

Questions & Answers
Nursing/Skilled Nursing Facilities Provider Call

Wednesday, August 25th, 2021

1:00 PM – 2:00 PM

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

Quarantine:

1. Q: I understand the residents that have received their vaccines will not have to isolate. I have studied that everyone can carry the virus. Would it not be safe and appropriate to have all residents isolate for 7 days to rule out possible infection or exposure following a hospital stay regardless of the vaccine status?

A: CMS has provided directives and requirements. At this time there has been no changes to the guidance even though we are seeing increasing numbers. This means we have to follow the directions of CMS. It is always good to be aware of what is happening in your community and with your residents. Consider the individualized approach, remember their psychosocial needs and what their desires are. Refer to CDC [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#).

2. Q: If a resident has been fully vaccinated and tests positive does that resident still go to isolation? If yes 10-20 days? If no, why?

A: If the resident tests positive, they should go into isolation for at least 10 days (20 days if immunocompromised). We are dealing with a variant with some breakthrough so you definitely need to look at your mitigation strategies. Refer to the CDC [Discontinuation of Transmission-Based Precautions and Disposition of Patients with SARS-CoV-2 Infection in Healthcare Settings](#).

3. Q: Does OSDH have a position on shortened quarantine periods of 7 and/or 10 days for exposed, unvaccinated, asymptomatic staff in healthcare settings as allowed by CDC with additional testing?

A: OSDH aligns with the CDC guidance at this point. It is recommended unvaccinated staff members quarantine for 14 days. CDC states if you choose to shorten quarantine time, you have to be aware of symptoms and the need to continue monitoring for 14 days. CDC does say to look at your staffing contingencies and your mitigation strategies. Consider the risks. Refer to CDC [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2](#). Contact LTC or Jeneene Kitz in HAI for discussion.

4. Q: Why do we have to quarantine unvaccinated staff that travel out of state when it is just as risky here in Oklahoma?

A: The travel quarantine recommendations from CDC does not list domestic travel as an area needing quarantine at this time. Be mindful of where and how your staff traveled, their vaccination status and if they sustained prolonged close contact with a COVID positive individual.

Testing:

5. Q: What is the status for testing staff that has had the vaccine? We continue to test all staff according to the percentages of the county, regardless of the vaccination status.

A: CMS has said that routine testing is for the unvaccinated staff. They have also said you need to consider the County Positivity Rate, your facility's percentage of unvaccinated, and what is happening in your facility, for example are you in outbreak and is it widespread or in a concentrated area of the facility. [QSO -20-38-NH Revised](#) reads, "*Routine testing of unvaccinated staff should be based on the extent of the virus in the community. Fully vaccinated staff do not have to be routinely tested.*"

6. Q: Is the state planning to order more BINAX Now test kits? Providers are going through SO many and the cost is becoming a big issue.

A: We have to order through the same channels and vendors you do. We do understand it is required nursing homes test and this can make it difficult. The Emergency Response team is working diligently to obtain the needed supplies. Remember, these supplies are also used in schools and other areas. As soon as supplies are available, we will be able to tell you what the parameters are.

7. Q: Is there a grid on OSDH website for testing employees, symptomatic, vaccinated and returning to work after a positive test or exposure?

A: The Testing Grid speaks to this. For positive staff, it is not recommended to test for return to work. Once they have met the symptom-based criteria of isolation for 10 days, fever free with no medications for 24 hours and lessening of symptoms, they may return. Refer to the CDC [Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection \(Interim Guidance\)](#) and [Return to work criteria \(symptom based strategy\)](#).

There is also guidance on staff with exposures. Consider their vaccination status. Refer to CDC [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#). There is also a table related to various exposures in CDC [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2](#).

8. Q: We do not have enough licensed staff to meet all of our testing needs. Are we able to train our med aides and door security to test staff for COVID if they have been checked off by a licensed nurse?

A: First, what is your facility's policy? Second, under CLIA Certificate of Waiver, it has to be a trained individual. Make sure there is documentation they are trained. CLIA has no restrictions on who can be trained, as long as they are trained.

9. Q: Would a hospice worker testing positive cause a restart of the 14 days when you are already in outbreak testing?

A: If the worker was inside the building within the 48 hours prior to testing positive, you would continue your outbreak testing. Outbreak does not end until there is 14 days with no new positive staff or residents identified.

10. Q: If a staff member who test positive was in the facility in the last 48 hours, do we not have to start our 14 days over for outbreak if the staff member did not work in the last 48 hours from their positive test date?

A: If you are already in outbreak testing, you continue. If you are not in outbreak testing, you will need to start outbreak testing since they were in your building in the 48 hours prior to the positive test.

Mandatory Vaccination:

11. Q: Since CMS/CDC has stated that nursing home staff will be mandated to receive the Covid-19 vaccine, what are the contingency plans for an acute mass shortage of CNA's who will not agree to receive the vaccine?

A: I cannot answer this as this time. I can tell you that lots of discussions are being held. As information is obtained, we will push it out as soon as possible.

12. Q: Where is the CMS notice from Biden? We have not received this and would like to review it?

A: The Biden notice regarding staff vaccinations came out via the CMS Media. If you have access to the CMS Media, you can locate it there. The press release can be locate at CMS.gov Newsroom at [Biden-Harris Administration Takes Additional Action to Protect America's Nursing Home Residents from COVID-19](#).

13. Q: Will the CMS vaccine mandate include any OSDH employees that would be entering our long-term care facilities?

A: The CMS mandate hasn't been fully actualized to us and we don't have all the details.

14. Q: Is there current information regarding CMS mandating COVID vaccines for hospital employees in majority Medicare/Medicaid billing hospitals?

A: There is no information at this point.

ODH Form 283:

15. Q: On ODH form 283, is the requirement that we report all incidents involving sexual, physical abuse or reasonable suspicion crime within 2 hours and everything else within 24 hours?

A: That is correct.

16. Q: Will there ever be an option to email the forms in, rather than fax?

A: We are upgrading our technology at this time. Our hope is for you to be able to autofill the report and then upload it without it having to be faxed or emailed. Our goal is to roll this out around the holidays or early next year.

17. Q: Are form 283s required for just initial positives or all positives when outbreak testing?

A: It is for all positives within the facility at any time.

18. Q: If for some reason the other number doesn't work, what would we do? Only has happened a few times but has happened on the 866 number.

A: Please contact LTC@health.ok.gov so we can troubleshoot the issues.

Nurse Aide Waiver Letter:

19. Q: Is the NAR Waiver letter to all facilities? Where is it?

A: The [NAR Waiver letter](#) is for all LTC facilities. It has gone out via GovDelivery.com today. If you do not receive the GovDelivery.com, you can locate it on the Nurse Aide Registry (NAR) website at www.nar.health.ok.gov. We will also be posting it on the [LTC COVID-19 Resources](#) website.

20. Q: Will facilities be able to continue the nurse aide training as they have been then through the end of the year? The original date to have everyone done was by 09-03-2021, so just trying be sure I understand the letter.

A: That is correct. You will be able to continue until the December 31st date or CMS revokes their waiver. Remember, we do not want you to delay the training or the testing. We encourage you to get them tested as soon as possible. We realize there has been some difficulty getting them tested due to the high volume of requests. This is to assist with that.

21. Q: About the temporary CNA waiver: Do they have to be certified by December? Please clarify?

A: The letter does have a December 31st date. Our General Council has recommended we provide a date to ensure we reviewed the waiver since we are no longer under a Public Health Emergency. This was presented to the Commissioner who has the authority to waive. This does not mean it will not be extended. If CMS revokes their waiver before then, it will also trigger a review. This is why we highly encourage you to work to get your aides certified in a timely manner.

22. Q: We had a G level deficiency in our last annual survey in 2019. That made us ineligible to be a clinical training site for the Vo-Techs. Since it has been 2 years since a survey, can we become a training site again?

A: Reach out to LTC for a discussion.

23. Q: How is it that no one on this call with the OSDH - LTC Division addressing all LTC Providers in the state, knows nothing of any contingency plan to address the potential mass shortage of LTC staff in our state?

A: This is unknown to us as well. We are back into something many of us hoped we wouldn't be doing again. As we acquire additional information, we will give it to you. Know that it is on our radar and it is why the waiver went forward on the uncertified nurse aides to continue to be used. There are some things that are beyond our control. If you have ideas of what you have done to recruit and retain staff, we would love for you to share that with us.

Visitation:

24. Q: Can a resident have visits outside, 6ft apart and masked, when in outbreak?

A: Refer to the Visitation Grid. A resident can have a visitor and be outside. Outbreak does not necessarily mean they have to visit outside. Consider what is going on in your facility, where the outbreak is in the building, compassionate care needs, the resident's individual needs, comorbidities and the weather. Remember the resident's rights and to provide education. Contact LTC if you have specific concerns.

25. Q: If we are in outbreak testing, with only 2 positive (vaccinated) staff members, we were told that we had to isolate residents even though our long term care residents are all vaccinated. From what

you said earlier, it seems as if they are vaccinated we are able to continue with indoor visitation? Is this correct?

A: This is in reference to the question on outdoor visitation. You have to consider what is happening in your community. You have to ask if the outbreak is consolidated to one hall or is it widespread in order to determine what it looks like. CMS guidance says if you go through one round of testing and no new positives were identified, you can continue visitation on the halls where there are no positives. This will always be situational. You do not need to quarantine or isolate residents on a hallway just because there was a positive staff member on that hall. Did the resident have close contact (>15 minutes and < 6 feet)? Consider the staff member, not all have close contacts with residents. Refer to the CDC [Infection Control FAQs](#) for guidance.

26. Q: Should facilities be requiring visitors to COVID test at any time?

A: It is not recommended that visitors be tested at any time. This is on the Visitation Grid. [QSO-20-39-NH Rev](#) reads, *"While visitor testing and vaccination can help prevent the spread of COVID-19, visitors should not be required to be tested or vaccinated (or show proof of such) as a condition of visitation."*

Survey:

27. Q: We are under a CMP and awaiting a revisit and awaiting our annual recert survey, which is over 15 months overdue, are there additional state staff being added to get out and make revisits quicker? We could really benefit by having the ability to utilize that CNA waiver and train staff in house, but we cannot do that until we are revisited and cleared...

A: The training for a surveyor is quite significant and lengthy. It takes at least 6 months for them to be a functioning member of a team. It takes about 2 years for them to be considered independently functional. We have been able to add members but must still go through the process of training and testing for them to be qualified. This training and testing is issued and required by CMS. As far as the CMP and waiting, we are working through those as quickly as possible. The staff have been given directions on how to get those done. Make sure you are ready when we come out on survey so we don't have to come back.

28. Q: How are you determining what homes get surveyed first?

A: It is based on many factors. We have a significant amount of complaints. It may possibly be based on complaints, special focuses from CMS and other concerns. A lot of you have not had a survey in quite a while. Per CMS the surveys have to be unannounced or penalties and fines may apply to the state.

29. Q: If we have had a recent COVID focused survey, does that count as our annual survey?

A: No.

Miscellaneous:

30. Q: Can you post the link to obtain the COVID vaccine card website again please. It was in Dr. Khan's information.

A: OSIS: Access My Immunization Records -
https://osiis.health.ok.gov/osiis_public/Application/PublicPortal

31. Q: Is it true that we only screen staff and residents once per shift now or is it still 3 times a day or per shift?

A: The guidance is to screen residents daily and staff upon entry to the building. However, if you have symptomatic residents or are in an outbreak status, you may want to increase the screenings. You have to assess and consider what is going on in your facility and how you are keeping your residents safe. Hold discussions with the IP and key staff, and know what your policies are. Refer to CDC [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#) and [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#).

32. Q: Do you still have to do the bi-weekly PPE check offs?

A: If you are checking staff for their ability to use the PPE correctly, there is nothing that says this has to be bi-weekly. That was guidance from over a year ago. Originally when facilities applied for COVID funding, they had to provide a facility risk assessment and COVID plan. As part of that, they were to be doing observations (audits) of PPE, hand hygiene and environmental cleaning compliance. It was originally stated that if LTC made a request to see the documentation, they would need to be able to provide the current 2 weeks worth of those audits. This may be what the question is about. It would be beneficial to periodically check the staff's understanding of PPE usage and donning/doffing. Your practices should be according to your policies. From a regulatory standpoint, you are not required to have bi-weekly PPE check offs. What is important is the ability to prove your staff are sufficiently trained and are proficient in those practices. Be aware of what practices you have set for your IP. Contact us for discussion.

33. Q: Can we have CNA students and Practical Nursing students in our building to do their clinical rotation? Our county is in red and we have 1 employee tested positive for COVID and a new hire that hasn't started yet test positive. No residents or other staff. Still in outbreak testing

A: Consider the level of risk. There is nothing related to COVID that says you cannot have students in your facility

34. Q: I have many employees who are either students, or have children that are students going to school. I am hearing reports that the schools are not reporting positive tests or letting exposed children/teachers attend. When are the school systems going to be held to a higher standard?

A: OSDH, Acute Disease Services, the State Epidemiologist and the county health departments are working with the school systems. LTC has no information related to this.

35. Q: Can we request CMP monies to use towards recruiting and retaining staff?

A: It is noted. CMP moneys go through an allocation process and in many instances this is kept separate from LTC. Send an email to Dr. Frazier at LaTrinaF@health.ok.gov for a discussion. You can also send the email to LTC@health.ok.gov and it will be forwarded on.

36. Q: Can a resident come from home for skilled services without a 3 day hospital stay? Is skill in place currently in place?

A: Part of the 1135 Blanket Waivers does give exception to this. It does depend on the situation and the resident. Reach out to LTC for discussion.

37. Q: Is there a new template for cumulative tracking on the booster section on NHSN?

A: Jeneene Kitz is not aware of anything at this point. Information from an HAI call does say they are looking at the vaccination module. Watch your emails and Jeneene will share any information she receives with LTC to get out to you.

Dr. Frasier's final comments:

Thank you for joining the call. I know it can be frustrating dealing with the unknowns you are facing. We appreciate all you are doing to care for the citizens of our State. Be mindful that as we walk through this, we are better together than if we are divided. Sometimes the answer may not be exactly what you want to hear. Know that our intent is for you to know what we know and what we hear, you will hear. We are not going to withhold any information from you. We appreciate your patience with us. We are walking through this ever changing landscape with you. Thank you for your time, it is not taken for granted.

The next call will be Wednesday, September 8th.

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

CMS – QSO-20-38-NH Revised - <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>

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

CMS - CMS.gov Newsroom - Biden-Harris Administration Takes Additional Action to Protect America's Nursing Home Residents from COVID-19

<https://www.cms.gov/newsroom/press-releases/biden-harris-administration-takes-additional-action-protect-americas-nursing-home-residents-covid-19>

CDC - Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

CDC - Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to SARS-CoV-2 (includes Table to determine exposure risk: check each part – in facility, community, travel – including links) - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.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_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fnursing-homes-responding.html

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 - Return to Work Criteria for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance) (symptom based strategy) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html>

CDC - Infection Control FAQ section <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control>

CDC - Discontinuation of Transmission-Based Precautions and Disposition of Patients with SARS-CoV-2 Infection in Healthcare Settings

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

OSIIS: Access My Immunization Records -

https://osiis.health.ok.gov/osiis_public/Application/PublicPortal

OSDH – Nurse Aide Waiver Letter - <https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/covid-19/NAR%20Waiver%2008.24.21.pdf>

OSDH - LTC COVID-19 Resources - <https://oklahoma.gov/health/protective-health/long-term-care-service/ltc-covid-19-resources.html>

OSDH – Nurse Aide Registry - www.nar.health.ok.gov



OKLAHOMA
State Department
of Health

OSDH – LTC Contacts – email: LTC@health.ok.gov Phone: 405.426.8200 website: ltc.health.ok.gov

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