

Long Term Care Provider Call FAQ

March 10th and 17th, 2021

Provider Call questions from the March 10th and March 17th have been combined in the following FAQ document. There were over 400 questions presented during those calls. All questions were reviewed. The answers will pertain to all provider types unless otherwise specified. The answers are not resident or situation specific. If you have a specific concern, you may contact Long Term Care at LTC@health.ok.gov.

Core Principles of COVID-19 Infection Prevention

- 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), and denial of entry of those with 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)
 - Face covering or mask (covering mouth and nose)
 - Social distancing at least six feet between persons
 - 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 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., separate areas dedicated to COVID-19 care)
 - Resident and staff testing conducted as required at 42 CFR § 483.80(h) (see QSO-20-38-NH)
- These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for nursing homes and should be adhered to at all times.

ESSENTIAL CAREGIVER/ENHANCED VISITATION PLAN:

Essential caregiver:

Q: What is an essential caregiver (EC)?

A: The Essential Caregiver (EC) is a visitor designation offered per state recognition. The use of an EC designation is not required. There is pending state legislation regarding this topic. CMS does not distinguish between Essential Caregivers and other types of visitors. The ECs role is to provide emotional and psychosocial support to the resident. This is not an enhanced visitor type nor does it allow for restrictions to visitation. Essential caregivers were not intended to replace those services which the facility is responsible for. Visitors do not have the qualifications or training to provide direct care services and may put your facility at risk if allowed to do so.

The resident and/or their POA/representative may designate who the EC will be. The resident may have more than one designated EC. There are no limitations regarding who may be designated an EC. A person-centered approach should be used. When using ECs, ensure policies and procedures are in place that align with regulatory guidelines and infection prevention and control processes.

There is an Essential Caregiver training video available on the [OSDH Coronavirus Resources & Recommendations](#) page. LTC will post a PowerPoint of the training for those who do not have video technology. This training is not required for visitors not designated as an EC. The EC may complete the training in the facility or at home depending on your policies and procedures. The facility should provide additional information as needed and orient the EC to the facility's policies and procedures so they understand your expectations in order to keep the residents, staff and visitors safe. We will post an example template of an Essential Caregiver Attestation Form on the OSDH Coronavirus Resources & Recommendations page with the training.

Enhanced Visitation Plan:

Q: Is the Enhanced Visitation Plan (EVP) still relevant?

A: During a press conference on March 9, 2021, Governor Stitt stated LTC facilities should be ready to begin opening up visitation on March 19, 2021. CMS released the revised QSO-20-39-NH which was effective immediately as of March 10, 2021 for nursing homes. The guidance has been posted and all notices have been provided.

The EVP has been removed from the website at this time due to being more restrictive than the CMS guidance and needing revisions related to the new guidance. You may use the guidance from the Visitation Grids revised 3/17/2021, the links found in the grids and QSO-20-39-NH (revised 3/10/2021) to structure your policies and procedures. You may also contact the LTC coordinators at LTC@health.ok.gov for guidance.

GRIDS:

Q: Where can the revised Visitation Grids be located?

A: The revised Visitation Grids can be located on the [LTC COVID-19 Resources Provider Guidance](#) page. Click on the OSDH anchor at the top of the Provider Guidance page and open the Grids tab to locate the documents.

QUARANTINE/ISOLATION:

Quarantine/Isolation-General:

Q: Can you please clarify who should be placed in Transmission-Based Precautions (TBP)? Can quarantined residents have visitors?

A: Residents in the facility who develop symptoms consistent with COVID-19 could be moved to a single room pending results of SARS-CoV-2 testing. They should not be placed in a room

with a new admission nor should they be moved to the COVID-19 care unit unless they are confirmed to have COVID-19 by testing. For admissions, see the New Admission/Readmission Quarantine question below.

Dialysis residents do not need to be quarantined unless they have had prolonged close contact with a COVID positive individual within the past 14 days. If you have questions you should contact your coordinator for discussion.

Residents in quarantine are allowed compassionate care visits. Use the person-centered approach according to the resident's needs. Ensure you can do it safely. Ensure the visitor understands the risks for their own protection and safety.

New Admission/Readmission Quarantine:

Q: Do new admissions or readmissions still require quarantine?

A: If a resident has been "*fully vaccinated*" (>2 weeks past final dose), has not had prolonged close contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) in the prior 14 days with a COVID positive individual or has been COVID positive within the last 90 days and been cleared from infection, they do not need to be quarantined.

If they are "*not fully vaccinated*" or "*unvaccinated*", have had prolonged close contact with a COVID positive individual within the past 14 days, or are "*not fully vaccinated*" or "*unvaccinated*" and outside their 90 day COVID positive window, they will need to be placed in quarantine. The CDC quarantine guidance can be located at [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#).

Disposable dinnerware:

Q: Is it required on our quarantine hall, to serve meals in disposal containers?

A: The combination of hot water and detergents used in dishwashers is sufficient to decontaminate dishware and eating utensils. Therefore, no special precautions are needed for dishware (e.g., dishes, glasses, cups) or eating utensils; reusable dishware and utensils may be used for patients requiring Transmission-Based Precautions. Refer to [Fundamental Elements Needed to Prevent Transmission of Infectious Agents in Healthcare Settings - Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#)

TRIPS/OUTINGS:

Medically Necessary Trip/Outings- *fully vaccinated*:

Q: Do "*fully vaccinated*" residents need to be placed in quarantine following a medically necessary trip/outing?

A: "*Fully vaccinated*" residents do not need to be quarantined upon return to the facility unless they have had prolonged close contact with a COVID positive individual within the past 14 days.

Medically Necessary Trip/Outings- not fully vaccinated or unvaccinated:

Q: Do “*not fully vaccinated*” or “*unvaccinated*” residents need to be placed in quarantine following a medically necessary trip/outing?

A: You should consider your risks and use a person-centered approach. If the “*not fully vaccinated*” resident is symptomatic or has had prolonged close contact with a COVID positive individual within the past 14 days, or the resident is “*unvaccinated*” and outside their 90 day COVID positive window, they will need to be placed in quarantine. Asymptomatic residents may be placed under enhanced observation if the facility's Infection Preventionist has identified that the destination and transit complied with the Core Principles of COVID-19 Infection Prevention.

DIALYSIS:

Dialysis – Roommates:

Q: Can a dialysis resident have a non-dialysis roommate?

A: Determine what is in the best interest and safety of both residents. You can consider compatibility, level of care needs, and the individual person. If the resident is in quarantine, they should not have a roommate.

Dialysis – PPE:

Q: Do we use full PPE for dialysis residents?

A: Use the appropriate PPE depending on the environment the resident is in. Refer to [Preparing for COVID-19 in Nursing Homes](#) for guidance.

DINING/ACTIVITIES:

Dining:

Q: Can we resume communal dining?

A: Communal dining should be person centered and continue to adhere to the Core Principles of COVID Infection Prevention which includes social distancing. The number of residents and the size of your dining room may play a factor in how many may be in the room at one time. Refer to [Preparing for COVID-19 in Nursing Homes](#) for guidance.

Activities:

Q: Can we have group activities within 6 feet if all are fully vaccinated?

A: Review the facility's Risk Assessment and consider the risks. Group activities should be person centered and continue to adhere to the Core Principles of COVID Infection Prevention which includes social distancing. The number of residents and the size of your activity room may play a factor in how many may be in the room at one time.

The In-Person Visitation grids read, *“Activities may be facilitated with alterations and person center approach.”* You will need to consider infection control principles such as how will the equipment or supplies be disinfected. Consider the risks before allowing activities provided by outside entities.

VISITATION:

Vaccination Status Visitation:

Q: Can *“unvaccinated”* or *“not fully vaccinated”* residents have indoor visitation?

A: *“Unvaccinated”* or *“not fully vaccinated”* residents may have indoor visitation. Refer to the revised QSO-20-39 under *Indoor Visitation* on page 3, it reads, *“Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:*

*Unvaccinated residents, if the nursing home’s COVID-19 county positivity rate is >10% **and** <70% of residents in the facility are fully vaccinated...”*

Visitor Proof of Vaccination/Negative test:

Q: Can we ask for proof of vaccination or negative test from our indoor visitors?

A: The revised QSO-20-39-NH memo reads, *“visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.”* You may encourage them to be tested or vaccinated, or offer testing, but you cannot use this as a reason to deny visits. If you are a CMS facility, your policy cannot be more restrictive than the CMS guidance.

If you are a non-nursing home facility, the In-Person Visitation for Non-Nursing Homes Grid reads, *“Visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation.”* Your policy cannot be more restrictive than the grid.

Visitor PPE:

Q: What PPE should visitors wear? If all staff and residents are *“fully vaccinated”*, do we have to wear masks?

A: Masks are the recommended face covering and are used for source control. Visitors should wear a cloth face mask or a surgical mask while in the facility. A well fitting mask means that it fits to your face. The guidelines to make a mask a well-fitting mask can be found on the CDC website at [Improve How Your Mask Protects You](#). Face coverings include masks (cloth, disposable, medical grade and respirators) and gaiters/ bandanas (not recommended). Refer to [Your Guide to Masks](#). Visitors must adhere to the Core Principles of COVID-19 Infection Prevention, you may restrict their visits if they refuse to comply.

Face shields are considered eye protection equipment, they should not be worn in place of a mask.

The expectation is to still wear masks. PPE should remain in place. There was a public health release from the CDC about no masks being required, but in the release it did say this is not specific to healthcare settings.

Visitor Vaccination:

Q: Do all visitors have to be vaccinated?

A: Visitation is for all regardless of their vaccination status. All visitors can visit regardless of their vaccination status. The guidance does not say only “vaccinated” visitors may be allowed to visit. The revised QSO-20-39-NH reads, “... we encourage visitors to become vaccinated when they have the opportunity.”

Visitation at all times:

Q: What does "visitation should be allowed at all times" mean?

A: “Visitation at all times” means there are very few reasons when visitation can not occur regardless of vaccination status. It does not mean you should not monitor the number of visitors in the facility at one time or schedule visits with time limits to accommodate visits for all residents. Refer to [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#).

Indoor visitation may be ‘suspended’ during outbreaks according to the guidance in the revised QSO-20-39-NH memo with the exception of compassionate care visits (see below). You should use the person-centered approach when thinking about visitation. You should work with the family and the resident on visitation times that work for them. It is the resident’s right to refuse any visitor.

Visitors should still be screened and restricted from visiting if they have: current COVID-19 infection; symptoms of COVID-19; or prolonged close contact with someone with COVID-19 infection in the prior 14 days.

The revised QSO-20-39-NH reads under *Indoor Visitation* on page 3, “Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:

- Unvaccinated residents, if the nursing home’s COVID-19 county positivity rate is >10% **and** <70% of residents in the facility are fully vaccinated; 2
- Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precautions; or

- *Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.*

Facilities should consider how the number of visitors per resident at one time and the total number of visitors in the facility at one time (based on the size of the building and physical space) may affect the ability to maintain the core principles of infection prevention. If necessary, facilities should consider scheduling visits for a specified length of time to help ensure all residents are able to receive visitors. During indoor visitation, facilities should limit visitor movement in the facility. For example, visitors should not walk around different halls of the facility. Rather, they should go directly to the resident's room or designated visitation area. Visits for residents who share a room should not be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention."

The revised QSO-20-39-NH reads under *Indoor Visitation during an Outbreak* pages 4-5, "An outbreak exists when a new nursing home onset of COVID-19 occurs (i.e., a new COVID-19 case among residents or staff). This guidance is intended to describe how visitation can still occur when there is an outbreak, but there is evidence that the transmission of COVID-19 is contained to a single area (e.g., unit) of the facility..."

When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed. 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..."*

The revised QSO 20-39-NH reads under *Compassionate Care Visits* on page 5, "Compassionate care visits, and visits required under federal disability rights law, should be allowed at all times, regardless of a resident's vaccination status, the county's COVID-19 positivity rate, or an outbreak."

Visitation Areas:

Q: Are outside visits still preferred? Can visits be held in the resident's rooms or apartments?

A: Outside visits are still preferred whether vaccinated or not. Distancing is a Core Principle. There is no requirement that says you have to have a physical barrier in place. It is still recommended that you have a designated visitation space and that visits for residents who share a room should not be conducted in the resident's room, if possible. However, they may have visits in their private rooms or apartments, just remember the person-centered approach and to look at the risks. The CDC recommendations in [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#) read, "Visits for residents who share a room should ideally not be conducted in the resident's room. If in-room visitation must occur (e.g., resident is unable to leave the room), an unvaccinated roommate should not be present during the visit. If neither resident is able to leave the room, facilities should attempt to enable in-room visitation while maintaining recommended infection prevention and control practices from the [revised QSO-20-39-NH memo], including physical distancing and source control."

Visitor Contact:

Q: The CMS memo and the grids say "*fully vaccinated*" residents may choose close contact and touch, can "*unvaccinated*" or "*not fully vaccinated*" residents choose close contact or touch?

A: The safest approach, particularly if either party has not been fully vaccinated, is for residents and their visitors to maintain physical distancing (maintaining at least 6 feet between people). Remember the person-centered approach. If a visitor and facility identify a way to allow personal contact, it should be done following all appropriate infection prevention guidelines (such as hand hygiene and mask), and for a limited amount of time. Touch may occur at the discretion of the resident.

Memory care can be difficult when it comes to following the Core Principles. Remember the need for a person-centered approach. Refer to [Considerations for Memory Care Units in Long-term Care Facilities](#) for additional guidance.

Supervised Visits:

Q: Do visits need to be supervised (observed) to monitor that they keep their masks on at all times?

A: The word 'supervised' has been removed regardless of vaccination status. You need to ensure that education and information is provided, that screening occurs and that all Core Principles are adhered to. Remember the person-centered approach.

Children/Pets:

Q: Are children allowed to visit and at what age are they required to wear a mask? Can pets visit?

A: Remember the person-centered approach. We recommend you follow the CDC guidelines related to children wearing masks. See [Guidance for Wearing Masks](#) for guidance.

Pets may be allowed, policy and procedures should be in place to ensure a safe visit.

Out-of-State Visitors:

Q: As we allow visitation, how do we handle the question of out of state travel? We have several family members that live out of state. If we are following the core principles, are we still concerned with out of state travel?

A: All visitors should be screened related to exposure to COVID-19 whether in-state or out-of-state. Refer to CDC travel reminders at [Travel During COVID-19](#)

Third Party Providers:

Q: What is the expectations for third party providers entering the building? What PPE is required of third party providers coming into community after screening?

A: Third party providers, including barbers and beauticians, should be permitted entry as long as they are not subject to a work exclusion due to COVID exposure or have no signs and symptoms of COVID. They must comply with the COVID testing requirements. They should follow the Core Principles of COVID-19 Infection Prevention related to the services provided. Third party providers should wear a medical grade mask, face shield if applicable and other PPE as required.

STAFF:

Staff - General:

Q: Are staff in facilities being mandated to take the vaccine? Do we still need to do infection control monitoring on employees per shift? Are we able to resume in-services with employees?

A: There is no mandate or requirement that staff must receive the COVID vaccine. All staff need to be screened before entering the building before every shift they are to work. Screening of all who enter the building is a Core Principles of COVID-19 Infection Prevention. Staff in-services can be allowed while following the Core Principles.

Staff PPE:

Q: What PPE is required for the staff? Is eye protection still required? If staff and residents achieve 100% vaccine status in a non-nursing home, will the mandatory masks be lifted?

A: Direct care staff working in the general population should wear a well fitting medical grade mask. HCP working in isolation or quarantine units should wear a fit-tested respirator, face shield, gown and gloves.

Eye Protection (face shield or goggles) is required in quarantine, symptomatic and COVID positive areas. The CDC [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) reads “HCP working in facilities located in areas with moderate to substantial community transmission...

Eye protection should be worn during patient care encounters to ensure the eyes are also protected from exposure to respiratory secretions... HCP working in areas with minimal to no community transmission, should continue to adhere to Standard and Transmission-Based Precautions based on anticipated exposures and suspected or confirmed diagnoses. This might include use of eye protection...” You may want to consider possible staff exposures in the general population, especially in cases where staff may not be vaccinated or not fully vaccinated when determining the use of eye protection. This may be the difference between a staff member needing to quarantine or not. Consider your risks.

There is no guidance that says, “No Masks.” This is due to limited information about vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with physical distancing in healthcare settings.

Staff – COVID Positive:

Q: Can COVID positive staff who have been vaccinated work as long as they have no symptoms or do they have to quarantine?

A: You must contact the LTC coordinators at LTC@health.ok.gov if you need to use COVID positive staff.

Staff – Unvaccinated:

Q: What should be the standards of care provided by staff who are not immunized and are there limitations or restrictions that apply?

A: It is always important to consider infection prevention and control. The Infection Preventionist would be an important resource to consult when making staffing decisions. Risk assessment is also important because it is community-based and does depend on what your community looks like. Consider the level of risks such as wearing the eye protection with the masks and the level of PPE.

Staff – Fully Vaccinated – Quarantine:

Q: Can you speak regarding the CDC guidance on work restriction for asymptomatic healthcare personnel from March 10, 2021 located at [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination?](#)

A: The CDC guidance reads, “Fully vaccinated HCP with higher-risk exposures who are asymptomatic do not need to be restricted from work for 14 days following their exposure. Work restrictions for the following fully vaccinated HCP populations with higher-risk exposures should still be considered for:
HCP who have underlying immunocompromising conditions (e.g., organ transplantation, cancer treatment), which might impact level of protection provided by the COVID-19 vaccine. However, data on which immunocompromising conditions might affect response to the COVID-19 vaccine and the magnitude of risk are not available...”

HCP who have traveled should continue to follow CDC travel recommendations and requirements, including restriction from work, when recommended for any traveler.”
Travel recommendation and restrictions can be located at [Travel During COVID-19](#)

ICF-IID:

Visitation Area – ICF-IID:

Q: CMS memo QSO-21-14 for ICF-IID indicates we should have a bathroom dedicated solely for visitors. Does this prevent me from having visitors if this is not available?

A: This does not prevent you from allowing visitation. Consider options that would allow visitors to sanitize high touch areas after using the facilities or using staff designated facilities for visitors.

Dining/Activities – ICF-IID:

Q: Is social distancing still required for dining and activities? What about community activities for ICF/IID?

A: Social distancing is a Core Principle of COVID Prevention. The staff should continue to use the person-centered approach to encourage adherence and in providing guidance. QSO-21-14-ICF/IID & PRTF reads under *Communal Activities and Dining* on page 9-10, “Clients/Residents may eat in the same room with physical distancing and face covering/mask (e.g., limited number of people at each table and with at least six feet between each person). Additionally, group activities may also be facilitated (for clients/residents who have fully recovered from COVID-19, and for those not in isolation or quarantine for observation, or with suspected or confirmed COVID-19 status) with physical distancing among clients/residents, appropriate hand hygiene, and use of face coverings. Facilities may be able to offer a variety of social and skill building activities while also taking necessary precautions. For example, book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission. Some facilities may be able to establish or have already established “bubbles” of clients/residents who do not test positive for COVID-19 infection, or who have successfully recovered from COVID-19, to facilitate regular social and other interaction.”

Community activities may be allowed. Refer to [Guidance for Group Homes for Individuals with Disabilities](#) for guidance.

TESTING/OUTBREAK:

Testing:

Q: Will we need to continue to test staff members who have received both doses of vaccine? Are Assisted Living Communities allowed to use the state provided BinaxNOW rapid result tests, even though they can't report on NHSN website? If a facility is testing visitors and a visitor tests positive, does the facility report the positive test and if so, what mechanism is used to report the test?

A: If you are CMS facility, you are still required to test per the QSO-20-38-NH guidance. The guidance on testing has not changed at this point. If you are a non-nursing home facility, you should contact an LTC coordinator for guidance at LTC@health.ok.gov.

If your facility is providing the testing, you must follow the reporting requirements under CLIA. Contact CLIA at medicalfacilities@health.ok.gov to have a discussion about your facility specifics.

Assisted living centers may use the BinaxNOW cards. You must have a CLIA Certificate of Waiver and follow their reporting requirements. Contact CLIA at medicalfacilities@health.ok.gov with any questions.

Outbreak:

Q: If all staff and residents are “*fully vaccinated*”, is outbreak testing required? If we offer to test visitors and one tests positive, does that put us in outbreak?

A: There has been no changes to the testing requirements. The vaccination status of the residents and staff does not play a role in outbreak testing. Upon identification of a single new case of COVID-19 infection in any staff or residents, outbreak testing should be initiated.

Outbreak depends on the testing of the residents and staff, not visitors. Consider where the testing is occurring. If you test the visitor inside your facility, you now have a known exposure.

MISCELLANEOUS:

Obtaining vaccine:

Q: How do we obtain COVID vaccinations now that our three clinics have been completed?

A: You may contact your LTC coordinator at LTC@health.ok.gov or call 405.426.8200. The LTC coordinator will connect you with the COVID vaccine district project manager. If you are unable to get resolution you may contact Paula Terrel at PaulaRT@health.ok.gov or Dr. LaTrina Frasier at LaTrinaF@health.ok.gov. There are a couple of LTC pharmacies who will provide vaccination in the facility. Boomer Solutions in the Tulsa area is one of those.

Social distancing:

Q: If family members can take vaccinated residents out of the facility without quarantine upon return, why are there so many requirements for social distancing during routine scheduled visits with the same family member?

A: Social distancing is a Core Principle of COVID Infection Prevention and should be followed both outside and inside a facility. The revised QSO-20-39-NH reads, “*These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for nursing homes, and should be adhered to at all times...visits should be conducted using social*

distancing; however, if during a compassionate care visit, a visitor and the facility identify a way to allow for personal contact, it should only be done following appropriate infection prevention guidelines, and for a limited amount of time. Also, as noted above, if the resident is fully vaccinated, they can choose to have close contact (including touch) with their visitor while wearing a well-fitting face mask and performing hand-hygiene before and after.”

Survey:

Q: When will surveys resume and if we follow all guidance and still have an outbreak, will we be cited?

A: Surveys will resume very soon. Deficiencies are cited due to deficient practices. You can do everything correctly and still have someone become positive with COVID. An outbreak does not automatically mean there is deficient practice.

CNA Waiver:

Q: Can you provide an update on the CNA Waiver?

A: Refer to the [OSDH Nurse Aide and Nontechical Services Worker Registry](#) for updates.

Facility tours:

Q: Can we provide facility tours if we avoid residents during the tour?

A: Tours of the facility are allowed. Follow the Core Principles and think about the lines of traffic.

State provided testing supplies and PPE:

Q: The Governor mentioned providing tests and PPE. Is this going to happen?

A: Contact your LTC coordinator at LTC@health.ok.gov who may then put you in contact with [BigCommerce](#).

State vs Federal:

Q: Does the stricter of the State vs Federal guidelines apply?

A: The more stringent regulation/guidance always applies.

Screening Tool:

Q: What questions should the screening tool consist of?

A: The revised QSO-20-39-NH reads screening should include, “*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), and denial of entry of those with 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)."

RESOURCE LINKS:

CMS:

CMS Updates Nursing Home Guidance with Revised Visitation Recommendations - <https://www.cms.gov/newsroom/fact-sheets/cms-updates-nursing-home-guidance-revised-visitation-recommendations>

QSO-20-39-NH Revised 3-10-21 - <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>

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> (This link is now the one where all updates will be made regarding post vaccination IPC guidance)

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_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

Preparing for COVID-19 in Nursing Homes - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Your Guide to Masks - <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

Improve How Your Mask Protects You - <https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html>

Guidance for Wearing Masks - <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>

Considerations for Memory Care Units in Long-term Care Facilities - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html>

Travel During COVID-19 - <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>

Fundamental Elements Needed to Prevent Transmission of Infectious Agents in Healthcare Settings - Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings -

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/prevention.html#m>

OSDH:

Essential Caregiver Training on OSDH Coronavirus Resources & Recommendations page -

<https://oklahoma.gov/covid19/resources-recommendations.html>

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

OSDH Nurse Aide and Nontechnical Services Worker Registry -

<https://oklahoma.gov/health/protective-health/health-resources-development-service/nurse-aide-and-nontechnical-services-worker-registry.html>

BigCommerce - <https://okppe.mybigcommerce.com/>

CLIA contact: medicalfacilities@health.ok.gov

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