



Covid-19: Updates for Long-term Care and Assisted Living Facilities

April 22, 2020

Agenda

- Updated CDC guidance
- Serologic testing overview
- COVID-19 Reporting and Resource Tracking
- Transfers between acute care and post-acute care

Infection Control and Response (ICAR) Assessments

- Joint effort between TDH's HAI/AR Program and CDC
 - CDC offering staffing support remotely to help increase number of facilities that can be assessed
 - Data ARE NOT reported to any other agencies/regulatory authorities
- Focuses on COVID-19-specific measures
- May be done by phone OR video!
 - FaceTime
 - Skype

Updated Guidance for Return to Work Criteria

Return to Work Criteria for HCP with Confirmed or Suspected COVID-19

Use the *Test-based strategy* as the preferred method for determining when HCP may return to work in healthcare settings:

1. *Test-based strategy*. Exclude from work until

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).[1]. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

If the *Test-based strategy* cannot be used, the *Non-test-based strategy* may be used for determining when HCP may return to work in healthcare settings:

2. *Non-test-based strategy*. Exclude from work until

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 7 days have passed *since symptoms first appeared*

HCP with laboratory-confirmed COVID-19 who have not had any symptoms should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.




Guidance for Assisted Living Facilities

Considerations When Preparing for COVID-19 in Assisted Living Facilities

[Print Page](#)

Key Actions

- Assisted living facility (ALF) owners and administrators are urged to implement these recommendations to protect their residents and staff.
 - They should ensure staff know how to [contact the health department](#) for any of the following:
 - If COVID-19 is suspected or confirmed among residents or facility personnel
 - If a resident develops severe respiratory infection
 - If more than 2 residents or facility personnel develop fever or respiratory symptoms within 72 hours of each other.
 - CDC has [resources](#)  that can assist with tracking infections.
- State licensing authorities, which have oversight of ALFs, are encouraged to share this guidance with all ALFs in their

Serologic (Antibody) Testing

- Assesses for a person's exposure to a specific infections
 - IgM: First antibody type produced in response to infection
 - IgG: Persist for long periods after infection exposure resolves
- Used for some illnesses (measles, varicella) whether a person is immune to future infection
- DOES NOT determine time of infection
 - Should not be used to determine if someone is currently infected
- Role in COVID-19 response and recovery remains unclear

New CMS Requirement for COVID-19 Reporting

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-26-NH

DATE: April 19, 2020
TO: State Survey Agency Directors
FROM: Director
Quality, Safety & Oversight Group
SUBJECT: Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes

Memorandum Summary

- **CMS is committed** to taking critical steps to ensure America's health care facilities are prepared to respond to the 2019 Novel Coronavirus (COVID-19) Public Health Emergency (PHE).
- **Communicable Disease Reporting Requirements:** To ensure appropriate tracking, response, and mitigation of COVID-19 in nursing homes, CMS is reinforcing an existing requirement that nursing homes must report communicable diseases, healthcare-associated infections, and potential outbreaks to State and Local health departments. In rulemaking that will follow, CMS is requiring facilities to report this data to the Centers for Disease Control and Prevention (CDC) in a standardized format and frequency defined by CMS and CDC. Failure to report cases of residents or staff who have confirmed COVID-19 and Persons under Investigation (PUI) could result in an enforcement action. This memorandum summarizes new requirements which will be put in place very soon.
- **Transparency:** CMS will also be previewing a new requirement for facilities to notify residents' and their representatives to keep them up to date on the conditions inside the facility, such as when new cases of COVID-19 occur.

Background

The Centers for Medicare & Medicaid Services (CMS) is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional direction to nursing homes to help control and prevent the spread of the disease.

To address this spread, CMS, which inspects Medicare and Medicaid-participating facilities in conjunction with State Survey Agencies to ensure compliance with Federal health and safety rules, has worked hand-in-hand with CDC to provide nursing homes with clear guidance on how they

New CMS Requirement for COVID-19 Reporting

- Requirement to report specific metrics via NHSN
 - Unclear what metrics are required vs. optional
 - Exact timeline also unclear
- Facilities will need to obtain SAMS access
 - Authentication system used by CDC for NHSN reporting
 - Process for application will be expedited
- Updates likely to be required weekly
- Option for batch reporting (by corporate offices and/or public health) likely to be available

MORE TO COME

Transfers from Acute Care Facilities

- Ongoing discussions between THA and THCA
- TDH is creating general guidance for best practices
 - Communication strategies between facilities
 - Cohorting/isolation strategies for new transfers
 - When and how transmission-based precautions may be discontinued