

Questions & Answers
Nursing/Skilled Nursing Facilities Provider Call

Wednesday, March 31st, 2021

1:00 PM – 2:00 PM

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

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>
(New guidance released March 29, 2021)

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>
(Released March 10, 2021 - This link is now the one where all updates will be made regarding post vaccination IPC guidance)

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

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

Dining/Activities:

1. Q: If 3-4 residents are fully vaccinated, can they sit at the same table for dining or activities?

A: CMS has said that all Core Principles of COVID-19 Infection Prevention are still in place and have not been relaxed at this point. If you are wanting them to sit together, consider if you are able to observe those Core Principles of distancing. We are continually monitoring for changes and updates to the guidance and will inform of any changes as they are released.

2. Q: If you are using a Personal Visitation Plan and a resident says "I wish to eat at the same table, without social distancing, and it is care planned." is that allowed?

A: You are speaking of one resident, what about the others at the table? Consider what education has been presented to the resident, what is their understanding of the risks, what has been the consultation and how is it documented. How will you monitor the resident's wishes has not changed? There are many pieces to look at. Complete a risk assessment and use a person-centered approach.

3. Q: Can you seat 2 people at a table if Plexiglas barrier is used?

A: This is such a vague question for us to answer. If you have Plexiglas in place, we don't know of a reason not to place two residents at the same table. There may be pieces we are missing, contact us for further discussion.

Grids:

4. Q: Can we get an updated PPE grid to reflect that eye protection is only required if in COVID positive area or isolation/quarantine area? Can we get a grid for quarantine?

A: We are updating the PPE Grid, the Misc. Grid and the Testing Grid. The Misc. Grid will provide guidance on quarantine. The PPE Grid will be located within the Misc. Grid. They will be located on the [LTC COVID-19 Resources Provider Guidance](#) page.

PPE:

5. Who has to wear a mask and when can cloth masks be worn? Can staff wear cloth masks?

A: Face masks should be worn by all persons while inside the facility. The cloth masks may be worn by family and residents. Non-direct care staff, such as office personnel, may also wear a cloth mask. Be sure the masks are being changed and laundered appropriately. Direct care staff should wear a surgical mask as part of their PPE. (JK)

6. Q: Regarding call from last week. When asked what a well-fitting mask is, it was mentioned to manipulate and tuck surgical masks, is that for all surgical mask usage or only if you do not have a good fit to your surgical mask, then manipulate and tuck?

A: A well fitting mask is required for source control and personal protection. If the mask does not fit well over the bridge of the nose and the sides of the face, you will want to knot and tuck the mask. This should even be encouraged for visitors wearing a cloth mask. Guidance can be located at [Improve How Your Mask Protects You](#). (JK)

7. Q: CDC guidance states that face shields are still required, but you are saying they are not. What is the correct guidance?

A: You are required to wear eye protection if you are taking care of residents in a known COVID positive environment or are in quarantine that require full PPE. You do not need to wear them in a negative environment (general population) and you don't need to wear them the entire time you are in the building. We were asking you to wear eye protection if you had positives in the building and the County Positivity Rate was high. CDC and CMS were working together and speaking mostly to the outbreak settings. It is truly based on what is happening in the facility. You must consider your risks and look at every aspect of your facility to ensure you are putting in place what is appropriate for your facility. (JK)

8. Q: With county rates starting to rise, do you think from an infectious disease stand point, we should require those providing direct care that didn't receive the vaccine to stay in an N95 mask?

A: I do not know all the specifics of your facility, but you do. It is important for you complete a risk assessment for your facility and collaborate with your physician, residents and other professionals to determine what is best for your facility. In many cases, you may want to consider the percentage of vaccinated residents and staff. For each facility, the answer may be different.

9. Q: Are all Residents still required to wear mask at all times outside their rooms and during meal times while social distancing is in place?

A: Yes, the best practice is to wear their masks any time they are outside their rooms. Although they can't eat with their mask on, they should wear it while going to the dining room, while waiting on their meal and after finishing the meal.

10. Q: If a vaccinated resident refuses to wear a mask, and the facility has care-planned a person centered approach, is the facility in compliance if the resident leaves their room?

A: This is individualized and situational. We would expect you to encourage them to wear a mask as they may wear it some times. It will not make you be out of compliance if they are unwilling to wear a mask.

11. Q: Does an N95 protect the resident and yourself?

A: Yes. The N95 is used as source control to protect the resident and it removes particles from the air that are breathed through it to protect the wearer.

12. Q: Are we still required to quarantine residents receiving HHN (hand-held nebulizer) treatments? Is PPE required for everyone getting a nebulizer treatment, or just those that are positive for COVID or on quarantine? Where would I find the reference for requirement of wearing a gown and face shield when administering a hand-held nebulizer treatment on a COVID negative, vaccinated resident?

A: I am not aware that we were requiring you to quarantine residents receiving HHN treatments. However, because this is an aerosol-generating treatment, you would need to wear an N95 mask and eye protection, or full PPE if required by resident status, while they receive the treatment. We think you would need to wear PPE for everyone because you don't know if the person is at the beginning of an infection or not.

CDC [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#) reads, "Personal Protective Equipment...Implement Universal Use of Personal Protective Equipment...HCP should use PPE as described below:...N95 respirators or equivalent or

higher-level respirators should be used for...All aerosol generating procedures...Eye protection should be worn during patient care encounters to ensure the eyes are also protected from exposure to respiratory secretions...” If you are a medical professional, consider what you are doing, the level of care, and the risks not only to the resident but also to the one providing the care. Look at this from a clinical perspective because you are providing a clinical service which is considered an aerosol-generating procedure. Discuss this with you Infection Preventionist and your Medical Director.

Visitation:

13. Q: For visitation purposes, is there a need to supervise or monitor the visitations? Or can a facility set an open visitation time each day and allow visitors to go to the unit their loved one resides on and visit in line with the Core Principles of COVID -19? Allowing only a limited number of visitors per resident per day.

A: There is no requirement for supervision, however, you should encourage the Core Principles. You know your families and who will be compliant with the Core Principles. Your determinations should be person-centered and individualized. When you use the words “open visitation” it makes us think visitors can show up when they want to. A free-for-all movement throughout the facility is not encouraged. You may have issues with distancing or spacing. You should consider your risks and get your Infection Preventionist involved. Outdoor visitation is still preferred and encouraged, but when you are indoors, you want to consider the level of risk and make sure the Core Principles are being followed.

14. Q: Is there any anticipation that we may soon be able to just open up fully in LTC settings? Most of our residents/staff see no reason not to since we are letting the public in and not asking for vaccination status.....what difference does it make at this time?

A: We are still in a health emergency and are not out of the woods yet. We have to move through this strategically by observing the guidance of CMS and the CDC. This is for safety. There are still variants out there and questions about the vaccines and their ability to protect. The more information we learn from the various studies, the more detailed guidance you will be provided. Please be patient and follow the guidance as it is issued.

Quarantine:

15. Q: Are residents required to quarantine after close contact with a known positive, regardless of vaccination status and/or within 90-day window of being positive?

A: Yes. 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.” You still need to consider your person-centered approach in reference to compassionate care. Be sure you are including your Infection Preventionist, the resident and family along with your physician in your conversations.

Vaccination:

16. Q: If staff has been fully vaccinated and test positive but are asymptomatic, can they work?

A: There are lots of issues to look at regarding this question. Has this person been in close contact with a known COVID positive individual? Are they truly asymptomatic? Was the positive result from a POC test or a confirmatory PCR? Are they vaccinated? You will need to consider all these issues and more. Any one of these pieces could change how this question could be answered. Contact us at LTC@health.ok.gov or call us at 405.426.8200 for discussion.

17. Q: On vaccinations, even if CMS is not making vaccines mandatory, is it still up to the individual nursing home?

A: We do not have guidance for this. CMS has made the statement it is not mandated for staff or surveyors to be vaccinated. There have been a couple of legislative pushes in reference to this. Some say we don't have the right to make it mandatory and others say you should have the right to make it mandatory. Since we are in the middle of the legislative season, it is difficult for us to give you guidance on this. You should provide information and encouragement related to the vaccine. You may call us if you would like for us to provide additional information. At this point, there is nothing from OSDH that says it is a requirement.

18. Q: If an employee received a Pfizer shot 1 in December and never took shot 2---it is beyond the 21 days. When they go to take a Pfizer they are told it has been too long and when they go to take Moderna they are told they have to take the Pfizer since they took it first. What is the guidance/process to get the second shot?

A: We have been told it would be acceptable to receive the second dose later than the 21 days. Please contact LTC so we can connect you with our immunization team for guidance. We would like to have a discussion to get the details in order to be able to assist you. Contact LTC at LTC@health.ok.gov or call 405.426.8200.

19. Q: In the last call it was discussed about the residents leaving the facility with family if they have been fully vaccinated. Can you tell me where the criteria is so we can print it off?

A: Review the revised QSO-20-39-NH memo and the revised In-Person Visitation and Misc. Grids. You can also find guidance in the CDC [Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes](#).

Miscellaneous:

20. Q: When can we expect routine OSDH surveys to resume? How far will they go back since we are well over a year from our last survey?

A: Technically now. We have one recertification survey going on this week and are working on getting back on track. They will go back to your last survey.

21. Q: Now that we have opened our doors to the most vulnerable with only screenings in place, when will your offices at OSDH be open and all of you be in your offices so that you can have in-person meetings?

A: We are here now. We are practicing distancing and masks are required inside the building. If we need to have a meeting with you, we can. Due to the distancing requirements, the meeting may need to be limited to the number of participants depending on the time, space availability and who is needed in the meeting. We are offering meetings via Teams for convenience and in observation and awareness that we are still in a health emergency. If you feel you need to have a meeting with us, give us a call.

22. Q: In the latest CDC guidance, regarding visitor/staff screening, it seems that fever is defined as 100°F or higher, is that a correct interpretation?

A: Yes, if that is what is in the CDC guidance. Usually a fever is defined as 100.4°F but we have learned with COVID it can be a low grade fever of 99°F. The key thing to remember is that fever is not the only symptom you should be concerned about and is not the most reliable symptom. Also remember the average normal body temperature is generally accepted as 98.6°F but some studies have shown that the "normal" body temperature can have a wide range, from 97°F to 99°F. CDC defined it at 100°F as a general guide. If you are trending your temperatures for your staff, an increase of 2° from their baseline could be seen as a fever, even if it is lower than 100°F. (JK)

23. Q: Can a resident request only vaccinated staff care for them?

A: It is up to the facility whether they allow residents to request only vaccinated staff care for them, we cannot speak to that. When you start talking about only vaccinated staff providing care, this is great if you have the ability to do this, but what happens if you don't?