STATEWIDE DON/Nursing Meeting
July 14, 2020

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Today’s Topics

• Missouri Reopening Guidance
• Review Phase 1 and 2
• COVID Accountability Team
• Columbia/Boone County PHHS testing recommendations
• Mitigation efforts remain critically important
• Consideration for quality of life and dignity of residents
• Intended for ALL long term care facilities:
  SNF, NF, ALF & RCF
• Everyone is currently in Phase 1

Released July 9, 2020
3 phase guidance can be found at:

• Compassionate care situations include:
  – End-of-life situations
  – Recent NH admission for resident living with family prior. This change in environment and sudden lack of family may be traumatic experience. Allowing a family member to visit would be consistent with “compassionate care” situation.
  – Allowing someone to visit a resident whose friend, family member recently passed away
  – Proper infection control procedures must be followed including instruction on hand hygiene and limit surfaces touched

Visitation is generally restricted except for compassionate care situations

These visits may extend past end-of-life situations but should not be routine and should be allowed on a limited basis
Outdoor visitation considerations to include:

- Staff/resident cases: No positive cases, length of incubation period since last positive case, symptomatic vs asymptomatic strategies
- Allowing no more than 2 visitors at one time
- Following social distancing guidelines
- Hand hygiene before, after visit
- Wearing of cloth face covering or facemask. Possible partition or barrier if unable to follow
- Visitor screening
- Keeping log of visitors in the event of subsequent positive cases
- Sanitizing outdoor areas between each and every visit

https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus

Released June 15, 2020

Allowance for outdoor visits and visits through an open window for residents who are bedbound or who cannot otherwise leave their room

Each facility will make the final decision to allow visits
Residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet)

- Hand hygiene
- Use of cloth face covering or facemask while not eating
- Restricting group activities in general but allowance for some activities with social distancing, hand hygiene and masking, as above

Released June 15, 2020

Communal dining and group activities limited for COVID negative or asymptomatic residents only

May consider COVID positive residents following symptomatic/asymptomatic strategies
• **Screening**: 100% screening of all persons entering the facility (including surveyors) and all staff at the beginning of each shift
  – Temperature checks
  – Ensure all persons entering building have cloth face covering or facemask
  – Questionnaire about symptoms and exposure
  – Observation of any signs and symptoms

Ensure documentation and review of information (part of focused survey)
• 100% **screening** of all residents:
  – Temperature checks
  – Questions about and observation for other signs or symptoms of COVID-19 at least daily
  – Monitor for change in condition

• **Universal source control** for **everyone** in the facility. Residents and visitors entering for compassionate care visits wear cloth face covering or facemask

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**ADDITIONAL CONSIDERATIONS**

- Screening
- Resident Screening
- Universal Source Control
- Personal Protective Equipment
- Testing
- Cohorting
• All staff wear appropriate PPE when they are interacting with residents to the extent PPE is available and consistent with CDC guidance on optimization of PPE.

• Staff wear cloth face covering if facemask is not indicated
• **Testing**: Facility-wide testing in accordance with Missouri Interim Guidance for Long term Care Facilities with confirmed COVID-19


• Point prevalence testing is recommended once a COVID-19 positive resident or staff is confirmed

• Consider consultation with local and State public health agencies regarding all decisions on widespread testing and retesting in the facility

• Utilize confirmatory molecular testing (PCR)

• Testing should be used to lead specific infection prevention activities such as decisions for resident cohorting, identifying asymptomatic COVID-19 positive staff for work exclusion, enabling staff to return to work, etc.

• Initial facility-wide testing can help identify positive but asymptomatic or pre-symptomatic staff and residents
Repeat testing may be warranted:

Any resident or staff who develops symptoms consistent with COVID-19

Any residents or staff who previously tested negative at some frequency shortly (e.g. 3 days) after the initial point prevalence survey, and then weekly to detect those with newly developed infections.

Consider retesting until point prevalence studies no longer identify new cases.

Any previously positive resident or staff in order to remove them from isolation or allow them to return to work in the facility

Consider retesting HCP at some frequency based on community prevalence of infections (e.g. once a week)

Options for testing:

Conduct testing through a private lab

Match with a Federally qualified health center.

DHSS staff assist
• Dedicated space in facility for **cohorting** and managing residents
• Plan to manage new/readmissions with an unknown COVID-19 status
• Plan to manage residents who develop symptoms
Phase 2 Guidance

A facility **must** meet the following criteria **before** entering Phase 2:

- No COVID-19 staff or resident cases, or
- It has been 2 incubation periods (28 days total) since the last facility-acquired COVID-19 positive case

- Facility-acquired cases included:
  - All staff positive, and
  - Residents who test positive while residing in the facility

- Facility-acquired does not include:
  - Residents admitted to the facility with a known positive diagnosis, or
  - Residents who tests positive upon admission as part of the facility’s admission criteria, as long as these residents have resided in a designated COVID-19 unit since admission
The facility completes **baseline, facility-wide** testing for **all** residents and staff. Facilities that have completed baseline, facility-wide testing for **all** residents and staff within 14 days of this guidance, (guidance released July 9, 2020), are **not** required to complete another round of baseline testing.

If there were **no** positive test results in the entire facility, additional, on-going, bi-monthly (twice a month or approximately every two weeks), testing of a minimum of ten percent (10%) of staff.

The facility should make every attempt to randomize sampling of staff to be tested, i.e., the same staff should not be tested consecutively, to the extent possible.

Considerations should be given for more expansive testing when conditions in the community indicate a need for increased testing.

Positive test results must be reported to the department (DHSS) through the online reporting portal: [https://health.mo.gov/facilityreporting](https://health.mo.gov/facilityreporting)

Residents and staff who refuse testing should be treated as positive, although this does not prevent a facility from entering Phase 2.
The test should have EUA status and should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity and greater than 90% specificity, with results obtained rapidly (e.g., within 48 hours). Following samples could be used for the PCR testing (the facility must ensure the lab can process the samples in the manner they are collected):


- Antibody testing should not be used for diagnosis of someone with an active SARS-CoV-2 infection.
- Residents or staff who have previously tested positive and are either 14 days from positive test or have had two negative tests 24 hours apart do not need to be retested as part of the reopening testing process.
- If baseline testing or bi-monthly testing results in any positive results for residents or staff, the facility must follow the Missouri Interim Guidance for Long Term Care Facilities with Confirmed COVID-19 https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/ltcf.php and the facility reverts back to Phase 1.
Phase 2 Guidance

- The facility has adequate staffing levels. **
- The facility has adequate supply of PPE to adhere fully to CDC guidance for proper PPE use for infection control as described at https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html **
  ** For Medicare/Medicaid certified facilities, the information needs to be consistent with data reported through NHSN
- There is a downward trend in the number of cases over the past 14 days in the county. For counties with 5 or less cases in the last two weeks, there is no growth in those two weeks. Facilities should consult with their local public health officials and the Department in making this determination.
Phase 2
Considerations: Visitation

- Visits may occur in accordance with the Department’s guidance at: https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/professionals.php#collapseSix

- Limited indoor visits may occur in facility-designated visitor areas that are outside resident rooms and that are easily accessed without visitors traversing through the building.

- Visits in a private resident room may be permitted, upon request and at the facility’s discretion, for bedbound residents or those who, for health reasons, cannot leave their room.

- Compassionate care visits allowed as per Phase 1 following infection control procedures.

- Guidelines for infection control procedures should be in accordance with the Department’s guidance for outdoor visits listed above:

  - Screening
  - Hand hygiene
  - Social distancing
  - Use of facemasks
  - Number of visitors
  - Disinfection between visits
Phase 2 Considerations

- **Essential/Non-Essential HCP:** Allow entry of limited numbers of non-essential healthcare personnel/contractors as determined necessary by the facility (e.g. cosmetologist, ombudsman) with precautions including:
  - Screening
  - Hand hygiene
  - Donning of appropriate PPE as determined by the task
  - Minimum wearing of facemask for duration of their visit
  - Social distancing
Phase 2 Considerations

• Communal dining: No change from Phase 1

• Non-medically Necessary Trips and Group Activities, including outings:
  – No more than 10 people
  – Social distancing among residents
  – Appropriate hand hygiene
  – Use of cloth face covering or facemask

• Medically Necessary Trips, Staff Screening, Resident Screening, Universal Source Control, PPE: No change from Phase 1
Phase 2 Considerations

Testing:
- In addition to baseline testing, residents and staff are tested upon identification of an individual with symptoms consistent with COVID-19.
- The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained rapidly (e.g., within 48 hours).
- Antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection.
- If a resident or staff tests positive, facility-wide testing in accordance with Missouri Interim Guidance for Long Term Care Facilities with Confirmed COVID-19 https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/ltcf.php and **the facility reverts back to Phase 1.

Cohorting: No change from Phase 1
**THINGS TO REMEMBER**

- Information from DHSS is “guidance” not “regulatory”
- Movement through the phases is voluntary
- Required to have adequate staffing levels to advance phases
- Required to have adequate supply of PPE to adhere fully to CDC guidance for proper PPE use for infection control to advance phases
- Contact your local Public Health agency to identify if your city/county is in a downward trajectory for positive COVID-19 cases
- When ordering testing supplies, ensure the swabs and media are compatible with your lab
- A minimum of 4 sets of PPE needed each person performing testing. Need to glove and perform handwashing between residents/staff
CHECKLIST FOR REOPENING OF MISSOURI LONG-TERM CARE FACILITIES

PHASE 1
DHSS guidance can be found at:

Visitation
Visits may occur in accordance with DHSS guidance
Compassionate care situations are not strictly limited to end-of-life situations. Visits may be allowed ensuring
proper infection control procedures are followed in these limited visiting situations:
- Provide instruction on hand hygiene
- Limit surfaces touched
- Visitors must wear a cloth face covering or facemask for the duration of the visit
- Provide PPE according to current facility policy while in resident’s room
- Individuals with fever, other symptoms of COVID-19 or unable to demonstrate proper use of infection
control techniques should be restricted from entry

Essential/Non-Essential HCP
Restricted entry of non-essential healthcare personnel
All healthcare personnel are screened upon entry and additional precautions are taken:
- Hand hygiene
- Donning of appropriate PPE as determined by the task
- Minimum wearing a face mask for the duration of their visit

Communal Dining
Communal dining limited for (COVID-19 negative or asymptomatic residents only), residents may eat in same
room with social distancing
- Limit number of people at tables
Screening must be documented
  o Audits of screening logs completed on (date) ________________ by (name and title)

Resident Screening
  100% screening for all residents:
  □ Temperature checks
  □ Questions about and observation for other signs, symptoms of COVID-19 (at least daily)
  o Audits of resident screenings completed on (date) ________________ by (name and title)

Universal Source Control
  Universal source control for everyone in the facility
  Wearing of cloth face covering or facemask for:
  □ Residents
  □ Visitors entering for compassionate care

Personal Protective Equipment
  □ All staff wear appropriate PPE when interacting with residents (to the extent PPE is available and consistent with CDC guidance on optimization of PPE
  □ Staff wear cloth face covering if face mask not indicated

Testing
  In addition to baseline testing, residents and staff are tested upon identification of an individual with symptoms consistent with COVID-19.

  The test should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR) with greater than (>) 95% sensitivity and greater than (>) 90% specificity, with results obtained rapidly (e.g., within 48 hours).
☐ Dedicated space in facility for cohorting and managing care for residents
☐ Plan to manage new/readmissions with an unknown COVID-19 status
☐ Plan to manage residents who develop symptoms

Compliance

Based on our assessment of our ability to maintain and adhere to the considerations of universal source control, social distancing, resident and visitor screenings and the county trending data, at this time our interdisciplinary Quality Assurance and Performance Improvement Committee has determined we are ☐/are not ☐ moving to Phase 3.

Signature: ________________________________ Date: ________________________________

Quality Assessment and Performance Improvement Team Leader

Notes:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
QIPMO’s COVID Accountability Team (CAT) Facility-Wide Testing and Reopening Guidance for Missouri Long Term Care Facilities: A Phased-In Approach

- 14 page document that includes:
- Summary of phased approach to reopening
- Guidelines for choosing a private lab for testing
- Guidelines for PPE: inventory, burn rate, supply chain, surge strata
- Guidelines for cohorting residents in NH: options, physical environment, staffing, PPE, waivers
- Visitation guidelines
- Policy for testing: baseline with algorithm, methods, specimen handling, documentation, repeat testing
- Resources
It is the policy of ___________________________ to implement the policy for testing SARS-CoV-2 of the staff and residents.

Purpose:

- To rapidly detect asymptomatic positive residents and staff in the nursing home in order to prevent the transmission of COVID-19 in the nursing home.
- The universal testing or the baseline testing prompt the nursing home to develop strategies to establish the comprehensive plan to mitigate the spreading of COVID-19 and manage the care for asymptomatic positive person who contributes to ongoing spread of virus in the facility or on a specific unit.
- The testing policy to satisfy the CMS and DHSS requirements for accessing adequate testing of staff and residents per CMS and CDC guidance.

**DEFINITION**

<table>
<thead>
<tr>
<th>Terminology</th>
<th>Interpretation</th>
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<tbody>
<tr>
<td>Asymptomatic</td>
<td>No signs or symptoms of respiratory or other listed COVID-19</td>
</tr>
<tr>
<td>Symptomatic</td>
<td>New-onset fever, SOB, cough, sore throat, chills, muscle pain, new loss of taste or smell, persistent pain or pressure in the chest, lethargic or for any decrease in pulse oximetry from resident baseline level or any pulse oximetry reading &lt; 92%</td>
</tr>
<tr>
<td>Baseline testing (universal testing)</td>
<td>Baseline testing for asymptomatic resident and staff</td>
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<tr>
<td>Retest</td>
<td>Repeat testing after the first test</td>
</tr>
<tr>
<td>Person under investigation (PUI)</td>
<td>Person who is suspected to have COVID-19</td>
</tr>
<tr>
<td>SARS-CoV-2 test</td>
<td>The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained rapidly</td>
</tr>
<tr>
<td>Other working visitors</td>
<td>People who visit the nursing home frequently or more than weekly, i.e. therapist, hospice, physician, NP, counselors, pastor, volunteers, vendors, consultants</td>
</tr>
<tr>
<td>High risk areas (community risks)</td>
<td>Nursing home settings and multiple positive cases in the surroundings areas</td>
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2020 RE-OPENING OF LONG-TERM CARE IN MISSOURI

On behalf of the University of Missouri’s QIPMO team and MO DHSS... welcome to the launch of the 2020 re-opening of long-term care! The first half of the year has been extremely challenging, arduous, and unfamiliar to all of us; we all had to just jump in feet-first to this whole new, unknown world. Now we all have to adjust to that world. (Any volunteers for tribute?!) Thankfully, we’re in this together.

Most of the SNFs and ICFs know and are familiar with the QIPMO team, and DHSS has asked us to expand our program to aide ALFs and RCFs in re-opening under the State’s guidelines. There are three phases that MO’s LTC facilities will be progressed through in order to ease restrictions in your facilities. You can find the full guidance from MO DHSS here.

The “usual” QIPMO team of nurses and leadership coaches will always be available for assistance, but we’ve added a couple new (and returning!) team members to our new CAT group – the COVID Accountability Team. Please, please feel free to directly contact your “representative“. We’re ready, willing, and want to help!

Below you’ll find the contact information for SNFs and ICFs (you can reach out to your regional QIPMO nurse and/or leadership coach):

- Region 1 – Melody Schrock, Nicky Martin, and/or Mark Francis
- Region 2 – Wendy Boren and/or Nicky Martin
- Regions 3 and 4 – Katy Nguyen and/or Mark Francis
- Regions 5 and 6 – Crystal Plenk, Nicky Martin (6), and/or Libby Youse (5)
- Region 7 – Debbie Pool and/or Nicky Martin

Below you’ll find the contact information for ALFs and RCFs:

- Regions 1 and 2 – Rob Siem
- Regions 3, 4, and 5 – Sharon Thomas
- Regions 6 and 7 – Carol Siem

This does not apply to swing beds – please contact the Department at ???.

• Asking cases to isolate for a minimum of 10 days (plus until 3 days fever-free and symptom improvement has occurred)
• Asking close contacts to quarantine for 14 days
• Recommend testing for all identified close contacts (person spent >15 minutes at < 6 feet without PPE or had direct contact with the case during his/her time of infectiousness, which is considered 48 hours prior to symptom onset or prior to test date if asymptomatic) even if they remain asymptomatic.
• Columbia/Boone County PHHS makes an individual contact, providing an order for the test to be done approximately 7-9 days from their last exposure.

• Waiting until day 7 to perform the test decreases the risk of testing too early and then the contact developing the illness after the test has been completed.

• Asking contacts to remain quarantined for full 14 days even if they get a negative test before the end of the 14-day period—to ensure that no symptoms develop since the incubation period can be up to 14 days.

• If a close contact develops symptoms at any point, they should get tested immediately.
Your QIPMO Nurses

Wendy Boren email: borenw@missouri.edu

Katy Nguyen email: nguyenk@missouri.edu

Crystal Plank email: plankcl@missouri.edu

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Mark Francis email: francismd@missouri.edu

Jessica Mueller: Senior Program/Project Support Coordinator

Ronda Cramer: Project Support

Marilyn Rantz, PhD, RN, FAAN
Curators' Professor Emerita, Project Director
**RESOURCES**

- [www.nursinghomehelp.org](http://www.nursinghomehelp.org) QIPMO's COVID Accountability Team (CAT)
- Ashley Millham, MD Medical Director Columbia/Boone County Public Health & Human Services  Family Physician University of Missouri Department of Family and Community Medicine
Evaluation

- Please take our quick evaluation to assist us in improving our program, offer suggestions for future topics