

**Questions & Answers—Revised 11/9/21**  
**Nursing Facility/Skilled Nursing Facility Provider Call**  
Wednesday, November 3<sup>rd</sup>, 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.

**Testing:**

1. Q: The NH Testing Grid under "Outbreak" under "Contact Tracing" states, "they may choose to conduct focused testing based on known close contacts", then two bullets down it states, "For both approaches, staff and residents (regardless of vaccination status) should be tested immediately". So which do we do if we do contact tracing, test everyone or just close contacts?

A: When using the contact tracing approach, all staff and residents who were identified as having close contact with the positive individual should be tested immediately, regardless of vaccination status. If using the broad-based testing approach, all residents and staff in the affected area (hall or unit) or facility-wide, should be tested immediately, regardless of vaccination status. [Interim Infection Prevention and Control Recommendations to Prevent SARSCoV-2 Spread in Nursing Homes](#) reads in parts,  
"Testing..."

- *Asymptomatic HCP with a higher-risk exposure and residents with close contact with someone with SARS-CoV-2 infection, regardless of vaccination status, should have a series of two viral tests for SARS-CoV-2 infection. In these situations, testing is recommended immediately (but not earlier than 2 days after the exposure) and, if negative, again 5–7 days after the exposure...*

*New Infection in Healthcare Personnel or Resident...*

*Perform contact tracing to identify any HCP who have had a higher-risk exposure or residents who may have had close contact with the individual with SARS-CoV-2 infection:*

- *All HCP who have had a higher-risk exposure and residents who have had close contacts, regardless of vaccination status, should be tested immediately as described in the testing section...*

*Alternative, broad-based approach...*

- *Perform testing for all residents and HCP on the affected unit(s), regardless of vaccination status, immediately (but not earlier than 2 days after the exposure, if known) and, if negative, again 5-7 days later..."*

2. Q: If you are in outbreak testing. Can you allow resident to go out of facility? (example, to smoke)

A: There is nothing that prohibits residents from going outside. Remember, even [QSO-20-39-NH](#) speaks to *outside* visitation. Consider the resident's COVID status and how they will safely maneuver through the facility. Consider the Core Principles if the resident is with a group of other residents (e.g., social distancing). Reach out to your PMC with questions.

**Grids/PMC Map:**

3. Q: What form is this again, what memo?

A: We were showing you the [NH-Misc Grid](#). [QSO-20-38-NH Revised](#) (09/10/21) directed readers to CDC webpages for guidance on close contacts. The updates in the grid comes from the guidance in the CDC webpages referenced. QSO-20-38-NH Revised reads in part, "[Testing of Staff with a Higher-Risk Exposure and Residents who had a Close Contact](#) For information on testing staff with a higher-risk exposure to COVID-19 and residents who had close contact with a COVID-19 positive individual, when the facility is not in an outbreak status, see the CDC's "[Interim Infection Prevention and Control Recommendations to Prevent SARSCoV-2 Spread in Nursing Homes](#)" and "[Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2.](#)" Examples may include exposures from a visitor, while on a leave of absence, or during care of a resident on the COVID-19 unit..."

4. Q: The revisions noted on the grids is not new CDC guidance, just updated on the grids, correct?

A: You are correct. CDC updated most of this guidance on 09/10/21.

5. Q: Can you show where the PMC map is located again?

A: (Please view the call recording for demonstration.) It can be located on the OSDH Long Term Care Services webpage at <https://oklahoma.gov/health/protective-health/long-term-care-service.html>. In the left column, click on LTC COVID-19 Resources. Scroll to the bottom of the page to locate the [LTC PMC District Map](#).

**Transmission-Based Precautions (TBP):**

6. Q: Do you HAVE to assign dedicated staff for COVID positive residents?

A: This would depend on the specific situation in the facility. There are multiple things to consider. For example, do you have only one resident on transmission-based precautions (TBP) or multiple residents? Are they located in a designated area of the facility or under TBP in their rooms throughout the facility? Contact your PMC for discussion about your specific situation.

CDC guidance can be located in [Interim Infection Prevention and Control Recommendations to Prevent SARSCoV-2 Spread in Nursing Homes](#) and [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#).

7. Q: Unvaccinated residents in the hospital recovering from COVID, do we have to quarantine on admission to nursing home?

A: Isolation would be required for a known positive who has not met recovery (at least 10 days after initial symptoms or positive test, at least 24 hours fever free without use of fever-reducing medications and symptoms have improved). If fully recovered, they would not need to quarantine for 14 days. CDC guidance can be located in [Interim Infection Prevention and Control Recommendations to Prevent SARSCoV-2 Spread in Nursing Homes](#).

**Survey:**

8. Q: Can you give an example of why we would contact a PMC ((Preventive Medical Consultants aka Coordinator)?

A: The PMCs are a resource for facilities who have questions related to the regulations, guidance from CMS and CDC, and/or the facility's procedures. Since each facility's characteristics are different, they can help walk you through the various scenarios you may find difficult. This will allow you to determine how your facility can best manage the situation. How to manage outbreaks, quarantine or visitation are just a few examples. They will attempt to answer any question you may have. If it is not something associated with LTC, they will attempt to connect you to the appropriate individuals. The PMC may also contact the facility when information is needed, such as when the facility finds itself in outbreak status.

9. Q: If a facility is in outbreak, will potential surveys be cancelled until post-outbreak?

A: No, the surveyors will have the appropriate PPE to continue with the survey.

10. Q: What is the difference between annual survey and re-certification survey?

A: They are the same. Since recertification surveys are required annually, the term "annual" is sometimes used when referencing the recertification survey.

11. Q: Who are the current directors of surveys for both NH and AL?

A: Janene Stewart

**Screening:**

12. *(Note: The following questions were related to the same topic. A congregate answer was provided.)*

Q: Is resident screening by shift and employee screening still required?

Q: Are each resident vitals still taken daily, or can we stop now and do as needed?

Q: We check vitals as part of our resident screening. Were just told screening was still required but then said we needed to check CDC regarding checking vitals...can you clear that up?

Q: Can we not test resident temp 2X day if our risk assessment is low risk?

Q: I think they are referring to a rule we were told that was in effect where every LTC resident had to have vitals every shift during the height of the pandemic. Now the question I'm hearing is, is once a day taking vitals of every resident OK?

Q: Where can I find the risk assessment to see about taking vitals daily?

A: Resident Screening: Residents should be screened daily for temperature and symptoms of COVID-19. Screening should increase if they are suspected or confirmed COVID-19 positive. Consider increased screening if the facility is in outbreak status. (See below)

[Interim Infection Prevention and Control Recommendations to Prevent SARSCoV-2 Spread in Nursing Homes](#) reads in parts,

*"...Evaluating and Managing Personnel and Residents...*

*Evaluate Residents at least Daily...*

- *Actively monitor all residents upon admission and at least daily for fever (temperature  $\geq 100.0^{\circ}F$ ) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement precautions described in Section: Manage Residents with Suspected or Confirmed SARS-CoV-2 Infection...*

*Manage Residents with Suspected or Confirmed SARS-CoV-2 Infection...*

- *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 identify and quickly manage serious infection...*

*New Infection in Healthcare Personnel or Resident...*

*When performing an outbreak response to a known case...*

*Respond to a Newly Identified SARS-CoV-2-infected HCP or Resident...*

- *Consider increasing monitoring of all residents from daily to every shift, to more rapidly detect those with new symptoms.*

Staff Screening: Staff should be screened before entering the facility. Screening of all persons before entering the facility is a Core Principles of COVID-19 Infection Prevention found in [QSO-20-39-NH](#) which reads in part, *"...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)... These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance [[Interim Infection Prevention and Control Recommendations to Prevent SARSCoV-2 Spread in Nursing Homes](#)] for nursing homes, and should be adhered to at all times..."*

CDC guidance in [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) reads in part,

*"Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic*

*Establish a Process to Identify and Manage Individuals with Suspected or Confirmed SARS-CoV-2 Infection...*

- *Establish a process to identify anyone entering the facility, regardless of their vaccination status, who has any of the following so that they can be properly managed: 1) a positive viral test for*

SARS-CoV-2, 2) symptoms of COVID-19, or 3) who meets criteria for quarantine or exclusion from work.

- *Options could include (but are not limited to): individual screening on arrival at the facility; or implementing an electronic monitoring system in which individuals can self-report any of the above before entering the facility..."*

#### **Holidays:**

13. (Note: The following questions were related to the same topic. A congregate answer was provided.)

Q: Can we have holiday gatherings in the facility as long as we are doing person-centered care?

Q: Any idea of how to do the holiday gathering for residents?

Q: Several residents have asked about going out for Thanksgiving. We are still in the high category for transmission. Would we just do a risk assessment?

A: You will need to be sure to look at your infection prevention and control practices, especially where it relates to visitation. Also remember your residents' rights and compassionate care. Consider your level of community transmission and what is happening in your facility (e.g. outbreak status, percent of resident/staff vaccinations). Refer to the visitation guidance in [QSO-20-39-NH](#) including the Core Principles. CDC Guidance can be located in [Holiday Celebrations](#). Some of the guidance related to visitation and non-medically related trips outside of the facility can be found in the Grids. For further discussion about any concerns you may have, contact your PMC.

#### **Vaccine:**

14. Q: Now that cross vaccination has been approved, if we have residents that have the Janssen, is it the facility's responsibility to set up a Pfizer booster clinic?

A: Yes. We suggest you contact your pharmacy to help you work out the logistics of what is needed.

15. Q: Is there any education on the CDC website about cross vaccination?

A: Guidance about the "mix and match" vaccine booster can be found on the CDC webpage [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#) under the "Considerations for use of a COVID-19 vaccine booster dose" section.

#### **OK-SCREEN:**

16. Q: We are experiencing long lag times in the OK-SCREEN department. Fingerprints are done on time, but can still take months for OK-SCREEN to review. This is difficult in a staffing crisis.

A: After an applicant fingerprints one of three (3) processes occur:

- A. No criminal history. The applicants record has no criminal history, then they are determined eligible within 24 hours. OSBI and FBI sends notification to OK-Screen and the program automatically makes them eligible.
- B. With criminal history. OK-Screen staff must review the criminal record to determine if the applicant has a potential barrier offense. This takes up to ten (10) business days to review the criminal history record and determine them eligible for employment. OK-Screen staff will then send a letter to the applicant and manually make them eligible in Ok-Screen program. The provider is also sent a message of eligibility.
- C. With criminal history that is barrier offense. Within the ten (10) business days OK-Screen staff determine if the applicant has a potential barrier offense. The applicant is then sent a Request For Information (RFI) certified letter, seeking clarification and documentation to determine if the criminal charge is or is not a barrier. No determination is entered into OK-Screen until the applicant responds to the RFI. This process can take up to sixty (60) days or more. If the applicant does not respond then another letter is sent. If they still do not respond then the application is closed without a determination. The time table is dependent on the applicants actions. The applicant can work provisionally during this process.

The Long term Care Act: The period of provisional employment shall not exceed sixty (60) days pending the completion of the required background check. During this time the employee shall be subject to direct on-site supervision. The sixty-day time period may only be extended for those employees who are appealing the results of the background check. The time period shall only be extended for the duration of the appeal.

#### **Miscellaneous:**

17. Q: Who do I contact regarding the RN Wavier?

A: You would contact Espa Bowen in Protective Health Services Health Resource Development Services. The email is [HFS@health.ok.gov](mailto:HFS@health.ok.gov). You may also send an email to [LTC@health.ok.gov](mailto:LTC@health.ok.gov) and we will see it is forwarded to Espa.

18. Q: With the shortage of nursing, why can we not use staff that is certified from out of state? Let them work while we are getting them certified in Oklahoma?

A: If you are asking about nurses, we will refer you to the Board of Nursing. If you are asking about CNAs, Dr. Frazier provided the following answer on the 10/06/21 provider call to a similar question.

Q: Please see about letting us work CNAs who are certified in another state while they are applying for Oklahoma certification.

A: You are talking about reciprocity since they are already certified in another state. Please reach out to the Nurse Aide Registry (NAR) so they can walk them through the process. Remember, with this waiver, there is nothing that says you cannot work them. Please reach out to NAR to determine if you have to work them in a training capacity or if it is based on their reciprocity.

19. Q: Are we no longer to contact Jeneene Kitz over infection control questions?

A: Yes, you may contact Jeneene Kitz. She is a great resource for infection control questions and concerns.

20. Q: Can you talk about the OK-HAN we received this week?

A: This was in regards to PHIDDO. Reach out to Jeneene Kitz with any questions you may have related to the OK-HAN.

21. Q: Would you please go back to sending out email on the day of the provider calls?

A: Thank you for your interest in the Provider calls and for submitting your recommendation. Due to some facilities' security settings, the notifications get delayed until a later time and/or date. Therefore, we send out the notifications of the next Provider call by Tuesday, or day before, the Wednesday call.

**Janene Stewart Final Comments:**

Thank you for joining the call today. Thank you for the great questions. Please do not hesitate to reach out to LTC or the PMCs for any questions or concerns. You are appreciated. Thank you.

Next call will be on Wednesday, November 17<sup>th</sup>, 2021.

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

CDC – Holiday Celebrations - <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays/celebrations.html>

CDC - Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States - <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

CDC - Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.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 - 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>

CMS - QSO-20-38-NH Revised (09/10/21) - <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>

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

OSDH - Long Term Care Services webpage - <https://oklahoma.gov/health/protective-health/long-term-care-service.html>

OSDH - NH-Misc Grid - <https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/covid-19/nursing-home-grids/20210802%20NH%20Misc%20Grid%20LA-OK%20210802%20DA.pdf>

OSDH – LTC PMC District Map - <https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/protective-health/long-term-care-services/covid-19/ltc-coordinator-team-leader-map.pdf>

OSDH Contacts:

Espa Bowen - Protective Health Services Health Resource Development Services

Email: [HFS@health.ok.gov](mailto:HFS@health.ok.gov)

Long Term Care Services (LTC) – Email: [LTC@health.ok.gov](mailto:LTC@health.ok.gov) Phone: 405.426.8200

Nurse Aide Registry (NAR) – Email: [NAR@health.ok.gov](mailto:NAR@health.ok.gov) Phone: 405.426.8150