Is Your Nursing Home Ready to Handle the Demands of the COVID-19 Pandemic? Assessing Readiness: Advice from the CDC

4:00 – 5:00 PM ET

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Quality Improvement Organizations
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CENTERS FOR MEDICARE & MEDICAID SERVICES

Introduction and Welcome!

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Meet Your Speaker

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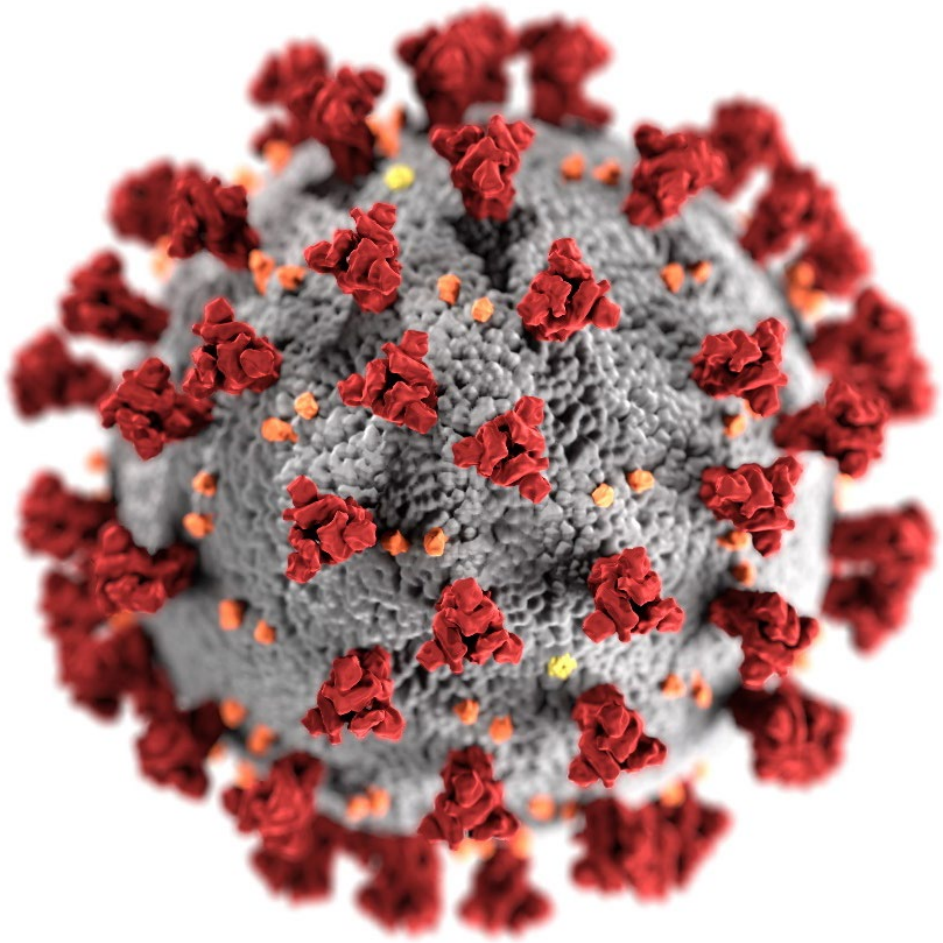
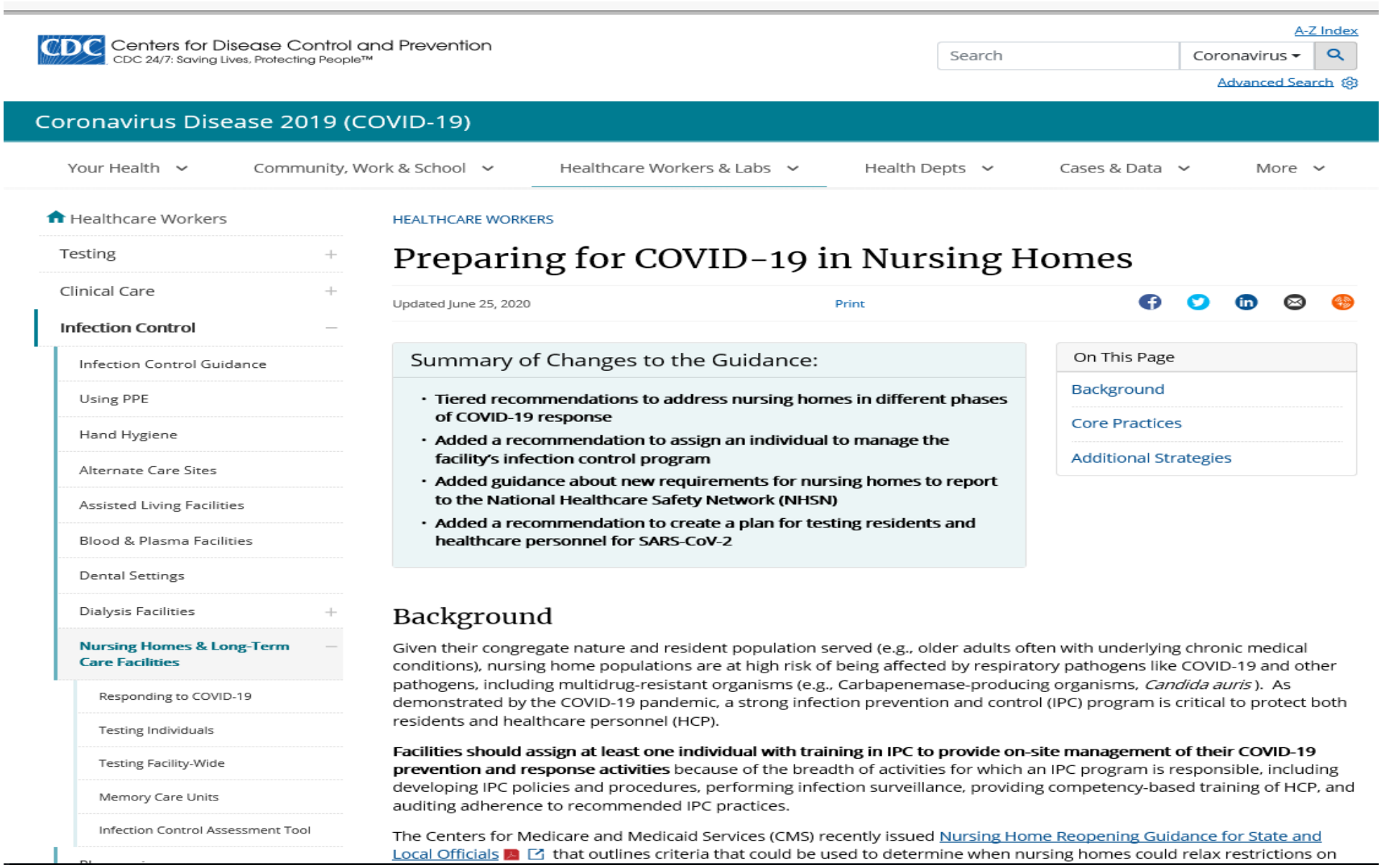
Is Your Nursing Home Ready to Handle the Demands of the COVID-19 Pandemic: Assessing Readiness



National CMS/CDC Nursing Home COVID-19 Training
Nimalie D. Stone, MD,
Lead for LTC
COVID-19 Healthcare IPC Team

For more information: **www.cdc.gov/COVID19**

Thanks to you and your teams for supporting our residents and families!



https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

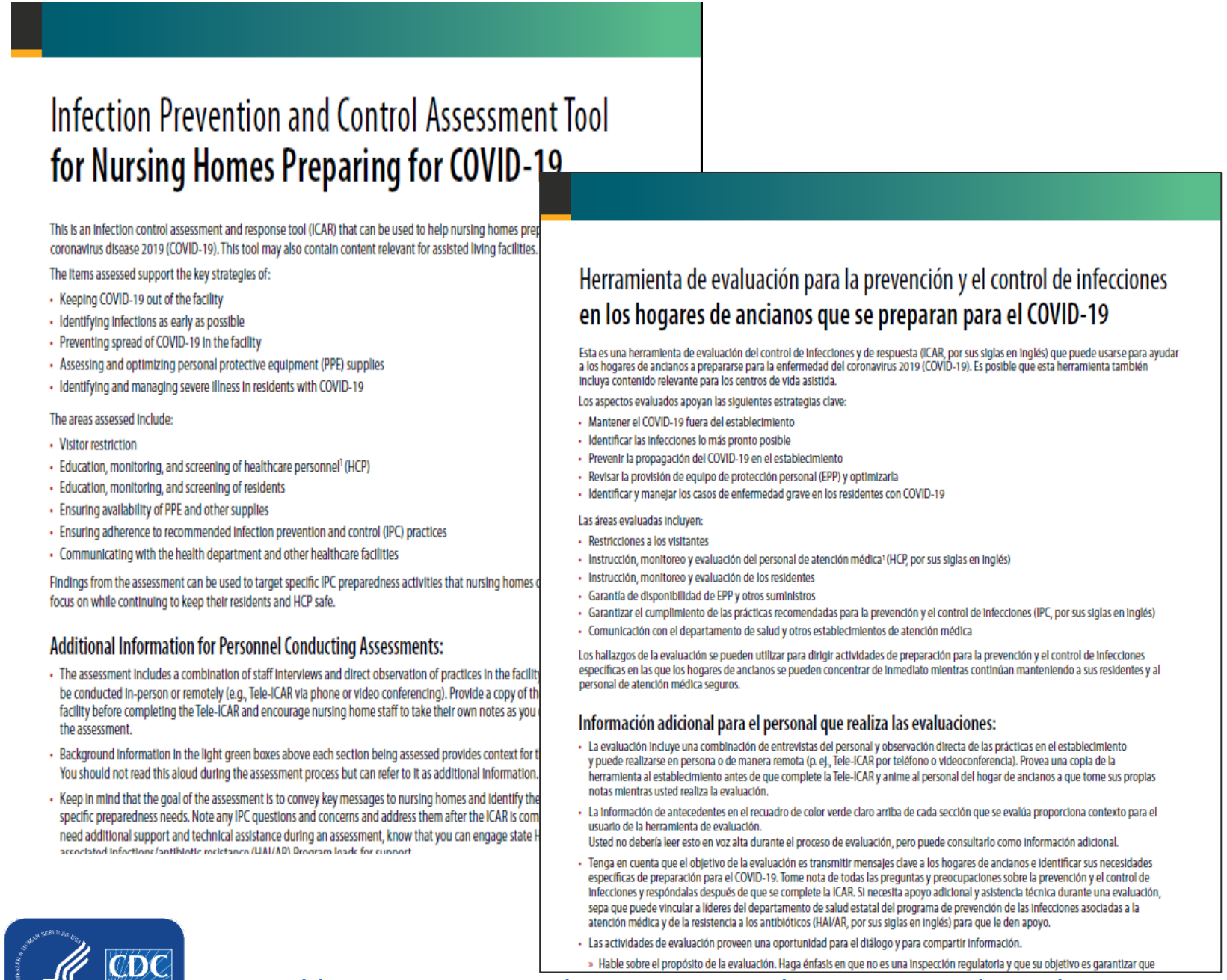
Core Activities: Maintaining COVID-19 Readiness

- Assign one or more individuals with specialized training in infection prevention and control (IPC) to provide on-site management of the IPC program
- Report into the National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module weekly
- Educate residents, healthcare personnel (HCP), and visitors about COVID-19
- Implement source control measures, (e.g., universal facemask use)
- Have a plan for visitor restrictions
- Create a plan for testing residents and HCP for SARS-CoV-2
- Evaluate and manage HCP
- Evaluate and manage residents with symptoms of COVID-19

Core Activities: Maintaining Supplies to Implement IPC

- **Access to hand hygiene –** using alcohol-based hand sanitizer to make it easier to incorporate hand hygiene into workflow and during high risk activities (e.g., PPE doffing)
- **Use of appropriate products for cleaning and disinfection** of shared equipment and environmental surfaces
- **Personal protective equipment (PPE)**
  - Continuing to monitor PPE use (burn-rate) and maintain supplies
  - Ensure ongoing familiarity with PPE equipment selection and handling, especially if supplies change
- **Implement a respiratory protection program**
  - Including medical evaluations, training, and fit testing

IPC Assessment Tool for Nursing Homes Preparing for COVID-19



Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19

This is an infection control assessment and response tool (ICAR) that can be used to help nursing homes prep
coronavirus disease 2019 (COVID-19). This tool may also contain content relevant for assisted living facilities.

The items assessed support the key strategies of:

- Keeping COVID-19 out of the facility
- Identifying infections as early as possible
- Preventing spread of COVID-19 in the facility
- Assessing and optimizing personal protective equipment (PPE) supplies
- Identifying and managing severe illness in residents with COVID-19

The areas assessed include:

- Visitor restriction
- Education, monitoring, and screening of healthcare personnel[1] (HCP)
- Education, monitoring, and screening of residents
- Ensuring availability of PPE and other supplies
- Ensuring adherence to recommended infection prevention and control (IPC) practices
- Communicating with the health department and other healthcare facilities

Findings from the assessment can be used to target specific IPC preparedness activities that nursing homes
focus on while continuing to keep their residents and HCP safe.

Additional Information for Personnel Conducting Assessments:

- The assessment includes a combination of staff interviews and direct observation of practices in the facilit
be conducted in-person or remotely (e.g., Tele-ICAR via phone or video conferencing). Provide a copy of th
facility before completing the Tele-ICAR and encourage nursing home staff to take their own notes as you
the assessment.
- Background information in the light green boxes above each section being assessed provides context for t
You should not read this aloud during the assessment process but can refer to it as additional information.
- Keep in mind that the goal of the assessment is to convey key messages to nursing homes and identify the
specific preparedness needs. Note any IPC questions and concerns and address them after the ICAR is com
need additional support and technical assistance during an assessment, know that you can engage state H
associated infections/antibiotic resistance (HAI/AR) Program leads for support.

Herramienta de evaluación para la prevención y el control de infecciones en los hogares de ancianos que se preparan para el COVID-19

Esta es una herramienta de evaluación del control de infecciones y de respuesta (ICAR, por sus siglas en inglés) que puede usarse para ayudar a los hogares de ancianos a prepararse para la enfermedad del coronavirus 2019 (COVID-19). Es posible que esta herramienta también incluya contenido relevante para los centros de vida asistida.

Los aspectos evaluados apoyan las siguientes estrategias clave:

- Mantener el COVID-19 fuera del establecimiento
- Identificar las infecciones lo más pronto posible
- Prevenir la propagación del COVID-19 en el establecimiento
- Revisar la provisión de equipo de protección personal (EPP) y optimizarla
- Identificar y manejar los casos de enfermedad grave en los residentes con COVID-19

Las áreas evaluadas incluyen:

- Restricciones a los visitantes
- Instrucción, monitoreo y evaluación del personal de atención médica[1] (HCP, por sus siglas en inglés)
- Instrucción, monitoreo y evaluación de los residentes
- Garantía de disponibilidad de EPP y otros suministros
- Garantizar el cumplimiento de las prácticas recomendadas para la prevención y el control de infecciones (IPC, por sus siglas en inglés)
- Comunicación con el departamento de salud y otros establecimientos de atención médica

Los hallazgos de la evaluación se pueden utilizar para dirigir actividades de preparación para la prevención y el control de infecciones específicas en las que los hogares de ancianos se pueden concentrar de inmediato mientras continúan manteniendo a sus residentes y al personal de atención médica seguros.

Información adicional para el personal que realiza las evaluaciones:

- La evaluación incluye una combinación de entrevistas del personal y observación directa de las prácticas en el establecimiento y puede realizarse en persona o de manera remota (p. ej., Tele-ICAR por teléfono o videoconferencia). Provea una copia de la herramienta al establecimiento antes de que complete la Tele-ICAR y anime al personal del hogar de ancianos a que tome sus propias notas mientras usted realiza la evaluación.
- La información de antecedentes en el recuadro de color verde claro arriba de cada sección que se evalúa proporciona contexto para el usuario de la herramienta de evaluación.
  Usted no debería leer esto en voz alta durante el proceso de evaluación, pero puede consultarlo como información adicional.
- Tenga en cuenta que el objetivo de la evaluación es transmitir mensajes clave a los hogares de ancianos e identificar sus necesidades específicas de preparación para el COVID-19. Tome nota de todas las preguntas y preocupaciones sobre la prevención y el control de infecciones y respóndalas después de que se complete la ICAR. Si necesita apoyo adicional y asistencia técnica durante una evaluación, sepa que puede vincular a líderes del departamento de salud estatal del programa de prevención de las infecciones asociadas a la atención médica y de la resistencia a los antibióticos (HAI/AR, por sus siglas en inglés) para que le den apoyo.
- Las actividades de evaluación proveen una oportunidad para el diálogo y para compartir información.
  - Hable sobre el propósito de la evaluación. Haga énfasis en que no es una inspección regulatoria y que su objetivo es garantizar que

- Used by CDC, QIN-QIOs and State/local health departments to provide on-site or remote ("tele-ICAR") support to nursing homes
- CDC tele-ICAR team has conducted 752 assessments in nursing homes, supporting 22 different jurisdictions

https://www.cdc.gov/coronavirus/2019-ncov/hcp/assessment-tool-for-nursing-homes.html

COVID Prevention/Response Activities

- Keep COVID out
  - Strict visitor restrictions
  - Screening of visitors and HCP
  - Education and maintaining communication for families
- Early detection/management
  - Regular clinical monitoring of residents (most q shift)
    - Lower thresholds for testing
  - Increasing use of COVID testing for residents and HCP
- Access to IPC Supplies
  - Access to HH infrastructure
  - Access and use of PPE
- Implementing IPC practices to Prevent Spread
  - Access to HH infrastructure
  - Access and use of PPE
  - Knowledge of appropriate disinfection supplies and cleaning processes
- Communication and Care Capacity
  - Systems for regular updates/notifications to residents, staff and families
  - Public health reporting
  - Anticipating and addressing staffing needs
  - Setting up COVID care areas

Section 1

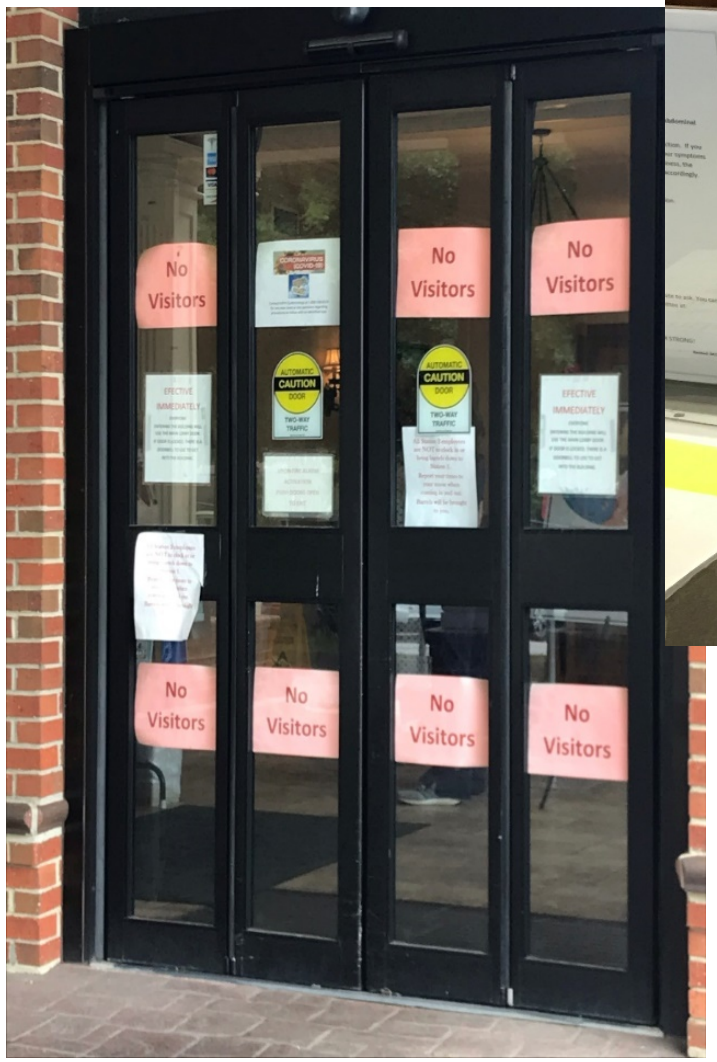
Visitor restrictions and non-essential personnel restrictions

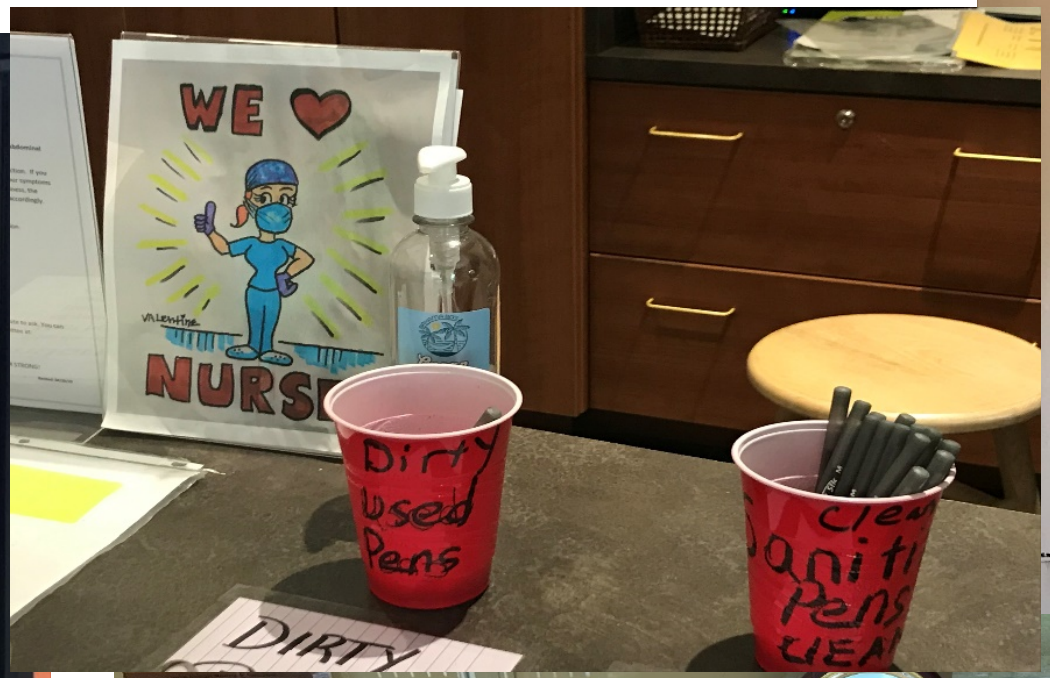
*Both CDC and CMS recommend restricting all visitors to nursing homes to prevent COVID-19 from entering the facility. Exceptions for compassionate care, such as end-of-life situations, may be considered on a case-by-case basis. All visitors should first have temperature and symptom screening (e.g., **fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell**) to safeguard residents. Ill visitors should not enter. Visitors who are granted access should perform frequent hand hygiene, wear a cloth face covering (for source control), and conduct their visit in a location designated by the facility such as the resident's room. Additional best practices include designating a single entrance for visitors, posting signage at entrances to the facility, and providing communication to residents and families.*

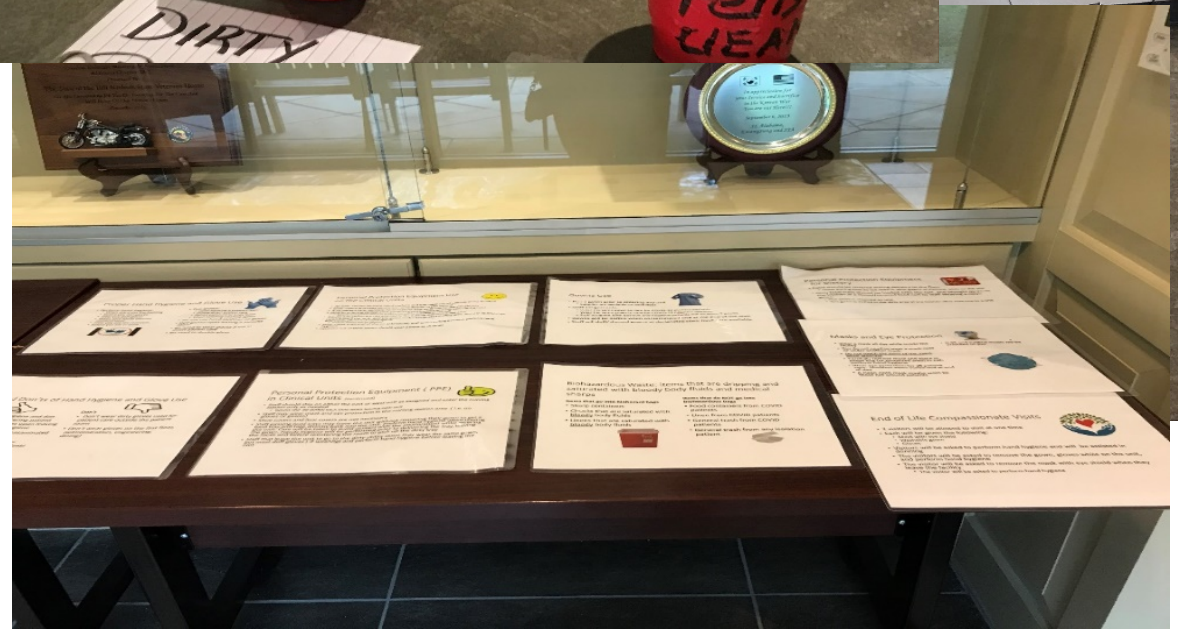
Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
What is your current policy for visitors? Facility restricts all visitation except for certain compassionate care situations, such as end-of-life situations.	◯ Yes ◯ No	
Are there any exceptions to your visitation policy? What are those exceptions? Decisions about visitation are made on a case-by-case basis.	◯ Yes ◯ No	
If visitors are allowed in, what screening occurs? Potential visitors are screened prior to entry for fever or symptoms of COVID-19. Those with symptoms are not permitted to enter the facility (e.g., fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell).	◯ Yes ◯ No	
Are there any restrictions or requirements on visitors once they enter? Do you provide them with any additional information on hand hygiene? Visitors that are permitted inside, must wear a cloth face covering while in the building and restrict their visit to the resident's room or other location designated by the facility. They are also reminded to frequently perform hand hygiene.	◯ Yes ◯ No	
What is your policy for volunteers or non-medical service providers like a beautician, barber, or massage therapist? Non-essential personnel including volunteers and non-medical	◯ Yes ◯ No	

- Most facilities have been doing these activities since March
- In addition to visitation restriction/ screening, discusses
  - Outreach and education to families
  - Maintaining resident communication through remote technology
- Now some centers are considering re-opening and loosening restrictions

Restrictions, education and visits







Section 2

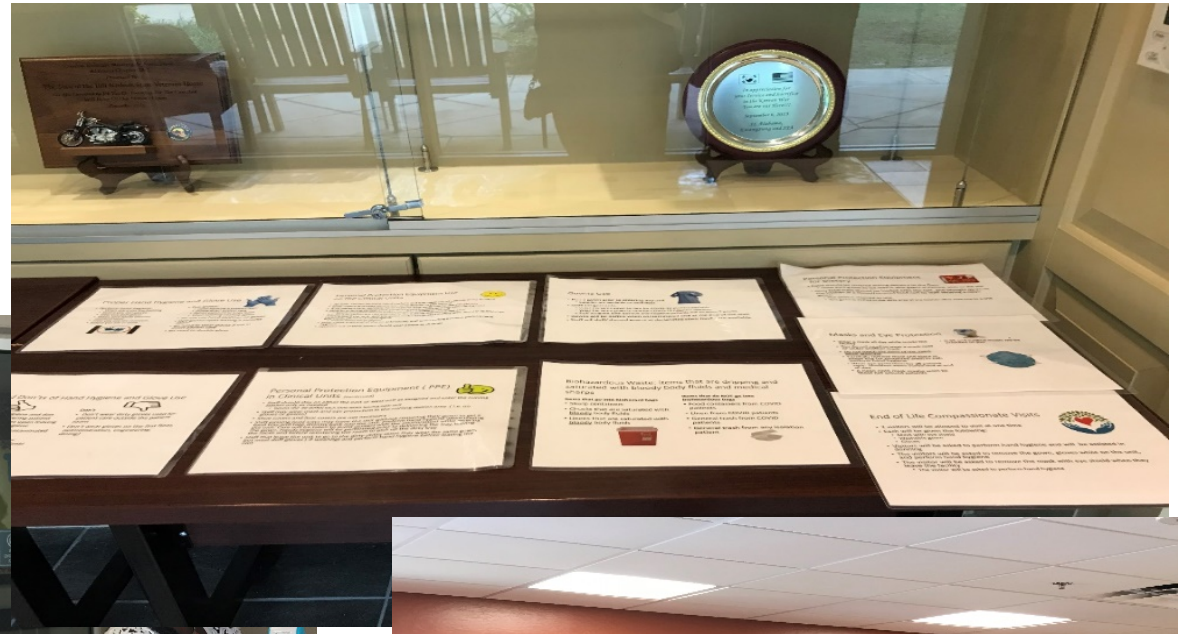
Education, Monitoring, and Screening of Healthcare Personnel (HCP)

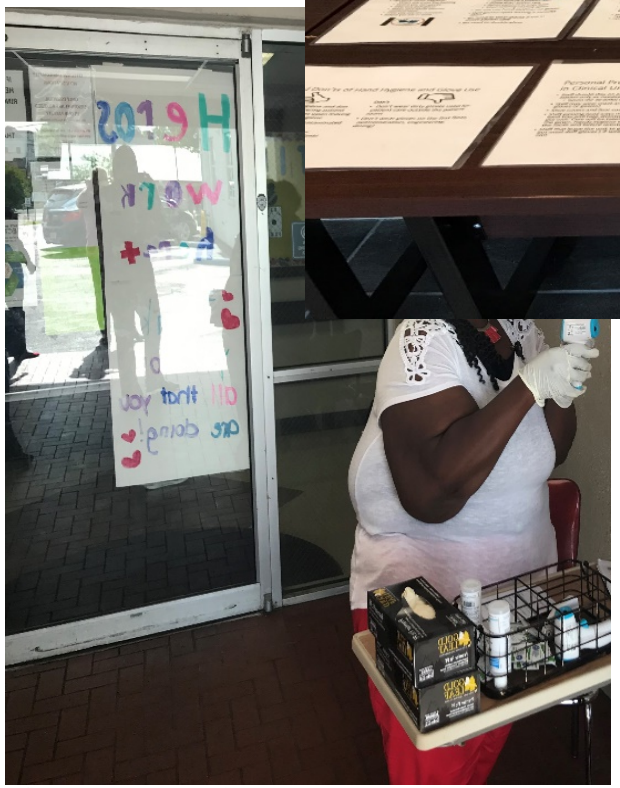
Education *of HCP (including consultant personnel) should explain how the IPC measures protect residents, themselves, and their loved ones, with an emphasis on hand hygiene, PPE, and* ***monitoring*** *of their symptoms. Consultant personnel are individuals who provide specialized care or services (for example, wound care or podiatry) to residents in the facility on a periodic basis. They often work at multiple facilities in the area and should be included in education and screening efforts as they can be exposed to or serve as a source of pathogen transmission. If HCP work while ill, they can serve as a source of pathogen transmission within the facility. HCP should be reminded not to report to work when ill. All HCP should self-monitor when they are not at work and be* ***actively screened*** *upon entering the facility. Ideally, this would occur at the entrance to the facility, before they begin their shift. Screening includes temperature check and asking about symptoms like subjective fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell. If they have a fever of 100.0 F or higher or symptoms, they should be masked and sent home. Because symptom screening will not identify individuals who are infected but otherwise asymptomatic or pre-symptomatic, facilities should also implement universal source control policies requiring anyone in the facility to wear a facemask or cloth face covering. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.*

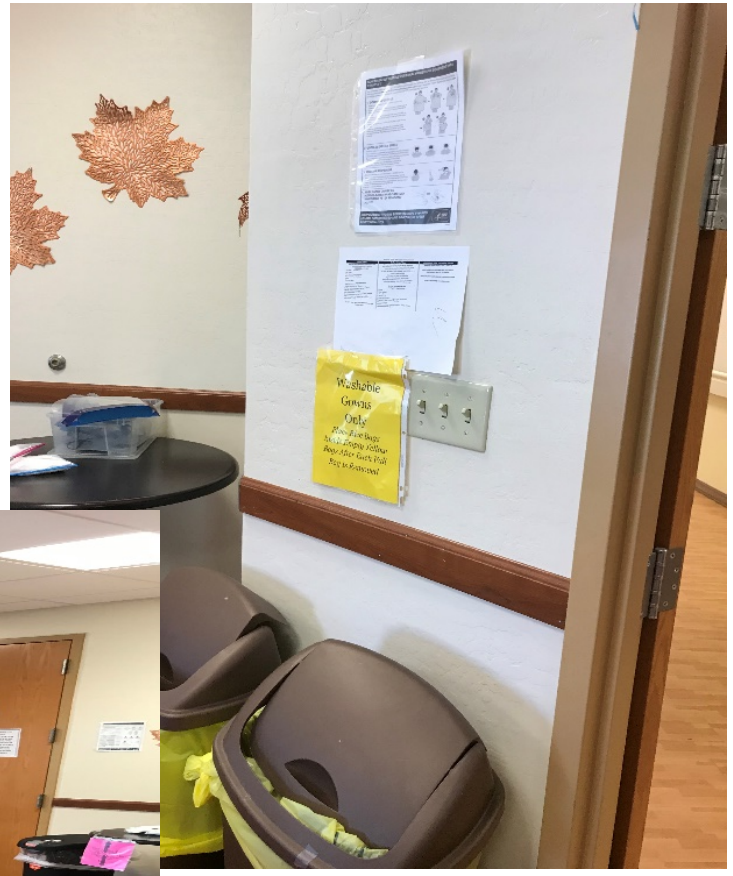
Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
Have you provided any in-service training or education to the staff due to COVID-19? What was included in those? **Facility has provided education and refresher training to HCP (including consultant personnel) about the following:** • **COVID-19 (e.g., symptoms, how it is transmitted)**	◯ Yes ◯ No	
• **Sick leave policies and importance of not reporting to or remaining at work when ill**	◯ Yes ◯ No	
• **New policies for source control while in the facility**	◯ Yes ◯ No	
Do you ever audit or record performance of things like hand hygiene? Selection and use of personal protective equipment? Environmental cleaning? **Facility monitors HCP adherence to recommended IPC practices, including:** • **Hand hygiene**	◯ Yes ◯ No	
• **Selection and use of PPE; have HCP demonstrate competency with putting on and removing PPE**	◯ Yes ◯ No	

- Most facilities have been doing these activities since March
- Important aspects of HCP section include:
  - Ongoing education and updates
  - Reviewing sick leave policies to support staff
  - Assessing HCP competency and ongoing auditing/coaching of IPC practices
  - Reinforcing face mask use and social distancing (even on breaks)
  - Evaluating staff needs and planning for shortages

Support for HCP: Education, screening, IPC monitoring







Section 3

Education, Monitoring, and Screening, and Cohorting of Residents

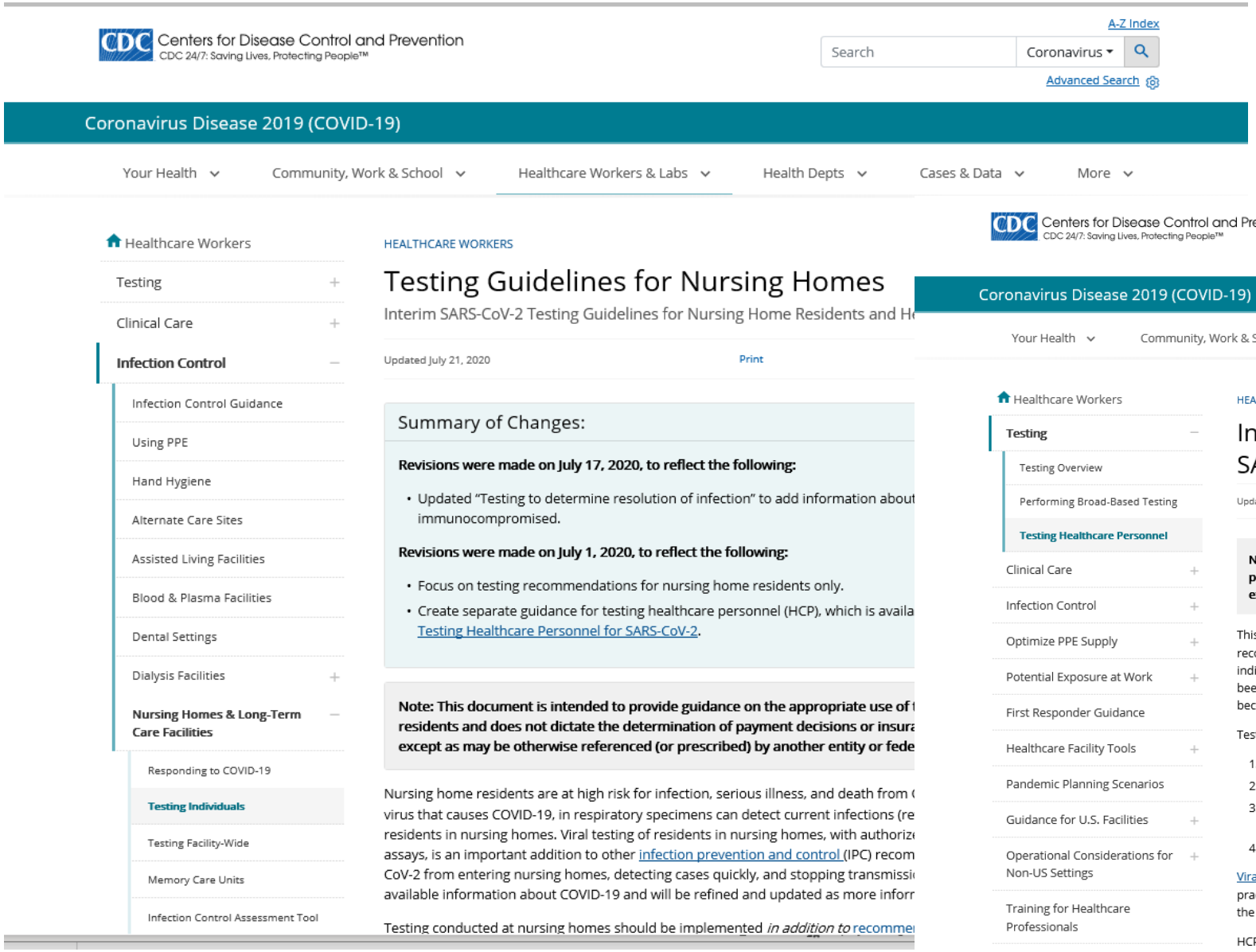
Education of residents and their loved ones should include an explanation of steps the facility is taking to protect them and how visitors can serve as a source of pathogen transmission. The facility should ask residents to report if they feel feverish or have respiratory symptoms. They should actively monitor all residents upon admission and at least daily for fever and symptoms of COVID-19 (fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell). If they have a fever (temperature of 100.0 F or higher) or symptoms, they should be restricted to their room and put into appropriate Transmission-Based Precautions. Group activities such as communal meals, religious gatherings, classes, and field trips should be stopped to promote social distancing (residents remaining at least 6 feet apart from one another).

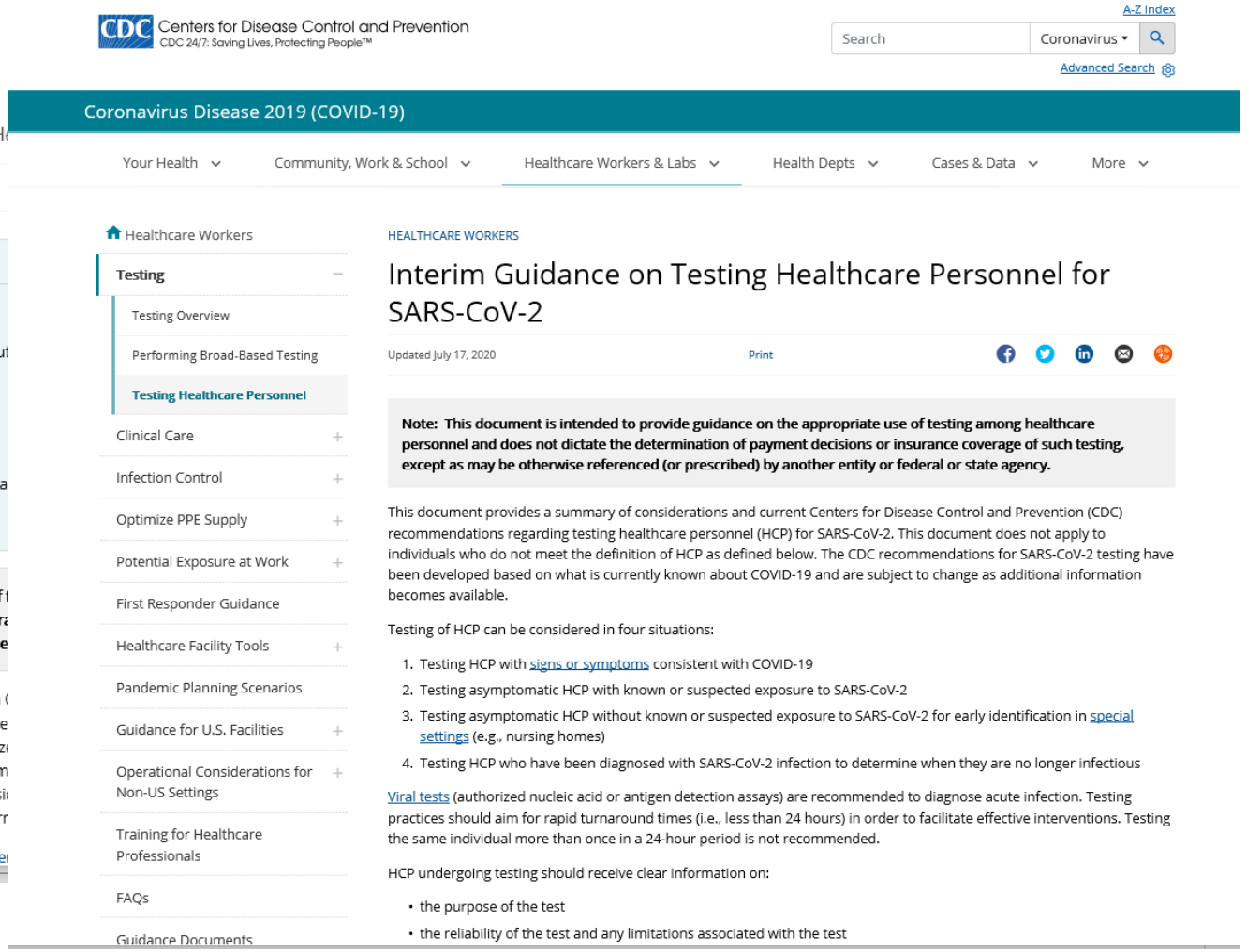
Facilities should plan to dedicate space to care for residents with COVID-19 even before they have an active case. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19 and would have dedicated HCP to deliver care within this space. Another consideration is how to manage new admissions or readmissions when COVID-19 status is unknown. Options may include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. Residents could be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period could be considered to increase certainty that the resident is not infected. If an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved from their rooms to a single room in this area pending results of SARS-CoV-2 testing.

All recommended PPE should be worn during care of residents under observation; this includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Cloth face coverings are not considered PPE and should not be worn by HCP when PPE is indicated.

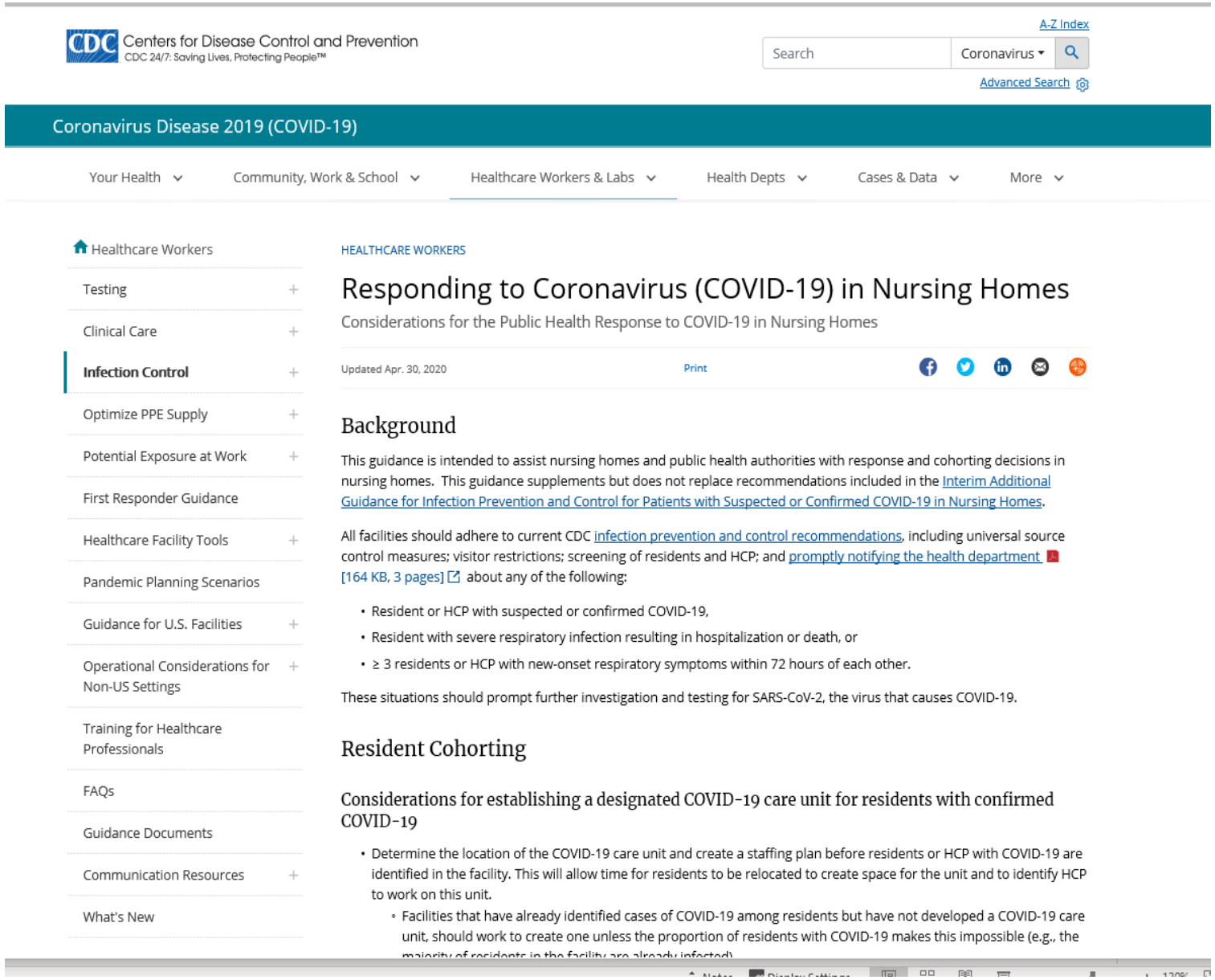
Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
Have you provided any education to your residents on ways they can protect themselves (like washing hands, visitor restriction, social distancing)? **Facility has provided education to residents about the following:** • **COVID-19 (e.g., symptoms, how it is transmitted)**	◯ Yes ◯ No	
• **Importance of immediately informing HCP if they feel feverish or ill**	◯ Yes ◯ No	
• **Actions they can take to protect themselves (e.g., hand hygiene, covering their cough, maintaining social distancing)**	◯ Yes ◯ No	
• **Actions the facility is taking to keep them safe (e.g., visitor restrictions, changes in PPE use, canceling group activities and communal dining)**	◯ Yes ◯ No	
Are you screening residents? How are you screening them/what questions are you asking them? How often? What is included? **Facility assesses residents for fever and symptoms of COVID-19 (fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat**	◯ Yes ◯ No	

- Most facilities have been doing these activities since March
- Guidance is (and is likely to continue) evolving
- Important aspects of this section include:
  - Regular educational updates for residents
  - Designating a space to care for residents with COVID-19
  - Developing a plan for SARS-CoV-2 testing





https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html



- Outlines considerations for cohorting and management of new COVID cases:
  - Designating a COVID care unit
  - Managing new admissions, readmissions or other potential outside exposures
  - Responding to new cases among residents or HCP

https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

Designated spaces for COVID care or quarantine


STOP
CONTACT PRECAUTIONS
EVERYONE MUST:
STOP
STOP
STOP
300


EXIT


139

Washable
Gloves
Only

Section 4 & 5: IPC Supplies and Implementation

Availability of PPE and Other Supplies

Major distributors in the United States have reported shortages of PPE. Shortages of alcohol-based hand sanitizers and refills and certain disinfectants have also been reported. Facilities should assess their current supplies of PPE and other critical materials as soon as possible and begin implementing strategies to optimize their current supply of PPE (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html). Examples of strategies described in those documents include extended use of facemasks and eye protection, which allow the same facemask and eye protection to be worn for the care of more than one resident. Gowns could be prioritized for select activities such as activities where splashes and sprays are anticipated (including aerosol generating procedures) and high-contact resident care activities that provide opportunities for transfer of pathogens to hands and clothing of HCP. If a facility anticipates or has a shortage, they should engage their health department and healthcare coalition for assistance.

- *Link to identifying your state HAI coordinator: https://www.cdc.gov/hai/state-based/index.html*
- *Link to healthcare coalition/preparedness: https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx*

Disinfectants used at a facility should be EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2. List N on the EPA website lists products that meet EPA's criteria for use against SARS-CoV-2 (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
How is your current supply of: facemasks and respirators; gowns; gloves; eye protection? Does your facility have enough supply of facemasks and respirators (gowns, gloves, etc.) for the next 1-2 weeks? **Facility has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand sanitizer, EPA-registered disinfectants, tissues). (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html)**	◯ Yes ◯ No	
What is your facility doing to try and conserve PPE? Are you aware of the recommendations to conserve PPE? Do you have a backup plan if you don't have enough? **If PPE shortages are identified or anticipated, facility has engaged their health department and/or healthcare coalition for assistance.**	◯ Yes ◯ No	
Facility has implemented measures to optimize current PPE supply (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html).	◯ Yes ◯ No	
Where is your PPE located? Is it readily available for staff that need it? **PPE is available in resident care areas including outside resident rooms.** • **PPE here includes: gloves, gowns, facemasks, N-95 or higher-level respirators (if facility has a respiratory protection program and HCP are fit-tested) and eye protection (face shield or goggles).**	◯ Yes ◯ No	
How much disinfectant does your facility have on hand? Do you expect a shortage? **EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.**	◯ Yes ◯ No	
Are trash cans accessible throughout the facility? What about tissues? **Tissues and trash cans are available in common areas and**		

Infection Prevention and Control Practices

Alcohol-based hand sanitizer (ABHS) is the preferred method of hand hygiene; however, sinks should still be stocked with soap and paper towels. Hand hygiene should be performed in the following situations: before resident contact, even if PPE is worn; after contact with the resident; after contact with blood, body fluids, or contaminated surfaces or equipment; before performing aseptic tasks; and after removing PPE.

Recommended PPE when caring for residents with suspected or confirmed COVID-19 includes gloves, gown, N-95 or higher-level respirator (or facemask if respirators are not available or HCP are not fit-tested), and eye protection (face shield or goggles). PPE should be readily available outside of resident rooms, although the facility should consider assigning a staff member to shepherd supplies and encourage appropriate use.

All EPA-registered, hospital-grade disinfectants have a contact time which is required to kill or inactivate pathogens. Environmental surfaces must remain wet with the product for the entire contact time duration to work appropriately. Contact times range from 30 seconds to 10 minutes. Keeping a surface wet for 10 minutes is seldom accomplished with a single application. It is important for facilities to know that their product is appropriate (List N as above) and is being used for the entire contact time. Also, it is helpful for the facility to assign responsibility for cleaning and disinfection of specific surfaces and equipment (who cleans what).

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
When, during patient care, is hand hygiene expected? **HCP perform hand hygiene in the following situations:** • **Before resident contact, even if gloves will be worn**	◯ Yes ◯ No	
• **After contact with the resident**	◯ Yes ◯ No	
• **After contact with blood, body fluids, or contaminated surfaces or equipment**	◯ Yes ◯ No	
• **Before performing an aseptic task**	◯ Yes ◯ No	
• **After removing PPE**	◯ Yes ◯ No	
What does your facility recommend for hand hygiene? Is there a preference for soap and water or alcohol-based hand sanitizer? **Facility has preference for alcohol-based hand sanitizer over soap and water**	◯ Yes ◯ No	
What PPE is being used by HCP caring for anyone with suspected or confirmed COVID-19 **HCP wear the following PPE when caring for residents with suspected or confirmed COVID-19** • **Gloves**	◯ Yes ◯ No	
• **Isolation gown**	◯ Yes ◯ No	

Accessibility of PPE and other IPC supplies

Section 6

Communication

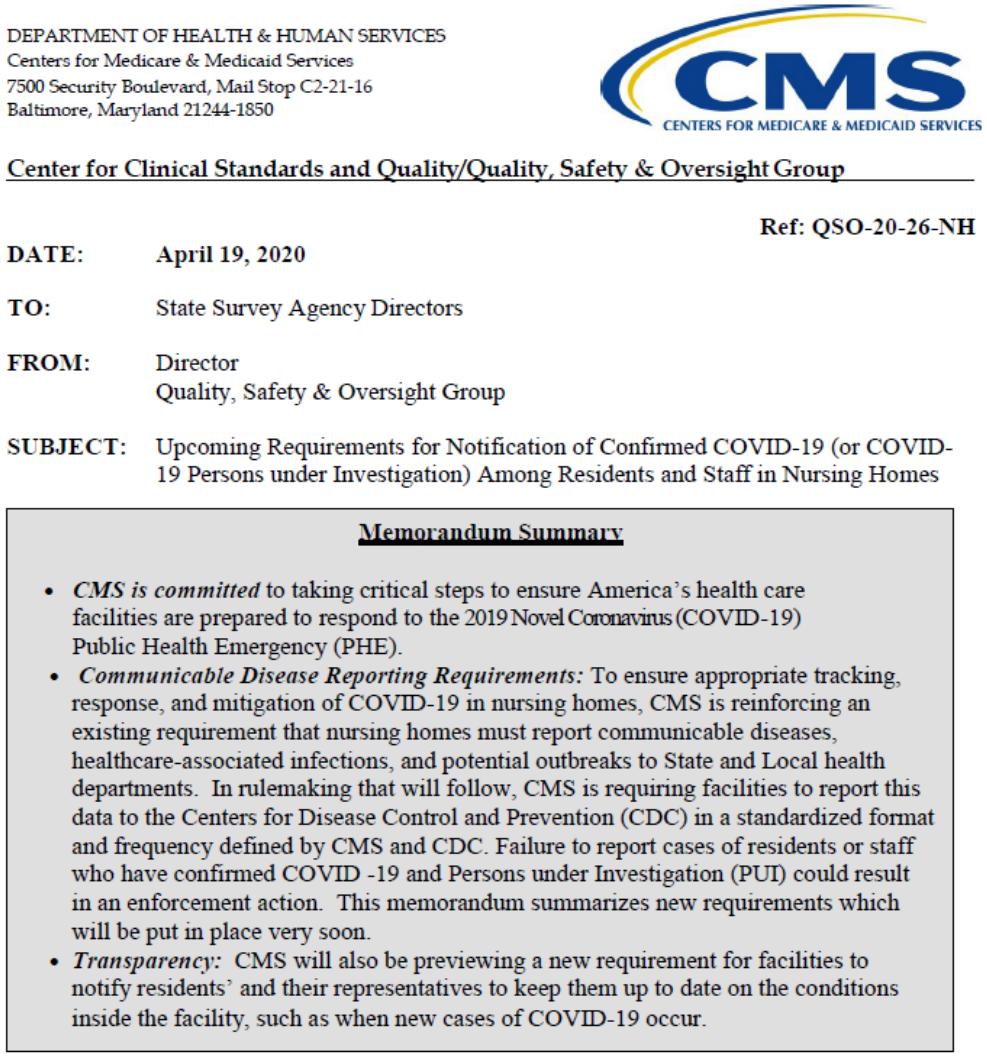
Communicating is essential during an outbreak—with HCP, residents, families, the health department, transport personnel, and receiving facilities. Facilities should notify the health department about any resident with severe respiratory infection resulting in hospitalization or death, any resident or HCP with suspected or confirmed COVID-19, or if the facility identifies 3 or more new onset cases of respiratory illness among residents and/or HCP in 72 hours. These situations should prompt further investigation and testing for SARS-CoV-2. Should a higher level of care be indicated for a resident with suspected or confirmed COVID-19, the facility should communicate this information with transport personnel, the receiving facility, and the health department.

Elements to be assessed	Assessment (Y/N)	Notes/Areas for Improvement
Have you ever talked to the health department before for your facility? Why? Moving forward, what would make you reach out to the health department now? You should reach out if you have a known or suspected case in a resident or healthcare provider; if you have a resident with a severe respiratory infection; or a cluster of new-onset respiratory symptoms among residents and or staff. Generally, we say 3 or more over the course of three days. **Facility notifies the health department about any of the following:** • **COVID-19 is suspected or confirmed in a resident or HCP**	◯ Yes ◯ No	
• **A resident has severe respiratory infection resulting in hospitalization or death**	◯ Yes ◯ No	
• **A cluster of new-onset respiratory symptoms among residents or HCP (≥3 cases over 72 hours)**	◯ Yes ◯ No	
If you have known or suspect cases of COVID-19, how do you plan to communicate this with staff? With residents? With family members? **Facility has process to notify residents, families, and staff members about COVID-19 cases occurring in the facility.**	◯ Yes ◯ No	
What about if you transfer a known or suspect case to the hospital, do you have a way to communicate their status to EMS; outpatient facility like dialysis or transfusion clinic; hospital? **Facility communicates information about known or suspected residents with COVID-19 to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities such as dialysis and acute care facilities.**	◯ Yes ◯ No	

- Reporting to local/state public health programs
  - Now could include NHSN reporting questions
- Outbreak notification to residents, families and staff
- Coordination with EMS and local acute care facilities for inter-facility transfers

Notifications for a suspected COVID-19 outbreak

- Engage public health as soon as COVID-19 is suspected or a cluster of illness is noticed (≥ 3 residents or HCP with new-onset respiratory symptoms)
- Residents, families and staff should also be made aware of potential COVID cases or an outbreak
  - Should be part of the facility's communication plan



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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

Ref: QSO-20-26-NH

DATE: April 19, 2020

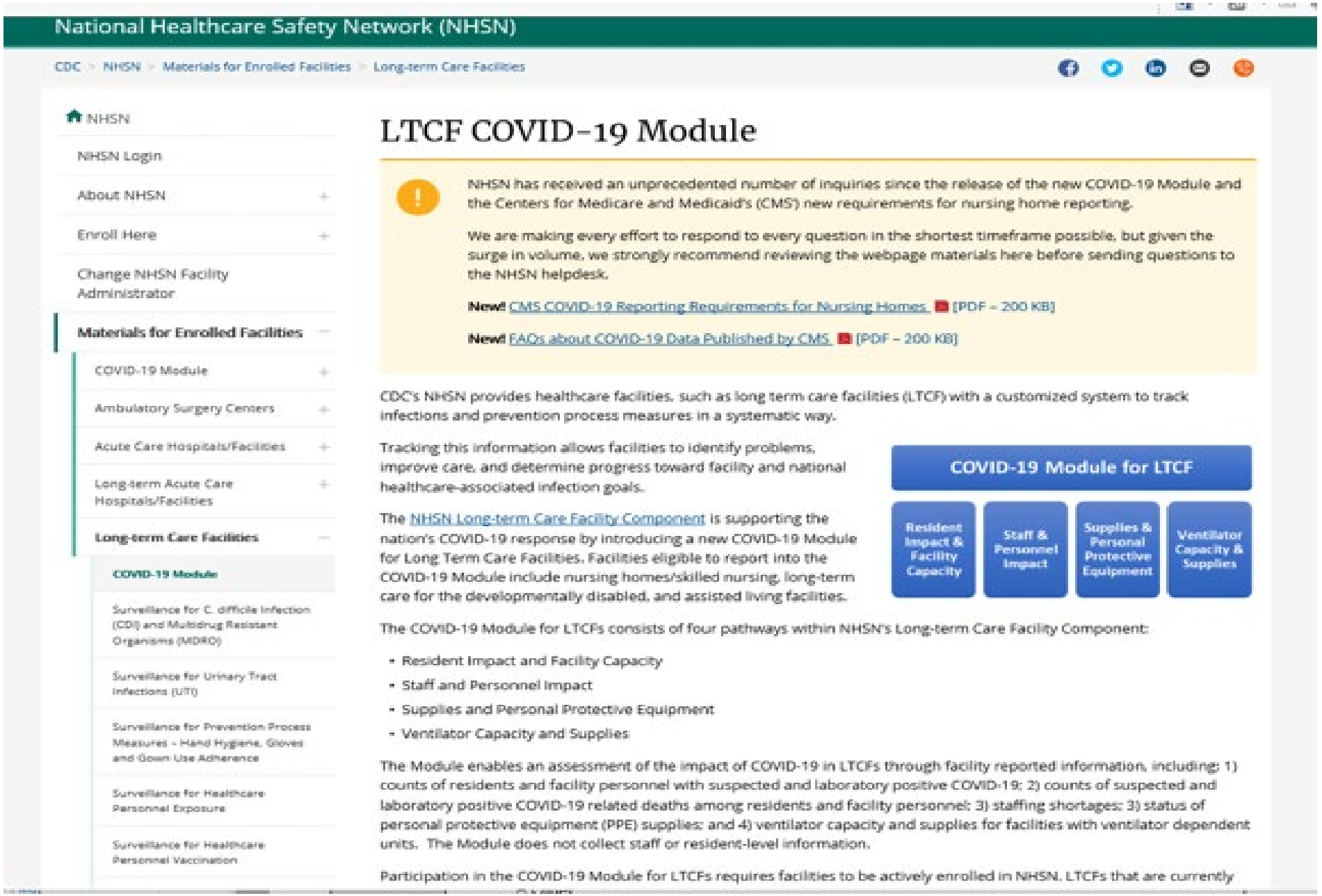
TO: State Survey Agency Directors

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.



https://www.cdc.gov/nhsn/ltc/covid19/index.html

Additional resources for facilities….

Help Keep our Residents Safe from COVID-19

A message from:

Dear Residents, Families, Friends, Volunteers:

We are committed to keeping our residents safe and we need your hel
navirus Disease 2019 (abbreviated COVID-19) can cause outbreaks in n
residents are elderly and may have medical conditions putting them at
sick, or even severely ill, with COVID-19. Visitors and healthcare person
sources of introduction of the virus that causes COVID-19 into a facility

**To protect our vulnerable residents, even before COVID-19 is seen in
immediately taking the following aggressive actions to reduce the ri
dents and staff:**

1. **Effective immediately: We are restricting all visitation.**
   All visitation is being restricted except for certain compassionate
   of life situations. These visitors will first be screened for fever and
   We know that your presence is important for your loved one but,
   Centers for Disease Control and Prevention (CDC), this is a necess
   health. We are introducing alternative methods of visitation (such
   that you can continue to communicate with your loved ones. Visi
   enter the building will be required to frequently clean their hand
   nated area within the building, and wear a facemask. As the situa
   changing, we will continue to keep you updated.

2. **We are monitoring healthcare personnel and residents for sym**
   Non-essential healthcare personnel and volunteers are now restric
   Healthcare personnel will be actively monitored for fever and symp
   Ill healthcare personnel will be asked to stay home. You may see he
   facemasks, eye protection, gown, and gloves in order to prevent ge
   keep residents safe. Healthcare personnel will clean their hands fre

   We are assessing residents daily for fevers and symptoms of respi
   quickly identify ill residents and implement additional infection p
   residents are identified, they will be monitored closely, asked to s
   a mask.

3. **We are limiting activities within the facility.**
   We are cancelling all group activities within the building and all c
   be helping residents to practice social distancing, including durin
   clean their hands.

We encourage you to review the CDC website for information about C
toms, how it spreads, and actions you can take to protect your health: h
virus/2019-ncov/index.html.

Thank you very much for everything you are doing to keep our residen
healthy. We continue to monitor the situation in our community; we w
any new precautions we think are necessary to keep your loved one sa

CORONAVIRUS DISEASE 2019 (COVID-19):
Supporting Your Loved One in a Long-Term Care Facility

We recognize the hardship that our residents and families are experiencing right now due to COVID-19, and we hear your concerns about the restrictions that have been put into place to reduce the risk of spread of COVID-19.

As part of our facility's commitment to protecting residents, families, and staff from serious illness and complications, we are continuing to follow guidance from the Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC), which includes restricting all visitation, except for certain compassionate care reasons, such as end-of-life.

Due to the high risk of spread once COVID-19 e
we must continue these protections. We will co
provide families with regular updates regarding
COVID-19 status via phone and email.

During this challenging time, we are committed
residents stay connected with their families and
ones. We would like to work together with you t
possible. Below are some ideas on how to keep
and ways we are supporting communication be
residents and their families:

TECHNOLOGY for more frequent video chats, emails, text messages, and phone calls.

We are teaching residents to use video chat applications (such as Skype and FaceTime) and will help read emails or texts on personal devices if needed.

CARDS AND LETTERS with messages of support and updates on family members.

We are supplying paper, pens, envelopes and postage for residents to easily reply. If needed, we will write replies dictated by residents.

RECORDED VIDEO MESSAGES to share via email or text message, if live-video chatting is not feasible.

We will help record outgoing messages and share incoming messages with residents.

"VISITS" through a glass window or a parade of cars.

We will make every effort to ensure residents are able to safely participate if scheduled in advance.

**VISUALS TO EXPRESS CAR
ribbons around trees or be
flowers outside, or outdoo
banners to show support.**

We will work to designate ar
these visuals and safely take
outside to show them these
your support.

**CARE PACKAGES that coul
such as photographs, card
snacks, and entertainmen
books, magazines, and pu**

We will establish a system fo
drop-offs that is safe and do
entry into the facility.

**DEDICATIONS on the in-h
channel and intercom syst**

We can 'dedicate' songs or sh
via the intercom prior to bro
a movie or playing music. If
one has a favorite song, poe
television show, please let u

We encourage you to share additional idea
ways we can work together to support ou

Please contact us with questions or suggestions:

COVID-19 Transmission: Sample Notification Letter to Residents and Family Members

[Date]

Dear Residents, Families, and Friends:

We want to inform you that at [FACILITY NAME], we have identified [#] confirmed cases of COVID-19 among residents and staff.

The safety of our residents and staff is our top priority. To our residents, if you are diagnosed with COVID-19, we will notify you directly and contact loved ones or a representative with whom you have given us permission to communicate. To reduce the spread and impact of COVID-19, we continue to follow guidance from the Centers for Disease Control and Prevention (CDC) and the Center for Medicare & Medicaid Services (CMS).

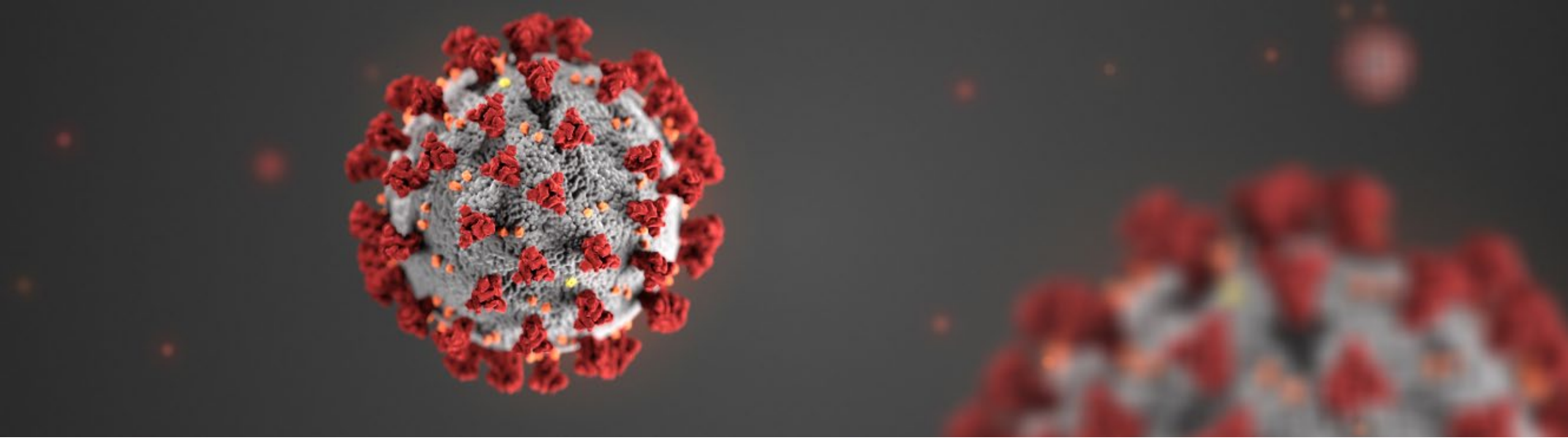
We are staying in close communication with local and state health officials to ensure we are taking the appropriate steps under the current circumstances, including:

- Enhanced infection control precautions, such as wearing personal protective equipment (PPE) when we care for residents, increasing the availability of hand sanitizer, and more frequent cleaning and disinfecting of high-touch surfaces. Residents may also be moved in the facility to prevent the spread of the virus causing COVID-19.
- Screening residents and staff for COVID-19 symptoms, as well as anyone else who must enter our facility. Only staff and volunteers who must enter the building will be permitted entry.
- Restricting visitation except for situations such as end of life.
- Testing staff and residents for the virus causing COVID-19 based on current protocols and availability of tests.
- Providing and requiring facemasks for all staff to wear.
- Providing cloth face coverings for residents, if tolerated and following CDC guidance: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html.
- Requiring all others entering the facility to wear cloth face coverings to prevent the spread of COVID-19.
- Postponing group activities and helping residents to practice social distancing.
- [ADD ANY OTHER RELEVANT STEPS]

We encourage you to review the CDC website for information about COVID-19, including its symptoms, how it spreads, and actions you can take to protect your health: https://www.cdc.gov/coronavirus/2019-ncov/index.html.

All of us at [FACILITY NAME] understand that this is a serious situation and might be frightening. Additional information about coping with stress can be found on the CDC website: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html.

We will continue to provide you with regular updates about the situation and will promptly notify you if we identify



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

Thank you to all the providers who shared your experiences!

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Open Discussion and Questions

Join Us!

Join us for the next
National CMS/CDC Nursing Home
COVID-19 Training
on Thursday, July 30, 2020
from 4:00 - 5:00 pm ET

COVID-19 Knowledge for the Front-Line Staff

Registration is required:
https://zoom.us/webinar/register/WN_w16sb6o8TBa-PR7oAFNg2g

Thank You!

Your opinion is valuable to us. Please take a moment to complete the post event assessment here:

https://www.surveymonkey.com/r/07_23_20

We will use the information you provide to improve future events.

This material was prepared by The Bizzell Group (Bizzell), the Data Validation & Administrative Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The content presented does not necessarily reflect CMS policy. 12SOW/Bizzell/DVAC-0110-06/23/2020