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## FOCUS POINT NEWSLETTER - 9/13/2021

### IMPORTANT UPDATE ON COVID 19 TESTING FOR NURSING HOMES

Revised 9/10/21 QSO 20-38-NH -- [Interim Final Rule \(IFC\), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care \(LTC\) Facility Testing Requirements | CMS](#)



This memo contains a significant amount of information regarding F886 COVID-19

Testing. CHC encourages you to read it carefully, review content at the referenced links, AND update your current COVID policies. Key elements within the memo include:

- New / revised definitions
- COVID-19 testing is now based on the facility's county level of community transmission; the county positivity rate is no longer being applicable
- Facilities now have two options to conduct outbreak testing, through either a contact tracing or broad-based testing approach.
- Guidance on documentation requirements and emphasis that these regulations will be reviewed for compliance during COVID 19 focus surveys AND standard surveys

#### *New Definitions*

**"Close contact"** refers to someone who has been within 6 feet of a COVID-19 positive person for a cumulative total of 15 minutes or more over a 24-hour period.

**"Level of community transmission"** refers to facility's county level of COVID-19 transmission. This metric uses two indicators for categorization

1. Total number of new cases per 100,000 persons within the last 7 days and
2. Percentage of positive diagnostic and screening nucleic acid amplification tests (NAAT) during the last 7 days), which can be found on the Centers for Disease Control and Prevention (CDC) COVID-19 Integrated County View site at <https://covid.cdc.gov/covid-data-tracker/#county-view>

**"Fully vaccinated"** refers to the CDC definition. The current definition can be found on CDC's website: Interim Public Health Recommendations for Fully Vaccinated People | CDC.

**"Higher-risk exposure"** refers to exposure of an individual's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if present in the room for an aerosol-generating procedure. This can occur when staff do not wear adequate personal protective equipment during care or interaction with an individual. For more information, see CDC's "Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2."

**NEW / Revised Guidance on Testing**

**Table 1: Testing Summary**

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, vaccinated and unvaccinated, with signs <b>or</b> symptoms must be tested.	Residents, vaccinated and unvaccinated, with signs <b>or</b> symptoms must be tested.
Newly identified COVID- 19 positive staff or resident in a facility that can identify close contacts	Test all staff, vaccinated and unvaccinated, that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, vaccinated and unvaccinated, that had close contact with a COVID-19 positive individual.
Newly identified COVID- 19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, vaccinated and unvaccinated, facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).	Test all residents, vaccinated and unvaccinated, facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).
Routine testing	According to Table 2 Below	Not <b>generally</b> recommended

**Testing of Staff and Residents with COVID-19 Symptoms or Signs**

Staff with symptoms or signs of COVID-19, vaccinated or not vaccinated, must be tested **immediately** and are expected to be restricted from the facility pending the results of COVID-19 testing. If COVID-19 is confirmed, staff should follow Centers for Disease Control and Prevention (CDC) guidance [“Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2.”](#) Staff who do not test positive for COVID-19 but have symptoms should follow facility policies to determine when they can return to work.

**Testing of Staff with a Higher-Risk Exposure and Residents who had a Close Contact**

For information on testing staff **with a higher-risk exposure** to COVID-19 and residents who **had close contact with a COVID-19 positive individual, when the facility is not in an outbreak status**, see the CDC’s [“Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes”](#) and [“Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2.”](#) Examples may include exposures from a visitor, while on a leave of absence, or during care of a resident on the COVID-19 unit.

**Testing of Staff and Residents During an Outbreak Investigation**

- A new COVID-19 infection in any **staff** or any nursing home-onset COVID-19 infection in a resident **triggers an outbreak investigation**. In an outbreak investigation, rapid identification and isolation of new cases is critical in stopping further viral transmission. A resident who is admitted to the facility with COVID-19 does not constitute a facility outbreak.
- Upon identification of a single new case of COVID-19 infection in any staff or residents, **testing should begin immediately**. **Facilities have the option to perform outbreak testing through two approaches, contact tracing or broad-based (e.g., facility-wide) testing.**
  - If the facility has the ability to identify close contacts of the individual with COVID-19, they could choose to conduct focused testing based on known close contacts.
  - If a facility does not have the expertise, resources, or ability to identify all close contacts, they should instead investigate the outbreak at a facility-wide or group-level (e.g., unit, floor, or other specific area(s) of the facility).
    - › Broader approaches might also be required if the facility is directed to do so by the jurisdiction’s public health authority, or in situations where all potential contacts are unable to be identified, are too numerous to manage, or when contact tracing fails to halt transmission.
      - ◆ For further information on contact tracing and broad-based testing, including frequency of repeat testing, see CDC guidance [“Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes.”](#)

## Routine Testing of Staff

Routine testing of unvaccinated staff should be based on the extent of the virus in the community. Fully vaccinated staff do not have to be routinely tested. Facilities should use their **community transmission level** as the trigger for staff testing frequency. **Reports of COVID-19 level of community transmission are available on the [CDC COVID-19 Integrated County View site: https://covid.cdc.gov/covid-data-tracker/#county-view](https://covid.cdc.gov/covid-data-tracker/#county-view). Please see the COVID-19 Testing section on the CMS COVID-19 Nursing Home Data webpage: <https://data.cms.gov/covid-19/covid-19-nursing-home-data> for information on how to obtain current and historic levels of community transmission on the CDC website**

**Table 2: Routine Testing Intervals by *County COVID-19 Level of Community Transmission***

<b>Level of COVID-19 Community Transmission</b>	<b>Minimum Testing Frequency of Unvaccinated Staff*</b>
<b>Low (blue)</b>	Not recommended
<b>Moderate (yellow)</b>	Once a week*
<b>Substantial (Orange)</b>	Twice a week*
<b>High (red)</b>	Twice a week*

Vaccinated staff **do not need to** be routinely tested.

\*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

- If the **level of community transmission** increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table above as soon as the criteria for the higher activity **level** are met.
- If the **level of community transmission** decreases to a lower level of activity, the facility should continue testing staff at the higher frequency level until the **level of community transmission** has remained at the lower activity level for at least two weeks before reducing testing frequency

## Documentation of Testing

Facilities must demonstrate compliance with the testing requirements. To do so, facilities should do the following:

- For symptomatic residents and staff, document the date(s) and time(s) of the identification of signs or symptoms, when testing was conducted, when results were obtained, and the actions the facility took based on the results.
- Upon identification of a new COVID-19 case in the facility, document the date the case was identified, the date that other residents and staff are tested, the dates that staff and residents who tested negative are retested, and the results of all tests (see section “Testing of Staff and Residents During an Outbreak Investigation” above).

## Surveying for Compliance

Compliance will be assessed through the following process using the COVID-19 Focused Survey and during the Standard Survey for Nursing Homes:

1. Surveyors will ask for the facility’s documentation noted in the “Documentation of Testing” section above and review the documentation for compliance.
2. Surveyors will also review records of those residents and staff selected as a sample as part of the survey process.
3. If possible, surveyors should observe how the facility conducts testing in real-time. In this process, surveyors will assess if the facility is conducting testing and specimen collection in a manner that is consistent with current standards of practice for conducting COVID-19 tests, such as ensuring PPE is used correctly to prevent the transmission of the virus. If observation is not possible, surveyors should interview an individual responsible for testing and inquire on how testing is conducted (e.g., “what are the steps taken to conduct each test?”).
4. If the facility has a shortage of testing supplies, or cannot obtain test results within 48 hours, the surveyor should ask for documentation that the facility contacted state and local health departments to assist with these issues.

The current Survey/Infection Prevention, Control & Immunization Pathway (CMS-20054) can be found in the LTC Survey Pathways zip file located at <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations>





### CHC Update Policy on COVID 19 Testing

In August, CHC reviewed their COVID 19 policies and updated many of them including the COVID 19 Testing policy. Obviously, the August version is no longer applicable. **We have updated the COVID 19 Testing policy as well as the staff testing tracking log to be compliant with the current CMS regulations.** If you purchased the August version of the COVID 19 Testing policy and you would like the September version, please contact Mary and it will be sent to you at no charge. If you did not purchase the August version, the cost of the September COVID 19 Testing policy may be obtained for \$75; the staff tracking testing log at \$50. Contact Mary at [mary@chileshealthcare.com](mailto:mary@chileshealthcare.com)



### Coadministration of COVID-19 and Influenza Vaccines

With influenza (flu) season approaching, there may be compelling logistical advantages to offering patients COVID-19 and flu vaccines on the same day. Per [CDC's clinical considerations for COVID-19 vaccines](#), you can safely administer COVID-19 and flu vaccines (both live, attenuated, and non-live influenza vaccines) without regard to

timing. This includes administration of COVID-19 and flu vaccines on the same day and coadministration within 14 days. When deciding whether to administer vaccines, please consider:

- Whether the patient is behind or at risk of becoming behind on recommended vaccines
- The patient's risk of vaccine-preventable disease
- The reactogenicity profile of the vaccines
- The likelihood of avoiding a missed opportunity to vaccinate



[Best practices for administering multiple vaccines](#) include the following:

- Label each syringe with the name and the dosage (amount) of the vaccine, lot number, the initials of the preparer, and the exact beyond-use time, if applicable.
- Separate injection sites by 1 inch or more, if possible.
- Administer the COVID-19 vaccines and vaccines that may be more likely to cause a local reaction (i.e., adjuvanted influenza vaccines) in different limbs, if possible.

Flu vaccination will reduce the burden of flu illnesses, hospitalizations and deaths on the health care system and help conserve healthcare resources for COVID-19 and other conditions.



### Judy Wilhide Brandt, RN, BA, CPC, QCP, RAC-MTA, DNS-CT

[CMS recently updated SE20011](#) to make sure we know one thing. If we use the QHS waiver, the medical record better show the daily skilled need. Changes in red below:

The emergency SNF QHS and benefit period requirements under Section 1812(f) of the Social Security Act help restore SNF coverage that patients affected by the emergency would be entitled to under normal circumstances. **By contrast, these emergency measures don't waive or change any other existing requirements for SNF coverage under Part A such as the SNF level of care criteria, which remain in effect under the emergency.**

Using the authority under Section 1812(f) of the Social Security Act, CMS doesn't require a 3- day prior hospitalization for coverage of a SNF stay, which provides temporary emergency coverage of SNF services (including SNF-level swing-bed services in rural hospitals and CAHs) without a QHS, for those people who experience dislocations, or are otherwise affected by COVID-19. **At the same time, we're monitoring for any SNF admissions under Section 1812(f) that don't meet the SNF level of care criteria (which, as noted above, remain in effect during the emergency), and we'll take appropriate administrative action in any instances that we find. See SNF Billing Reference for more information on SNF eligibility and coverage requirements.** Judy has a recorded webinar if you need some

education on Medicare skilled care eligibility. [Ensuring Medicare Eligibility in a SNF: Recorded webinar \(podia.com\)](#).

**ISP Training, ISP Refresher, and Direct Care Staff Training** - Carey Peerman a Chiles Healthcare consultant and founder of Clear Edge Consulting is offering these trainings for Assisted Living facilities in Virginia. The ISP Training meets the standards of 22 VAC 40-73-450, as the department-approved assisted living facility ISP training; UAI training is required to complete this course. The ISP Refresher is for those who have previously taken the ISP training/certification and need a review. Now available, Direct Care Staff Training, in partnership with ALF's to complete the training requirements for those staff members not already certified nursing assistants. All courses are online and accessible 24/7. Please visit [www.clearedgeconsulting.com](http://www.clearedgeconsulting.com) or email [carey@clearedgeconsulting.com](mailto:carey@clearedgeconsulting.com) for additional information.



**Let's Talk Life-Safety with Roy LeNeave** [rleaneave@yahoo.com](mailto:rleaneave@yahoo.com) or [rwlifesafety.com](http://rwlifesafety.com)

### **Required Smoke/Fire Door Inspections**

With the adoption of the 2012 Life Safety code; the inspection of rated door assemblies became a focused requirement. Since Healthcare facility "shelter-in-place", the necessity of these door assemblies operating as design is lifesaving. Evacuation to non-affected zones is protected by rated assemblies. It is important to know the codes when determine what doors need to be inspected or labeled as decommissioned because they are no longer required to be fire rated.

Questions to consider:

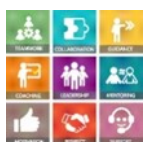
1. Is your maintenance staff trained to conduct door assembly inspections per NFPA 80 & 105?
2. Do you have written documentation that addresses all the required inspection components?
3. Have you decommissioned doors that are no longer required as addressed in NFPA 4.6.12.3?
4. Did you know that metal frames that are "well-set" do not require a rating label?

NFPA 101.7.2.1.15.2 2012 edition - requires all fire and smoke doors to be inspected and tested, including:

1. Fire rated labeled doors
2. Doors in exit enclosures - typically stairwells and exit passageways
3. Doors in smoke barriers
4. Doors in other fire resistance rated walls such as hazardous areas and fire pump enclosures, trash, and laundry chutes.

Inspection and testing requirements for fire-rated door assemblies in accordance with NFPA 80. Inspection and testing requirements for smoke door assemblies in accordance with NFPA 105:

1. Applies to new and existing installations
2. Inspected and tested not less than annually
3. Written record shall be signed and kept for inspection
4. Repairs shall be made "without delay"



### **CHC Updates / Reminders**

COVID 19 outbreaks are again creating challenges on our ability to be on-site at your facility. If a CHC team member is scheduled to be on-site at your facility, we ask that prior to our travel time, you alert us if you have any positive residents/staff at your facility or if there is a reason that on-site visit should not occur.

Remember that we are able to provide many of our services remotely and can communicate with you via encrypted

zoom meetings. At this time, we are scheduling both on-site and remote services. Contact Mary and/or a CHC associate if we can be of assistance.

The CHC team has developed/updated the following policies and/or guidelines; if you are interested, please contact Mary at [mary@chileshealthcare.com](mailto:mary@chileshealthcare.com)

- Updated COVID 19 Policies/Guidelines – a comprehensive bundle of 30 policies specific to COVID 19 compliance that were reviewed and updated August 2021 to reflect current CMS, CDC and VDH guidelines. Each individual policy/guideline is \$50; contact Mary for listing and bundled package prices.
- TB Screening for Employees in Virginia Nursing Homes; includes policy and screening tools *and* TB Screening for Residents in Nursing Homes– package price of \$75 for both or \$50 individually
- Skin/Wound Care Policies – contact Mary for listing and prices

### Compliments Can Have Great Impact

Letting someone know they are appreciated and valued can happen with a compliment. Here is how to give a powerful compliment as a way to recognizing work well done.



1. Know **why** you are recognizing this individual. Let them know how they have positively impacted you or the team.
2. Be able to share exactly **what** you experienced or observed that made you want to recognize this individual.
3. Comment on **how** this individual impacted the group's efforts. Share the impact of what the individual actions meant to you and the rest of the team or organization.