



OKLAHOMA

State Department of Health

Important Updates: COVID-19 Symptoms, New CMS Toolkit, Blanket Waivers, Behavior & Memory Care Guidance, CMS Letter to Nursing Facilities

May 15, 2020

Updated Coronavirus Symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**

- Trouble breathing

- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

CMS Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes

New tool provides innovative solutions for states and facilities to protect our nation's vulnerable nursing home residents during emergency

CMS released a new [toolkit](#) developed to aid nursing homes, Governors, states, departments of health, and other agencies who provide oversight and assistance to these facilities, with additional resources to aid in the fight against the coronavirus disease 2019 (COVID-19) pandemic within nursing homes. The toolkit builds upon previous actions taken by the Centers for Medicare & Medicaid Services (CMS).

The toolkit is comprised of best practices from a variety of front line health care providers, Governors' COVID-19 task forces, associations and other organizations, and experts, and is intended to serve as a catalogue of resources dedicated to addressing the specific challenges facing nursing homes as they combat COVID-19.

"The coronavirus presents a unique challenge for nursing homes. CMS is using every tool at our disposal to protect our nation's most vulnerable citizens and aid the facilities that care for them. This toolkit will support state, local leaders and nursing homes in identifying best practices to protect our vulnerable elderly in nursing homes" said CMS Administrator Seema Verma.

The toolkit provides detailed resources and direction for quality improvement assistance and can help in the creation and implementation of strategies and interventions intended to manage and prevent the spread of COVID-19 within nursing homes. The toolkit outlines best practices for a variety of subjects ranging from infection control to workforce and staffing. It also provides contact information for organizations who stand ready to assist with the unique challenges posed by caring for individuals in long-term care settings. Each state was involved in the creation of this toolkit, resulting in a robust resource that may be leveraged by a variety of entities serving this vulnerable population.

Additionally, CMS has contracted with 12 Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) to work with providers, community partners, beneficiaries and caregivers on data-driven quality improvement initiatives designed to improve the quality of care for beneficiaries across the United States. The QIN-QIOs

are reaching out to nursing homes across the country to provide virtual technical assistance for homes that have an opportunity for improvement based on an analysis of previous citations for infection control deficiencies using publicly available data found on Nursing Home Compare.

New CMS Blanket Waivers

New CMS blanket waiver (4/30/20): <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

Paid Feeding Assistants. (New since 4/30 Release) CMS is modifying the requirements at 42 CFR §§ 483.60(h)(1)(i) and 483.160(a) regarding required training of paid feeding assistants. Specifically, CMS is modifying the minimum timeframe requirements in these sections, which require this training to be a minimum of 8 hours. CMS is modifying to allow that the training can be a minimum of 1 hour in length. CMS is not waiving any other requirements under 42 CFR §483.60(h) related to paid feeding assistants or the required training content at 42 CFR §483.160(a)(1)-(8), which contains infection control training and other elements. Additionally, CMS is also not waiving or modifying the requirements at 42 CFR §483.60(h)(2)(i), which requires that a feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).

Specific Life Safety Code (LSC) for Multiple Providers - Waiver Information: (New since 4/30 Release)

<https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>

CMS is waiving and modifying particular waivers under 42 CFR §482.41(b) for hospitals; §485.623(c) for CAHs; §418.110(d) for inpatient hospice; §483.470(j) for ICF/IIDs and §483.90(a) for SNF/NFs. Specifically, CMS is modifying these requirements as follows:

- Alcohol-based Hand-Rub (ABHR) Dispensers: We are waiving the prescriptive requirements for the placement of alcohol based hand rub (ABHR) dispensers for use by staff and others due to the need for the increased use of ABHR in infection control. However, ABHRs contain ethyl alcohol, which is considered a flammable liquid, and there are restrictions on the storage and location of the containers. This includes restricting access by certain patient/resident population to prevent accidental ingestion. Due to the increased fire risk for bulk containers (over five gallons) those will still need to be stored in a protected hazardous materials area.

Refer to: 2012 LSC, sections 18/19.3.2.6. In addition, facilities should continue to protect ABHR dispensers against inappropriate use as required by 42 CFR §482.41(b)(7) for hospitals; §485.623(c)(5) for CAHs; §418.110(d)(4) for inpatient hospice; §483.470(j)(5)(ii) for ICF/IIDs and §483.90(a)(4) for SNF/NFs.

- Fire Drills: Due to the inadvisability of quarterly fire drills that move and mass staff together, we will instead permit a documented orientation training program related to the current fire plan, which considers current facility conditions. The training will instruct employees, including existing, new or temporary employees, on their current duties, life safety procedures and the fire protection devices in their assigned area.

Refer to: 2012 LSC, sections 18/19.7.1.6.

- Temporary Construction: CMS is waiving requirements that would otherwise not permit temporary walls and barriers between patients

Refer to: 2012 LSC, sections 18/19.3.3.2.

Intermediate Care Facility for Individuals with Intellectual Disabilities

- Staffing Flexibilities. CMS is waiving the requirements at 42 CFR §483.430(c)(4), which requires the facility to provide sufficient Direct Support Staff (DSS) so that Direct Care Staff (DCS) are not required to perform support services that interfere with direct client care. DSS perform activities such as cleaning of the facility, cooking, and laundry services. DSC perform activities such as teaching clients appropriate hygiene, budgeting, or effective communication and socialization skills. During the time of this waiver, DCS may be needed to conduct some of the activities normally performed by the DSS. This will allow facilities to adjust staffing patterns, while maintaining the minimum staffing ratios required at §483.430(d)(3).
- Suspension of Community Outings. CMS is waiving the requirements at 42 CFR §483.420(a)(11) which requires clients have the opportunity to participate in social, religious, and community group activities. The federal and/or state emergency restrictions will dictate the level of restriction from the community based on whether it is for social, religious, or medical purposes. States may have also imposed more restrictive limitations. CMS is authorizing the facility to implement social distancing precautions with respect to on and off campus movement. State and Federal restrictive measures should be made in the context of competent, person-centered planning for each client.
- Suspend Mandatory Training Requirements. CMS is waiving, in-part, the requirements at 42 CFR §483.430(e)(1) related to routine staff training programs unrelated to the public health emergency. CMS is not waiving 42 CFR §483.430(e)(2)-(4) which requires focusing on the clients' developmental, behavioral and health needs and being able to demonstrate skills related to interventions for inappropriate behavior and implementing individual plans. We are not waiving these requirements as we believe the staff ability to develop and implement the skills necessary to effectively address clients'

developmental, behavioral and health needs are essential functions for an ICF/IID. CMS is also not waiving initial training for new staff hires or training for staff around prevention and care for the infection control of COVID-19. It is critical that new staff gain the necessary skills and understanding of how to effectively perform their role as they work with this complex client population and that staff understand how to prevent and care for clients with COVID-19.

- **Modification of Adult Training Programs and Active Treatment.** CMS recognizes that during the public health emergency, active treatment will need to be modified. The requirements at 42 CFR §483.440(a)(1) require that each client must receive a continuous active treatment program, which includes consistent implementation of a program of specialized and generic training, treatment, health services and related services.

CMS is waiving those components of beneficiaries' active treatment programs and training that would violate current state and local requirements for social distancing, staying at home, and traveling for essential services only. For example, although day habilitation programs and supported employment are important opportunities for training and socialization of clients at intermediate care facilities for individuals with developmental disabilities, these programs pose too high of a risk to staff and clients for exposure to a person with suspected or confirmed COVID-19. In accordance with §483.440(c)(1), any modification to a client's Individual Program Plan (IPP) in response to treatment changes associated with the COVID-19 crisis requires the approval of the interdisciplinary team. For facilities that have interdisciplinary team members who are unavailable due to the COVID-19, CMS would allow for a retroactive review of the IPP under 483.440(f)(2) in order to allow IPPs to receive modifications as necessary based on the impact of the COVID-19 crisis

Considerations for Memory Care Units in Long-term Care Facilities

CDC Infection Prevention and Control (IPC) Guidance for Memory Care Units

Infection prevention strategies to prevent the spread of COVID-19 are especially challenging to implement in dedicated memory care units where numerous residents with cognitive impairment reside together.

Healthcare personnel (HCP) working in memory care units in long-term care facilities including nursing homes, skilled nursing facilities, and assisted living facilities should follow the IPC guidance for those specific settings, which are considered supplemental guidance to the Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings.

As it may be challenging to restrict residents to their rooms, implement universal use of eye protection and N95 or other respirators (or facemasks if respirators are not

[available](#)) for all personnel when on the unit to address potential for encountering a wandering resident who might have COVID-19.

Consider potential risks and benefits of moving residents out of the memory care unit to a [designated COVID-19 care unit](#).

- Moving residents with confirmed COVID-19 to a designated COVID-19 care unit can help to decrease the exposure risk of residents and HCP; however,
 - Moving residents with cognitive impairment to new locations within the facility may cause disorientation, anger, and agitation as well as increase risks for other safety concerns such as falls or wandering.
 - Additionally, at the time a resident with COVID-19 or asymptomatic COVID infection has been identified, other residents and personnel on the unit may have already been exposed or infected, and [additional testing may be needed](#).
 - Facilities may determine that it is safer to maintain care of residents with COVID-19 on the memory unit with dedicated personnel.
- If residents with COVID-19 will be moved from the memory care unit
 - Provide information about the move to residents and be prepared to repeat that information as appropriate.
 - Prepare personnel on the receiving unit about the habits and schedule of the person with dementia and try to duplicate it as much as possible.
 - Move familiar objects into the space before introducing the new space to the resident. Familiar objects such as favorite decorations or pictures can help make the person feel more comfortable; this applies to their new surroundings as well if residents are moved to new spaces

Healthcare Infection Prevention and Control FAQs for COVID-19 (Updated 5/11/20)

CDC included an [updated FAQ document](#) that contains helpful information for all facility types who are caring for residents/clientele with behavioral issues. The FAQ provides examples of challenges, and possible solutions, related to implementing recommended infection control guidance with residents who experience behavioral issues.

Who is this for: Healthcare personnel who may care for patients who are confirmed with or under investigation for COVID-19.

What is it for: This creates FAQs to support the existing [Healthcare Infection Prevention and Control Guidance for COVID-19](#).

Save the Date! Telligen's Post-Acute Care Conference Call

Join Telligen's Post-Acute Care Collaborative Office Hours, Wednesday, May 20, 2020 from 11:00 am-11:30 am.

This interactive session will feature special guest speakers, Dr. Steven Crawford and Dr. Dan Duffy, sharing what the clinician leadership of the Oklahoma Primary Healthcare Improvement Cooperative have learned the past four weeks from clinician weekly round-tables to understand the issues practices are experiencing and providing help in answering their questions.

Dr. Steven Crawford is the Senior Associate Dean and Director for Healthcare Innovation and Policy at the University of Oklahoma's College of Medicine. He is a Professor of Family and Preventive Medicine and the former Chair of the OU College of Medicine's Department of Family and Preventive Medicine.

Dr. Dan Duffy is an internal medicine and medical informatics physician from the OU-TU School of Community Medicine, where he served as Dean and holds the Steve Landgarten Chair of Medical Leadership. Since 2015, he has been the Principal Investigator of the Agency for Healthcare Research and Quality's EvidenceNow Healthy Hearts for Oklahoma research project and Co-Director of the Oklahoma Healthcare Improvement Cooperative.

Dr. Christine LaRocca, Medical Director for Telligen will be joining the Q & A to help answer participants' questions.

[Register](#) in advance for this meeting: After registering, you will receive a confirmation email containing information about joining the meeting. Please save to your calendar as the Meeting ID and Password information will be included.

CMS Letter to Nursing Home Facility Management and Staff

On May 11, CMS Administrator Seema Verma penned a [letter](#) to nursing home management and staff. Administrator Verma shared her gratitude for the unwavering dedication and commitment of nursing home management and staff in keeping residents safe and for continuing to compassionately care for those who rely on them during this unprecedented time. The letter also provides links to previously shared infection control resources.

OSDH would also like to thank you for all you do in caring for our nursing home residents!

Do you have MDS or OASIS questions?
Contact the QIES Help Desk at (405) 271-5278
MDShelp@health.ok.gov or OASIShelp@health.ok.gov

Your Oklahoma QIES Help Desk team -

Diane Henry, State RAI Coordinator
Wanda Roberts, State Automation Coordinator
Holly Murphy, RN Consultant
Danita Leyndyke, Administrative Assistant



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