



SOUTH DAKOTA
DEPARTMENT OF HEALTH



Update: NHSN Point of Care Test Result Reporting

On October 19, 2020, HHS updated its reporting guidance to indicate that CMS-certified long-term care facilities are required to use NHSN to meet this reporting requirement. Specifically, the HHS guidance states that:

“CMS-certified long-term care facilities shall submit point-of-care SARS-CoV-2 testing data, including antigen testing data, to CDC’s National Healthcare Safety Network (NHSN). This requirement to submit data to CDC’s NHSN applies only to CMS-certified long-term care facilities. Test data submitted to NHSN will be reported to appropriate state and local health departments using standard electronic laboratory messages. Other types of long-term care facilities may voluntarily report testing data in NHSN for self-tracking or to fulfill state or local reporting requirements, if any.”



Update: NHSN Point of Care Test Result Reporting (continued)

In order to utilize the new pathway to fulfill reporting requirements, nursing homes and other long-term care facilities that are NHSN users will need to upgrade their NHSN Secure Access Management Service (SAMS) from Level 1 to Level 3. CDC is working closely with facilities to assist them in this process. An email invitation from CDC to perform this upgrade will be sent to users.

Alternatively, facilities can email nhsn@cdc.gov with the subject line “Enhancing Data Security” to begin upgrading their SAMS access to use this Pathway. LTCF’s can also refer to the [following link: Increasing LTCF SAMS Level Access to NHSN.](#)

If there are additional questions regarding the NHSN process, please E-mail DOHInfectionControl@state.sd.us



Strategies to Mitigate Healthcare Personnel Staffing Shortages

Develop plans to allow *asymptomatic* HCP who have been *exposed to COVID*, and should quarantine, but are not known to be infected to continue to work:

- These HCP should still report temperature and absence of symptoms each day before starting work.
- These HCP should wear a facemask (for source control) while at work for 14 days. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing.
- If HCP are tested and found to be infected with SARS-CoV-2, they should be excluded from work until they meet all Return to Work Criteria.



Strategies to Mitigate Healthcare Personnel Staffing Shortages

Develop criteria to determine which HCP with *suspected or confirmed* COVID-19 (who are well enough and willing to work) could return to work in a healthcare setting before meeting all Return to Work Criteria—if staff shortages continue despite other mitigation strategies.

- Allow HCP with confirmed COVID to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
- Wear a facemask for source control at all times while in the healthcare facility until they meet the full Return to Work Criteria and all symptoms are completely resolved or at baseline.
- Facemasks should be worn even when they are in non-patient care areas such as breakrooms, as they can expose their coworkers.
- If they must remove their facemask, for example, in order to eat or drink, they should separate themselves from others.
- They should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until the full Return to Work Criteria have been met.
- They should self-monitor for symptoms and seeking re-evaluation from occupational health if respiratory symptoms recur or worsen.

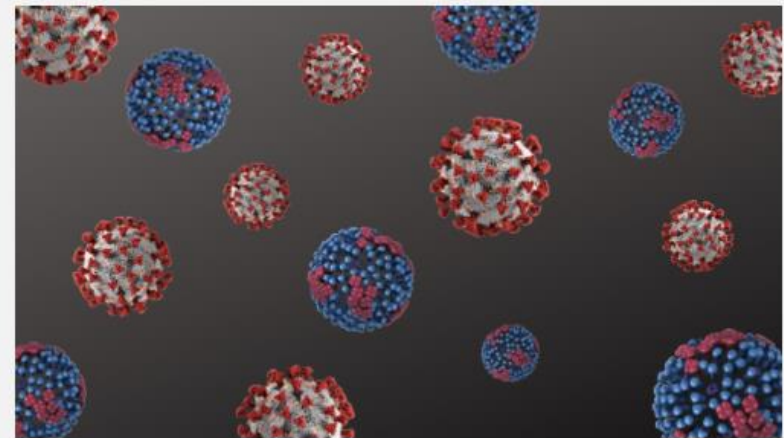
KEY POINTS

Upcoming IP Webinars offered by NETEC



Community Health
Considerations:
Infection Prevention

Wednesday, October 28, 2020 | 1:00 PM EST



Influenza in the Age of
COVID

Friday, October 30, 2020 | 1:00 PM EST

Sign up at: <https://netec.org/>

Long Term Care Coronavirus (COVID-19)

**Residents of long-term care facilities
are among the most vulnerable
during the COVID-19 pandemic.**

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 COVID19 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

Personal Protective Equipment Request Procedures for COVID-19:

Requests for PPE from DOH may be emailed to COVIDResourceRequests@state.sd.us, faxed to **605.773.5942**, or called in to **605.773.3048** to ensure prioritization and coordination of requests.

Staff Testing Frequency & Visitation –

based on the extent of the virus in the community (county)

- County positivity rate
 - **Community Activity Low (<5%)**.
 - **Community Activity Medium (5-10%) week.**
 - **Community Activity High (>10%)**.

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

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

<https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>

<https://doh.sd.gov/news/Coronavirus.aspx>

Visitation during COVID 19 pandemic

CMS has raised concerns, on a national level, there are facilities not complying with visitation memo and visitation requirements.

We all understand psychosocial harm only gets worse and resident rights needs to be upheld.

Facilities should not implement blanket bands on visitation which are not related to the memo.

The CMS memo outlines guidance to the provider to allow for visitation and does require visitation be allowed. The guidelines also outlines the ability of the provider to restrict visitation in some circumstances, but it does not prohibit visitation if the provider can allow for safe visitation. Facilities **may** restrict visitation but **do not have** to restrict visitation.

Compliance – *to meet the intent of the regulations*

- ***Please keep in mind the intent of the regulations and how best to care for residents.***
- Facilities can meet the visitation regulation by revising their policies and procedures (plan) to ensure person-centered visitation is reasonably allowed.
- Facilities can meet the testing requirements using the rapid Point-of-Care (POC) diagnostic testing devices or through an arrangement with an offsite laboratory.
 - The labs of choice may include Avera, LabCorp, Monument, or Sanford.
 - Use the federal funds through the CARES Act to help support your routine testing efforts.
 - The South Dakota Public Health Lab will not conduct routine testing in Nursing Homes.
- ***Documentation is key to show compliance.***