Provider Guidance Memo – Phased Reduction of LTCF Restrictions – REV Nov 1, 2021

Provider Guidance Update: Phased Reduction of Restrictions for Long Term Care Facilities
November 1, 2021

The current public health emergency has resulted in a rapidly changing environment. The Cabinet for Health and Family Services will continue to provide information and updates to healthcare providers.

This guidance is provided in accordance with the phased approach to resuming currently suspended or limited services, in alignment with guidance issued by the Centers for Medicare and Medicaid Services (CMS) in its

- “Nursing Home Reopening Recommendations for State and Local Officials, QSO-20-30-NH” (available at: https://www.cms.gov/files/document/qso-20-30-nh.pdf-0 ), as updated March 10, 2021; and

It is intended to offer clarifying information to facility-based long-term care providers (herein referred to as “Providers”) concerning the resumption of specified services when the described conditions are met, beginning on or after the dates indicated. The guidelines are based on what is currently known about the transmission and severity of COVID-19, as well as emerging evidence demonstrating the effectiveness of COVID-19 vaccines in congregate settings – among residents, staff and visitors - to prevent the spread of COVID.

There is an inherent risk of exposure to COVID-19 in any place where people are present. Residents of Long Term Care Facilities (LTCFs) are at high risk of becoming seriously ill with COVID-19. Adherence to these guidelines can reduce the risk of transmission of COVID-19 but will not eliminate the risk to the LTCF’s residents, staff or visitors. By entering the LTCF, visitors are acknowledging the inherent risk of exposure to COVID-19 to themselves and to LTCF’s residents, staff and other visitors.

Key Updates to the May 13, 2021 Guidance

- Off-Site Travel conditions to consider
- Additional Section: Visiting during a COVID-19 Outbreak
DEFINITIONS

CDC Guidelines: Reference materials available from the Centers for Disease Control and Prevention, available at: https://www.cdc.gov/ and specific extension sites listed at the end of this guidance.

Cleaning: Removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs, but it decreases their number and therefore the risk of spreading infection.


Disinfecting: Cleaning with an EPA-registered disinfectant chemical according to the manufacturer’s directions for use. This process does not necessarily clean dirty surfaces, but killing germs remaining on a surface after cleaning further reduces the risk of spreading infection.

Elective Off-Site Social Excursion: Off-site, single day outing with a group of other residents or to visit with a resident’s family or support person(s).

Essential Caregiver: Resident’s family member, legal guardian, outside caregiver, friend, or volunteer who provided regular care and support to the resident prior to the COVID-19 pandemic, who is designated as being important to the mental, physical, or social well-being of a resident in critical situations (as enacted per 2021 Special Session SB-2).

Essential Off-Site Medical Appointment: Physician-ordered, off-site appointment for diagnostic or treatment services performed by a licensed health care provider, such as for dental or podiatric care, imaging services or renal dialysis; Provider should first try to utilize telehealth and alternate on-site options.

Fever: Registering a body temperature of at least 100°F, confirmed by an infrared thermometer. (Older or immuno-compromised adults can have a lower fever threshold.) Guidance: Recommended course of action; not a regulation or directive.

LTCF: Congregate residential settings serving predominantly older or disabled adults, whether a Nursing Facility (NF), Nursing Home (NH), Intermediate Care facility (ICF), Intermediate Care Facility for Intellectually Disabled (ICF-IID), Personal Care Home (PCH), Assisted Living Community (ALC) or Family Care Home (FCH).

PPE: Personal Protective Equipment, including but not limited to disposable gloves, gowns, face masks, shields or goggles.

Physical Distancing (fka, Social Distancing): Maintaining a distance of at least six feet between people.

Source control refers to use of cloth face coverings or face masks to cover a person's mouth and nose to reduce the likelihood of transmission of infection by preventing the spread of respiratory secretions.

Symptoms – COVID-19: Fever, cough, shortness of breath, difficulty breathing, chills, rigors, headache, sore throat, fatigue, congestion or runny nose, muscle or body aches, change in sense of smell or taste, or gastrointestinal symptoms (i.e. diarrhea, vomiting, etc.); CDC definition available at: https://wwwn.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/202

INFECTION CONTROL

If the Office of Inspector General (OIG) conducted a focused Infection Control survey since May 1, 2020 that resulted in a statement of deficiency concerning infection control, the Provider should receive written confirmation that its Plan of Correction has been accepted prior to resuming any of the services included in this guidance.

The Kentucky Department for Public Health (KDPH), Infectious Disease Branch’s “Healthcare-Associated Infection / Antibiotic Resistance (HAI/AR) Prevention Program” aims to eliminate and prevent HAIs and AR organisms in healthcare settings. A Provider can – and is encouraged to – receive consultation on infection control and prevention from the HAI/AR team of specialized health professionals. To better assist in the
response to the COVID-19 pandemic, the department has recently added regional infection preventionists. Ten regional IPs work with Providers to help respond to and control the spread of COVID-19 in the healthcare setting. Find more information at: https://chfs.ky.gov/agencies/dph/dehp/idb/Pages/hai.aspx.

GROUP ACTIVITIES


NOTE: Although it not necessary to take temperatures prior to each activity, the Provider should conduct screening with the expectation that participating residents will report signs/symptoms.


COMMUNAL DINING


• NOTE: Per the guidance referenced above, “If unvaccinated patients/residents are dining in a communal area (e.g., dining room) ALL (emphasis added) patients/residents should use source control when not eating and unvaccinated patients/residents should continue to remain at least 6 feet from others.”
  o EXAMPLE: If 1 of 30 residents dining in a communal area is not vaccinated, then everyone should mask and socially distance.


ON-SITE VISITING


When the federal guidelines call for applying a Provider’s county positivity rate, apply the relevant county incidence rate shown on the “Kentucky COVID-19 Current Incidence Rate Map,” (available at: https://chfs.ky.gov/cv19/LTCCountyMapLatest.pdf and updated on the 1st and 3rd Thursday of each month).


• NOTE: Per the guidance referenced above, “Physical distancing and source control recommendations when either the patient/resident or any of their visitors are not fully vaccinated. The safest approach is for everyone to maintain physical distancing and to wear source control. However, if the resident is fully
vaccinated, they can choose to have close contact (including touch) with their unvaccinated visitor(s) while both continue to wear well-fitting source control.”

EXAMPLE: Regardless of a visitor’s vaccination status, he or she should wear a mask when traveling within the facility; a visitor who is not fully vaccinated should remain masked throughout the visit.

Other Considerations:

- Following the Indoor Visit: The Provider should encourage each visitor to monitor for symptoms associated with suspected COVID-19.
  - Anyone who visits and develops signs or symptoms of COVID-19 within 2 days after visiting should immediately notify the Local Health Department and the Provider.
  - The Provider should immediately screen the individual(s) who had contact with the indoor visitor for the level of exposure and follow up with its medical director and the resident’s primary care physician.
  - Compassionate Care: Decisions about a compassionate care visit should be made on a case-by-case basis by the Provider, consistent with CMS guidelines. Through a person-centered approach, a Provider should work with the resident, family members or representatives, caregivers and the Ombudsman program to identify the need for a compassionate care visit. **Compassionate care visits and visits required under federal disability rights law should be allowed at all times, for any resident (vaccinated or unvaccinated).**
  - Compassionate Care and End-of-life care visiting within a resident’s room should call for the visitor to observe all appropriate precautions, consistent with CDC guidelines.
  - Other types of “Compassionate Care” are characterized by (but are not necessarily limited to):
    - A resident, who
      - was living with family before recently entering a nursing home, is struggling with the change in environment and lack of physical family support.
      - is grieving after a friend or family member recently passed away.
      - needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
      - used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).
      - has an affinity for a familiar domestic pet and would likely benefit from engaging with it (single resident per pet visit).
    - Allowing a visit in these situations would be consistent with the intent of “compassionate care situations.”

VISITING DURING A COVID-19 OUTBREAK

**Indoor Visiting:** To safely and effectively facilitate indoor visiting during a COVID-19 outbreak, the Provider should adhere to guidelines set forth in


When a new COVID-19 case (resident or staff) is identified, the Provider should immediately begin outbreak testing following CDC and CMS guidance (links above) and should suspend all visiting (except that required under federal
disability rights law and for compassionate care) pending results of initial testing. If outbreak testing reveals no additional cases, then visiting can resume immediately in areas/units with no COVID-19 cases (i.e., there is no reason to discontinue visiting for 14 days). If one or more additional cases are identified in the facility, then visiting should be suspended and outbreak testing continued in the affected areas/units until testing reveals no new cases for at least 14 days from the most recent positive result. Qualifying criteria to consider include:

- Evidence that the transmission of COVID-19 is contained to a well-defined residential area of the facility; and
- The latest round of outbreak testing reveals no additional COVID-19 cases in that area of the facility.

**Outdoor Visiting:** Outdoor visiting can and should be occurring when possible during a COVID-19 outbreak. To safely and effectively facilitate outdoor visiting during a COVID-19 outbreak, the Provider should adhere to guidelines set forth in

- [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes | CDC](https://www.cdc.gov/), which is linked inside QSO-20-38, and

During an outdoor visit, a resident should:

- Wear well-fitting source control (as tolerated);
- Maintain physical distancing; and
- Not linger in common spaces when moving to/from the designated outdoor visiting space.

**OFF-SITE TRAVEL** Off-site travel for any purpose other than an “Essential Off-Site Medical Appointment” (see Definitions, p. 2) should be carefully evaluated. There is an inherent risk of exposure to COVID-19 in any place where people are present. Residents of Long-Term Care Facilities (LTCFs) are at high risk of becoming seriously ill with COVID-19.

**Essential Off-Site Medical Appointment** (see Definitions, p. 2):

- Resident should agree to:
  - Wear a mask; and
  - Wash (or sanitize) hands before and after the appointment.

- Staff should:
  - Verify physician’s order for the resident’s essential medical service;
  - Greet resident upon return and escort resident to room.

- **Return:** Quarantine should not be necessary – regardless of vaccination status – after an Essential Off-Site Medical Appointment unless there is known exposure to a COVID-19 case or a specific, serious breach in core infection prevention and control practices is suspected.
  - Vehicle:
    - Resident and driver (and accompanying person(s), if other than driver) should
      - Be screened;
      - Wash (or sanitize) hands before and after travel; and
• Wear a mask UNLESS all who are traveling are known/verified to be
  o Fully vaccinated;
  o Not infected with COVID-19;
  o Not currently in quarantine; and
  o Not symptomatic for COVID-19.

• Staff should
  ▪ Perform a health screening for the traveling resident prior to boarding and upon return, indicating no symptoms consistent with suspected COVID-19;
  ▪ Wear appropriate PPE, consistent with CDC guidelines;

**Elective Off-Site Social Excursion** (see Definitions, p. 2) should be carefully evaluated.

• An Elective Off-Site Social Excursion should NOT occur unless critically necessary if the resident is:
  o Infected with COVID-19;
  o In quarantine after exposure to a COVID-19 case; or o Symptomatic for COVID-19.

• If an Off-Site Social Excursion occurs:
  o Per the guidance referenced at the top of page 1, participating residents should be educated about potential risks; if visiting friends or family in their homes, the resident and all present should follow source control and physical distancing recommendations.
  o Resident and driver (and accompanying person(s), if other than driver) should
    ▪ Be screened;
    ▪ Wash (or sanitize) hands before and after travel; and
    ▪ Wear a mask UNLESS all who are traveling are known/verified to be fully vaccinated;
  o No driver or accompanying person should be included as part of an Elective Offsite Social Excursion if he or she is:
    ▪ Infected with COVID-19;
    ▪ In quarantine after exposure to a COVID-19 case; or
    ▪ Symptomatic for COVID-19.
  o The Provider should maintain a log of all close contacts (within 6 feet for >15 minutes cumulatively during a 24 hour period) during the excursion.

**NEW ADMISSIONS AND RE-ADMISSIONS**

While it is ideal that newly admitted fully vaccinated patients and residents enter a non-quarantine area of the facility, the Provider’s distribution of available resident space might serve as a limiting factor. Key determinants for assigning a resident room for a fully vaccinated individual should include that he or she can effectively • Avoid interactions with individuals that are currently in quarantine;
  • Limit time in communal areas in the quarantine area;
  • Follow source control protocols while receiving services; and
  • Host visitors outside of a quarantined area.
COMMUNICATION

Prior to resuming the services addressed in this guidance memo, the Provider should:

• Communicate in writing with each resident and his/her responsible party about the Provider’s new policies and procedures regarding COVID-19; o Consider having the resident (or guardian) and visitor sign an acknowledgement form concerning
  ▪ Receipt of this communication and agreement to abide by the new policies and procedures described; and
  ▪ Acceptance of the risks associated with entering the facility, such as:
    There is an inherent risk of exposure to COVID-19 in any place where people are present. Residents are potentially at high risk of becoming seriously ill with COVID-19. Our policies and procedures are based on what is currently known about the transmission and severity of COVID-19. Compliance with these policies and procedures will reduce the risk of transmission of COVID-19, but will not eliminate the risk to the residents, staff or visitors. By entering the facility, the undersigned acknowledges the inherent risk of exposure to COVID-19 to himself/herself, other residents, staff and other visitors.

• Communicate in writing with each employee about the Provider’s new policies, protocols and procedures regarding COVID-19.
  o The CDC has developed several free posters in a variety of languages, available at:
    https://www.cdc.gov/coronavirus/2019-ncov/communication/printresources.html?Sort=Date%3A%3Adesc

• Communicate in writing with the Long-Term Care Ombudsman about the Provider’s new policies, protocols and procedures regarding COVID-19 at nhoa@ombuddy.org.

Eric Friedlander    Adam Mather    Victoria L. Elridge
Secretary       Inspector General    DAIL Commissioner
ADDITIONAL RESOURCES

CDC COVID-19 Guidance:
- Find a Vaccination Site, at: https://www.vaccines.gov/search/


KY COVID-19 Info:
- OIG Resources for LTC Providers, at: https://chfs.ky.gov/agencies/os/oig/dhc/Pages/cvltc.aspx
- KY COVID-19 Updates, at: https://govstatus.egov.com/kycovid19