

Frequently Asked Questions: Provider Guidance Update 3/11/2021 (Revised 3/22)

GROUP ACTIVITIES

1. If one resident is positive and in isolation, and exposed residents are in quarantine, can the facility allow non-isolated, non-quarantined residents to come individually and scheduled (like we did last spring) to go for a walk and get out of the room for a little bit either up and down the hall or even outside if it is pretty?

Answer: Yes, but with caution, individually and scheduled. There should be no sharing of staff between areas serving well and COVID-infected residents.

COMMUNAL DINING

1. May more than 8 residents be served at a time in a dining room, if physically distanced from one another?

Answer: Yes. (Please refer to the March 11, 2021 Guidance Update.)

2. Does this mean that only residents who have been vaccinated can participate in communal dining and activities?

Answer: Updated guidance allows for all individuals to dine and engage in activities together with physical distancing and wearing of masks, as appropriate.

OFF-SITE TRAVEL

1. If both a resident and family member have been fully vaccinated, can the family member take the resident to a doctor's appointment without the resident having to quarantine upon return?

Answer: Regardless of the transporting family member's vaccination status, a resident who is fully vaccinated will not need to quarantine after offsite travel, unless he or she is exposed to a COVID-19-positive person.

2. Does the new guidance change families taking residents for a drive, out for a meal, or to run errands?

Answer: A fully vaccinated resident can go out with families and is not expected to quarantine upon return unless there has been a known exposure to someone with COVID-19; a resident who is not yet fully vaccinated and leaves the property for a purpose other than an essential medical appointment should quarantine for 14 days.

VISITING

1. What about allowing children as visitors? Would they need to be tested?

Answer: CMS guidance does not address children. Each Provider should set its own policies and procedures, emphasizing the importance of upholding the Core Principles of COVID-19 Infection Prevention.

2. Should any of the following be tested: a private duty sitter, volunteer, student/intern?

Answer: Each Provider should set its own policies and procedures, emphasizing the importance of upholding the Core Principles of COVID-19 Infection Prevention. Any individual in the facility routinely should be evaluated and tested using the same criteria as employed staff.

3. Is a site that has a LTCF attached to a PCH or ALC expected to stop visits in the PCH or ALC if a staff member of resident of the LTCF tests positive for COVID-19?

Answer: Only if a) getting to/from the PCH or ALC area requires traveling through the licensed LTCF area where the COVID-positive resident lives (or COVID-positive staff member works), or b) the facility's county is Tier III (red) on the Kentucky Long-Term Care COVID-19 Indicator *AND* fewer than 70% of the residents are fully vaccinated.

4. Is a site with both a LTCF and ALC combined/attached expected to quarantine if a LTCF staff/resident tests positive for COVID-19?

Answer: Only if a) getting to/from the ALC area requires traveling through the licensed LTCF area where the COVID-positive resident lives (or COVID-positive staff member works), or b) the facility's county is Tier III (red) on the Kentucky Long-Term Care COVID-19 Indicator *AND* fewer than 70% of the residents are fully vaccinated.

5. Can a Provider use the BinaxNOW™ cards to test visitors prior to a visit?

Answer: Yes, if it holds a CLIA-waiver; the deadline for requesting KDPH-provided BinaxNOW™ cards is 4/15/2021.

MISCELLANEOUS

1. How does a Provider enforce adherence when a family member challenges the Provider Guidance Update Memo as merely “guidance” and not a “regulation?”

Answer: We understand and ask that you support the guidance provided by CHFS; Providers are encouraged to create their own policies and procedures addressing the topics included.

2. When a resident is advised by his or her physician not to get the COVID-19 vaccine due to underlying medical reasons, how can he or she participate in group activities, communal dining, traveling off site or hosting visitors?

Answer: Updated guidance includes recommendations for facilitating participation by all residents.

3. When a resident chooses to decline the COVID-19 vaccine due to religious reasons, how can he or she participate in group activities, communal dining, traveling off site or hosting visitors?

Answer: Updated guidance includes recommendations for facilitating participation by all residents.

4. Does a fully vaccinated staff member who shows no COVID-19 symptoms need to continue testing regularly. (Some staff are starting to refuse testing now that they are vaccinated.)

Answer:

- For Medicare-certified LTCFs: Yes (until further notice from CMS), scheduling the frequency of tests according to the county’s rating on the Kentucky Long-Term Care COVID-19 Indicator.
- For Non-Medicare-Certified LTCFs: No, after completing an FDA-authorized or approved COVID-19 vaccination, it is not necessary to continue testing. However, support for bi-weekly COVID-19 PCR testing remains *available* through the CHFS COVID-19 Surveillance Testing Program.

5. How does a Provider arrange COVID-19 vaccination for a new resident or staff member (or those who either missed the initial vaccination clinics or declined)?

Answer: Please reach out to your provider pharmacy (as of April 1, institutional pharmacies serving LTCFs in Kentucky were to have enrolled in the federal, state or both COVID-19 vaccine distribution programs OR to have arranged for their LTCF customers to receive needed vaccines from an alternate, qualified source); other resources include participating retail pharmacies and local health departments.

6. Is visitor vaccination required to visit, even though it isn’t yet readily available to all populations? (People that visit daily can’t be expected to get a test every three days.)

Answer: No - visitors who cannot be vaccinated or tested are encouraged to practice Core Principles of COVID-19 Infection Prevention, which are based on the most current guidelines from the CDC. By entering the LTCF, a visitor acknowledges the inherent risk of exposure to COVID-19. Exceptions and limitations may arise when a) the LTCF is located in a county shown as Tier III (red) on the Kentucky Long-Term Care COVID-19 Indicator AND fewer than 70% of the residents have been fully vaccinated, b) during a COVID-19 Outbreak or c) when there is a high risk of COVID-19 transmission.

7. Can the on-site salon open up for only negative residents following the established salon precaution procedures and guidance from the local health department?

Answer: Residents who are NOT in isolation or quarantine are permitted to use the salon. The Core Principles of COVID-19 Infection Prevention are to be followed, including the proper use of PPE, cleaning and disinfecting of surfaces and equipment, and consideration of airflow and ventilation.

8. Can a LTC Provider resume the use of hair dryers and blow dryers?

Answer: Yes, if able to do so upholding the Core Principles of COVID-19 Infection Prevention.

9. Is a newly admitted or re-admitted resident required to quarantine for 14 days following admission?

Answer: A new or re-admitted resident should be placed in quarantine unless fully vaccinated, or unless known to have been infected (and recovered) within the previous 90 days.

10. Is a fully vaccinated new or re-admitted resident required to quarantine?

Answer: A fully-vaccinated resident is NOT required to quarantine upon admission unless he/she has known exposure to a COVID-19 case.