

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 recommendations surrounding testing and visitation/service guidance for North Dakota's skilled nursing, basic care and assisted living facilities. The congregate living visitation and service guidance, 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). All skilled nursing facilities must comply with the guidelines set forth in these memos.

Congregate living settings have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity and mortality. The vulnerable nature of this population combined with the inherent risks of living in a congregate setting continue to require aggressive efforts to limit COVID-19 exposure and to prevent the ongoing spread of COVID-19 within these settings amidst the surging Delta variant.

As North Dakota remains in a post-vaccine phase, the continued safety precautions must be weighed against the emotional and physical toll created by the year-long visitation restrictions.

Modifications remain in place per CDC guidance based on a resident's vaccination status. Nonetheless, CDC may further modify guiding principles for post-vaccinated individuals within congregate living settings in the future. In the meantime, basic care and assisted living facilities, who have local decision-making control, need to establish individualized policies and procedures regarding visitation and ensure that residents/families are informed regarding these 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.

Core Principles of COVID-19 Infection Prevention

The following core principles are consistent with the CDC guidance for congregate living settings and should always be adhered to. These core principles reflect best practices that have been shown to effectively reduce the risk of COVID-19 transmission:

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms, etc.) and denial of entry of those individuals with any signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status).
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Clean face covering or mask (covering both the mouth and nose) and social distancing of at least six feet between persons, 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 clean 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., partitioned care area with a separate entrance and dedicated staff)
- Resident and staff testing conducted as required via the associated facility testing structure algorithm and outbreak flow chart (see below)

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>.

Case status in the facility: There has been no new onset of COVID-19 cases in the last 14 days, and the facility is not currently conducting outbreak testing.

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 will at a minimum wear a clean, cloth face covering or face mask, maintain social 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 a visitor or staff member is unable or unwilling to maintain these precautions (such as young children), facilities may offer an alternative (i.e., full face shield), otherwise their ability to enter the facility will be restricted. Restrict the amount of visitor and staff movement throughout the facility at a given time to mitigate potential spread of COVID-19 (e.g., eliminating visits in common areas or dining rooms, establishing visitor thresholds, modifying employee breakrooms, etc.).

Access to adequate Personal Protective Equipment (PPE): All staff and visitors will wear appropriate PPE when indicated and have facility defined par levels on-hand to appropriately care for residents with COVID-19.

Conducting Testing: All facilities are encouraged to follow the testing frequency for both staff and residents as outlined in the associated facility testing structure algorithm. 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.

Resident Rights: All facilities are encouraged to follow the set visitation guidance and facilitate in-person visitation based on their county's level of community transmission and facility's COVID-19 case status to ensure alignment with resident rights. Additionally, **the resident 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.**

Compassionate Care Visits: May occur in all levels of care in accordance with the definition provided by CMS in revised QSO 20-39-NH. Facilities are encouraged to develop individualized policies and procedures that outline their internal processes for these scenarios.

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

VISITATION & SERVICE GUIDANCE FOR SNF, BC, and AL FACILITIES

Indoor Visitation Source Control Guidance: If **both resident and visitor(s)** are **fully vaccinated** while alone in a room/space, they can choose to have **close contact** and to **not wear source control**. If **either resident or visitor(s)** are **not fully vaccinated**, while alone in a room/space, a vaccinated resident can choose to have **close contact** with their unvaccinated visitor(s) while **both continue to wear source control**.

Dining/Activities Mingling Guidance: If **unvaccinated residents** are present during communal dining or activities, then **all residents** should use **face coverings** when not eating, and unvaccinated residents should **physically distance** from others

STEP 1: IDENTIFY COUNTY COVID-19 LEVEL OF COMMUNITY TRANSMISSION

STEP 2: IDENTIFY FACILITY STATUS: ROUTINE OR OUTBREAK

STEP 1: IDENTIFY COUNTY COVID-19 LEVEL OF COMMUNITY TRANSMISSION	STEP 2: IDENTIFY FACILITY STATUS: ROUTINE OR OUTBREAK	Indoor Visitation	Outdoor Visitation	Communal Dining	Activities	Resident Screening	Entry of Health Care Workers who are Non-employees
Low	Routine	Consider scheduled visits with limited visitors. Refer above for source control guidance.	Yes	Fully vaccinated residents may dine without face coverings or social distancing if all participating residents are fully vaccinated. Refer above for mingling guidance.	Fully vaccinated residents may participate in activities without face coverings or social distancing if all participating residents are fully vaccinated. Refer above for mingling guidance.	* 1 x per day * Screening Questions * Temperature and Oxygen Sats	* All staff providing services tested per facility policy. * Other non-essential personal follow visitation guidelines.
	Outbreak	Refer to Outbreak Status Flow Chart for Visitation. Refer above for source control guidance.	Yes	No change from above	No change from above	* 3 x per day * Screening Questions * Temperature and Oxygen Sats	No change from above
Moderate	Routine	Consider scheduled visits with limited visitors. Refer above for source control guidance.	Yes	Fully vaccinated residents may dine without face coverings or social distancing if all participating residents are fully vaccinated. Refer above for mingling guidance.	Fully vaccinated residents may participate in activities without face coverings or social distancing if all participating residents are fully vaccinated. Refer above for mingling guidance.	* 1 x per day * Screening Questions * Temperature and Oxygen Sats	* All staff providing services tested per facility policy. * Other non-essential personal follow visitation guidelines.
	Outbreak	Refer to Outbreak Status Flow Chart for Visitation. Refer above for source control guidance.	Yes	No change from above	No change from above	* 3 x per day * Screening Questions * Temperature and Oxygen Sats	No change from above
Substantial	Routine	As above, except for unvaccinated SNF residents if < 70% of SNF residents are fully vaccinated. Refer above for source control guidance.	Yes	Fully vaccinated residents may dine without face coverings or social distancing if all participating residents are fully vaccinated. Refer above for mingling guidance.	Fully vaccinated residents may participate in activities without face coverings or social distancing if all participating residents are fully vaccinated. Refer above for mingling guidance.	* 1 x per day * Screening Questions * Temperature and Oxygen Sats	* All staff providing services tested per facility policy. * Other non-essential personal follow visitation guidelines.
	Outbreak	Refer to Outbreak Status Flow Chart for Visitation. Refer above for source control guidance.	Yes	No change from above	No change from above	* 3 x per day * Screening Questions * Temperature and Oxygen Sats	No change from above
High	Outbreak	Refer to Outbreak Status Flow Chart for Visitation. Refer above for source control guidance.	Yes	No change from above	No change from above	* 3 x per day * Screening Questions * Temperature and Oxygen Sats	No change from above

FACILITY TESTING STRUCTURE FOR SNF BC & AL

START:

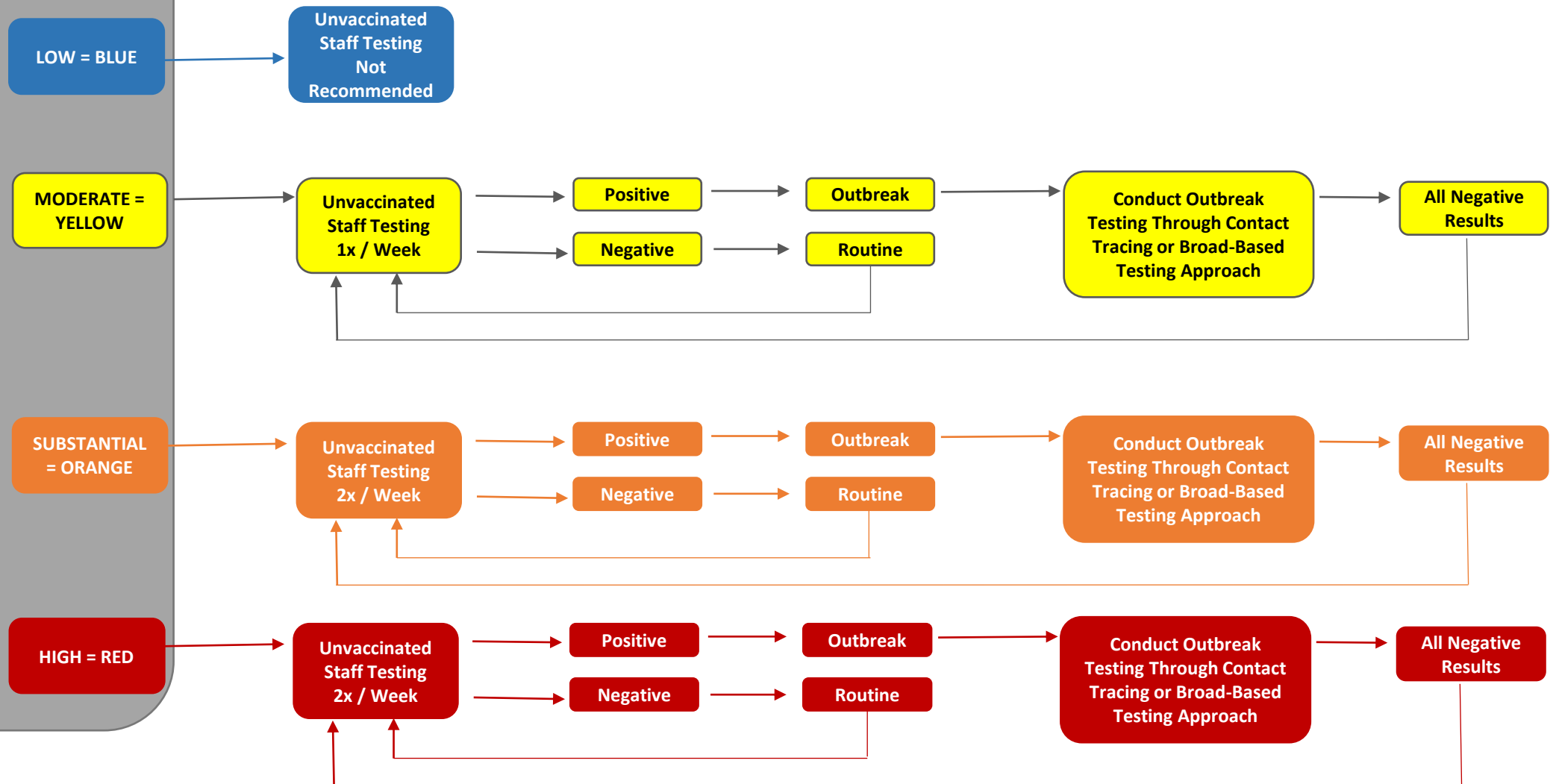
Identify county color based on county level of COVID-19 transmission and follow path for testing requirements.

MONITOR:

Check the County COVID-19 tracker the 1st & 3rd Monday each month to identify test schedule:

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

Ref: CMS Memo 20-38 NF
Revised 9/21/2021



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>

Visitation during Outbreak Testing

- Suspend visitation if positive case identified
- Test immediately, but no sooner than 2 days
- Complete 1st round of outbreak testing
- If the first round of outbreak testing reveals no additional COVID-19 cases in other areas of the facility, then visitation can resume for residents in areas/unit with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing.
- If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility, then the facility should suspend visitation for all residents, vaccinated and unvaccinated, until the facility meets the criteria to discontinue outbreak testing.

COVID-19 Outbreak Status Flow Chart

Skilled Nursing Facilities, Basic Care and Assisted Living

New positive HCW or resident suspend visitation indoors

Can close contacts be identified?

NO

YES

Action Step: Immediately test all staff, vaccinated and unvaccinated, assigned to a specific location where the case occurred, i.e. unit, floor, or other specific area.
AND
Immediately test all residents, vaccinated and unvaccinated, facility-wide or at a group level.

Action Step: Immediately test all staff, vaccinated and unvaccinated, that had higher risk exposure with a COVID-19 positive individual.
And
Immediately test all residents that had close contact with a COVID-19 positive individual.

New positive identified?

New positive identified?

YES

NO

NO

YES

Action Step

Continue testing group level every 3-7 days until 14 days of no positives

Is the new positive the same 'group level'?

NO

YES

Action Step

Expand group level and test every 3-7 days until 14 days of no new positives

Action Step

Continue outbreak testing at the group level every 3-7 days until 14 days of no positives

Action Step

Retest close contacts 5-7 days after exposure

New positive identified?

YES

NO

- **Close contact outbreak testing complete**
- **Facility opens to indoor visitation**