

LONG-TERM CARE GUIDANCE

Skilled nursing, basic care and assisted living facilities across North Dakota have faced countless impacts as a direct result of COVID-19. The following document provides current recommendations surrounding testing and general guidance for North Dakota's skilled nursing, basic care and assisted living facilities. The congregate living setting testing and daily prevention measures, which can be found below, was developed in alignment with the federal requirements outlined in revised memos QSO-20-38-NH and QSO-20-39-NH as mandated by the Centers for Medicare and Medicaid Services (CMS). In addition, the guidance remains consistent with current standards of practice set forth by the Centers for Disease Control and Prevention (CDC). For the most up-to-date recommendations to prevent and respond to COVID-19 in congregate living settings, please see the N.D. Department of Health – Division of Infectious Disease and Epidemiology reference document.

Congregate living settings have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity and mortality. The vulnerable nature of the geriatric population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within these settings. Physical separation from family and other loved ones has taken a physical and emotional toll on residents and their loved ones. Therefore, CMS in conjunction with the CDC, has updated its guidance to allow for visitation for all residents at all times, while still highly emphasizing the importance of maintaining infection prevention practices.

The core philosophies of screening visitors and adhering to universal source control measures (hand hygiene, social distancing, mask use, etc.) will remain instrumental in our response to reunification. While there are still concerns associated with visitation, consistent adherence to the core principles of COVID-19 infection prevention mitigates these concerns.

Core Principles of COVID-19 Infection Prevention

Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, and outdoors. Regardless of how visits are conducted, certain core principles and best practices reduce the risk of COVID-19 transmission. The following core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for congregate living settings, and should be **adhered to at all times**:

- Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, should not enter the facility. Facilities should screen all who enter for these visitation exclusions.
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose) and physical distancing at least six feet between people, in accordance with CDC guidance.
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene).
- Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care)
- Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see QSO-20-38-NH).

Key Factors to Evaluate

Factors that should be routinely evaluated for skilled nursing, basic care, and assisted living facilities include:

Case status in the county via "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>.

Adequate ability to screen: Implementation of screening protocols for all staff, each resident, and all persons entering the facility, such as vendors, volunteers, and/or visitors.

Universal source control: Visitors and staff should at a minimum wear a face covering or mask, maintain physical distancing, and perform appropriate hand hygiene upon entrance to the facility. Direct care staff should continue to utilize a surgical mask per CDC recommendations. If the nursing home's county COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times. In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for severe disease or are unvaccinated. If the resident and all their visitor(s) are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear face coverings or masks and to have physical contact. Visitors should wear face coverings or masks when around other residents or healthcare personnel, regardless of vaccination status.

Conducting Testing: All facilities are encouraged to follow the testing frequency for both staff and residents as outlined in the routine and outbreak testing structure algorithms below. Furthermore, **while it cannot be required as a condition for visitation**, facilities may test residents' visitors to help facilitate visitation while also preventing the spread of COVID-19. Facilities in counties with substantial or high levels of community transmission to offer testing to visitors. If facilities do not offer testing, they should encourage visitors to be tested on their own before coming to the facility (e.g., within 2–3 days).

Resident Outings: Additionally, residents may leave the congregate living setting, while understanding it comes with the risk of enhanced infection control measures upon return, including the potential for isolation based on the outings level of inherent risk and current vaccination status.

Compassionate Care Visits: Compassionate care visits are allowed at all times. As visitation is now allowed at all times for all residents, there are few scenarios when visitation should be limited only to compassionate care visits

CONTACTS IF YOU HAVE QUESTIONS

If you have any facility-specific questions, please reach out to one of the VP3 State Regional Coordinators during normal business hours at the number or email provided below:

- Rosanne Schmidt – (701) 328-8234 or rosschmidt@nd.gov
- Seth Fisher – (701) 328-8232 or sefisher@nd.gov

FACILITY TESTING STRUCTURE FOR SNF BC & AL

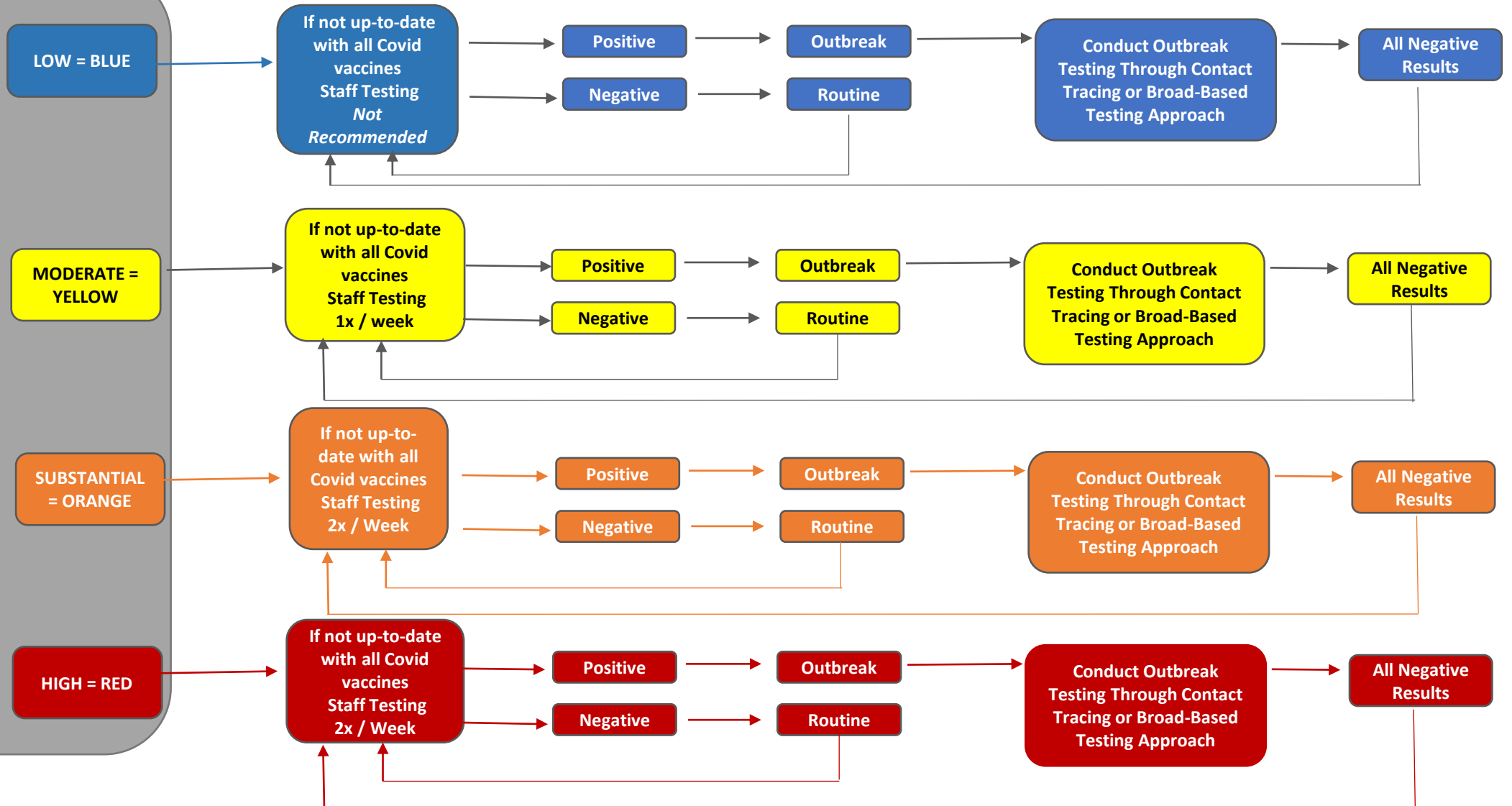
START:

Identify county color based on county level of COVID-19 transmission and follow path for testing requirements.

MONITOR:

Check the County COVID-19 Tracker every other week to determine testing schedule:
<https://covid.cdc.gov/covid-data-tracker/#county-view>

Ref: CMS Memo 20-38 NF
 Revised 3/10/2022



NOTES:

- *If county transmission rate *increases to a higher level of activity*, IMMEDIATELY begin testing at the higher level of activity
- *If county transmission rate *decreases to a lower level of activity*, CONTINUE testing at the previous level of activity until rates remain at the lower level for at least 2 weeks
- ***TESTING OF SYMPTOMATIC RESIDENTS OR STAFF SHOULD OCCUR AT ANY TIME** - if positive results, continue at "Outbreak" and follow required testing frequency
- ***OUTBREAK:** Upon identification of a single new case of COVID-19 infection in any staff or resident, begin outbreak testing through contact tracing or broad-based testing approach

<https://covid.cdc.gov/covid-data-tracker/#county-view>

COVID-19 Outbreak Status Flow Chart

Skilled Nursing Facilities, Basic Care and Assisted Living

