemedicine should be utilized whenever possible 	<ul style="list-style-type: none"> Might be allowed to asymptomatic or COVID-19 negative residents or residents who meet criteria for discontinuation of transmission-based precautions, only in addition to social distancing, appropriate hand hygiene, and use of a cloth face covering or facemask. 	
<p>On site gym or fitness center</p> 	<ul style="list-style-type: none"> Gym access is limited to COVID-19 negative or asymptomatic residents or residents who meet criteria for discontinuation of transmission-based precautions, but residents may use gym equipment with social distancing (limited number of people in the gym and spaced by at least ten feet), hand hygiene, and cloth face covering or facemask. Gym equipment should be properly disinfected between each resident. 		
<p>New resident admission and Readmission placement</p> 	<ul style="list-style-type: none"> Accepting new admissions or readmission should be made in consultation with the LHD. Residents with confirmed COVID-19 who have <u>not</u> met criteria for discontinuation of Transmission-Based Precautions should go to the designated COVID-19 care “hot” unit. Residents who have met criteria for discontinuation of Transmission-Based Precautions can go to a regular unit UNLESS the resident has persistent COVID-19 symptoms (e.g., persistent cough). Those with persistent symptoms should: <ul style="list-style-type: none"> Be placed in a single room (and/or on a “warm” unit), Be restricted to their rooms and wear a facemask during care activities until all their symptoms are completely resolved. New admissions and readmissions whose COVID-19 status is unknown or residents with a single negative test should be placed in a single room, if available, and/or on a “warm” unit. All recommended COVID-19 PPE should be worn during care of residents. Carefully consider staff cohorting on the “warm” unit. Residents could be transferred out of the “warm” unit to a “cold” unit, or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). 		
<p>Testing</p> 	<ul style="list-style-type: none"> Immediately test any resident or staff with symptoms. Test all staff AND all residents weekly, except those previously testing positive. Testing should continue weekly until there are no new cases among staff or nursing home-onset cases for the previous 14 days (at a minimum weekly testing should occur twice). Once facility is no longer testing staff and residents weekly: Immediately test any resident or staff with symptoms. The trigger to resume weekly testing is identification of a Nursing home-onset case OR Case in a staff member. <p>Testing should continue weekly, except for previously positive individuals, until there are no new positives for 14 days</p>	<p>To Be Determined; VDH will use experience from Phase I testing and assess resources closer to the time facilities are ready to enter Phase II. For planning purposes, use guidance listed in Phase I.</p>	<p>To Be Determined; VDH will use experience from previous phase testing and assess resources closer to the time facilities are ready to enter Phase III.</p>

Responding To Test Results

 Resident Placement and Infection Prevention		
	Testing Positive	Testing Negative
Symptomatic at the time of testing	<ul style="list-style-type: none"> ▪ Should be cohorted on a COVID-specific “hot” unit/facility ▪ Transmission-based precautions until discontinuation criteria has been met 	<ul style="list-style-type: none"> ▪ Isolate away from both COVID positive and COVID negative residents, if possible “warm” unit ▪ Retesting might be considered for further disposition guidance
Asymptomatic at the time of testing	<ul style="list-style-type: none"> ▪ Should be cohorted on a COVID-specific “hot” unit/facility ▪ Transmission-based precautions until discontinuation criteria has been met 	<ul style="list-style-type: none"> ▪ Cohort with COVID negative residents “cold” unit
If exposed to a confirmed COVID-19 case (roommate or HCP): Retest resident		

 Staff Work Exclusion		
	Testing Positive	Testing Negative
Symptomatic at the time of testing	<ul style="list-style-type: none"> ▪ Exclude from work until all Return to Work Criteria are met 	<ul style="list-style-type: none"> ▪ If an alternative diagnosis is provided, criteria for return to work should be based on that diagnosis ▪ If no alternative diagnosis, exclude from work until all Return to Work Criteria are met ▪ Retesting might be considered for further evaluation
Asymptomatic at the time of testing	<ul style="list-style-type: none"> ▪ Exclude from work until all Return to Work Criteria are met * ▪ Retest if/when become symptomatic 	<ul style="list-style-type: none"> ▪ No work exclusions ▪ HCP should continue to monitor for signs and symptoms ▪ If HCP develops even mild symptoms, they must cease patient care activities, leave work and be retested
* In severe staff shortage, consider the decision to let asymptomatic staff work ONLY with SARS-CoV-2 positive residents and positive staff. For more information refer to CDC Strategies to Mitigate HCP Shortages .		

Interpretation of Criteria for Phase Progression

A LHD might recommend a longer waiting period (e.g., 28 days) before a facility progresses to the next Reopening Phase - This could apply to facilities that:

- Have had a significant outbreak of COVID-19 cases
- Have had a history of noncompliance with infection prevention and control measures
- Have issues maintaining adequate staffing levels, or any other situations the LHD believes may warrant additional oversight or duration before being permitted to relax restrictions.

Forward Virginia

- A nursing home's reopening should lag behind the general community's reopening by 14 days. Recommendation for a city or county to be in a specific Forward Virginia phase prior to the nursing home will act as a surrogate gate keeping criteria for case status in the community and local hospital capacity.
- A LHD might recommend the facility delay progressing to the next phase if a substantial increase in community transmission occurs. The LHD would communicate this with the facility with rationale and provide a threshold regarding when the facility would be eligible to progress.

Nursing Home-Onset Case

- A "nursing home-onset COVID-19 case" refers to COVID-19 cases that originated in the nursing home, and not cases where the nursing home admitted individuals from a hospital with a known COVID-19 positive status, or unknown COVID-19 status but became COVID-19 positive within 14 days after admission. This only applies to residents.
- A facility should immediately report a nursing home-onset COVID-19 case to their LHD and submit the Phase Change Attestation Form.

Definition of Staff

- Guidance in this document that refers to "staff" include, but are not limited to, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, emergency medical service personnel, contractual staff not employed by the facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

Implementing IPC Measures

- Facilities should work with their [local health departments](#) to determine infection prevention and control measures that should be implemented. [General guidance can be found here](#). Responding to test results to inform IPC measures might include but not limited to: cohorting approaches, work exclusions for positive staff, and Transmission-Based Precautions for positive residents.

[VDH COVID-19 Interim Guidance for Long-Term Care Facilities Updated June 19, 2020](#)



National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module

Requirements for nursing homes to report data to the NHSN LTCF COVID-19 Module became effective on May 8, 2020 when CMS published their [interim final rule](#) with comment. More information can be found [here](#). Facilities are required to confer rights (share data) in NHSN to the VDH group prior to entering Phase I. Instructions for conferring rights can be found [here](#).

A facility should not move to the next phase if they answer “yes” to any of the following questions in the previous week’s reporting period:

- Does your organization have a shortage of Nursing Staff?
- Does your organization have a shortage of Clinical Staff?
- Does your organization have a shortage of Aides?

A facility should not move to the next phase if they answer “no” to any of the following questions in the previous week’s reporting period:

- Does your facility have access to COVID-19 testing while the resident is in the facility?
- Do you have enough N95 masks for one week?
- Do you have enough surgical masks for one week?
- Do you have enough eye protection (including goggles or face shields) for one week?
- Do you have enough gowns for one week?
- Do you have enough gloves for one week?
- Do you have enough alcohol-based hand sanitizer for one week?

Facility Testing Plan

Widespread testing aims at early detection and isolating new cases to prevent COVID-19 from entering and spreading in a facility. Every facility should develop and execute the VDH recommendations for testing. Testing for nursing home residents and staff performed at public health laboratories will be available for a limited time. Facilities should make a long-term testing plan to support widespread testing. At a minimum, the plan should address the following:

1. **Testing Laboratory** -- facilities should have access to a **private or commercial laboratory** that will perform direct viral detection testing. Molecular testing (e.g. PCR) is preferred. The test used should be able to detect SARS-CoV-2 virus with greater than 95% sensitivity, greater than 90% specificity, with results obtained in a timely manner. Serology (antibody) testing should **not** be used to inform diagnosis or patient care or cohorting decisions. Information regarding the different types of tests and the available testing laboratories can be found [here](#). Determine whether staff can be tested at the nursing home or whether they will be tested offsite and how results will be shared with the facility and health department.
2. **Testing Frequency** -- Recommendations in this document should be followed. More information can be found [here](#).
3. **Testing Supplies** -- Ensure **all** resources are available, including staff, PPE, and laboratory supplies, and use the [Regional Healthcare Coalition](#) if shortages occur.
4. **Specimen Collection** -- Facility should have an adequate number of staff identified and trained to collect specimens. Specimen collection should be performed in each resident’s room with the door closed. An airborne infection isolation room is not required. For rooms with multiple residents, specimen collection should be performed on one individual at a time in a room with the door closed and no other individuals present. More information can be found [here](#).
5. **Financial Implications** -- VDH and the Virginia National Guard have partnered to conduct Point Prevalence Surveys (PPS) in Virginia’s nursing homes to test all symptomatic and asymptomatic residents and staff, at no cost to the facility. These testing events may serve as a facility’s baseline test.

For subsequent serial testing, it is expected that the cost of serial testing will be reimbursed by the Department of Medical Assistance Services and CMS for residents covered by Medicaid and Medicare. The costs for testing will be covered for symptomatic residents with insurance coverage through other payers, but coverage for regular testing of asymptomatic residents will vary pay payer. PPS may also serve as baseline tests for nursing home staff. **It is the responsibility of nursing homes to secure resources to support regular staff COVID-19 testing.**

6. **Tracking** -- Determine a process that captures which residents and staff were tested or were unable to be tested and the results from each test. A template tracking tool (e.g., line list) is located [here](#).
7. **Refusals or altered ability to make a decision** -- Include a procedure for addressing residents or staff that decline or are unable to be tested. If a resident or staff member refuses to be tested, the facility should:
 - a. Educate the refusing individual on the importance of testing in providing protection to other facility residents and facility staff.
 - b. Answer any questions posed by the refusing individual.
 - c. Address any concerns about testing raised by the refusing individual.
 - d. Have a plan in place for how to handle staff who refuse to be tested. This may require consultation with employment law experts and/or Human Resources personnel.

Baseline Testing -- Testing of all residents and all staff should be conducted before a facility is permitted to progress to Phase II. Governor Northam committed to providing public health resources to conduct baseline testing in all Virginia nursing homes through the use of CARES Act stimulus money and support from the Virginia National Guard. Facilities following the testing guidance for Phase I will satisfy this recommendation. VDH decided to require this prior to starting Phase II, instead of Phase I, due to the practicality of testing all staff and all residents statewide in a short period of time. Facilities in Phase I still have to implement many of the same restrictions that are required before entering Phase I. Also, other criteria must be met to enter Phase I that will speak to a facility's ability to prevent transmission. A LHD might recommend baseline testing prior to entering Phase I based on facility-specific factors.



Infection Prevention and Control Assessment (IPCA)

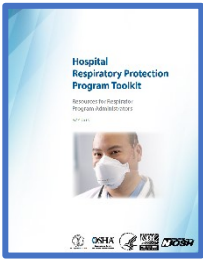
An assessment of infection prevention practices to identify and mitigate gaps should be performed **prior to a facility entering Phase II**. The assessment may be conducted remotely (e.g., by telephone or video chat) or onsite by members from various state or federal agencies

including but not limited to VDH (OLC and LHD), CDC, or HHS Health and Medical Task Force. **NOTE: This requirement is different and separate from the requirement from CMS that requires OLC to conduct on-site COVID Infection Focus Survey by the end of July.**

CDC and [CMS](#) have released complementary assessment tools that nursing homes and their state partners can use to evaluate their current infection prevention and control practices and identify areas for improvement. These tools provide a systematic review of infection control practices for COVID-19 in nursing homes. The items assessed support the key strategies of: keeping COVID-19 out of the facility, identifying infections as early as possible, preventing spread of COVID-19 in the facility, assessing and optimizing personal protective equipment (PPE) supplies, and identifying and managing severe illness in residents with COVID-19. The areas assessed include:

- Visitor restriction
- Education, monitoring, and screening of staff
- Education, monitoring, and screening of residents
- Ensuring availability of PPE and other supplies
- Ensuring adherence to recommended infection prevention and control (IPC) practices
- Communicating with the health department and other healthcare facilities

NOTE: For the purpose of re-opening you use either the CMS self-assessment tool or the CDC self-assessment tool; however to meet the expectation of CMS during the COVID Infection Focus Survey you must demonstrate that you have completed the CMS self-assessment.



Respiratory Protection Program

Establish a written plan for implementing a [Respiratory Protection Program](#) that is compliant with the OSHA respiratory protection standard for employees, if not already in place, as per [CDC guidance](#). The program should include medical evaluations, training, and fit-testing.

Communication with Local Health Department (LHD)

Reporting Testing Results

Per the Virginia *Regulations for Disease Reporting and Control* ([12 VAC 5-90-80](#)), licensed nursing homes should report suspected and confirmed cases of COVID-19 to their LHD.

Attestation The documentation can be submitted via [REDCap](#) or via [paper](#) (fax or email). LHD contact information is available [here](#). If you are having trouble reaching your LHD, please email hai@vh.virginia.gov. Facilities should self-assess their readiness to move into subsequent phases, and should submit a Phase Change Attestation to their LHD when they meet all the criteria to move from one phase to another. We encourage facilities to seek consultation from their local health department when moving from phase to phase. LHD will acknowledge receipt of the Attestation form in writing (electronically or otherwise) within two business days. Facilities should also submit a Phase Change Attestation Form indicating the need to regress pursuant to the guidelines.

Phase Change Attestation Form for Virginia Nursing Homes– Attached Below



CHC Resources Coming Soon !!!

The CHC team remains committed to developing timely and easy to understand resources for your use. In the near future, our goal is to have the following resources available for purchase.

- Re-opening Plan that discusses collaboration with LHD [local health department]
- Designated Areas for COVID 19 Protection that addresses designated hot / warm / cold areas
- Testing Plan
- Respiratory Protection Plan

CHC recognizes and respects the fact that non-essential staff are not allowed entrance into facilities until the individual facility has successfully entered into Phase II of the reopening. CHC will continue to provide support through remote means until that time and will provide additional information about scheduling onsite visits in the near future. Please contact Mary at mary@chileshealthcare.com with questions or requests.

Phase Change Attestation Form for Virginia Nursing Homes

I hereby certify and attest that my facility meets the recommendations in the Commonwealth of Virginia Nursing Home Reopening Plan criteria below for Phase

Phase I

- City or county has been in Forward Virginia Phase I for at least 14 days
- No nursing home-onset cases in residents for the past 14 days
- Infection prevention and control (IPC) measures have been implemented
 - An individual with training in IPC to provide onsite management of all COVID-19 prevention and response activities has been assigned
Name:
Email:
Phone Number:
 - Space in the facility that can be used to monitor and care for residents with COVID-19 has been designated
Screening of residents for any symptoms consistent with COVID-19 infection with documentation is occurring
Screening of staff for any symptoms consistent with COVID-19 infection with documentation is occurring
Universal source control and social distancing have been implemented
- Facility is reporting to the National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module weekly
 - Facility has conferred rights to VDH in NHSN
Facility has adequate staffing as reported in NHSN
Facility has access to adequate personal protective equipment (PPE) as reported in NHSN
Facility has access to adequate testing as reported in NHSN
- Fit-testing for respirator use for staff providing direct care for COVID-19 positive residents has been conducted
Facility testing plan has been developed
A plan has been developed to manage new admissions and readmissions where COVID-19 status is unknown

Phase II

- City or county in Forward Virginia Phase II for at least 14 days
- Nursing home has been in Reopening Phase I for at least 14 days
- Baseline testing of all residents and all staff has been conducted
 - Testing is occurring per recommendations
 - No nursing home-onset cases in residents for the past 14 days
 - No new cases in staff for the past 14 days
- Facility is reporting to the NHSN LTCF COVID-19 Module weekly
 - Facility has adequate staffing as reported in NHSN
 - Facility has access to adequate PPE as reported in NHSN
 - Facility has access to adequate testing as reported in NHSN
- Infection prevention and control assessment (IPCA) has been completed
 - IPC measures have been maintained or implemented based on the assessment