

Questions & Answers
Nursing Facility/Skilled Nursing Facility/ICF-IID Provider Call

Wednesday, July 20th, 2022

1:00 PM – 2:00 PM

Disclaimer: Information and responses to questions provided during the Provider Calls are turned around quickly and may occasionally reference regulatory language from different regulatory sets. It is our goal to provide the most accurate information. Therefore, the Q&As are thoroughly researched following each call to ensure complete and accurate information is provided in written responses based on the correct regulatory sets and/or CDC guidance. Please contact LTC for any questions.

Links provided in the Q&A chat box or in Q&A can be located at the end of this document.

PPE/Enhanced Barrier Precautions (EBP):

1. Q: Can you please send the updated links for the PPE guidelines that were discussed on the LTC Provider call?

A: Below are links that should prove useful.

OSDH PPE Grids:

Non-NH PPE Grid:

https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/covid-19/nursing-home-grids/Non-NH%20PPE%20Grid_2021_04_06.pdf

NH PPE Grid:

https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/covid-19/nursing-home-grids/NH%20PPE%20Grid_2021_04_06.pdf

Enhanced Barrier Precautions (EBP):

Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent the Spread of Multidrug-resistant Organisms (MDROs)

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes

<https://www.cdc.gov/hai/containment/faqs.html>

Implementation of Enhanced Barrier Precautions in Nursing Homes Presentation

<https://protect-us.mimecast.com/s/WsjxCXDR1Ot8PMLmhDNITf?domain=nam11.safelinks.protection.outlook.com>

Enhanced Barrier Precautions Letter to Nursing Home Residents, Families, Friends, and Volunteers

<https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Residents-Families-Friends-508.pdf>

Enhanced Barrier Precautions Letter to Nursing Home Staff

<https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Staff-508.pdf>

2. Q: Did I hear correctly that we are to change all PPE between residents in a COVID cohort neighborhood now? Due to conventional strategies? Just making sure this is correct?

A: That is correct. Early in the COVID-19 public health emergency (PHE) everyone was experiencing difficulty obtaining PPE. Now that PPE access is readily available, CDC is recommending that PPE is to be changed between every resident.

3. Q: Are we required to change PPE in between each Resident when doing Outbreak Testing?

A: Yes. Conventional strategies should be utilized. If you test everyone wearing the same PPE, you could contaminate specimens causing inaccurate results, and potentially spread COVID room to room unknowingly as you enter and exit each.

4. Q: If we have a COVID unit, we are going to require staff to care for a resident, go back to the anteroom to change PPE, and then go to the next resident? The whole COVID unit is probably filled with virus.

A: PPE should be readily available at the point of care (i.e., outside of the door of each room or in close proximity for up to 4 rooms, if they are close together). Gown and gloves should be doffed just inside the door and disposed of appropriately with hand hygiene performed before donning new PPE. There should not be excessive travel across a hallway/unit to obtain PPE. If you have further questions, you may contact Jeneene Kitz at HAI@health.ok.gov.

5. Q: Is the EBP (enhanced barrier precautions) effective immediately for LTC/SNF facilities?

A: Yes, this is the new guidance and expectations.

6. Q: With the new guidance out about the MDRO residents and EBP, does this mean that any resident who has had an MDRO in the past needs to be on EBP?

A: When you look at the EBP guidance, understand the EBPs are meant for the specific activities that they list. Those activities are those in which you will be coming in close physical contact with the organism carrier. If you have someone who is colonized with an organism, for example MRSA, this relates to you, as the provider, coming in direct physical contact, acquiring the organism on your person, and then transmitting it to another resident if you did not use a gown and gloves. This is a lot like standard precautions. If you are going to be up close and personal with somebody, and handling a body substance that doesn't belong to you, this puts you at risk of transmitting the organism to others, or acquiring it yourself. This does not mean that the individual is in contact precautions, isolated to a room, and/or unable to participate in activities. The purpose of these guidelines is to ensure that those residents still have the freedoms of living at home, with the provider taking on the responsibility of using these precautions to prevent the transmission of the

organism. Reach out to Jeneene Kitz or Rhonda McComas at HA1@health.ok.gov if you have questions.

7. Q: So, if any resident has had ESBL, MRSA etc., they will be on EBP for the remainder of their stay, correct?

A: In the majority of situations, EBP are to be continued for the duration of a resident's admission. For the purposes of the CDC guidance, the MDROs for which the use of EBP applies are based on local epidemiology. At a minimum, they should include resistant organisms targeted by CDC, but can also include other epidemiologically important MDROs.

Examples of MDROs Targeted by CDC include:

- Pan-resistant organisms,
- Carbapenemase-producing carbapenem-resistant Enterobacterales,
- Carbapenemase-producing carbapenem-resistant Pseudomonas spp.,
- Carbapenemase-producing carbapenem-resistant Acinetobacter baumannii, and
- Candida auris

Additional epidemiologically important MDROs may include, but are not limited to:

- Methicillin-resistant Staphylococcus aureus (MRSA),
- ESBL-producing Enterobacterales,
- Vancomycin-resistant Enterococci (VRE),
- Multidrug-resistant Pseudomonas aeruginosa,
- Drug-resistant Streptococcus pneumoniae

8. Q: On the Enhanced Barrier Precautions, can you ensure residents are identified in a manner other than posting on their door? Do not want to violate privacy.

A: Signage should be posted for anyone requiring use of Transmission Based Precautions that line out what PPE should be used. CDC has an example that does not violate HIPAA, as it doesn't identify what the resident may have. The sign can be located at <https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf>

Miscellaneous:

9. Q: Based on information Rhonda shared, are staff ages 50+ non-compliant with vaccine mandates if they have not received a second booster?

A: According to the CDC guidance, an individual is considered fully vaccinated with the primary series, and are considered up to date if the individual has received all of the recommended boosters following the primary series.

CMS is urging facilities to communicate with their fully vaccinated staff members and residents about the importance of staying up to date with COVID-19 shots to protect the vulnerable

population. Refer to <https://www.cms.gov/newsroom/news-alert/cms-makes-nursing-home-covid-19-booster-vaccination-data-available-online-increasing-transparency>.

10. Q: Since the new NHSN reporting guidelines changed effective 6/27/22, do we need to go back and change reports we have turned in from 6/27/22 to current?

A: If you need to make changes, you can go back and correct the information you submitted. You just need to make sure the information you submitted is correct. If you have any questions, you may contact Jeneene Kitz for guidance.

11. Q: We have a Dementia Unit. If a resident pushed another resident, but there is no injury, is this reportable?

A: There are numerous unknown variables which need to be considered to be able to provide you with an answer. You may contact LTC for discussion.

12. Q: Can a CNA work with an expired certification? The recert has been submitted, but we have a tough time getting them back from the registry renewed. If they can work, how long can they work with the expired certification? I cannot find any clear guidance.

Q: How long can a CNA work with an expired certification? We've submitted the renewal but we have a heck of a time getting them back from the registry.

A: CNAs have a 30-day grace period.

13. Q: Does OSHD support electronic screening devices to screen those who enter our LTC facilities? This includes letting people enter through the front entrance, but a kiosk with signage requiring people to check in and complete the screening questions. Management would be alerted if they triggered on a screening question.

A: CMS requires screening of anyone who enters the facility. How the screening is conducted should be outlined in the facility's policy and procedures in consultation with the infection preventionist. When we survey for compliance, we want to be sure you are actively screening. If this type of screening is effective, and it is your policy, it should be ok.

14. Q: So, do I understand correctly that ICF-IIDs do not have to test based off county transmission rate?

A: ICF-IIDs do not have routine testing requirements.

Janene Stewart's final comments:

I appreciate each of you for taking the time out of your day to join us on this call and the questions submitted. If you have questions or concerns, please reach to LTC and we will get in touch with someone who can help walk you through them or provide you with resources. Thank you.

Links provided in the Q&A chat box or in Q&A:

CDC - Optimizing Personal Protective Equipment (PPE) Supplies (COVID PPE Strategies)
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

CDC – NHSN - Slide set on reporting up to date COVID-19 vaccination status:
<https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/up-to-date-vaccination-status-surveillance-definition-change-508.pdf>

CDC – NHSN - Guidance document on understanding key terms for reporting COVID-19 vaccination data, including up to date vaccination status:
<https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf>

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Enhanced Barrier Precautions Letter to Nursing Home Staff
<https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Staff-508.pdf>

Enhanced Barrier Precautions Signage - <https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf>

CMS – CMS.gov Newsroom - <https://www.cms.gov/newsroom/news-alert/cms-makes-nursing-home-covid-19-booster-vaccination-data-available-online-increasing-transparency>

HHS - Monoclonal Antibodies Resources - <https://combatcovid.hhs.gov/possible-treatment-options-covid-19>



OSDH – LTC COVID-19 Resource Provider Guidance webpage - <https://oklahoma.gov/health/protective-health/long-term-care-service/ltc-covid-19-resources/provider-guidance.html>

OSDH – NH PPE Grid - https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/covid-19/nursing-home-grids/NH%20PPE%20Grid_2021_04_06.pdf

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OSDH Contacts:

LTC: Email: LTC@health.ok.gov Phone: 405.426.8200

Nurse Aide Registry: Email: NAR@health.ok.gov

HAI (Healthcare-associated Infections): New email: HAI@health.ok.gov Acute Disease Services (ADS) phone: 405.426.8710 Jeneene Kitz phone: 405.426.8735

OSDH - (CMP) Air Improvement Quality Grant Application Information– webpage: <https://oklahoma.gov/health/services/licensing-inspections/civil-monetary-penalty-fund-program/apply-for-funding.html> Email: CMP@health.ok.gov

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