

Questions & Answers
Nursing/Skilled Nursing Facilities Provider Call

Wednesday, June 30th, 2021

1:00 PM – 2:30 PM

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

Quarantine:

1. Q: We understand we are not required to quarantine fully vaccinated residents following an ER visit or hospital stay, however, if our facility chooses to take more precautions than required, are we allowed to quarantine these residents?

A: Think about the quality of life you are providing with this. What is the benefit, what is the risk and what is the guidance? If you are being more stringent, how is this beneficial to the resident? When you quarantine a resident you risk infringing on their rights. You are limiting their access to visitors, interactions with others in the facility, and their ability to attend activities and meals. The current guidance does not support this. If the resident chooses to do this there would not be a problem, but if you are restricting their freedoms without the science to back that up, there may be concerns which may need to be addressed. The CDC [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#) reads, *"In most circumstances, quarantine is not recommended for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and **do not** have close contact with someone with SARS-CoV-2 infection.*

- *Quarantining residents who regularly leave the facility for medical appointments (e.g., dialysis, chemotherapy) would result in indefinite isolation of the resident that likely outweighs any potential benefits of quarantine."*

2. Q: Does a resident who goes out of town for 3-4 days have to be quarantined if he has been fully vaccinated?

A: Usually not unless they had a prolonged close contact exposure to a COVID positive individual while they were out of the facility. You will want to assess the individual, the situation and the risks. The CDC guidance at [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#) reads, *"Fully vaccinated inpatients and residents in healthcare settings should continue to quarantine following prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection."*

3. Q: I was recently told that fully vaccinated residents still have to be quarantined post hospitalization and that Oklahoma still wanted that to be 14 days.

A: That is not correct.

4. Q: Does a non-vaccinated dialysis resident that leaves facility for dialysis need to remain in quarantine?

A: No. We discussed this a few months ago and remember this is a quality of life issue. CMS and CDC has said dialysis residents do not need to be continuously quarantined. The CDC [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#) reads, "In most circumstances, quarantine is not recommended for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and **do not** have close contact with someone with SARS-CoV-2 infection.

- Quarantining residents who regularly leave the facility for medical appointments (e.g., dialysis, chemotherapy) would result in indefinite isolation of the resident that likely outweighs any potential benefits of quarantine.

5. Q: If we are not required to quarantine non-vaccinated residents who went out for dialysis treatment, then why do we need to quarantine non-vaccinated residents as new admissions to our facility?

A: Part of the reason they changed the guidance for quarantining dialysis residents is that the dialysis center has protocols they follow. It also is a more controlled situation where the resident goes straight to the dialysis center and then back to the facility. When you have a new admission, you really don't know where they have been, who they have been with or what protocols were followed before admission. They are two totally different situations.

6. Q: Following up on the 14 day quarantine question...can you answer with the solid answer so we know for sure?

A: If you are asking about fully vaccinated residents needing to quarantine, the answer is No. Please contact us at LTC@health.ok.gov if you need further discussion. We recommend you refer to the [Misc Grid](#) for guidance.

7. Q: Do we need to quarantine a resident coming from another facility?

A: This would depend on their vaccination status.

8. Q: I was of the understanding that quarantine was not required for admissions who are fully vaccinated OR no known exposure within 14 days AND not symptomatic. Are the fully vaccinated patients the only ones not requiring admission quarantine?

A: Vaccination status is what we look at for not requiring quarantine. If it is a new admission, CDC guidelines still recommend those that are unvaccinated follow the previous guidelines of quarantining for 14 days. You also would not need to quarantine someone who is within the 90 days following a COVID infection.

PPE:

9. Q: Is there any hope that LTC facilities will be able to quit wearing masks??? It is beyond ridiculous that you can go anywhere without one but where you work.

A: We understand your frustration. We started the call with some facts about the variants and the percentage of vaccination uptake which you should consider. Remember the CMS requirements and the CDC guidance. Nursing homes are the residents' home, but they are also medical facilities which complicates the issues. Please have a little patience and know that as CMS or CDC releases updated guidance we will keep you informed. Refer to in the CDC guidance [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#) which reads, *"...fully vaccinated HCP should continue to wear source control while at work. However, fully vaccinated HCP could dine and socialize together in break rooms and conduct in-person meetings without source control or physical distancing. If unvaccinated HCP are present, everyone should wear source control and unvaccinated HCP should physically distance from others."*

10. Q: Can we require aids to wear a N95 while working with residents that are not in isolation?

A: That is a facility's decision. If you want them to wear an N95 and will supply it to them, that is ok. Be sure you have updated your policies and procedures with your expectations. Remember, N95s must be fit-tested to provide proper protection.

11. Q: Recently the new OSHA ETS directives have come out. Some of their directives actually roll back some of the recent relaxations brought by CMS. Who is the authority for healthcare facilities- OSHA or CMS or CDC?

A: The authority for healthcare facilities is CMS. You have the 42 CFR regulations that you must abide by and your facility signed an agreement for participation. OSHA has rolled back some things, however, if you take a close look at it, they mainly pertain to restaurants and other types of stores. CMS has coupled itself with CDC and this is the reason we work so closely with Jeneene Kitz. Your conditions of participation are not governed by OSHA.

Variants:

12. Q: Is there any difference in vaccine effectiveness with the variant viruses?

A: With some of the variants there is a reduced efficacy amongst the vaccinations and that is why they are considered "variants of concern." This attribute makes the variant more likely to spread than others. We have seen this with the Delta variants, so there is a potential reduction in the protection the vaccine provides. At this time, there is a very low rate of fully vaccinated individuals testing positive in Oklahoma, but we will be following this closely. We are feeling confident and optimistic in our fully vaccinated individuals.

Vaccination:

13. Q: We have a staff member with a history of GBS. CDC does not say that vaccination is contraindicated, but this person is seeking data on persons with history of GBS and adverse effects of vaccination. It is clearly documented that the vaccines do not cause GBS, but no information for those who already have a history of GBS. Is there a resource which this data can be viewed? For example, is there data to say how many people with history of GBS have been vaccinated? (We have a staff member with a history of GBS. CDC does not say that vaccination is contraindicated, but this person is seeking data on persons with history of GBS and adverse effects of vaccination. It is clearly documented that the vaccines do not cause GBS, but no information for those who already have a history of GBS. Is there a resource which this data can be viewed?)

A: Jeneene Kitz did a little research on this question during the call. She was unable to locate any specific information related to those who have GBS. She will reach out to CDC for additional resources. If you will send an email with your questions to LTC@health.ok.gov, we will pass it on to Jeneene so she can try to assist you and will be able to pass on any information she is able to locate.

Update: CDC responded only with the information currently available regarding GBS and COVID-19 vaccines on their website. There does not appear to be any documented information or data beyond what is already in print at this time.

14. Q: Are we still looking at a booster for nursing homes soon?

A: At this point, there is no information related to a booster.

15. Q: CDC states the COVID vaccine can now be given with other immunizations and TB testing. Are we going to be able to start doing this?

A: Your practices should be based on the current guidance. Once that is identified, there is nothing from LTC that would prohibit it. We recommend you consult with your pharmacist who should be well versed on the current practices. If you still have concerns, you can reach out to us and we will connect you with the Immunization team.

Testing:

16. Q: If a new admission on the quarantine unit tests positive within 14 days of admission, does this trigger outbreak testing? We have no guidance that says we can ignore any positive COVID in our facility and not go into outbreak testing.

A: By CDC's definition it does not. You have them in quarantine, you are using full PPE and they had the exposure outside the facility. CDC does not count this as a trigger for outbreak. From an infection control standpoint, you might want to monitor the staff who cared for the resident and assess those risks. Refer to CDC [Testing Guidelines for Nursing Homes](#) which reads, "Perform

expanded viral testing of **all** residents in the nursing home if there is an outbreak in the facility (i.e., a new SARS-CoV-2 infection in any HCP or any nursing home-onset SARS-CoV-2 infection in a resident)... **Nursing home-onset SARS-CoV-2 infections** refers to SARS-CoV-2 infections that originated in the nursing home. It does not refer to the following:

- Residents who were known to have COVID-19 on admission to the facility and were placed into appropriate Transmission-Based Precautions to prevent transmission to others in the facility.
- Residents who were placed into Transmission-Based Precautions on admission and developed SARS-CoV-2 infection within 14 days after admission.”

17. Q: Are we required to test every vendor that comes into the facility?

A: You are not required to test them, but you could offer the testing. It would also depend on who the vendor is. However, they should be screened upon entry just as you would any other visitor. [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) reads, “Establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for symptoms of COVID-19, or exposure to others with suspected or confirmed SARS-CoV-2 infection and that they are practicing source control.”

18. Q: We had a staff member who has been fully vaccinated since March test positive for COVID. Does this staff member need to be tested for a variant???

A: We would hope they would want to. This is one of the reason we have asked you to call Acute Disease Services (ADS). They will help you set up the variant testing.

Visitation:

19. Q: During visitation, can family and resident both remove masks to eat?

A: You will need to look at the situation. Are they both fully vaccinated, will they be in the resident’s room or the dining room? If they are both fully vaccinated and alone in a room, they may both unmask. If they are going to be around other residents in the dining room, the family member must wear a mask and social distance from the other residents. The CDC guidance in [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#) reads, “Visitors should wear source control and physically distance from other healthcare personnel and other patients/residents/visitors that are not part of their group at all other times while in the facility.”

20. Q: Is it still 2 weeks of testing with no positives after an outbreak before we can open for indoor visitation?

A: This is situational and depends on your outbreak. The guidance is, if you have a new positive in a staff member or a resident, you will begin outbreak testing until you have two continuous weeks with no new positives. If you have no new positives or no new positives in different areas of the building, only the affected area will remain closed and the other areas can be reopened to visitation.

[QSO-20-39-NH Revised](#) reads, "Visitation can resume based on the following criteria:

- *If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then visitation can resume for residents in areas/units 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.*
- *For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19 cases.*
- *If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing."*

21. Q: I was under the impression that we could not ask vaccination status of visitors. Is that true?

A: This is a discussion we have been having with CMS and they are actually seeking some guidance on this. One of the areas of discussion has been the possibility of identifying those who are vaccinated making it easier for staff recognition. Consider what is the reason you are asking, identifying those persons who would need to know and ensuring the procedure is not loosely practiced related to confidentiality. Remember vaccination status is protected personal health information.

22. Q: If husband and wife share a room and are fully vaccinated, can family visit in the room?

A: Visitation in a resident's room is allowed regardless if the roommates are related or not. Remember the roommate does have rights also. We have found that residents are very accommodating to their roommates in this situation.

23. Q: Are residents allowed to gather in outdoor settings with groups of visitors? That would include family members of multiple residents and/or staff family members.

A: This is a complicated question. This can be allowed. Consider the risks, the education provided to the residents and visitors and the needs of the resident. Remember outdoor visitation is always the preferred method.

24. Q: Can a 3rd party caregiver such as a home health or hospice CNA be present in the dining room to assist with a resident's meal or do they need to stay in the resident's room?

A: This would depend on the situation. If they are in the dining room, there are other residents present which need to be considered. Reach out to LTC@health.ok.gov for discussion of your specific concerns.

25. Q: So you are saying open our doors to everyone and let them walk the halls?

A: We don't think we have said anything that would lead you to that conclusion, so let us try to clarify. What we are saying is that you have to be very careful when you are limiting visitation. Everything we are saying is intended to assist you so you don't have any unintended consequences with being too stringent with visitation. There is nothing that says families get to have free reign of the facility due to the other residents' rights. Be mindful that if you are being too stringent related to the visitation needs of the resident, this could become an issue. Family members may enter the facility and walk down the hall, but they should have instruction to go straight to the resident's room and to distance themselves from other residents. There should be instructional signage available within the facility.

26. Q: Can a COVID positive resident from the hospital with no signs or symptoms have visitors if they wear full PPE?

A: Generally this is one of the times you could exclude visitors for a COVID positive resident but compassionate care visits must still be allowed. Visitors would need to wear full PPE during the compassionate care visit. You may refer to the [PPE Grid](#) for guidance on PPE usage. [QSO-20-39-NH Rev](#) reads, *"Residents who are on transmission-based precautions for COVID-19 should only receive visits that are virtual, through windows, or in-person for compassionate care situations, with adherence to transmission-based precautions."*

27. Q: We are still allowing visitation by appointment. Is that a problem?

A: Consider the time allowed, the resident's and family's needs and the feasibility. There is nothing wrong with having appointments to accommodate and keep your residents safe. You will need to ensure your schedule is flexible.

28. Q: Everyone agrees that staffing is a problem yet it takes staff to screen families and other visitors. Can we limit visitation time to allow everyone a chance to visit?

A: We want to caution you on the time limits you set. For example, visits of only 15 minutes barely give the visitor time to enter the facility before they have to leave. Consider all of your options and opportunities for visitation such as outdoor visits. Think about what is reasonable and what the resident's needs are.

Screening:

29. Q: I was informed that there was a deficiency cited at a facility for not screening out staff and visitors. We interpret CMS/CDC guidance to say that screening in is required but not screening out. Can you clarify if screening out is an OSDH requirement?

A: Early in the pandemic, screening out was recommended because staff were complaining of illness at the end of their shifts. We recommend you review the CDC guidance in [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#) which reads, "Visitors should be screened and restricted from visiting, regardless of their vaccination status, if they have: current SARS-CoV-2 infection; symptoms of COVID-19; or prolonged close contact (within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period) with someone with SARS-CoV-2 infection in the prior 14 days or have otherwise met criteria for quarantine." Also refer to the CDC guidance in [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) which reads, "Establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assessed for symptoms of COVID-19, or exposure to others with suspected or confirmed SARS-CoV-2 infection and that they are practicing source control."

30. Q: Are we required to do more than one set of daily COVID vitals on residents?

A: Be considerate of what the resident has going on. This is an assessment to ensure the resident has no symptoms or possibly needs increased monitoring of their status. The CDC guidance at [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#) (Nursing Homes & Long-Term Care Facilities) reads, "Actively monitor all residents upon admission and at least daily for fever (temperature $\geq 100.0^{\circ}\text{F}$) and symptoms consistent with COVID-19... Increase monitoring of residents with suspected or confirmed SARS-CoV-2 infection, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily to identify and quickly manage serious infection..."

Miscellaneous:

31. Q: We are all facing a staffing struggle across the state. When you are surveying is this being noted in regards to staffing citations?

A: We are looking at staffing. We are still required to make sure you meet the staffing requirements. We do understand there are still some staffing issues but we are still looking at it. If you know you are having long term staffing issues, it would be a good time to reach out to us for possible short term solutions.

32. Q: How can we enter Qualtrics information prior to May 4th? I emailed LTC and was told to email williamsbh@health.ok.gov. I emailed him over a month ago and have not received a response.

A: Please reach out to Dr. Frasier at LTC@health.ok.gov. Include your facility's formal name, your DVA, your provider license number and the contact person responsible along with the issue causing you to go back to May 4th in the email.

33. Q: What is the website to send our email to receive the letters from GovDelivery.com?

A: You may contact Diane Henry at DianeH@health.ok.gov and she will assist you with receiving GovDelivery.com notices.

34. Q: If residents that are fully vaccinated go out of facility, why do we have to do the new risk assessment then? We were taught on that risk assessment that if a resident scores higher than an 8 that would require the resident to be quarantined.

A: Since we are unaware of the scale you are using and this question is very specific, we will speak generally to this question. Remember that none of your situations or residents stay the same. Consider that how they score on your assessments now may be different from how they scored in the past.

35. Q: Is the CNA program still in affect and if so when is the end of the program?

A: We assume you are talking about the waivers. As of May 5th, the Governors Executive Orders on the State's public health emergency ended. This means we have to be wrapping these individuals up. If you have LTC aide candidates for testing, you will need to get them tested quickly. If you go to the Nurse Aide Registry (NAR) website NAR.health.ok.gov, you will find attestation forms which will assist you to quickly receive your authorization to test. This is an attestation that the trainer and the candidate are attesting they received all the training. Remember, the waiver did not eliminate the training requirement. These forms can be emailed to NAR. If you have any questions, reach out to NAR at NAR@health.ok.gov.

36. Q: is there a place we could get a copy of the letter from Commissioner Frye? We have not received it at our facility.

A: This letter was sent out via GovDelivery and by postal mail service. If you have not received the letter, send an email to LTC@health.ok.gov with your facility name, facility ID number and the name of the contact person to receive the letter. We will see that it gets sent to you.

37. Q: In the NHSN module, do we continue reporting the discharged or deceased residents in the cumulative numbers?

A: The instructions say to count them in the cumulative number if they were in the facility at least one day of the week you are reporting. You will not count them in the next week's cumulative

numbers. If you will pull up the instructions in the COVID NHSN module, it will provide you with instructions for these scenarios. A participant on the call shared that if you utilize the spreadsheet on the CDC website and keep it updated, it calculates the numbers to enter into NHSN.

38. Q: Do we still need to use the EPA's N list for cleaning surfaces?

A: Yes.

39. Q: Early in the pandemic, you were offering on-site consultations to help us with infection control. We have a new DON and are wondering if this is still available?

A: If you will email us at LTC@health.ok.gov, we will put you in touch with Jeneene Kitz. Jeneene reported the HAI program is available for infection prevention and control support, even outside of COVID-19, including on-site visits for any healthcare facility type.

40. Q: If we were communicating with Luvetta on status of applications for funds, who is the person to communicate with now?

A: You can reach out to Diane Henry or Alexandria Hart-Smith at 405.426.8160. You may also send an email to LTC@health.ok.gov with references in the message about trying to connect related to CMP funds and we will see that Diane receives the message.

Dr. Frasier's final comments:

Thank you for your participation in the call and for your questions. We do want to make sure we point you in the direction of the Grids and the QSO Memos, please review these for guidance. We have been doing this for quite a while now and there have been many changes. We understand it can be difficult to remember what the expectations are at the moment. Please call LTC or Jeneene Kitz for discussion of any of your concerns. We hope this has been helpful to you and we will let you know of any updates or changes. Thank you for all you do.

Links:

CMS – QSO-20-39-NH Rev. - <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

CDC - Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

CDC -Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>

CDC - Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

CDC- Testing Guidelines for Nursing Homes - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

OSDH – Grids - <https://oklahoma.gov/health/protective-health/long-term-care-service/ltc-covid-19-resources/provider-guidance.html>

OSDH – Nurse Aide Registry (NAR) – email: NAR@health.ok.gov website: nar.health.ok.gov

OSDH – LTC Services – email: LTC@health.ok.gov phone: 405.426.8200 website: ltc.health.ok.gov

OSDH – GovDelivery.com sign up contact: Dianeh@health.ok.gov