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LTC COVID-19 Update

Presented by:
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1

Today's Topics

- Questions and Answers
- COVID-19 Guidance
- New Survey Guidance

***Bronze Quality Award workshop**, free webinars for IHCA members, Nov 2 & 9, details HERE*

***Ship-shape Cleaning & Disinfection for the Infection Preventionist,** a webinar on Nov. 15, details HERE*

***Assisted Living Symposium**, an in-person event on Nov. 18, details HERE*

***SNF DON Workshop**, an in-person event on Nov. 30-Dec. 1, details HERE*

2

Questions and Answers
COVID-19 Guidance
New Survey Guidance

3

Important!

- Recommendation:
  - Print the slide deck - Dr. Vuppalanchi' s slide deck from 9/29/22 is an excellent resource for the COVID-19 guidance – It is a handout today.
  - Keep it at your desk – I use it every day.
  - Brenda Buroker and Tammy Alley's slide deck from 10/6/22 is an excellent resource for the surveyor guidance. I use this frequently – a handout for today.
  - AHCA also has a summary of the guidance for members.
- The Thursday call is recorded and available on demand.

4

Who is this guidance for?

- Slide 10 – Which facilities does this guidance apply to?

- This guidance applies to all U.S. settings where healthcare is delivered, including nursing homes and home health. Assisted living facilities providing healthcare also should follow this guidance.

- In general, long-term care settings (excluding nursing homes) whose staff provide non-skilled personal care similar to that provided by family members in the home (e.g., many assisted livings, and group homes), should follow community prevention strategies based on COVID-19 Community Levels, similar to independent living, retirement communities or other non-healthcare congregate settings. Residents should also be counseled about strategies to protect themselves and others, including recommendations for source control if they are immunocompromised or at high risk for severe disease.

5

- ***Non-skilled personal care consists of any non-medical care that can reasonably and safely be provided by non-licensed caregivers, such as help with daily activities like bathing and dressing; it may also include the kind of health-related care that most people do themselves, like taking oral medications. In some cases where care is received at home or a residential setting, care can also include help with household duties such as cooking and laundry.**

- **Licensed Assisted Living has both licensed and non-licensed staff.**

6

Question 1

- Slide 10 is confusing folks.
- Does the new guidance apply to licensed assisted living in Indiana?
- Define providing healthcare?

7

Question 2 – related to slide 10

- Is this true or false or is this according to your policy and procedures?

As assisted living in the new guidance, you follow “community levels” rather than “community transmission”. Staff would not need to wear masks until the community level was high or you were in outbreak, and then wear masks in areas where residents might be.

8

Question 3

- The new COVID-19 guidance causes confusion related to the following:
  - screening
  - new admissions
  - when a person should or must wear a mask
  - Providers throughout Indiana are not on the same page.

  Could you review the revisions especially on masks, screening of visitors and employees, and new admission guidance?

9

Handout from 9/29/22

- Slide 11 – Important Changes
- Slide 34 – Testing
- Slide 12 – Community Transmission
- Slide 13 – When community transmission is high
- Slide 14 – When not in high transmission
- Slide 15&16 – Reminders
- Slide 18 – New admissions

10

Slide 11 & Slide 34

Important Changes – Slide 11

- Vaccination status is no longer used to inform source control, screening testing or post-exposure recommendations.
- Screening testing of asymptomatic healthcare personnel, including those in nursing homes, is at the discretion of the healthcare facility.
- Asymptomatic residents no longer require empiric use of transmission-based precautions following close contact with someone with SARS-CoV-2 infection. However, they must wear a facemask for 10 days, be tested, and be watched for the development of symptoms
- New admissions, if asymptomatic, are not required to be placed in transmission-based precautions upon admission irrespective of the vaccination status.
- Testing frequency after close contact or in an outbreak

Testing Summary – Slide 34

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, regardless of vaccination status, with signs or symptoms must be tested.	Residents, regardless of vaccination status, with signs or symptoms must be tested.
Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts	Test all staff, regardless of vaccination status, that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, regardless of vaccination status, 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, regardless of vaccination status, 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, regardless of vaccination status, facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).
Routine testing	*Not generally recommended*	Not generally recommended

11

Slide 12 – Summary

- Check community transmission weekly on the CDC tracker.
- Community transmission is different from the COVID-19 community level.
  - Community transmission – high – Act accordingly
  - Community transmission decreasing below high for two weeks in a row – Act accordingly

12

High - Low Differences

Community Transmission High slide 13

- Source control is recommended for everyone in a healthcare setting when they are in areas of the healthcare facility where they could encounter residents
- HCP could choose to not wear source control in resident restricted areas.
- Consider NIOSH approved masks with N95 filters or higher for: AGP and poorly ventilated areas or where additional risk factions are identified for transmission.

Not in High Transmission slide 14

- Could choose not to require universal source control.
- Follow standard precautions or precautions based on TBP or other type of precautions. – source control!
- Source control for suspected or confirmed COVID-19 or other respiratory infection.
- Policy mandates source control
- Personal preference
- Consider if immunocompromised or caring for someone that is.
- Recommended by public health authorities.

13

New Admissions – slide 18

- ❑ Screen for a history of close contact in the prior 10 days and for active symptoms of infection
- ❑ If asymptomatic, TBP is not required – irrespective of vaccination status
- ❑ Community transmission high – test upon admission, 48 hours later, and again 48 hours later.
- ❑ Community transmission low – admission testing is at the discretion of the facility.
- ❑ New admissions should be advised to wear source control for the 10 days following admission.

14

Screening

- Active vs Passive for visitors and staff.
- Postings of signs and symptoms and guidance at all entrances.
- Clear and concise employee health instructions.
- Timely immunizations and continuous education.
- Accessible PPE & testing supplies.
- Hand hygiene supplies.

15

Question 4

Are we handling this correctly?

We have a resident who visits a friend every Sunday and spends the night with the friend. When he returns, he is tested, again at 48 hours, and again 48 hours later. We test every Monday, Wednesday, and Friday because he is a new admission by the IDOH definition?

16

Question 5

- Nursing homes are still required to follow F888 related to vaccine mandate. With the new guidance, vaccination status is no longer used to inform source control, screening testing or post-exposure recommendations.
- Old boosters are not available

Does the initial series protect a person anymore?

Should we continue to encourage folks to get the initial series and wait 2 months and then get the bivalent vaccine?

17

Question 6

- The critical element pathways still indicates to check residents for symptoms at least daily. Is this an oversight by CMS and yet to be corrected? The critical element pathway says: The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracing, monitoring and/or reporting of infections and outbreaks. For COVID-19 that includes resident surveillance of fever, respiratory illness, or other signs/symptoms of COVID-19 at least daily.
- How will the surveyors use the new guidance and use the Critical Element Pathway ?

18

Question 7

- What do we need to know about barrier precautions?
- How will providers be surveyed on barrier precautions?
- How do we safely transfer a resident to the ER or other appointments under barrier precautions?

19

Question 8

- Could you review the postings that are required at the entrances to the facility?
- Are posting signs and symptoms of infection and guidance on when to not enter enough?

20

Question 9

- What are the requirements for family and resident reporting?

  Is it still weekly ?

21

Question 10

- I get nervous during community gatherings – dining and activities. Holidays are right around the corner.

  Could you review best practices for masks, and social distancing for community activities?

22

Question 11

- Some of our competitors are letting residents, visitors and staff take off masks and work. Community transmission is still high. We are getting some grief for not allowing this. Could you provide me guidance? Are we right or wrong?

23

Question 12

- How long should a staff member with COVID-19 be off work?

24

Question 13

- Has the guidance for AGP changed for the green zone and or new admissions?

25

Question 14

- Since the new CDC COVID-19 guidance removed “based on vaccination status”, can someone advocate with CMS to remove the vaccine mandate requiring employers to show what they are doing above and beyond for unvaccinated staff?

26

Question 15

- Is the Reportable Unusual Occurrence Guidance being re-written?

Yes. Date of release is unknown.

Upon release --- it will be covered in the Thursday weekly update call.

27

Question 16

- Are SNF's required to report all staff to resident allegations of abuse to APS?

No, State survey agency has jurisdiction.

§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures

28

Question 17

- What is the recommendation on communal dining for resident identified as close contact but not required to quarantine? (Due to not wearing a mask while dining) Please at a separate table? Or dine in room?
- While CDC does not ask for any restriction on communal activities for close contacts, it will serve as an added protection if you distanced them or have them dine in their room or even a separate table. Please make sure you protect your most vulnerable. (If they get symptomatic, completely different situation: check for COVID, other respiratory pathogens. TBP/ other isolation till ruled out appropriately. If symptomatic, must wear mask even if ruled out for COVID, flu and other respiratory pathogens.)

29

Question 18

- What if the facility policy was to utilize source control when isolation and or quarantine for COVID-19 or other infections and or symptoms identified? So, masks come off unless facility has someone in quarantine or isolation precautions, or other controls made by the facility…. Would this raise eyebrows?

30

Question 18 – continued

- Thinking this is the follow up on “CDC recommends masks in high transmission, but not mandates” mentioned on the call. If that is the case, I would ask that facility has taken into account that flu season is almost upon us, they have considered vaccination as a high priority, have plans in place to protect the immunocompromised, consider masks for select high risk individuals, have plans to get strict if they found any respiratory case to protect all. Flu is anticipated to be severe this season based on Australia having worst flu season in the last five years. It is possible that a person can get more than one infection at the same time or one after another. If masks are coming off, the facility is taking a huge responsibility.

31

Question 19

- The governing body must be involved in QAPI.
  - What does this mean from a surveyor perspective?
  - What kind of documentation would you look for to involve the governing body in QAPI?

32

Question 20

- In a small facility of less than 40 residents in a rural area, can the DON act as the infection preventionist?

33

Question 21

- Any clarification on when a resident-to-resident altercation is an altercation vs abuse and must be reported?

34

Additional Q&A

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35

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36

THANK YOU!

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37