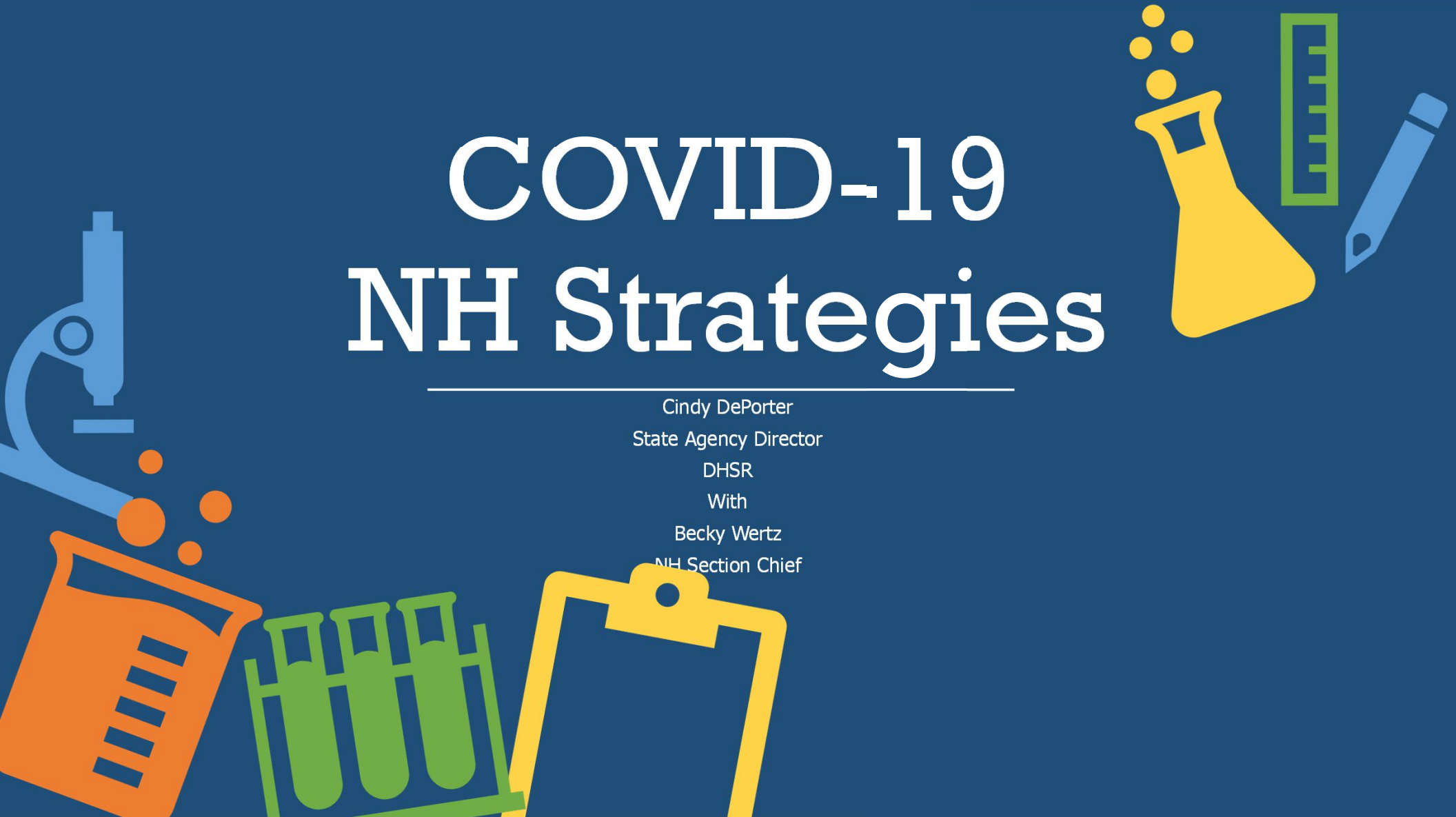


COVID-19 NH Strategies

Cindy DePorter
State Agency Director
DHSR
With
Becky Wertz
NH Section Chief



Objectives

- Review of Governors Recommendations for Restrictions
- Questions: CMS's two transmittals concerning COVID-19
- OSO-20-12: All: Suspension of Survey Activities
- QSO-20-12: NH: Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes
- Participants will be provided information on NH expectations for infection control and prevention.
- Participants will understand CMS's expectations for state agency responsibility in regards to surveying facilities



Governor's Recommendations

- Definition of Restricting visitation
- Screening visitors
- Visitation best practices
- Strategies for alternatives to in-person visitation
- Signage and Preventive measures
- Monitoring Facility Staff
- Lists of available Resources

1. Restricting Visitation

- Given the current public health situation, NC DHHS is recommending that LTC facilities restrict visitation unless it meets one of the following exceptions:
 - 1) end-of-life-care, or
 - 2) an emergent situation determined by the facility to necessitate the visit. Even if the proposed visitation meets one of the above exceptions, the facility should still screen the visitor and restrict (prohibit) the visitor from entry into the facility if the screening indicates the visit would likely put a resident/client at risk of transmission of a respiratory infection of COVID-19.

Restricting Visitation

- A determination by the facility that there is an emergent situation that necessitates the visit is a case by case determination by the facility that carefully balances the emergent need of the resident/client with the existing public health threat.
- Facilities should also be mindful of the visitor's potential contact with other residents/clients.

2. Screening Visitors

- There are situations where the welfare of the LTC resident/client will result in the need for a visit. In the event the facility determines the visit is necessary, the facility must carefully screen the visitor to determine whether it appears the visitor has respiratory illness or potential exposure to COVID-19, and if the visitor does, the facility should restrict the visitor from entering the facility.
- LTC facilities must screen every individual each and every time they are wishing to enter the facility. (A visitor is any person who is not an employee or resident/client of the facility and includes vendors and contractors.)

Each potential visitor should be screened by asking the following questions:

1. Do you currently have signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat?
2. In the last 14 days, have you had contact with any of the following:
 - a) someone with a confirmed or presumptive diagnosis of COVID-19, or
 - b) someone under investigation for COVID-19, or
 - c) someone with respiratory illness, or
 - d) someone who has been asked to quarantine themselves?
3. In the last 14 days have you been in an area (whether local or in another state or country) that has multiple (more than 1) cases of COVID-19?

Monitoring continued.....

- **If a visitor answers “yes” to any of the above questions, or appears to be suffering from respiratory illness (coughing, shortness of breath, fever), the visitor should be instructed to defer their visit and return when they will not pose a risk to the safety of the residents/clients in the facility. This means the facility should restrict (prohibit) this visitor from entering the facility.**
- As the facility screens each visitor, the facility should record the full name and telephone of every visitor, the date and time of the visit, and the name or room number of the resident/client with whom they are visiting. At the conclusion of the visit, visitors should be required to sign out of the facility and exit through a designated exit.

3. Visitation Best Practices

When visitation is allowed, facilities should designate one entrance and exit area. The facility should station a staff person at or near the designated area to screen each visitor. Facilities should give careful instructions to visitors regarding the following:

- Visitors should be instructed to avoid contact with residents/clients other than the individual with whom they are there to see;
- With respect to the resident/client the visitor is there to see, the visitor should be reminded to help prevent potential transmission of any infections by refraining from hugging or touching the resident/client;

Best Practices continued.....

- Visitors should be instructed to limit physical contact and practice social distancing by no hand-shaking, remaining six feet apart, and not sharing food or drinks with the resident/client;
- The facility should assure the visitor has limited contact with any residents/clients or staff other than the resident/client the visitor is there to see;
- The facility should make at least 60% alcohol-based hand sanitizer available to those entering the facility and encourage visitors to use it;
- The facility may require visitors to use Personal Protective Equipment (PPE) such as facemasks; and,
- The facility should ensure all resident's/client's bathrooms and all common bathrooms are stocked with liquid hand soap and paper towels.

4. Strategies for Alternatives to In Person Visitation:

- Whenever a resident/client is not able to enjoy visitation from their family members, close friends or clergy, the facility should help the visitor with strategies to communicate with the resident/client and get information regarding the resident's/client's well-being.

When in-person visitation is not possible, facilities should consider:

- Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication such as FaceTime or Skype, texting, etc.);
- Creating/increasing listserv communication to update families;
- Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date; and,
- Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status.

5. Use of Signage at Facilities and Other Preventive Measures

- Facilities should increase visible signage at entrances/exits, increase availability of alcohol-based hand sanitizer, and may offer personal protective equipment (PPE) for individuals entering the facility (if supply allows).
- Before visitors enter the facility and residents'/clients' rooms, provide instruction to visitors on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's/client's room. Individuals with fevers, other symptoms of COVID-19, or who are unable to demonstrate proper use of infection control techniques should be restricted from entry.
- Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above

Limitations:

- Limiting movement of visitors: In cases when visitation is allowable, facilities should instruct visitors to limit their movement within the facility to the resident's/client's room the visitor is there to see (e.g., reduce walking the halls, avoid going to dining room, etc.)
- Limiting movement of external individuals: Facilities should review and revise how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents/clients to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have supplies dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions.

Continued.....

- Visitor Reporting: Advise visitors to immediately report to the facility and local health department any signs and symptoms of COVID-19 or acute illness the visitor experiences within 14 days after visiting the facility.
- Activities Outside the Facility: Cancel activities that take residents/clients into the community to public places particularly with large gatherings, such as mall, movies, etc. (Note: this does NOT apply to residents/clients who need to leave the building for medical care such as dialysis, medical visits, etc).

6. Monitoring Facility Staff

How should facilities monitor or restrict health care facility staff?

- Staff should be screened at the beginning of their shift.
- The same or a similar screening performed for visitors should be performed for facility staff.
- Staff who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should: Immediately stop work, put on a facemask, and self-isolate at home;

Monitoring continued.....

- In a skilled nursing facility, inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
- Contact and follow the local health department recommendations for next steps (e.g., testing).
- In an adult care home facility (or other long term care setting) where there is not an infection preventionist, inform the administrator and the designated infection control staff person and contact and follow the local health department for next steps (e.g., testing)
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>).

NC DHHS Resources

NC DHHS Resources:

- NCDHHS COVID-19

Website: <https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina>

- NCDHHS COVID-19 Resources for Long Term Care Facilities: <https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina/covid-19-long-term>

CDC Resources:

Infection preventionist training: <https://www.cdc.gov/longtermcare/index.html>

- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC Updates: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- *Information on affected US locations:* <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>
- ***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>.

CMS Resources

- Long term care facility – Infection control self-assessment worksheet:
<https://qsep.cms.gov/data/252/A.NursingHomeInfectionControlWorksheet11-8-19508.pdf>
- Infection control toolkit for bedside licensed nurses and nurse aides (“Head to Toe Infection Prevention (H2T) Toolkit”): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment>
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

QSO – 20-14-NH: Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities
- **Guidance for Infection Control and Prevention of COVID-19** - CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19 **including revised guidance for visitation.**

CMS Memorandum Summary

- **Coordination with the Centers for Disease Control (CDC) and local public health departments** - We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>).
- **Following the Food and Drug Administration's (FDA) emergency use authorization (EUA) expanding the use of certain industrial respirators to health care personnel, CMS is clarifying that such use is appropriate in Medicare/Medicaid certified providers and suppliers.**

*****NH's should be contacting their local health department with any types of infectious diseases in their facilities.

Guidance

Facilities should monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19.

Enter label here

Per CDC, prompt detection, triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals.

Enter label here

Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day.

Enter label here

Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and

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...CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care.

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This includes communicating effectively with patients, patient representatives and/or their family, and understanding their individual needs and goals of care.

Enter label here



Guidance continued:

- Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their *local* or state health department for further guidance.
- In addition to the overarching regulations and guidance, we're providing the following information (Frequently Asked Questions) about some specific areas related to COVID-19:

Guidance for Limiting Transmission

How should facilities monitor or restrict visitors?

Facilities should screen visitors for the following:

- 1. International travel within the last 14 days to restricted countries. For updated information on restricted countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- 2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat.
- 3. Has had contact with someone with or under investigation for COVID-19.

Facilities should *actively screen and restrict* visitation *by those who meet the following criteria:*

- 1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
- 2. *In the last 14 days*, has had contact with someone *with a confirmed diagnosis of COVID-19*, or under investigation for COVID-19, *or are ill with respiratory illness*.
- 3. International travel within the last 14 days to countries *with sustained community transmission*. For updated information on *affected* countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- 4. *Residing in a community where community-based spread of COVID-19 is occurring*.

Guidance for visitation:

- *For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use Personal Protective Equipment (PPE) such as facemasks (see expanded guidance below).*
- ***Limiting visitors and individuals: Expanded recommendations:***
- *CMS is providing the following expanded guidance to prevent the spread of COVID-19 (in addition to the information above about restricting visitors).*

Guidance for visitation:

- **Restricting** means the individual should not be allowed in the facility at all, until they no longer meet the criteria above.
- **Limiting** means the individual should not be allowed to come into the facility, except for certain situations, such as end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.
- **Discouraging** means that the facility allows normal visitation practices (except for those individuals meeting the restricted criteria), however the facility advises individuals to defer visitation until further notice (through signage, calls, etc.).

1. *Limiting or Discouraging visitation:*

*a) **Limiting:** For facilities that are in counties, or counties adjacent to other counties where a COVID-19 case has occurred, we recommend **limiting** visitation (except in certain situations as indicated above). For example, a daughter who visits her mother every Monday, would cease these visits, and limit her visits to only those situations when her mom has a significant issue. Also, during the visit, the daughter would limit her contact with her mother and only meet with her in her room or a place the facility has specifically dedicated for visits.*

*b) **Discouraging:** For all other facilities (nationwide) not in those counties referenced above, we recommend **discouraging** visitation (except in certain situations). See below for methods to discourage visitation. Also see CDC guidance to “stay at home” <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html#stay-home>.*

2. Increasing signage:

Facilities should increase visible signage at entrances/exist, offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility (if supply allows).

Also, provide instruction, before visitors enter the facility and residents' rooms, 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.

Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above.

3. Screening Visitors:

- *In addition to the screening visitors for the criteria for restricting access (above), facilities should ask visitors if they took any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location.*
- *If so, facilities should suggest deferring their visit to a later date. If the visitor's entry is necessary, they should use PPE while onsite.*
- *If the facility does not have PPE, the facility should restrict the individual's visit, and ask them to come back at a later date (e.g., after a 14 days with no symptoms of COVID-19).*

3. When visitation is allowed:

- *In cases when visitation is allowable, facilities should instruct visitors to limit their movement within the facility to the resident's room (e.g., reduce walking the halls, avoid going to dining room, etc.*

5. Other considerations:

- *Facilities should review and revise how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, 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 as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions. For example, hospice workers can enter a facility when using PPE properly.*

6. In lieu of visits (limiting or discouraging)

a) In lieu of visits (either through limiting or discouraging), facilities can 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.

7. *When visitation is necessary or allowable, facilities should make efforts to allow for safe visitation for residents and loved ones. For example:*

- *a) Suggest limiting 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. If in-person access is allowable, use the guidance mentioned above. 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).*

8. Visitor reporting:

- *a) Advise exposed visitors (e.g., contact with COVID-19 resident prior to admission) to monitor for signs and symptoms of respiratory infection for at least 14 days after last known exposure and if ill to self-isolate at home and contact their healthcare provider.*
- *b) Advise visitors to report to the facility any signs and symptoms of COVID-19 or acute illness within 14 days after visiting the facility.*

F563 : Visitation

§483.10(f)(4) The resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident's right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.

(ii) The facility must provide immediate access to a resident by immediate family and other relatives of the resident, subject to the resident's right to deny or withdraw consent at any time;

(iii) The facility must provide immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable clinical and safety restrictions and the resident's right to deny or withdraw consent at any time;

(iv) The facility must provide reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and

(v) The facility must have written policies and procedures regarding the visitation rights of residents, including those setting forth any clinically necessary or reasonable restriction or limitation or safety restriction or limitation, when such limitations may apply consistent with the requirements of this subpart, that the facility may need to place on such rights and the reasons for the clinical or safety restriction or limitation.

DEFINITIONS §483.10(f)(4)(ii)-(v)

“Reasonable clinical and safety restrictions” include a facility’s policies, procedures or practices that protect the health and security of all residents and staff. These may include, but are not be limited to:

- *Restrictions placed to prevent community-associated infection or communicable disease transmission to the resident. A resident’s risk factors for infection (e.g., immunocompromised condition) or current health state (e.g., end-of-life care) should be considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious (e.g., 24 hours after resolution of fever without antipyretic medication). If deferral cannot occur such as the case of end-of-life, the visitor should follow respiratory hygiene/cough etiquette as well as other infection prevention and control practices such as appropriate hand hygiene.*

Definitions

- *Keeping the facility locked or secured at night with a system in place for allowing visitors approved by the resident;*
- *Denying access or providing limited and supervised access to an individual if that individual is suspected of abusing, exploiting, or coercing a resident until an investigation into the allegation has been completed or has been found to be abusing, exploiting, or coercing a resident;*
- *Denying access to individuals who have been found to have been committing criminal acts such as theft; or*
- *Denying access to individuals who are inebriated or disruptive.*

Guidance:

- *Resident's family members are not subject to visiting hour limitations or other restrictions **not imposed by the resident**. With the consent of the resident, facilities must provide 24-hour access to other non-relative visitors, subject to **reasonable clinical** and safety restrictions.*

How should facilities restrict or monitor health care staff?

- The same screening performed for visitors should be performed for facility staff (numbers 1, 2, and 3 above).
- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
 - o Immediately stop work, put on a facemask, and self-isolate at home;
 - Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
 - Contact and follow the local health department recommendations for next steps (e.g., testing, locations for treatment).

Monitoring/restricting health care staff

- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>).

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>).

When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?

- Nursing homes with residents suspected of having COVID-19 infection should **contact their local health department**. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms maybe mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC.
- Facilities without an airborne infection isolation room (AIIR) are not required to transfer the patient assuming:
 - 1) the patient does not require a higher level of care and
 - 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

(<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>)

Transfer to another health care setting cont...

- The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care.
- Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer.
- If the patient does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the patient and isolate him/her in a room with the door closed.

When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?

- A nursing home can accept a patient diagnosed with COVID-19 and still under Transmission-based Precautions for COVID-19 as long as it can follow CDC guidance for transmission-based precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released [Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19](#).
- Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).
- **Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).**

Other Considerations for facilities:

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Increase the availability and accessibility of alcohol-based hand sanitizer (ABHS), tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, patient check-ins, etc.
- Ensure ABHS is accessible in all resident-care areas including inside and outside resident rooms.

Other Considerations for facilities:

- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

Will nursing homes be cited for not having the appropriate supplies?

- *CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control.*
- *However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water.*
- *Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents.*
- *If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.*

What other resources are available for facilities to help improve infection control and prevention?

- CMS urges providers to take advantage of several resources that are available:

CDC Resources:

- Infection preventionist training: <https://www.cdc.gov/longtermcare/index.html>
- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html> CDC

Updates:

- Information on affected US locations: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html> CDC FAQ for COVID-19:

CMS Resources:

- Long term care facility – Infection control self-assessment worksheet:
https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Infection control toolkit for bedside licensed nurses and nurse aides (“Head to Toe Infection Prevention (H2T) Toolkit”):
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment>
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

Contact: Email
DNH_TriageTeam@cms.hhs.gov

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

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.

Suspension of Survey Activities

Ref: QSO-20-12-All

Memorandum Summary

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of the 2019 Novel Coronavirus (COVID-19).
- The Centers for Medicare & Medicaid Services (CMS) CMS is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of the COVID-19 and other respiratory illnesses.

Background

- CMS is committed to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19 and other respiratory illness.
- Specifically, CMS is suspending non-emergency inspections across the country, allowing inspectors to turn their focus on the most serious health and safety threats like infectious diseases and abuse. This shift in approach will also allow inspectors to focus on addressing the spread of the coronavirus disease 2019 (COVID-19). CMS is issuing this memorandum to State Survey Agencies to provide important guidelines for the inspection process in situations in which a COVID-19 is suspected.

Discussion

Effective immediately, survey activity is limited to the following (in Priority Order):

- All immediate jeopardy complaints (cases that represents a situation in which entity noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death or harm) and allegations of abuse and neglect;
- Complaints alleging infection control concerns, including facilities with potential COVID-19 or other respiratory illnesses;

Discussion continued:

- Statutorily required recertification surveys (Nursing Home, Home Health, Hospice, and ICF/IID facilities);
- Any re-visits necessary to resolve current enforcement actions;
- Initial certifications;
- Surveys of facilities/hospitals that have a history of infection control deficiencies at the immediate jeopardy level in the last three years;
- Surveys of facilities/hospitals/dialysis centers that have a history of infection control deficiencies at lower levels than immediate jeopardy.

Further information.....

- Due to the dynamic nature of this situation, we will be posting updated FAQs in real-time at the following website:
<https://www.cms.gov/medicare/quality-safety-oversight-general-i>
- For survey of facilities with Complaints alleging infection control concerns, including facilities with potential COVID-19 or other respiratory illness,
 - please refer to the attached (Attachment A- Survey Planning in Facilities with Active or Suspected Cases of COVID-19 Cases; Attachment B- Infection Prevention, Control & Immunizations).

Contact Information:

- **Contact:** Questions about this document should be addressed to QSOG_EmergencyPrep@cms.hhs.gov.

Attachment A- Survey Planning in Facilities with Active or Suspected Cases of COVID-19 Cases

I. Protocols for Coordination and Investigation of Facilities with Actual or Suspected COVID-19 Cases

- When a COVID-19 confirmed case or presumptive positive case (e.g., positive local test but pending confirmatory test), is identified in a Medicare/Medicaid certified provider or supplier, State Survey Agencies and Accrediting Organizations (AO) are requested to do the following:

What the state agency does:

- Notify the appropriate CMS Regional Office (if they are not already aware) of the facility and date of patient/resident COVID-19 or presumptive respiratory illness or confirmed status;
- Coordinate on initiating any Federal complaint or recertification survey of the impacted facility until CDC (and any other relevant Federal/State/Local response agencies) have cleared the facility for survey. The CMS Regional Office will then authorize a survey, if necessary;
- Ensure surveyors have all necessary Personal Protective Equipment (PPE) appropriate to allow a survey of the facility; Refer to CDC Infection Control resources for the most up to date guidance.
- Suspend any Federal enforcement action for any deficiencies identified until reviewed and approved by the CMS Regional Office to ensure consistent and appropriate action.

II. Focused Surveying – Prioritizing Threats

-In all cases, concerns of **Immediate (IJ)** (cases that represents a **situation in which entity noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death** or harm) and cases of abuse and neglect allegations from complaints will continue to receive high priority for survey. Non-emergency surveys will be suspended. **Jeopardy**

III. Survey Planning in Facilities with Active or Suspected Cases of COVID-19 Infection

- **Introduction: Under What Circumstances Will CMS Authorize an On-site Survey/Investigation of a Facility With Persons who are Known or Suspected of Being COVID-19 Positive**
- When a COVID-19 confirmed case or presumptive positive case (e.g., positive local test but pending confirmatory test), is identified in a Medicare/Medicaid certified provider or supplier, State Survey Agencies and Accrediting Organizations must notify the appropriate CMS Regional location (if they are not already aware) of the facility and date of patient/resident COVID-19 presumptive or confirmed status.
- Before initiating any Federal complaint or recertification survey of the impacted facility, CMS will coordinate with the CDC (and any other relevant Federal/State/Local response agencies) to approve the facility for survey.

III. Survey Planning in Facilities with Active or Suspected Cases of COVID-19 Infection

- The CMS Regional locations will authorize an on-site survey if reported conditions at the facility are triaged at immediate jeopardy. Immediate jeopardy means there are conditions at the facility that are causing or are likely to cause one or more recipients of care to suffer serious injury, harm, impairment or death. CMS Regional locations will also authorize on-site surveys where the complaint or facility reported incident involves infection control concerns in the facility.
- If conditions at such facilities do not rise to the immediate jeopardy level, then desk audits will be performed, and on-site investigations may be authorized once all active or suspected cases of COVID-19 have been cleared from the facility.

Planning the survey:

I. Before Survey Entry

- Determine survey team composition for minimal but optimal number of surveyors required to efficiently and effectively conduct the onsite observations required. Generally, one to two surveyors for an abbreviated complaint survey focusing on the COVID-19 infection control and/or quality of care issues would be sufficient. Do not include any surveyors who are currently ill or have underlying health conditions that may make them particularly vulnerable to COVID-19.

A. Personal Protective Equipment Considerations

- Ensure survey team members have needed personal protective equipment (PPE) that may be required onsite to observe resident care in close quarters.
- If the facility has gowns, gloves, face shields or other eye protection that may be used by surveyors, such PPE may be used onsite by surveyors.
- However, if observation of care provided to symptomatic patients/residents who are confirmed or presumed to be COVID-19 positive is anticipated, then survey agencies and accrediting organizations should refer to the CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or *Persons Under Investigation for COVID-19 in Healthcare Settings*: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

A. Personal Protective Equipment

- This guidance indicates, “Respirator use must be in the context of a complete respiratory protection program in accordance with Occupational Safety and Health Administration (OSHA) Respiratory Protection standard 29 CFR 1910.134). Staff should be medically cleared and fit-tested if using respirators with tight-fitting face-pieces (e.g., a NIOSH-certified disposable N95) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use...” More information on the use of respirators may be found here:
https://www.osha.gov/SLTC/etools/respiratory/respirator_basics.html

B. Offsite Planning Considerations

- Conduct offsite planning based on available information from:
 - (1) facility-reported information;
 - (2) CDC information and guidance from its onsite visit before the SA/CMS investigation;
 - (3) available hospital information regarding patients transferred to the hospital; and/or
 - (4) complaint allegations. Determine and prioritize key observations that should be conducted. Compile a preliminary list of the likely interviews with various facility staff and the types of records, policies or other documents that may be needed. This may be revised after onsite observations and interviews, which may lead to additional areas of investigation.

II. Onsite Survey Activities

- Upon entry, notify the facility administrator of the limited nature of the planned survey. Coordinate with the facility staff a plan and timeline for conducting the needed observations.
- Plan to conduct as many observations on the entry day. If by the end of the first day, the surveyors were not able to completed necessary observations, coordinate with the facility when the observations may be completed by the next day.
- Unless there are extenuating circumstances, plan to complete all onsite observations and corresponding interviews within two days.
- When possible during observations, if symptomatic patients/residents are able to tolerate wearing face masks, this will reduce the need for surveyors to wear respirator masks.

II. Onsite Survey Activities:

- Coordinate with the facility on how to gather medical record information, with the goal to conduct as much record review offsite as possible. If the facility has an electronic health record (EHR) system that may be accessed remotely, request remote access to the EHR to review needed records for a limited period of time. If this is not an option, discuss with the facility the best options to get needed medical record information, such as fax, secure website, encrypted email, etc.
- Adhere to Standard, Contact and Airborne Precautions and refer to the CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings.

II. Onsite Activities

During onsite observation and investigation, focus on concerns with:

- Improper transmission precautions procedures
- Lack of staff knowledge of transmission precautions
- Improper staff use of PPE and/or inadequate hand hygiene
- High-risk, significant environmental cleaning issues
- Ineffective and/or improper laundering of linens
- Possible IC surveillance program issues - also consider how influenza & pneumococcal programs are managed

II. Conduction Onsite Activities:

- Conduct concurrent interviews of staff with observations during or directly after observations as appropriate. Conduct needed interviews with patients/residents onsite, as these may be difficult to obtain offsite. Patients may be discharged. Residents may have a difficult time responding to questions by telephone. While onsite, if there are periods of time when no observations can be made, attempt to conduct other needed interviews and review medical records.
- For nursing home investigations, use the LTC investigative protocols for infection control (IC) and the environment:

III. Complete Survey Offsite

- Except for interviews that should be conducted concurrently with observations, conduct other interviews offsite with staff by telephone. If any patient/resident interviews could not be conducted while onsite, then attempt to conduct those by telephone.
- After coordinating with the facility and determining what medical record review may be conducted offsite, complete as much of the record review offsite as possible. Request facility policies and procedures for review offsite.
- In addition, consider investigating Governing Body and Quality Assurance Performance Improvement requirements that may relate to infection control or care issues offsite through telephone interviews and additional record review.
- After completing all investigative procedures, determine compliance status and conduct any survey exit discussion with the facility by telephone. Draft the CMS-2567 offsite.

III. Enforcement Activities

- Surveys resulting in deficiencies will have the imposition of some type of enforcement action ranging from request for corrective action plans to termination depending on the circumstances surrounding deficiencies.

Things to Remember:

- Remember you should have an Infection Preventionist: NC GS indicate that this person has to have gone through the SPICE course: CMS has an online course too @CMSGov and the @CDCGov:

<https://www.cdc.gov/longtermcare/index.html>

- Checklist which is also a Critical Element Pathway:

<https://qsep.cms.gov/data/252/A. NursingHome InfectionControl Worksheet11-8-19508.pdf>

Questions?

Thoughts?
Comments?

