Long Term Care Call 3.3.21

This call is not intended for the press or for reporting purposes.
Visitation -  
guidance based on the Center for Medicare and Medicaid Services (CMS) revised 
guidance September 17, 2020 (QSO-20-39-NH)

• Facilities **must** have a plan with policies and procedures in place to ensure person-centered visitation is reasonably allowed.

• Visitation may occur safely and based on the community (county) test positivity rate, the absence of COVID-19 within the facility, and the core principles of COVID-19 infection prevention.

• DOH Staff will conduct a visitation phone survey.

• Lack of visitation in a facility without adequate reasoning may indicate a Resident Rights concern.

• **State of South Dakota Back to Normal Long-Term Care Reopening Plan** - Revised September 25, 2020

• The guidance represents reasonable ways a NH and ALC can facilitate in-person visitation.

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Percent Positive and Tests in prior 14 days:

<table>
<thead>
<tr>
<th>Counties</th>
<th>Test Positivity Rate</th>
<th>2 X Weekly Test Positivity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clive County, SD</td>
<td>Green Monthly</td>
<td>38</td>
</tr>
<tr>
<td>Clinton County, SD</td>
<td>Yellow Weekly</td>
<td>27</td>
</tr>
<tr>
<td>Cleveland County, SD</td>
<td>Red 2 X Weekly</td>
<td>1</td>
</tr>
</tbody>
</table>

Data.CMS.gov
Data from February 11-February 24

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Community (County)
Test Positivity Rate

- **Low (<5%)** = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)

- **Medium (5% – 10%)** = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)

- **High (>10%)** = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies

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While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

- A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support.
- A resident who is grieving after a friend or family member recently passed away.
- A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Allowing a visit in these situations would be consistent with the intent of, “compassionate care situations.” Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident’s needs, such as clergy or lay persons offering religious and spiritual support.

Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.
The Core Principles of COVID-19 Infection Prevention

The Core Principles of COVID-19 Infection Prevention

- **Screening** of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- **Hand hygiene** (use of alcohol-based hand rub is preferred)
- **Face covering or mask** (covering mouth and nose)
- **Social distancing** at least six feet between persons
- **Instructional signage** throughout the facility and proper **visitor education** on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene)
- **Cleaning and disinfecting** high frequency touched surfaces in the facility often, and designated visitation areas after each visit
- Appropriate use of **Personal Protective Equipment (PPE)**
- **Effective cohorting** of residents (e.g., separate areas dedicated COVID-19 care)
- **Resident and staff testing** are accessible

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PPE and BinaxNOW are available to facilitate visitation in LTC

To facilitate visitation please contact:

✓ PPE – email a request form to COVIDResourceRequests@state.sd.us OR call 605.773.3048 and requesting entities must provide information regarding their current facility status.

✓ BinaxNOW Testing Kits - Please send an email to Cindy Koopman-Viergets at Cindy.KoopmanViergets@state.sd.us
✓ Please look at your BinaxNOW expiration dates.
✓ Use kits with the earliest expiration date first.

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Re-admission/ New Admission Guidance - CDC

Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown.

- Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19.
- HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents.
- Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission.
- Testing at the end of this period can be considered to increase certainty that the resident is not infected.


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CMS – qso-20-38-nh – COVID-19 Focused Survey

• Does the facility have a plan (including appropriate placement and PPE use) to manage residents that are new/readmissions under observation, those exposed to COVID-19, and those suspected of COVID-19?

• Are these actions based on national (e.g., CDC), state, or local public health authority recommendations?

Risk for Residents after Community/Medical Visits

Assess risk of visit, and place patient in most appropriate location upon return.

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Risk Assessment Examples

- Georgia Risk Assessment – Page 3
  https://assets.website-files.com/5ead5c72cd1146a4d27183f3/5fbcc832ed56ccca38a9f21d_LTCF%20Holiday%20Guidance_Update%202020.pdf

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PPE

Green zone: Universal masking (this is the well-fitting hospital grade facemask) should be implemented if there is community spread of COVID.
➢ The addition of eye protection for staff working in all patient care zones will be based on community transmission rates.

Using Eye Protection
Use of eye protection is recommended in areas with moderate to substantial community transmission. For areas with minimal to no community transmission, eye protection is considered optional, unless otherwise indicated as part of standard precautions.

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YELLOW or RED Zone (Quarantine or COVID unit)

- **Yellow zone:** You want to use all PPE with this group *as if they have COVID until they prove otherwise* to reduce the risk of spread. **This PPE includes:** gown, gloves, facemask OR respirator (N-95 if available) and eye protections.

- **Red Zone:** Is the same as the yellow zone. As always, N-95 or higher respirator is preferred in the COVID unit.


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