



FOCUS POINT NEWSLETTER
FOCUS POINT COVID ALERT 6/24/2020
Re-Opening Guidance Virginia Assisted Living Facilities and
UPDATE for Virginia Long Term Care Facilities

Virginia Assisted Living Facilities



On 6/23/2020, DSS published guidelines for “Re-opening” of Virginia Assisted Living Facilities. In the DSS memo from Tara Ragland, Director, Division of Licensing Programs, she recommended **“each individual facility should consider the reopening criteria and move through reopening phases based on assessment of its own specific circumstances.”** Specifically, the recommendation instructions included

“To the greatest extent possible, we strongly advise that ALFs follow Centers for Medicare and Medicaid Services recommendations and the Virginia Department of Health Nursing Home Guidance for Phased Reopening. There is no one-size-fits-all approach to reopening assisted living facilities (ALFs). There may be reasons that some ALFs can consider less stringent guidelines, such as not having an outbreak in the facility and less community spread of COVID-19 in the locality. We are not suggesting that it is appropriate or prudent for every facility to consider reopening. Each individual facility should consider the reopening criteria outlined below and move through the reopening phases based on its assessment of its own specific circumstances. It is our understanding that many ALFs are lessening their restrictions. If an ALF chooses to reopen, a strict plan to mitigate risk is essential.”

Additionally, she reminded ALF providers of infection control requirements set forth in the Virginia Administrative Code at 22VAC40-73, Standards for Assisted Living Facilities. [Link here.](#)

Under 22VAC40-73-100, facilities are required to update their **infection control programs** in response to COVID-19 to address surveillance, prevention, and control of disease and infection. Revisions to infection control plans must be consistent with Centers for Disease Control and Prevention (CDC) guidelines and Occupational Safety and Health Administration (OSHA) bloodborne pathogens regulations. In addition, infection control programs should incorporate recommendations from VDSS and the Virginia Department of Health (VDH).

In addition, if there is an outbreak of an infectious disease, such as COVID-19, facilities must follow all recommendations made by VDH to prevent or control transmission of the infectious agent in the facility.

The ALF standards specify elements for development and implementation of an infection control program, as well as infection control training requirements for all levels of staff and volunteers. Your licensing inspector may request a copy of your updated infection control policies and procedures in response to COVID-19. You may contact your inspector if you have any questions.

DSS strongly encourages the assisted living facility to develop a plan that details how the facility will move through each phase. They also suggested that the facility continue to collaborate and communicate with your fellow long-term care facilities and associations, local health department, and licensing inspector for guidance and assistance.

DSS distributed the re-opening guidance to all assisted living facilities on 6/23/2020. If you did not receive a copy, please contact your DSS inspector for information. At this point, CHC has not located the document on the DSS website.

Best Practices for Reopening Virginia Assisted Living Facilities

Adequate Testing and Case Status	<ul style="list-style-type: none"> ▪ All residents and staff who wish to do so must be able to receive a single baseline test for COVID-19. If possible, have all staff and residents tested. The Virginia Department of Health offers point prevalence surveys for ALFs and provides information on testing recommendations, planning, and actions to take based on results. https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPS-Guidance-for-LTCF_Congregated-Settings-FINAL-4-28-2020.pdf ▪ Generally, facilities <u>should not consider</u> reopening unless there has been baseline testing of all staff and residents, and there are no new COVID-19 cases in residents, acquired or originating in the facility, for 14 days
Adequate Staffing	<ul style="list-style-type: none"> ▪ Facilities must be able to manage visitation while safely providing care with current staffing levels.
Adequate Personal Protective Equipment (PPE) For Staff	<ul style="list-style-type: none"> ▪ All necessary staff must wear PPE when indicated. ▪ Facilities should have a contingency strategy for maintaining and obtaining PPE. ▪ Residents should wear a cloth face covering or facemask if tolerated when leaving their room. <ul style="list-style-type: none"> ▪ Exceptions include anyone who has trouble breathing, is incapacitated, or is otherwise unable to remove the covering without assistance. ▪ NOTE: CHC recommends that if resident is unable to wear a mask, this be addressed in the ISP ▪ If staff need N-95 respirator masks due to COVID-19 positive residents, fit-testing for respirator use must be conducted.
Continuous Monitoring of Capacity	<ul style="list-style-type: none"> ▪ Have a system in place to ensure there are resources available if there is a COVID-19 outbreak in the facility, which may include PPE, rapid testing, and adequate staffing. ▪ Facilities should consider a cohorting plan, where designated staff care for COVID-19 residents in a physically separate area in the event of an outbreak. ▪ See Nursing Home Guidance for Phased Reopening on page 5 for guidance. https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPS-Guidance-for-LTCF_Congregated-Settings-FINAL-4-28-2020.pdf
Physical Distancing	<ul style="list-style-type: none"> ▪ Maintain strict physical distancing, positioning, and movement within the facility during visits. Encourage the use of outdoor areas or well-ventilated spaces when possible
100% Screening	<ul style="list-style-type: none"> ▪ All visitors entering the facility and all staff at the beginning of their shift should <ul style="list-style-type: none"> ▪ have their temperature checked, ▪ wear a cloth face covering or facemask, and ▪ answer questions about symptoms and potential exposure. ▪ All residents should be screened daily.
Number of Visitors	<ul style="list-style-type: none"> ▪ Initially, limit visitors to those essential for residents' well-being. Limitations should be at each facility's discretion depending on its unique situation. ▪ Note: CHC recommends that each facility develop a plan for visitors; provide education to each resident and notify all residents and responsible parties of the visitation plan prior to implementation. A copy of the visitation plan should be posted in clear view of each entrance to the assisted living facility.
Health Support Services	<ul style="list-style-type: none"> ▪ Podiatry, dentistry, and therapy services should be permitted with the recommendation that service providers should provide necessary PPE. ▪ Facilities may wish to limit location of services to specific areas.
Personal Services	<ul style="list-style-type: none"> ▪ Barber and cosmetology services are strongly discouraged. If a facility deems them necessary, services may be permitted with appropriate infection control procedures, including <ul style="list-style-type: none"> ▪ limiting the number of appointments at a given time, ▪ wearing appropriate PPE (service provider and residents),

	<ul style="list-style-type: none"> ▪ appropriately sanitizing the service area and equipment before and after each appointment, ▪ prohibiting the use of hand-held dryers, and ▪ not permitting service providers to see outside clients at the facility. ▪ The facility may require service providers to supply any necessary PPE.
Communal Dining and Group Activities	<ul style="list-style-type: none"> ▪ Residents that are not infected or not suspected to have COVID-19 may gradually resume communal dining and group activities with <ul style="list-style-type: none"> ▪ stringent social distancing requirements and ▪ reduced capacity for the area where the dining or activity occurs.
Medically Necessary Transportation	<ul style="list-style-type: none"> ▪ Ensure: <ul style="list-style-type: none"> ▪ vehicles are appropriately cleaned and sanitized, ▪ residents and staff wear facemasks, ▪ physical distancing is observed, and ▪ driver is screened.
Prevalence Of COVID-19 In the Local Community	<ul style="list-style-type: none"> ▪ Considering the number and trend of cases in the surrounding community may be a factor in determining whether facilities want to reopen and/or the level of restrictions they wish to place on visitation.

Resources

Centers for Disease Control and Prevention (CDC)

- Preparing for COVID-19 in Nursing Homes: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html
- Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>

Centers for Medicare & Medicaid Services

Nursing Home Reopening Recommendations for State and Local Officials:
<https://www.cms.gov/files/document/qso-20-30-nh.pdf>

Virginia Department of Health

- VDH Nursing Home Guidance for Phased Reopening: <https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf>
- Planning for Point Prevalence Surveys in Long-Term Care Facilities: https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPS-Guidance-for-LTCF_Congregated-Settings-FINAL-4-28-2020.pdf
- COVID-19 in Virginia: <https://www.vdh.virginia.gov/coronavirus/>
- Virginia Long-Term Care Task Force: <https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/>
- Local Health Districts: [https://www.vdh.virginia.gov/local-health-districts/Virginia Department of Social Services](https://www.vdh.virginia.gov/local-health-districts/Virginia%20Department%20of%20Social%20Services)

VDSS COVID-19 Response: <https://www.dss.virginia.gov/geninfo/covid.cgi>

Commonwealth of Virginia – information on Phase 1 and 2 guidelines
 Coronavirus (COVID-19 in Virginia): <https://www.virginia.gov/coronavirus/>

Virginia Administrative Code

22VAC40-73, Standards for Assisted Living Facilities: <https://law.lis.virginia.gov/admincode/title22/agency40/chapter73>

VIRGINIA NURSING HOME RE-OPENING UPDATE

On June 19, 2020, VDH also issued an update to the VDH COVID-19 Interim Guidance for Long-Term Care Facilities. Updates. The new 25-page document includes the following topics and should be considered a supplement to : VDH Nursing Home Guidance for Phased Reopening [Link here.](#)

- Changes Made Since Last Version
 - Added section on hand hygiene
 - Added information to further clarify recommendations related to cohorting, PPE use (especially related to gowns), and cleaning and disinfection
 - Revised language to reflect the lifting of restrictions during phased reopening in accordance with the Forward Virginia and the VDH Nursing Home Guidance for Phased Reopening
 - Differentiated nursing home recommendations from those for other LTCFs where applicable. LTCFs include but are not limited to:
 - Nursing homes/skilled nursing facilities,
 - Residential rehabilitation facilities,
 - Assisted living facilities (ALFs) and memory care units,
 - Residential behavioral health facilities, and
 - Facilities providing hospice services
- Long-Term Care Facility Guidance for Covid-19 – Key Points
- Introduction
- Training
- Supply Inventory, Estimation of Anticipated Use, Assurance of Supply Chain, And Plans for Shortages or Heavy Case Loads
- Staff Screening and Assignments
- Hand Hygiene
- Use of Personal Protective Equipment (PPE), General Considerations
- Use Of PPE, Specific Situations
- Use Of PPE, Summary Table:
- Extended Use Of PPE
- Resident Screening, Movement, And Masking
- If One Case of Covid-19 Occurs Within the Facility
- If Multiple Cases of Covid-19 Occur Within the Facility
- Attachments
 - VDH Daily Screening of Healthcare Personnel (HCP) Form
 - VDH Optimization Strategies for Personal Protective Equipment (PPE) in Long-Term Care Facilities
 - VHCA and Leading Age Template Letters for Family Members for Facilities Impacted by COVID-19
 - VHCAVICAL Template Letter for Family Members if COVID-19 is Diagnosed
 - LeadingAge – Positive Diagnosis – Letter to Residents and Families
 - LeadingAge – Positive Diagnosis in Staff – Letter to Residents and Families
 - LeadingAge – COVID-19 Death – Letter to Residents and Families
 - VDH Guidelines for cleaning and disinfection for SARS-CoV-2
 - VDH Line List for COVID-19 Outbreaks
- Key Resources for Additional Information

The 6/19/2020 Update should be read carefully as it contains many recommendations and provides additional resources. CHC will be carefully reviewing the information incorporating many of the recommendations as “best practices” in the resource tools we develop for your consideration and use. It is prudent to check the VDH website frequently for any additional updates. The update may be found [here.](#)

N95 Respiratory Fit Testing Train-the-Trainer Course

VDH is hosting a series of [Respiratory Fit Testing Train-the-Trainer Courses](#) from June 30 – July 29. Space is limited and available on a first-come-first-serve basis. [The website identifies the data and location of the training.](#)

The Virginia Healthcare Emergency Management Program, in partnership with Russell Phillips & Associates, conducted a statewide assessment of licensed skilled nursing facilities COVID-19 capabilities and needs at the end of May and early June. One of the needs identified in the assessment was fit testing.

Individuals who attend the 2.5 hour [course](#) will be able to train others in the proper procedures for fit-testing. [This training is for qualitative testing using a hood, and not quantitative testing.](#)

Advance Preparation

Everyone who attends the Train-the-Trainer training needs to:

1. Complete the [OSHA Medical Questionnaire](#).
2. Secure the signature of a physician or other licensed healthcare professional on the [Medical Recommendation for Respirator Use Form](#) and bring it to the training.
3. Bring a [N95 Fit Test Kit like this one](#) and N95 mask with them to the training.

Note 1: If you do not have a N95 respirator fit test kit, email eptraining@vdh.virginia.gov stating you do not. VDH can make arrangements to have one to use during the training.

Note 2: VDH is only doing the initial fit testing, and any further checks/maintenance/documentation etc. are the responsibility of the employer/employee.

CHC NOTE: Different types of N95 masks require different type of fit testing; the testing must be specific to the type of N95 masks that you are using in your facility. The N-95 training power point that is offered by CHC is not appropriate for the N95 masks that require quantitative and/or qualitative testing as defined by OSHA. The CHC N95 training is appropriate for many of the disposable N95 masks. CHC strongly encourages you to check the manufacturer instructions for the type of testing that is required for the N95 masks that you are using. Remember the mask must fit properly in order to provide the best barrier and protection.