

COVID-19 Guidance and Updates for Nursing Homes and Adult Care Homes

Presented by:

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Sedgwick County Health Department
November 03, 2020



Today's presentation is being recorded.

Recording will be available at:

https://www.sedgwickcounty.org/covid-19/covid-19-guidance-for-long-term-carefacilities/



Annette Graham, Executive Director Central Plains Area Agency on Aging Kaylee Hervey, Epidemiology Program Manager Sedgwick County Health Department Cody Charvat, KCEM, Operations Officer Sedgwick County Emergency Management



- Introductions
- Questions & Discussion
- Monthly Updates
- COVID-19 Updates/Services (Testing [NP/Saliva])
- CMS Testing/Reporting Requirements
- COVID-19 Vaccine Partnership Program
- EOC KDEM/SCHD (PPE Stopgap Program and N95 Decontamination)
- Emergency Public Health Order
 - Sedgwick County Phase 2/Metrics
- CMS/KDADS Compassionate Care, Indoor, Outdoor, Window Visitation
- Q & A with presenters/resources



Questions & Discussion

Following the presentation, everyone will have an opportunity for comments, conversations and Q/A.

Please submit your questions to the chat box.



Monthly Meetings

This forum allows Sedgwick County to:

- Provide updates
- Maintain ongoing contact
- Be responsive to needs of Nursing Homes and Adult Care Homes

Partners are invited to submit topics ideas/best practices for monthly meetings.

Next meeting is scheduled for: December 08, 2020



COVID-19 Update



COVID-19 Updates

- **9,297,353** cases in United States (JH / 11-03-2020)
- **89,227** cases in Kansas (KDHE / 11-02-2020)
- **12,671** cases in Sedgwick County (sc DB / 11-02-2020)
- 133 deaths in Sedgwick County (SC DB / 11-02-2020)

40 total adult care home clusters and 416 active cases



TESTING



CMS - Nursing Facility Testing

CMS requires skilled nursing facilities to test staff and residents.

KDADS guidance issued October 27, 2020, requires nursing facilities to begin using the two-week county positivity rate published by Kansas Department of Health and Environment (KDHE) at: https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas

The testing positivity rate by county is found by clicking the box labeled:
 Nursing Home Metrics.



CMS Nursing Facility Testing -

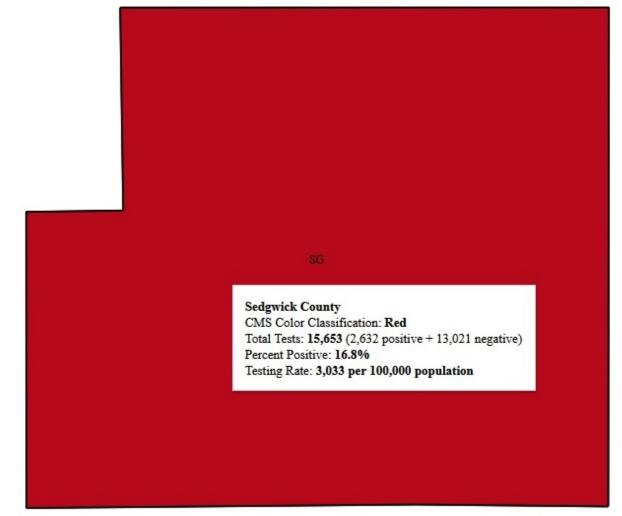
Kansas Department of Health and

Environment Positivity Rate: 16.8 %

https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas

Rolling 14-Day Period:

Starting October 18, 2020 and Ending October 31, 2020





CMS Final Rule on Nursing Facility Testing

Interim Final Rule (IFC), **CMS-3401-IFC**, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool:

https://www.cms.gov/files/document/qso-20-38-nh.pdf



CMS Final Rule on Nursing Facility Testing

CDC Guidance for SARS-CoV-2 Point-of-Care (POC) Testing

https://www.cdc.gov/coronavirus/2019-ncov/lab/point-of-care-testing.html

- Regulatory Requirements for POC Testing
- Who can do POC testing? Sites that perform POC testing are required to have a Clinical Laboratory Improvement Amendments (CLIA) certificate.



SCHD will provide NP swabs and/or saliva testing per CMS guidelines.

KDHE opened new reporting portal for mandated facilities via BINEX rapid test. [https://diseasereporting.kdhe.ks.gov/]

If facility is CMS funded and if test is positive, then individual must be NP tested within **48 hours**.



SCHD Nasopharyngeal Specimen (NP) **Testing** for **Adult Care Homes**



Sedgwick County residents with or without symptoms can be tested at no cost by calling **316-660-1022** to schedule an appointment.

Adult care home staff can be tested weekly through SCHD by dialing **316-660-1022** for an appointment.

If staff or resident tests positive, other staff and residents in the facility should be tested per SCHD and KDHE recommendations.

Test results can take **4-6** business days for SCHD result.



SCHD Saliva Testing for Nursing Facilities



Saliva testing at Clinical Reference Laboratory (CRL) Step 1 registration at CRL via this link:

https://www.surveygizmo.com/s3/5833896/LTC-Reg-Form



CMS Reporting Requirements for Nursing Homes



Nursing Home CMS Reporting Requirements

All testing results are required to be reported.

• All **point-of-care** and **send out specimens** are <u>required</u> to be reported via the KDHE new reporting portal:

https://diseasereporting.kdhe.ks.gov/

KDHE reports to CMS are sent on behalf of Nursing Homes.

All results are available to local health departments.

Facilities with questions may contact KDHE at:

kdhe.EpiHotline@ks.gov



COVID-19 Vaccine Pharmacy Partnership



COVID-19 Vaccine Pharmacy Partnership

If interested in participating pharmacy partnership, LTCFs should sign up (or opt out) starting October 19. The registration portal will remain open though November 6.

- Skilled nursing facilities (SNFs) will make their selection through the National Healthcare Safety Network (NHSN) (https://www.cdc.gov/nhsn/index.html). An "alert" will be incorporated into the NHSN LTCF COVID-19 module to guide users to the form.
- Adult care homes (ACHs) will make their selection via an online REDcap (https://redcap.link/ltcf) sign-up form.



COVID-19 Vaccine Pharmacy Partnership

Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination https://www.kdads.ks.gov/docs/default-source/covid-19/ach-data/vaccination/program-overview.pdf?sfvrsn=bdbe01ee_2

Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination — FAQ https://www.kdads.ks.gov/docs/default-source/covid-19/ach-data/vaccination/faq---pharmacy-partnership-for-ltc-program.pdf?sfvrsn=bebe01ee_2

For questions about the Pharmacy Partnership for Long-term Care Program, please contact eocevent494@cdc.gov.



COVID-19 Vaccine Pharmacy Partnership

SCHD will be contacting facilities to determine those facilities that signed up to participate in the COVID-19 vaccine pharmacy partnership.

SCHD appreciates your response and cooperation in assisting with our collecting and planning efforts.



REQUESTING and ORDERING PPE and N95 Respirator Decontamination Process



Facilities licensed by Kansas Department for Aging and Disability Services (KDADS) may request/order PPE through the Kansas Division of Emergency Management (KDEM)
Business PPE Stopgap Program.

| nursing facility | nursing facility for mental health |
|--|--|
| assisted living facility | residential healthcare facility |
| home plus | intermediate care facility for people with intellectual disability |
| adult day care facility | boarding care home |



COVID-19 PPE Services

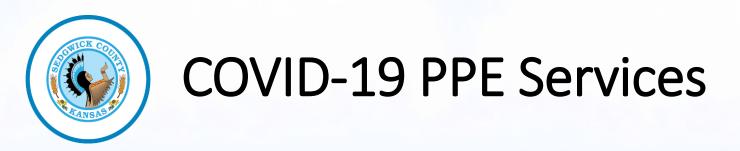
Before ordering PPE from **KDEM**, facility must try to order direct from vendor(s).

If unable to purchase due to shipping delay or out of stock, facility can order through **KDEM Business PPE Stopgap** application:

https://kdem.kansasgis.org/businessPPE

KDEM requires evidence of unsuccessful PPE order.

- Attach "Proof of Denial" documentation indicating your facility unsuccessfully attempted to order PPE from other vendors.
- Documentation includes copies of purchase orders, invoices or remittances and states PPE is delayed or on back order.



Important Exception:

Private business or organization with immediate need of PPE for emergency life-safety measures will still be able to order those supplies through **KDEM** normal channels:

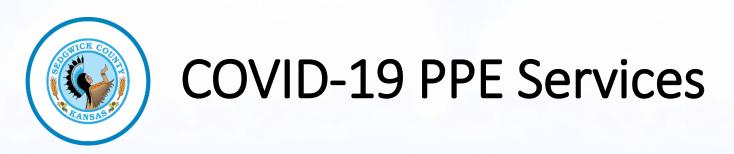
- Fill out the resource request form
- Send form to KDEM Logistics team
- Include explanation of urgent circumstances



COVID-19 PPE Services

PPE supported through the **PPE Stopgap Program** include:

- Masks and face shields
- Gowns and coveralls
- Other PPE-related requirements, such as gloves



First responders and government agencies continue to order PPE through Sedgwick County Emergency Operations Center (SC EOC)

Direct questions to:

KDEM (use email at the end of the PPE Stopgap Program application)

SC EOC: logistics@Sedgwick.gov



COVID-19 N95 Decontamination Services

N95 Respirator Decontamination Program:

Healthcare facilities submit N95 Respirator decontamination services directly to Battelle:

https://www.battelle.org/gf/ccds-client-logistics

Participation in this program is still at "no cost" to facilities.



COVID-19 N95 Decontamination Services

FEMA allows N95 respirators to be decontaminated as one measure of maintaining PPE supplies.

- N95 respirators must be free of visual soiling / contamination or they cannot be decontaminated and will be discarded.
 - Must be free from blood, bodily fluids and makeup
- Facility should consider developing usage policy. Consider the following to facilitate decontamination:
 - o Keep N95 respirator as clean as possible to facilitate decontamination.
 - o Prohibit staff from wearing makeup while wearing N95 Respirators to prevent contamination.



Emergency Public Health Order

Emergency Public Health Order of the Sedgwick County Local Health Officer – Individuals and Organizations are Required to Comply

Effective: October 22, 2020, 12:01 AM

Effective through: December 09, 2020, 11:59 PM



Emergency Public Health Order

Revised to further reduce the spread of COVID-19.

Some points in the Order include:

- Residents are still required to wear face coverings or masks in public spaces, inside and outside.
- The definition of "mask or other face covering" does not include a covering that is equipped with a one-way valve or vent through which air can be exhaled.
- Exemptions are included in the document.



Emergency Public Health Order

The Order allows groups **15** or fewer individuals.

- Individuals should generally maintain **6 feet** of distance from one another.
- However, where individuals known to each other and are in one place and unable to maintain social distancing, individuals may gather in closer proximity in groups of not more than 15 people.
- Individuals are required to wear a mask within public gatherings.



Emergency Public Health Order

The Order does not limit visitation to a cap of 15 people.

- Instead, groups of 15 or fewer individuals must be located at least 6 feet in all directions from other groups of 15 or fewer individuals.
- In essence, each group would have a "bubble" of 6 feet in all directions between their group and another group.



Emergency Public Health Order

The Order adopts Phase 2.

 Determination of phase considers Sedgwick County positivity rate and other metrics.

The complete Order can be read at:

https://www.sedgwickcounty.org/covid-19/local-orders/



Sedgwick County is in Phase 2



Sedgwick County Phase 2

Metrics place Sedgwick County in Phase 2

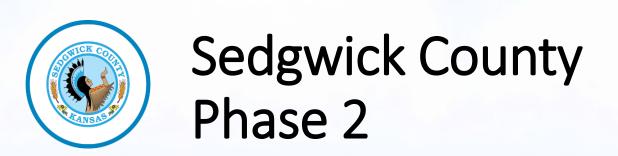
Percent Positive 19.2%

| Recovery Metrics | Two- week Trend | Baseline before Ad Astra | | Ad Astra Phase 1 | | Ad Astra Phas e 1.5 | Ad Astra Phase 2* | | | Ad Astra Phase 3 | | Ad Astra Phase 2* | | | | | | | | | | |
|--|-----------------------|--------------------------------|-----------------------------|----------------------------|------------------------------|---------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|-----------------------------|----------------------------|-----------------------------|------------------------------|------------------------------|-------------------------------|--------------------------------|---------------------------------|--|--|
| | | Week 1 (4/19- 4/25) | Week 2 (4/26- 5/2) | Week 1 (5/3- 5/9) | Week 2 (5/10- 5/16) | Week 1 (5/17- 5/23) | Week 1 (5/24- 5/30) | Week 2 (5/31- 6/06) | Week 6 (6/28- 7/4) | Week 7 (7/5- 7/11) | Week 1 (7/12- 7/18) | Week 2 (7/19- 7/25) | Week 1 (7/26- 8/1) | Week 2 (8/2- 8/8) | Week 7 (9/6- 9/12) | Week 8 (9/13- 9/19) | Week 9 (9/20- 9/26) | Week 10 (9/27- 10/3) | Week 11 (10/4- 10/10) | Week 12 (10/11- 10/17) | Week 13 Numbers Subject to change {10/18- 10/24} | Week 14 Numbers Subject to change (10/25- 10/31) |
| New Deaths | Stable | 5 | 5 | 7 | 3 | 2 | 0 | 2 | 2 | 2 | 3 | 6 | 7 | 10 | 8 | 5 | 5 | 5 | 3 | 4 | 3 | 3 |
| New COVID-19 Hospital Admissions [†] | - | | - | - | 5) | - | | - | | - | - | - | 75 | | 199 | - | - | -/- | 20-7 | - | - | - |
| New Cases per 100,000 SG Residents | Increasing | 16.9 | 17.9 | 7.8 | 12.3 | 6.2 | 8.8 | 14.2 | 87.0 | 126.0 | 133.4 | 145.4 | 120.9 | 118.4 | 55.9 | 73.0 | 85.3 | 83.7 | 104.7 | 131.0 | 186.1 | 227.2 |
| New Cases | Increasing | 87 | 92 | 40 | 63 | 32 | 45 | 73 | 447 | 647 | 685 | 747 | 621 | 608 | 287 | 375 | 438 | 430 | 538 | 673 | 956 | 1167 |
| New Non-Cluster Cases | Increasing | 32 | 43 | 29 | 9 | 30 | 45 | 50 | 430 | 627 | 652 | 687 | 558 | 472 | 265 | 344 | 387 | 401 | 489 | 657 | 939 | 1155 |
| New Community Disease*** Cases | Increasing | 45 | 56 | 33 | 17 | 31 | 45 | 51 | 445 | 645 | 666 | 725 | 579 | 488 | 278 | 366 | 435 | 417 | 507 | 671 | 949 | 1164 |
| New Community Disease*** Cases per 100,000 SG Residents | Increasing | 8.8 | 10.9 | 6.4 | 3.3 | 6.0 | 8.8 | 9.9 | 86.6 | 125.6 | 129.7 | 141.2 | 112.7 | 95.0 | 54.1 | 71.3 | 84.7 | 81.2 | 98.7 | 130.6 | 184.8 | 226.6 |
| New Tests | Stable | 972 | 1205 | 2210 | 2918 | 3170 | 2364 | 2367 | 5621 | 5331 | 5356 | 5537 | 5701 | 5526 | 6131 | 7309 | 8474 | 7702 | 7320 | 7267 | 7621 | 6079 |
| New Tests per 100,000 SG Residents | Stable | 190 | 235 | 430 | 568 | 617 | 460 | 461 | 1094 | 1038 | 1043 | 1078 | 1110 | 1076 | 1194 | 1423 | 1650 | 1500 | 1425 | 1415 | 1484 | 1184 |
| New Cases Percent Positive (New case/New Tests) | Increasing | 9.0% | 7.6% | 1.8% | 2.2% | 1.0% | 1.9% | 3.1% | 8.0% | 12.1 % | 12.8 % | 13.5 % | 10.9 % | 11.0 % | 4.7% | 5.1% | 5.2% | 5.6% | 7.3% | 9.3% | 12.5% | 19.2% |
| New Community Disease Percent Positive (community disease/new test) | Increasing | 4.6% | 4.6% | 1.5% | 0.6% | 1.0% | 1.9% | 2.2% | 7.9% | 12.1 % | 12.4 % | 13.1 % | 10.2 % | 8.8% | 4.5% | 5.0% | 5.1% | 5.4% | 6.9% | 9.2% | 12.5% | 19.1% |

^{*} Weeks 3 through 5 from Ad Astra Phase 2 (May-July) and Week 3 through Week 6 from Ad Astra Phase 2 (July-October) due to space constraints **Due to lag in reporting, positive tests and COVID-19 deaths from these weeks were added on 11/2.

^{***}Community disease excludes contained cluster cases (i.e., long-term care and correctional facility residents).

† Hospital admission data are under review and will be updated soon.



The Sedgwick County metrics are updated weekly and available on the Sedgwick County COVID-19 Resource website at:

COVID-19 Metrics: https://www.sedgwickcounty.org/covid-19/covid-19-metrics/



Updates on Visitation

Annette Graham, Executive Director, Central Plains Area Agency on Aging will present updates on visitation.



KDADS previously instructed facilities to use **KDHE's** school gating metrics in guidance on 09/23/2020.

KDADS has amended those instructions to reflect that facilities should use the **two-week county positivity rate published by KDHE**. This information is available at:

https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas

KDADS advises adult care homes to utilize the KDHE positivity rate when making facility re-opening and visitation plans.



KDADS - Visitation Guidance for Long-term Care Settings

Guidelines for all long-term care settings, including: nursing facility, assisted living, board care home, home plus, residential health care facilities.

Types of visitation:

- Compassionate Care
- Indoor
- Outdoor
- Window

https://www.kdads.ks.gov/images/default-source/ach-covid/new-visitation-guidelines-what-to-expect-now.jpg?sfvrsn=185101ee_0



- Guide for family members and residents on what to expect when visiting
- Visitation according to facilities' environment and residents' needs
- Follow strict protocols on reducing risk and preventing spread of COVID-19.

New Nursing Facility Visitation Guidelines:

What to Expect When You Visit

A guide for rendents and families as nursing jacilities in Kanses. baplement new guidance for visituation released September 17. 2020, by the Certiers for Medicare and Medicald Services in address psychocochal s.voda.

Communication is Kev.

Your layed one has the right to visitors. The facility can limit absect to protect your leved. one and other residents. This balance is difficult, requiring diose dooperation between families and friends of residents. and the facility administrators.



Call ahead and talk to the administration of the facility. where your loved one lives:

- · Ask about their plan to reoper to via tora.
- What kind at visits can. happen and how - indoor. outdoor?

Visit Protocols.

Visitation can be conducted differently based on the facility's environment and residents' needs. For example, visita could teke place in resident rooms, declicated visitation abases, butdoors, and for circumstances beyond compossionate care situations. Regardless of how visits are conducted, there are contain core principles and best proctices facilities should implement to reduce the risk of COV D-19 transmission, such as:

- Screening visitors for signs and symptoms of CCV D-I9. (temperature checks, questions about symptoms) and denial of entry for those with signs or symptoms.
- Fand hygiens
- Face covering or mask.
- Social distancing at least 6 'eet betrieen persons.
- Aponomiate staff use of personal protective. eduipment (PPF).
- Resident and staff testing as required by CMS. guidelines



Outdoor Visits.

While taking a person-centered approach and adhering to the core principles of CCVID-19. infection prevention, CMS prefers nutrion visitation that can be conducted in a manner that reduces the risk of transmission. whenever cractical. Outdoor visits pose a lawer risk of transmission. due to increased apace and

Indoor Visits.

Facilities in claunties with low connection positivity. rates (10% or less) should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following

- No new onset of COV D-19 cases in the facility in. the last 14 days and not currently conducting outbrock testing
- Vialters are able to achieve to core principles and. stalt are monitoring for these who have difficulty. adhering to core principles, such as onlidren
- Limit the number of visitors per resident at one time and limit the total number of visitors in the facility at one time (based on the size of the building and physical space)
- · Limit movement in the facility

Compassionate Care Visits.

Allowing a visit in these situations would be consistent. with the intent of compassionate care situations:

- . A recently admitted resident who was I ving with their family before is atruggling with the change in environment and lack of physical family support.
- A resident who is grioving after a friend or family. member recently passed away
- A resident who needs dueing and encouragement. with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight. less or dehydration
- A resident who used to talk and interact with in hers, is experiencing continuel distress, subsort speaking, or crying more free nearly









Visitation incorporates person-centered approach and adheres to core principles of COVID-19 infection prevention.

- Outdoor/Window pose lower risk of transmission due to increased space and airflow
- Indoor occurs in facilities with low to medium county positivity rate and includes visits beyond compassionate care



Outdoor visitations allowed with all precautions even during high county positivity rate:

- Screen all visitors for symptoms of COVID-19
- Residents and visitors wear a cloth face covering or facemask for the duration of their visit
- Practice social distancing
- Perform hand hygiene (e.g., use alcohol-based hand rub upon entry)



For outdoor/window visits:

- Conduct in manner to reduce COVID-19 transmission and increase prevention measures
- Provide sufficient space



For indoor Compassionate Care visits, during any phase, facilities determine when Compassionate Care visits are appropriate, which includes, but is not limited to:

- The resident is in hospice care.
- The resident's illness/disease is worsening or life threatening.
- The resident is exhibiting significant decline physically or mentally.
- The resident is withdrawing, no longer eating, showing signs of significant depression as a result of loss of contact with family members.



Per CMS, when county positivity rates exceed **10%**, indoor visitations are not allowed except for Compassionate Care.



Visitors with subsequent illness within **7 days** of the visit should report their illness to the nursing facility and/or the adult care home and to the Sedgwick County Health Department.



Healthcare resources facilities should review

• CMS guidance that mandates nursing facilities (includes nursing homes) to provide for visitation - (QSO-20-39-NH) on September 17, 2020:

https://www.cms.gov/files/document/qso-20-39-nh.pdf

• KDADS - Visitation Guidance for Long Term Care Settings (includes: Assisted Living, Board Care Home, Home Plus, Nursing Facility and Residential Health Care Facilities):

https://www.kdads.ks.gov/docs/default-source/covid-19/hoc/visitation-guidance-for-long-term-care-settings.pdf?sfvrsn=cdbc01ee_2



RESOURCES



Centers for Disease Control and Prevention https://www.cdc.gov/coronavirus/2019-nCoV/index.html

Centers for Medicare & Medicaid Services Coronavirus

https://www.cms.gov/medicare/quality-safety-oversight-general-information/coronavirus

Kansas Department of Health and Environment http://www.kdheks.gov/coronavirus/

Kansas Department of Emergency Management https://www.cpaaa.org/coronavirus-resources

Sedgwick County Health Department https://www.sedgwickcounty.org/

Central Plains Area Agency on Aging https://www.cpaaa.org/coronavirus-resources

Strategies to Mitigate Healthcare Personnel Staffing Shortages https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

Strategies for Managing a Surge in Healthcare Provider Demand https://files.asprtracie.hhs.gov/documents/healthcare-workforce-strategies-for-managing-a-surge-in-healthcare-provider-demand.pdf



Past webinars presented to Long-Term Care Facilities and Adult Care Homes may be viewed on the *Sedgwick County COVID-19 Resource webpage*:

https://www.sedgwickcounty.org/covid-19/covid-19-guidance-for-long-term-care-facilities/



Facilities having follow-up questions or comments may email them to:

Susan Lee

Information and Guidance Branch Coordinator - COVID-19

Sedgwick County Health Department

Susan.Lee@sedgwick.gov



This concludes today's presentation. Thank you for participating.

Next is Q&A



Participants' questions asked in the chat box will be answered by presenters.

Next Webinar: December 8, 2020