



# Timeline for COVID-19 Regulations and Guidance

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## Disclaimer

This timeline is a compilation of explanation and links for regulations, guidelines and documents issued throughout the COVID-19 Pandemic. It contains references to various federal and state entities that were involved in directing long-term care facilities during the pandemic. The guideline is to be considered a reference tool and should not be considered all-inclusive of guidance and regulations offered during the pandemic crisis.

### Explanation and Content of Timeline

The timeline is divided into two sections. The first section is a chronological listing of references, regulations, and guidance offered from federal and state entities. The second section, beginning on page 270 is a chronological listing of waiver and executive orders. The two sections/tables include the publishing date, the topic discussed, a brief summary of the topic and a link to the document referenced. For ease of sorting and recognition, the topics are color coded as evidenced below. The tables are divided by green lines that indicate the dates guidance changes or additions were made.

### Regulation and Guidance Topic Color Grid

Topic	Color	Topic	Color
ALF Inspection		Visitation	
• ALF Assessments/Reassessments		Reporting	
Clinical Guidance		• NHSN	
• Symptoms		• Out of State License	
Communication		• Outbreak	
• Preparation		• Communicable Disease	
• Transparency		• Nursing Home Compare	
• CMS Healthcare Work Force Toolkit		Screening	
Infection Prevention and Control		• Screening Toolkit	
• Transmission -Based Precautions		Survey Activity	
• Initial Steps Preparation for Transmission		• Self-Assessment	
• Airborne Precautions		Testing	
• D/C precautions		• Staff Return to work	
• PPE		Transport/Arrival	
• N95 Fit testing		• Transfers	
• Dialysis		• Admissions	
• Vaccines		Admissions	
Reopening – Phase 1, 2 and 3		DSS/VA Department of Labor	
• VDH Nursing Home Phased Reopening /FAQs/Update		• Emergency Temporary Standard Infectious Disease Prevention	
Record Keeping OSHA		Emergency Preparedness	
• Recording Employee Illness OSHA		• Testing Requirements	

### Waiver Topic Color Grid (begins on page 270)

Waiver Agency/Organization	Color	Waiver Agency/Organization	Color
Centers for Medicare/Medicaid Services (CMS)		Virginia Department of Social Services (VDSS)	
Centers for Disease Control and Prevention (CDC)		Virginia Department of Health (VDH)	
Virginia Department of Health Professions (DHP)		Executive Order- VA	
Virginia Department of Medicaid Services (DMAS)			

Date	Agency	Topic	Summary	Link
2/4/20	VDH VHCA	<b>Outbreak</b> <b>Testing</b> <b>Reporting</b> <b>Infection Control</b>	<p>VDH Letter - 7/23/19</p> <p><b>Definition of a Respiratory Outbreak in LTC Settings</b></p> <ul style="list-style-type: none"> <li>Two or more residents of the same wing or unit develop respiratory illness within 72 hours of each other</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>One laboratory-confirmed case (e.g. influenza, respiratory syncytial virus, parainfluenza, human metapneumovirus, adenovirus, Hemophilus influenza, invasive group A streptococcus) in a resident along with other cases of respiratory illness in the same wing or unit</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>An increase over the normal background rate of acute respiratory illness cases, with or without fever, overlapping in place or time</li> </ul> <p>Testing and Reporting</p> <ul style="list-style-type: none"> <li>The LTCF should report every suspected or confirmed respiratory outbreak to their LHD. Refer to the Virginia Reportable Disease List</li> <li>Develop a plan for respiratory pathogen testing with your LHD. The Division of Consolidated Laboratory Services (DCLS) may be able to provide testing support to confirm outbreak etiology.</li> <li>Conduct active surveillance for respiratory illness among residents, staff, and visitors until at least one week after the last known illness has occurred.</li> </ul> <p>Infection Control</p> <ul style="list-style-type: none"> <li>Institute droplet precautions as appropriate, including the use of surgical masks upon entering the resident's room and eye protection during procedures and activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. In addition, contact precautions are recommended for respiratory outbreaks in residential facilities when the pathogen is unknown, due to high frequency of direct and indirect contact. Droplet and contact precautions should be maintained until the pathogen has been identified and pathogen-specific instructions are made. Post hand hygiene signs and provide alcohol-based hand rub. See examples here</li> </ul>	<p><a href="http://www.vdh.virginia.gov/content/uploads/sites/13/2019/08/Infection_Prevention_for_Respiratory_Outbreaks_in_Long-Term_Care_Settings.pdf">http://www.vdh.virginia.gov/content/uploads/sites/13/2019/08/Infection_Prevention_for_Respiratory_Outbreaks_in_Long-Term_Care_Settings.pdf</a></p> <p><a href="http://www.vdh.virginia.gov/content/uploads/sites/13/2018/11/Reportable_Disease_List.pdf">http://www.vdh.virginia.gov/content/uploads/sites/13/2018/11/Reportable_Disease_List.pdf</a></p> <p><a href="https://www.cdc.gov/handhygiene/campaign/promotional.html">https://www.cdc.gov/handhygiene/campaign/promotional.html</a></p> <p><a href="https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm">https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm</a></p> <p><a href="https://www.vhca.org/files/2020/02/VDH-Guidance-on-HCoV-Testing_02022020.pdf">https://www.vhca.org/files/2020/02/VDH-Guidance-on-HCoV-Testing_02022020.pdf</a></p>

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>• Emphasize respiratory hygiene and cough etiquette. Provide tissues and surgical masks at facility entrances and common areas. For more guidance see</li> <li>• Review influenza vaccination status of residents and staff. Vaccinate all unvaccinated residents with the current seasonal influenza vaccine unless medically contraindicated. Offer vaccination to staff at no charge.</li> <li>• If influenza is suspected or confirmed, consult with the facility medical director regarding antiviral treatment and prophylaxis.</li> <li>• If a bacterial pathogen is suspected or confirmed, consult with the facility medical director regarding antibacterial treatment and prophylaxis.</li> <li>• Cohort and/or isolate ill residents as feasible. Limit group activities. Restrict symptomatic residents to their rooms except for medically necessary purposes.</li> <li>• Restrict ill staff from resident care for at least the duration of their illness. Restrict movement of other staff between resident units.</li> <li>• Apply the facility policy for restriction of ill visitors; consider restriction of all visitors. Provide communication about the outbreak to visitors and families.</li> <li>• Implement the facility policy for limiting or deferring new admissions as appropriate.</li> <li>• Educate staff on the signs and symptoms of various respiratory pathogens, testing procedures, and appropriate control measures.</li> </ul> <p><b>Guidance on Test Results for Common Human Coronavirus</b></p> <p>There are three other types of HCoV that are of public health concern: SARS-CoV that causes severe acute respiratory syndrome (SARS); MERS-CoV that causes Middle East Respiratory Syndrome (MERS); and the novel (new) coronavirus (2019-nCoV) that was recently discovered. A routine multiplex panel cannot detect SARS-CoV, MERS-CoV, or 2019-nCoV. Special testing is required to detect these three viruses.</p>	

Date	Agency	Topic	Summary	Link
			A routine multiplex panel positive HCoV result should NOT hinder the placement of a patient into your care at your facility. Use standard precautions, including respiratory etiquette, and droplet precautions as applicable.	
2/6/20	CMS	Infection Prevention and Control Communication	<p><b>QSO 20-09 ALL- Healthcare Facility Expectations:</b>            CMS strongly urges the review of CDC's guidance and encourages facilities to review their own infection prevention and control policies and practices to prevent the spread of infection.</p> <p>CMS prepares the nation's healthcare facilities for COVID-19 threat</p>	<p><a href="https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/information-healthcare-facilities-concerning-2019-novel-coronavirus-illness-2019-ncov">https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/information-healthcare-facilities-concerning-2019-novel-coronavirus-illness-2019-ncov</a>  <a href="https://www.cms.gov/newsroom/press-releases/cms-prepares-nations-healthcare-facilities-coronavirus-threat">https://www.cms.gov/newsroom/press-releases/cms-prepares-nations-healthcare-facilities-coronavirus-threat</a></p>
2/14/20	CMS	Infection Prevention	<p>QSO-20-11-NH            Head-to-Toe toolkit designed to prevent common infection by improving ADL care</p>	<p><a href="https://www.cms.gov/files/document/qso-20-11-nh.pdf">https://www.cms.gov/files/document/qso-20-11-nh.pdf</a></p>
2/21/20	CDC	Transport/Arrival Transmission-Based Precautions	<p><b>Healthcare Professional Preparedness Checklist</b> for Transport and Arrival of Patients with Confirmed or Possible COVID-19 –            Implementation of Standard, Contact, and Airborne Precautions including eye protection</p>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=5">https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=5</a></p>
2/28/20	CDC	Transmission-Based Precautions	<p><b>Recommending Standard, Contact, and Airborne Precautions</b> including the use of eye protection when providing care for patients with confirmed or suspected COVID-19            Centers should educate families and visitors on signs and symptoms of COVID-19</p>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></p>
2/29/20	CDC AHCA	Initial Steps Preparation for Transmission	<p><b>Interim Guidance for Healthcare Facilities:</b>            Preparing for Community Transmission of COVID-19 in the US            Long Term Care Facilities</p> <ul style="list-style-type: none"> <li>• Limit visitors to the facility</li> <li>• Post visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, resp hygiene, and cough etiquette</li> <li>• Take steps to prevent known or suspected COVID-19 patients from exposing other patients</li> <li>• Limit the movement of COVID-19 patients (have them remain in their rooms)</li> </ul>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=5">https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=5</a></p> <p><a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID%2019%20-%20Update%202.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID%2019%20-%20Update%202.pdf</a></p>

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>Identify dedicated staff to care for COVID-19 patients</li> <li>Observe newly arriving residents for the development of respiratory symptoms</li> </ul>	
3/4/20	CMS	Survey Activity	<p>QSO-20-12 ALL- <b>Survey Action Limited To:</b></p> <ul style="list-style-type: none"> <li>All immediate jeopardy complaints (cases that represents a situation in which entity noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death or harm) and allegations of abuse and neglect;</li> <li>Complaints alleging infection control concerns, including facilities with potential COVID-19 or other respiratory illnesses;</li> <li>Statutorily required recertification surveys (nursing home, home health, hospice, and ICF/IID facilities);</li> <li>Any re-visits necessary to resolve current enforcement actions;</li> <li>Initial certifications;</li> <li>Surveys of facilities/hospitals that have a history of infection control deficiencies at the immediate jeopardy level in the last three years;</li> <li>Surveys of facilities/hospitals/dialysis centers that have a history of infection control deficiencies at lower levels than immediate jeopardy.</li> </ul>	<p><a href="https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/suspension-survey-activities">https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/suspension-survey-activities</a></p> <p><a href="https://myemail.constantcontact.com/VHCA-VCAL--New-CMS-Memos-on-COVID-19-and-Surveys.html?soid=1011233811022&amp;aid=EoQqUQqh--Q">https://myemail.constantcontact.com/VHCA-VCAL--New-CMS-Memos-on-COVID-19-and-Surveys.html?soid=1011233811022&amp;aid=EoQqUQqh--Q</a></p> <p><a href="https://www.cms.gov/files/document/qso-20-12-allpdf.pdf-1">https://www.cms.gov/files/document/qso-20-12-allpdf.pdf-1</a></p>
3/4/20	CMS VHCA AHCA	Screening Transfers Admissions	<p>QSO-20-14 NH</p> <p>CMS is committed to taking critical steps to ensure health care facilities are prepared to respond to the threat of COVID-19. Facilities should monitor the CDC website for information and resources and contact the local health dept if they have questions or suspect a resident of a nursing home has COVID-19.</p> <p>Use resources from CDC and CMS to train and prepare staff to improve infection control and prevention practices. Facilities experiencing an increased number of respiratory illnesses regardless of suspected etiology among resident or healthcare personnel should immediately contact their local or state health dept. for further guidance.</p>	<p><a href="https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf">https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf</a></p> <p><a href="https://myemail.constantcontact.com/VHCA-VCAL--New-CMS-Memos-on-COVID-19-and-Surveys.html?soid=1011233811022&amp;aid=EoQqUQqh--Q">https://myemail.constantcontact.com/VHCA-VCAL--New-CMS-Memos-on-COVID-19-and-Surveys.html?soid=1011233811022&amp;aid=EoQqUQqh--Q</a></p> <p><a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Update%20%20COVID%2019.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Update%20%20COVID%2019.pdf</a></p>

Date	Agency	Topic	Summary	Link
			<p><b>Guidance for limiting the transmission for COVID-19 in nursing home.</b></p> <ul style="list-style-type: none"> <li>• How facilities should monitor or limit visitor by screening for</li> <li>• International travel within the last 14 days to restricted countries</li> <li>• Sign or symptoms of a resp infection such as fever, cough, and sore throat</li> <li>• Has had contact with someone with or under investigation for COVID-19</li> </ul> <p>If visitors meet the above criteria, facilities may restrict their entry</p> <p>How facilities should monitor or restrict HCP.</p> <ul style="list-style-type: none"> <li>• The same screening as performed for visitors should be performed for facility staff as above</li> <li>• HCP who have s/s of a resp infection should not report to work</li> <li>• Any staff member that develops s/s of a resp infection while on the job should immediately stop work, put on a facemask, and self-isolate at home, inform the facility's IP and contact the local health dept for next steps for testing</li> </ul> <p>When should a nursing home consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?</p> <ul style="list-style-type: none"> <li>• Contact the local health dept for residents with suspected COVID-19 infection – symptoms vary in severity and may be none, or mild to severe-Initially</li> <li>• If symptoms are mild the resident does not need to be transferred to the hospital as long as the facility can follow the infection prevention and control practices recommended by CDC.</li> <li>• The resident may develop more severe symptoms and require transfer to the hospital for a higher level of care – the facility should alert EMS and the receiving facility of the diagnosis and the resident should wear a facemask on transfer.</li> </ul> <p>When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?</p>	

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-based precautions as long as it can follow CDC guidance for transmission-based precautions. If it cannot then it must wait until these precautions are d/c</li> </ul> <p>Other considerations</p> <ul style="list-style-type: none"> <li>Increase the availability of ABHS, tissues, not touch receptacles for disposal and facemasks at healthcare entrances</li> <li>Ensure ABHS if accessible in all resident care areas including inside and outside the resident rooms</li> <li>Increase signage for vigilant infection prevention such as hand hygiene and cough etiquette</li> <li>Properly clean and disinfect and limit sharing of medical equipment between residents and areas of the facility</li> <li>Provide additional work supplies to avoid sharing and disinfect workplace areas</li> </ul>	
3/4/20	VDH/CDC VHCA	Testing	<p><b>VDH Updated Guidance on Testing for COVID-19</b></p> <p>Centers for Disease Control and Prevention (CDC) removed clinical and epidemiologic criteria for considering an individual to be a patient under investigation (PUI) for COVID- 19. At this point the Division of Consolidated Laboratory Services (DCLS), Virginia’s state lab, has received a very small number of test kits from CDC so has a limited capacity for testing. Until private labs are able to provide testing and DCLS receives additional test kits, we need to continue to use some clinical and epidemiologic criteria to identify patients most likely to be infected with SARS-CoV-2. These criteria are as follows:</p> <ul style="list-style-type: none"> <li>Person who had close contact* with a laboratory-confirmed COVID-19 patient within 14 days of onset <b>AND</b> fever or signs/symptoms of a lower respiratory illness;</li> <li>Person with travel to a country with a Level 2 or 3 Travel Advisory or an area with confirmed ongoing community transmission within 14 days of onset <b>AND</b> has fever and signs/symptoms of a lower respiratory illness <b>AND</b> tested negative for influenza on initial work-up (rapid or confirmatory)** ;</li> </ul>	<a href="http://www.vdh.virginia.gov/content/uploads/sites/13/2020/03/VDH_Updated_Guidance_on_COVID19_Testing_03052020.pdf">http://www.vdh.virginia.gov/content/uploads/sites/13/2020/03/VDH_Updated_Guidance_on_COVID19_Testing_03052020.pdf</a>



Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>Person who resides in a nursing home or long-term care facility <b>AND</b> who has fever or signs/symptoms of a lower respiratory illness <b>AND</b> who tested negative for influenza on initial work-up (rapid or confirmatory) <b>** AND</b> a respiratory virus panel negative for all pathogens<sup>**</sup> <b>AND</b> no alternative diagnosis</li> </ul> <p><b>Close contact is defined by CDC as:</b></p> <ul style="list-style-type: none"> <li>Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.</li> </ul> <p><sup>**</sup> Initial work-up for influenza can be a rapid influenza diagnostic test or confirmatory PCR test performed at a routine laboratory. Initial work-up using the respiratory virus panel (if applicable) should be performed at a routine laboratory.</p>	
3/7/20	CDC	Screening	<p><b>Interim U.S. Guidance for Risk Assessment and Public Health Management of HCP with Potential Exposure in a Healthcare Setting to Patients with COVID-19</b> Summary of Recent Changes</p> <ul style="list-style-type: none"> <li>Allowance of asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staff have been exhausted and in consultation with their occupational health program.</li> <li>Removed requirement of self-monitoring with delegated supervision for healthcare facilities to actively verify absence of fever and resp symptoms when HCP report to work- this is now optional.</li> <li>simplified risk exposure categories based on the most common scenarios on presence/absence of source control measures: use of PPE by HCP and degree of contact with patient ( prolonged versus brief).</li> </ul>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=5">https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=5</a>

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			<ul style="list-style-type: none"> <li>added language advising HCP to inform occ health program if they have travel or community associated exposure.</li> </ul>	
3/9/20	CMS AHCA VHCA	Screening Communication	<p>QSO-20-14 NH <b>Guidance to nursing homes to help improve their infection control and prevention practices to prevent the transmission of COVID-19 including revised guidelines for visitation.</b></p> <p>Facilities should actively screen and restrict visitation by those who meet the following criteria:</p> <ul style="list-style-type: none"> <li>Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.</li> <li>In the last 14 days has had contact with someone with a confirmed diagnosis of COVID-19 or under investigation for COVID-19, or ill with respiratory illness.</li> <li>International travel within the last 14 days to countries with sustained community transmission.</li> <li>Reside in a community where community-based spread is occurring.</li> </ul> <p>Limiting Visitor and individuals- expanded:</p> <ul style="list-style-type: none"> <li>Restricting means the individual should not be allowed in the facility at all ,until they no longer meet the criteria above</li> <li>Limiting means the individual should not be allowed to come into the facility except for certain situation ,such as end -of-life situations or when a visitor is essential or the resident's emotional well-being and care</li> <li>Discouraging mean that the facility allows normal visitation practices ( except for those individuals meeting the restricted criteria), however the facility advises individuals to defer visitation until further notice ( through signage, calls, etc.)</li> </ul> <p>Facilities should</p> <ul style="list-style-type: none"> <li>Increase visible signage at entrances/exits- signage should include language to discourage visits</li> <li>Offer temp checks</li> <li>Increase availability of hand sanitizer</li> </ul>	<p><a href="https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf">https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf</a> <b>REVISED on 3/9</b></p> <p><a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/AL-Guidance-Preventing-COVID19.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/AL-Guidance-Preventing-COVID19.pdf</a></p> <p><a href="https://myemail.constantcontact.com/VHCA-VCAL--Steps-to-Prevent-COVID-19-from-Entering-Your-Facility.html?soid=1011233811022&amp;aid=tCd6mJW/4kc">https://myemail.constantcontact.com/VHCA-VCAL--Steps-to-Prevent-COVID-19-from-Entering-Your-Facility.html?soid=1011233811022&amp;aid=tCd6mJW/4kc</a></p>

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			<ul style="list-style-type: none"> <li>• Offer PPE for individuals entering facilities if supply allows</li> <li>• Provide instructions before visitors enter the facility and resident rooms on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in resident rooms</li> <li>• Facilities should also screen visitor and ask if they took any recent trips within the las 14 days on cruise ships or participated in other settings where crows are confined to a common location- is so the facility should suggest deferring visit to a later date- if visitor entrance is necessary they should wear PPE whole onsite , if the facility does not have PPE the facility should restrict the visit and ask them to come back after 14 days with no symptoms of COVID-19</li> <li>• In cases where visitation is allowed facilities should instruct the visitors to limit movement within the facility to the resident's room</li> </ul> <p>Facilities should review and revise how they interact with volunteers, vendors, and receiving supplies, agency staff, EMS personnel and equipment, transportation providers when taking resident to appts, and other practitioners such as hospice, therapy – must follow the appropriate CDC guidelines for transmission-based precautions.</p> <p>Facilities should consider when limiting or discouraging visitors</p> <ul style="list-style-type: none"> <li>• Offering alternative means of communication such as phone, visual communication</li> <li>• Creating /increasing listserv communication to update families</li> <li>• Assigning staff as primary care givers for inbound calls and outbound regular communications</li> <li>• Offering a phone line with a voice recording updated at set times with facility operating status such as when it is safe to resume visits</li> </ul> <p>When visitation is necessary or allowable facility should make efforts to allow for a safe visitation.</p> <ul style="list-style-type: none"> <li>• Suggest limiting physical contact with resident and others in the facility, practice social distancing</li> </ul>	

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			<ul style="list-style-type: none"> <li>If possible create a dedicated visiting area near entrance to the facilities, the room should be disinfected after each resident-visitor meeting</li> <li>Continue with access to Ombudsman – facility can facilitate communication by phone or other format</li> </ul> <p>Visitor reporting</p> <ul style="list-style-type: none"> <li>Advise exposed visitor – contact with COVID -19 resident prior to admission to monitor for s/s of resp infection for at least 14 days after last know exposure and if ill to self-isolate at home</li> <li>Advise visitor to report to the facility any s/s of COVID-19 or acute illness within 14 days after visiting the facilities</li> </ul>	
3/10/20	VHCA	Screening Toolkit	<p><b>VHCA Developed a COVID-19 Screening Toolkit</b> - to assist in easy access to the CMS information regarding screening with visitors and staff. This toolkit also has links to many resources to help with prevention of COVID-19 form VDH,CMS, AHCA/NCAL and CDC</p>	<a href="https://myemail.constantcontact.com/VHCA-VCAL--COVID-19-Screening-Toolkit.html?soid=1011233811022&amp;aid=rBq6g_Fcjw">https://myemail.constantcontact.com/VHCA-VCAL--COVID-19-Screening-Toolkit.html?soid=1011233811022&amp;aid=rBq6g_Fcjw</a>
3/10/20	CMS AHCA	PPE	<p><b>QSO-20-17-ALL - CDC has updated their PPE recommendations</b> for HCP involved in care of residents with known or suspected COVID-19.</p> <p>Facemasks are an acceptable temporary alternative when the supply chain of respirators cannot meet demand.</p> <p>Available respirators should be prioritized for procedures that are likely to generate respiratory aerosols which would pose the highest exposure to HCP.</p> <ul style="list-style-type: none"> <li>Facemask protect the wearer from splashes and sprays</li> <li>Respirators, which filter inspired air, offer respiratory protection</li> </ul> <p>Eye protection, medical gown, and gloves continue to be recommended.</p> <ul style="list-style-type: none"> <li>If there is a shortage of medical gowns, they should be prioritized for aerosol generating procedures, care activities where splashes and sprays are anticipated and high contact resident care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.</li> </ul>	<a href="https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfo/policy-and/guidance-use-certain-industrial-respirators-health-care-personnel">https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfo/policy-and/guidance-use-certain-industrial-respirators-health-care-personnel</a>  <a href="https://www.cdc.gov/infectioncontrol/guidelines/environmental/">https://www.cdc.gov/infectioncontrol/guidelines/environmental/</a>  <a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20-%20Update%206.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20-%20Update%206.pdf</a>

Date	Agency	Topic	Summary	Link
			<p>Residents with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne infection isolation room should be reserved for residents undergoing aerosol-generating procedures.</p> <p>Increased emphasis on early identification and implementation of source control ( i.e. putting a face mask on residents presenting with symptoms of resp infection).</p> <p>Environmental Infection Control Cleaning and Disinfection Practices:</p> <ul style="list-style-type: none"> <li>• Hand washing stations or alcohol-based hand rubs should be immediately available at all entryways.</li> <li>• Dedicated medical equipment should be used for patient care, when possible.</li> <li>• Between each use, non-disposable medical equipment should be cleaned and disinfected. This should be done according to manufacturer's instructions and facility policies.</li> <li>• Management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures.</li> <li>• Environmental cleaning and disinfection procedures should be supervised. This ensures that proper procedures are followed consistently and correctly</li> <li>• Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19</li> </ul>	
3/13/20	CMS VHCA AHCA	Screening Communication	<p>QSO-20-14-NH - <b>Guidance for Limiting Transmission of COVID-19 for Nursing Homes</b> Restrict visitation of all visitors</p> <ul style="list-style-type: none"> <li>• Restriction of non-essential health care personnel (HCP) except for compassionate care such as end of life situation on a case by case basis</li> <li>• Those visitors should be permitted after careful screening for fever and respiratory symptoms. They should require the use of PPE such as facemask, hand hygiene on entry and frequently and limited to the resident's room or a specific location designated by the facility. Suggest refraining from physical contact with resident and others while at the facility</li> <li>• Visitors with symptoms of respiratory infection ( fever, cough, shortness of breath, or sore throat) should not be</li> </ul>	<p><a href="https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf">https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf</a> <b>REVISED</b></p> <p><a href="https://myemail.constantcontact.com/VHCA-VCAL--Newest-CMS-NF-Visitor-Guidance.html?soid=1011233811022&amp;aid=ViWJ-nvbLY8">https://myemail.constantcontact.com/VHCA-VCAL--Newest-CMS-NF-Visitor-Guidance.html?soid=1011233811022&amp;aid=ViWJ-nvbLY8</a></p> <p><a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20-%20Update%208.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20-%20Update%208.pdf</a></p>

Date	Agency	Topic	Summary	Link
			<p>permitted to enter the building at any time ( even in end of life situation)</p> <ul style="list-style-type: none"> <li>• Facilities should notify potential visitor to defer visitation unit further notice via signage, calls, letters etc.</li> <li>• HCP applies to other healthcare workers, EMS personnel, or dialysis tech that provide care to the residents</li> </ul> <p>Cancel communal dining and all group activities.</p> <p>Implement active screening of resident and staff for fever and resp symptoms.</p> <p>Remind resident to practice social distancing and perform frequent hand hygiene.</p> <p>Screen all staff at the beginning of their shift for fever and resp symptoms. Take their temperature and document absence of shortness of breath, new or change in cough and sore throat. If they are ill have them wear a face mask and self-isolate at home.</p> <p>Identify staff that work at multiple facilities (agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately.</p> <p>Access to Ombudsman program should be restricted per the above guidance except in compassionate care situations – this may be handled on a case by case basis.</p> <p>Advise visitor and any individuals who entered the facility ( hospice staff) to monitor for s/s of resp infection or at least 14 days after exiting the facility. If symptoms occur, advise to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with and location within the facilities that they visited. Facilities should immediately screen the individuals of reported contact and take all necessary actions based on the finding</p>	

Date	Agency	Topic	Summary	Link
3/16/20	CDC VHCA	Testing-Staff Return to Work	<p><b>Criteria for Return to Work for HCP with Confirmed or Suspected COVID-19.</b></p> <p>Test Based Strategy</p> <ul style="list-style-type: none"> <li>At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications <b>and</b> improvement in respiratory symptoms (e.g., cough, shortness of breath); <b>and</b>,</li> <li>At least 7 days have passed since symptoms first appeared</li> </ul> <p>Non-Test Based Strategy</p> <ul style="list-style-type: none"> <li>Resolution of fever without the use of fever-reducing medications <b>and</b></li> <li>Improvement in respiratory symptoms (e.g., cough, shortness of breath), <b>and</b></li> <li>Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).</li> </ul>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=4">https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=4</a></p> <p><a href="https://myemail.constantcontact.com/VHCA-VCAL--COVID-19-Member-Call-at-3-30-pm-and-Other-Updates.html?soid=1011233811022&amp;aid=KWV57JDQ4DM">https://myemail.constantcontact.com/VHCA-VCAL--COVID-19-Member-Call-at-3-30-pm-and-Other-Updates.html?soid=1011233811022&amp;aid=KWV57JDQ4DM</a></p>
3/17/20	CDC VHCA AHCA	PPE	<p><b>Strategies for Optimizing the Supply of Isolations Gowns Gowns Summary</b></p> <ul style="list-style-type: none"> <li>Shift gown use towards cloth isolation gowns</li> <li>Consider the use of coveralls</li> <li>Extended use of isolation gowns (disposable or cloth), such that the same gown is worn by the same HCP when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered only if there are no additional co-infectious diagnoses transmitted by contact (such as Clostridium difficile) among patients. If the gown becomes visibly soiled, it must be removed and discarded as per usual practices.</li> <li>Re-use of cloth isolation gowns among multiple patients in a patient cohort area without laundering in between.</li> <li>Prioritization of gowns for the following activities: <ul style="list-style-type: none"> <li>During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures</li> </ul> </li> </ul>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=4">https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=4</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=4">https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=4</a></p> <p><a href="https://myemail.constantcontact.com/VHCA-VCAL--Revised-Toolkit--Act-Now-to-Conserve-PPE.html?soid=1011233811022&amp;aid=akMHys-RZ3g">https://myemail.constantcontact.com/VHCA-VCAL--Revised-Toolkit--Act-Now-to-Conserve-PPE.html?soid=1011233811022&amp;aid=akMHys-RZ3g</a></p> <p><a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20-%20Update%2012.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20-%20Update%2012.pdf</a></p>

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			<ul style="list-style-type: none"> <li>○ During the high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care</li> <li>○ When no gowns are available consider pieces of clothing as a last resort, preferably with long sleeves and closures (snaps, buttons) that can be fastened and secured, particularly for care of COVID-19 patients as single use. Other options include: <ul style="list-style-type: none"> <li>▪ Disposable laboratory coats</li> <li>▪ Reusable (washable) patient gowns</li> <li>▪ Reusable (washable) laboratory coats</li> <li>▪ Disposable aprons</li> </ul> </li> <li>○ Combinations of pieces of clothing can be considered for activities that may involve body fluids and when there are no gowns available: <ul style="list-style-type: none"> <li>▪ Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats</li> <li>▪ Open back gowns with long sleeve patient gowns or laboratory coats</li> <li>▪ Sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats</li> </ul> </li> </ul> <p>Reusable patient gowns and lab coats can be safely laundered according to routine procedures.</p>	
3/17/20	CDC VHCA AHCA	PPE	<p><b>Strategies for Optimizing the Supply of Facemasks Facemask Summary</b></p> <ul style="list-style-type: none"> <li>• Implement extended use of facemasks which allows the wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.</li> <li>• Restrict facemasks to use by HCP, rather than patients for source control. Have patients with symptoms of respiratory infection use tissues or other barriers to cover their mouth and nose.</li> </ul>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=4">https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=4</a></p> <p><a href="https://myemail.constantcontact.com/VHCA-VCAL--Revised-Toolkit--Act-Now-to-Conserve-PPE.html?soid=1011233811022&amp;aid=akMHys-RZ3g">https://myemail.constantcontact.com/VHCA-VCAL--Revised-Toolkit--Act-Now-to-Conserve-PPE.html?soid=1011233811022&amp;aid=akMHys-RZ3g</a></p>



Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>• Implement limited re-use of facemasks, which is the practice of using the same facemask by one HCP for multiple encounters with different patients but removing it after each encounter. Discarded if soiled, damaged, or hard to breathe through.</li> <li>• Prioritize facemasks for selected activities, such as: <ul style="list-style-type: none"> <li>○ For provision of essential surgeries and procedures</li> <li>○ During care activities where splashes and sprays are anticipated</li> <li>○ During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable</li> <li>○ For performing aerosol generating procedures, if respirators</li> </ul> </li> </ul>	
3/17/20	CDC VHCA AHCA	PPE	<p><b>Strategies for Optimizing the Supply of Eye Protection</b> <b>Eye Protection Summary</b></p> <p>Implement extended use of eye protection is the practice of wearing the same eye protection dedicated to one HCP for repeated close contact encounters with several different patients, without removing eye protection between patient encounters including for disposable and reusable devices.</p> <ul style="list-style-type: none"> <li>• Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through.</li> <li>• If HCP touches or adjusts their eye protection, they must immediately perform hand hygiene.</li> <li>• Prioritize eye protection for selected activities such as: During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures or prolonged face-to-face or close contact with a potentially infectious patient is unavoidable</li> <li>• Consider using safety glasses (e.g., trauma glasses) that have extensions to cover the side of the eyes.</li> <li>• Designate convalescent HCP for provision of care to known or suspected COVID-19 patients.</li> <li>• Selected options for reprocessing and clean eye protection are provided.</li> </ul>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=4">https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=4</a></p> <p><a href="https://myemail.constantcontact.com/VHCA-VCAL--Revised-Toolkit--Act-Now-to-Conserve-PPE.html?soid=1011233811022&amp;aid=akMHys-RZ3g">https://myemail.constantcontact.com/VHCA-VCAL--Revised-Toolkit--Act-Now-to-Conserve-PPE.html?soid=1011233811022&amp;aid=akMHys-RZ3g</a></p>

Date	Agency	Topic	Summary	Link
3/17/20	DSS VHCA	Screening	<p><b>VDSS has reviewed the following guidance from the CDC in conjunction with AHCA/NCAL</b>, and we strongly encourage the following:</p> <ul style="list-style-type: none"> <li>• Immediately restrict all visitors, volunteers and non-essential healthcare personnel (e.g., barbers) except for certain compassionate care situations, such as end-of-life.</li> <li>• Notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.).</li> <li>• Handle visits for end-of-life situations on a case-by-case basis, including screening of visitors, use of personal protective equipment (PPE) and hand hygiene by visitors, and limited access to the facility (resident's room or location designated by the facility).</li> <li>• Cancel all group activities and communal dining.</li> <li>• Implement active screening of residents and healthcare personnel for respiratory symptoms including actively checking temperatures for fever (all healthcare personnel at beginning of shift and residents at least daily). <ul style="list-style-type: none"> <li>○ Document absence of symptoms</li> <li>○ Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat), other than residents, should not be permitted to enter the facility at any time (even in end-of-life situations)</li> </ul> </li> <li>• Screen and monitor residents when visitors, staff, or others report respiratory symptoms within 14 days of interacting with the residents.</li> <li>• Identify staff that work at multiple facilities and actively screen and restrict them appropriately.</li> <li>• Enforce sick leave policies for ill healthcare personnel that are non-punitive, flexible, and consistent with public health policies, allowing ill healthcare personnel to stay home.</li> <li>• Pay particularly close attention to any orders issued by Governor Northam or other public health officials in the coming days, weeks, and possibly months.</li> </ul> <p>This new guidance means facilities need to explore mechanisms to allow family members, ombudsmen, resident representatives, and others to communicate with residents.</p>	<a href="https://www.vhca.org/files/2020/03/2020-03-17-COVID-19-letter-to-ALFs-.pdf">https://www.vhca.org/files/2020/03/2020-03-17-COVID-19-letter-to-ALFs-.pdf</a>

Date	Agency	Topic	Summary	Link
			<p>Additional recommendations include:</p> <ul style="list-style-type: none"> <li>• Having all staff and visitors enter and exit through one main entrance, allowing for proper screening of each staff member, visitor, and contracted healthcare worker.</li> <li>• Reducing group activities and communal dining.</li> </ul>	
3/18/20	VHCA	Screening	<b>COVID-19 Screening Toolkit- Revised</b> for screening for visitors and staff	<a href="https://www.vhca.org/files/2020/03/VHCA-VCAL-COVID-19-Screening-Toolkit.pdf">https://www.vhca.org/files/2020/03/VHCA-VCAL-COVID-19-Screening-Toolkit.pdf</a>
3/19/20	AHCA CMS	Screening	This document provides guidance for therapists and therapist assistants on how long term care (LTC) facilities (including skilled nursing centers and assisted living communities) can operationalize federal and state guidance to significantly restrict visitors and non-essential personnel, as well as restrict communal activities inside LTC facilities as part of the effort to prevent COVID-19 from spreading.	<a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Therapy-Personnel-Guidance-COVID19.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Therapy-Personnel-Guidance-COVID19.pdf</a>  <a href="https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf">https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf</a>
3/20/20	CDC	Preparation Communication	<p><b>Steps Healthcare Facilities Can Take Now To Prepare for COVID-19</b></p> <p>Be Prepared</p> <ul style="list-style-type: none"> <li>• Monitor the CDC and state and local dept websites frequently</li> <li>• Review your facility emergency plan</li> <li>• Establish relationships with key healthcare and public health partners within your community</li> <li>• Create an emergency contact list- know how to reach your local and or state health dept in an emergency</li> </ul> <p>Communicate with staff and patients</p> <ul style="list-style-type: none"> <li>• Share information with you staff on what is currently known about COVID-19 and your facilities preparedness plan</li> <li>• Provide updates to residents and families on changes in policies regarding appts, non-agent care and visitation</li> </ul> <p>Protect your staff</p>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=3">https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=3</a>

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>• Screen residents and visitors for symptoms of acute respiratory illness( i.e. fever, cough, difficulty breathing before entering the facility</li> <li>• Keep up to date on recommendations for preventing the spread of COVID-19 on CDC’s website</li> <li>• Ensure the proper use of PPE</li> <li>• Conduct an inventory of available PPD</li> <li>• Explore strategies to optimize PPE</li> <li>• Have staff who develop respiratory symptoms ((i.e. fever, cough, shortness of breath) stay home</li> </ul> <p>Protect your patients</p> <ul style="list-style-type: none"> <li>• Stay current with ways to manage residents with OVID-19 per CDC and state and local health depts</li> </ul>	
3/20/20	VDH VHCA CDC	Testing	<p><b>VDH Updated Guidance on Testing for COVID-19</b></p> <p>Testing performed at DCLS, Virginia’s state lab, is reserved for patients who meet VDH’s priority investigation criteria below. For patients who meets VDH criteria, you should contact the local health department for testing.</p> <p>Healthcare workers and first line responders who had contact or cared for a patient with COVID- 19 within 14 days of last exposure <b>AND</b> fever or signs/symptoms of a lower respiratory illness. Potential clusters of unknown respiratory illness where influenza has been ruled out, with priority for healthcare facility outbreaks. All suspected clusters or outbreaks should be reported to the local health department.</p> <p>Persons hospitalized <b>AND</b> who tested negative for influenza and other respiratory pathogens on a respiratory virus panel on initial work-up** <b>AND</b> no alternative diagnosis. Priority will be given to ICU admissions or people on ventilators, where circumstances require a confirmed COVID-19 for compassionate use treatment with antivirals.</p> <p>Person who resides in a nursing home or long-term care facility <b>AND</b> who has fever or signs/symptoms of a lower respiratory illness <b>AND</b> who tested negative for influenza on initial work-up** <b>AND</b> no alternative diagnosis.</p>	<p><a href="http://www.vdh.virginia.gov/content/uploads/sites/182/2020/03/VDH-Updated-Guidance-on-COVID19-Testing_FINAL.pdf">http://www.vdh.virginia.gov/content/uploads/sites/182/2020/03/VDH-Updated-Guidance-on-COVID19-Testing_FINAL.pdf</a></p> <p><a href="https://myemail.constantcontact.com/VHCA-VCAL--New-Testing-Guidance--Accepting-Patients-from-Hospitals--Laundry-Guidance---More.html?soid=1011233811022&amp;aid=vBYr6C58rJg">https://myemail.constantcontact.com/VHCA-VCAL--New-Testing-Guidance--Accepting-Patients-from-Hospitals--Laundry-Guidance---More.html?soid=1011233811022&amp;aid=vBYr6C58rJg</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html">https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html</a></p>

Date	Agency	Topic	Summary	Link
			<p>**Initial work-up for influenza can be a rapid influenza diagnostic test or confirmatory PCR test performed at a routine laboratory. Initial work-up using the respiratory virus panel should be performed at a routine laboratory.</p>	
3/21/20	CDC VHCA	Screening	<p><b>Preparing for COVID-19 Long-term Care Facilities and Nursing Homes</b> Updated guidance</p> <ul style="list-style-type: none"> <li>• Restrict all visitation except for certain compassionate care situations, such as end of life.</li> <li>• Restrict all volunteers and non-essential HCP.</li> <li>• Cancel all group activities and communal dining</li> <li>• Implement active screening for residents and HCP for fever and resp symptoms.</li> </ul> <p>Evaluate and Manage Resident with Symptoms of Respiratory Infection</p> <ul style="list-style-type: none"> <li>• In general when caring for resident with undiagnosed respiratory infection use Standard, Contact, and Droplet precautions with eye protection unless the suspected diagnosis requires Airborne Precautions ( e.g. tuberculosis. Continue to assess the need for Transmission Precautions as more information about the resident’s suspected diagnosis becomes available.</li> </ul> <p>If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community</p> <ul style="list-style-type: none"> <li>• Resident with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room, but should be placed in a private room with their own bathroom</li> <li>• Room sharing might be necessary if there are multiple resident with known or suspected COVID-19 in the facility. As roommates of asymptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario</li> </ul> <p>Facilities should notify the health dept immediately</p>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=3">https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=3</a></p> <p><a href="https://myemail.constantcontact.com/VHCA-VCAL--New-Testing-Guidance--Accepting-Patients-from-Hospitals--Laundry-Guidance---More.html?soid=1011233811022&amp;aid=vBYr6C58rJg">https://myemail.constantcontact.com/VHCA-VCAL--New-Testing-Guidance--Accepting-Patients-from-Hospitals--Laundry-Guidance---More.html?soid=1011233811022&amp;aid=vBYr6C58rJg</a></p>
3/23/20	CDC	D/C Precautions	<p><b>Discontinuation of Transmission- Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)</b> Summary of Changes</p>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=3">https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=3</a></p>

Date	Agency	Topic	Summary	Link
			<p>Clarified that patients with COVID-19 can be discharged from a healthcare facility whenever clinically indicated. Meeting criteria for discontinuance of Transmission-Based Precautions is not a prerequisite of d/c</p> <p>Updated guidance for test based strategy-the recommendation to collect both NP and OP swabs at each sampling has been changed so that only one swab, preferably an NP, is necessary at each sampling</p> <p>Added guidance for:</p> <ul style="list-style-type: none"> <li>• d/c of transmission-based precautions without testing</li> <li>• d/c of empiric transmission-based precautions for patients suspected of having COVID-19 when using a testing-based strategy for d/c of transmission-based precautions is preferred</li> </ul>	
3/23/20	CMS VHCA AHCA	Survey Activity	<p>QSO-20-20-All - <b>Prioritization of survey activity</b></p> <p>Surveys that will not be authorized during prioritization period</p> <ul style="list-style-type: none"> <li>• Standard surveys for LTC facilities- including Life Safety Code and Emergency Preparedness</li> <li>• Revisits not associated with an IJ</li> <li>• Surveys that will be prioritized and conducted during the prioritization period <ul style="list-style-type: none"> <li>○ Complaint/FRI triaged at IJ level</li> <li>○ Revisits for IJ level that have not been verified as removed</li> <li>○ Targeted Infection Control Survey</li> </ul> </li> </ul> <p>Additional Instructions for Nursing Homes:</p> <p>Perform self-assessments on infection control using surveyor tool</p> <p>Use the COVID-19 Infection Control Focused Survey tool (see link) developed by CMS with CDC) to perform self-assessment of your facility's Infection Control plan. CMS expects facilities to use this new process, in conjunction with the latest guidance from CDC, to perform a voluntary self-assessment of their ability to prevent the transmission of COVID-19. This document may be requested by surveyors, if an onsite investigation takes place. We also encourage nursing homes to voluntarily share the results of this</p>	<p><a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions</a> (sort by date)</p> <p><a href="https://myemail.constantcontact.com/VHCA-VCAL--Call-for-Supplies--Survey-Activities--Essential-Staffing---More.html?soid=1011233811022&amp;aid=h3y5TevPo0c">https://myemail.constantcontact.com/VHCA-VCAL--Call-for-Supplies--Survey-Activities--Essential-Staffing---More.html?soid=1011233811022&amp;aid=h3y5TevPo0c</a></p> <p><a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20-%20Update%2018.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20-%20Update%2018.pdf</a></p> <p><a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/self-assessment.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/self-assessment.pdf</a></p>

Date	Agency	Topic	Summary	Link
			<p>assessment with their state or local health department Healthcare-Associated Infections (HAI) Program.</p> <p>CDC recommends that nursing homes notify their health department about residents with severe respiratory infection, or a cluster of respiratory illness (3 or more residents or HCP with new- onset respiratory symptoms within 72 hours).</p> <p>Note: Local and state reporting guidelines or requirements may vary.</p>	
3/27/20	DSS VHCA	ALF Assessments Reassessments	<p><b>ALF Assessments and Reassessments</b></p> <p>Beginning 3/16 DSS workers will conduct ALF assessment and reassessments by phone call or video conferencing (if available) and use supporting documentation from family members or the medical record for the completion of the UAI and other assessment documents</p> <p>APS Investigations</p> <p>APS investigations will continue as a face- to-face visit with a resident unless there is a valid reason not to meet with the resident. Workers may attempt a phone or video conference with the resident in lieu of a face-to-face meeting. APS workers understand that ALF staff may ask the worker to take certain precautions or undergo a brief health care screening before entering the facility. APS workers are to comply with such requests.</p>	<p><a href="https://myemail.constantcontact.com/VHCA-VCAL--COVID-19-Protocols--Transfer-Forms--and-DSS-Memo.html?soid=1011233811022&amp;aid=5wgZ_hLI_EY">https://myemail.constantcontact.com/VHCA-VCAL--COVID-19-Protocols--Transfer-Forms--and-DSS-Memo.html?soid=1011233811022&amp;aid=5wgZ_hLI_EY</a></p> <p><a href="https://www.vhca.org/files/2020/03/memo-covid19_for_ALF-3-27-20.pdf">https://www.vhca.org/files/2020/03/memo-covid19_for_ALF-3-27-20.pdf</a></p>
3/30/20	AHCA VHCA CMS	Admissions Communication	<p><b>Accepting Admissions from Hospitals</b> During COVID-19 Pandemic- Revised March 30</p> <p>This document is to provide guidance to LTC facilities ( SNFs and ALFs) to determine when making decisions about accepting hospital discharges. This guidance is revised March 30</p> <p>CMS announced that hospitals, laboratories and other entities can perform tests for COVID-19 on people at home and in other community based settings outside of the hospital, including nursing homes.</p>	<p><a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/SNF-Admit-Transfer-COVID19.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/SNF-Admit-Transfer-COVID19.pdf</a></p> <p><a href="https://myemail.constantcontact.com/VHCA-VCAL--New-Guidance-on-Hospital-Transfers--1135-Waiver--Info-from-OLC--Personal-Assistants--and-More.html?soid=1011233811022&amp;aid=WRsY2DmV1Bk">https://myemail.constantcontact.com/VHCA-VCAL--New-Guidance-on-Hospital-Transfers--1135-Waiver--Info-from-OLC--Personal-Assistants--and-More.html?soid=1011233811022&amp;aid=WRsY2DmV1Bk</a></p> <p><a href="https://www.cms.gov/newsroom/press-releases/trump-administration-makes-sweeping-regulatory-changes-help-us-healthcare-system-address-covid-19">https://www.cms.gov/newsroom/press-releases/trump-administration-makes-sweeping-regulatory-changes-help-us-healthcare-system-address-covid-19</a></p>

Date	Agency	Topic	Summary	Link
3/31/20	VHCA AHCA	Screening	<p><b>Revised screening checklist</b> for ALL individuals to include:</p> <ul style="list-style-type: none"> <li>when a staff person has worked in facilities or locations with recognized COVID-19 cases, and the staff person has worked with a person with confirmed COVID-19. They should be required to wear PPE including masks, gloves, gown before any contact with residents.</li> <li>CDC guidance for health care provider use of PPE when there are cases of COVID-19 present or not in the facility, as well is in the community</li> </ul>	<p><a href="https://cl.exct.net/?qs=592fb393d4231b21e8980ab306a6eea74a47659cb886ce3f869df155a68be117e5d183f6a8c2ea7d180bf08c64792d400cf555969f4d3c37">https://cl.exct.net/?qs=592fb393d4231b21e8980ab306a6eea74a47659cb886ce3f869df155a68be117e5d183f6a8c2ea7d180bf08c64792d400cf555969f4d3c37</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></p>
4/1/20	CDC	Airborne Precautions	<p><b>COVID-19 Infection Prevention and Control in Healthcare Settings: Q&amp;A</b></p> <p>Do all patients with confirmed or suspected COVID-19 need to be placed in an airborne infection isolation room?</p> <ul style="list-style-type: none"> <li>Airborne infection isolation rooms should be reserved undergoing aerosol generating procedures or for diagnosis such as active tuberculosis</li> <li>Full Q&amp;A related to PPE topics, testing, etc. available in link</li> </ul>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=2">https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&amp;Page=2</a></p>
4/2/20	CMS VHCA AHCA	Infection Control and Prevention Self-Assessment PPE Screening	<p><b>COVID-19 Long-Term Care Facility Guidance</b></p> <p>Nursing homes should immediately ensure that they are complying with all CMS and CDC guidance related to infection control.</p> <ul style="list-style-type: none"> <li>Focus on adherence to appropriate hand hygiene per CDC</li> <li>Self-assessment checklist to determine compliance with crucial infection control actions</li> <li>CDC guidance for PPE</li> </ul> <p>CMS urges state and local health dept to consider the needs of LTC facilities with respect to PPE supplies and COVID-19 tests</p> <ul style="list-style-type: none"> <li>State and local health depts should work together with LTC facilities to determine and help address the needs for PPE and/or COVID-19 tests</li> <li>Medicare is now covering COVID-19 tests when furnished to eligible beneficiaries by certified labs. These labs may also choose to enter facilities to conduct COVID-19 testing</li> </ul> <p>Immediately implement symptom screening for <b>all</b></p> <ul style="list-style-type: none"> <li><b>Every</b> individual regardless of reason entering a long term care facility should be asked COVID-19 symptoms and have their temperature checked</li> </ul>	<p><a href="https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf">https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf</a></p> <p><a href="https://myemail.constantcontact.com/VHCA-VCAL--COVID-19-Call-at-3-30-pm--New-CMS-Recommendations--Use-of-PPE--CNA-Testing--and-More.html?soid=1011233811022&amp;aid=x-jYufQLpg">https://myemail.constantcontact.com/VHCA-VCAL--COVID-19-Call-at-3-30-pm--New-CMS-Recommendations--Use-of-PPE--CNA-Testing--and-More.html?soid=1011233811022&amp;aid=x-jYufQLpg</a></p> <p><a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Cohorting.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Cohorting.pdf</a></p>



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			<ul style="list-style-type: none"> <li>• Facilities should limit access points and ensure all accessible entrances have a screening station</li> <li>• <b>Every</b> resident should be assessed for symptoms and have their temperature checked every day- per CDC guidance</li> <li>• Residents who enter facilities should be screened for COVID-19 through testing if available</li> <li>• Ensure all staff are using appropriate PPE when they are interacting with resident to the extent PPE is available and per CDC guidance for conservation of PPE</li> <li>• <b>All</b> staff should wear a facemask while they are in the facility</li> <li>• Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE</li> </ul> <p>To avoid transmission within LTC facilities , facilities should use separate staffing teams for COVID-19 residents to the best of their ability and work with State and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative resident from COVID-19 positive resident and individuals with unknown COVID-19 status</p> <ul style="list-style-type: none"> <li>• LTC facilities should exercise as best as possible consistent assignment for all residents regardless of symptoms or COVID-19 status. The goal is to decrease the number of different staff interacting with each resident as well as the number of times those staff interact with the residents. Also staff as much as possible should not work across units or floors</li> <li>• LTC facilities should redeploy existing training related to consistent assignment and ensure that staff are familiar with the signs of COVID-19</li> <li>• LTC facilities should separate residents who have COVID-19 from residents that do not or are unknown</li> <li>• COVID-19 units must be capable of maintaining strict infection control practices</li> <li>• If possible isolate all admitted residents ( including readmissions) in their room in the COVID-19 positive facility for 14 days if their COVID-19 status is unknown</li> <li>• LTC facilities should, to the fullest extent possible, inform, residents and their visitors of limitations of their access and ability to leave and re-enter the facility as</li> </ul>	

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			<p>well as any requirement and procedures for placement in alternate facilities for COVID-19 positive or unknown status</p>	
4/3/20	CDC	<b>Self-Assessment</b>	<p><b>Preparedness Checklist for Nursing Homes and Other Long-Term Care Settings</b></p> <p>This checklist identifies key areas that long term care should consider in their COVID-19 and can be used to self-access the strengths and weaknesses of current preparedness efforts. This checklist does not describe mandatory requirements or standards but highlights the important areas to review and prepare for the possibility for residents with COVID-19</p> <p>Checklist should be used as one tool to develop a comprehensive COVID-19 plan, including plans for:</p> <ul style="list-style-type: none"> <li>• Rapid identification and management of ill residents</li> <li>• Considerations for visitors and consultant staff</li> <li>• Supplies and resources</li> <li>• Sick leave polices and other occupational health considerations</li> <li>• Surge capacity for staffing, equipment and supplies, and postmortem care</li> </ul>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf">https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf</a></p>
4/3/20	VDH VHCA OSHA AHCA	<b>PPE</b> <b>Record Keeping</b>	<p><b>Optimization Strategies for PPE in LTC Facilities</b></p> <ul style="list-style-type: none"> <li>• See VDH link for table for summary of priorities for each type of PPE</li> </ul> <p>Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the Coronavirus Disease (COVID-19) Pandemic</p> <ul style="list-style-type: none"> <li>• Gives employers relief to extend the use of National Institute for Occupational Safety and Health (NIOSH)-approved respirators and to permit reuse of them.</li> </ul> <p>Enforcement Guidance for Use of Respiratory Protection Equipment Certified under Standards of Other Countries or Jurisdictions During the Coronavirus Disease 2019 (COVID-19) Pandemic</p> <ul style="list-style-type: none"> <li>• Allows employers in certain circumstances to use respirators approved by another country, where NIOSH-approved respirators are not available. Employers must exhaust all NIOSH-certified respirators prior to use non-NIOSH-certified respirators.</li> </ul>	<p><a href="http://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPE-shortage-in-LTCFs-final.pdf">http://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPE-shortage-in-LTCFs-final.pdf</a></p> <p><a href="https://myemail.constantcontact.com/VHCA-VCAL--VDH-and-OSHA-on-PPE.html?soid=1011233811022&amp;aid=OgoNggeSMBw">https://myemail.constantcontact.com/VHCA-VCAL--VDH-and-OSHA-on-PPE.html?soid=1011233811022&amp;aid=OgoNggeSMBw</a></p> <p><a href="https://www.osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus">https://www.osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus</a></p> <p><a href="https://www.osha.gov/memos/2020-04-03/enforcement-guidance-use-respiratory-protection-equipment-certified-under">https://www.osha.gov/memos/2020-04-03/enforcement-guidance-use-respiratory-protection-equipment-certified-under</a></p> <p><a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20-%20Update%2034.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20-%20Update%2034.pdf</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</a></p>

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			<p>Be Prepared: OSHA Requirements for PPE</p> <ul style="list-style-type: none"> <li>• If you are running low on PPE, follow the CDC guidance and guidance from your local health department.</li> <li>• Have a plan in place that deals with potential exposure to COVID-19 for employees, for example, what happens if a staff member has respiratory or other symptoms indicative of COVID-19 or tests positive with COVID-19.</li> <li>• Communicate this plan to all staff often and have it available for staff to review.</li> </ul> <p>Recording Workplace Exposures to COVID-19 OSHA recordkeeping requirements at 29 CFR Part 1904 mandate covered employers record certain work-related injuries and illnesses on their OSHA 300 log. While these requirements exempt recording of the common cold or flu, COVID-19 is a recordable illness when a worker is infected on the job if the following are met:</p> <ul style="list-style-type: none"> <li>• Case is confirmed COVID-19;</li> <li>• The case is work-related as defined by 29 CFR 1904.5; and</li> <li>• The case involves one or more of the general recording criteria set forth in 29 CFR 1904.7.</li> </ul>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html?deliveryName=USCDC_1052-DM21038">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html?deliveryName=USCDC_1052-DM21038</a></p> <p><a href="https://www.osha.gov/recordkeeping/">https://www.osha.gov/recordkeeping/</a></p> <p><a href="https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.5">https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.5</a></p>
4/6/20	CDC	Clinical Guidance	<p><b>Interim Clinical Guidance for Management of Patients with Confirmed COVID-19</b></p> <p>This interim guidance is for clinicians caring for patients with confirmed infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes coronavirus disease 2019 (COVID-19).</p>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc">https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc</a></p>
4/7/20	VDSS VHCA	Virginia-ALF Inspection	<p><b>Temporary Procedures for Conducting Licensing Inspections</b></p> <p>In order to minimize face-to-face contact with the providers and individuals we serve, we will conduct most inspections during the State of Emergency using the following desk review process:</p> <ul style="list-style-type: none"> <li>• Your assigned licensing inspector will call you to initiate the desk review inspection.</li> <li>• Your inspector will send you a list of requested items before the inspection.</li> </ul>	<p><a href="https://www.vhca.org/files/2020/04/Temporary-Procedures-for-Conducting-Licensing-Inspections-4-7-20-.pdf">https://www.vhca.org/files/2020/04/Temporary-Procedures-for-Conducting-Licensing-Inspections-4-7-20-.pdf</a></p>

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			<ul style="list-style-type: none"> <li>On the date of the desk review, the inspector will email specific information and documents that you need to submit to the inspector in a specified timeframe.</li> <li>Your inspector will review the submitted documents, conduct interviews over the phone, determine compliance with applicable regulations, and provide an opportunity to discuss any violations.</li> <li>As with onsite inspections, you will have an opportunity to ask your inspector any questions you have during the inspection.</li> <li>Once the inspection is complete, your inspector will send you the inspection findings by email.</li> </ul> <p>The department may still conduct onsite complaint inspections and initial onsite inspections as deemed necessary for issues such as serious complaints or investigations involving Adult Protective Services</p>	
4/8/20	OSHA	N95 Fit Testing	<p><b>Expanded Temporary Enforcement on Respiratory Protection For-Testing N95 Filtering Facepieces in All Industries During the COVID-19 Pandemic</b></p> <ul style="list-style-type: none"> <li>OSHA will exercise enforcement discretion concerning annual fit-testing requirement as long as employers have made good faith efforts to comply with the requirement and standards in the March 14 guidance. Refer to the March 14 link.</li> </ul> <p>This guidance now applies to all OSHA covered workplaces</p>	<p><a href="https://www.osha.gov/memos/2020-04-08/expanded-temporary-enforcement-guidance-respiratory-protection-fit-testing-n95">https://www.osha.gov/memos/2020-04-08/expanded-temporary-enforcement-guidance-respiratory-protection-fit-testing-n95</a></p> <p><a href="https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit">https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit</a></p>
4/10/20	OSHA VHCA AHCA	Recording Employee Illness	<p>In the memo, <b>OSHA restated that COVID-19 is a recordable illness</b> and employers are responsible for recording cases of COVID-19 if The case is a tested-positive confirmed case of COVID-19, as defined by Centers for Disease Control and Prevention (CDC);</p> <p>The case is "work-related," which is defined as an event or exposure that either caused or contributed to the resulting condition or significantly aggravated a pre-existing injury or illness (this includes COVID-19 acquired from a co-worker or resident); and</p>	<p><a href="https://www.osha.gov/memos/2020-04-10/enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19">https://www.osha.gov/memos/2020-04-10/enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19</a></p> <p><a href="https://myemail.constantcontact.com/VHCA-VCAL--CNA-Training--New-OSHA-and-Cohorting-Guidance.html?soid=1011233811022&amp;aid=8Z6_O2RkuMA">https://myemail.constantcontact.com/VHCA-VCAL--CNA-Training--New-OSHA-and-Cohorting-Guidance.html?soid=1011233811022&amp;aid=8Z6_O2RkuMA</a></p> <p><a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/OSHA-Guidance-Recording.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/OSHA-Guidance-Recording.pdf</a></p>

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			<p>The case involves one or more of the following:</p> <ul style="list-style-type: none"> <li>• death</li> <li>• days away from work restricted work or transfer to another job medical treatment beyond first aid loss of consciousness</li> <li>• a significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.</li> </ul>	
4/13/20	CMS	Transfer/ Discharge	<p>QSO-20-25-NH</p> <p><b>CMS is providing supplemental information for transferring or discharging residents between facilities for the purpose of cohorting resident based on COVID-19 status</b> (i.e. positive, negative, unknown/under observation)</p> <ul style="list-style-type: none"> <li>• Two or more certified long term care (LTC) facilities (SNFs and/or NFs) transfer patients between facilities to create a COVID-19 and non-COVID-19 facility. Allowed under Blanket Transfer Waiver without additional approval. Each certified facility bills Medicare for the residents in their facility.</li> <li>• Transfer residents from one or more certified LTC facilities to a non-certified location that is state approved and where residents must be cared for by LTC facility staff. Medicare reimbursement remains with the LTC facility caring for patients in the new location. This location could be utilized by multiple LTC facilities, providing care with their own staff.</li> </ul>	<a href="https://www.cms.gov/files/document/qso-20-25-nh.pdf">https://www.cms.gov/files/document/qso-20-25-nh.pdf</a>
4/13/20	CDC	Return to Work	<p>Changes indicate a preference for use of <b>test-based strategy</b> to determine when HCP my return to work in healthcare settings:</p> <p><b>Test-based strategy.</b> Exclude from work until</p> <ul style="list-style-type: none"> <li>• Resolution of fever without the use of fever-reducing medications <b>and</b></li> <li>• Improvement in respiratory symptoms (e.g., cough, shortness of breath), <b>and</b></li> </ul>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html</a>

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)</li> </ul> <p>If the <i>Test-based strategy</i> cannot be used, the <i>Non-test-based strategy</i> may be used for determining when HCP may return to work in healthcare settings:</p> <p><b>Non-test-based strategy.</b> Exclude from work until</p> <ul style="list-style-type: none"> <li>At least 3 days (72 hours) have passed <i>since recovery</i> defined as resolution of fever without the use of fever-reducing medications <b>and</b> improvement in respiratory symptoms (e.g., cough, shortness of breath); <b>and</b>,</li> <li>At least 7 days have passed <i>since symptoms first appeared</i></li> </ul> <p><b>HCP with laboratory-confirmed COVID-19 who have not had any symptoms</b> should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.</p> <p>If HCP had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.</p> <p><b>Return to Work Practices and Work Restrictions</b> After returning to work, the HCP should :</p> <ul style="list-style-type: none"> <li>Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen or until 14 days after illness</li> </ul>	
4/15/20	CMS VHCA	Survey Activity	<p>CMS announced on its national call with nursing homes on April 15 that the suspension of standard surveys will continue until further notice. This means the CMS guidance released on March 23 has been extended until CMS states otherwise. CMS will continue to conduct surveys for immediate jeopardy situations and additional infection control focused surveys</p>	<p><a href="https://myemail.constantcontact.com/VHCA-VCAL--3-30-pm-Member-Call--Survey-Suspension-Continues--Return-to-Work-Criteria--and-More.html?soid=1011233811022&amp;aid=NPoo_sFjS Fk">https://myemail.constantcontact.com/VHCA-VCAL--3-30-pm-Member-Call--Survey-Suspension-Continues--Return-to-Work-Criteria--and-More.html?soid=1011233811022&amp;aid=NPoo_sFjS Fk</a></p> <p><a href="https://www.cms.gov/files/document/qso-20-20-all.pdf">https://www.cms.gov/files/document/qso-20-20-all.pdf</a></p>

Date	Agency	Topic	Summary	Link
4/17/20	VDH	Testing	<p><b>VDH Update Guidance on Testing for COVID-19</b>  Testing performed at the Division of Consolidated Laboratory Services (DCLS), Virginia's state lab, is reserved for patients who meet VDH's public health priority investigation criteria below:</p> <ul style="list-style-type: none"> <li>• Healthcare worker or first responder with COVID-19 symptoms</li> <li>• Person hospitalized with COVID-19 symptoms</li> <li>• Person with COVID-19 symptoms <b>AND</b> who resides or works or is about to be admitted to a congregate setting (i.e. homeless shelter, assisted living facility, group home, prison, jail or nursing home)</li> <li>• Person with COVID-19 symptoms <b>AND</b> underlying condition that increases the risk of severe COVID-19 (i.e. aged 65 years or older, person with chronic heart or lung disorder, diabetes, or on dialysis, etc.). Until more information is available VDH is including pregnant women in this category</li> <li>• Un-or-insured person with COVID-19 symptoms</li> <li>• Newborn of mother diagnosed with COVID-19 at the time of delivery</li> <li>• Potential cluster of unknown respiratory illness, with priority for healthcare facility care outbreaks. All suspected clusters or outbreaks should be reported to the local health dept immediately</li> </ul>	<a href="http://www.vdh.virginia.gov/coronavirus/health-professionals/vdh-updated-guidance-on-testing-for-covid-19/">http://www.vdh.virginia.gov/coronavirus/health-professionals/vdh-updated-guidance-on-testing-for-covid-19/</a>
4/17/20	DSS	Reporting	<p><b>DSS Issued Memo</b>  DSS confirmed that ALFs should report all confirmed COVID-19 cases to VDH and their VDSS inspector as soon as they learn of a positive case in their facility. This allows facilities to obtain guidance for the local health district and the epidemiologist for any additional testing, resources etc per their assessment and CDC and VDH.</p>	<a href="https://www.vhca.org/files/2020/04/ALF-COVID-19-Update04172020-1.pdf">https://www.vhca.org/files/2020/04/ALF-COVID-19-Update04172020-1.pdf</a>
4/19/20	CMS VHCA	Survey Activity	<p>QSO-20-20-All  CMS announced on its national call with nursing homes on April 15 that the suspension of standard surveys will continue until further notice. This means the CMS guidance released on March 23 has been extended until CMS states otherwise. CMS will continue to conduct surveys for immediate jeopardy situations and additional infection control focused surveys using this tool - Refer to link for tool.</p>	<a href="https://myemail.constantcontact.com/VHCA-VCAL--3-30-pm-Member-Call--Survey-Suspension-Continues--Return-to-Work-Criteria--and-More.html?soid=1011233811022&amp;aid=NPoo_sFjS_Fk">https://myemail.constantcontact.com/VHCA-VCAL--3-30-pm-Member-Call--Survey-Suspension-Continues--Return-to-Work-Criteria--and-More.html?soid=1011233811022&amp;aid=NPoo_sFjS_Fk</a>  <a href="https://www.cms.gov/files/document/qso-20-20-all.pdf">https://www.cms.gov/files/document/qso-20-20-all.pdf</a>

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4/19/20	CMS	Reporting Communicable Disease Communication / Transparency	<p><b>QSO-20-26-NH Communicable Disease Reporting Requirements</b></p> <p>To ensure appropriate tracking, response, and mitigation of COVID-19 in nursing homes, <b>CMS is reinforcing an existing requirement</b> that nursing homes must report communicable diseases, healthcare-associated infections, and potential outbreaks to State and Local health depts. <b>In rulemaking that will follow CMS</b> is requiring facilities to report this data to CDC in a standardized format and frequency defined by CMS and CDC. Failure to report cases of residents or staff who have confirmed COVID-19 and PUI could result in an enforcement action. This memorandum summarizes new requirements which will be put in place very soon</p> <ul style="list-style-type: none"> <li>• Current requirements at 42 CFR 483.30 and CDC guidance specify that nursing homes notify state or local health department about residents or staff with suspected or confirmed COVID-19, residents with severe respiratory infection resulting in hospitalization or death, or ≥ 3 residents or staff with new-onset respiratory symptoms within 72 hours of each other.</li> <li>• CMS and CDC will soon provide nursing homes with specific direction on standard formatting and frequency for reporting this information through the CDC's National Health Safety Network (NHSN) system. Currently, this information is provided optionally by nursing homes. The required collection of this information will be used to support surveillance of COVID-19 locally and nationally, monitor trends in infection rates, and inform public health policies and actions. This information may be retained and publicly reported in accordance with law.</li> </ul> <p><u>Transparency- Communication</u></p> <p>CMS will also be previewing a new requirement for facilities to notify residents' and their representatives to keep them up to day on the conditions inside the facility, such as when new cases of COVID-19 occur</p> <ul style="list-style-type: none"> <li>• At a minimum once these requirements are in place, nursing homes must inform residents and their representatives within 12 hours of the occurrence of a single confirmed infection of COVID-19, or three or more</li> </ul>	<a href="https://www.ahcavcal.org/facility_operations/disaster_planning/Documents/self-assessment.pdf">https://www.ahcavcal.org/facility_operations/disaster_planning/Documents/self-assessment.pdf</a> <a href="https://www.cms.gov/files/document/qso-20-26-nh.pdf">https://www.cms.gov/files/document/qso-20-26-nh.pdf</a>



Date	Agency	Topic	Summary	Link
			<p>residents or staff with new-onset of respiratory symptoms that occur within 72 hours.</p> <ul style="list-style-type: none"> <li>• Updates to residents and their representatives must be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours.</li> </ul> <p>Facilities will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered. This information must be reported in accordance with existing privacy regulations and statute.</p> <ul style="list-style-type: none"> <li>• In rulemaking that will follow this memorandum, failure to report resident or staff incidences of communicable disease or infection, including confirmed COVID-19 cases (or Persons Under Investigation for COVID-19), or provide timely notification to residents and their representatives of these incidences, as required, could result in an enforcement action against the nursing home by CMS.</li> </ul> <p><u>Surveillance- Survey Activity</u></p> <ul style="list-style-type: none"> <li>• To ensure access by appropriate public health entities at the Federal, State or Local level, nursing homes are reminded of the requirement at 42 CFR 483.10(f) (4)(i)(A) and (B) which mandates immediate access to any residents by any representative of the Secretary or State. The purpose of these visits will be for CDC (or its agents) to perform on-site infectious disease surveillance, testing of healthcare personnel and residents, or other related activities, as permitted under law.</li> </ul>	

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4/20/20	DHP-VA	Reporting	<p><b>Out of State License Reporting Form</b></p> <p>The Department of Health Professions (DHP) posted an <i>Out-of-State Licensed Provider Reporting Form</i> in response to Gov. Ralph Northam’s Executive Orders 57, 51 and 42, requiring hospitals, licensed nursing facilities, dialysis facilities, physicians’ offices, and other health care facilities in Virginia to notify DHP prior to, or within a reasonable time after employing or engaging an out-of-state healthcare practitioner to provide services for the health care facility or office in the Commonwealth. A health care facility includes assisted living facilities, congregate care settings, and any alternate care facility established in response to the COVID-19 emergency. Use of the form is a change from the original request from DHP which was to send notification to the agency on the organization’s letterhead with the out-of-state provider information at the time of or as soon as possible upon employment or engaging in services.</p>	<a href="https://www.dhp.virginia.gov/forms/dhp/Out-of-StateReportingForm.pdf">https://www.dhp.virginia.gov/forms/dhp/Out-of-StateReportingForm.pdf</a>
4/21/20	CMS	COVID-19 Healthcare Workforce Toolkit	<p><b>The COVID-19 Workforce Virtual Toolkit:</b> Resources for Healthcare Decision-Makers Responding to COVID-19 Workforce Concerns</p> <p>The COVID-19 Healthcare Workforce Toolkit builds on the steps CMS has taken to ensure healthcare facilities across the nation are fully staffed and equipped to treat COVID-19 patients as efficiently as possible. This comprehensive toolkit for individuals managing workforces during the COVID-19 pandemic provides helpful information on funding flexibilities, liability protections, and workforce training all in one place. For example, state and local communities will be able to access the COVID-19 Healthcare Workforce Toolkit to see how and where workforce waivers can be applied based on information from other areas.</p> <p>The COVID-19 Healthcare Workforce Toolkit also provides up-to-date best practices so that state and local healthcare decision makers have a go-to resource to know what’s been implemented in the field and to find out how it’s working. The toolkit is available online and includes an assistance center, information exchange of case studies and additional peer-to-peer communications that can be used to help local communities determine the best way to battle the COVID-19 based on their unique needs.</p>	<a href="https://asprtracie.hhs.gov/Workforce-Virtual-Toolkit">https://asprtracie.hhs.gov/Workforce-Virtual-Toolkit</a>

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			Refer to the link to view the Toolkit and the many resources linked within the toolkit	
4/22/20	VHCA Leading Age	Admissions Transfers	<p><b>Guidance on Hospital Transfer and Admission of Patients to LTCFs During COVID-19 Emergency</b></p> <p>Category 1: Patients with no clinical concern for COVID-19:</p> <ul style="list-style-type: none"> <li>• Acceptable for transfer to the LTCF following standard procedures. Hospitals are NOT required to perform COVID-19 testing on patients solely for discharge considerations unless new respiratory infection symptoms develop.</li> </ul> <p>Category 2: Patients investigated for possible COVID-19, but negative testing:</p> <ul style="list-style-type: none"> <li>• If patient has negative testing and meets usual clinical criteria for discharge, then he/she is acceptable for transfer to LTCF. Hospitals should communicate results and any indication for continued transmission-based precautions upon transfer.</li> </ul> <p>Category 3: Patients under investigation for COVID-19, but test results pending:</p> <ul style="list-style-type: none"> <li>• These patients will NOT be transferred to an LTCF until tests results are completed and provided to the facility.</li> </ul> <p>Category 4: Patients positive for COVID-19 testing:</p> <ul style="list-style-type: none"> <li>• An LTCF can accept a new admission and readmission with a diagnosis of COVID-19 and who is still requiring transmission-based precautions for COVID-19 as long as the facility can follow CDC infection prevention and control recommendations for the care of COVID-19 patients, including having adequate staffing levels and adequate supplies of PPE.</li> <li>• If transmission-based precautions have been discontinued*AND patient's symptoms have resolved, a patient can be discharged back to the facility they came from. Hospital discharge planners should provide advanced notice to the LTCF for any transfer of a patient with COVID-19.</li> </ul>	<p><a href="https://www.vhca.org/files/2020/04/VHCA-LA-VHHA-COVID-19-LTCF-Hospital-Guidance_Final_04-22-20.pdf">https://www.vhca.org/files/2020/04/VHCA-LA-VHHA-COVID-19-LTCF-Hospital-Guidance_Final_04-22-20.pdf</a></p> <p><a href="https://www.vhca.org/files/2020/04/COVID-Hospital-to-Post-Acute-Transfer-Form_04-22-20final.pdf">https://www.vhca.org/files/2020/04/COVID-Hospital-to-Post-Acute-Transfer-Form_04-22-20final.pdf</a></p> <p><a href="https://cdn.ymaws.com/leadingagevirginia.org/resource/resmgr/docs/covid-19/04-23/COVID-19_LTCF_Hospital_Guida.pdf">https://cdn.ymaws.com/leadingagevirginia.org/resource/resmgr/docs/covid-19/04-23/COVID-19_LTCF_Hospital_Guida.pdf</a></p> <p><a href="https://cdn.ymaws.com/leadingagevirginia.org/resource/resmgr/docs/covid-19/04-23/COVID_Hospital_to_Post_Acute.pdf">https://cdn.ymaws.com/leadingagevirginia.org/resource/resmgr/docs/covid-19/04-23/COVID_Hospital_to_Post_Acute.pdf</a></p>

Date	Agency	Topic	Summary	Link
			<p>Hospitals and LTCFs will work cooperatively to implement these protocols and facilitate discharges and are encouraged to proactively develop transfer and admission plans within their communities in anticipation of the need to identify alternative facilities for appropriate transfer.</p> <p>*Transmission-based precaution for COVID-19 should be used for at least 7 days from symptoms onset AND 3 days of recovery, defined as being afebrile without fever-reducing medication and improvement in respiratory symptoms (e.g., cough, shortness of breath). Lingering cough after 72 hours would not be an indication for continuation of transmission-based precautions. Consideration should be given to extending transmission-based precautions for individuals with immunocompromising conditions.</p>	
4/24/20	CMS	Reporting- Nursing Home Compare	<p><b>QSO-20-28-NH - Nursing Home Compare Website and Nursing Home Five Star Quality Rating</b></p> <ul style="list-style-type: none"> <li>• CMS will temporarily maintain and hold constant the health inspection domain of the Five Star Rating System</li> <li>• Results of health inspections conducted on or after March 4, 2020 will be publicly posted but will <u>not</u> be used to calculate to the nursing home's health inspection star ratings.</li> <li>• This will start with the scheduled update to the Nursing home Compare website on April 29, 2020</li> <li>• The waiver for PBJ and MDS will not impact the April update for quality measures and staffing domains because the data for these domains are based on a timing prior to the COVID-19 pandemic.</li> </ul> <p>Nursing Home Staff and Resident Information</p> <ul style="list-style-type: none"> <li>• CMS is releasing information that shows the average number of staff each nursing home has onsite, each day (nursing staff and total staff), and aggregated by state and nationally. This also includes the facilities average census per day and total beds.</li> <li>• Due to the waiver for PBJ submission, this information is based on data submitted for 2019 calendar quarter 4</li> </ul>	<a href="https://www.cms.gov/files/document/qso-20-28-nh.pdf">https://www.cms.gov/files/document/qso-20-28-nh.pdf</a>

Date	Agency	Topic	Summary	Link
			<p>and may not reflect the actual conditions in facilities at the point in time used.</p> <ul style="list-style-type: none"> <li>• CMS believes that this information can be used to identify approximated facility needs, and help support local, state, and federal agencies response to preventing and controlling the transmission of COVID-19 such as how much PPE and testing should be directed within the state.</li> <li>• While nursing home census is already available on the Nursing Home Compare website (refer to link) ,this is the first time that the number of individual staff at each facility has been made available.</li> </ul> <p>FAQs There is also information in the form of FAQs to assist in clarifying the resources, guidelines and tools to help with the prevention and transmission of COVID-19. The topics include:</p> <ul style="list-style-type: none"> <li>• Individuals entering and leaving nursing homes, such as visitation, the use of civil money penalty (CMP) funds for communicative devices, health care workers, and residents leaving for appointments;</li> <li>• Surveys and the Infection Control Self-Assessment;</li> <li>• Waivers of Federal Requirements</li> <li>• Resident cohorting, separation, and admission, including admitting residents discharged from hospitals.</li> </ul>	
4/27/20	CDC VHCA	Testing	<p><b>Priority of COVID-19 Testing in Long Term Care Residents</b></p> <p><b>Priorities for COVID-19 Testing</b> (Nucleic Acid or Antigen) CDC has modified it priority classification into two categories with healthcare facility workers and residents in long term care facilities with symptoms being classified as high priority. Previously the CDC identified three priority levels for testing with resident in long term care with symptoms identified as priority two for testing and healthcare workers without symptoms as priority three.</p> <p><b>High Priority</b></p>	<p><a href="https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html">https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html</a></p> <p><a href="https://myemail.constantcontact.com/VHCA-VCAL-Notes-on-Roster-Billing-for-20-Day-Add-On-Liability-Protections-CDC-Webinars-and-Updated-COVID-19-Symptoms.html?soid=1011233811022&amp;aid=vfh0SpOCI0Y">https://myemail.constantcontact.com/VHCA-VCAL-Notes-on-Roster-Billing-for-20-Day-Add-On-Liability-Protections-CDC-Webinars-and-Updated-COVID-19-Symptoms.html?soid=1011233811022&amp;aid=vfh0SpOCI0Y</a></p>

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			<ul style="list-style-type: none"> <li>• Hospitalized patients with symptoms</li> <li>• Healthcare facility workers, workers in congregate living settings, and first responders <b>with</b> symptoms</li> <li>• Residents in long-term care facilities or other congregate living settings, including correctional and detention facilities and shelters, <b>with</b> symptoms</li> </ul> <p><b>Priority</b> Persons identified by public health officials or clinicians as high priority</p> <ul style="list-style-type: none"> <li>• Persons <b>with</b> symptoms of a possible infection with COVID-19, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat.</li> <li>• Persons <b>without</b> symptoms who come from racial and ethnic minority groups disproportionately affected by adverse COVID-19 outcomes-currently African Americans, Hispanics and Latinos, some American Indian tribes (e.g., Navajo Nation).</li> </ul> <p>Persons <b>without</b> symptoms who are prioritized by health departments or clinicians, including but not limited to: public health monitoring, sentinel surveillance, presence of underlying medical condition or disability, residency in a congregate housing setting such as a homeless shelter or long term care facility, or screening of other asymptomatic individuals according to state and local plans.</p>	
4/28/20	CMS	Symptom Update	<p><b>CMS Update for new COVID-19 Symptoms</b> People with COVID-19 have a wide range of symptoms and vary from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus.</p> <p>People with these symptoms or combinations of symptoms may have COVID-19:</p> <ul style="list-style-type: none"> <li>• Cough</li> <li>• Shortness of breath or difficulty breathing</li> </ul> <p><i>Or at least two of these symptoms:</i></p> <ul style="list-style-type: none"> <li>• Fever</li> <li>• Chills</li> <li>• Repeated shaking with chills</li> <li>• Muscle pain</li> </ul>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html">https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html</a>

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			<ul style="list-style-type: none"> <li>• Headache</li> <li>• Sore Throat</li> <li>• New loss of taste or smell</li> </ul>	
4/30/20	CDC AHCA	<b>Testing Staff Return to Work Transmission- Based Precautions Transfer/ Discharge</b>	<p><b>Updated Criteria for Return to Work for HCP with Confirmed or Suspected COVID-19</b></p> <p>Decisions about return to work for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances.</p> <p>This updated guidance includes the following:</p> <ul style="list-style-type: none"> <li>• Changed the name of the 'non-test-based strategy' to the 'symptom- based strategy' for those with symptoms and the 'time-based strategy' for those without symptoms</li> <li>• Updated these to extend the duration of exclusion from work to at least 10 days since symptoms first appeared.</li> <li>• Removed specifying use of nasopharyngeal swab collection for the Test-Based Strategy and linked to the Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV), so that the most current specimen collection strategies are recommended.</li> </ul> <p>The CDC specifically notes that after returning to work, HCP should:</p> <ul style="list-style-type: none"> <li>• Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.</li> <li>• Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.</li> </ul> <p>Updated Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings - This updated guidance includes the following:</p> <ul style="list-style-type: none"> <li>• Changed the name of the 'non-test-based strategy' to the 'symptom- based strategy' for those with symptoms and the 'time-based strategy' for those without symptoms, and updated these to extend the duration of Transmission-Based Precautions to at least 10 days since symptoms first appeared.</li> </ul>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html">https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html</a></p> <p><a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Update%2059.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Update%2059.pdf</a></p>

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			<ul style="list-style-type: none"> <li>Added criteria for discontinuing Transmission-Based Precautions for patients who have laboratory-confirmed COVID-19 but have not had any symptoms of COVID-19.</li> </ul> <p>If a patient is discharged to a nursing home or other long-term care facility (e.g. assisted living community), AND transmission- based precautions:</p> <ul style="list-style-type: none"> <li>are still required, they should go to a facility with an ability to adhere to infection prevention and control recommendations for the care of COVID- 19 patients. Preferably, the patient would be placed in a location designated to care for COVID-19 residents.</li> <li>have been discontinued, but the patient has persistent symptoms from COVID-19 (e.g., persistent cough), they should be placed in a single room, be restricted to their room to the extent possible, and wear a facemask (if tolerated) during care activities until all symptoms are completely resolved or at baseline.</li> <li>have been discontinued and the patient’s symptoms have resolved, they do not require further restrictions, based upon their history of COVID-19.</li> </ul>	
4/30/20	CDC VDH	Testing Test Based Strategy Point Prevalence Survey	<p><b>Responding to COVID-19 in Nursing Homes</b> <b>Testing for COVID-19 in Nursing Homes</b></p> <p>Nursing home populations are at high risk for infection, serious illness, and death from COVID-19. Reverse transcription polymerase chain reaction (RT-PCR) testing (referred to here as testing or test) for SARS-CoV-2 infection among residents and healthcare personnel (HCP) in nursing homes has become a priority to help inform prevention and control in the facility. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). Consider the following four key principles when using testing in nursing homes:</p>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf</a></p>



			<p>1. Testing should not supersede existing infection prevention and control (IPC) interventions</p> <ul style="list-style-type: none"> <li>• Testing conducted at nursing homes should be implemented <i>in addition to</i> existing infection prevention and control measures recommended by CDC, including visitor restriction, cessation of communal dining and group activities, monitoring all HCP and residents for signs and symptoms of COVID-19, and universal masking as source control.</li> </ul> <p>2. Testing should be used when results lead to specific IPC actions</p> <ul style="list-style-type: none"> <li>• Cohorting residents to separate those with SARS-CoV-2 infection from those without detectable SARS-CoV-2 infection at the time of testing to reduce the opportunity for further transmission.</li> <li>• Discontinuing transmission-based precautions for residents diagnosed with SARS-CoV-2 infection.</li> <li>• Identifying HCP with SARS-CoV-2 infection for work exclusion.</li> <li>• Enabling HCP to return to work after being excluded for SARS-CoV-2 infection.</li> <li>• Determining the SARS-CoV-2 burden across different units or facilities and allocating resources.</li> </ul> <p>3. The first step of a test-based prevention strategy should ideally be a point prevalence survey (PPS) of all residents and all HCP in the facility.</p> <p>Testing of residents</p> <ul style="list-style-type: none"> <li>• If testing capacity allows, facility-wide PPS of all residents should be considered in facilities with suspected or confirmed cases of COVID-19. Early experience from nursing homes with COVID-19 cases suggests that when residents with COVID-19 are identified, there are often asymptomatic residents with SARS-CoV-2 present as well. PPS of all residents in the facility can identify infected residents who can be cohorted on a pre-specified unit or transferred to a COVID-specific facility. If undertaking facility-wide PPS, facility leadership should be prepared for the potential to identify multiple asymptomatic residents with SARS-CoV-2 infection and make plans to cohort them.</li> <li>• If testing capacity is not sufficient for facility-wide PPS, performing PPS on units with symptomatic residents should be prioritized.</li> </ul>	
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Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>• If testing capacity is not sufficient for unit-wide PPS, testing should be prioritized for symptomatic residents and other high-risk residents, such as those who are admitted from a hospital or other facility, roommates of symptomatic residents, or those who leave the facility regularly for dialysis or other services.</li> </ul> <p>Testing of nursing home HCP</p> <ul style="list-style-type: none"> <li>• If testing capacity allows, PPS of all HCP should be considered in facilities with suspected or confirmed cases of COVID-19. Early experience suggests that, despite HCP symptom screening, when COVID-19 cases are identified in a nursing home, there are often HCP with asymptomatic SARS-CoV-2 infection present as well. HCP likely contribute to introduction and further spread of SARS-CoV-2 within nursing homes.</li> <li>• CDC recommends HCP with COVID-19 be excluded from work. Facility leadership and local and state health departments should have a plan for meeting staffing needs to provide safe care to residents while infected HCP are excluded from work. If the facility is in Crisis Capacity and facing staffing shortages, see CDC guidance on Strategies to Mitigate Healthcare Personnel Staffing Shortages for additional considerations.</li> </ul> <p>4. Repeat testing may be warranted in certain circumstances after initial PPS has been performed for residents and HCP (baseline) and the results have been used to implement resident cohorting and HCP work exclusions, nursing homes may consider retesting under the following circumstances:</p> <p>Retesting of residents</p> <ul style="list-style-type: none"> <li>• Retest any resident who develops symptoms consistent with COVID-19.</li> <li>• Retest all residents who previously tested negative at some frequency shortly (e.g., 3 days) after the initial PPS, and then weekly to detect those with newly developed infection; consider continuing retesting until PPSs do not identify new cases.</li> </ul>	

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>If testing capacity is not sufficient for retesting all residents, retest those who frequently leave the facility for dialysis or other services and those with known exposure to infected residents (such as roommates) or HCP.</li> <li>Use retesting to inform decisions about when residents with COVID-19 can be moved out of COVID-19 wards. See CDC guidance on Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings for additional information.</li> </ul> <p>Retesting of nursing home HCP</p> <ul style="list-style-type: none"> <li>Retest any HCP who develop symptoms consistent with COVID-19.</li> <li>Retest to inform decisions about when HCP with COVID-19 can return to work. See CDC guidance on Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 for additional details.</li> <li>Consider retesting HCP at some frequency based on community prevalence of infections (e.g., once a week).</li> </ul> <p>If testing capacity is not sufficient for retesting all HCP, consider retesting HCP who are known to work at other healthcare facilities with cases of COVID-19.</p>	
4/30/20	CDC VDH	Clinical Guidance	<p><b>Responding to COVID-19 in Nursing Homes Considerations for the Public Health Response to COVID-19</b></p> <p>This guidance is intended to assist nursing homes and public health authorities with response and cohorting decisions in nursing homes. This guidance supplements but does not replace recommendations included in the Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes. All facilities should adhere to current CDC infection prevention and control recommendations, including universal source control and promptly notifying the health department about any of the following:</p> <ul style="list-style-type: none"> <li>Resident or HCP with suspected or confirmed COVID-19,</li> <li>Resident with severe respiratory infection resulting in hospitalization or death, or</li> </ul>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a></p> <p><a href="https://www.vdh.virginia.gov/coronavirus/health-professionals/">https://www.vdh.virginia.gov/coronavirus/health-professionals/</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></p>

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>• ≥ 3 residents or HCP with new-onset respiratory symptoms within 72 hours of each other.</li> </ul> <p>These situations should prompt further investigation and testing for SARS-CoV-2, the virus that causes COVID-19.</p> <p><b>Resident Cohorting</b> Consider for establishing a designated COVID-19 care unit for residents with confirmed COVID-19</p> <ul style="list-style-type: none"> <li>• Determine location of the COVID-19 unit and create a staffing plan before residents are identified</li> <li>• The unit could be a separate floor, wing, or cluster of rooms</li> <li>• Assign dedicated HCP and restrict ancillary personnel to the extent possible</li> <li>• Assign environment services staff to work on the unit</li> <li>• Ensure high touch surfaces in work areas and break rooms are frequently cleaned and disinfected</li> <li>• Ensure HCP practice source control and social distancing in break rooms</li> <li>• Ensure HCP have been trained on infection prevention measures, including how to properly put on and remove PPE</li> <li>• If PPE shortages exist, implement strategies to optimize PPE supplies</li> <li>• Assign dedicated resident care equipment to the cohort unit. Cleaning and disinfection of shared equipment should be performed between residents and the equipment should not leave the cohort unit.</li> </ul> <p><b>Considerations for new admission or readmissions to the facility:</b></p> <ul style="list-style-type: none"> <li>• Newly admitted and readmitted residents with confirmed COVID-19 who have <b>not</b> met criteria for discontinuation of Transmission-Based Precaution should go to the designated COVID-19 care unit.</li> <li>• Newly admitted and readmitted residents with COVID-19 who have met criteria for discontinuation of Transmission-Based Precautions can go to a regular unit.</li> <li>• Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-</li> </ul>	

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			<p>19 PPE. Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home.</p> <ul style="list-style-type: none"> <li>New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty</li> </ul> <p><b>Response to Newly Identified SARS-Cov-2 Infected HCP or Resident</b>  HCP who worked with symptoms consistent with COVID-19 or in the 48 hours prior to symptom onset</p> <ul style="list-style-type: none"> <li>Prioritize these HCP for SARS-CoV-2 testing. Exclude HCP with COVID-19 from work until they have met all return to work criteria.</li> <li>Determine which residents received direct care from and which HCP had unprotected exposure to HCP who worked with symptoms consistent with COVID-19 or in the 48 hours prior to symptom onset.</li> <li>Residents who were cared for by these HCP should be restricted to their room and be cared for using all recommended COVID-19 PPE until results of HCP COVID-19 testing are known. If the HCP is diagnosed with COVID-19, residents should be cared for using all recommended COVID-19 PPE until 14 days after last exposure and prioritized for testing if they develop symptoms.</li> </ul> <p><b>Residents with new-onset suspected or confirmed COVID-19</b></p> <ul style="list-style-type: none"> <li>Ensure the resident is isolated and cared for using all recommended COVID-19 PPE. Place the resident in a single room if possible. Alternatively, if an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved to a single room on that unit pending results of SARS-CoV-2 testing.</li> <li>Cohorting residents on the same unit based on symptoms alone could result in inadvertent mixing of infected and non-infected residents (e.g., residents who</li> </ul>	

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			<p>have fever, for example, due to a non-COVID-19 illness could be put at risk if moved to a COVID-19 unit).</p> <ul style="list-style-type: none"> <li>• If cohorting symptomatic residents, care should be taken to ensure infection prevention and control interventions are in place to decrease the risk of cross-transmission.</li> <li>• If the resident is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care unit.</li> <li>• Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit).</li> <li>• Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room.</li> <li>• Consider temporarily halting admissions to the facility, at least until the extent of transmission can be clarified and interventions can be implemented.</li> <li>• Increase monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily to identify and quickly manage serious infections.</li> <li>• Consider increasing monitoring of asymptomatic residents from daily to every shift to more rapidly detect any residents with new symptoms.</li> <li>• Counsel all residents to restrict themselves to their room to the extent possible.</li> </ul>	
4/30/20	CMS	Communication		
5/1/20	VDH VHCA	Testing Point Prevalence Survey	<p><b>VDH Point Prevalence Survey Guidance for Long-Term Care Facilities</b></p> <p>Due to the large impact COVID-19 is having on Long-Term Care Facilities (LTCF) and other congregated settings, Governor Northam and the COVID-19 LTCF Task Force have initiated the VDH Point Prevalence Survey project. A Point Prevalence Survey (PPS) is a data collection tool to identify the number of people with a disease or condition at a specific point in time. A PPS entails testing all individuals in a designated area of a facility, whether or not they have</p>	<a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPS-Guidance-for-LTCF_Congregated-Settings-FINAL-4-28-2020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPS-Guidance-for-LTCF_Congregated-Settings-FINAL-4-28-2020.pdf</a>

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			<p>symptoms, on one day and indicates the number and percent positive for the virus that causes COVID-19 on that specific day.</p> <p>VDH is expanding the availability of point prevalence surveys for long term care providers with the assistance of the Virginia National Guard. VDH previously issued this <i>Point Prevalence Survey Guidance for Long Term Care Facilities</i>, which has now been supplemented with the following FAQs.</p> <p>What is a Point Prevalence Survey (PPS)?</p> <ul style="list-style-type: none"> <li>• A point prevalence study involves testing staff and residents for the presence of SARS-CoV-2, the virus that causes COVID-19.</li> <li>• The results from a PPS can describe the scope and magnitude of COVID-19 in a facility and can sometimes help inform additional prevention and control efforts designed to further limit transmission.</li> </ul> <p>Who will be tested?</p> <ul style="list-style-type: none"> <li>• VDH recommends testing all staff and residents in facilities with <u>two or more confirmed cases of COVID-19</u>.</li> </ul> <p>What is the purpose of testing all residents?</p> <p>Early experience from long-term care facilities with COVID-19 cases suggests that when residents with COVID-19 are identified, there are often asymptomatic residents with SARS-CoV-2 present as well. Conducting a PPS of all residents in the facility can identify infected residents who can be cohorted on a pre-specified unit or transferred to a COVID-specific facility.</p> <p>What is the purpose of testing all staff?</p> <ul style="list-style-type: none"> <li>• Early experience suggests that, despite healthcare personnel (HCP) symptom screening, when COVID-19 cases are identified in a long-term care facility, there are often HCP with asymptomatic SARS-CoV-2 infection present as well.</li> </ul> <p>How should my facility prepare?</p> <ul style="list-style-type: none"> <li>• Facility leadership should be prepared for the potential to identify multiple asymptomatic residents and staff.</li> </ul>	

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			<ul style="list-style-type: none"> <li>• Facility leaders and infection preventionist should review the CDC guidance on responding to COVID-19 in long term care facilities.</li> </ul> <p>How do I schedule a PPS?</p> <ul style="list-style-type: none"> <li>• If you are interested in conducting a PPS at your facility, reach out to your local health department. Note the capacity to run PPS at facilities is not unlimited. Multiple PPS will be coordinated by VDH with the medical center labs based on days and times that are available.</li> </ul> <p>How will I get the results?</p> <ul style="list-style-type: none"> <li>• VDH or the testing laboratory will inform you of the results.</li> <li>• The results will be reported back to the facility within 24 hours of the testing laboratory receiving the specimens.</li> <li>• General guidance about what to do with the results will be communicated with the facility point of contact.</li> </ul> <p>What changes might happen based on the results? Results from a PPS could lead to infection prevention and control actions such as:</p> <ul style="list-style-type: none"> <li>• Cohorting residents to separate those with SARS-CoV-2 infection from those without detectable SARS-CoV-2 infection at the time of testing to reduce the opportunity for further transmission.</li> <li>• Identifying HCP with SARS-CoV-2 infection for work exclusion.</li> <li>• Determining the SARS-CoV-2 burden across different units or facilities and allocating resources/training.</li> <li>• The results will inform facility administrators about the extent and distribution of infection with the virus that causes COVID-19 in the facility on the day(s) of testing.</li> <li>• The results could necessitate changes to resident care recommendations for those who test positive and their roommates. These changes could impact staffing and use of PPE.</li> <li>• Repeat testing could be recommended to determine if persons who were negative on the day of the survey became infected afterward.</li> <li>• The documentation of positivity could cause concerns among staff and residents.</li> </ul>	



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			<ul style="list-style-type: none"> <li>If staff are included in the PPS, a plan would need to be in place for managing staff with positive or negative test results, which may include furloughing staff who test positive.</li> <li>The facility would need to have a plan for communicating results to residents, staff, and families.</li> </ul> <p>Is a PPS required?</p> <ul style="list-style-type: none"> <li>No, a facility can opt out of a PPS.</li> </ul>	
5/1/20	VDH	<p>Clinical Guidance Screening Communication PPE</p>	<p><b>COVID-19 Resources for LTC Facilities</b> Key Points</p> <p><b>Educate</b></p> <ul style="list-style-type: none"> <li>Train staff <ul style="list-style-type: none"> <li>Sick leave policies – stay home when sick</li> <li>Expectations for health monitoring and illness reporting</li> <li>Personal protective equipment (PPE) – gloves, gowns, goggles/face shields, masks</li> </ul> </li> <li>How to don and doff PPE properly</li> <li>Fit-testing for respirators (e.g., N95) as necessary for role</li> <li>Explain facility plan for health monitoring, illness reporting, and expected response to illness to residents and their families.</li> </ul> <p><b>Isolate</b></p> <ul style="list-style-type: none"> <li>Send ill staff home</li> <li>Place ill residents in private room with door shut</li> <li>Separate people – no group activities or meals, keep residents in rooms, everyone 6 feet apart</li> <li>Cancel visitation and non-essential services</li> </ul> <p><b>Protect</b></p> <ul style="list-style-type: none"> <li>Facemasks on all staff all the time they are in the facility</li> <li>Hand hygiene – hand washing or alcohol-based hand rub. Gloves if enter resident room or care area</li> <li>Add gown and eye protection if high contact, splashes or sprays possible, aerosol-generating</li> <li>Fit-tested respirator if aerosol-generating procedure and wearer has been fit-tested</li> <li>All the above PPE (respirator if available) when caring for possible COVID-19 patient</li> </ul>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf</a></p>

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			<ul style="list-style-type: none"> <li>All the above PPE (respirator if available) for all resident care during an outbreak</li> <li>Environmental cleaning and disinfection of all high touch surfaces on every shift</li> </ul> <p><b>Collaborate</b></p> <ul style="list-style-type: none"> <li>Call local health dept if concerned about level of illness or a case of COVID-19 is confirmed or suspected</li> <li>Review infection control practices and outbreak prevention and management</li> <li>Plan for public health laboratory testing</li> <li>Develop plan for communicating with families and the public</li> </ul> <p>NOTE: Refer to the link for detailed guidance published in this VDH guidance.</p>	
5/1/20	CMS CDC	Reporting Requirements	<p><b>New Reporting Requirements for Nursing Homes</b></p> <p>CMS has released an interim final rule with comment period which revises § 483.80, establishing explicit reporting requirements for long term care (LTC) facilities to report information related to COVID-19 cases among facility residents and staff. These reporting requirements are applicable on the effective date of this interim final rule, which is the date of the publication at the Office of the Federal Register.</p> <p>The new requirements for nursing homes in this rule was effective as of May 1. CMS's intention is that the first of the weekly reporting to CDC in the NHSN COVID-19 module are submitted by May 8.</p> <p>As part of CDC's ongoing COVID-19 response, the COVID-19 Module for Long-term Care Facilities (LTCF) has been created in NHSN to help LTCFs track and monitor the number of residents with suspected and laboratory positive COVID-19, staff and facility personnel impact, and supply availability. LTCFs eligible to report data into the module include skilled nursing facilities (SNF) / nursing homes (NH), long-term care for the developmentally disabled, and assisted living facilities. Enrolled NHSN LTCFs will see the new</p>	<p><a href="https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf">https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf</a></p> <p><a href="https://myemail.constantcontact.com/VHCA-VCAL--New-SNF-Reporting-Requirements-Effective-May-1-and-Updates-on-Blanket-Waivers.html?soid=1011233811022&amp;aid=ZIU2fZZzEPE">https://myemail.constantcontact.com/VHCA-VCAL--New-SNF-Reporting-Requirements-Effective-May-1-and-Updates-on-Blanket-Waivers.html?soid=1011233811022&amp;aid=ZIU2fZZzEPE</a></p> <p><a href="https://www.cdc.gov/nhsn/pdfs/covid19/lctf/fac-guide-covid19-508.pdf">https://www.cdc.gov/nhsn/pdfs/covid19/lctf/fac-guide-covid19-508.pdf</a></p>

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			<p>COVID-19 module in the left navigation menu. LTCFs that are not currently enrolled in NHSN will need to complete an expedited enrollment before reporting into the module will be available.</p> <p>The module is made up of 4 separate reporting pathways:</p> <ol style="list-style-type: none"> <li>1) Resident Impact and Facility Capacity</li> <li>2) Staff and Personnel Impact</li> <li>3) Supplies and Personal Protective Equipment</li> <li>4) Ventilator Capacity and Supplies</li> </ol>	
5/3/20	CDC	Testing	<p><b>Recommendations for Viral Testing Specimen Collection, and Reporting</b></p> <p>Clinicians should immediately implement recommended infection prevention and control practices, including use of recommended personal protective equipment (PPE), if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility if a patient is classified as a Patient Under Investigation (PUI) for COVID-19.</p> <p>For diagnostic testing for COVID-19 see the Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from PUIs for COVID-19 and Biosafety FAQs for handling and processing specimens from possible cases and PUIs.</p> <p>Clinicians should report positive test results to their local or state health department.</p>	<p><a href="https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html">https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html">https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/lab/biosafety-faqs.html">https://www.cdc.gov/coronavirus/2019-ncov/lab/biosafety-faqs.html</a></p>
5/4/20	VDH	Testing	<p><b>VDH Updated Guidance on Testing for COVID-19</b></p> <p>VDH has revised its guidance on testing for COVID-19. Testing capacity at commercial, private, and hospital laboratories performing SARS-CoV-2 testing continues to increase in Virginia. As a result, in May, Virginia's state laboratory, the Division of Consolidated Laboratory Services (DCLS), will transition its services to support public health testing as outlined by the agency.</p> <p>Until May 31, 2020, if testing in the private sector is not available, clinicians may request testing for patients at DCLS by submitting the online COVID-19 Testing Request Form.</p> <p><b>VDH Recommendation for Prioritizing SARS-CoV-2 Testing</b></p> <p><b>Private/Commercial Lab Testing</b></p>	<p><a href="https://www.vdh.virginia.gov/coronavirus/health-professionals/vdh-updated-guidance-on-testing-for-covid-19/">https://www.vdh.virginia.gov/coronavirus/health-professionals/vdh-updated-guidance-on-testing-for-covid-19/</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/SARS-COV-2-Testing-Capabilities-Commercial-Labs.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/SARS-COV-2-Testing-Capabilities-Commercial-Labs.pdf</a></p> <p><a href="https://redcap.vdh.virginia.gov/redcap/surveys/?s=EWFER7X7YX">https://redcap.vdh.virginia.gov/redcap/surveys/?s=EWFER7X7YX</a></p>

Date	Agency	Topic	Summary	Link
			<p><b>High Priority</b></p> <ul style="list-style-type: none"> <li>• Hospitalized patients <b>with</b> symptoms</li> <li>• Healthcare facility workers, workers in congregate living settings, and first responders <b>with</b> symptoms</li> <li>• Residents in long-term care facilities or other congregate living settings, including correctional and detention facilities and shelters, <b>with</b> symptoms</li> </ul> <p><b>Priority</b> Persons identified by public health officials or clinicians as high priority</p> <ul style="list-style-type: none"> <li>• Persons <b>with</b> symptoms of a possible infection with COVID-19, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat.</li> <li>• Persons <b>without</b> symptoms who come from racial and ethnic minority groups disproportionately affected by adverse COVID-19 outcomes-currently African Americans, Hispanics and Latinos, some American Indian tribes (e.g., Navajo Nation).</li> <li>• Persons <b>without</b> symptoms who are prioritized by health departments or clinicians, including but not limited to: public health monitoring, sentinel surveillance, presence of underlying medical condition or disability, residency in a congregate housing setting such as a homeless shelter or long term care facility, or screening of other asymptomatic individuals according to state and local plans.</li> </ul> <p><b>Public Health Lab Testing</b></p> <p><b>High Priority</b></p> <ul style="list-style-type: none"> <li>• Outbreak investigation</li> <li>• Selected contact investigations</li> <li>• Un-or underinsured persons with COVID-19 symptoms</li> <li>• Worker and resident with COVID-19 symptoms in or newly arriving to congregate settings ) long term care facilities, prisons, or jails)</li> </ul> <p><b>Priority</b></p> <ul style="list-style-type: none"> <li>• Public health monitoring</li> <li>• Sentinel surveillance</li> <li>• Community testing clinics</li> </ul>	

Date	Agency	Topic	Summary	Link
5/5/20	CDC	Testing	<p><b>Recommendation for Antibody Testing</b></p> <p>CDC does not recommend using antibody testing to diagnose acute infection. It is recommended to use a viral (nucleic acid or antigen) test to diagnose acute infection.</p>	<a href="https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html">https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html</a>
5/8/20	CMS	Reporting Requirements Communication Transparency Survey Activity	<p><b>QSO-20-29-NH Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes</b></p> <p>COVID-19 Reporting Requirements:</p> <ul style="list-style-type: none"> <li>• CMS is requiring nursing homes to report COVID-19 facility data to the Centers for Disease Control and Prevention (CDC) and to residents, their representatives, and families of residents in facilities.</li> <li>• Enforcement:               <ul style="list-style-type: none"> <li>○ Failure to report in accordance with 42 CFR §483.80(g) can result in an enforcement action.</li> </ul> </li> </ul> <p>Updated Survey Tools:</p> <ul style="list-style-type: none"> <li>• CMS has updated the COVID-19 Focused Survey for Nursing Homes, Entrance Conference Worksheet, COVID-19 Focused Survey Protocol, and Summary of the COVID-19 Focused Survey for Nursing Homes to reflect COVID-19 reporting requirements.</li> </ul> <p><b>COVID-19 Tags: F884 and F885.</b></p> <p>Transparency:</p> <ul style="list-style-type: none"> <li>• CMS will begin posting data from the CDC National Healthcare Safety Network (NHSN) for viewing by facilities, stakeholders, or the general public. The COVID-19 public use file will be available on <a href="https://data.cms.gov/">https://data.cms.gov/</a>.</li> </ul> <p><b>§ 483.80 Infection control.</b></p> <p>COVID-19 Reporting. The facility must—</p> <p>(1) Electronically report information about COVID-19 in a standardized format specified by the Secretary. This report must include but is not limited to:</p> <ul style="list-style-type: none"> <li>• Suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19;</li> <li>• Total deaths and COVID-19 deaths among residents and staff;</li> </ul>	<a href="https://www.cms.gov/files/document/qso-20-29-nh.pdf">https://www.cms.gov/files/document/qso-20-29-nh.pdf</a>

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			<ul style="list-style-type: none"> <li>• Personal protective equipment and hand hygiene supplies in the facility;</li> <li>• Ventilator capacity and supplies in the facility;</li> <li>• Resident beds and census;</li> <li>• Access to COVID-19 testing while the resident is in the facility;</li> <li>• Staffing shortages; and</li> <li>• Other information specified by the Secretary.</li> </ul> <p>(2) Provide the information specified in paragraph (g)(1) of this section at a frequency specified by the Secretary, but no less than weekly to the Centers for Disease Control and Prevention’s National Healthcare Safety Network. This information will be posted publicly by CMS to support protecting the health and safety of residents, personnel, and the general public.</p> <p>(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must:</p> <ul style="list-style-type: none"> <li>• Not include personally identifiable information</li> <li>• Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and</li> <li>• Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.</li> </ul> <p>A key difference between the state/local reporting and this new national reporting requirement is that reporting to state/local health departments allows them to understand the status of their local environment and intervene (e.g., direct staffing and supplies), whereas this national requirement provides standardized information to assist with national surveillance on the status of COVID-19 in all nursing homes. State and local health departments are also able to submit the required data on behalf of a nursing</p>	

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			<p>homes, although this does not relieve facilities of their accountability to report in accordance with the regulation.</p> <p><b>Reporting COVID-19 Information to CDC's NHSN</b>  The NHSN Long-Term Care Facility COVID-19 Module is available. Facilities should immediately gain access to the NHSN system and visit the home page for important information, including how to register:  <a href="https://www.cdc.gov/nhsn/">https://www.cdc.gov/nhsn/</a>.  Facilities must submit their first set of data by 11:59 p.m. <b>Sunday, May 17, 2020.</b> To be compliant with the new requirement, facilities must submit the data through the NHSN reporting system at least once every seven days. Facilities may choose to submit multiple times a week. CMS is not prescribing which day of the week the data must be submitted, although reporting should remain consistent with data being submitted on the same day(s) each week. The collection period should also remain consistent (e.g., Monday through Sunday). Each Monday, CMS will review the data submitted to assess if each facility submitted data at least once in the previous seven days. The data pulled each Monday will also be used to update the data that is publicly reported.</p> <p><b>Updates to the COVID-19 Focused Survey for Nursing Homes</b></p> <p>CMS has updated the COVID-19 Focused Survey for Nursing Homes, Entrance Conference Worksheet, COVID-19 Focused Survey Protocol, and Summary of the COVID-19 Focused Survey for Nursing Homes to include an updated assessment of the new requirements for facilities to report to the NHSN and to residents, their representatives, and their families. These updated forms are posted to the Survey Resources folder in the COVID-19 Focused Survey sub-folder on the CMS Nursing Homes website. <i>Refer to link.</i> Surveyors should begin using these revised documents immediately, and facilities should also begin using the revised "COVID-19 Focused Survey for Nursing Homes" to perform their self-assessment. The documents include the following new deficiency tags for citing noncompliance with the new requirements:</p>	

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			<p><b>F884: COVID-19 Reporting to CDC</b> as required at §483.80(g)(1)-(2)  Review for F884 will be conducted <b>offsite by CMS Federal surveyors</b> (state surveyors should not cite this F-tag). Following an initial reporting grace period granted to facilities, CMS will receive the CDC NHSN COVID-19 reported data and review for timely and complete reporting of all data elements. <b>Facilities identified as not reporting will receive a deficiency citation at F884 on the CMS-2567 with a scope and severity level at an F (no actual harm with a potential for more than minimal harm that is not an Immediate Jeopardy [IJ] and that is widespread;</b> this is a systemic failure with the potential to affect a large portion or all of the residents or employees), and be subject to an enforcement remedy imposed as described below.</p> <p><b>Enforcement for F884</b>  A determination that a facility failed to comply with the requirement to report COVID-19 related information to the CDC pursuant to §483.80(g)(1)-(2) (tag F884) will result in an enforcement action. These regulations require a minimum of weekly reporting, and noncompliance with this requirement will receive a deficiency citation and result in a civil money penalty (CMP) imposition.</p> <p>CMS will provide facilities with an initial two-week grace period to begin reporting cases in the NHSN system (which ends at 11:59 p.m. on May 24, 2020). Facilities that fail to begin reporting after the third week (by 11:59 p.m. on May 31st) will receive a warning letter reminding them to begin reporting the required information to CDC. For facilities that have not started reporting in the NHSN system by 11:59 p.m. on June 7<sup>th</sup> ending the fourth week of reporting, CMS will impose a per day (PD) CMP of \$1,000 for one day for the failure to report that week. For each subsequent week that the facility fails to submit the required report, the noncompliance will result in an additional one- day PD CMP imposed at an amount increased by \$500. For example, if a facility fails to report in week four (following the two week grace period and receipt of the warning letter), it will be imposed a \$1,000 one-day PD CMP for that week. If it fails to report again in week five, the noncompliance will lead to the imposition of another one-day</p>	



Date	Agency	Topic	Summary	Link
			<p>PD CMP in the amount of \$1,500 for that failure to report (for a CMP total of \$2,500). In this example, if the facility complies with the reporting requirements and submits the required report in week six, but then subsequently fails to report as required in week seven, a one-day PD CMP amount of \$2,000 will be imposed (which is \$500 more than the last imposed PD CMP amount) for a total of \$4,500 imposed CMPs.</p> <p>For enforcement-related questions, you may email: <a href="mailto:DNH_Enforcement@cms.hhs.gov">DNH_Enforcement@cms.hhs.gov</a></p> <p><b>Posting Facility-Level COVID-19 Data</b> Reporting COVID-19 data supports CMS’s responsibility to protect and ensure the health and safety of residents and is necessary to ensure the appropriate tracking, response, and mitigation of the spread and impact of COVID-19 on our most vulnerable citizens, personnel who care for them, and the general public. The information provided may be used to inform residents, families, and communities of the status of COVID-19 infections in their area. We believe that this action strengthens CMS’s response to the COVID-19 pandemic, and reaffirms our commitment to transparency and protecting the health and safety of nursing home residents. CMS anticipates publicly posting CDC’s NHSN data (including facility names, number of COVID-19 suspected and confirmed cases, deaths, and other data as determined appropriate) weekly on <a href="https://data.cms.gov/">https://data.cms.gov/</a> by the end of May.</p> <p>Q&amp;As are available on the link for QSO-20-29-NH</p>	
5/14/20	CMS	<p>Infection Control and Prevention Reporting Testing Clinical Guidance Screening Survey Activity Communication PPE Transfer/</p>	<p>Under the direction of President Trump, 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 &amp; Medicaid Services (CMS), which provide a wide range of tools and guidance to states, healthcare providers and others during the public health emergency. The toolkit is comprised of best practices from a variety of front</p>	<p><a href="https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf">https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf</a></p> <p><a href="https://www.cms.gov/newsroom/press-releases/cms-issues-nursing-homes-best-practices-toolkit-combat-covid-19">https://www.cms.gov/newsroom/press-releases/cms-issues-nursing-homes-best-practices-toolkit-combat-covid-19</a></p>

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			<p>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. See link</p>	
5/14/20	VDH	<p><b>PPE</b></p> <p><b>Testing Point Prevalence Survey</b></p>	<p>DSS has issued a new memo to assisted living facilities about the system for an ALF to initiate an urgent PPE need request. "Urgent need" is defined as a supply of seven or fewer days of available PPE, an unplanned shortage of supplies (e.g., a backorder/cancellation of ordered PPE), or an outbreak in your facility. If you need to make an urgent request, please visit <a href="https://www.surveymonkey.com/r/P7XLGCV">https://www.surveymonkey.com/r/P7XLGCV</a> and provide the requested facility information. DSS will process and review all requests received by close of business each Monday. All approved PPE requests will be available the following week. An urgent PPE request to DSS should be the last resort for your PPE supply. DSS is also urging ALSs to report their weekly burn rate and PPE inventory . Weekly reporting will provide a baseline of weekly burn and inventory for your facility, which will allow us to help you more quickly if your facility develops an urgent need.</p> <p>Due to the large impact COVID-19 is having on Long-Term Care Facilities (LTCFs) and other congregate settings, Governor Northam and the COVID-19 Long-Term Care Task Force have initiated the VDH <b>Point Prevalence Survey (PPS) project</b>. A PPS entails testing all individuals in a designated area of a facility, whether or not they have symptoms, on one day. Experience to date suggests that there are often positive but asymptomatic residents and staff in LTCFs, which contributes to silent transmission. The results will inform facility administrators about the extent and distribution of infection with the virus that causes COVID-19 on that specific day. A PPS is a powerful tool that can be used to intervene <b>early</b> in outbreaks, especially in LTCFs, as a PPS can help guide decisions regarding cohorting residents and staff.</p>	<p><a href="https://www.vhca.org/files/2020/05/PPE-Provider-Memo-05142020.pdf">https://www.vhca.org/files/2020/05/PPE-Provider-Memo-05142020.pdf</a></p> <p><a href="https://www.surveymonkey.com/r/P7XLGCV">https://www.surveymonkey.com/r/P7XLGCV</a></p> <p><a href="https://www.vhca.org/publications/careconnection/may-14-2020/new-dss-memo-on-urgent-need-ppe-requests-and-info/">https://www.vhca.org/publications/careconnection/may-14-2020/new-dss-memo-on-urgent-need-ppe-requests-and-info/</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPS-Guidance-for-LTCF_Congregated-Settings-FINAL-4-28-2020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPS-Guidance-for-LTCF_Congregated-Settings-FINAL-4-28-2020.pdf</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VirginiaLongTermCareFacilityTaskForceCOVIDPlaybook.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VirginiaLongTermCareFacilityTaskForceCOVIDPlaybook.pdf</a></p> <p><a href="https://www.vdh.virginia.gov/coronavirus/health-professionals/vdh-updated-guidance-on-testing-for-covid-19/">https://www.vdh.virginia.gov/coronavirus/health-professionals/vdh-updated-guidance-on-testing-for-covid-19/</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html</a></p>

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			<p>This guidance describes a systematic approach to PPS testing and answers some important questions:</p> <ul style="list-style-type: none"> <li>• How can the facility prepare for a PPS?</li> <li>• When should a PPS be conducted and how?</li> <li>• What interventions should be implemented based on testing results?</li> </ul> <p>If a LTCF is experiencing any barriers to conducting a PPS or needs assistance with the steps outlined below, please call your LHD.</p> <p><b>Checklist Prior to Conducting PPS</b></p> <ol style="list-style-type: none"> <li>1. Implement infection prevention and control recommendations included in the VDH Interim Guidance for Long-Term Care Facilities <ul style="list-style-type: none"> <li>• Universal masking for source control Adhere to the recommendations for cleaning and disinfection in healthcare settings</li> <li>• Ensure that high-touch surfaces and multi-use non-critical patient care equipment are frequently cleaned and disinfected (e.g., each shift)</li> </ul> </li> <li>2. Implement best practices. Resources are described in the VDH LTCF Playbook. <ul style="list-style-type: none"> <li>• Daily monitoring and reporting of staffing, personal protective equipment (PPE), number of sick residents and staff</li> <li>• Public health testing is available for staff and residents with COVID-19 symptoms in, or newly arriving to, LTCFs</li> <li>• Develop a collaborative network with healthcare systems and corporate organization</li> <li>• Utilization of telemedicine and real-time decision support (when possible)</li> <li>• Plan to communicate results with staff, residents, and families</li> <li>• Continuous infection prevention and control training and monitoring</li> </ul> </li> <li>3. Make a plan for cohorting according to CDC guidance <ul style="list-style-type: none"> <li>• Designate a portion of the facility (e.g., a wing, ward, floor or end of a hallway) to care for residents with COVID-19</li> <li>• The cohorting area should be physically separated from the rest of the care areas in the facility with clear signage</li> <li>• Positive and negative residents should not share common areas or bathrooms</li> </ul> </li> </ol>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/SARS-COV-2-Testing-Capabilities-Commercial-Labs.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/SARS-COV-2-Testing-Capabilities-Commercial-Labs.pdf</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html</a></p>

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>• Equipment should be dedicated to each cohort (positive and negative)</li> <li>• If equipment must be shared, make a plan to clean and disinfect equipment</li> <li>• Facilities might consider creating three types of units: Cold (negative COVID-19 residents),</li> <li>• Warm (unknown COVID-19 status, symptomatic residents who tested negative for COVID-19, roommates of COVID-19 positive residents or others considered exposed), and Hot units (positive COVID-19 residents). That approach helps with cohorting staff and preserving PPE.</li> <li>• Assign dedicated HCP to work only on the COVID-19 care unit Designate separate space (e.g., breakrooms, bathrooms) for HCP</li> <li>• Cohort staff to care for positive or negative residents</li> </ul> <p>4. Make a plan for managing staff with positive or negative test results, which may include furloughing staff who test positive</p> <ul style="list-style-type: none"> <li>• Mitigate staffing shortages per CDC guidance</li> <li>• Increase staff incentives</li> <li>• Review staffing resources that may be available, as described in the VDHLTCFPlaybook</li> </ul> <p><b>Facility PPS Strategy</b> There are two strategies for PPS:</p> <p>1. Facilities with a COVID-19 outbreak (or at least one confirmed COVID-19 case): PPS should be conducted for ALL staff and ALL residents regardless of the presence of symptoms. VDH is supporting this initiative and is collaborating with the Virginia National Guard (VANG) to conduct specimen collection and several laboratories to perform testing. The prioritization outlined below is based on the Commonwealth's data regarding the number of settings experiencing COVID-19 outbreaks.</p> <ul style="list-style-type: none"> <li>• Priority #1: Skilled nursing facilities/nursing homes, assisted living facilities</li> <li>• Priority #2: Targeted units of state correctional facilities and local jails</li> <li>• Priority #3: Other congregate living facilities (e.g., homeless shelter, group home, rehabilitation facility, or residential behavioral health facility)</li> </ul>	

Date	Agency	Topic	Summary	Link						
			<p>2. Facilities without any reported COVID-19 cases: Can consider a pre-emptive intervention where a random sample of 20% of residents and staff will be tested. Facilities wishing to conduct this type of testing should work with a private laboratory. If all results are negative, retest the same group after 7 days or select another 20% sample. If any positives are detected, a facility-wide PPS should be conducted. VDH and public health resources can support a facility-wide PPS.</p> <p><b>How to conduct a PPS</b></p> <p>The goal is to collect specimens on all residents (or those on a particular wing/floor) and staff on one day. If there are more residents than lab testing/collection capacity for a specific day, specimen collection may be split over more than one day. The LHD will reach out to the facility to schedule testing; a facility can opt out of a PPS.</p> <ul style="list-style-type: none"> <li>• The facility is responsible for obtaining consent from residents or families for testing.</li> <li>• The LHD or the VANG will deliver specimen collection supplies to the facility.</li> <li>• The facility should identify staff to collect, label, and package the specimens (nasopharyngeal swab). The facility should supply the necessary PPE for those who collect specimens (gloves, goggles, facemask).</li> <li>• The facility could use VANG to collect the specimens; VANG provides its own PPE.</li> <li>• Facility staff are responsible for collecting data on each resident tested, including name, date of birth, location within the facility, temperature, and signs or symptoms of illness. Specimens should be packaged and transported to the laboratory by DCLS courier, commercial courier (e.g., FedEx) or VANG transport.</li> <li>• Results will be reported back to the facility within 24 hours of the testing laboratory receiving the specimens.</li> </ul> <p><b>Recommendations Based on Results</b></p> <p>Table 1. Resident Placement and Infection Prevention</p> <table border="1" data-bbox="632 1219 1371 1437"> <thead> <tr> <th data-bbox="632 1219 888 1252"></th> <th data-bbox="888 1219 1140 1252">Tested Positive</th> <th data-bbox="1140 1219 1371 1252">Tested Negative</th> </tr> </thead> <tbody> <tr> <td data-bbox="632 1252 888 1437"><b>Symptomatic at the time of testing</b></td> <td data-bbox="888 1252 1140 1437">Should be cohorted on a COVID-specific (hot) unit/facility</td> <td data-bbox="1140 1252 1371 1437">Isolate away from both COVID negative residents if possible ( warm unit)</td> </tr> </tbody> </table>		Tested Positive	Tested Negative	<b>Symptomatic at the time of testing</b>	Should be cohorted on a COVID-specific (hot) unit/facility	Isolate away from both COVID negative residents if possible ( warm unit)	
	Tested Positive	Tested Negative								
<b>Symptomatic at the time of testing</b>	Should be cohorted on a COVID-specific (hot) unit/facility	Isolate away from both COVID negative residents if possible ( warm unit)								

Date	Agency	Topic	Summary			Link
				Transmission-based precautions until discontinuation criteria has been met	Retesting might be considered or further disposition guidance	
			<b>Asymptomatic at the time of testing</b>	Should be cohorted on a COVID-specific (hot) unit/facility  Transmission-based precautions until discontinuation criteria has been met	Cohort with COVID negative residents ( cold unit)	
			*If exposed to a confirmed COVID-19 case( roommate or HCO) Retest resident			
			<b>Table 2. HCP Work Exclusions</b>			
				<b>Tested Positive*</b>	<b>Tested Negative*</b>	
			<b>Symptomatic at the time of testing</b>	Exclude from work until all Return to Work Criteria are met	If an alternative diagnosis is provided, criteria for return to work should be based on that diagnosis  If no alternative diagnosis, exclude from work until all Return to Work Criteria are met	

Date	Agency	Topic	Summary			Link
					Retesting might be considered for further evaluation	
			<b>Asymptomatic at the time of testing</b>	Exclude from work until all Return to Work Criteria are met  Retest if/when become symptomatic	No work exclusions  HCP should continue to monitor for signs and symptoms  If HCP develops even mild symptoms, they must cease patient care activities, leave work and be retested	
			<p>*In severe staff shortage consider the decision to let asymptomatic work ONLY with SARS-CoV-2 positive resident and positive staff. For more information refer to CDC Strategies to Mitigate HP Shortages</p> <p>*HCP with previous positive test results who test negative during a PPS must meet all criterial in the test based strategies (e.g. test negative results from at least two consecutive respiratory specimens collected <math>\geq 24</math> hrs apart) to return to work</p> <p><b>Implementing Resident Cohorting Plan</b></p> <p>The predetermined resident cohorting plan might not be feasible based on the number of positive residents and the types of rooms available, matching resident gender for room</p>			

Date	Agency	Topic	Summary	Link
			<p>assignments, or a high census. If cohorting is not possible, two other alternatives might be considered:</p> <ul style="list-style-type: none"> <li>• Temporary physical barriers/screens/curtains that separate residents by at least 6 feet</li> <li>• Transport COVID-19 residents to a dedicated facility (if available and after consulting with the LHD)</li> </ul> <p><b>Relocating Residents</b> If a facility decides to relocate residents who tested negative, the following should be communicated to the receiving facility:</p> <ul style="list-style-type: none"> <li>• Residents should be quarantined for 14 days in a private room (if available) on transmission -based precautions.</li> <li>• Close daily monitoring for COVID-19 signs and symptoms.</li> <li>• If a resident becomes symptomatic, they should be retested.</li> </ul> <p><b>Repeat Testing for HCP or Residents</b></p> <ul style="list-style-type: none"> <li>• Decisions regarding retesting can be made in conjunction with the LHD.</li> <li>• Use private laboratories for retesting if possible; public health resources may not be sufficient for retesting.</li> <li>• Tables 1 and 2 list considerations for retesting individual HCP or residents. Additionally, retesting should occur for the following:</li> <li>• Retest COVID-19 negative residents or HCP with known exposure to infected residents (such as roommates) or HCP.</li> <li>• Retest residents who frequently leave the facility for dialysis or other services.</li> <li>• Retest HCP who are known to work at other healthcare facilities with cases of COVID-19.</li> <li>• Consider retesting to inform decisions when a resident with positive results can be moved out of COVID-19 ward. Subsequent PPS could be considered according to CDC guidance; consider retesting COVID-19 negative residents at regular intervals (e.g., weekly) until PPS do not identify any new cases.</li> </ul> <p><b>New Admissions or Readmissions after a PPS</b></p> <ul style="list-style-type: none"> <li>• Residents with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based</li> </ul>	



Date	Agency	Topic	Summary	Link
			<p>Precautions should go to the designated COVID-19 care (hot) unit.</p> <ul style="list-style-type: none"> <li>Residents who have met criteria for discontinuation of Transmission-Based Precautions can go to a regular unit UNLESS the patient has persistent COVID-19 symptoms (e.g., persistent cough), they should be placed in a single room (and/or on a warm unit), be restricted to their rooms and wear a facemask during care activities until all their symptoms are completely resolved.</li> <li>New admissions and readmissions whose COVID-19 status is unknown or residents with a single negative test should be placed in a single room, if available, and/or on a warm unit.</li> <li>New admissions and readmissions whose COVID-19 status is unknown or residents with a single negative test should be placed in a single room, if available, and/or on a warm unit.</li> <li>All recommended COVID-19 PPE should be worn during care of residents.</li> <li>Carefully consider staff cohorting on the warm unit.</li> </ul> <p>Residents could be transferred out of the warm unit to a cold unit, or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure ( e.g. date of admission).</p>	
5/18/20	CMS	Reopening Testing Clinical Guidance Screening Survey Activity Infection Control and Prevention PPE	QSO-20-30-NH Effective Immediately This memorandum provides recommendations for State and local officials to help them determine the level of mitigation needed for their communities' Medicare/Medicaid certified long term care facilities (hereinafter, "nursing homes") to prevent the transmission of COVID-19. We encourage State leaders to collaborate with the state survey agency, and State and local health departments to decide how these and other criteria or actions should be implemented in their state. Examples of how a State may choose to implement these recommendations include:	<a href="https://www.cms.gov/files/document/nursing-home-reopening-recommendations-state-and-local-officials.pdf">https://www.cms.gov/files/document/nursing-home-reopening-recommendations-state-and-local-officials.pdf</a>  <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</a>  <a href="https://www.whitehouse.gov/openingamerica/">https://www.whitehouse.gov/openingamerica/</a>  <a href="https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html">https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html</a>  <a href="https://www.cms.gov/files/document/covid-nursing-home-reopening-recommendation-faqs.pdf">https://www.cms.gov/files/document/covid-nursing-home-reopening-recommendation-faqs.pdf</a>

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>• A State requiring all facilities to go through each phase at the same time (i.e., waiting until all facilities have met entrance criteria for a given phase).</li> <li>• A State allowing facilities in a certain region (e.g., counties) within a state to enter each phase at the same time.</li> <li>• A State permitting individual nursing homes to move through the phases based on each nursing home's status for meeting the criteria for entering a phase.</li> </ul> <p>Given the critical importance in limiting COVID-19 exposure in nursing homes, decisions on relaxing restrictions should be made with careful review of a number of facility-level, community, and State factors/orders, and in collaboration with State and/or local health officials and nursing homes. Because the pandemic is affecting communities in different ways, State and local leaders should regularly monitor the factors for reopening and adjust their plans accordingly. Factors that should inform decisions about relaxing restrictions in nursing homes include:</p> <ul style="list-style-type: none"> <li>• <b>Case status in community:</b> State-based criteria to determine the level of community transmission and guides progression from one phase to another. For example, a decline in the number of new cases, hospitalizations, or deaths (with exceptions for temporary outliers).</li> <li>• <b>Case status in the nursing home(s):</b> Absence of any new nursing home onset<sup>1</sup> of COVID-19 cases (resident or staff), such as a resident acquiring COVID-19 in the nursing home.</li> <li>• <b>Adequate staffing:</b> No staffing shortages and the facility is not under a contingency staffing plan.</li> <li>• <b>Access to adequate testing:</b> The facility should have a testing plan in place based on contingencies informed by the Centers for Disease Control and Prevention (CDC). At minimum, the plan should consider the following components: <ul style="list-style-type: none"> <li>• The capacity for <b>all</b> nursing home <b>residents</b> to receive a single baseline COVID- 19 test. Similarly, the capacity for all residents to be tested upon identification of an individual with symptoms consistent with COVID-19, or if a staff member tests positive for COVID-19. Capacity for</li> </ul> </li> </ul>	

Date	Agency	Topic	Summary	Link
			<p>continuance of weekly re-testing of all nursing home residents until all residents test negative;</p> <ul style="list-style-type: none"> <li>• The capacity for <b>all</b> nursing home <b>staff</b> (including volunteers and vendors who are in the facility on a weekly basis) to receive a single baseline COVID-19 test, with re-testing of all staff continuing every week (note: State and local leaders may adjust the requirement for weekly testing of staff based on data about the circulation of the virus in their community);</li> <li>• Written screening protocols for all staff (each shift), each resident (daily), and all persons entering the facility, such as vendors, volunteers, and visitors;</li> <li>• An arrangement with laboratories to process tests. 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. A procedure for addressing residents or staff that decline or are unable to be tested (e.g., symptomatic resident refusing testing in a facility with positive COVID-19 cases should be treated as positive).</li> <li>• <b>Universal source control:</b> Residents and visitors wear a cloth face covering or facemask. If a visitor is unable or unwilling to maintain these precautions (such as young children), consider restricting their ability to enter the facility. All visitors should maintain social distancing and perform hand washing or sanitizing upon entry to the facility.</li> <li>• <b>Access to adequate Personal Protective Equipment (PPE) for staff:</b> Contingency capacity strategy is allowable, such as CDC's guidance at Strategies to Optimize the Supply of PPE and Equipment (facilities' crisis capacity PPE strategy would not constitute adequate access to PPE). All staff wear all appropriate PPE when indicated. Staff wear cloth face covering if facemask is not indicated, such as administrative staff.</li> <li>• <b>Local hospital capacity:</b> Ability for the local hospital to accept transfers from nursing homes.</li> </ul> <p>1 A "new, nursing home onset" refers to COVID-19 cases that originated in the nursing home, and not cases where the</p>	

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			<p>nursing home admitted individuals from a hospital with a known COVID-19 positive status, or unknown COVID-19 status but became COVID-19 positive within 14 days after admission. In other words, if the number of COVID-19 cases increases because a facility is admitting residents from the hospital AND they are practicing effective Transmission-Based</p> <p>Precautions to prevent the transmission of COVID-19 to other residents, that facility may still advance through the phases of reopening. However, if a resident contracts COVID-19 within the nursing home without a prior hospitalization within the last 14 days, this facility should go back to the highest level of mitigation, and start the phases over.</p> <p><b>Recommended Nursing Home Phased Reopening for States</b></p> <p>The reopening phases below cross-walk to the phases of the plan for Opening Up America Again, and includes efforts to maintain rigorous infection prevention and control, as well as resident social engagements and quality of life. Note: The Opening Up America Guidance for communities includes visitation guidance for “senior care facilities.” The term “senior care facilities” refers to a broader set of facilities that may be utilized by seniors, and is not specific to Medicare/Medicare certified long term care facilities (i.e., nursing homes), whereas this guidance is specific to nursing homes.</p> <p>Due to the elevated risk COVID-19 poses to nursing home residents, we recommend additional criteria for advancing through phases of reopening nursing homes than is recommended in the broader Administration’s Opening Up America Again framework. For example:</p> <ul style="list-style-type: none"> <li>• Nursing homes should not advance through any phases of reopening or relax any restrictions until all residents and staff have received a base-line test, and the appropriate actions are taken based on the results;</li> <li>• States should survey those nursing homes that experienced a significant COVID-19 outbreak prior to reopening to ensure the facility is adequately preventing transmission of COVID=19; and</li> <li>• Nursing homes should remain in the current state of highest mitigation while the community is in Phase 1 of Opening Up America Again (in other words, a nursing</li> </ul>	

Date	Agency	Topic	Summary				Link
			home's reopening should lag behind the general community's reopening by 14 days).				
			<b>Phase 1</b>				
			<b>Status</b>	<b>Criteria for Implementation</b>	<b>Visitation and Service Consideration</b>	<b>Surveys that will be performed in each phrase</b>	
			Current state: Significant Mitigation and Phase 1 of Opening Up America Again	Most facilities are in a posture that can be described as their highest level of vigilance, regardless of transmission within their communities.	<p>Visitation generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must wear a cloth face covering or facemask for the duration of their visit.</p> <p>Restricted entry of non-essential healthcare personnel.</p> <p>Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).</p> <p>Non-medically necessary trips outside the building should be avoided.</p> <p>Restrict group activities, but some activities may be conducted (for COVID-19 negative or asymptomatic residents only) with social</p>	<p>Investigation of complaints alleging there is an immediate serious threat to the resident's health and safety (known as Immediate Jeopardy)</p> <p>Revisit surveys to confirm the facility has removed any Immediate Jeopardy findings</p> <p>Focused infection control surveys</p> <p>Initial survey to certify that the provider has met the required conditions to participate in the Medicare Program (initial certification surveys)</p> <p>Any State-based priorities (e.g., localized "hot spots,"</p>	

Date	Agency	Topic	Summary			Link
					<p>distancing, hand hygiene, and use of a cloth face covering or facemask.</p> <p>For medically necessary trips away from of the facility:</p> <p>The resident must wear a cloth face covering or facemask; and</p> <p>The facility must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment.</p> <p>100% screening of all persons entering the facility and all staff at the beginning of each shift: Temperature checks</p> <p>Ensure all outside persons entering building have cloth face covering or facemask. Questionnaire about symptoms and potential exposure Observation of any signs or symptoms</p> <p>100% screening for all residents: Temperature checks Questions about and observation for other signs or symptoms of COVID-19 (at least daily)</p> <p>Universal source control for everyone in the facility. Residents and visitors entering for</p>	<p>"strike" teams, etc.)</p>

Date	Agency	Topic	Summary			Link
					<p>compassionate care wear cloth face covering or facemask.</p> <p>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.</p> <p>All staff are tested weekly. All residents are tested upon identification of an individual with symptoms consistent with COVID-19 or if staff have tested positive for COVID-19. Weekly testing continues until all residents test negative.</p> <p>Dedicated space in facility for cohorting and managing care for residents with COVID-19; plan to manage new/readmissions with an unknown COVID-19 status and residents who develop symptoms.</p>	
			<p><b>Appendix Additional Recommendations</b></p> <ul style="list-style-type: none"> <li>Reminder: When a community enters phase 1 of Opening Up America Again, nursing homes remain at their highest level of vigilance and mitigation (e.g., visitation restricted except in compassionate care situations). Nursing homes do not begin to de-escalate or relax restrictions until their surrounding community satisfies gating criteria and enters phase 2 of Opening Up America Again.</li> </ul>			

Date	Agency	Topic	Summary				Link
			<ul style="list-style-type: none"> <li>• A nursing home should spend a minimum of 14 days in a given phase, with no new nursing home onset of COVID-19 cases, prior to advancing to the next phase.</li> <li>• A nursing home may be in different phases than its surrounding community based on the status of COVID-19 inside the facility, and the availability of key elements including, but not limited to PPE<sup>2</sup>, testing, and staffing. For example, if a facility identifies a new, nursing home onset COVID-19 case in the facility while in <b>any</b> phase, that facility goes back to the <b>highest</b> level of mitigation, and starts over (even if the community is in phase 3).</li> <li>• States may choose to have a longer waiting period (e.g., 28 days) before relaxing restrictions for facilities that have had a significant outbreak of COVID-19 cases, facilities with a history of noncompliance with infection control requirements, facilities with issues maintaining adequate staffing levels, or any other situations the state believes may warrant additional oversight or duration before being permitted to relax restrictions.</li> </ul>				
			<b>Phase 2</b>				
			<b>Status</b>	<b>Criteria for Implementation</b>	<b>Visitation and Service Consideration</b>	<b>Surveys that will be performed in each phase</b>	
			Phase 2 of Reopening nursing homes and Opening Up America Again	<p>Case status in community has met the criteria for entry into phase 2 (no rebound in cases after 14 days in phase 1).</p> <p>There have been no new, nursing home onset COVID cases in the nursing home for 14 days.</p> <p>The nursing home is not</p>	<p>Visitation generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must wear a cloth face covering or facemask for the duration of their visit.</p> <p>Allow entry of limited numbers of non-essential healthcare personnel/contractors as determined necessary</p>	<p>Investigation of complaints alleging either Immediate Jeopardy or actual harm to residents</p> <p>Revisit surveys to confirm the facility has removed any Immediate Jeopardy findings</p> <p>Focused infection</p>	



Date	Agency	Topic	Summary			Link	
				<p>experiencing staff shortages.</p> <p>The nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents.</p> <p>The nursing home has adequate access to testing for COVID-19.</p> <p>Referral hospital(s) have bed capacity on wards and intensive care units.</p>	<p>by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.</p> <p>Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).</p> <p>Group activities, including outings, limited (for asymptomatic or COVID-19 negative residents only) with no more than 10 people and social distancing among residents, appropriate hand hygiene, and use of a cloth face covering or facemask.</p> <p>For medically necessary trips outside of the facility:</p> <p>The resident must wear a cloth face covering or facemask; and The facility must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment.</p> <p>100% screening of all persons entering the facility and all staff at the beginning of each shift: Temperature checks</p>	<p>control surveys</p> <p>Initial certification surveys</p> <p>State-based priorities (e.g., localized "hot spots," "strike" teams, etc.)</p> <p>See Appendix for recommendations for prioritizing facilities to be surveyed</p>	

Date	Agency	Topic	Summary				Link
					<p>Ensure all outside persons entering building have cloth face covering or facemask. Questionnaire about symptoms and potential exposure Observation of any signs or symptoms</p> <p>100% screening (at least daily) for all residents</p>		
<b>Phase 3</b>							
			<b>Status</b>	<b>Criteria for Implementation</b>	<b>Visitation and Service Consideration</b>	<b>Surveys that will be performed in each phrase</b>	
			Phase 3 of Reopening nursing homes and Opening Up America Again	<p>Community case status meets criteria for entry to phase 3 (no rebound in cases during phase 2).</p> <p>There have been no new, nursing home onset COVID cases in the nursing home for 28 days (through phases 1 and 2).</p> <p>The nursing home is not experiencing staff shortages.</p> <p>The nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection, supplies to care for residents.</p>	<p>Visitation allowed with screening and additional precautions including ensuring social distancing and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must wear a cloth face covering or facemask for the duration of their visit.</p> <p>Allow entry of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.</p> <p>Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing</p>	<p>Normal Survey operations</p> <p>All complaint and revisit surveys required to identify and resolve any non-compliance with health and safety requirements</p> <p>Standard (recertification) surveys and revisits</p> <p>Focused infection control surveys</p> <p>State-based priorities (e.g.</p>	

Date	Agency	Topic	Summary			Link	
				<p>The nursing home has adequate access to testing for COVID-19.</p> <p>Referral hospital(s) have bed capacity on wards and intensive care units.</p>	<p>(limited number of people at tables and spaced by at least 6 feet).</p> <p>Group activities, including outings, allowed (for asymptomatic or COVID-19 negative residents only) with no more than the number of people where social distancing among residents can be maintained, appropriate hand hygiene, and use of a cloth face covering or facemask.</p> <p>Allow entry of volunteers, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.</p> <p>For medically necessary trips outside of the facility: The resident must wear a mask; and The facility must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment.</p> <p>100% screening of all persons entering the facility and all staff at the beginning of each shift: Temperature checks. Ensure all outside persons entering</p>	<p>localized "hot spots," "strike" teams, etc.</p> <p>See Appendix for recommendations for prioritizing facilities to be surveyed</p>	

Date	Agency	Topic	Summary				Link
					<p>building have cloth face covering or facemask.            Questionnaire about symptoms and potential exposure            Observation of any signs or symptoms            100% screening (at least daily) for all residents            Temperature checks            Questions about and observation for other signs or symptoms of COVID-19</p> <p>Universal source control for everyone in the facility.</p> <p>Residents and visitors wear cloth face covering or facemask.</p> <p>All staff wear all appropriate PPE when indicated.</p> <p>Staff wear cloth face covering if facemask is not indicated, such as administrative staff.</p> <p>Test all staff weekly.            Test all residents upon identification of an individual with symptoms consistent with COVID-19, or if staff have tested positive for COVID-19.            Weekly testing continues until all residents test negative.</p> <p>Dedicated space in facility for cohorting and managing care for residents with COVID-19; plan to manage</p>		

Date	Agency	Topic	Summary		Link
				<p>new/readmissions with an unknown COVID-19 status and residents who develop symptoms.</p>	
			<p><b>State Survey Prioritization (Starting in Phase 2 of the above chart)</b>  States should use the following prioritization criteria within each phase when determining which facilities to begin to survey first.</p> <ul style="list-style-type: none"> <li>• For investigating complaints (and Facility-Reported Incidents (FRIs), facilities with reports or allegations of: <ol style="list-style-type: none"> <li>1. Abuse or neglect</li> <li>2. Infection control, including lack of notifying families and their representatives of COVID-19 information (per new requirements at 42 CFR 483.80(g)(3))</li> <li>3. Violations of transfer or discharge requirement</li> <li>4. Insufficient staffing or competency</li> <li>5. Other quality of care issues (e.g., falls, pressure ulcers, etc.)</li> </ol> </li> </ul> <p>In addition, a State agency may take other factors into consideration in its prioritization decision. For example, the State may identify a trend in allegations that indicates an increased risk of harm to residents, or the State may receive corroborating information from other sources regarding the allegation. In this case, the State may prioritize a facility for a survey higher than a facility that has met the above criteria.</p> <ul style="list-style-type: none"> <li>• For standard recertification surveys: <ol style="list-style-type: none"> <li>1. Facilities that have had a significant number of COVID-19 positive cases</li> <li>2. Special Focus Facilities</li> <li>3. Special Focus Facility candidates</li> <li>4. Facilities that are overdue for a standard survey (&gt; 15 months since last standard survey) and a history of noncompliance at the harm level (citations of "G" or above) with the below items: <ul style="list-style-type: none"> <li>○ Abuse or neglect</li> <li>○ Infection control</li> <li>○ Violations of transfer or discharge requirements</li> <li>○ Insufficient staffing or competency</li> <li>○ Other quality of care issues (e.g., falls, pressure ulcers, etc.)</li> </ul> </li> </ol> </li> </ul>		

Date	Agency	Topic	Summary	Link
			<p>For example, a facility whose last standard survey was 24 months ago and was cited for abuse at a “G” level of noncompliance, would be surveyed earlier (i.e., prioritized higher) than a facility whose last standard survey was 23 months ago and had lower level deficiencies. We recognize that there are many different scenarios or combinations of timing of surveys and types of noncompliance that will exist. We defer to States for final decisions on scheduling surveys consistent with CMS survey prioritization guidelines.</p> <p>Nursing Home Reopening FAQs: see link to the right The FAQ answers a range of questions on the topics of:</p> <ul style="list-style-type: none"> <li>• Reopening</li> <li>• Visitation</li> <li>• Testing Requirement</li> </ul>	
5/18/20	VHCA VHHA	Reporting	<p>The Virginia Hospital and Healthcare Association (VHHA) has launched a new online Licensed Nursing Homes Dashboard with statistics associated with COVID-19 cases in licensed nursing facilities. The dashboard, which will be updated daily, includes information nursing facilities are voluntarily providing to VHASS on:</p> <ul style="list-style-type: none"> <li>• confirmed and pending COVID-19 cases among patients and residents in NFs;</li> <li>• the number of nursing facility residents who have recovered from COVID-19; and</li> <li>• information about NFs' difficulty in obtaining specific types of PPE.</li> </ul>	<p><a href="https://myemail.constantcontact.com/VHCA-VCAL--Nursing-Homes-Dashboard--Webinar-on-Thursday--and-Medicaid-Memos.html?soid=1011233811022&amp;aid=KXlg3GqsaME">https://myemail.constantcontact.com/VHCA-VCAL--Nursing-Homes-Dashboard--Webinar-on-Thursday--and-Medicaid-Memos.html?soid=1011233811022&amp;aid=KXlg3GqsaME</a></p> <p><a href="https://www.vhha.com/communications/virginia-licensed-nursing-facility-covid-19-dashbaord/">https://www.vhha.com/communications/virginia-licensed-nursing-facility-covid-19-dashbaord/</a></p>
5/19/20	OSHA	Screening PPE Infection Control and Prevention	<p>The US Department of Labor’s Occupational Safety and Health Administration released guidance aimed at protecting nursing homes and long term care facilities workers from exposure to COVID-19. Many of the recommendations are based on CDC guidance including optimizing PPE, screening workers, and sending sick workers home. The guidance includes encouraging staff to report any safety or health concerns and staggering breaks to avoid overcrowding in the break room.</p>	<p><a href="https://www.osha.gov/Publications/OSHA4025.pdf">https://www.osha.gov/Publications/OSHA4025.pdf</a></p>
5/29/20	CDC CMS	Reporting Requirements	<p><b>Centers for Medicare and Medicaid (CMS) COVID-19 NHSN Reporting Requirements for Nursing Homes</b></p> <ul style="list-style-type: none"> <li>• The reporting requirements for nursing homes became effective on May 8, 2020, when CMS published their</li> </ul>	<p><a href="https://www.cdc.gov/nhsn/ltc/covid19/index.html">https://www.cdc.gov/nhsn/ltc/covid19/index.html</a></p> <p><a href="https://www.cdc.gov/nhsn/pdfs/covid19/ltc/cms-covid19-req-508.pdf">https://www.cdc.gov/nhsn/pdfs/covid19/ltc/cms-covid19-req-508.pdf</a></p>

Date	Agency	Topic	Summary			Link
			interim final rule with comment. CMS memo QSO-20-29-NH provides additional information for nursing homes to meet COVID-19 reporting requirements including details about a grace period prior to enforcement. CMS is only collecting nursing home (i.e., skilled nursing facility and/or nursing facility) data and not assisted living or developmental disability facility types.			<a href="https://www.youtube.com/watch?v=-bR3CvqT9cw">https://www.youtube.com/watch?v=-bR3CvqT9cw</a>
			Healthcare Settings	COVID-19 Reporting Data Fields	CMS Reporting Deadlines and Frequency	<a href="https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.144-res-blank-p.pdf">https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.144-res-blank-p.pdf</a>
			CMS-certified LTC Facilities SNFs and NFs)	<ul style="list-style-type: none"> <li>• Suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19</li> <li>• Total deaths and COVID-19 deaths among residents and staff</li> <li>• Personal protective equipment and hand hygiene supplies in the facility</li> <li>• Ventilator capacity and supplies in the facility</li> <li>• Resident beds and census</li> <li>• Access to COVID-19 testing while the resident is in the facility</li> <li>• Staffing shortages</li> <li>• Other information specified by the Secretary</li> </ul>	<p><u>Deadlines:</u>  <b>May 17, 2020:</b> facilities must submit first set of data. CMS will provide facilities with an initial two-week grace period to begin reporting cases in the NHSN system (which ends at 11:59 p.m. on May 24, 2020). Facilities that fail to begin reporting after the third week (by 11:59 p.m. on May 31st) will receive a warning letter reminding them to begin reporting the required information to CDC</p> <p><u>Frequency:</u>  <b>Facilities must submit the data through the NHSN at least once every seven days.</b> Facilities may choose to submit multiple times a week. CMS is not prescribing which day of the week the data must be submitted, although</p>	<a href="https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.144-toi-508.pdf">https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.144-toi-508.pdf</a> <a href="https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.145-staff-blank-p.pdf">https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.145-staff-blank-p.pdf</a> <a href="https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.145-toi-508.pdf">https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.145-toi-508.pdf</a> <a href="https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.146-supp-blank-p.pdf">https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.146-supp-blank-p.pdf</a> <a href="https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.146-toi-508.pdf">https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.146-toi-508.pdf</a> <a href="https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.147-vent-blank-p.pdf">https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.147-vent-blank-p.pdf</a> <a href="https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.147-toi-508.pdf">https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.147-toi-508.pdf</a>

Date	Agency	Topic	Summary		Link
				<p>reporting should remain consistent with data being submitted on the same day(s) each week. The collection period should also remain consistent (e.g., Monday through Sunday). Each Monday, CMS will review the data submitted to assess if each facility submitted data at least once in the previous seven days. The data pulled each Monday will also be used to update the data that is publicly reported</p>	
			<p>Training module slide set and you tube video links provided</p> <p>Data collection forms and instruction links for the 4 pathways provided:</p> <ul style="list-style-type: none"> <li>• Resident Impact and Facility Capacity</li> <li>• Staff and Personnel Impact</li> <li>• Supplies and Personal Protective Equipment</li> <li>• Ventilator Capacity and Supplies</li> </ul>		
6/1/20	DGS VHCA	Communication Emergency Vendor List	<p>The Virginia Department of General Services (DGS) has provided a link to an emergency vendor list, which includes vendors that provide personal protective equipment. DMAS and DGS do not endorse nor suggest any vendor appearing on the emergency vendor list. Providers are required to conduct their own due diligence prior to procuring from any vendor listed. (The link notes the list was updated on 5/20/20)</p>		<a href="https://dgs.virginia.gov/procurement/resources/covid-19-emergency-vendor-list/">https://dgs.virginia.gov/procurement/resources/covid-19-emergency-vendor-list/</a>
6/1/20	CMS	Survey Activity	<p>QSO-20-31-ALL Effective Immediately</p>		<a href="https://www.cms.gov/files/document/qso-20-31-all.pdf">https://www.cms.gov/files/document/qso-20-31-all.pdf</a>



Date	Agency	Topic	Summary	Link
			<p>This memorandum addresses National Healthcare Safety Network (NHSN) data, COVID-19 survey activities, enhanced enforcement, and engagement of Quality Improvement Organizations (QIOs).</p> <p><b>Survey Prioritization</b></p> <p><b>Focus Surveys for Infection Control</b> - CMS believes further direction is needed to prioritize completion of focused infection control surveys in nursing homes; this plan supersedes the March 2020 memos re: prioritization of surveys.</p> <ul style="list-style-type: none"> <li>• States that have not completed 100% of their focused infection control nursing home surveys by July 31, 2020 will be required to submit a corrective action plan to their CMS location outlining the strategy for completion of these surveys within 30 days. If, after the 30-day period, States have still not achieved surveying 100% of their nursing homes, their CARES Act FY2021 allocation may be reduced by up to 10%. Subsequent 30-day extensions could result in an additional reductions up to 5%. These funds would then be redistributed to those States that completed 100% of their focused infection control surveys by July 31.</li> <li>• CMS is also requiring States to implement the following COVID-19 survey activities: <ol style="list-style-type: none"> <li>1. Perform <b>on-site surveys</b> (within 30 days of this memo) of nursing homes with previous COVID-19 outbreaks, defined as: <ul style="list-style-type: none"> <li>• Cumulative confirmed cases/bed capacity at 10% or greater; or</li> <li>• Cumulative confirmed plus suspected cases/bed capacity at 20% or greater; or</li> <li>• Ten or more deaths reported due to COVID-19.</li> </ul> </li> <li>2. Perform <b>on-site surveys</b> (within three to five days of identification) of any nursing home with: <ul style="list-style-type: none"> <li>• 3 or more new COVID-19 suspected and confirmed cases since the last National Healthcare Safety Network (NHSN) COVID-19 report, or 1 confirmed resident case in a facility that was previously COVID-free.</li> <li>• State Survey Agencies are encouraged to communicate with their State Healthcare Associated Infection coordinators prior to initiating these surveys.</li> </ul> </li> </ol> </li> </ul>	<p><a href="https://www.cms.gov/files/document/qso-20-30-nh.pdf">https://www.cms.gov/files/document/qso-20-30-nh.pdf</a></p> <p><a href="http://www.qioprogram.org/locate-your-qio">http://www.qioprogram.org/locate-your-qio</a></p>

Date	Agency	Topic	Summary	Link
			<p>3.Starting in FY 2021, perform annual Focused Infection Control surveys on 20 percent of nursing homes based on State discretion or additional data that identifies facility and community risks.</p> <p>States that fail to perform these survey activities timely and completely could forfeit up to 5% of their CARES Act Allocation, annually.</p> <p>CARES Act funds may also be used for State-specific interventions (such as Strike Teams, enhanced surveillance, or monitoring of nursing homes). In addition, in August 2020, State Survey Agency priorities may also be informed by recommendations from the Coronavirus Commission for Safety and Quality in Nursing Homes.</p> <p><b>Other Survey Activities</b></p> <p>Finally, to transition States to more routine oversight and survey activities, once a state has entered Phase 3 of the Nursing Homes Re-opening guidance <a href="https://www.cms.gov/files/document/nursing-home-reopening-recommendations-state-and-local-officials.pdf">https://www.cms.gov/files/document/nursing-home-reopening-recommendations-state-and-local-officials.pdf</a> or earlier, at the state’s discretion. States are authorized to expand beyond the current survey prioritization (Immediate Jeopardy, Focused Infection Control, and Initial Certification surveys) to perform (for all provider and supplier types):</p> <ul style="list-style-type: none"> <li>• Complaint investigations that are triaged as Non-Immediate Jeopardy-High</li> <li>• Revisit surveys of any facility with removed Immediate Jeopardy (but still out of compliance),</li> <li>• Special Focus Facility and Special Focus Facility Candidate recertification surveys, and</li> <li>• Nursing home and Intermediate Care Facility for individuals with Intellectual Disability (ICF/IID) recertification surveys that are greater than 15 months.</li> </ul> <p>When determining the order in which to schedule more routine surveys, States should prioritize providers based on those <u>with a history of noncompliance, or allegations of noncompliance</u>, with the below items:</p> <ul style="list-style-type: none"> <li>• Abuse or neglect;</li> <li>• Infection control;</li> <li>• Violations of transfer or discharge requirements;</li> <li>• Insufficient staffing or competency; or</li> <li>• Other quality of care issues (e.g., falls, pressure ulcers, etc.).</li> </ul>	

Date	Agency	Topic	Summary	Link
			<p>Accrediting organizations may resume normal survey activities based on state reopening criteria. Any variations from the approved reaccreditation survey process must receive CMS-approval prior to implementation</p> <p><b>Enforcement Actions for Nursing Facilities and Survey Agencies</b></p> <p>Due to the heightened threat to resident health and safety for even low-level, isolated infection control citations (such as proper handwashing and use of personal protective equipment (PPE), CMS is expanding enforcement to improve accountability and sustained compliance with these crucial practices. In addition to enhanced enforcement, CMS is also providing Directed Plans of Correction, including use of Root Cause Analysis, to facilitate lasting systemic changes within facilities to drive sustained compliance. Therefore, <u>substantial non-compliance (D or above) with any deficiency associated with Infection Control requirements will lead to the following enforcement remedies:</u></p> <ul style="list-style-type: none"> <li>• Non-compliance for an Infection Control deficiency when <b><u>none have been cited in the last year</u></b> (or on the last standard survey): <ul style="list-style-type: none"> <li>○ Nursing homes cited for current non-compliance that is <b>not widespread (Level D &amp; E)</b> - Directed Plan of Correction</li> <li>○ Nursing homes cited for current non-compliance with infection control requirements that is widespread (<b>Level F</b>) - Directed Plan of Correction, Discretionary Denial of Payment for New Admissions with 45-days to demonstrate compliance with Infection Control deficiencies.</li> </ul> </li> <li>• Non-compliance for Infection Control Deficiencies cited <b><u>once in the last year</u></b> (or last standard survey): <ul style="list-style-type: none"> <li>○ Nursing Homes cited for current non-compliance with infection control requirements that is <b>not widespread (Level D &amp; E)</b> - Directed Plan of Correction, Discretionary Denial of Payment for New Admissions with 45-days to demonstrate compliance with Infection Control deficiencies, Per Instance Civil Monetary Penalty (CMP) up to \$5000 (at State/CMS discretion)</li> <li>○ Nursing Homes cited for current non-compliance with infection control requirements that is widespread (<b>Level F</b>) - Directed Plan of Correction,</li> </ul> </li> </ul>	

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			<p>Discretionary Denial of Payment for New Admissions with 45-days to demonstrate compliance with Infection Control deficiencies, \$10,000 Per Instance CMP</p> <ul style="list-style-type: none"> <li>• Non-compliance that has been cited for Infection Control Deficiencies <b>twice or more in the last two years</b> (or twice since second to last standard survey) <ul style="list-style-type: none"> <li>○ Nursing homes cited for current non-compliance with Infection Control requirements that is not widespread (<b>Level D &amp; E</b>) - Directed Plan of Correction, Discretionary Denial of Payment for New Admissions, 30-days to demonstrate compliance with Infection Control deficiencies, \$15,000 Per Instance CMP (or per day CMP may be imposed, as long as the total amount exceeds \$15,000)</li> <li>○ Nursing homes cited for current non-compliance with Infection Control requirements that is widespread (<b>Level F</b>) - Directed Plan of Correction, Discretionary Denial of Payment for New Admissions, 30-days to demonstrate compliance with Infection Control deficiencies, \$20,000 Per Instance CMP (or per day CMP may be imposed, as long as the total amount exceeds \$20,000)</li> <li>○ Nursing Homes cited for current non-compliance with Infection Control Deficiencies at the Harm Level (<b>Level G, H, I</b>), <b>regardless of past history</b> - Directed Plan of Correction, Discretionary Denial of Payment for New Admissions with 30 days to demonstrate compliance with Infection Control deficiencies. Enforcement imposed by CMS Location per current policy, but CMP imposed at highest amount option within the appropriate (non-Immediate Jeopardy) range in the CMP analytic tool.</li> </ul> </li> <li>• Nursing Homes cited for current non-compliance with Infection Control Deficiencies at the <b>Immediate Jeopardy Level (Level J, K, L) regardless of past history</b> – In addition to the mandatory remedies of Temporary Manager or Termination, imposition of Directed Plan of Correction, Discretionary Denial of Payment for New Admissions, 15-days to demonstrate compliance with Infection Control deficiencies. Enforcement imposed by CMS Location per current</li> </ul>	

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			<p>policy, but CMP imposed at highest amount option within the appropriate (IJ) range in the CMP analytic tool.</p> <p><b>Utilization of the Quality Improvement Organizations</b>  QIOs provide education and training to every certified nursing home in the country. As part of their ongoing work, they provide direct assistance to around 6000 small, rural nursing homes and those serving vulnerable populations in areas where access to care is limited with helping them understand and comply with CMS and CDC reporting requirements, sharing best practices related to infection control, testing and patient transfers. The QIOs are being deployed to provide technical assistance to nursing homes, which includes a targeted focus on approximately 3,000 low performing nursing homes who have a history of infection control challenges. Further, States may request QIO technical assistance specifically targeted to nursing homes that have experienced an outbreak. These requests should be sent to Anita Monteiro, Acting Director of the Quality Improvement and Innovation Group at CMS:  mailto:anita.monteiro@cms.hhs.gov.</p> <p>The QIOs help nursing homes identify what their greatest areas of infection control problems are, then create an action plan, and implement specific steps to establish a strong infection control and surveillance program in the nursing home. For instance, they train staff on proper use of personal protective equipment (PPE), cohorting residents appropriately and transferring residents safely. They monitor compliance with infection control standards and practices in the nursing home. Nursing homes can locate the QIO responsible for their state here:  <a href="http://www.qioprogram.org/locate-your-qio">http://www.qioprogram.org/locate-your-qio</a>.</p>	
6/1/20	CMS	Reporting	<p>CMS released a state-by-state report on COVID-19 cases for residents and staff along with numbers of infection control focused surveys completed.</p> <p><b>Nursing Home COVID-19 Data Definitions- see link for report</b>  <b>Nursing Home COVID-19 Data Source:</b> CDC National Healthcare Safety Network (NHSN). This data reflects data entered into the NHSN system by nursing homes as of May 24. <b>State Survey Data Source:</b> CMS Automated Survey Process Environment System (ASPEN)</p>	<a href="https://www.cms.gov/files/document/6120-nursing-home-covid-19-data.pdf">https://www.cms.gov/files/document/6120-nursing-home-covid-19-data.pdf</a>

Date	Agency	Topic	Summary	Link
			<p>Additional background: This data reflects reconciled survey information entered into the ASPEN system by State Survey Agencies. It represents complete surveys and those where a surveyor has logged onsite hours, but not yet completed the survey, as of May 29. There is a lag of between 10-21 days until the findings from these surveys are generated.</p> <p><b>Limitations on Data Reporting:</b> As with any new reporting program, some facilities will struggle with their first submissions, and therefore, some of the data from their early submissions may be inaccurate.</p> <p>As facilities begin reporting in the early weeks, the increase in certain metrics (e.g., number of cases) is a reflection of an increase in reporting, rather than an increase in the actual number of cases.</p> <p>Facilities may opt to report cumulative data retrospectively back to January 1, 2020. Therefore, some facilities may be reporting higher numbers of cases/ deaths compared to other facilities, due to their retrospective reporting. Also, these cumulative reports are included in facilities' first weekly submission to the system. Therefore, the numbers in a facility's first weekly report may be artificially higher because it reflects information that occurred over a longer period of time(e.g., from Jan 1, 2020), rather than the last seven days. The availability of testing may impact the number of confirmed COVID-19 cases facilities report. Facilities that did not have the ability to test all residents a few weeks ago would not be able to report all residents with confirmed cases. Similarly, access to testing can vary by state, region, or facility. Data maybe inconsistent with state data, particularly state death data.</p> <p>CMS will also post the underlying CDC-collected data on a link on Nursing Home Compare later this week. The data will be broken down by state, number of residents and number of staff. The data will be searchable by facility name and will be downloadable so researchers and other stakeholders can perform their own in-depth analysis. CMS will update the data weekly.</p>	
6/1/20	AHCA NCAL	Reporting Resource	<p><b>Assisted Living Notification Guidelines for Confirmed COVID-19 Cases</b></p> <p>When a COVID-19 case is confirmed (whether resident or personnel) in an assisted living community, NCAL encourages providers to take the following steps regarding</p>	<a href="https://www.ahcanal.org/facility_operations/disaster_planning/Documents/Notifications-Confirmed-Cases-AL.pdf">https://www.ahcanal.org/facility_operations/disaster_planning/Documents/Notifications-Confirmed-Cases-AL.pdf</a>

Date	Agency	Topic	Summary	Link
			<p>notifications. Assisted living communities should prioritize following local and state reporting requirements regarding COVID-19.</p>	
6/1/20	AHCA	Testing	<p>AHCA has created an algorithm for testing and cohorting nursing home residents which incorporates the latest CDC guidance. The algorithm walks through three primary entry points for testing prior to deciding on who and how to cohort individuals. The entry points include testing residents who develop symptoms, testing all residents simultaneously, and testing new admissions. The algorithm also walks through how to cohort if the person(s) tested are in a single-person room or with roommates.</p>	<p><a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Algorithm-Testing-Cohorting.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Algorithm-Testing-Cohorting.pdf</a></p>
6/4/20	CMS	Reporting	<p><b>QSO 20-32</b>  On June 4, the CMS publicly released individual facility data related to COVID-19 on Nursing Home Compare. Some centers who reviewed their data, have found errors in what is posted publicly. Centers are encouraged to check Nursing Home Compare for data accuracy.</p> <p>Nursing homes are required to report data to the NHSN. The data is then submitted from NHSN to CMS for upload into Nursing Home Compare.</p> <p>Centers who review Nursing Home Compare and identify issues to their data may make corrections to data entered into the NHSN system by:</p> <ul style="list-style-type: none"> <li>· Logging into the <i>NHSN COVID-19 LTCF module</i></li> <li>· Choose the relevant date on the calendar feature</li> <li>· Edit the inaccurate data</li> <li>· Click “SAVE” before exiting</li> </ul> <p>See link for FAQs</p>	<p><a href="https://www.cms.gov/files/document/qso-20-32-nh.pdf">https://www.cms.gov/files/document/qso-20-32-nh.pdf</a></p> <p><a href="https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg">https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg</a></p> <p><a href="https://www.cdc.gov/nhsn/ltc/index.html">https://www.cdc.gov/nhsn/ltc/index.html</a></p> <p><a href="https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/faq-cms-datarelease-508.pdf">https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/faq-cms-datarelease-508.pdf</a></p>
6/4/20	CMS	Reporting	<p><b>QSO 20-33</b>  CMS will post health inspection (i.e., surveys) results that were conducted on or after March 4th, 2020, which is the first date that CMS altered the way that inspections are scheduled and conducted. This includes inspections related to complaints and facility-reported incidents (FRIs) that were triaged at the Immediate Jeopardy (IJ) level, and the streamlined Infection Control inspection process that was developed based on the guidance for preventing the spread of COVID-19. The information will be available in the</p>	<p><a href="https://www.cms.gov/files/document/qso-20-33-nh.pdf">https://www.cms.gov/files/document/qso-20-33-nh.pdf</a></p>

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			<p>“Spotlight” section of the Nursing Home Compare home page on June 4th, 2020.</p>							
6/18/20	VDH	Reporting	<p>VHD posted a memo from the State Health Commissioner per the Code of Virginia §32.1 -35.1, that data required to be reported to NHSN to meet CMS requirements should be shared with Virginia Department of Health. In order for VDH to view data from Long-Term Care Facilities (LTCFs) reporting in NHSN, each facility has to join the VDH NHSN group. Instructions are noted in the link. Licensed but not certified nursing homes are not required to report data to CMS, but they may report to NHSN and are <b>encouraged</b> to confer rights to VDH. Reporting through NHSN is one of many criteria for a nursing home to enter Reopening Phase I.</p>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/Memo_COVID-Nursing-Home-NHSN-Reporting_6-4-2020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/Memo_COVID-Nursing-Home-NHSN-Reporting_6-4-2020.pdf</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/Instructions-on-Conferring-Rights-to-VDH_June-2020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/Instructions-on-Conferring-Rights-to-VDH_June-2020.pdf</a></p>						
6/18/20	VDH	Testing Point Prevalence Survey	<p>VDH has refined its approach to Point Prevalence Surveys (PPS) and the Virginia National Guard (VANG) is reaching out directly to facilities—<b>both</b> nursing centers and <b>assisted living facilities</b>—to schedule COVID-19 testing for residents and staff in June and July. PPS testing is offered at no cost to facilities and is alignment with best practices for reopening facilities. A PPS is when there is testing of all residents and staff on a given day. See link for details</p>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPS-Guidance-for-LTCF_Congregated-Settings-FINAL-4-28-2020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPS-Guidance-for-LTCF_Congregated-Settings-FINAL-4-28-2020.pdf</a></p> <p><a href="https://www.vhca.org/files/2020/06/ALF-PPS-Memo-06172020.pdf">https://www.vhca.org/files/2020/06/ALF-PPS-Memo-06172020.pdf</a></p>						
6/18/20	VDH	Phased Reopening	<p>VDH Nursing Home Guidance for Phased Reopening</p> <table border="1" data-bbox="632 915 1371 1440"> <thead> <tr> <th data-bbox="632 915 884 976">Checklist to Enter Phase 1</th> <th data-bbox="884 915 1136 976">Checklist to Enter Phase 2</th> <th data-bbox="1136 915 1371 976">Checklist to Enter Phase 3</th> </tr> </thead> <tbody> <tr> <td data-bbox="632 976 884 1440"> <ol style="list-style-type: none"> <li>1. City or county has been in Forward Virginia Phase I for at least 14 days</li> <li>2. No nursing home-onset cases in residents for the past 14 days</li> <li>3. Infection prevention and control (IPC) measures have been implemented <ul style="list-style-type: none"> <li>• An individual with training in IPC to provide onsite</li> </ul> </li> </ol> </td> <td data-bbox="884 976 1136 1440"> <ol style="list-style-type: none"> <li>1. City or county has been in Forward Virginia Phase II for at least 14 days</li> <li>2. Nursing home has been in Reopening Phase I for at least 14 days</li> <li>3. Baseline testing of all residents and all staff has been conducted; predetermined plan for refusals was followed <ul style="list-style-type: none"> <li>• Testing is occurring per</li> </ul> </li> </ol> </td> <td data-bbox="1136 976 1371 1440"> <ol style="list-style-type: none"> <li>1. City or county has been in Forward Virginia Phase II for at least 14 days</li> <li>2. Nursing home has been in Reopening Phase I for at least 14 days</li> <li>3 Testing is occurring per recommendations in Section 4 <ul style="list-style-type: none"> <li>• No nursing home-onset cases in</li> </ul> </li> </ol> </td> </tr> </tbody> </table>	Checklist to Enter Phase 1	Checklist to Enter Phase 2	Checklist to Enter Phase 3	<ol style="list-style-type: none"> <li>1. City or county has been in Forward Virginia Phase I for at least 14 days</li> <li>2. No nursing home-onset cases in residents for the past 14 days</li> <li>3. Infection prevention and control (IPC) measures have been implemented <ul style="list-style-type: none"> <li>• An individual with training in IPC to provide onsite</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. City or county has been in Forward Virginia Phase II for at least 14 days</li> <li>2. Nursing home has been in Reopening Phase I for at least 14 days</li> <li>3. Baseline testing of all residents and all staff has been conducted; predetermined plan for refusals was followed <ul style="list-style-type: none"> <li>• Testing is occurring per</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. City or county has been in Forward Virginia Phase II for at least 14 days</li> <li>2. Nursing home has been in Reopening Phase I for at least 14 days</li> <li>3 Testing is occurring per recommendations in Section 4 <ul style="list-style-type: none"> <li>• No nursing home-onset cases in</li> </ul> </li> </ol>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf</a></p>
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Date	Agency	Topic	Summary			Link
			<p>management of all COVID-19 prevention and response activities has been assigned</p> <ul style="list-style-type: none"> <li>Space in the facility that can be used to monitor and care for residents with COVID-19 has been designated</li> <li>Screening of residents for any symptoms consistent with COVID-19 infection with documentation is occurring</li> <li>Screening of staff for any symptoms consistent with COVID-19 infection with documentation is occurring</li> <li>Universal source control and social distancing have been implemented</li> </ul> <p>4. Facility is reporting to the National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module weekly</p> <ul style="list-style-type: none"> <li>Facility has conferred rights</li> </ul>	<p>recommendations in Section 4</p> <ul style="list-style-type: none"> <li>No nursing home-onset cases in residents for the past 14 days</li> <li>No new cases in staff for the past 14 days</li> </ul> <p>4. Facility is reporting to the NHSN LTCF COVID-19 Module weekly</p> <ul style="list-style-type: none"> <li>Facility has adequate staffing as reported in NHSN</li> <li>Facility has access to adequate PPE as reported in NHSN</li> <li>Facility has access to adequate testing as reported in NHSN</li> </ul> <p>5. Infection prevention and control assessment (IPCA) has been completed</p> <ul style="list-style-type: none"> <li>IPC measures have been maintained or implemented based on the assessment</li> </ul> <p>6. Phase II Attestation has been sent to the LHD</p>	<p>residents for the past 14 days</p> <ul style="list-style-type: none"> <li>No new cases in staff for the past 14 days</li> </ul> <p>4. IPC measures have been maintained</p> <p>5. Facility is reporting to the NHSN LTCF COVID-19 Module weekly</p> <ul style="list-style-type: none"> <li>Facility has adequate staffing as reported in NHSN</li> <li>Facility has access to adequate PPE as reported in NHSN</li> <li>Facility has access to adequate testing as reported in NHSN</li> </ul> <p>6. Facility has a plan to implement a Respiratory Protection Program</p> <p>7. Phase II Attestation has been sent to the LHD</p>	

Date	Agency	Topic	Summary		Link	
			<p>to VDH in NHSN</p> <ul style="list-style-type: none"> <li>• Facility has adequate staffing as reported in NHSN</li> <li>• Facility has access to adequate personal protective equipment (PPE) as reported in NHSN</li> <li>• Facility has access to adequate testing as reported in NHSN</li> </ul> <p><b>5.</b>Fit-testing for respirator use for staff providing direct care for COVID-19 positive residents has been conducted</p> <p><b>6.</b> Facility testing plan has been developed</p> <p><b>7.</b> A plan has been developed to manage new admissions and readmissions where COVID-19status is unknown</p> <p><b>8.</b> Phase I Attestation has been sent to the LHD [local health department]</p>			
			<p><b>Triggers for Phase Regression</b></p> <p><b>1.</b> If a facility identifies a <b>nursing home-onset COVID-19</b> case in the facility, the facility goes back to Phase I (even if the community is in a different Forward Virginia Phase)</p>			

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>• A “nursing home-onset COVID-19 case” refers to COVID-19 cases that originated in the nursing home, and not cases where the nursing home admitted individuals from a hospital with a known COVID-19 positive status, or unknown COVID-19 status but became COVID-19 positive within 14 days after admission. <b>This only applies to residents. Staff cases do not lead to Phase Regression.</b></li> </ul> <p><b>2.</b> If the surrounding community <b>regresses to a previous Forward Virginia Phase</b>, the facility must also regress to the same phase for mitigation steps.</p> <p><b>The Guidance includes information for the following- see link for full detail:</b></p> <p><b>Reopening Guidance For All Phases:</b></p> <ul style="list-style-type: none"> <li>• Symptom Screening</li> <li>• Universal Source Control and PPE</li> <li>• Cohorting Plan</li> <li>• Relocating Residents</li> <li>• Decision to Allow New Admissions or Readmissions</li> </ul> <p><b>Recommended Mitigation Steps and Consideration by Phases for:</b></p> <ul style="list-style-type: none"> <li>• Visitation</li> <li>• Dining</li> <li>• Social and group activities</li> <li>• Non-essential staff</li> <li>• Resident trips outside the facility for non-medical necessary reasons</li> <li>• Testing</li> <li>• Salons</li> <li>• Onsite gym or fitness center</li> <li>• New resident admission and readmission placement</li> </ul> <p><b>Responding To Test Results- Resident Placement and Infection Prevention:</b></p> <ul style="list-style-type: none"> <li>• Symptomatic at the time of testing</li> <li>• Asymptomatic at the time of testing</li> </ul> <p><b>Responding to Test Results- Staff Work Exclusion</b></p> <ul style="list-style-type: none"> <li>• Symptomatic at the time of testing</li> <li>• Asymptomatic at the time of testing</li> </ul> <p><b>Interpretation of Criteria for Phase Progression- Appendix 1</b></p> <ul style="list-style-type: none"> <li>• Forward Virginia</li> <li>• Nursing Home- Onset Case</li> <li>• Definition of Staff</li> <li>• Implementing IPC Measures</li> <li>• NHSN LTCF COVID-19 Module</li> </ul>	

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>• Facility Testing Plan</li> <li>• Baseline Testing</li> <li>• Infection Prevention and Control Assessment (IPCA)</li> <li>• Respiratory Protection Program</li> </ul> <p><b>Communication With Local Health Department – Appendix 2</b></p> <ul style="list-style-type: none"> <li>• Reporting Testing Results</li> <li>• Attestation</li> </ul>	
6/19/20	VDH	Phased Reopening	<p>On June 19 VDH also issued an update to the VDH COVID-19 Interim Guidance for Long-Term Care Facilities. Updates since the last version include:</p> <ul style="list-style-type: none"> <li>• Added section on hand hygiene</li> <li>• Added information to further clarify recommendations related to cohorting, PPE use (especially related to gowns), and cleaning and disinfection</li> <li>• Revised language to reflect the lifting of restrictions during phased reopening in accordance with the Forward Virginia and the VDH Nursing Home Guidance for Phased Reopening</li> <li>• Differentiated nursing home recommendations from those for other LTCFs where applicable</li> </ul> <p>This document should be considered a supplement to the VDH Nursing Home Guidance for Phased Reopening. See Link and info above in 6/18/20 timeline entry.</p>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf</a></p>
6/23/20	DSS	Phased Reopening	<p>VA DSS published guidelines for “Reopening” of VA ALFs and recommended each individual facility should consider the reopening criteria and move thorough reopening phases based on assessment of its own specific circumstances. Specifically recommending:</p> <p><i>To the greatest extent possible, we strongly advise that ALFs follow Centers for Medicare and Medicaid Services recommendations and the Virginia Department of Health Nursing Home Guidance for Phased Reopening. There is no one-size-fits-all approach to reopening assisted living facilities (ALFs). There may be reasons that some ALFs can consider less stringent guidelines, such as not having an outbreak in the facility and less community spread of COVID-19 in the locality. We are not suggesting that it is appropriate or prudent for every facility to consider reopening. Each individual facility should consider the reopening criteria outlined in the memo and move through the reopening phases based on its assessment of its own specific circumstances. It is our understanding that many ALFs are</i></p>	<p><a href="https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/code_regulations/regulations/alf_recommendations_for_reopening.pdf">https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/code_regulations/regulations/alf_recommendations_for_reopening.pdf</a></p> <p><a href="https://law.lis.virginia.gov/admincode/title22/agency40/chapter73/">https://law.lis.virginia.gov/admincode/title22/agency40/chapter73/</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf</a></p>

Date	Agency	Topic	Summary	Link
			<p><i>lessening their restrictions. If an ALF chooses to reopen, a strict plan to mitigate risk is essential.</i></p> <p>Additionally ALF providers are reminded of infection control requirements set forth in the Virginia Administrative Code at 22VAC40-73, Standards for Assisted Living Facilities.</p> <p>Under 22VAC40-73-100, facilities are required to update their infection control programs in response to COVID-19 to address surveillance, prevention, and control of disease and infection. Revisions to infection control plans must be consistent with Centers for Disease Control and Prevention (CDC) guidelines and Occupational Safety and Health Administration (OSHA) bloodborne pathogens regulations. In addition, infection control programs should incorporate recommendations from VDSS and the Virginia Department of Health (VDH).</p> <p>In addition, if there is an outbreak of an infectious disease, such as COVID-19, facilities must follow all recommendations made by VDH to prevent or control transmission of the infectious agent in the facility.</p> <p>The ALF standards specify elements for development and implementation of an infection control program, as well as infection control training requirements for all levels of staff and volunteers. Your licensing inspector may request a copy of your updated infection control policies and procedures in response to COVID-19.</p> <p><b>Best Practices for Re-opening VA ALFs include information on the following topics- See link for details</b></p> <ul style="list-style-type: none"> <li>• Adequate Testing and Case Studies</li> <li>• Adequate Staffing</li> <li>• Adequate PPE for Staff</li> <li>• Continuous Monitoring of Capacity</li> <li>• Physical Distancing</li> <li>• 100% Screening</li> <li>• Number of Visitors</li> <li>• Personal Services</li> <li>• Communal Dining and Group Activities</li> </ul>	

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>• Medically Necessary Transportation</li> <li>• Prevalence of COVID-19 in the Local Community</li> </ul>	
6/23/20	CMS	Phased Reopening-Visitation	<p>CMS released a FAQ on Nursing Home Visitation which states that nursing homes should continue to follow CMS and CDC guidance for preventing the transmission of COVID-19, and follow state and local direction.</p> <p>Because nursing home residents are especially vulnerable, CMS does not recommend reopening facilities to visitors (except for compassionate care situations) until phase three when:</p> <ul style="list-style-type: none"> <li>• There have been no new, nursing home onset COVID-19 cases in the nursing home for 28 days (through phases one and two)</li> <li>• The nursing home is not experiencing staff shortages</li> <li>• The nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents</li> <li>• The nursing home has adequate access to testing for COVID-19</li> <li>• Referral hospital(s) have bed capacity on wards and intensive care units</li> </ul> <p>There is discussion in the FAQs regarding situations for compassionate care, outside activities, communal activities, visitation restrictions and alternatives for COVID-19+ residents and state ombudsman access. See link for details.</p>	<a href="https://www.cms.gov/files/document/covid-visitation-nursing-home-residents.pdf">https://www.cms.gov/files/document/covid-visitation-nursing-home-residents.pdf</a>
6/25/20	CMS	Reporting-Nursing Home Compare	<p><b>QSO 20-34-NH</b>  <b>Changes to the Nursing Home Compare Website and Five Star Quality Rating System</b>  Staffing Measures and Rating Domain:</p> <ul style="list-style-type: none"> <li>• On July 2020, Staffing measures and star ratings will be held constant, and based on data submitted for Calendar Quarter 4 2019</li> </ul>	<a href="https://www.cms.gov/files/document/qso-20-34-nh.pdf">https://www.cms.gov/files/document/qso-20-34-nh.pdf</a>

Date	Agency	Topic	Summary	Link						
			<ul style="list-style-type: none"> <li>Also, CMS is ending the waiver of the requirement of nursing homes to submit staffing data through the Payroll-Based Journal System. Nursing home must submit data for Calendar Quarter 2 by August 14, 2020</li> </ul> <p>Quality Measures:</p> <ul style="list-style-type: none"> <li>On July 29, 2020, quality measures based on a data collection period ending Dec 31,2019</li> </ul> <p>See link for full details</p>							
7/2/20	VDH	Phased Reopening Guidance FAQs-Testing	<p>Virginia Department of Health FAQs t are intended to be a supplement to the VDH Nursing Home Reopening Guidance. The reopening guidance can be applied to both nursing homes and assisted living facilities and will be updated as needed.</p> <table border="1" data-bbox="632 691 1371 1455"> <thead> <tr> <th data-bbox="632 691 1010 724">Testing Question</th> <th data-bbox="1010 691 1371 724">Testing Answer</th> </tr> </thead> <tbody> <tr> <td data-bbox="632 724 1010 1333">1. Which type of test, viral or antibody, should be performed when testing is indicated by the recommendations?</td> <td data-bbox="1010 724 1371 1333"> <p>1. An FDA EUA viral diagnostic test should be performed when testing is indicated. Antibody testing should not be used in this context.</p> <p>There are two types of viral diagnostic tests, molecular (e.g., PCR) and antigen. Molecular tests are preferred over antigen tests. Positive results from antigen tests are highly accurate, but negative results do not rule out infection (false negative). Thus, negative results are considered presumptive and must be followed up with a confirmatory molecular test.</p> </td> </tr> <tr> <td data-bbox="632 1333 1010 1455">2. Are there other types of specimens that can be collected that don't involve swabbing the nasopharynx?</td> <td data-bbox="1010 1333 1371 1455">2.Swabbing can take place in a variety of ways, depending on the specimen collection method that is validated by</td> </tr> </tbody> </table>	Testing Question	Testing Answer	1. Which type of test, viral or antibody, should be performed when testing is indicated by the recommendations?	<p>1. An FDA EUA viral diagnostic test should be performed when testing is indicated. Antibody testing should not be used in this context.</p> <p>There are two types of viral diagnostic tests, molecular (e.g., PCR) and antigen. Molecular tests are preferred over antigen tests. Positive results from antigen tests are highly accurate, but negative results do not rule out infection (false negative). Thus, negative results are considered presumptive and must be followed up with a confirmatory molecular test.</p>	2. Are there other types of specimens that can be collected that don't involve swabbing the nasopharynx?	2.Swabbing can take place in a variety of ways, depending on the specimen collection method that is validated by	<p><a href="https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/">https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf</a></p> <p><a href="https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/code_regulations/regulations/alf_recommendations_for_reopening.pdf">https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/code_regulations/regulations/alf_recommendations_for_reopening.pdf</a></p> <p><a href="https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-eua">https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-eua</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html</a></p>
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Date	Agency	Topic	Summary		Link
				<p>the laboratory performing tests for your facility. A common method is a nasopharyngeal (NP) swab, where a thin, flexible swab is inserted far back into the nose to obtain material for testing. If the procedure causes more than mild discomfort, then the swabbing technique should be reviewed. It is also important to ensure that swabs intended specifically for NP swabbing are used; these swabs are thinner and more flexible than swabs intended for other specimen types. Other specimen types depend on the test and laboratory, and these may include a nasal swab (inserted about an inch into the nose), a saliva specimen, or an oropharyngeal (OP, throat) swab. Acceptable specimen types should be discussed with your laboratory, as it depends on their typical testing methodology.</p>	
			<p>3. Do staff or residents with a previous positive viral test who have recovered still need to be tested when indicated by the recommendations?</p>	<p>3. Asymptomatic individuals with a previous positive viral test do not need to be re-tested when facility-wide testing is indicated, however this recommendation might change as VDH releases Phase II and Phase III testing guidance. A recent update to CDC guidance states staff or residents who had a</p>	



Date	Agency	Topic	Summary		Link
				<p>positive viral test over 8 weeks ago should be retested as part of facility-wide testing, regardless of symptoms. A facility can follow those recommendations at this time if they so choose. Residents and staff who had a positive viral test at any time and become symptomatic after recovering from the initial illness should be re-tested and placed back on the appropriate Transmission-Based Precautions (TBP) or excluded from work, respectively.</p>	
			<p>4. Do staff or residents with a previous positive antibody test still need to be tested when indicated by the recommendations?</p>	<p>4. Yes. Results of antibody testing should not be used as the sole basis to either diagnose acute infection or make recommendations on limiting social or environmental exposures or changes to work related policies. We do not yet know if the presence of antibodies to SARS-CoV-2 provides any level of protection against reinfection with the virus. However, this recommendation may be reconsidered at a later time for previously COVID-19 positive individuals as more is learned about immunity following COVID-19.</p>	
			<p>5. If staff work at multiple facilities, do they need to</p>	<p>5. No, staff do not need to be tested at each facility. If</p>	

Date	Agency	Topic	Summary		Link
			receive a viral test at each facility?	documentation of the test result is provided to each facility, the results from one setting are adequate to meet the testing recommendations at any facility. Each facility should maintain appropriate documentation of test results. Staff should be encouraged to tell facilities if they have had exposures at other facilities with recognized COVID-19 cases. Similarly, staff who become symptomatic should alert each facility and be tested as soon as possible.	
			6. Can facilities use a point prevalence survey (PPS) that was conducted prior to the guidance being released as their first round of testing for the Phase I recommendations?	6. Facilities that completed a COVID-19 PPS for residents and staff can use the PPS as their first round of testing as long as all the following are met: PPS occurred on or after May 15, 2020 All staff and all residents were given the opportunity to be tested at that time	
			7. If the first week (i.e., first round) of testing all staff and all residents reveals NO positives, does testing need to be repeated for a second week (i.e., second round)?	7. Yes. A facility should test all staff and all residents that have not previously tested positive for at least two consecutive weeks, or two consecutive rounds in some instances where the baseline test was conducted more than a week prior. Testing should continue weekly until there are no new cases among staff or nursing home-	

Date	Agency	Topic	Summary		Link
				onset cases in residents for the previous 14 days.	
			8. Which staff members should be tested when indicated by the recommendations?	8. The definition of staff that should be tested is defined in the VDH Nursing Home Guidance for Phased Reopening. However, staff who are working from home, or on leave, or otherwise not at the same site as residents, do not need to be tested as long as they remain offsite.	
			9. If a staff member receives a test from an outside entity (e.g., community testing location, drive-thru pharmacy, private practitioner), does that meet the testing recommendation?	9. Yes. Diagnostic tests of nursing home staff that are performed outside of the facility meet the testing recommendation, so long as the employee has the appropriate documentation to provide to the nursing home administrator and the test was conducted in a reasonable time frame (e.g., 3-7 days) from when the test was recommended.	
			10. How should facilities approach staff who decline testing?	10. If staff with symptoms consistent with COVID-19 decline testing, they should be presumed to have COVID-19 and excluded from work. Return to work decisions should be based on COVID-19 return to work guidance at the discretion of the facility's occupational health program. If asymptomatic staff decline testing, work restriction, if any, should be determined by the facility's occupational health. All staff should be	

Date	Agency	Topic	Summary		Link
				<p>trained in proper use of personal protective equipment, including universal facemask policies, hand hygiene, and other measures needed to stop transmission.</p>	
			<p>11. How should facilities approach residents who decline testing?</p>	<p>11. Residents, or their medical powers of attorney, have the right to decline testing. Clinical discussions about testing may include alternative specimen collection sources that may be more acceptable to residents than nasopharyngeal swabs (e.g., anterior nares). Providing information about the method of testing and reason for pursuing testing may facilitate discussions with residents and their medical powers of attorney.</p> <p>If a resident has symptoms consistent with COVID-19, but declines testing, they should remain on Transmission-Based Precautions until they meet the symptom-based criteria for discontinuation. If a resident is asymptomatic and declines testing at the time of facility-wide testing, decisions on placing the resident on Transmission-Based Precautions for COVID-19 or providing usual care should be based on whether the facility has evidence suggesting transmission (i.e., confirmed infection in staff or</p>	

Date	Agency	Topic	Summary		Link
				nursing-home onset infection in a resident).	
7/2/20	VDH	Phased Reopening Guidance FAQs-PPE	<p><b>PPE Question</b></p> <p>1. Does the facility have to supply PPE to visitors?</p> <p>2. Does the facility have to supply PPE to VDH staff (e.g., OLC surveyors, local health department communicable disease nurses or epidemiologists)?</p>	<p><b>PPE Answer</b></p> <p>Visitors are required to wear a facemask or cloth mask for the duration of their visit. Because of PPE shortages, visitors should bring their own masks. If the resident being visited is on transmission-based precautions (TBP), other PPE like gowns or gloves might be required for entering their room. In such a scenario, before giving permission to visit a resident on TBP, the facility should ensure that enough PPE is available.</p> <p>2. The facility under conventional conditions might supply all required PPE to VDH staff visiting the facility. However, while PPE supply is limited, VDH staff shall bring their own PPE. VDH staff should avoid entering a resident room without wearing the appropriate PPE.</p>	<a href="https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/">https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/</a>
7/2/20	VDH	Phased Reopening Guidance FAQs-	<b>Infection Prevention and Control Question</b>	<b>Infection Prevention and Control Answer</b>	<a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf</a>

Date	Agency	Topic	Summary		Link
		Infection Prevention and Control	<p>1. Where can I find more details regarding staff and resident screening for COVID-19 symptoms?</p> <p>2. What qualifications does the infection preventionist (IP) in the nursing home need to have?</p>	<p>1. The VDH Nursing Home Reopening Guidance is a supplement to other guidance documents that have been previously disseminated. An updated symptom list and details regarding screening can be found in the VDH Guidance for LTCFs.</p> <p>2. Each nursing home should assign an individual with training in infection prevention and control (IPC) to provide onsite management of all COVID-19 prevention and response activities. A detailed training module has been developed by CDC and CMS and is available free of charge; it provides 23 training courses on core activities of effective IPC programs. More training might be available, as more federal dollars are being designated for that purpose.</p>	<p><a href="https://www.train.org/cdctrain/training_plan/3814">https://www.train.org/cdctrain/training_plan/3814</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html</a></p> <p><a href="https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html">https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html</a></p>
			<p>3. What infection prevention and control practices should be implemented when serving a meal or delivering a food tray to a resident with a suspected or confirmed COVID-19 infection?</p>	<p>3. Facilities should develop policies for safely conducting food service activities. Only essential staff are permitted in units/care areas for suspected or confirmed COVID-19 cases, and food delivery can be done by nurses/CNAs. Extended use of gloves between residents is not recommended. When delivering food to a resident with suspected or confirmed COVID-19, staff should perform hand hygiene, don PPE (gloves, gown, mask,</p>	

Date	Agency	Topic	Summary		Link
				<p>eye protection), drop off food, take off and dispose of PPE and perform hand hygiene. Repeat this process between each room of a resident with suspected or confirmed COVID-19.</p> <p>When delivering food to a resident without suspected COVID-19 signs and symptoms, staff should perform hand hygiene and don gloves, then remove gloves and repeat hand hygiene if staff has contact with the resident or any surfaces in their room.</p>	
			<p>4. What are VDH recommendations for distant or outdoor visitations?</p>	<p>4. While we want to ensure social distancing and protect residents from exposure to the virus, there is also a need to find ways to maintain overall physical and psychosocial health. Facilities should consider the current COVID-19 situation in their facility and community when making decisions about relaxing certain restrictions. The following should be considered when incorporating visitations off-site or spending time outdoors into the plan of care:</p> <p>Only asymptomatic residents and residents who meet criteria for discontinuation of TBP are allowed to have visitations outside the facility. Residents should always maintain social distancing.</p>	

Date	Agency	Topic	Summary		Link
				<p>Residents should wear a face mask if able to do so. Visitors should wear a face mask. If the resident requires physical assistance or supervision, an appropriate staff member should be present to assist. The staff member should wear a face mask.</p> <p>Increase the frequency of cleaning and disinfecting benches and other frequently touched outdoor surfaces. Encourage residents to perform hand hygiene before and after spending time outside of the facility. Visitations should occur in controlled areas, not in the general public. More information can be found in the CMS FAQ on Nursing Home Visitation.</p>	
			<p>5. What should a facility do if a large number of symptomatic residents or positive COVID-19 cases have been identified?</p>	<p>5. When conducting facility-wide testing, a large number of residents might be identified with COVID-19 infection and cohorting them can be complicated and might increase the chances of cross-contamination. "Shelter in place" is a practical solution in these circumstances if the following conditions are implemented: In shared rooms the distance between resident's beds should be at least 6 feet and curtains can be used as a physical barrier. However, staff should don and doff the</p>	



Date	Agency	Topic	Summary		Link
				<p>appropriate PPE between residents in the same room. Increase the frequency of environmental cleaning and disinfection. Do not cohort residents based on symptoms only.</p>	
			<p>6. CMS has now mandated all certified nursing homes must receive an onsite focused infection control survey by July 31, 2020. Do earlier assessments from the local health department (LHD) or other assessment teams satisfy this requirement?</p>	<p>6. No. This is an independent regulatory requirement from the Centers for Medicare &amp; Medicaid Services (CMS).</p>	
			<p>7. What is VDH guidance in regards to resuming onsite physical therapy in nursing homes during phased reopening?</p>	<p>7. During Phase 1, physical therapy should be conducted in the resident's room taking into consideration wearing full PPE if the resident is on Transmission-Based Precautions. However, facilities should create a plan to gradually reintroduce health care services, emphasizing those that are time sensitive, prioritizing patients with urgent needs. During phases II and III, access to an onsite physical therapy room should be limited to COVID-19 negative or asymptomatic residents or residents who meet criteria for discontinuation of transmission-based precautions, but residents may use physical therapy</p>	

Date	Agency	Topic	Summary		Link
			<p>equipment with social distancing (limited number of people in the room and spaced by at least 10 feet), hand hygiene, and cloth face covering or facemask. Staff should wear a face mask as well as a gown and gloves while conducting physical therapy. Gown and gloves should be changed between residents. Physical equipment should be properly cleaned and disinfected between each use.</p>		
7/2/20	VDH	Phased Reopening Guidance FAQs- Resident Placement/ Cohorting	<p><b>Resident Placement/Cohorting Question</b></p> <p>1. Where should a facility place residents receiving hemodialysis or leaving the facility on a regular basis for necessary medical care?</p>	<p><b>Resident Placement/Cohorting Answer</b></p> <p>1. Residents leaving the facility frequently for necessary medical care are at an increased exposure risk to SARS-CoV-2. They should be screened very closely for signs and symptoms of COVID-19 and they should be prioritized for testing whenever testing capacity is limited. Facilities should not put these residents on new admission units.</p>	<p><a href="https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/">https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/</a></p>
7/2/20	VDH	Phased Reopening Guidance FAQs- Phase Progression and Regression	<p><b>Phase Progression and Regression Question</b></p> <p>1. Can a facility use a date prior to June 19, 2020 as the start of Phase I?</p>	<p><b>Phase Progression and Regression Answer</b></p> <p>1. VDH recognizes the effort and measures that have been implemented prior to the release of the Nursing Home Reopening Guidance</p>	<p><a href="https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/">https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/</a></p>

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				<p>on June 19, 2020. A facility can use the date when all recommended criteria for Phase I were met, including if it was before June 19. Please enter the date the facility started Phase I when you submit the attestation form. The facility is still encouraged to seek consultation from their LHD.</p>	
			<p>2. Does the local health department (LHD) need to approve phase progression?</p>	<p>2. No. However, facilities should submit a Phase Change Attestation to their LHD when they meet all the criteria to move from one phase to another. Facilities are encouraged to seek consultation from their LHD when moving from phase to phase. The LHD will acknowledge receipt of the attestation.</p>	
			<p>3. Why does a positive staff case not trigger phase regression?</p>	<p>3. Healthcare workers have multiple exposure risks including their job, the community, and potentially their household. One positive case in a staff member does not suggest the infection was transmitted at the facility and therefore should not hold bearing on whether a facility should regress. A positive staff case would trigger testing of staff and residents as is indicated in the Nursing Home Reopening Guidance; if through those testing efforts a nursing home-onset case is identified, the facility should</p>	

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				regress to Phase I. In the event two or more staff are epidemiologically linked and tested positive, the LHD might recommend regression to Phase I until the outbreak is contained.	
			4. The guidance states a facility should have access to adequate PPE as indicated in NHSN to progress in a phase. Does VDH recommend phase progression if the facility is still relying on the Healthcare Coalition or Local Health Department to maintain adequate PPE?	4. Yes. Adequate PPE is defined as having enough supplies and PPE (i.e., N95 masks, surgical masks, eye protection, gowns, gloves, and alcohol-based hand sanitizer) for the next seven days, whether the supplies are received through their normal channels or from the Healthcare Coalition or the LHD.	
			5. The guidance states a facility should have adequate staffing as indicated in NHSN to progress in a phase. Does VDH recommend phase progression if the facility is still relying on MRC resources to supplement staffing?	5. Each facility should identify staffing shortages based on their facility needs and internal policies for staffing ratios. The use of temporary staff does not count as a staffing shortage if staffing ratios are met according to the facility's needs and internal policies for staffing ratios.	

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7/2/20	VDH	VDH Guidance for Phased Reopening-Update	<p>On July 2, 2020, VDH issued <i>Updated VDH Nursing Home Guidance for Phased Reopening</i> (July 2, 2020) and <i>Nursing Home Reopening Guidance Frequently Asked Questions</i>.</p> <p>VDH provided this summary of the July 2 changes:</p> <ul style="list-style-type: none"> <li>• Page 1, added link for <i>VDSS Recommendations for Reopening Assisted Living Facilities</i>; added link for FAQ</li> <li>• Page 4, clarified the trigger to regression to change the language from “surrounding community” to city or county facility is located</li> <li>• Page 5, updated PPE optimization strategy link to updated VDH LTCF Guidance</li> <li>• Page 8, clarified Phase I testing recommendations; more information can be found in FAQ</li> <li>• Page 12, clarified Regional Healthcare Coalitions should be notified about PPE shortages, not testing supplies</li> <li>• Pages 15-16, deleted the copy of the Phase Change Attestation Form for Virginia Nursing Homes. Please use the <i>REDCap link</i> or the <i>link to the paper form</i> on Page 14.</li> </ul> <p>See links for forms</p>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf</a></p> <p><a href="https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/">https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/</a></p> <p><a href="https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/code_regulations/regulations/alf_recommendations_for_reopening.pdf">https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/code_regulations/regulations/alf_recommendations_for_reopening.pdf</a></p> <p><a href="https://redcap.vdh.virginia.gov/redcap/surveys/?s=AKJ9PEKPRD">https://redcap.vdh.virginia.gov/redcap/surveys/?s=AKJ9PEKPRD</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/Phase-Change-Attestation-Form-for-Virginia-Nursing-Homes_Fillable.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/Phase-Change-Attestation-Form-for-Virginia-Nursing-Homes_Fillable.pdf</a></p>
7/6/20	VDH	Reopening Testing Reporting Clinical Guidance Screening Infection Control and Prevention PPE Communication	<p><b>Long-Term Care Facility Playbook to Access Resources to Support COVID-19 Outbreak Responses</b></p> <p>VDH developed this document to serve as a playbook on how to access various staffing, supplies, infection control, and other resources to support responses to COVID-19 cases and outbreaks in long-term care facilities (LTCFs) and in some circumstances, other residential facilities.</p> <p>Topics included are:</p> <ul style="list-style-type: none"> <li>• Outbreak Reporting</li> <li>• Phased Reopening</li> <li>• Staffing</li> <li>• Healthcare Coalition</li> <li>• Testing</li> <li>• PPE</li> <li>• Fit Testing</li> <li>• Infection Control</li> </ul>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VirginiaLongTermCareFacilityTaskForceCOVIDPlaybook.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VirginiaLongTermCareFacilityTaskForceCOVIDPlaybook.pdf</a></p>

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			<ul style="list-style-type: none"> <li>• Behavioral Health</li> <li>• Care Transitions</li> <li>• Communication</li> </ul> <p>The document also provided links to additional COVID-19 resources</p>	
7/9/20	CDC	Testing	<p>On July 2, CDC updated guidance on testing in nursing homes.</p> <p><b>The new guidance includes key changes below:</b></p> <ul style="list-style-type: none"> <li>• Facilities should have a SARS—CpV-2 testing plan in place following CDC, state and national guidance.</li> <li>• Testing conducted at nursing homes should be implemented in addition to recommended infection prevention control measures</li> <li>• Nursing home residents are at high risk for infection, serious illness, and death from COVID-19. Testing for SARS-CoV-2, the virus that causes COVID-19, in respiratory specimens can detect current infections (referred to here as viral testing) among residents in nursing homes. Viral testing of residents in nursing homes, with authorized nucleic acid or antigen detection assays, is an important addition to other infection prevention and control (IPC) recommendations aimed at preventing SARS-CoV-2 from entering nursing homes, detecting cases quickly, and stopping transmission. This guideline is based on currently available information about COVID-19 and will be refined and updated as more information becomes available.</li> <li>• Testing practices should aim for rapid turnaround times (e.g., less than 24 hours) in order to facilitate effective interventions.</li> <li>• Testing the same resident more than once in a 24-hour period is not recommended.</li> <li>• Antibody (serologic) test results generally should not be used as the sole basis to diagnose an active SARS-CoV-2 infection and should not be used to inform IPC actions.</li> <li>• While this guidance focuses on testing in nursing homes, several of the recommendations such as testing residents with signs or symptoms of COVID-19 and testing asymptomatic close contacts should also be</li> </ul>	<p><a href="https://www.vhca.org/publications/careconnection/july-9-2020/updates-to-cdc-website/">https://www.vhca.org/publications/careconnection/july-9-2020/updates-to-cdc-website/</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html</a></p> <p><a href="https://www.cms.gov/files/document/qso-20-30-nh.pdf">https://www.cms.gov/files/document/qso-20-30-nh.pdf</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html">https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html">https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html</a></p>

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			<p>applied to other long-term care facilities (e.g., assisted living facilities, intermediate care facilities for individuals with intellectual disabilities)</p> <p><b>Diagnostic Testing</b></p> <p><b>Testing resident with signs or symptoms of COVID-19</b></p> <ul style="list-style-type: none"> <li>• Take temps of all residents and ask if they have any COVID-19 symptoms at least daily</li> <li>• Perform viral testing of any resident that has signs or symptoms of COVID-19</li> <li>• Clinicians should use their judgment to determine if a resident has s/s consistent with COVID-19 and whether the resident should be tested. Individuals may not show common symptoms such as fever or respiratory symptoms.</li> <li>• Clinicians are encouraged to consider testing for other causes of respiratory illness, such as influenza, in addition to testing for SARS-CoV2.</li> </ul> <p><b>Testing asymptomatic resident with known or suspected exposure to an individual infected with SARS CoV-2, including close or expanded contacts i.e. there is an outbreak in the facility.</b></p> <ul style="list-style-type: none"> <li>• Perform expanded viral testing of <b>all</b> residents in the nursing home if there is an outbreak in the facility (i.e., a new SARS-CoV-2 infection in any HCP or any nursing home-onset SARS-CoV-2 infection in a resident).</li> <li>• When undertaking facility-wide viral testing, facility leadership should expect to identify multiple asymptomatic and pre-symptomatic residents with SARS-CoV-2 infection and be prepared to cohort residents.</li> <li>• If viral testing capacity is limited, CDC suggests first directing testing to residents who are close contacts (e.g., on the same unit or floor of a new confirmed case or cared for by infected HCP).</li> </ul> <p><b>Initial (baseline) testing of asymptomatic residents without known or suspected exposure to an individual infected with SARS-CoV-2 is part of the recommended reopening process</b></p> <ul style="list-style-type: none"> <li>• Perform initial viral testing of each resident in a nursing home as part of the recommended reopening process</li> </ul>	

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			<ul style="list-style-type: none"> <li>In any nursing home, initial viral testing of each resident (who is not known to have previously been diagnosed with COVID-19) is recommended because of the high likelihood of exposure during a pandemic, transmissibility of SARS-CoV-2, and the risk of complications among residents following infection.</li> <li>The results of viral testing inform care decisions, infection control interventions, and placement decisions (e.g., cohorting decisions) relevant to that resident.</li> </ul> <p><b>Testing to determine resolution of infection</b></p> <ul style="list-style-type: none"> <li>A test-based strategy, which requires serial tests and improvement of symptoms, can be used as an alternative to a symptom-based or time-based strategy, to determine when a resident with SARS-CoV-2 infection no longer requires Transmission-Based Precautions.</li> </ul> <p><b>Repeat Testing in Coordination with the Health Department</b></p> <p><b>Non-diagnostic testing of asymptomatic residents without known or suspected exposure to an individual infected with hSARS-CoV-2 ( apart from the initial testing referenced above)</b></p> <ul style="list-style-type: none"> <li>After initially performing viral testing of all residents in response to an outbreak, CDC recommends repeat testing to ensure there are no new infections among residents and HCP and that transmission has been terminated as described below. Repeat testing should be coordinated with the local, territorial, or state health department.</li> <li>Continue repeat viral testing of all previously negative residents, generally every 3 days to 7 days, until the testing identifies no new cases of SARS-CoV-2 infection among residents or HCP for a period of at least 14 days since the most recent positive result. This follow-up viral testing can assist in the clinical management of infected residents and in the implementation of infection control interventions to prevent SARS-CoV-2 transmission.</li> <li>If viral test capacity is limited, CDC suggests directing repeat rounds of testing to residents who leave and return to the facility (e.g., for outpatient dialysis) or have known exposure to a case (e.g., roommates of cases or those cared for by a HCP with confirmed SARS-CoV-2</li> </ul>	

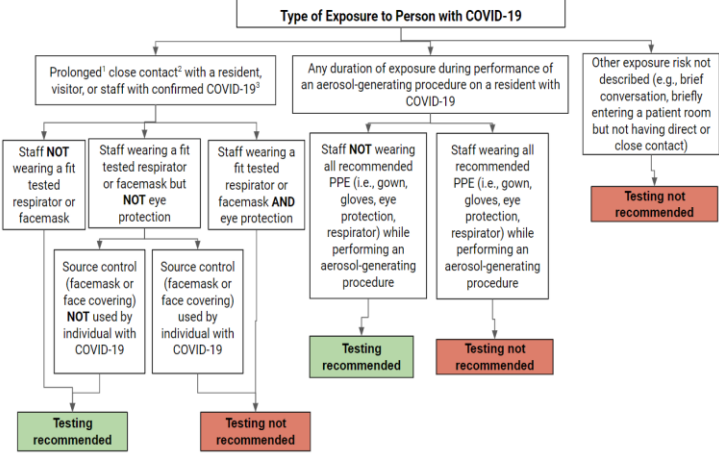


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			infection). For large facilities with limited viral test capacity, testing only residents on affected units could be considered, especially if facility-wide repeat viral testing demonstrates no transmission beyond a limited number of units.							
7/15/20	VDH	VDH Guidance for Phased Reopening-Update	<p>On July 13, 2020, VDH issued Updated VDH Nursing Home Guidance for Phased Reopening . The summary and location of changes in the guidance is below:</p> <table border="1" data-bbox="636 529 1373 1453"> <tr> <td data-bbox="636 529 1373 565">Updated definition of <b>NH-onset case</b> (page 4)</td> </tr> <tr> <td data-bbox="636 565 1373 748"> <ul style="list-style-type: none"> <li>A resident that previously tested positive and now retests positive, is not considered a NH-onset case. It is unknown at this time whether an individual can be re-infected. This guidance may be updated as we learn more information on viral persistence and risk for reinfection</li> </ul> </td> </tr> <tr> <td data-bbox="636 748 1373 932">Removed testing recommendations from Section 4 ( page 7) and added a new section 5 for testing recommendations Updated Phase I testing recommendations to include testing surrounding identification of a resident case not classified as NH-onset case (page 9) Added Phase II and III testing recommendations (page 10-11)</td> </tr> <tr> <td data-bbox="636 932 1373 995">Phase I Testing Recommendations</td> </tr> <tr> <td data-bbox="636 995 1373 1211">During or before Phase I, test all staff AND all residents weekly (<b>except those previously testing positive within the past 8 weeks</b>). Testing should continue weekly until there are no new cases among staff or nursing home (NH)-onset cases in residents for the previous 14 days (at a minimum weekly testing should occur twice). Symptomatic staff or residents should be tested immediately.</td> </tr> <tr> <td data-bbox="636 1211 1373 1453">Once the facility is no longer testing staff and residents weekly: Immediately test any resident or staff with symptoms. 1. If testing identifies a <b>NH-onset case (see definition page 4) or a staff case:</b> <ul style="list-style-type: none"> <li>Test all staff and all residents, except those previously testing positive within the past 8 weeks. <ul style="list-style-type: none"> <li>If no additional NH-onset cases or staff cases are identified, repeat testing of all staff and all residents.</li> </ul> </li> </ul> </td> </tr> </table>	Updated definition of <b>NH-onset case</b> (page 4)	<ul style="list-style-type: none"> <li>A resident that previously tested positive and now retests positive, is not considered a NH-onset case. It is unknown at this time whether an individual can be re-infected. This guidance may be updated as we learn more information on viral persistence and risk for reinfection</li> </ul>	Removed testing recommendations from Section 4 ( page 7) and added a new section 5 for testing recommendations Updated Phase I testing recommendations to include testing surrounding identification of a resident case not classified as NH-onset case (page 9) Added Phase II and III testing recommendations (page 10-11)	Phase I Testing Recommendations	During or before Phase I, test all staff AND all residents weekly ( <b>except those previously testing positive within the past 8 weeks</b> ). Testing should continue weekly until there are no new cases among staff or nursing home (NH)-onset cases in residents for the previous 14 days (at a minimum weekly testing should occur twice). Symptomatic staff or residents should be tested immediately.	Once the facility is no longer testing staff and residents weekly: Immediately test any resident or staff with symptoms. 1. If testing identifies a <b>NH-onset case (see definition page 4) or a staff case:</b> <ul style="list-style-type: none"> <li>Test all staff and all residents, except those previously testing positive within the past 8 weeks. <ul style="list-style-type: none"> <li>If no additional NH-onset cases or staff cases are identified, repeat testing of all staff and all residents.</li> </ul> </li> </ul>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-faq.html#Testing-in-Nursing-Homes">https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-faq.html#Testing-in-Nursing-Homes</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-COVID-19-Healthcare-Personnel-Risk-Assessment-Tool-6.12.2019.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-COVID-19-Healthcare-Personnel-Risk-Assessment-Tool-6.12.2019.pdf</a></p> <p><a href="https://www.vdh.virginia.gov/local-health-districts/">https://www.vdh.virginia.gov/local-health-districts/</a></p>
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Date	Agency	Topic	Summary	Link
			<p>Ideally, repeat testing would occur one week from the previous specimen collection date.</p> <ul style="list-style-type: none"> <li>b. If no NH-onset cases or staff cases are identified, no further weekly testing is recommended</li> <li>c. If additional NH-onset cases or staff cases are identified, repeat testing should continue weekly until there are no new cases among staff or nursing home-onset cases for the previous 14 days (or two consecutive rounds of testing with no additional NH-onset cases or staff cases).</li> </ul> <p>2. If testing identifies a resident case that is <b>not classified as a NH-onset case</b>:</p> <ul style="list-style-type: none"> <li>• Test staff and residents identified as a close contact (see definition pages 11-12). In the event identifying close contacts is too labor intensive and will delay testing, testing could include all residents on the same floor/unit/wing as the index case and staff members working on the same floor/unit/wing as the index case. <ul style="list-style-type: none"> <li>a. If additional cases are detected, testing of all staff and all residents should continue weekly until there are no new cases among staff or NH-onset cases for the previous 14 days (or two consecutive rounds of testing with no additional NH- onset cases or staff cases).</li> </ul> </li> </ul>	
			<p>Testing Recommendations for Phase I Regression</p>	
			<p>Test all staff and all residents weekly, except those previously testing positive within the past 8 weeks. Symptomatic staff or residents should be tested immediately.</p> <ul style="list-style-type: none"> <li>• Testing should continue weekly until there are no new cases among staff or NH-onset cases for the previous 14 days (or two consecutive rounds of testing with no additional NH-onset cases or staff cases).</li> </ul>	
			<p>Once the facility is no longer testing staff and residents weekly: Immediately test any resident or staff with symptoms.</p> <p>1.If testing identifies <b>a NH-onset or a staff case</b>:</p> <ul style="list-style-type: none"> <li>• Test all staff and all residents, except those previously testing positive within the past 8 weeks.</li> <li>• Testing should continue weekly until there are no new cases among staff or NH- onset cases for the previous 14 days (or two consecutive rounds of testing with no additional NH-onset cases or staff cases).</li> </ul>	

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			<p>2. If testing identifies a resident case that is <b>not classified as a NH-onset case</b>:</p> <ul style="list-style-type: none"> <li>• Test all staff and residents identified as a close contact. In the event identifying close contacts is too labor intensive and will delay testing, testing could include all residents on the same floor/unit/wing as the index case and staff members working on the same floor/unit/wing as the index case. <ul style="list-style-type: none"> <li>a. If no additional cases are detected, repeat testing is not recommended.</li> <li>b. If additional cases are detected, testing of all staff and all residents should continue weekly until there are no new cases among staff or NH-onset cases for the previous 14 days (or two consecutive rounds of testing with no additional NH- onset cases or staff cases).</li> </ul> </li> </ul> <hr/> <p>Phase II and III Testing Recommendations</p> <p><b>Test symptomatic staff and residents</b></p> <p>1. If testing identifies a <b>NH-onset case (see definition page 4)</b>:</p> <ul style="list-style-type: none"> <li>• Facility should regress to Phase I, including Phase I regression testing recommendations.</li> </ul> <p>2. If testing identifies a case in a <b>staff</b>:</p> <ul style="list-style-type: none"> <li>• Test staff and residents that are identified as close contacts (see definition pages 11-12), except those previously testing positive within the past 8 weeks. In the event identifying close contacts is too labor intensive and will delay testing, testing could include staff in the same work unit as the index case and all residents on the same floor/unit/wing as the index case. <ul style="list-style-type: none"> <li>a. If no additional cases are identified, repeat testing of close contacts to ensure transmission has not occurred. Ideally, repeat testing would occur in one week.</li> <li>b. If no additional cases are identified, no further testing is recommended</li> </ul> </li> <li>• If a NH-onset case is identified, the facility should regress to Phase I and follow Phase I regression testing recommendations.</li> <li>• If additional staff cases or resident cases not classified as NH-onset are identified, testing of all staff and all</li> </ul>	

Date	Agency	Topic	Summary	Link
			<p>residents should be conducted, except those previously tested positive within the past 8 weeks.</p> <ol style="list-style-type: none"> <li>a. Testing should continue weekly until there are no new cases among staff or NH-onset cases for the previous 14 days (at a minimum weekly testing should occur twice). Identification of a NH-onset case triggers regression to Phase I, including Phase I regression testing recommendations.</li> </ol> <p>If testing identifies a case in a resident that is not classified as NH-onset case (e.g., resident who tested positive within 14 days of admission):</p> <p>3. If testing identifies a case in a resident that is not classified as NH-onset case (e.g., resident who tested positive within 14 days of admission):</p> <ul style="list-style-type: none"> <li>• Test all staff and residents that are identified as close contacts, except those previously tested positive within the past 8 weeks. In the event identifying close contacts is too labor intensive and will delay testing, testing could include all residents on the same floor/unit/wing as the index case and staff members working on the same floor/unit/wing as the index case. <ol style="list-style-type: none"> <li>a. If no additional cases are detected, repeat testing is not recommended. I</li> <li>b. If a NH-onset case is identified, the facility should regress to Phase I testing recommendations.</li> <li>c. If <i>additional</i> staff cases or resident cases not classified as NH-onset are identified, testing of all staff and all residents should be conducted, except those previously tested positive within the past 8 weeks</li> <li>d. Testing should continue weekly until there are no new cases among staff or nursing home-onset cases for the previous 14 days. Identification of a NH-onset case triggers regression to Phase I, including Phase I regression testing recommendation</li> </ol> </li> </ul>	
			<p><b>Retesting Previous Positives</b></p> <p>When testing is indicated, asymptomatic individuals who previously tested positive greater than 8 weeks ago should be re-tested. Residents and staff who had a positive viral test at any time and become symptomatic after recovering from the</p>	

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			<p>initial illness should be re-tested. See CDC guidance for more information.</p> <p><b>Identifying Close Contacts</b></p> <p><b>Assessing Staff</b></p> <p>Use the following algorithm to determine if testing is recommended. Below information is adapted from the VDH Guidance for Assessing and Managing Exposed, Asymptomatic Healthcare Personnel.</p>  <p>The flowchart 'Type of Exposure to Person with COVID-19' branches into three main categories:</p> <ul style="list-style-type: none"> <li><b>Prolonged<sup>1</sup> close contact<sup>2</sup> with a resident, visitor, or staff with confirmed COVID-19<sup>3</sup></b> <ul style="list-style-type: none"> <li>Staff <b>NOT</b> wearing a fit tested respirator or facemask: Testing recommended.</li> <li>Staff wearing a fit tested respirator or facemask but <b>NOT</b> eye protection: <ul style="list-style-type: none"> <li>If source control (facemask or face covering) <b>NOT</b> used by individual with COVID-19: Testing recommended.</li> <li>If source control (facemask or face covering) <b>used</b> by individual with COVID-19: Testing not recommended.</li> </ul> </li> <li>Staff wearing a fit tested respirator or facemask <b>AND</b> eye protection: Testing not recommended.</li> </ul> </li> <li><b>Any duration of exposure during performance of an aerosol-generating procedure on a resident with COVID-19</b> <ul style="list-style-type: none"> <li>Staff <b>NOT</b> wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure: Testing recommended.</li> <li>Staff wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure: Testing not recommended.</li> </ul> </li> <li><b>Other exposure risk not described (e.g., brief conversation, briefly entering a patient room but not having direct or close contact)</b>: Testing not recommended.</li> </ul> <p>1. CDC recommends considering 15 minutes or more as prolonged exposure.  2. CDC defines close contact as within 6 feet of a person with confirmed COVID-19 or having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.  3. Determining the time period when the patient, visitor, or staff with confirmed COVID-19 would have been infectious: a) For symptomatic cases: 2 days prior to symptom onset through the time period when the individual meets the criteria for discontinuation of Transmission-Based Precautions. b) For asymptomatic cases: either 2 days after their exposure, if known, until they meet criteria for discontinuing Transmission- Based Precautions or 2 days prior to positive specimen collection through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions.</p> <p>Added onsite physical therapy recommendations ( page 8)</p>	

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			<p>Onsite physical therapy</p>	<p>Phase I</p> <p>Physical therapy should be conducted in the resident's room taking into consideration wearing full PPE if the resident is on Transmission-Based Precautions.</p> <p>Facilities should create a plan to gradually reintroduce healthcare services, emphasizing those that are time sensitive and prioritizing patients with urgent needs.</p>	<p>Phase II and III</p> <p>Access to an onsite physical therapy room should be limited to COVID-19 negative or asymptomatic residents or residents who meet criteria for discontinuation of transmission-based precautions, but residents may use physical therapy equipment with social distancing ( limited number of people in the room and spaced by at least 10 feet), hand hygiene, and cloth face covering or facemask</p> <p>Staff should wear a face mask as well as a gown and gloves while conducting physical therapy. Gown and gloves should be changed between residents</p>	

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				<p>Equipment should be properly cleaned and disinfected between each use.</p> <p>The use of telehealth and its potential expansion should be maximized wherever appropriate.</p>	
			<p>Clarified LHD role in receiving the attestation form ( page 16)</p> <p>Attestation  The Phase Change Attestation Form can be submitted via REDCap or via paper (fax or email). LHD contact information is available – see link . If you are having trouble reaching your LHD, please email hai@vdh.virginia.gov.</p> <p>Facilities should self-assess their readiness to move into subsequent phases, and should submit a Phase Change Attestation Form to their LHD when they meet all the criteria to move from one phase to another.</p> <p><b><u>The purpose of submitting the Phase Change Attestation is as a means of communication.</u></b> We encourage facilities to seek consultation from their local health department when moving from phase to phase. The LHD will acknowledge receipt of the form in writing (electronically or otherwise) within two business days.</p> <p><b><u>When a LHD acknowledges receipt of the Attestation Form, this does not mean the LHD approves of the facility’s plans. The LHD might recommend a facility should not progress based on city/county data or facility specific factors; the LHD may also ask the facility for more information.</u></b></p> <p>Facilities should also submit a Phase Change Attestation indicating the need to regress pursuant to the guidelines.</p>		

Date	Agency	Topic	Summary		Link
7/16/20	VDH	Phased Reopening Guidance FAQs-Updated	<p><b>Testing Question</b></p> <p>Do staff or residents with a previous positive viral test who have recovered still need to be tested when indicated by the recommendations?</p>	<p><b>Testing Answer</b></p> <p><b>Answer reworded</b> - When testing is indicated, asymptomatic individuals who have previously tested positive greater than 8 weeks ago should be re-tested. It is unknown at this time whether an individual can be re-infected. This guidance may be updated as we learn more information on viral persistence and risk for reinfection. Residents and staff who had a positive viral test at any time and become symptomatic after recovering from the initial illness should be re-tested and placed back on the appropriate Transmission-Based Precautions (TBP) or excluded from work, respectively. See CDC guidance for more information.</p>	<p><a href="https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/">https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-faq.html#Testing-in-Nursing-Homes">https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-faq.html#Testing-in-Nursing-Homes</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Patients-with-Persistent-or-Recurrent-Positive-Tests">https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Patients-with-Persistent-or-Recurrent-Positive-Tests</a></p>
			<p>Should a facility proceed with repeat testing if the results from the previous week aren't back yet?</p>	<p>VDH is aware of increased turnaround times causing delays in receiving and responding to testing results and planning additional testing. It is reasonable to wait for results, however, there are situations where waiting would not be recommended to conduct more testing. If a facility is testing in response to identification of one case and subsequent testing resulted in additional cases, the next round of weekly testing</p>	



Date	Agency	Topic	Summary		Link
				<p>should not be delayed while waiting for results. For example, if a facility found positives on their first round of facility-wide testing, they will have to do at least two more rounds of testing (14 days of no new positives), so waiting for results from the second round of testing shouldn't delay the third round.</p>	
			<p><b>Infection Prevention and Control Question</b></p>	<p><b>Infection Prevention and Control Answer</b></p>	
			<p>Where can I find more details regarding staff and resident screening for COVID-19 symptoms?</p>	<p><b>Answer Reworded</b> -The VDH Nursing Home Reopening Guidance is a supplement to other guidance documents that have been previously disseminated. An updated symptom list and details regarding screening can be found in the VDH Guidance for LTCFs</p>	
			<p>A person who previously tested positive and clinically recovered from COVID-19 is later tested again. If that person again tests positive by PCR, should they be managed as potentially infectious to others, and <b>should be isolated again for COVID-19.</b></p>	<p>The person should be managed as potentially infectious and isolated. Residents and staff who had a positive viral test at any time and become symptomatic after recovering from the initial illness should be re-tested and placed back on the appropriate Transmission-Based Precautions or excluded from work, respectively. When a positive test occurs less than about 6 weeks after the person met criteria for discontinuation of isolation, it can be difficult to determine if the positive test represents a</p>	

Date	Agency	Topic	Summary		Link
				<p>new infection or a persistently positive test associated with the previous infection. If the positive test occurs more than 6-8 weeks after the person has completed their most recent isolation, clinicians and public health authorities should consider the possibility of reinfection. Ultimately, the determination of whether a patient with a subsequently positive test is contagious to others should be made on a case-by-case basis, in consultation with infectious diseases specialists and public health authorities, after review of available information (e.g., medical history, time from initial positive test, RT-PCR Ct values, and presence of COVID-19 signs or symptoms). Persons who are determined to be potentially infectious should undergo evaluation and remain isolated until they again meet criteria for discontinuation of isolation or of transmission-based precautions, depending on their circumstances. More information regarding patients with persistent or recurrent positive tests can be found in the CDC FAQ.</p>	
			<p>What is VDH guidance in regards to resuming onsite physical therapy in nursing homes during phased reopening?</p>	<p>This question has been removed on the 7/13 update</p>	

Date	Agency	Topic	Summary	Link
7/16/20	CMS	Testing	<p>Summary of CMS Call on Point-of-Care COVID-19 Testing for Nursing Homes</p> <p>On July 14, Centers for Medicare and Medicaid (CMS) announced an initiative to distribute of point-of-care COVID-19 testing devices to nursing homes across the country. Seema Verma, Administrator of CMS and Admiral Giroir, MD, Assistant Secretary for Health at the U.S. Department of Health and Human Services (HHS) held a nationwide conference call with nursing homes on July 15 to provide additional information about the rollout.</p> <p>Nursing facilities will receive one of two testing devices:            Quidel Sofia 2 SARS Antigen FIA            BD Veritor System for Rapid Detection of SARS-CoV-2            These testing devices are able to run 15-20 tests per hour and the results are available within 15 minutes, according to the companies' websites. These devices are already commonly used in doctors' offices to diagnose flu or strep throat.</p> <p>Both tests are antigen tests, which are different from the traditional PCR or molecular test. Antigen tests detect the presence of viral proteins in a biological sample, such as a tissue swabbed from the nasal cavity. Both antigen and PCR tests directly diagnose for COVID-19. The disadvantage of an antigen test is that it has lower sensitivity than a PCR test. The sensitivity for an antigen test is generally between 80-90%, lower than 95-98% for a PCR, which means the likelihood of a false negative with an antigen test is higher than with a PCR test. (Note: sensitivity means the % of people who actually have the disease who test positive [true positives]; therefore 1-sensitivity equals the false negative rate; so a test with 85% sensitivity detects the disease 85% of the time and misses it 15% of the time). Administrator Verma and Dr. Giroir addressed this during the call on Wednesday, saying if you have to wait over 48 hours for a lab test result, use of testing may not be as helpful controlling spread of the virus and as such, the extra sensitivity of a PCR test may not be as beneficial.</p> <p>CMS is distributing the initial set of devices to nursing facilities in hotspot areas, such as Florida, Texas and</p>	<p><a href="https://www.hhs.gov/about/news/2020/07/14/trump-administration-announces-initiative-more-faster-covid-19-testing-nursing-homes.html">https://www.hhs.gov/about/news/2020/07/14/trump-administration-announces-initiative-more-faster-covid-19-testing-nursing-homes.html</a></p> <p><a href="http://www.longtermcareleader.com/2020/07/summary-of-cms-call-on-point-of-care.html">http://www.longtermcareleader.com/2020/07/summary-of-cms-call-on-point-of-care.html</a></p> <p><a href="https://www.quidel.com/immunoassays/rapid-sars-tests/sofia-sars-antigen-fia">https://www.quidel.com/immunoassays/rapid-sars-tests/sofia-sars-antigen-fia</a></p> <p><a href="https://www.bd.com/en-us/offers/capabilities/microbiology-solutions/point-of-care-testing/bd-veritor-sars-cov-2">https://www.bd.com/en-us/offers/capabilities/microbiology-solutions/point-of-care-testing/bd-veritor-sars-cov-2</a></p>

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			<p>Arizona. They will use the NHSN data to determine facilities in hotspot areas who have three or more cases and low hospital capacity, and then further prioritize that list as necessary. They hope to have between 1,500-2,000 testing devices delivered to the hardest hit nursing homes by the end of next week. Then they will work to deliver devices to all nursing homes in the country over the next 2-3 months.</p> <p>The devices will come with a limited number of test kits, and nursing homes will have to reorder more test kits from the manufacturer once they run out. The costs for test kits were estimated at less than \$25 per test. CMS and HHS recognizes that providers will have many questions, but they did not want to delay in getting this program started and will be providing more guidance in the coming weeks.</p> <p>CMS intends these testing devices to be utilized for both screening and diagnostic purposes.</p> <p>In her comments, Administrator Verma explained that distribution of these testing devices came as direct result of feedback she has received from AHCA/NCAL and providers across the country on difficulty in accessing testing and slow turnaround times. She expressed support for the industry and a willingness to work with providers to focus on solutions.</p> <p>Administrator Verma also announced new resources available through the Quality Improvement Organizations (QIO's). QIO's will be conducting trainings and providing direct assistance to nursing homes in hotspots across the country at no cost. She also announced a national training coming in early August and promised more details in coming days.</p>	
7/21/20	CDC	<b>Transmission-Based Precautions Testing Residents Infection Control and Prevention</b>	<p>On July 17, the CDC posted substantial changes to the transmission-based precautions. As the CDC continues to learn more about the COVID-19 virus, the agency continues to revise prior guidance.</p> <p><b>CDC guidance for SARS-CoV-2 infection may be adapted by state and local health departments to respond to rapidly changing local circumstances.</b></p>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#definitions">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#definitions</a></p>

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		Testing Staff Return to Work	<p>The CDC updated the discontinuation of transmission-based precautions and disposition of patients with COVID-19 in healthcare settings.</p> <p>The guidance removes the test-based strategy and replaces it with a time-based strategy.</p> <p><b>Summary of Changes to the Guidance</b></p> <p>Below are changes to the guidance as of July 17, 2020: Except for rare situations, a test-based strategy is no longer recommended to determine when to discontinue Transmission-Based Precautions.</p> <p>For patients with severe to critical illness or who are severely immunocompromised<sup>1</sup>, the recommended duration for Transmission-Based Precautions was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised<sup>1</sup> patients, 20 days after their initial positive SARS-CoV-2 diagnostic test).</p> <p>Other symptom-based criteria were modified as follows:</p> <ul style="list-style-type: none"> <li>• Changed from “at least 72 hours” to “at least 24 hours” have passed <i>since last</i> fever without the use of fever-reducing medications.</li> <li>• Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19.</li> <li>• A summary of current evidence and rationale for these changes is described in a decision memo.</li> </ul> <p><b>SARS-CoV-2 Illness Severity Criteria</b> (adapted from the NIH COVID-19 Treatment Guidelines)</p> <p>Note: The studies used to inform this guidance did not clearly define “severe” or “critical” illness. This guidance has taken a conservative approach to define these categories. Although not developed to inform decisions about duration of Transmission-Based Precautions, the definitions in the National Institutes of Health (NIH) COVID-19 Treatment Guidelines external icon are one option for defining severity of illness categories. The highest level of illness severity experienced by the patient at any point in their clinical course should be used when determining the duration of Transmission-Based Precautions.</p> <p><b>Mild Illness:</b> Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat,</p>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html</a></p> <p><a href="https://www.covid19treatmentguidelines.nih.gov/overview/management-of-covid-19/">https://www.covid19treatmentguidelines.nih.gov/overview/management-of-covid-19/</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Testing">https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Testing</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html">https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html</a></p>

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			<p>malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.</p> <p><b>Moderate Illness:</b> Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO<sub>2</sub>) ≥94% on room air at sea level.</p> <p><b>Severe Illness:</b> Individuals who have respiratory frequency &gt;30 breaths per minute, SpO<sub>2</sub> &lt;94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of &gt;3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO<sub>2</sub>/FiO<sub>2</sub>) &lt;300 mmHg, or lung infiltrates &gt;50%.</p> <p><b>Critical Illness:</b> Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.</p> <p><b>Duration of Isolation &amp; Precautions for Adults</b> Accumulating evidence supports ending isolation and precautions for persons with COVID-19 using a symptom-based strategy. This update incorporates recent evidence to inform the duration of isolation and precautions recommended to prevent transmission of SARS-CoV-2 to others, while limiting unnecessary prolonged isolation and unnecessary use of laboratory testing resources.</p> <p><b>CDC guidance for SARS-CoV-2 infection may be adapted by state and local health departments to respond to rapidly changing local circumstances.</b></p> <p><b>Recommendations</b></p> <p><b><u>1.Duration of isolation and precautions</u></b></p> <ul style="list-style-type: none"> <li>• For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days <i>after symptom onset</i><sup>1</sup> and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. <ul style="list-style-type: none"> <li>○ A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.</li> </ul> </li> <li>• For persons who never develop symptoms, isolation and</li> <li>• For other precautions can be discontinued 10 days <i>after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.</i></li> </ul>	

Date	Agency	Topic	Summary	Link
			<p><b><u>2. Role of PCR testing<sup>2</sup> to discontinue isolation or precautions</u></b></p> <ul style="list-style-type: none"> <li>• persons who are severely immunocompromised, a test-based strategy could be considered in consultation with infectious diseases experts.</li> <li>• For all others, a test-based strategy is no longer recommended except to discontinue isolation or precautions earlier than would occur under the strategy outlined in Part 1, above.</li> </ul> <p><b><u>3. Role of PCR testing<sup>2</sup> after discontinuation of isolation or precautions</u></b></p> <ul style="list-style-type: none"> <li>• For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection. In addition, quarantine is not recommended in the event of close contact with an infected person.</li> <li>• For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Quarantine may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person.</li> <li>• For persons who never developed symptoms, the date of first positive RT-PCR test for SARS-CoV-2 RNA should be used in place of the date of symptom onset.</li> </ul> <p><b><u>4. Role of serologic testing</u></b></p> <ul style="list-style-type: none"> <li>• Serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection.</li> </ul> <p>[1] <i>Symptom onset</i> is defined as the date on which symptoms first began, including non-respiratory symptoms.  [2] <i>PCR testing</i> is defined as the use of an RT-PCR assay to detect the presence of SARS-CoV-2 RNA.</p> <p><b>Return-to-Work Criteria</b></p>	

Date	Agency	Topic	Summary	Link
			<p><b>CDC guidance for SARS-CoV-2 infection may be adapted by state and local health departments to respond to rapidly changing local circumstances</b></p> <p><b>Summary of Recent Changes as of July 17, 2020</b></p> <ul style="list-style-type: none"> <li>• Except for rare situations, a test-based strategy is no longer recommended to determine when to allow HCP to return to work.</li> <li>• For HCP with severe to critical illness or who are severely immunocompromised<sup>1</sup>, the recommended duration for work exclusion was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised<sup>1</sup> HCP, 20 days after their initial positive SARS-CoV-2 diagnostic test).</li> <li>• Other symptom-based criteria were modified as follows: <ul style="list-style-type: none"> <li>○ Changed from “at least 72 hours” to “at least 24 hours” have passed <i>since last</i> fever without the use of fever-reducing medications</li> <li>○ Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19</li> </ul> </li> <li>• A summary of current evidence and rationale for these changes is described in a Decision Memo.</li> </ul> <p><b>Who this is for:</b> Occupational health programs and public health officials making decisions about return to work for healthcare personnel (HCP) with confirmed SARS-CoV-2 infection, or who have suspected SARS-CoV-2 infection (e.g., developed symptoms of COVID-19) <b>but were never tested for SARS-CoV-2.</b></p> <p>HCP with symptoms of COVID-19 should be prioritized for viral testing with approved nucleic acid or antigen detection assays. When a clinician decides that testing a person for SARS CoV-2 is indicated, negative results from at least one FDA Emergency Use Authorized COVID-19 molecular viral assay for detection of SARS-CoV-2 RNA indicates that the person most likely does not have an active SARS-CoV-2 infection at the time the sample was collected. A second test for SARS-CoV-2 RNA may be performed at the discretion of the evaluating healthcare provider, particularly when a higher level of clinical suspicion for SARS-CoV-2 infection exists. For HCP who were suspected of having COVID-19 and had it ruled out, either with at least one negative test or a</p>	



Date	Agency	Topic	Summary	Link
			<p>clinical decision that COVID-19 is not suspected and testing is not indicated, then return to work decisions should be based on their other suspected or confirmed diagnoses. Decisions about return to work for HCP with SARS-CoV-2 infection should be made in the context of local circumstances. In general, a symptom-based strategy should be used as described below. The time period used depends on the HCP's severity of illness and if they are severely immunocompromised.<sup>1</sup></p> <p><b>A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in excluding from work HCP who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.</b></p> <p><b>Return to Work Criteria for HCP with SARS-CoV-2 Infection</b>  <b>Symptom-based strategy for determining when HCP can return to work.</b>  <i>HCP with mild to moderate illness who are not severely immunocompromised:</i></p> <ul style="list-style-type: none"> <li>• At least 10 days have passed <i>since symptoms first appeared</i> <b>and</b></li> <li>• At least 24 hours have passed <i>since last</i> fever without the use of fever-reducing medications <b>and</b></li> <li>• Symptoms (e.g., cough, shortness of breath) have improved</li> </ul> <p><b>Note:</b> HCP who are <b>not severely immunocompromised</b> and were <b>asymptomatic</b> throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.</p> <p><i>HCP with severe to critical illness or who are severely immunocompromised<sup>1</sup>:</i></p> <ul style="list-style-type: none"> <li>• At least 20 days have passed <i>since symptoms first appeared</i></li> <li>• At least 24 hours have passed <i>since last</i> fever without the use of fever-reducing medications <b>and</b></li> <li>• Symptoms (e.g., cough, shortness of breath) have improved</li> </ul>	

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			<p><b>Note:</b> HCP who are <b>severely immunocompromised</b><sup>1</sup> but who were <b>asymptomatic</b> throughout their infection may return to work when at least 20 days have passed since the date of their first positive viral diagnostic test.</p> <p><b>Test-Based Strategy for Determining when HCP Can Return to Work.</b>  In some instances, a test-based strategy could be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. However, as described in the Decision Memo, many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised<sup>1</sup>) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days.</p> <p>The criteria for the test-based strategy are:</p> <p><i>HCP who are symptomatic:</i></p> <ul style="list-style-type: none"> <li>• Resolution of fever without the use of fever-reducing medications <b>and</b></li> <li>• Improvement in symptoms (e.g., cough, shortness of breath), <b>and</b></li> <li>• Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).</li> </ul> <p><i>HCP who are not symptomatic:</i></p> <ul style="list-style-type: none"> <li>• Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).</li> </ul> <p><b>Return to Work Practices and Work Restrictions</b>  After returning to work, HCP should:</p> <ul style="list-style-type: none"> <li>• Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely</li> </ul>	

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			<p>resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic.</p> <ul style="list-style-type: none"> <li>○ A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed SARS-CoV-2 infection.</li> <li>● Self-monitor for symptoms, and seek re-evaluation from occupational health if symptoms recur or worsen</li> </ul> <p><b>Strategies to Mitigate Healthcare Personnel Staffing Shortages</b></p> <p>Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for HCP and safe patient care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate them, including considerations for permitting HCP to return to work without meeting all return to work criteria above. Refer to the Strategies to Mitigate Healthcare Personnel Staffing Shortages document for information.</p>		
7/24/20	VDH	Phased Reopening Guidance FAQs- Updated - PPE	<p><b>PPE Question</b></p> <p>New Question- Can KN95 respirators be worn in place of N95 respirators?</p>	<p><b>PPE Answer</b></p> <p>No. KN95s are not a NIOSH-approved respirator and cannot be substituted for N95s. FDA has issued Emergency Use Authorizations (EUAs) for some respirators but the EUA for KN95s was revoked. KN95 masks always fail fit-testing and cannot be used as N95 respirators because they lack a tight enough seal. If a facility has KN95 masks, they</p>	<p><a href="https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/">https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/</a></p> <p><a href="https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas#appendixa">https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas#appendixa</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html</a></p>

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				<p>can be used as facemasks for droplet precautions. FDA maintains a list of PPE EUAs. These authorized respirators should be used in accordance with CDC recommendations.</p>	<p><a href="https://www.vdh.virginia.gov/emergency-preparedness/n95-respiratory-fit-testing-train-the-trainer/">https://www.vdh.virginia.gov/emergency-preparedness/n95-respiratory-fit-testing-train-the-trainer/</a></p> <p><a href="https://www.cdc.gov/niosh/docs/2015-117/default.html">https://www.cdc.gov/niosh/docs/2015-117/default.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></p>
			<p>New Question- Is fit-testing required for a facility to enter Phase I if there are no positive cases in the facility?</p>	<p>Fit-testing is meant to determine the appropriate size of N95 respirator to obtain the best 'fit' or seal for each individual staff member. If a facility only has surgical masks or one-size-fits-all respirators, then the facility is responsible for a lower level of protection afforded their staff members caring for COVID-19 positive patients. A facility can move to Phase I, but should continue to check with their normal vendors and fit-test staff to the appropriate N95 respirator as soon as possible in preparation for having a COVID-19 positive resident. VDH encourages facilities to take advantage of train-the-trainer sessions being offered free of charge; more information is available here.</p> <p>Prior to entering Phase III, VDH recommends facilities establish a written plan for implementing a respiratory protection program that is compliant with the OSHA respiratory protection standard for employees as per CDC guidance. The</p>	

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				program should include medical evaluations, training, and fit- testing.	
7/24/20	VDH	Phased Reopening Guidance FAQs- Updated -Phase Progression/ Regression	<p><b>Phase Progression/Regression Question</b></p> <p>The guidance states a facility should have access to adequate PPE as indicated in NHSN to progress in a phase. Does VDH recommend phase progression if the facility is still relying on the Healthcare Coalition or Local Health Department to maintain adequate PPE?</p>	<p><b>Phase Progression/Regression Answer</b></p> <p>VDH recommends that a facility can progress to the next phase if adequate PPE is available for the next seven days, whether the supplies are received through their normal procurement channels or from the Healthcare Coalition or the LHD</p> <p>Answer with Additional Guidance- NHSN provided updated instructions on July 16 to clarify data entry in NHSN. Adequate PPE is defined as having enough supplies and PPE (i.e., N95 masks, surgical masks, eye protection, gowns, gloves, and alcohol-based hand sanitizer) for the next seven days; not have any or enough for conventional use should be marked as “No” in the COVID-19 Module - Supplies and Personal Protective Equipment pathway. While the CDC’s contingency and crises optimization strategies for PPE can be implemented when using conventional capacity.</p> <p>When responding to PPE questions, any item in which the facility supplies are low or</p>	<p><a href="https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/">https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/</a></p> <p><a href="https://www.cdc.gov/nhsn/pdfs/covid19/lctcf/57.146-toi-508.pdf">https://www.cdc.gov/nhsn/pdfs/covid19/lctcf/57.146-toi-508.pdf</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</a></p>

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			<p>unavailable, the goal is for LTCFs to resume standard practices when possible. CDC's optimization strategies for PPE, such as contingency and/or crisis level strategies are NOT considered as having "Enough" supply, and therefore, "No" must be selected for each supply item in which contingency or crisis strategies are expected to be used for one week on the date responses are reported. For example, a facility that only has KN95 masks and not N95 masks for one week would answer "No." Another example, extended use or reuse of a PPE item such as gowns or utilizing a decontamination method for N95 masks would answer "No."</p> <p>For phase progression in Virginia, if a facility responds "No" per NHSN PPE instructions, the facility should not progress.</p>	
7/27/20	Virginia Dept of Labor and Industry	Emergency Temporary Standard Infectious Disease Prevention: SARS-CoV-2 Virus	<p>On July 15, 2020 the Virginia Department of Labor and Industry implemented new requirements in the Emergency Temporary Standards (ETS) for Infectious Disease Prevention for SARS-CoV-2 that causes COVID-19. This standard §16VAC25-220 is effective on July 27, 2020 Virginia is the first state in the nation to adopt a mandatory safety regulation designed to reduce COVID-19 infections in the workplace.</p> <p>The COVID-19 ETS requires Virginia employers to :</p> <ul style="list-style-type: none"> <li>Assess potential exposures to COVID-19 in the workplace</li> </ul>	<p><a href="https://www.doli.virginia.gov/wp-content/uploads/2020/07/COVID-19-Emergency-Temporary-Standard-FOR-PUBLIC-DISTRIBUTION-FINAL-7.17.2020.pdf">https://www.doli.virginia.gov/wp-content/uploads/2020/07/COVID-19-Emergency-Temporary-Standard-FOR-PUBLIC-DISTRIBUTION-FINAL-7.17.2020.pdf</a></p> <p><a href="https://www.vhca.org/files/2020/07/DM_LIBRARY-1133178-v2-COVID-19_Emergency_Temporary_Standard_Toolkit.pdf">https://www.vhca.org/files/2020/07/DM_LIBRARY-1133178-v2-COVID-19_Emergency_Temporary_Standard_Toolkit.pdf</a></p> <p><a href="https://www.doli.virginia.gov/covid-19-outreach-education-and-training/">https://www.doli.virginia.gov/covid-19-outreach-education-and-training/</a></p>

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			<ul style="list-style-type: none"> <li>• Categorize the level of risk of exposure from Low to Very High (each with different mitigation requirements)</li> <li>• Develop and implement a written infection control plan</li> <li>• Develop a written return to work policy</li> <li>• Provide employee training on the virus and control measures in the workplace</li> <li>• Make certain notifications about infected employees to co-workers, to VOSH, and to the VA Dept. of Health</li> </ul> <p>See link to education and training from the Dept of Labor</p> <p>Frequently Asked Questions -see Link</p> <p>On July 15, 2020, the Virginia Safety and Health Codes Board adopted an Emergency Temporary Standard (ETS) pursuant to Va. Code §40.1-22(6a) addressing occupational exposure to the SARS-CoV-2 Virus That Causes COVID-19, 16 VAC 25-220.</p> <p>The ETS was published in the Richmond Times Dispatch on July 27, 2020 and takes effect on the same day.</p> <p>With the exception of 16VAC25-220-80.B.10 regarding training required on infectious disease preparedness and response plans, the training requirements in 16VAC25-220-80 take effect on August 26, 2020.</p> <p>The training requirements under 16VAC25-220-80.B.10 take effect on September 25, 2020.</p> <p>The requirements for 16VAC25-220-70 regarding the preparation of infectious disease preparedness and response plans take effect on September 25, 2020.</p> <p>The ETS incorporates the following documents by reference Environmental Protection Agency (EPA) List N for use against SARS-CoV-2 and Biosafety in Microbiological and Biomedical Laboratories” (Dec. 2009)</p>	<p><a href="https://www.doli.virginia.gov/wp-content/uploads/2020/07/List-N-Products-with-Emerging-Viral-Pathogens-AND-Human-Coronavirus-claims-for-use-against-SARS-CoV-2Date-Accessed-07202020.pdf">https://www.doli.virginia.gov/wp-content/uploads/2020/07/List-N-Products-with-Emerging-Viral-Pathogens-AND-Human-Coronavirus-claims-for-use-against-SARS-CoV-2Date-Accessed-07202020.pdf</a></p> <p><a href="https://www.doli.virginia.gov/conronavirus-covid-19-faqs/">https://www.doli.virginia.gov/conronavirus-covid-19-faqs/</a></p> <p><a href="https://www.doli.virginia.gov/wp-content/uploads/2020/07/CDC-BiosafetyMicrobiologicalBiomedicalLaboratories-2009-P.pdf">https://www.doli.virginia.gov/wp-content/uploads/2020/07/CDC-BiosafetyMicrobiologicalBiomedicalLaboratories-2009-P.pdf</a></p>

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7/30/20	DSS	Emergency Temporary Standard Infectious Disease Prevention: SARS-CoV-2 Virus	<p>DSS Memo:</p> <p>The Virginia Department of Labor and Industry (DOLI), Virginia Occupational Safety and Health (VOSH), has adopted an emergency temporary standard (ETS) to establish requirements for employers to control, prevent, and mitigate the spread of the coronavirus (COVID-19) among employees and employers. The standard became effective on July 27, 2020, with a permanent standard expected to be adopted within six months.</p> <p>The ETS applies to every employer, employee, and place of employment in Virginia. DOLI has developed outreach resources, training materials, and forms to assist employers with meeting these new requirements. See <a href="https://www.doli.virginia.gov/covid-19-outreach-education-and-training/">https://www.doli.virginia.gov/covid-19-outreach-education-and-training/</a> for the text of the ETS and additional resources. If you have questions regarding the applicability of these standards to any specific program, please visit the DOLI website at <a href="http://www.doli.virginia.gov">www.doli.virginia.gov</a> or contact DOLI at 804-371-2327.</p>		<a href="https://www.doli.virginia.gov/wp-content/uploads/2020/07/COVID-19-Emergency-Temporary-Standard-FOR-PUBLIC-DISTRIBUTION-FINAL-7.17.2020.pdf">https://www.doli.virginia.gov/wp-content/uploads/2020/07/COVID-19-Emergency-Temporary-Standard-FOR-PUBLIC-DISTRIBUTION-FINAL-7.17.2020.pdf</a>
8/7/20	VDH	Phased Reopening Guidance FAQs- Updated -Phase Progression/ Regression	<p><b>Phase Progression/Regression Question</b></p> <p>The guidance states a facility should have adequate staffing as indicated in NHSN to progress in a phase. Does VDH recommend phase progression if the facility is still relying on MRC resources to supplement staffing?</p>	<p><b>Phase Progression/Regression Answer</b></p> <p>Each facility should identify staffing shortages based on their facility needs and internal policies for staffing ratios. The use of temporary staff does not count as a staffing shortage if staffing ratios are met according to the facility's needs and internal policies for staffing ratios.</p>	



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8/10/20	VDH	Testing	<p>VDH has published guidance to help nursing homes on the use of point-of-care (POC) antigen testing devices (Quidel Sofia 2 instrument or the BD Veritor Plus system). These are the devices being distributed in the coming weeks by the US Department of Health and Human Services (HHS) to all nursing facilities. The VDH guidance lays out the role of antigen testing based on the current VDH nursing home testing recommendations.</p> <p>VDH Nursing Home Reopening Guidance recommends testing should be performed using a viral diagnostic test. Recommendations differ slightly by the reopening phase, but in general include (1) testing symptomatic staff and residents, and (2) when positive cases are identified, testing close contacts or all staff and residents, depending on the likelihood of transmission occurring in the facility. Repeat testing is recommended to ensure transmission has either not occurred or has stopped following the implementation of infection prevention and control measures.</p> <p>Positive results from antigen tests are highly accurate, but negative results do not rule out infection.</p> <ul style="list-style-type: none"> <li>• The Quidel Sofia 2 Factsheet for Healthcare Providers states: “A negative test result for this test means that antigens from SARS-CoV-2 were not present in the specimen above the limit of detection. However, a negative test result does not rule out COVID-19 and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. Antigen tests are known to be less sensitive than molecular tests that detect viral nucleic acids. The amount of antigen in a sample may decrease as the duration of illness increases. Specimens collected after day 7 of illness may be more likely to be negative compared to a RT-PCR assay. Therefore, negative results, from patients with symptom onset beyond five days, should be treated as presumptive, and confirmation with a molecular assay, if necessary, for patient management, may be performed.”</li> <li>• The BD Veritor Plus Factsheet for Healthcare Providers includes similar language.</li> <li>• Information in the VDH Nursing Home Reopening Guidance FAQ states negative antigen tests should be followed up with a confirmatory molecular test.</li> </ul>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDH-Interim-Point-of-Care-Antigen-Testing-Recommendations-for-Nursing-Homes.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDH-Interim-Point-of-Care-Antigen-Testing-Recommendations-for-Nursing-Homes.pdf</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf</a></p> <p><a href="https://www.fda.gov/media/137884/download">https://www.fda.gov/media/137884/download</a></p> <p><a href="https://www.fda.gov/media/139753/download">https://www.fda.gov/media/139753/download</a></p> <p><a href="https://www.vdh.virginia.gov/licensure-and-certification/acute-care-division/clinical-laboratory-improvement-amendments-clia/">https://www.vdh.virginia.gov/licensure-and-certification/acute-care-division/clinical-laboratory-improvement-amendments-clia/</a></p>

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			<ul style="list-style-type: none"> <li>False positive results can occur and are most likely in populations where the prevalence of SARS-CoV-2 infection is low.</li> </ul> <p>Nursing homes performing POC tests must have an active CLIA Certificate of Waiver. More information can be found on the VDH Office of Licensure and Certification website.</p> <p>At this time, turnaround times (TAT) for results from molecular tests in Virginia are increasing due to the amount of tests being performed and other factors such as shortages of testing supplies. There is a need to find alternative solutions to molecular tests that will accomplish the same goal.</p> <p><b>Assessment</b></p> <p>Current VDH nursing home testing recommendations are limited to symptomatic individuals, close contacts of positive cases, or facility-wide testing in response to potential transmission in the facility. Results from these situations impact patient management. If an antigen test is performed and the result is negative, it should be followed up by a confirmatory molecular test. Testing recommendations include repeat testing in the majority of nursing home situations to ensure transmission has not occurred. It would be reasonable to perform antigen tests on the first round of testing, while the second round of testing could be a molecular test. This would contribute to faster results for nursing homes using a POC antigen test and would decrease the amount of molecular tests being performed. The repeat molecular test would also serve as the confirmatory test necessary for patient management.</p> <p><b>Recommendations</b></p> <ol style="list-style-type: none"> <li>Table 1 describes the role of an antigen test based on current VDH nursing home testing recommendations; a negative antigen test should be followed up with a confirmatory molecular test.</li> <li>A negative antigen test should not be the sole basis used to determine if a patient can be taken off transmission-based precautions.</li> <li>Nursing homes that perform POC tests will be responsible for reporting results to public health.</li> <li>Suspected and confirmed outbreaks are required to be reported rapidly to the local health department.. If an outbreak is identified through antigen testing, please submit 2-5 specimens for molecular testing at</li> </ol>	

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			<p>the state public health laboratory. Coordinate with your local health district for specimen submission. Table 1 Note: VDH testing recommendation are simplified and summarized. More information can be found at link for VDH Phased Reopening.</p>			
			<b>Phase</b>	<b>Testing Scenario</b>	<b>Testing Technology Recommended</b>	
			I	Initial baseline testing of all residents and staff with repeat testing of all residents and all staff, ideally within a week. Weekly testing can stop after 14 days of no new positive cases.	Initial baseline testing can be molecular or antigen. Repeat weekly^ testing should be molecular*.	
			I,II,III	Testing symptomatic residents or staff.	Molecular; Depending on known TAT of molecular tests, a rapid antigen test could be used. Negative antigen results should be confirmed by a molecular test, especially when symptom onset is more than five days after the antigen test specimen was collected.	
			I	Testing all staff and all residents in response to a positive staff member or NH-onset case (first round) with repeat testing of all residents and all staff, ideally within a week. Weekly testing can stop after 14 days (two rounds) of no new positive cases.	First round of testing can be molecular or antigen. Repeat weekly^ testing should be molecular*.	
			I,II,III	Testing close contacts in response to a non-NH onset	Molecular or antigen; negative	

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				<p>case. If additional cases are found, repeat testing of all staff and all residents, ideally within a week. Weekly testing can stop after 14 days (two rounds) of no new positive cases.</p>	<p>antigen results should be confirmed by a molecular test. If additional cases are found, the first round of testing can be molecular or antigen. Repeat weekly^ testing should be molecular*.</p>	
			II,III	<p>Testing close contacts in response to identification of a staff case with repeat testing of close contacts, ideally within a week. Weekly testing can stop after 14 days (two rounds) of no new positive cases.</p>	<p>First round of testing can be molecular or antigen. Repeat weekly testing should be molecular*.</p>	
<p>^If an antigen test is performed for the first round of testing, the second round of testing by a molecular test can occur 3-7 days after. Waiting a week to confirm a negative antigen test result may not be warranted. *Repeat testing by molecular methods would confirm negative findings from the first round of antigen testing.</p>						
8/13/20	VHCA	<p>Communication-Member Toolkit Support Virginia Seniors</p>	<p>VHCA developed a member toolkit to assist with communicating the need for support for continued assistance and funding throughout the COVID-19 crisis and beyond to allow nursing homes in Virginia to have the resources they desperately need to continue a high level of care. See links for additional resources.</p>		<p><a href="https://www.vhca.org/publications/careconnection/august-13-2020/member-toolkit-for-the-special-session-support-virginia-seniors-campaign/">https://www.vhca.org/publications/careconnection/august-13-2020/member-toolkit-for-the-special-session-support-virginia-seniors-campaign/</a></p> <p><a href="https://www.vhca.org/files/2020/08/VHCA-VCAL-Member-Toolkit.pdf">https://www.vhca.org/files/2020/08/VHCA-VCAL-Member-Toolkit.pdf</a></p> <p><a href="https://p2a.co/IR0aKfe">https://p2a.co/IR0aKfe</a></p> <p><a href="https://p2a.co/93LCI99">https://p2a.co/93LCI99</a></p>	
8/13/20	CDC	<p>Reporting NHSN</p>	<p>CDC National Healthcare Safety Network (NHSN) updated the instructions for completing the NHSN pathway for Resident Impact and Facility Capacity and added questions on testing. NHSN also updated the Resident</p>		<p><a href="https://www.vhca.org/publications/careconnection/august-13-2020/nhsn-updates-instructions-and-adds-testing-to-resident-impact-and-facility-capacity-pathway/">https://www.vhca.org/publications/careconnection/august-13-2020/nhsn-updates-instructions-and-adds-testing-to-resident-impact-and-facility-capacity-pathway/</a></p>	

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			<p>Impact and Facility Capacity data form. A summary of the changes form AHCA is listed below:</p> <ul style="list-style-type: none"> <li>• Clarification on admissions definitions that includes admitted or readmitted residents from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based isolation precautions due to the diagnosis. Recovered residents are excluded. Includes persons under investigation for signs/symptoms and/or pending test results and require transmission-based precautions at admissions.</li> <li>• Added notes section to further clarify confirmed residents that includes point of care testing, viral testing. Antibody test results are not considered appropriate for diagnosis of active COVID-19 infection and therefore positive test results must be excluded from confirmed COVID-19 counts.</li> <li>• Clarification on suspected definition that includes residents who remain in the facility, were transferred out of the facility, admitted to another facility, as well as those who died on or before the date of data entry in the NHSN COVID-19 Module.</li> <li>• Total deaths include all resident deaths including residents who died in another location, such as a hospital.</li> <li>• COVID-19 deaths – If a resident without known or suspected COVID-19 dies and the facility later finds out the resident was positive for COVID-19, such as through autopsy, the LTCF must update the previously reported data by clicking on the original calendar date and update the total death and COVID-19 death counts.</li> </ul> <p>New questions added related to testing include:</p> <ul style="list-style-type: none"> <li>• Does the LTCF have the ability to perform or to obtain resources for performing COVID-19 viral testing (nucleic acid or antigen) on all current residents within the next seven days, if needed?</li> <li>• During the past two weeks, on average how long did it take your LTCF to receive COVID-19 viral (nucleic acid or antigen) test results of residents?</li> <li>• Since the last date of data entry in the Module, has your LTCF performed COVID-19 viral testing on residents?</li> <li>• Does the LTCF have the ability to perform or to obtain resources for performing COVID-19 viral testing (nucleic</li> </ul>	<p><a href="https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-toi-508.pdf">https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-toi-508.pdf</a></p> <p><a href="https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-res-blank-p.pdf">https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-res-blank-p.pdf</a></p>

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			<p>acid or antigen) on all staff and/or facility personnel within the next seven days, if needed?</p> <ul style="list-style-type: none"> <li>• During the past two weeks, on average how long did it take your LTCF to receive COVID-19 viral (nucleic acid or antigen) test results of staff and/or facility personnel?</li> <li>• Since the last date of data entry in the Module, has your LTCF performed COVID-19 viral testing on staff and/or facility personnel?</li> </ul>	
8/13/20	CDC	Testing Return to Work	<p>The CDC updated the return to work criteria for healthcare professionals (HCP) with the COVID-19 infection on August 10.</p> <p><i>A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in excluding from work HCP who continue to shed detectable COVID-19 virus but are no longer infectious.</i></p> <p>Return to work criteria for HCP with COVID-19 infection are broken down into two categories: symptom-based strategy and test-based strategy.</p> <p><b>Symptom-based strategy for determining when HCP can return to work.</b></p> <p><i>HCP with mild to moderate illness who are not severely immunocompromised:</i></p> <ul style="list-style-type: none"> <li>• At least 10 days have passed <i>since symptoms first appeared</i> and</li> <li>• At least 24 hours have passed <i>since last</i> fever without the use of fever-reducing medications and</li> <li>• Symptoms (e.g., cough, shortness of breath) have improved</li> </ul> <p>Note: HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.</p> <p><i>HCP with severe to critical illness or who are severely immunocompromised<sup>1</sup>:</i></p> <ul style="list-style-type: none"> <li>• At least 10 days and up to 20 days have passed <i>since symptoms first appeared</i></li> <li>• At least 24 hours have passed <i>since last</i> fever without the use of fever-reducing medications <b>and</b></li> <li>• Symptoms (e.g., cough, shortness of breath) have improved</li> <li>• Consider consultation with infection control experts</li> </ul>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fstrategy-discontinue-isolation.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fstrategy-discontinue-isolation.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html">https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html</a></p>

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			<p>Note: HCP who are <b>severely immunocompromised</b> but who were <b>asymptomatic</b> throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.</p> <p>As described in the Decision Memo, an estimated 95% of severely or critically ill patients, including some with severe immunocompromise, no longer had replication-competent virus 15 days after onset of symptoms; no patient had replication-competent virus more than 20 days after onset of symptoms. The exact criteria that determine which HCP will shed replication-competent virus for longer periods are not known. Disease severity factors and the presence of immunocompromising conditions should be considered in determining the appropriate duration for specific HCP. For example, HCP with characteristics of severe illness may be most appropriately managed with at least 15 days before return to work.</p> <p><b>Test-Based Strategy for Determining when HCP Can Return to Work.</b></p> <p>In some instances, a test-based strategy could be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. However, as described in the Decision Memo, many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days.</p> <p>The criteria for the test-based strategy are:</p> <p><i>HCP who are symptomatic:</i></p> <ul style="list-style-type: none"> <li>• Resolution of fever without the use of fever-reducing medications <b>and</b></li> <li>• Improvement in symptoms (e.g., cough, shortness of breath), <b>and</b></li> <li>• Results are negative from at least two consecutive respiratory specimens collected <math>\geq 24</math> hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).</li> </ul> <p><i>HCP who are not symptomatic:</i></p>	

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			<ul style="list-style-type: none"> <li>Results are negative from at least two consecutive respiratory specimens collected <math>\geq 24</math> hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).</li> </ul>	
8/17/20	CMS	Survey Activity	<p><b>QSO 20-35 -All</b>  On 8/17/2020, CMS posted QSO 20-35 that outlines guidance to the survey agencies on revised survey prioritizations.  Key points from CMS include:</p> <ul style="list-style-type: none"> <li><b>Guidance on the expansion of survey activities to authorize onsite revisits and other survey types.</b></li> <li><b>Guidance to State Survey Agencies (SAs) on resolving enforcement cases:</b> CMS is providing guidance on resolving enforcement cases that were previously directed to be held and providing guidance on Civil Money Penalty (CMP) collection.</li> <li><b>Expanded Desk Review Authority:</b> CMS is temporarily expanding the desk review policy to include review of continuing noncompliance following removal of Immediate Jeopardy (IJ), which would otherwise have required an onsite revisit from March 23, 2020, through May 31, 2020.</li> </ul> <p><b>New Guidance on Enforcement –</b> The 3/23/2020 QSO 20-20 suspended enforcement actions with the exception of removal of Immediate Jeopardy. The Guidance issued on 8/17/2020 intends to resolve those enforcement cases that were suspended and provide guidance for closing them out, <i>going forward from the issuance of this memorandum. This process involves four components:</i></p> <ol style="list-style-type: none"> <li>Expanding the Desk Review policy for Plans of Corrections (POCs);</li> <li>Processing enforcement cases that were started <b>BEFORE</b> March 23, 2020;</li> <li>Processing enforcement cases that were started <b>ON</b> March 23, 2020, <b>THROUGH</b> May 31, 2020; and</li> <li>Processing enforcement cases that were started <b>ON OR AFTER</b> June 1, 2020</li> </ol>	<p><a href="https://www.cms.gov/files/document/qso-20-35-all.pdf">https://www.cms.gov/files/document/qso-20-35-all.pdf</a></p> <p><a href="https://www.cms.gov/files/document/qso-20-31-all.pdf">https://www.cms.gov/files/document/qso-20-31-all.pdf</a></p> <p><a href="https://www.cms.gov/files/document/qso-20-20-all.pdf">https://www.cms.gov/files/document/qso-20-20-all.pdf</a></p>



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			<p><b>Guidance on Expanded Desk Review</b> - CMS is now advising states to follow the guidance below to resolve enforcement cases that were started from March 23, 2020 (QSO-20-20) to May 31, 2020:</p> <ul style="list-style-type: none"> <li>• All open surveys with cited deficiency tags must have an acceptable POC and supporting evidence in order for the tags to be corrected (unless a POC is not required such as for isolated deficiencies that CMS or the State determines constitute no actual harm with a potential for minimal harm);</li> <li>• If providers have not submitted a POC, the state survey agency (SA) will contact them requesting submission of a POC;</li> <li>• Providers will have 10 calendar days to submit their POC for surveys that ended <i>prior</i> to June 1, 2020. POCs for surveys that will end on or after June 1, 2020, will follow the normal POC submission process.</li> <li>• <b>NOTE:</b> Providers who may have difficulty allocating resources, such as staff, materials, or funding to develop and implement a POC because they are <i>currently</i> experiencing an outbreak of COVID-19, as defined in QSO 20-31-should contact their SA and/or CMS location to request an extension on submitting a POC.</li> <li>• State surveyors <i>can perform desk reviews for all open surveys that cited any level of noncompliance, including noncompliance that was cited at the IJ level, when the IJ finding has been verified as removed to a lower level of noncompliance, or corrected. The only exception to the expanded offsite review policy is for any unremoved IJs, which still require an onsite revisit.</i></li> </ul> <p>Important Note:</p> <ul style="list-style-type: none"> <li>• This expanded desk review policy applies only to outstanding enforcement actions that were held, per QSO 20-20- memorandum, from March 23, 2020, through May 31, 2020.</li> <li>• Beginning <i>June 1, 2020, all onsite revisits are authorized and should resume, as appropriate, per SOM, Chapter 7, Section 7317.2</i></li> </ul> <p>State survey agencies must request facilities to submit evidence that supports correction of noncompliance so that a desk review can be performed based on the latest compliance date on the POC. NOTE: A desk review cannot</p>	

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			<p>be completed without supporting evidence from the facility. This evidence may include documentation containing dates of training, staff in attendance, and evidence that staff were evaluated for skill(s) competency. It may also include monitoring for policy implementation and successful performance by staff</p> <p>To alleviate any concerns related to clearing noncompliance cited at Actual Harm, or remaining noncompliance following removal of IJ without an onsite revisit, SAs have discretion to include the clinical area of concern cleared using the expanded desk review on the next onsite survey conducted. This is done by following the Long-Term Care Survey Process Procedure Guide for adding concerns to the standard or complaint survey to be conducted</p> <p><b>Enforcement Cycles started BEFORE March 23, 2020</b></p> <p>An enforcement cycle begins on the completion date of a survey with the citation of a noncompliance deficiency and ends when the provider returns to substantial compliance or is terminated. This is sometimes referred to as a 6-month termination track. Until an enforcement cycle is closed with a revisit survey to verify the facility's return to substantial compliance, or a facility is terminated, any subsequent surveys will become part of the original enforcement cycle and, per 42 C.F.R. § 488.454(a), remedies are in effect until a return to substantial compliance. Surveys conducted during the prioritization period would otherwise be added to any open enforcement cycles that started prior to March 23, 2020, despite being put on hold.</p> <p>However, in order to effectuate the direction in QSO 20-20, to suspend enforcement action, without undue consequences due to inability to conduct revisits (e.g., termination), surveys with an exit date after March 23, 2020, that fell into enforcement cycles with start dates prior to March 23, 2020, will be pulled out of the existing cycles and will establish a separate cycle. This will result in two enforcement cycles, one starting before March 23, 2020, and one starting on March 23, 2020. The resulting cycle starting before March 23, 2020, is subject to the enforcement direction above for Enforcement Cycles started <u>BEFORE</u> March 23, 2020. The resulting cycle starting on March 23, 2020, is subject to the enforcement direction below for Enforcement Cycles started <u>ON</u> March 23, 2020 THROUGH May 31, 2020.</p> <p><b>CMP Collections</b></p>	

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			<p>For CMPs that were imposed and became due and payable during the prioritization period (March 23, 2020 through May 31, 2020), but were not paid:</p> <ul style="list-style-type: none"> <li>• CMS will re-issue the CMP Due and Payable notice with a new due date that is 15 days from the date of the notice, per §488.442.</li> <li>• If a facility fails to pay due CMPs following the new due and payable notice, CMS will send the CMP to the Medicare Administrative Contractor to offset, and assess interest beginning on the new due date.</li> <li>• NOTE: CMS will reduce a CMP by 35% for facilities whose 60-day time to appeal has passed during the prioritization period but were unable to notify CMS that they are waiving their right to a hearing. If a facility files or has filed an appeal, CMS will not reduce the CMP by 35%. Consistent with 42 C.F.R. § 498.40(c), an Administrative Law Judge may find that a facility has good cause for failing to timely file a request for hearing and extend the time for filing such a request. Information on a facility's appeal rights are set forth at § 498.5 and the procedures for requesting a hearing are set forth at § 498.40 et seq., including the process for requesting an extension of time to file a hearing request.</li> </ul>	
8/21/20	CDC	Testing	<p>On 8/16 CDC released new interim guidance on Rapid Antigen Tests The key points include:</p> <ul style="list-style-type: none"> <li>• The two rapid antigen tests on the market (BD Veritor and Quidel Sofia2, which are being sent to all nursing homes by CMS) are currently intended for use in diagnostic testing of symptomatic patients within five days of symptom onset.</li> <li>• Through this new guidance, CDC expands use of these rapid antigen tests to include use as screening tool in congregate settings (such as a nursing home) for staff and residents.</li> <li>• <b>All long term care facilities must defer to state or local guidance on their use.</b> See link for current VDH guidance,</li> <li>• Evaluating the test results must be done in context with the person's symptoms and how likely COVID-19 is in the group of people getting the tests, which is usually similar to the community's rate of COVID-19.</li> </ul>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html">https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDH-Interim-Point-of-Care-Antigen-Testing-Recommendations-for-Nursing-Homes.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDH-Interim-Point-of-Care-Antigen-Testing-Recommendations-for-Nursing-Homes.pdf</a></p> <p><a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Summary-CDC-Guidance-Antigen-Tests.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Summary-CDC-Guidance-Antigen-Tests.pdf</a></p> <p><a href="https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/Research-Testing-and-CLIA.pdf">https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/Research-Testing-and-CLIA.pdf</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html">https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html</a></p>

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			<ul style="list-style-type: none"> <li>• Providers who are utilizing these antigen test devices must undergo proper training and be able to demonstrate competency and completion.</li> <li>• Any nursing home conducting screening or diagnostic testing must comply with Clinical Laboratory Improvement Amendments (CLIA) regulations, which includes:               <ul style="list-style-type: none"> <li>○ Obtaining a CLIA certificate</li> <li>○ Meet all CLIA requirements to perform the testing. This includes assuring professionals conducting the test meet all training requirements for the test equipment used.</li> </ul> </li> </ul>	
8/24/20	VDH CDC	Admissions Transfers	<p>The Virginia Department of Health, in alignment with CDC guidance for Responding to Coronavirus (COVID-19) in Nursing Homes, has created a simplified flow chart to inform discharge planning between hospitals and long-term care facilities.</p> <p>Implementation of these recommendations will be influenced by many factors, including testing resource availability, community transmission rates, and clinical decision making.</p> <p>See link for Flow Diagram for Hospitalized Patient Being Discharged to a Long-Term Care Facility</p> <p>Discharge should be based on clinical status and the ability of an accepting facility to meet care needs and adhere to infection prevention and control practices.</p> <ul style="list-style-type: none"> <li>• Meeting criteria for discontinuation of transmission-based precautions (TBP) is not a prerequisite for discharge; CDC guidance on discontinuation of TBP for</li> <li>• COVID-19 positive patients in healthcare settings is available here.</li> <li>• The ability to detect transmission is limited during the incubation phase; negative test results (any number) do not rule out COVID-19, and patients should still</li> <li>• be placed on 14-days of TBP in a separate observation area or single-person room when transferred to long-term care. Testing is not required prior to transfer.</li> </ul>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDHTransferGuidance_8.24.2020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDHTransferGuidance_8.24.2020.pdf</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a></p>

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			<ul style="list-style-type: none"> <li>Discuss with facility to determine if patients who require aerosolizing procedures, e.g. nebulizer treatment, are appropriate for transfer.</li> </ul> <p>*Nursing homes are licensed by the Virginia Department of Health, Office of Licensure and Certification. Assisted living facilities are licensed by the Virginia Department of Social Services. Consider discussing transfer concerns with licensing entity.</p> <p>^Diagnosis should be via FDA-authorized direct viral assay to detect SARS-CoV-2.</p>	
8/25/20	CMS	Infection Prevention and Control-Training	<p>“CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management”</p> <p>Effective immediately CMS has released a national nursing home training program for frontline nursing home staff and nursing home management. The training is designed to equip both frontline caregivers and their management with the knowledge they need to stop the COVID-19 in their nursing homes. The training is available immediately to staff of America’s 15,400 Medicare and Medicaid certified nursing homes and focuses on critical topics like infection control and prevention, appropriate screening of visitors, effective cohorting of residents, safe admission and transfer of residents, and the proper use of personal protective equipment (PPE) – all critical elements of stopping the spread of COVID-19.</p> <p>The program features a tailored course that incorporates the most recent lessons learned from nursing homes and teaches frontline staff best practices they can implement to address issues related to COVID-19. The training builds upon results of CMS nursing home inspections and the findings of epidemiological experts from the Centers for Disease Control and Prevention (CDC) who work with nursing homes. The design was also influenced by the findings of federal nursing home task force strike teams, through which experts from CMS and CDC were deployed to nursing homes actively battling COVID-19 outbreaks in hot spot areas over the summer. The strike teams learned that while current regulations were designed to protect the health and safety of residents, the pandemic created an urgent need to directly assist frontline workers with more</p>	<p><a href="https://qsep.cms.gov/welcome.aspx">https://qsep.cms.gov/welcome.aspx</a></p> <p><a href="https://www.cms.gov/newsroom/press-releases/trump-administration-launches-national-training-program-strengthen-nursing-home-infection-control">https://www.cms.gov/newsroom/press-releases/trump-administration-launches-national-training-program-strengthen-nursing-home-infection-control</a></p> <p><a href="https://qsep.cms.gov/welcome.aspx">https://qsep.cms.gov/welcome.aspx</a></p>

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			<p>focused training and guidance than has been used in the past.</p> <p>The training for frontline staff, called “CMS Targeted COVID-19 Training for Frontline Nursing Home Staff” covers five topics separated into five modules. These modules address some of the most common concerns found by surveyors and strike teams, basic infection control and prevention. The modules are focused on the most urgent needs of frontline nursing home staff and they include:</p> <ul style="list-style-type: none"> <li>• Module 1: Hand Hygiene and PPE</li> <li>• Module 2: Screening and Surveillance</li> <li>• Module 3: Cleaning the Nursing Home</li> <li>• Module 4: Cohorting</li> <li>• Module 5: Caring for Residents with Dementia in a Pandemic</li> </ul> <p>The training for management, called “CMS Targeted COVID-19 Training for Nursing Home Management” covers 10 topics separated into 10 modules. These modules are comprehensive, focusing on infection control and cleanliness but also larger institution-wide issues like implementation of telehealth, emergency preparedness, and vaccine delivery. They include:</p> <ul style="list-style-type: none"> <li>• Module 1: Hand Hygiene and PPE</li> <li>• Module 2: Screening and Surveillance</li> <li>• Module 3: Cleaning the Nursing Home</li> <li>• Module 4: Cohorting</li> <li>• Module 5: Caring for Residents with Dementia in a Pandemic</li> <li>• Module 6: Basic Infection Control</li> <li>• Module 7: Emergency Preparedness and Surge Capacity</li> <li>• Module 8: Addressing Emotional Health of Residents and Staff</li> <li>• Module 9: Telehealth for Nursing Homes</li> <li>• Module 10: Getting Your Vaccine Delivery System Ready</li> </ul> <p>CMS has directed the Quality Improvement Organizations (QIOs) to include the training in the action plans that QIOs develop in collaboration with each nursing home they assist</p>	

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8/25/20	CMS	Testing	<p><b>Interim Final Rule</b>  The Centers for Medicare &amp; Medicaid Services (CMS) today issued an interim final rule with comment period that revises regulations in several areas for long term care facilities and other providers. Importantly, this rule establishes a new requirement for long term care facilities for COVID-19 testing of residents and staff. CMS did not establish a specific frequency or criteria for testing in the rule but listed potential criteria that will be considered and addressed further in guidance.</p> <p><b>Summary</b>  <b>Requirement for SNFs to Test Facility Residents and Staff for COVID-19</b>  A requirement to test all staff and residents will be added to infection control regulations at §483.80. This includes volunteers and contractors physically working at the facility (such as hospice) but does not apply to staff working offsite. The rule does not require testing of surveyors and ombudsmen but notes that state agencies are responsible for ensuring surveyors are following CDC guidance for infection prevention and refraining or returning to work. CMS did not establish a specific frequency or criteria for testing at this point, but indicated that it may include (but is not limited to):</p> <ul style="list-style-type: none"> <li>o Testing frequency;</li> <li>o The identification of any facility resident or staff diagnosed with COVID-19 in the facility;</li> <li>o The identification of any facility resident or staff with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19;</li> <li>o The criteria for conducting testing of asymptomatic individuals, such as the positivity rate of COVID-19 in a county;</li> <li>o The response time for test results; and</li> <li>o Other criteria yet established.</li> </ul> <p>o Note: CMS specifically stated they are soliciting comments on the criteria for testing frequency.</p>	<p><a href="https://www.cms.gov/files/document/covid-ifc-3-8-25-20.pdf">https://www.cms.gov/files/document/covid-ifc-3-8-25-20.pdf</a></p> <p><a href="https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/High-Level%20Summary%20-%20CMS%20New%20Reporting%20and%20Testing%20Requirements%20for%20Nursing%20Homes.pdf">https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/High-Level%20Summary%20-%20CMS%20New%20Reporting%20and%20Testing%20Requirements%20for%20Nursing%20Homes.pdf</a></p>

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8/28/20	CMS	Testing- CLIA	<p><b>QSO-20-37-CLIA,NH for 8/26/20</b>  <b>Interim Final Rule (IFC), CMS-3401-IFC, Updating Requirements for Reporting of SARS-CoV-2 Test Results by Clinical Laboratory Improvement Amendments of 1988 (CLIA) Laboratories, and Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency</b>            Memorandum Summary</p> <ul style="list-style-type: none"> <li>• CMS is committed to taking critical steps to ensure America’s healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).</li> <li>• On August 25, 2020, an interim final rule with comment period (IFC) went on display at the Federal Register.</li> <li>• CLIA regulations have been updated to require all laboratories to report SARS-CoV-2 test results in a standardized format and at a frequency specified by the Secretary.</li> <li>• Failure to report SARS-CoV-2 test results will result in a condition level violation of the CLIA regulation and may result the imposition of a Civil Money Penalty (CMP) as required under §§ 493.1804 and 493.1834.</li> <li>• Long-Term Care (LTC) Enforcement requirements at 42 CFR part 488 have been revised to include requirements specific to the imposition of a CMP for nursing homes that fail to report requisite COVID-19 related data to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) per §483.80(g)(1) and (2).</li> <li>• LTC Facility Testing Requirements for Staff and Residents- Facilities are required to test staff and to offer testing to all nursing home residents.</li> </ul> <p><i>See link for full memo and details</i></p>	<p><a href="https://www.cms.gov/files/document/qso-20-37-clianh.pdf">https://www.cms.gov/files/document/qso-20-37-clianh.pdf</a></p>



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8/28/20	CMS	<p>Testing Requirements – Staff and Residents Survey Activity</p>	<p><b>QSO-20-38-NH for 8/26</b>  <b>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</b>            Memorandum Summary</p> <ul style="list-style-type: none"> <li>• CMS is committed to taking critical steps to ensure America’s healthcare facilities continue to respond effectively to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).</li> <li>• On August 25, 2020, CMS published an interim final rule with comment period (IFC). This rule establishes Long-Term Care (LTC) Facility Testing Requirements for Staff and Residents. Specifically, facilities are required to test residents and staff, including individuals providing services under arrangement and volunteers, for COVID-19 based on parameters set forth by the HHS Secretary. This memorandum provides guidance for facilities to meet the new requirements.</li> <li>• Revised COVID-19 Focused Survey Tool - To assess compliance with the new testing requirements, CMS has revised the survey tool for surveyors. We are also adding to the survey process the assessment of compliance with the requirements for facilities to designate one or more individual(s) as the infection preventionist(s) (IPs) who are responsible for the facility’s infection prevention and control program (IPCP) at 42 CFR § 483.80(b). In addition, we are making a number of revisions to the survey tool to reflect other COVID-19 guidance updates. See link for full memo and details</li> </ul>	<p><a href="https://www.cms.gov/files/document/qso-20-38-nh.pdf">https://www.cms.gov/files/document/qso-20-38-nh.pdf</a></p> <p><a href="https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/High-Level%20Summary%20-%20CMS%20New%20Reporting%20and%20Testing%20Requirements%20for%20Nursing%20Homes.pdf">https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/High-Level%20Summary%20-%20CMS%20New%20Reporting%20and%20Testing%20Requirements%20for%20Nursing%20Homes.pdf</a></p> <p><a href="https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/Member%20Update%20CMS%20guidance%20on%20testing%20staff%20frequency.pdf?csf=1&amp;e=9Ef6WG">https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/Member%20Update%20CMS%20guidance%20on%20testing%20staff%20frequency.pdf?csf=1&amp;e=9Ef6WG</a></p> <p><a href="https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Guidance-CMS-Testing-Mandate.pdf">https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Guidance-CMS-Testing-Mandate.pdf</a></p> <p><a href="https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/HowObtainCertificateofWaiver.pdf">https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/HowObtainCertificateofWaiver.pdf</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html#nursing-home">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html#nursing-home</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-</a></p>

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				<p><a href="#">patients.html#:~:text=Note%3A%20For%20severely%20immunocompromised1,first%20positive%20viral%20diagnostic%20test.</a></p> <p><a href="https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg">https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg</a></p> <p><a href="https://covid.cdc.gov/covid-data-tracker/#ed-visits">https://covid.cdc.gov/covid-data-tracker/#ed-visits</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html">https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html">https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Patients-with-Persistent-or-Recurrent-Positive-Tests">https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Patients-with-Persistent-or-Recurrent-Positive-Tests</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-faq.html#Testing-in-Nursing-Homes">https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-faq.html#Testing-in-Nursing-Homes</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></p> <p><a href="https://www.cms.gov/files/document/covid-faqs-snf-testing.pdf">https://www.cms.gov/files/document/covid-faqs-snf-testing.pdf</a></p>

Date	Agency	Topic	Summary	Link
8/26/20	DSS	PPE	<p><b>Virginia Department of Social Services memo to Virginia Assisted Living Facilities for 8/25</b></p> <p>Effective immediately, all Personal Protective Equipment (PPE) being distributed through Virginia Department of Emergency Management (VDEM), in conjunction with Virginia Department of Social Services (VDSS), will be shipped or delivered directly to your facility. Small disbursements of PPE will be shipped, while larger disbursements will be delivered.</p> <p>VDSS strongly encourages ALL assisted living facilities to report their <b>total</b> PPE inventory and burn rate on a <b>weekly</b> basis. Weekly reporting allows VDEM and VDSS to monitor your PPE inventory to ensure your supply does not reach a critical shortage. If your inventory reveals that you are nearing a critical shortage level, replenishment will be arranged and shipped or delivered to you the following week. Weekly reporting must be entered by 5:00 p.m. each Tuesday See link for reporting.</p>	<a href="https://survey123.arcgis.com/share/b4d7f713dfd1413d89898bc4587b4d56">https://survey123.arcgis.com/share/b4d7f713dfd1413d89898bc4587b4d56</a>
8/31/20	DSS	Testing -PPS	<p><b>DSS Memo to Virginia Assisted Living Facilities</b></p> <p>On <b>September 2, 2020</b>, the Virginia Air National Guard (VANG) will begin calling assisted livings that expressed interest to schedule baseline testing for all residents and staff. The Department of Social Services (DSS) developed a Point Prevalence Surveys (PPS) in Assisted Living Tool to assist in this process. Facilities who previously indicated that there was no interest in baseline testing may still receive baseline testing by emailing covid19pps@vdh.virginia.gov. DSS encourages those facilities who will receive a Point Prevalence Survey to begin working on this process prior to receiving the phone call from VANG. VANG is anticipating that testing will begin at assisted livings the week of September 8, 2020</p>	<a href="https://cdn.ymaws.com/leadingagevirginia.org/resource/resmgr/docs/covid-19/PPS_in_ALFs_8-31-20.pdf">https://cdn.ymaws.com/leadingagevirginia.org/resource/resmgr/docs/covid-19/PPS_in_ALFs_8-31-20.pdf</a>

Date	Agency	Topic	Summary	Link
9/2/20	CMS	Final Rule Testing Requirements – Staff and Residents Survey Activity	<p><b>Effective September 2, 2020</b></p> <p><b>Medicare and Medicaid Programs, Clinical Laboratory Improvement Amendments (CLIA), and Patient Protection and Affordable Care Act; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency</b></p> <p>This interim final rule with comment period (IFC) revises regulations to strengthen CMS' ability to enforce compliance with Medicare and Medicaid long-term care (LTC) facility requirements for reporting information related to coronavirus disease 2019 (COVID-19), establishes a new requirement for LTC facilities for COVID-19 testing of facility residents and staff, establishes new requirements in the hospital and critical access hospital (CAH) Conditions of Participation (CoPs) for tracking the incidence and impact of COVID-19 to assist public health officials in detecting outbreaks and saving lives, and establishes requirements for all CLIA laboratories to report COVID-19 test results to the Secretary of Health and Human Services (Secretary) in such form and manner, and at such timing and frequency, as the Secretary may prescribe during the Public Health Emergency (PHE).</p>	<a href="https://www.federalregister.gov/documents/2020/09/02/2020-19150/medicare-and-medicare-programs-clinical-laboratory-improvement-amendments-clia-and-patient">https://www.federalregister.gov/documents/2020/09/02/2020-19150/medicare-and-medicare-programs-clinical-laboratory-improvement-amendments-clia-and-patient</a>
9/3/20	VDH	Testing	<p>VDH has published the antigen testing guidance for nursing homes on 8/28 and is now deferring to the newest CDC antigen testing guidance.</p> <p>See links for guidance document</p>	<a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/nursing-home-testing-algorithm-508.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/nursing-home-testing-algorithm-508.pdf</a>  <a href="https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/">https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/</a>
9/3/20	CDC	POC Testing Reporting NHSN	<p>The CDC has updated the National Healthcare Safety Network (NHSN) <a href="#">Resident Impact and Facility Capacity pathway</a> to include four new questions relating to the use of point-of-care (POC) testing.</p> <p>These include</p> <ul style="list-style-type: none"> <li>Does the LTCF have an in-house POC test machine (capability to perform COVID-19 testing within your facility)? Yes/No Answer</li> </ul>	<a href="https://www.vhca.org/publications/careconnection/september-3-2020/cdc-updates-nhsn-network-module-to-include-poc-testing-questions/">https://www.vhca.org/publications/careconnection/september-3-2020/cdc-updates-nhsn-network-module-to-include-poc-testing-questions/</a>  <a href="https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.144-toi-508.pdf">https://www.cdc.gov/nhsn/pdfs/covid19/lctf/57.144-toi-508.pdf</a>

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			<ul style="list-style-type: none"> <li>• Since the last date of data entry in the Module, how many COVID-19 POC tests has the LTCF performed on residents? Enter a specific number</li> <li>• Since the last date of data entry in the Module, how many COVID-19 POC tests has the LTCF performed on staff and/or facility personnel? Enter a specific number</li> <li>• Based on this week's inventory, do you have enough supplies to test all staff and/or facility personnel for COVID-19 using the POC test machine? Yes/No Answer</li> </ul> <p>The CDC also added important information, including:</p> <ul style="list-style-type: none"> <li>• Clarification on CONFIRMED Notes section to address differences in testing devices and clarity of positive COVID-19 test results; and</li> <li>• How to recognize and report reinfections to align with patients who have persistent or recurring positive test results.</li> </ul>	
9/3/20	CMS HHS HRSA	Reporting NHSN HHS incentive program	US Department of Health and Human Services (HHS) announced its \$2 billion quality incentive program for nursing homes as part of the \$5 billion tranche announced on August 7 of CARES Act funding for COVID relief. Each month, starting in September through December, \$500 million will be distributed to nursing homes according to performance on COVID-19 case rates and risk adjusted COVID-19 death rates. Performance will be determined from the National Healthcare Safety Network (NHSN) data submissions and audits relative to county per-capita rates. See link for current details	<a href="https://www.hhs.gov/about/news/2020/09/03/trump-administration-announces-2-billion-provider-relief-fund-nursing-home-incentive-payment-plans.html">https://www.hhs.gov/about/news/2020/09/03/trump-administration-announces-2-billion-provider-relief-fund-nursing-home-incentive-payment-plans.html</a>
9/8/20	CDC	Testing- Using Antigen Tests	On 9/4 CDC provided updated guidance for the use of antigen tests to respond to the COVID-19 pandemic. The guidance provides definitions for: Diagnostic Testing <ul style="list-style-type: none"> <li>• Diagnostic testing for SARS-CoV-2 is intended to identify current infection in individuals and is performed when a person has signs or symptoms consistent with COVID-19, or when a person is asymptomatic but has recent known or suspected exposure to SARS-CoV-2. Examples of diagnostic testing include testing symptomatic persons, testing persons identified through contact tracing efforts, and testing those who indicate</li> </ul>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html">https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html</a>

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			<p>that they were exposed to someone with a confirmed or suspected case of COVID-19.</p> <p>Screening Testing</p> <ul style="list-style-type: none"> <li>Screening testing for SARS-CoV-2 is intended to identify infected persons who are asymptomatic and without known or suspected exposure to SARS-CoV-2. Screening testing is performed to identify persons who may be contagious so that measures can be taken to prevent further transmission. Examples of screening include testing in congregate settings, such as a long-term care facility or a correctional facility, a workplace testing its employees, or a school testing its students, faculty, and staff.</li> </ul> <p>The guidance also provides information on:</p> <ul style="list-style-type: none"> <li>Rapid Antigen Testing For SARS-Cov-2</li> <li>Regulatory Requirement For Using Rapid Antigen Tests For SAR-Cov-2</li> <li>Collection and Handling of Specimens</li> <li>Performance Of Rapid Antigen Tests For SAR-Cov-2</li> <li>Evaluating the Results of Rapid Antigen Testing for SAR-CoV-2</li> <li>Reporting Rapid Antigen Test Results for SAR-CoV-2</li> </ul>	
9/8/20	VDH	VDH Guidance for Phased Reopening-Update	<p>VHD Nursing Home Guidance for Phased Reopening Update <i>Recommendations are based on the currently data and subject to change as more information becomes available.</i> Summary of Changes as of September 8, 2020 ( page 9)</p> <p>Recommendations for Transfer of Patients from Hospital to LTCF- see link</p> <ul style="list-style-type: none"> <li>The Virginia Department of Health, in alignment with CDC guidance for Responding to Coronavirus (COVID-19) in Nursing Homes, has created a simplified flow chart to inform discharge planning between hospitals and long-term care facilities.</li> <li>Implementation of these recommendations will be influenced by many factors, including testing resource availability, community transmission rates, and clinical decision making.</li> </ul> <p>Revised Testing Requirements Based on New CMS Requirement</p> <ul style="list-style-type: none"> <li>Follow testing requirement outlined in QSO-20-38-NH - see link</li> </ul> <p>Newly Released CDC Guidance on Antigen Testing</p>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDHTransferGuidance_8.24.2020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDHTransferGuidance_8.24.2020.pdf</a></p> <p><a href="https://www.cms.gov/files/document/qso-20-38-nh.pdf">https://www.cms.gov/files/document/qso-20-38-nh.pdf</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-testing-algorithm-508.pdf">https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-testing-algorithm-508.pdf</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html">https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html</a></p>

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			<ul style="list-style-type: none"> <li>See CDC resource links for more information about antigen testing and previous entry above</li> </ul>	
9/14-20	VDH	Testing- updated guidance	<p>VDH SARS-CoV-2 Viral Testing Prioritization</p> <p>Viral testing for SARS-CoV-2 informs patient management and is a critical first step in identifying and isolating people with COVID-19, quarantining their close contacts, minimizing community spread, and ultimately reducing the overall morbidity and mortality associated with COVID-19. Although testing capacity at commercial, private, and hospital laboratories performing SARS-CoV-2 testing has increased in Virginia, the availability of testing supplies continues to challenge the ability to meet the high demand for testing and timely results</p> <p>VDH has developed recommendations for prioritizing viral testing. Viral testing includes molecular and antigen testing. If viral testing in the private sector is not available, clinicians may request molecular testing for patients listed in the table below at Virginia's Division of Consolidated Laboratory Services (DCLS) or other public health laboratories by contacting their local health department. Submitters using public health testing must be willing and capable of collecting and packaging specimens, and either delivering them to a DCLS courier site or shipping them via commercial courier (e.g., FedEx).</p> <p>Residents and workers in long term care facilities with COVID-19 symptoms or close contact or newly arriving to the LTC setting are noted as high priority for private/commercial lab testing.</p>	<a href="https://www.vdh.virginia.gov/coronavirus/health-professionals/vdh-updated-guidance-on-testing-for-covid-19/">https://www.vdh.virginia.gov/coronavirus/health-professionals/vdh-updated-guidance-on-testing-for-covid-19/</a>
9/14/20	VDH	Reporting Testing	<p>New VDH Portal for Reporting Point-of- Care COVID-19 Lab Results</p> <p>VDH has developed a reporting portal for point-of-care (POC) COVID-19 test results. This portal will assist testing sites in meeting the requirement of the CARES Act to report every diagnostic and screening test performed to detect SARS-CoV-2 or to diagnose a possible case of COVID-19 (e.g., molecular, antigen, antibody). This portal allows the rapid entry of person-level test results for positive and negative results, and provides the ability to enter aggregate negative results as necessary for high-volume testing sites. All COVID-19 test results should be reported to VDH within 24 hrs.</p>	<a href="https://www.vdh.virginia.gov/coronavirus/">https://www.vdh.virginia.gov/coronavirus/</a> <a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/COVID-19-Testing-Algorithm.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/COVID-19-Testing-Algorithm.pdf</a> <a href="https://apps.vdh.virginia.gov/pocreporting/login/login.aspx">https://apps.vdh.virginia.gov/pocreporting/login/login.aspx</a> <a href="https://www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html">https://www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html</a>

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				<a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDH-Interim-Point-of-Care-Antigen-Testing-Recommendations-for-Nursing-Homes.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDH-Interim-Point-of-Care-Antigen-Testing-Recommendations-for-Nursing-Homes.pdf</a>  <a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/SARS-COV-2-Testing-Capabilities-Commercial-Labs.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/SARS-COV-2-Testing-Capabilities-Commercial-Labs.pdf</a>
9/17/20	CMS	Visitation	<p><b>QSO-20-39-NH Nursing Home Visitation-COVID-19</b>            CMS has issued new guidance for visitation in nursing homes to provide reasonable ways to safely facilitate visitation and to address the psychosocial needs of the residents. This guidance also approves the use of CMP funds to purchase tents for outdoor visitation or clear dividers to create physical barriers to reduce the risk of transmission during in-person visits. This guidance in the QSO-20-39-NH supersedes and replaces previously issued guidance and recommendations regarding visitation.</p> <p><b>Guidance</b>            Visitation should be person-centered, consider the resident’s physical, mental, psychosocial well-being, and support quality of life. Visitation can be conducted through different means based on a facility’s structure and residents’ needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. The Core Principles of COVID-19 Infection Prevention consistent with CDC guidance should be adhered to all times.</p> <p><b>Core Principles of COVID-19 Infection Prevention</b></p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Hand hygiene (use of alcohol-based hand rub is preferred)</li> <li>• Face covering or mask (covering mouth and nose)</li> <li>• Social distancing at least six feet between persons</li> <li>• 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</li> </ul>	<a href="https://www.cms.gov/files/document/qso-20-39-nh.pdf">https://www.cms.gov/files/document/qso-20-39-nh.pdf</a>  <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html</a>



Date	Agency	Topic	Summary	Link
			<p>entries, exits and routes to designated areas, hand hygiene)</p> <ul style="list-style-type: none"> <li>• Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit</li> <li>• Appropriate staff use of Personal Protective Equipment (PPE)</li> <li>• Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care)</li> <li>• Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20- 38-NH)</li> </ul> <p>Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the recommended guidance.</p> <p><b>Outdoor Visitation</b></p> <ul style="list-style-type: none"> <li>• Person-centered approach</li> <li>• Adherence to the Core Principles of COVID-19 infection prevention</li> <li>• Preferred – all visits should be held outdoors whenever practicable and facilitated routinely</li> <li>• Conducted in a manner that reduces the risk of transmission by providing for increased space and airflow</li> <li>• Exception includes inclement weather, excessive hot or cold temperatures, poor air quality, resident’s health status including COVID-19 status and facility outbreak status</li> <li>• Facilities can create accessible and safe outdoor spaces such as courtyards, patios, or parking lots, included use of tents</li> <li>• Facilities should have a process to limit the number and size of visits occurring simultaneously to ensure social distancing</li> <li>• Reasonable limits on the number of individuals visiting with one resident at the same time</li> </ul> <p><b>Indoor Visitation</b></p> <ul style="list-style-type: none"> <li>• Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situation, based on the following guidelines :</li> </ul>	

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>• No new onset of COVID-19 cases in the last 14 days and the facility is not conducting outbreak testing</li> <li>• Visitor compliance with COVID-19 core principles</li> <li>• Process for staff to monitor visitor compliance with core principles</li> <li>• Process to limit number of visitors per resident at one time</li> <li>• Process to limit total number of visitors in the facility at one time based on the size and physical space of the facility</li> <li>• Consider scheduling length of time for visits to ensure all residents are able to receive visitors</li> <li>• Process to limit visitor movement in the facility i.e. visitors should go directly to resident's room or designated area and not walk around in other areas of the facility</li> <li>• Visits should not be conducted in the resident room if there is a roommate sharing the room</li> <li>• If there is a roommate and the health of the resident prevents leaving the room, the facility may attempt in-room visitation with adherence to the core principles of COVID-19 infection prevention</li> <li>• Facilities should use the COVID-19 county positivity rate on the COVID-19 Nursing Home Data site for additional information to determine in-room visitation:</li> <li>• Low (&lt;5%) = Visitation should occur according to the core principles of COVID- 19 infection prevention and facility policies (beyond compassionate care visits)</li> <li>• Medium (5% – 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits)</li> <li>• High (&gt;10%) = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies</li> </ul> <p><b>Visitor Testing</b></p> <ul style="list-style-type: none"> <li>• Facilities are encouraged to test visitors in medium or high- positivity areas if feasible, but not required.</li> <li>• Facilities should prioritize visitors that visit regularly but any visitor can be tested.</li> <li>• Facilities may encourage visitors to test on their own prior to coming to the facility i.e. Within 2-3 days and accept proof of negative test results and date of test.</li> </ul>	

Date	Agency	Topic	Summary	Link
			<p><b>Compassionate Care Visit Examples ( not limited to the following examples):</b></p> <ul style="list-style-type: none"> <li>• A resident in an end of life situation</li> <li>• 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.</li> <li>• A resident who is grieving after a friend or family member recently passed away.</li> <li>• 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.</li> <li>• 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)</li> </ul> <p>These visits may be may by family members, clergy and lay persons and individuals that can meet the residents needs following appropriate infection control guidelines.</p> <p>Facilities are encouraged to use a resident centered approach using families, caregivers, resident representatives and the Ombudsman program for compassionate care visit needs.</p> <p><b>Required Visitation</b></p> <p>Facilities <b>may</b> restrict in-person visits for reasonable clinical or safety reasons due to:</p> <ul style="list-style-type: none"> <li>• The COVID-19 county positivity rate</li> <li>• The facility's COVID-19 status</li> <li>• A resident's COVID-19 status</li> <li>• A visitor's symptoms</li> <li>• Lack of compliance with appropriate infection control practices</li> <li>• Other concerns related to COVID-19 PHE</li> </ul> <p>For example, if a facility has had no COVID-19 cases in the last 14 days and its county positivity rate is low or medium, a nursing home <b>must</b> facilitate in-person visitation consistent with the regulations and the guidance.</p> <p>Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of 42 CFR 483.10(f)(4), and the facility would be subject to citation and enforcement actions.</p>	

Date	Agency	Topic	Summary	Link
			<p>Residents on transmission-based precautions for COVID-10 should only receive virtual, through windows, or in-person compassion care situation, with strict adherence to transmission-based precautions.</p> <p><b>Communal Activities and Dining</b> While adhering to the core principles of COVID-19 infection prevention, facilities may permit communal dining while continuing to practice social distancing. Additional limitations based on COVID-19 status in the facilities should be considered.</p> <p>Group activities may be facilitated for residents who have fully recovered from COVID-19 and for those not requiring isolation or with suspected or confirmed COVID-10 status. These activities should be of the type and variety that allow for social distancing, hand hygiene, use of face coverings and adherence to infection control guidelines</p> <p><b>Use of CMP Funds to Aid in Visitation</b> Facilities may apply to use CMP funds to help facilitate in-person visits. CMS will now approve the use of CMP funds to purchase tents for outdoor visitation and/or clear dividers (e.g., Plexiglas or similar product) to create a physical barrier to reduce the risk of transmission during in-person visits. Funding for tents and clear dividers is also limited to a maximum of \$3,000 per facility. NOTE: When installing tents, facilities need to ensure appropriate life safety code requirements found at 42 CFR 483.90 are met, unless waived under the PHE declaration.</p> <p>To apply to receive CMP funds for communicative devices, tents, or clear dividers, please contact your state agency's CMP contact.</p>	
9/18/20	CDC	Testing	<p>CDC Clarification Due to the significance of asymptomatic and pre-symptomatic transmission, this guidance further reinforces the need to test asymptomatic persons, including close contacts of a person with documented SARS-CoV-2 infection.</p>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html</a>
9/21/20	CMS	Testing Requirements – Staff and Residents	<p>During the week of Sept 14, CMS modified the method for classifying a county as green, yellow, or red and expanded the measure to cover results over a 14-day period in each</p>	<a href="https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg">https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg</a>

Date	Agency	Topic	Summary	Link
			<p>county instead of seven days. As a result, facilities should be using the <b>color</b> assigned by CMS, not the positivity rate. The revised methodology results in some red counties with rates &gt;10% being reclassified to yellow:</p> <ul style="list-style-type: none"> <li>• Green = Counties with test percent positivity &lt;5.0% or with &lt;20 tests in past 14 days</li> <li>• Yellow = Counties with test percent positivity 5.0%-10.0%; OR with &lt;500 tests and &lt;2,000 tests/100k and &gt;10% positivity over 14 days</li> <li>• Red = &gt;10.0% and not meeting the criteria for “Green” or “Yellow”</li> </ul> <p>Facilities should monitor these rates every other week and adjust staff testing accordingly.</p>	<p><a href="https://www.cms.gov/files/document/qso-20-38-nh.pdf">https://www.cms.gov/files/document/qso-20-38-nh.pdf</a></p> <p><a href="https://www.vhca.org/files/2020/09/9-8-20-COVID-19-Positivity-Rate-by-County.xlsx">https://www.vhca.org/files/2020/09/9-8-20-COVID-19-Positivity-Rate-by-County.xlsx</a></p>
9/28/20	CMS	<p>Reopening Testing Clinical Guidance Screening Survey Activity Infection Control and Prevention PPE Visitation</p>	<p>QSO-20-30-NH revised on 9/28/20 to be consistent with:</p> <ul style="list-style-type: none"> <li>• QSO-20-38-NH for testing plan and capacity for adequate testing</li> <li>• QSO-20-39-NH for visitation, group activities, and testing</li> </ul> <p>Refer to link for QSO-20-38-NH, QSO-20-39- NH , and revised QSO-20-30-NH</p>	<p><a href="https://www.cms.gov/files/document/qso-20-30-nh.pdf">https://www.cms.gov/files/document/qso-20-30-nh.pdf</a></p> <p><a href="https://www.cms.gov/files/document/qso-20-38-nh.pdf">https://www.cms.gov/files/document/qso-20-38-nh.pdf</a></p> <p><a href="https://www.cms.gov/files/document/qso-20-39-nh.pdf">https://www.cms.gov/files/document/qso-20-39-nh.pdf</a></p>
10/1/20	VDH	<p>Reopening Testing Visitation</p>	<p>For 9/8/20 from VDH Corona Virus Task Force: Per updated CMS guidance for nursing homes on testing and visitation, all references to nursing home reopening phases are being retired. Facilities should follow CMS guidance; VDH guidance is being revised and nursing homes will no longer be asked to submit phase change attestation forms. The REDCap phase change attestation form has been disabled.</p>	<p><a href="https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/">https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/</a></p> <p><a href="https://www.cms.gov/files/document/qso-20-38-nh.pdf">https://www.cms.gov/files/document/qso-20-38-nh.pdf</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/09/Nursing-Home-Visitation-COVID-19.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/09/Nursing-Home-Visitation-COVID-19.pdf</a></p>

Date	Agency	Topic	Summary	Link
10/1/20	VDH	Hemodialysis	<p><b>Management of Hemodialysis Patients Residing in Nursing Homes</b></p> <p>Residents in long-term care facilities (LTCFs) are at higher risk of COVID-19 related morbidity and mortality, and those who undergo hemodialysis are a particularly vulnerable subpopulation. Residents frequently leaving their facilities for dialysis are at higher risk for infection by COVID-19 due to exposure to staff and community patients at dialysis centers. These residents can also be a source of COVID-19 introduction or transmission in the nursing home or dialysis center. This guidance addresses infection prevention and control (IPC) recommendations for residents in nursing homes, skilled nursing facilities and assisted living facilities who regularly visit outpatient hemodialysis centers. This document is designed to be used as a companion to CDC COVID-19 guidance for outpatient hemodialysis facilities and nursing homes , and VDH guidance for LTCFs . It is based on currently available information about SARS-CoV-2 and will be updated as more information becomes available.</p> <p><b>Infection Prevention and Control Recommendations for Hemodialysis Patients in Nursing Homes</b></p> <ul style="list-style-type: none"> <li>• Consider increasing monitoring of asymptomatic hemodialysis residents from daily to every shift in order to more rapidly detect new symptoms.</li> <li>• Depending on the prevalence of COVID-19 in the community, facilities might place residents who undergo regular dialysis treatments outside of the facility in a single-person room in a separate observation area so the resident can be monitored for evidence of COVID-19. Facilities must weigh the potential benefit of placing residents in a separate observation unit/area to reduce the risk of COVID-19 with the disruption from extended isolation and removing residents from their usual living environment .</li> <li>• Facilities who select to place residents receiving off-site hemodialysis in an observation unit/area must ensure they are not housed with an individual who could put them at higher risk of exposure to COVID-19.</li> <li>• 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.</li> </ul>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/10/Management-of-hemodialysis-patients-reside-in-long-term-care-facilities.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/10/Management-of-hemodialysis-patients-reside-in-long-term-care-facilities.pdf</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.htm">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.htm</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html</a></p> <p><a href="https://www.cms.gov/files/document/gso-20-38-nh.pdf">https://www.cms.gov/files/document/gso-20-38-nh.pdf</a></p>

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			<ul style="list-style-type: none"> <li>• CMS has suggested that routine testing could be considered for nursing home residents who regularly leave the facility, including for dialysis. See link for guidance for testing residents and staff in nursing homes:</li> <li>• For cohorting strategies, refer to Table 1.</li> <li>• Follow CMS updated visitation guidance in regards to allowing visitations, communal dining, and group activities.</li> </ul> <p><b>Infection Prevention and Control Core Principles that Apply to Both Settings</b></p> <ul style="list-style-type: none"> <li>• Universal source control (facemask) for both patients and HCP regardless of symptoms to address asymptomatic and pre-symptomatic transmission.</li> <li>• Screening, monitoring and education of patients, staff, and visitors.</li> <li>• Provide patients, HCP, and visitors instructions (in appropriate languages) about screening and triage procedures.</li> <li>• HCP who develop symptoms of COVID-19 should immediately refrain from patient care, return home, and notify occupational health services for further evaluation.</li> <li>• Facilities should manage and limit visitors, volunteers, and non-essential staff entering the facility.</li> <li>• Facilities should restrict visitors who are ill from entering the facility.</li> <li>• Frequent environmental cleaning and disinfection using products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19 ( list N ).</li> <li>• All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer’s instructions and facility policies.</li> <li>• Staff should follow standard operating procedures for the disposal of used PPE and regulated medical waste.</li> <li>• Facilities should monitor and audit the use of appropriate PPE by HCP.</li> <li>• Communication: In order to maintain safe and effective care of dialysis patients, dialysis facilities and nursing homes should establish communication and reporting</li> </ul>	

Date	Agency	Topic	Summary	Link									
			<p>mechanisms, which promote situational awareness between both healthcare facilities.</p> <ul style="list-style-type: none"> <li>• Coordination between the two entities is vital to ensure HCP are informed of the most up-to-date information relating to the patient's health status, possible exposures, and to allow for proper planning of care and operations.</li> <li>• If facilities experience large numbers of newly infected HCP or patients over short periods of time (e.g., one week), universal PPE use and/or facility-wide testing might also be considered (especially in facilities located in areas with moderate or substantial transmission).</li> <li>• Hemodialysis patients should be prioritized for testing because of higher risk for severe disease.</li> <li>• Facilities should establish protocols to reduce contamination risks when residents are transported to dialysis and other outside appointments.</li> <li>• Both the driver and the hemodialysis patient should wear facemasks (if tolerated) the entire time during transportation.</li> <li>• Residents should have easy access to hand hygiene supplies when they enter and leave the facility.</li> <li>• The CDC offers guidance on Cleaning and Disinfection for Non-emergency Transport Vehicles as a best practice for cleaning transportation vehicles.</li> <li>• Transporting residents from different facilities in the same vehicle is not recommended.</li> </ul> <p><b>Placement of Hemodialysis Patients in Nursing Homes by COVID-19 Status</b></p> <table border="1" data-bbox="636 1049 1356 1435"> <thead> <tr> <th data-bbox="636 1049 877 1105">Health Status</th> <th data-bbox="877 1049 1073 1105">COVID-19 Test Results</th> <th data-bbox="1073 1049 1356 1105">Public Health Recommendations</th> </tr> </thead> <tbody> <tr> <td data-bbox="636 1105 877 1300">Symptomatic OR Asymptomatic</td> <td data-bbox="877 1105 1073 1300">Positive</td> <td data-bbox="1073 1105 1356 1300">Isolate in a dedicated COVID-19 unit (hot/red zone) on transmission-based precautions until discontinuation criteria has been met.</td> </tr> <tr> <td data-bbox="636 1300 877 1435">Symptomatic</td> <td data-bbox="877 1300 1073 1435">Negative</td> <td data-bbox="1073 1300 1356 1435">If an alternate diagnosis has been made, placement should be based on that diagnosis.</td> </tr> </tbody> </table>	Health Status	COVID-19 Test Results	Public Health Recommendations	Symptomatic OR Asymptomatic	Positive	Isolate in a dedicated COVID-19 unit (hot/red zone) on transmission-based precautions until discontinuation criteria has been met.	Symptomatic	Negative	If an alternate diagnosis has been made, placement should be based on that diagnosis.	
Health Status	COVID-19 Test Results	Public Health Recommendations											
Symptomatic OR Asymptomatic	Positive	Isolate in a dedicated COVID-19 unit (hot/red zone) on transmission-based precautions until discontinuation criteria has been met.											
Symptomatic	Negative	If an alternate diagnosis has been made, placement should be based on that diagnosis.											



Date	Agency	Topic	Summary			Link
					If no alternate diagnosis has been made, resident should be placed in the warm/yellow zone with frequent symptom monitoring and prioritization for repeat testing	
			Asymptomatic	Negative	Place resident in a single-person room in the warm/yellow zone or separate observation area.	
			<b>Placement of Confirmed or Suspect Staff in Nursing Homes and/or Dialysis Centers</b>			
			<b>Health Status</b>	<b>COVID-19 Test Result</b>	<b>Public Health Recommendations</b>	
			Symptomatic OR Asymptomatic	Positive	Exclude from work until all Return to Work Criteria are met.	
			Symptomatic	Negative	<p>If an alternative diagnosis is provided, criteria for return to work should be based on that diagnosis.</p> <p>If no alternative diagnosis, exclude from work until all Return to Work Criteria are met.</p> <p>Retesting, if available, might be considered for further evaluation.</p>	
			Asymptomatic	Negative	Perform a risk assessment and apply work restrictions for HCP who were exposed to the infected patient based on	

Date	Agency	Topic	Summary		Link
				<p>whether these HCP had prolonged, close contact and what PPE they were wearing. Information that is more detailed is available in VDH-COVID-19-Healthcare-Personnel-Risk -Assessment-Tool</p> <p>If exposed, asymptomatic HCP must work because of staffing shortages, they must continue to monitor for signs and symptoms, and wear a facemask (source control) at all times while working .</p> <p>If HCP develops even mild symptoms, they must cease patient care activities, leave work, and be tested.</p>	
10/9/20	CDC AHCA/ NCAL	Testing	<p>On Oct 6, CDC released new guidance on discordant test results ( i.e., false positives and false negative and how these situation should be handled.</p> <p>The updated AHCA/NCAL COVID-19 Testing Requirements in Nursing Homes – Frequently Asked Questions and Quick Links includes information on the Abbott BinaxNOW shipments, further clarity on CMS testing requirements, as well as a new section on discordant results.</p> <p>The guidance addresses the following:</p> <p><b>Q. What are discordant test results?</b></p> <p><b>A.</b> Discordant test results refer to conflicting results from two or more different tests (e.g. PCR and rapid POC antigen) using a sample collected within two days (tests performed more than two days apart should be considered separate tests)</p>		<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing-in-Nursing-Homes">https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing-in-Nursing-Homes</a></p> <p><a href="https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Testing-Requirements-FAQs.pdf">https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Testing-Requirements-FAQs.pdf</a></p>

Date	Agency	Topic	Summary	Link
			<p><b>Q. What should I do if I suspect a positive antigen test result is a false positive?</b></p> <p><b>A.</b> You may suspect a false positive antigen test if the patient is asymptomatic and/or you are residing in a low prevalence area of COVID-19. When a false positive is suspected, providers should first ensure correct use of the test (e.g. proper specimen collection and handling), perform procedural quality control on the tests and compare the percent positivity of the samples on that day versus previous days to determine if it's an outlier.</p> <p>CDC guidance currently recommends confirming test results with a PCR when asymptomatic staff are identified as positive during routine screening.</p> <p>If a confirmatory test is performed, facilities must:</p> <ul style="list-style-type: none"> <li>• Perform the confirmatory test within two days of the initial test. Tests performed more than two days apart should be considered separate tests.</li> <li>• Collect a high quality sample to ensure accuracy of results</li> <li>• If a PCR test is not available or has a delayed turnaround (more than two days), another rapid antigen POC test may be used.</li> </ul> <p><i>Note: PCR can have false negatives if the specimen is not collected correctly or miss handled and also can have false positives, particularly if testing is done after the person has recovered. There have been reports of individuals recovered continuing to shed viral RNA which results in PCR positive tests even though the person is no longer infectious.</i></p> <p>The CDC provides a more detailed explanation in their Testing in Nursing Home FAQ's.</p> <p>Facilities should also work with their local or state public health department to determine if an antigen result is a false positive.</p> <p>Once a false positive is confirmed, providers should report it to:</p> <ul style="list-style-type: none"> <li>• The manufacturer directly</li> <li>• Their state public health department</li> <li>• The FDA</li> </ul> <p><b>Q. What should I do if I suspect a negative antigen test result is a false negative?</b></p> <p><b>A.</b> CDC guidance recommends confirming negative antigen tests with a PCR test when the individual (resident or staff)</p>	

Date	Agency	Topic	Summary	Link
			<p>is symptomatic. Similarly you must report the false negatives to</p> <ul style="list-style-type: none"> <li>• The manufacturer directly</li> <li>• Your state public health department</li> <li>• The FDA</li> </ul> <p>Note: PCR also has false negatives.</p> <p><b>Q. What should I do when the confirmatory results of a test are pending (either negative or positive)?</b></p> <p><b>A.</b> While results are pending, facilities should continue to follow IPC measures. For staff, this means excluding them from work pending results. For residents this means placing them on transmission based precautions in a single room. If a single room is not available, the resident may remain in their current room. However, the CDC is very clear that the resident should <b>NOT</b> be transferred to a COVID-19 unit or placed in another shared room with a COVID-9 positive individual.</p> <p><b>Q. What should I do when I confirm a positive antigen test result as a false positive through confirmatory testing and in consultation with my local/state health department?</b></p> <p><b>A.</b> Individuals who are asymptomatic should continue to be monitored for symptoms. If the individual develops symptoms in the week after testing, they should be considered to have COVID-19 and treated appropriately (i.e. residents placed on transmission based precautions and staff excluded from work). The CDC does not recommend repeat testing in this situation.</p> <p>If the person is asymptomatic without known exposure, than the discordant result could indicate a false positive antigen test result. In this situation, CDC recommends continuing symptom screening and testing, but treating those individuals as negative. Staff does not have to be excluded from work and residents do not need to be moved to a COVID-19 unit, in this instance.</p> <p>However, if the person is asymptomatic but has a known exposure or is being tested as part of outbreak testing, they should be considered to have COVID-19 and managed accordingly (residents placed on transmission based precautions on the COVID-19 unit and staff excluded from work).</p> <p>Finally, if the person is symptomatic, facilities should assume the positive antigen test is correct and the individual should</p>	

Date	Agency	Topic	Summary	Link
			<p>be managed accordingly (residents placed on transmission based precautions on the COVID-19 unit and staff excluded from work). <i>Note that CDC guidance does not recommend conducting a confirmatory PCR tests when the person is symptomatic and has a positive antigen test.</i></p> <p><b>Q. Would an outbreak investigation be triggered if I receive a positive antigen test result that is later deemed to be negative through a confirmatory PCR test?</b></p> <p>A. No, the CDC states in their Testing in Nursing Home FAQ's that <i>"additional testing of asymptomatic residents or other close contacts can be delayed until results of confirmatory testing are available unless additional symptomatic individuals are identified."</i> See above on determining if the person has COVID-19 or not once you get confirmation testing and the results are discordant.</p>	
10/9/20	CMS VDH VHCA	Testing	<p>This week both VDH and CMS posted county positivity data that can be used for determining the frequency of staff and resident testing for COVID-19. Nursing facilities are allowed to use either the state or the CMS published positivity rates, but must document the source, date, time and use the same source consistently.</p> <p>VDH launched a new webpage, <i>COVID-10 in Virginia: PCR Test Positivity Rates</i> on October 6. This site includes positivity data from September 19 – October 2, 2020. VDH plans to update positivity rates by locality every Monday. The newest CMS file was published on October 6 on the <i>COVID-19 Nursing Home Data webpage</i> in the COVID-19 Testing section. The new file includes data from September 17 – September 30.</p> <p>CMS has been re-assigning counties with low testing volume to lower nursing home staff testing tiers, therefore the colors do not always match the percentages. The VDH data page pages provide the PCR testing encounters for each county, as well. The VDH data will not be adjusted, so nursing homes would determine their testing frequency according to the following instructions from CMS:</p> <p>GREEN: &lt;5.0% or with &lt;20 tests in past 14 days  YELLOW: test percent positivity 5.0%-10.0% or with &lt;500 tests and &lt;2000 tests/100k and &gt;10% positivity over 14 days  RED: &gt;10.0% and not meeting the criteria for "Green" or "Yellow": Red.</p>	<p><a href="https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/covid-19-in-virginia-pcr-positivity-rates/">https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/covid-19-in-virginia-pcr-positivity-rates/</a></p> <p><a href="https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/">https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/</a></p> <p><a href="https://www.vhca.org/publications/careconnection/october-8-2020/vdh-and-cms-issue-updated-county-positivity-data/">https://www.vhca.org/publications/careconnection/october-8-2020/vdh-and-cms-issue-updated-county-positivity-data/</a></p>

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10/15/20	CMS	Emergency Preparedness-Testing Requirements	<p><b>QSO-20-41-ALL- Guidance related to Emergency Preparedness Testing Requirements- COVID-19</b></p> <p>On Sept 28 CMS released guidance for Emergency Preparedness for the specific testing exercises to validate the facility's emergency program in light of the coronavirus public health emergency (PHE). During or after an actual emergency, the regulations allow for an exemption to the testing requirements based on real world actions taken by providers and suppliers.</p> <ul style="list-style-type: none"> <li>Facilities that activated their emergency plans are exempt from the next required full-scale community-based or individual, facility-based functional exercise.</li> <li>Facilities must be able to demonstrate, through written documentation, that they activated their program due to the emergency.</li> </ul> <p>CMS requires facilities to conduct an exercise of choice annually for inpatient providers, which include long term care facilities. For the "exercise of choice," facilities must conduct one of the testing exercises below:</p> <ul style="list-style-type: none"> <li>Another full-scale exercise;</li> <li>Individual-facility-based functional exercise;</li> <li>Mock disaster drill; or</li> <li>A tabletop exercise or workshop.</li> </ul> <p>As a reminder, all providers and suppliers must continue to analyze their facility's response to and maintain documentation of all drills, tabletop exercises, and activation of their emergency plan. This would include documentation showing any revisions to the facility's emergency plan as a result of the after action review process.</p>	<p><a href="https://www.cms.gov/files/document/qso-20-41-all.pdf">https://www.cms.gov/files/document/qso-20-41-all.pdf</a></p> <p><a href="https://www.vhca.org/publications/careconnection/october-15-2020/guidance-on-emergency-preparedness-testing-exercise-requirements-under-covid-19/">https://www.vhca.org/publications/careconnection/october-15-2020/guidance-on-emergency-preparedness-testing-exercise-requirements-under-covid-19/</a></p>
10/15/20	VDH OLC	Testing- Surveyor	<p>VHCA-VCAL received an update from Kim Beazley, deputy director of the VDH Office of Licensure and Certification (OLC), on nursing home surveyor testing for COVID-19. Currently, CMS has stated that they do not have a policy on surveyor testing and are following CDC guidelines. CMS also stated that surveying is essential work. CMS does not consider surveyors as contractors or visitors.</p> <p>In addition, OLC has the following to add:</p> <ul style="list-style-type: none"> <li>Surveyors are performing daily self-screening</li> <li>Surveyors participate in reasonable facility screening protocols upon arrival</li> <li>Surveyors have been trained in how to don and doff PPE</li> </ul>	<p><a href="https://www.vhca.org/publications/careconnection/october-15-2020/information-from-olc-on-surveyor-testing/">https://www.vhca.org/publications/careconnection/october-15-2020/information-from-olc-on-surveyor-testing/</a></p>

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>• Surveyors performing onsite surveys have been fit tested for N-95 masks</li> <li>• Surveyors are wearing full PPE, including N95 masks, gowns, gloves, face shields, bonnets, and shoe coverings</li> <li>• Surveyors do not have direct contact with residents while conducting the focused infection control surveys</li> <li>• Surveyors are practicing social distancing while in facilities</li> <li>• Surveyors' time in facilities is limited while conducting the focused infection control surveys</li> </ul> <p>OLC continues to follow current guidance from CMS. In addition, to date, VDH has not initiated a policy for testing OLC surveyors, epidemiology staff and local health department staff who all provide onsite assistance and oversight to nursing homes.</p>	
10/15/20	OSHA	PPE Reporting	<p>On October 2, OSHA released guidance for enforcement discretion when considering issuing citations for respirators and fit testing. This guidance applies only to fit-testing of NIOSH-approved tight-fitting Powered Air Purifying Respirators (PAPRs) used as a contingency capacity strategy when performing job tasks with high or very high occupational exposure risk to COVID-19</p> <p>OSHA issued frequently asked questions regarding COVID-19 reporting obligations. In the FAQs, OSHA has clarified what is considered an "incident" in the case of COVID-19, which triggers the time period for calculating whether a case meets the reportability criteria. The term "incident" is defined by OSHA as an exposure to COVID-19 in the workplace as opposed to when an employee develops symptoms or tests positive for COVID-19. Additional information on reporting in-patient hospitalizations and employee deaths, including OSHA's definition of in-patient hospitalizations can be found in the updated AHCA/NCAL OSHA resource on reporting and recording OSHA standards.</p>	<p><a href="https://www.osha.gov/memos/2020-10-02/temporary-enforcement-guidance-tight-fitting-powered-air-purifying-respirators">https://www.osha.gov/memos/2020-10-02/temporary-enforcement-guidance-tight-fitting-powered-air-purifying-respirators</a></p> <p><a href="https://www.osha.gov/SLTC/covid-19/covid-19-faq.html#reporting">https://www.osha.gov/SLTC/covid-19/covid-19-faq.html#reporting</a></p> <p><a href="https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/OSHA-Guidance-Recording.pdf">https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/OSHA-Guidance-Recording.pdf</a></p>
10/16/20	CDC HHS	Vaccine Program	<p>On 10/16, the U.S. Department of Health and Human Services (HHS) and Department of Defense (DoD) today announced agreements with CVS and Walgreens to provide and administer COVID-19 vaccines to residents of long-term care facilities (LTCF) nationwide with no out-of-pocket costs. Protecting especially vulnerable Americans has been a</p>	<p><a href="https://www.hhs.gov/about/news/2020/10/16/trump-administration-partners-cvs-walgreens-provide-covid-19-vaccine-protect-vulnerable-americans-long-term-care-facilities-nationwide.html">https://www.hhs.gov/about/news/2020/10/16/trump-administration-partners-cvs-walgreens-provide-covid-19-vaccine-protect-vulnerable-americans-long-term-care-facilities-nationwide.html</a></p>

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			<p>critical part of the Trump Administration’s work to combat COVID-19, and LTCF residents may be part of the prioritized groups for initial COVID-19 vaccination efforts until there are enough doses available for every American who wishes to be vaccinated.</p> <p>The program is:</p> <ul style="list-style-type: none"> <li>• Free of charge to facilities.</li> <li>• Available for residents in all long-term care settings, including skilled nursing facilities (SNF), nursing homes, assisted living facilities, residential care homes, and adult family homes.</li> <li>• Available to all remaining LTCF staff members who have not been previously vaccinated for COVID-19 (e.g., through satellite, temporary, or off-site clinics).</li> <li>• Available in most rural areas that may not have an easily accessible pharmacy.</li> </ul> <p>Starting October 19, 2020, LTCFs will be able to opt in and indicate which pharmacy partner their facility prefers to have on-site. LTCFs are not mandated to participate in this program and can request to use their current pharmacy contracts to support COVID-19 vaccination. Nursing homes can sign up via the National Healthcare Safety Network and assisted living facilities can sign up via an online survey they will receive.</p>	<p><a href="https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/CDC-Overview-Pharmacy-Partnership-LTC.pdf">https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/CDC-Overview-Pharmacy-Partnership-LTC.pdf</a></p> <p><a href="https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/CDC-FAQ-Pharmacy-Partnership-LTC.pdf">https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/CDC-FAQ-Pharmacy-Partnership-LTC.pdf</a></p> <p><a href="https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/AHCANCAL-Overview-Pharmacy-Partnership-LTC.pdf">https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/AHCANCAL-Overview-Pharmacy-Partnership-LTC.pdf</a></p> <p><a href="https://www.cdc.gov/nhsn/index.html">https://www.cdc.gov/nhsn/index.html</a></p>
10/16/20	CDC NHSN	Reporting – Point of Care Laboratory Reporting Pathway and Upgrade	<p>The Centers for Disease Control (CDC) is releasing a new pathway through their National Healthcare Safety Network (NHSN) LTCF COVID-19 Module that will allow providers to report the results of their Point of Care (POC) COVID-19 testing. Providers who are performing POC COVID-19 testing under their CLIA waiver are required to report the results to their local or state health department. This new pathway gives providers an alternative option to meet this requirement.</p> <p>In order to access this tracking module, you must upgrade your Secure Access Management Services (SAMS) access to Level-3.</p> <p>Level-1 to Level-3 SAMS access can take up to four weeks to complete.</p>	<p><a href="https://www.cdc.gov/nhsn/ltc/covid19/sams-access.html">https://www.cdc.gov/nhsn/ltc/covid19/sams-access.html</a></p> <p><a href="https://www.ahcancal.org/News-and-Communications/Blog/Pages/Upgrade-to-Level-3-Access-to-NHSN.aspx">https://www.ahcancal.org/News-and-Communications/Blog/Pages/Upgrade-to-Level-3-Access-to-NHSN.aspx</a></p>



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10/27/20	VDH	Clinical Guidance Infection Control and Prevention	<p>On October 22, VDH post updated COVID-19 guidance for nursing homes. The document provides guidance from VDH in collaboration with resources from CDC, CMS, EPA, and DOLI. See link for full details.</p> <p>The topics include:</p> <ul style="list-style-type: none"> <li>• General Preventive Measures</li> <li>• Hand Hygiene</li> <li>• PPE</li> <li>• PPE for COVID-19</li> <li>• Cohorting</li> <li>• Environmental Cleaning and Disinfection</li> <li>• Linens and Laundry</li> <li>• New Admissions/Readmissions</li> <li>• Visitation</li> <li>• Testing</li> <li>• Vaccination Planning</li> <li>• Communication</li> <li>• Reporting</li> <li>• Training</li> <li>• Special Situations <ul style="list-style-type: none"> <li>○ PPS</li> <li>○ Outbreak Response</li> </ul> </li> <li>• Special Populations <ul style="list-style-type: none"> <li>○ Hemodialysis</li> </ul> </li> <li>• Tools <ul style="list-style-type: none"> <li>○ IPC Assessment Tool</li> <li>○ Daily COVID-19 Screening Log</li> <li>○ COVID-19 Outbreak Line Listing</li> </ul> </li> </ul>	<a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/10/VDH-Guidance-for-Nursing-Homes_Table.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/10/VDH-Guidance-for-Nursing-Homes_Table.pdf</a>

Date	Agency	Topic	Summary	Link
10/29/20	VBON	Antigen Testing	<p>VHCA received the following guidance regarding antigen testing:</p> <p>Q. The federal government will be distributing point-of-care (POC) antigen tests (BinaxNOW) to states; are there any scope of practice issues with placing these assays in settings where there isn't always a licensed healthcare provider? Does a certain level provider have to administer such tests?</p> <p>A: While this question cites the BinaxNOW test, other POC tests (BD and Quidel) do not alter our collective opinion. Virginia Code allows a Board of Medicine licensee to delegate functions that are nondiscretionary and that do not require the exercise of professional judgement to trained, but unlicensed, individuals. This is the applicable Code section: § 54.1-2901. Exceptions and exemptions generally Licensed practitioners in this case would need to have prescriptive authority as the BinaxNOW is by prescription only. Hence delegators could include MDs, DOs, Podiatrists, PAs, and NPs. The delegating authority could be a practicing provider, a local health director, or even Dr. Oliver. The keys are that the delegating authority must supervise the personnel and assure that they are trained and competent. Non-licensed individuals (for example CNAs and MAs) could be trained on the BinaxNOW and be assessed for competency. (Abbott does provide training modules, a proficiency written test, and way to document training.)</p>	<a href="https://www.vhca.org/publications/careconnection/october-29-2020/bon-qa-on-antigen-testing">https://www.vhca.org/publications/careconnection/october-29-2020/bon-qa-on-antigen-testing</a>
10/29/20	CMS	Reporting	<p>CMS has added a new requirement that all point-of-care (POC) antigen test results conducted in a facility must be reported to NHSN. The June 4 HHS memo on laboratory testing has now been updated to state:</p> <p>"#4 CMS-certified long term care facilities shall submit point-of-care COVID-19 testing data, including antigen testing data, to CDC's NHSN".</p> <p>This new requirement goes into effect immediately. However, CMS has verbally indicated to AHCA that it will exercise enforcement discretion until November 20.</p>	<a href="https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf">https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf</a>  <a href="https://www.ahcanal.org/News-and-Communications/Blog/Pages/Updated-HHS-NHSN-Reporting-Requirements.aspx">https://www.ahcanal.org/News-and-Communications/Blog/Pages/Updated-HHS-NHSN-Reporting-Requirements.aspx</a>

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11/5/20	CMS VHCA	Communication	<p>CMS launched a new online platform, the Nursing Home Resource Center, to serve as a centralized hub bringing together the latest information, guidance, and data on nursing homes that is important to facilities, frontline providers, residents, and their families, especially as the fight against COVID-19 continues.</p> <p>The Resource Center consolidates all nursing home information, guidance, and resources into a user-friendly, one-stop-shop that is easily navigable so providers and caregivers can spend less time searching for critical answers and more time caring for residents. Moreover, the new platform contains features specific to residents and their families, ensuring they have the information needed to make empowered decisions about their health care.</p> <p>With the new page, people can efficiently navigate all facility inspection reports and data – including COVID-19 pandemic and Public Health Emergency (PHE) information. This tool will remain active through and beyond the COVID-19 PHE.</p>	<p><a href="https://www.vhca.org/publications/careconnection/november-5-2020/new-cms-website-one-stop-nursing-home-resource-center/">https://www.vhca.org/publications/careconnection/november-5-2020/new-cms-website-one-stop-nursing-home-resource-center/</a></p> <p><a href="https://www.cms.gov/nursing-homes">https://www.cms.gov/nursing-homes</a>  <a href="https://www.cms.gov/newsroom/press-releases/news-alert-october-30-2020">https://www.cms.gov/newsroom/press-releases/news-alert-october-30-2020</a></p>
11/5/20	OSHA	Respiratory Protection PPE	<p><b>OSHA Releases COVID-19 Respiratory Protection Guidance for LTC Employees</b></p> <p>OSHA is committed to protecting the health and safety of America's workers. This guidance is designed specifically for nursing homes, assisted living, and other long-term care facilities (LTCFs) (e.g., skilled nursing facilities, inpatient hospice, convalescent homes, and group homes with nursing care). LTCFs are different than other healthcare settings because they assist residents and clients with tasks of daily living in addition to providing skilled nursing care.</p> <p>While this guidance focuses on protecting workers from occupational exposure to SARS-CoV-2 (the virus that causes COVID-19 disease) by the use of respirators, primary reliance on engineering and administrative controls for controlling exposure is consistent with good industrial hygiene practice and with OSHA's traditional adherence to a "hierarchy of controls."<sup>1</sup> Under this hierarchy, engineering and administrative controls are preferred to personal protective equipment (PPE). Therefore, employers should always reassess their engineering controls (e.g., ventilation) and administrative controls (e.g., hand hygiene, physical distancing, cleaning/disinfection of surfaces ) to identify any changes they can make to avoid over-reliance on respirators</p>	<p><a href="https://www.osha.gov/sites/default/files/respiratory-protection-covid19-long-term-care.pdf">https://www.osha.gov/sites/default/files/respiratory-protection-covid19-long-term-care.pdf</a></p> <p><a href="https://www.vhca.org/publications/careconnection/november-5-2020/osha-releases-covid-19-respiratory-protection-guidance-for-ltc-employees/">https://www.vhca.org/publications/careconnection/november-5-2020/osha-releases-covid-19-respiratory-protection-guidance-for-ltc-employees/</a></p>

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			and other PPE (see CDC's COVID-19 webpage on Nursing Homes and Long-Term Care Facilities). This is especially vital considering the current supply chain demand for N95 filtering facepiece	
11/5/20	CDC	Vaccine	<p><b>CDC COVID-19 Vaccine Resources</b></p> <p>The vaccine information/education below has been updated by CDC to help staff and residents understand the importance of COVID vaccines.</p> <ul style="list-style-type: none"> <li>▪ <b>Vaccines:</b> CDC updated general information related to the COVID-19 vaccine.</li> <li>▪ <b>Benefits of Getting a COVID-19 Vaccine:</b> CDC released a summary of the benefits of COVID-19 vaccination. CDC will continue to update this page as more data become available.</li> <li>▪ <b>Busting Myths and Misconceptions about COVID-19 Vaccination:</b> CDC released information to bust myths and misconceptions about COVID-29 vaccination.</li> <li>▪ <b>Frequently Asked Questions about COVID-19 Vaccination:</b> CDC updated FAQs about the COVID-19 vaccination. Although CDC does not have a role in developing COVID-19 vaccines, CDC has been working closely with health departments and partners to develop vaccination plans for when a vaccine is available. CDC is working with partners at all levels, including healthcare associations, on flexible COVID-19 vaccination programs that can accommodate different vaccines and scenarios.</li> <li>▪ See links for full detail</li> </ul>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines/vaccine-benefits.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines/vaccine-benefits.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines/vaccine-myths.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/about-vaccines/vaccine-myths.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html</a></p>
11/11/20	VDH	Communication Infection Control and Prevention	<p>VDH released guidance on holiday considerations for long-term care facility residents and their families. This document outlines information on factors to consider when making decisions about joining holiday celebrations including steps to:</p> <ul style="list-style-type: none"> <li>• Minimize risk before leaving the facility</li> <li>• Minimize risk of exposure to COVID-19</li> <li>• Minimize the risk of spreading COVID-19 when you are back at your facility</li> </ul> <p>See link for full details</p>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/11/Copy-of-Considerations_LTC-Residents-Leaving-for-Holiday_FINAL.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/11/Copy-of-Considerations_LTC-Residents-Leaving-for-Holiday_FINAL.pdf</a></p>
11/11/20	CDC	Communication Infection Control and Prevention	<p>CDC released guidance on holiday gatherings and steps to prevent the spread of COVID-19. This guidance is for the general public and discusses contributing factors and low to high risk activities. See ink for full details</p>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html">https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays.html</a></p>

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11/19/20	CDC		<p>On Nov 4, CDC The CDC updated the interim infection prevention and control recommendations for health care personnel (HCP) during the COVID-19 pandemic. A summary of the changes includes:</p> <ul style="list-style-type: none"> <li>• Different options for screening individuals (healthcare personnel, patients, and visitors) prior to their entry into a healthcare facility.</li> <li>• Information on factors that could impact thermometer readings.</li> <li>• Resources for evaluating and managing ventilation systems in healthcare facilities.</li> <li>• A link to frequently asked questions about the use of personal protective equipment.</li> <li>• A guide for facilities to develop policies and procedures to ensure recommendations are applied.</li> </ul> <p>See link for full details</p>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>
11/19/20	CMS VHCA	<b>PPE</b> <b>Communication</b> <b>Testing</b>	<p>CMS Administrator Seema Verma made two key announcements on November 12 about surveyor calls to nursing homes with COVID-19 cases and staffing and PPE shortages, as well as the list of facilities that have completed the QIO training.</p> <ul style="list-style-type: none"> <li>• CMS or state surveyors will be calling nursing homes who report new cases of COVID and/or report shortages of PPE and/or staffing to offer assistance. They will ask several questions to see how they can help the facility acquire resources such as staffing, PPE, or testing supplies.</li> <li>• CMS will be publishing a list of facilities which have completed the CMS 3 to 4 hour QIO trainings.</li> </ul>	<a href="https://www.vhca.org/publications/careconnection/november-19-2020/cms-announces-surveyor-activity-and-info-about-qio-training/">https://www.vhca.org/publications/careconnection/november-19-2020/cms-announces-surveyor-activity-and-info-about-qio-training/</a>
11/19/20	OHSA	<b>Respiratory</b> <b>Protection</b> <b>PPE</b> <b>Reporting</b>	<p>The Occupational Safety and Health Administration (OSHA) released a one-pager on frequently cited standards related to COVID-19 inspections. Some of these include fit tests for respirators, providing a medical evaluation before fit testing or using a respirator, PPE availability, training on properly using PPE and respirators, reporting, and recording requirements.</p> <p>See link for full details</p>	<a href="https://www.osha.gov/SLTC/covid-19/covid-citations-lessons.pdf">https://www.osha.gov/SLTC/covid-19/covid-citations-lessons.pdf</a>

Date	Agency	Topic	Summary	Link
12/3/20	CDC	PPE- Facemasks	<p>The CDC has made several updates on guidance for facemasks for health care personnel (HCP). The summary of the update as of Nov 23 includes:</p> <p>Added considerations for returning to conventional capacity practices</p> <p>Conventional capacity strategies</p> <ul style="list-style-type: none"> <li>• Clarified healthcare personnel (HCP) use of facemasks for source control and as PPE to protect their nose and mouth from exposure to splashes, sprays, and respiratory secretions</li> </ul> <p>Contingency capacity strategies</p> <ul style="list-style-type: none"> <li>• Added clarifications on extended use of facemasks as PPE</li> <li>• Added clarifications on restriction on facemask use by HCP as PPE rather than by patients for source control</li> </ul> <p>Crisis capacity strategies</p> <ul style="list-style-type: none"> <li>• Revised section on limited re-use paired with extended use</li> <li>• Deleted the strategies of designating convalescent HCP for the provision of care of patients with SARS-CoV-2 infection, use of expedient patient isolation rooms, and mechanical headboards</li> </ul> <p>See links for full details</p>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html#conventional-capacity">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html#conventional-capacity</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html#contingency-capacity">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html#contingency-capacity</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html#crisis-capacity">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html#crisis-capacity</a></p> <p><a href="https://www.vhca.org/publications/careconnection/december-3-2020/cdc-updates-strategies-for-optimizing-facemask-supply/?login=failed">https://www.vhca.org/publications/careconnection/december-3-2020/cdc-updates-strategies-for-optimizing-facemask-supply/?login=failed</a></p>
12/7/20	VDH	Vaccine	<p>On December 4, VDH announced the Commonwealth's COVID-19 vaccine priorities. Virginia is expecting to receive 480,000 doses of vaccine from Pfizer and Moderna (pending FDA emergency use authorization) by the end of December. This initial distribution will ensure health care personnel (HCP) and long term care facility (LTCF) residents receive a first dose of the vaccine. VDH estimates that there are up to 500,000 HCP and LTCF residents in Virginia. Of that number, VDH estimates LTC residents and staff total 158,000. As was widely reported last week, the CDC Advisory Committee on Immunization Practices (ACIP) recommended that long term care residents and staff be included at the highest level of priority for the first distributions of the vaccine. It is up to each state to formalize its plan for the actual distribution.</p> <p>The VDH announcement makes note of the fact that most LTCFs in Virginia will receive vaccinations from CVS/Omnicare and Walgreens through the CDC Pharmacy Partnership for Long Term Care Program</p>	<p><a href="https://www.vdh.virginia.gov/news/2020-news-releases/virginias-covid-19-vaccination-priorities-announced/?fbclid=IwAR2qB18vIIRemzHYvcGZCxg1g5uBt_hrxRirkUPj7samohe9g-HCf5RJTGM">https://www.vdh.virginia.gov/news/2020-news-releases/virginias-covid-19-vaccination-priorities-announced/?fbclid=IwAR2qB18vIIRemzHYvcGZCxg1g5uBt_hrxRirkUPj7samohe9g-HCf5RJTGM</a></p> <p><a href="https://www.vdh.virginia.gov/covid-19-vaccine/">https://www.vdh.virginia.gov/covid-19-vaccine/</a></p>

Date	Agency	Topic	Summary	Link
			<p>Health care personnel are defined as paid and unpaid persons serving in health care settings who have the potential for direct or indirect exposure to patients or infectious materials. Long-term care facility residents are defined as adults who reside in facilities that provide a variety of services, including medical and personal care, to persons who are unable to live independently.</p> <p>The actual amount of vaccine received in Virginia is a moving target and dependent on when and how quickly vaccination doses are manufactured. VDH is coordinating future prioritization based on federal guidance.</p> <p>See link for full details</p>	
12/8/20	VDSS	PPE	<p>DSS's Division of Licensing Programs announced that the Northam Administration has provided funding for personal protective equipment (PPE) "Push Packs" for all assisted living facilities (ALFs). These supplies should be delivered by December 31, 2020. The distribution details are outlined in this memo.</p> <p>PPE Push Packs for ALFs will consist of the following items:</p> <ul style="list-style-type: none"> <li>• Masks (N95, surgical, cloth)</li> <li>• Exam gloves (Note: Gloves will not be included in the initial shipment due to a global supply shortage; all gloves will be delivered separately when available.)</li> <li>• Patient isolation gowns</li> <li>• Staff gowns – Level 2</li> <li>• Medical coveralls and bonnets</li> <li>• Face shields and goggles</li> </ul> <p>DSS also reminded ALFs of the importance of reporting your PPE inventory and burn rate on a weekly basis. This needs to be completed each Tuesday by 5:00 pm at the following link: <a href="https://arcg.is/nTOiP">https://arcg.is/nTOiP</a>.</p> <p>Weekly reporting allows the Virginia Department of Emergency Management to monitor PPE inventory and ensure ALFs do not reach critical shortages in their PPE supplies. Please review the Assisted Living Facility PPE Distribution and Information memo dated May 6, 2020, for more information about PPE Distribution to ALFs.</p>	<p><a href="https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/current_providers/notices/ppe_push_pack_distribution_%26_weekly_reporting.pdf">https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/current_providers/notices/ppe_push_pack_distribution_%26_weekly_reporting.pdf</a></p> <p><a href="https://survey123.arcgis.com/share/b4d7f713dfd1413d89898bc4587b4d56">https://survey123.arcgis.com/share/b4d7f713dfd1413d89898bc4587b4d56</a></p> <p><a href="https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/current_providers/notices/alf_facility_ppe_distribution_and_information.pdf">https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/current_providers/notices/alf_facility_ppe_distribution_and_information.pdf</a></p>

Date	Agency	Topic	Summary	Link
12/9/20	VDSS	Survey Activity	<p>On Dec 9, VDSS Divisions of Licensing Programs issued a memo outlining the safety expectations for onsite inspections along with its onsite inspection safety protocol, and a related screening form.</p> <p>The memo states that in response to COVID-19, the majority of inspections are being conducted through a virtual and/or a desk review process as a means of limiting in-person interaction in order to prevent the spread of COVID-19 and support community health. However, there may be times when a licensing inspector must be physically present in a facility in order to conduct inspections related to situations involving serious health and safety concerns, inspections of programs seeking initial licensure, and other situations identified by the department that necessitate an onsite inspection.</p> <p>See the link for full details for the following topics:</p> <ul style="list-style-type: none"> <li>• Safety Expectations for Onsite Inspections</li> <li>• Protection Before, During, and After the Inspection</li> <li>• Reminders about Observing Safety Expectations or Stopping an Inspections</li> <li>• COVID-19 Screening Questions</li> </ul>	<a href="https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/current_providers/notices/vdss_division_of_lic_programs_onsite_inspections_covid19_safety_and_health_precautions.pdf">https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/current_providers/notices/vdss_division_of_lic_programs_onsite_inspections_covid19_safety_and_health_precautions.pdf</a>
12/10/20	CMS	Testing	<p>CMS has released FAQs related to new guidance on testing in nursing facilities. The FAQs address long-standing questions posed from providers. The questions address various issues including false negatives with point of care antigen tests, triggering of outbreak status, testing of emergency medical personnel, and clarification on turnaround time for tests.</p> <p>See link for full details</p>	<a href="https://www.cms.gov/files/document/covid-nh-testing-faqs.pdf">https://www.cms.gov/files/document/covid-nh-testing-faqs.pdf</a>



Date	Agency	Topic	Summary	Link
12/10/20	VDH	Vaccine	<p>On 12/7 VDH released Guidelines for the Prevention and Control of Influenza and COVID-19 in Nursing Homes and Long-Term Care Facilities, 2020-2021. The key points include:</p> <ul style="list-style-type: none"> <li>• Influenza season occurs in Virginia every year, between October and May. Because long-term care facility (LTCF) residents are at increased risk for complications from influenza and to prevent outbreaks, LTCFs should be aware of when influenza-like illness has increased in their region of the state and be on the lookout for any change in acute respiratory illness that might indicate the arrival of influenza in the facility.</li> <li>• Many measures that are in place to prevent the spread of COVID-19 in facilities will also help prevent influenza. These include screening staff, residents, and visitors for respiratory illness or exposures, supporting distancing or restricting group activities and visitation, increased compliance with infection control practices, including use of face masks, hand hygiene, and standard- and transmission-based precautions, and enhanced environmental cleaning and disinfection.</li> <li>• Widespread use of influenza vaccination, with documentation and tracking to maximize coverage, and standing orders for the use of influenza antiviral medications for treatment and prophylaxis are recommended.</li> <li>• When influenza is circulating in the region, initiate all personal protective equipment (PPE) for COVID- 19 for residents experiencing signs or symptoms of acute respiratory illness (ARI). Place them in a single room or maintain them in their current room until the diagnosis is confirmed.</li> <li>• Test residents with ARI for both influenza and COVID-19 simultaneously. PCR is recommended; antigen tests can be used if PCR is not available.</li> <li>• Residents confirmed to have COVID-19 should be moved to the COVID care unit. If they are co- infected with influenza, they should be in a single room or housed with another co-infected resident.</li> </ul>	<a href="https://www.vdh.virginia.gov/content/uploads/sites/3/2020/12/Influenza_COVID-Prevention-Guidelines-for-Long-Term-Care-2020-21_12072020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/3/2020/12/Influenza_COVID-Prevention-Guidelines-for-Long-Term-Care-2020-21_12072020.pdf</a>

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>• Residents who test positive only for influenza should be in a single room or housed with another influenza-positive resident.</li> <li>• Staff should not mix between well residents, those with COVID-19, and those with influenza.</li> <li>• If it is not possible to move a resident in a shared room, the roommate can be protected with a barrier, hand hygiene between resident care, transmission-based precautions, and the use of influenza antiviral prophylaxis if influenza is highly suspected or confirmed.</li> <li>• Antiviral treatment for influenza should be started as early as possible, even if the diagnosis is suspected and test results are pending. Antiviral medications should be administered as prophylaxis for those exposed to confirmed influenza.</li> <li>• If two or more residents are confirmed with influenza within 72 hours, prophylaxis should be administered to all residents on the unit or floor. Antiviral prophylaxis should continue for a minimum of two weeks and until one week has passed after the last case. Anyone who develops symptoms of ARI on the affected unit should be tested.</li> <li>• Staff with influenza should be excluded from work until 24 hours after fever has resolved without the use of fever-reducing medications. Those with COVID-19, with or without influenza, should be excluded until 10 days after date of onset or positive test plus 24 hours after fever has resolved without the use of fever-reducing medications and other symptoms have improved.</li> <li>• LTCFs are encouraged to consult with their local health department (LHD) to discuss any questions about testing, cohorting, or prophylaxis.</li> </ul>	

Date	Agency	Topic	Summary	Link
12/15/20	VDH	Transmission-Based Precautions-Quarantine Period	<p><b>VDH Interim Recommendations for Duration of Quarantine for Healthcare Personnel</b></p> <p>VDH and CDC continue to recommend a 14-day quarantine period after the last close contact to a person with COVID-19 as the safest option to protect healthcare personnel (HCP) and patients. Given the latest CDC guidance on quarantine, VDH has issued new interim recommendations.</p> <p>VDH recommends if a healthcare facility needs to mitigate a staffing shortage by allowing asymptomatic exposed HCP to work during the 14 day period post-exposure, utilizing one of the following options available is preferred:</p> <ul style="list-style-type: none"> <li>• Quarantine can end after Day 10 without testing and if no symptoms have developed, OR</li> <li>• Quarantine can end after Day 7 if a viral test (e.g., PCR or antigen test) performed on or after Day 5 is negative and if no symptoms have developed.</li> </ul> <p>Given the need for often extensive and close contact between patients and healthcare personnel, a 14-day quarantine period continues to be recommended by VDH and CDC for patients receiving healthcare with exposures to SARS-CoV-2 warranting quarantine. Shortening the duration of patient quarantine may pose additional transmission risk. All HCP should be taking precautions outside of work to the extent possible, including social distancing and wearing face coverings. VDH has learned through outbreak response that SARS-CoV-2 is often brought into hospitals and long term care facilities by staff exposed in the community.</p>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/12/VDH-Interim-Recommendations-for-Quarantine-Duration-of-HCP_12.15.2020_Final.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/12/VDH-Interim-Recommendations-for-Quarantine-Duration-of-HCP_12.15.2020_Final.pdf</a></p> <p><a href="https://www.vhca.org/publications/careconnection/december-17-2020/vdh-interim-recommendations-for-duration-of-quarantine-for-hcp/">https://www.vhca.org/publications/careconnection/december-17-2020/vdh-interim-recommendations-for-duration-of-quarantine-for-hcp/</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control">https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html">https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html</a></p>
12/17/20	AHCA	Vaccine	<p>AHCA/NCAL's #GetVaccinated campaign encourages long term care staff and residents to get the COVID-19 vaccine. See link to AHCA's digital toolkit that includes a checklist of ideas, template letters to use with stakeholders, sample social media, and media prep material.</p>	<p><a href="https://www.ahcancal.org/News-and-Communications/Pages/GetVaccinated.aspx">https://www.ahcancal.org/News-and-Communications/Pages/GetVaccinated.aspx</a></p> <p><a href="https://www.ahcancal.org/News-and-Communications/Documents/GetVaccinated/COVID-19%20Vaccine%20Talking%20Points%20for%20LTC%20Facilities.pdf">https://www.ahcancal.org/News-and-Communications/Documents/GetVaccinated/COVID-19%20Vaccine%20Talking%20Points%20for%20LTC%20Facilities.pdf</a></p> <p><a href="https://www.vhca.org/publications/careconnection/december-17-2020/vdh-and-ahca-ncal-resources-to-help-plan-for-vaccine-clinics/">https://www.vhca.org/publications/careconnection/december-17-2020/vdh-and-ahca-ncal-resources-to-help-plan-for-vaccine-clinics/</a></p>

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				<a href="https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/AHCANCAL-Overview-Pharmacy-Partnership-LTC.pdf">https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/AHCANCAL-Overview-Pharmacy-Partnership-LTC.pdf</a>  <a href="http://paltc.org/sites/default/files/QA%20about%20he%20COVID-19%20Vaccine%20for%20PALTC%20Patients%20Family%20Member%20and%20Staff%20_%2012_1_20%20FINAL.pdf">http://paltc.org/sites/default/files/QA%20about%20he%20COVID-19%20Vaccine%20for%20PALTC%20Patients%20Family%20Member%20and%20Staff%20_%2012_1_20%20FINAL.pdf</a>
12/18/20	VDH VHCA	Reporting- Outbreak	<p><b>VDH Launches New Outbreak Dashboard</b></p> <p>Legislation passed during the 2020 special session requires VDH to share a public-facing dashboard of COVID-19 outbreaks reported to the agency by long term care facilities (LTCFs), schools, camps, and other entities. The new dashboard includes the information about LTCF outbreaks as it is currently presented, which has been publicly reported since June.</p> <p>The new dashboard is located on the VDH website, COVID-19 in Virginia. The dashboard will present the name of the facility, the number of COVID-19 cases and deaths associated with the outbreak, the locality where the facility is located, the date VDH was notified, and the status of the outbreak (see below):</p> <p>Outbreak Status is defined as:</p> <ul style="list-style-type: none"> <li>• “Outbreak in Progress” when the outbreak is ongoing and cases are still being reported and investigated.</li> <li>• “Outbreak Pending Closure” if 28 days have passed without a documented new case and the outbreak has not yet been closed in the Virginia Outbreak Surveillance System (VOSS). There may be delays in confirming the outbreak is closed because the health department has to collect and process the data. This only refers to the outbreak pending closure in VOSS and not the facility.</li> <li>• “Outbreak Closed” when two incubation periods (28 days) have passed without onset of new illness and the health district has closed the outbreak in VOSS. Outbreak Closed does NOT refer to the facility being closed.</li> <li>• To help protect anonymity of cases, if fewer than 5 cases or between 0 and 5 deaths are associated with a facility</li> </ul>	<a href="https://www.vhca.org/publications/careconnection/december-17-2020/vdh-to-launch-new-outbreak-dashboard/">https://www.vhca.org/publications/careconnection/december-17-2020/vdh-to-launch-new-outbreak-dashboard/</a>  <a href="https://www.vdh.virginia.gov/coronavirus/">https://www.vdh.virginia.gov/coronavirus/</a>  <a href="https://www.vdh.virginia.gov/coronavirus/covid-19-data-insights/">https://www.vdh.virginia.gov/coronavirus/covid-19-data-insights/</a>  <a href="https://www.vdh.virginia.gov/coronavirus/covid-19-data-insights/covid-19-outbreaks-by-selected-exposure-settings/">https://www.vdh.virginia.gov/coronavirus/covid-19-data-insights/covid-19-outbreaks-by-selected-exposure-settings/</a>

Date	Agency	Topic	Summary	Link
			<p>outbreak, the counts will be represented by an asterisk (*).</p> <p>The new dashboard is posted on the COVID-19 Data Insights page. A hyperlink is also on the Virginia COVID-19 Long-Term Care Task Force page where the LTC Outbreak Data was previously.</p> <p>The dashboard is updated once a week so that the data can stabilize and appropriate communications can occur before information is publicly posted. If you notice an error, please contact your local health department. Information will be corrected on the next weekly dashboard update.</p>	
12/22/20	VDH	Vaccine FAQs	<p>VDH FAQs for the LTCF vaccination program have been added to the Vaccination webpage under the "Vaccination: Long Term Care Facilities" section.</p> <p>See link for full details.</p>	<a href="https://www.vdh.virginia.gov/coronavirus/vaccination/">https://www.vdh.virginia.gov/coronavirus/vaccination/</a>
12/22/20	CDC	Vaccine- Managing Post Vaccination Signs and Symptoms	<p>CDC has released guidance for suggested approached for evaluating and managing systemic new onset post-vaccination signs and symptoms for residents living in long-term care facilities.</p> <p>See link and scroll to section labeled for long-term care residents</p>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-residents.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-residents.html</a>
1/04/21	CMS	Survey Activity	<p><b>QSO-20-31-All ( Revised 1/04/21)</b></p> <p>CMS has released updated guidance on the frequency of focused infection control (FIC) surveys as well as providing frequently asked questions (FAQs) regarding health, emergency preparedness (EP), and life safety code (LSC) surveys.</p> <p>Updated FIC Guidance</p> <p>CMS will continue to require state agencies to conduct onsite FIC surveys within three to five days of identification of a facility with three or more new confirmed COVID-19 cases or one confirmed case in a facility that was previously COVID-free. However, CMS is updating this guidance to require states to also consider additional factors to determine whether to conduct a FIC, such as multiple weeks with new COVID cases, low staffing levels, and allegations or complaints related to concerns of abuse or quality of care such weight loss and decline in functioning. CMS adds that during FIC surveys, surveyors should investigate concerns related to residents that have had a significant decline in condition such as weight loss or mobility. Providers should</p>	<a href="https://www.cms.gov/files/document/qso-20-31-all-revised.pdf">https://www.cms.gov/files/document/qso-20-31-all-revised.pdf</a>

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			<p>continue to proactively monitor any of these quality of care concerns including quality measure indicators and document their efforts through their quality improvement processes.</p> <p>In addition, CMS is limiting the frequency of FIC surveys, stating that facilities that have had a FIC in the past three weeks—whether a standalone FIC survey or as part of a recertification survey—do not need to be re-surveyed if they meet the criteria to be surveyed again within a three-week period. However, a facility could be re-surveyed in the fourth week or thereafter.</p> <p>Survey FAQs</p> <p>CMS also included several FAQs regarding health, EP, and LSC surveys. The FAQs provide guidance on several topics, such as:</p> <p>Protocols for surveyors to follow while onsite, including:</p> <ul style="list-style-type: none"> <li>• Wearing appropriate PPE supplied by the state agency.</li> <li>• Adhering to practices for COVID-19 infection prevention including screening;</li> <li>• Not entering facilities when experiencing signs and symptoms of infection; and</li> <li>• Assigning separate surveyors to COVID-19 residents or wings, residents under observation, and not moving between these areas of the building.</li> <li>• Information on modifications to certain elements of the survey, such as the resident council interview and dining tasks, to prevent COVID spread.</li> <li>• Adjustments to EP and LSC survey procedures during the PHE, such as the facility tour and records review, and not citing providers for ITM activities that have been waived during the PHE. (Note: Facilities with ITM deficiencies that cannot be corrected due to vendor access restrictions during the PHE should request temporary LSC waivers, as applicable, as part of their POC.)</li> </ul> <p>The FAQs also note that while facilities may offer to test surveyors for COVID-19 prior to entry, they cannot require testing or proof of testing as a condition for surveyors entering. Further, CMS states that while surveyors should attempt to safely complete the survey process, including resident interviews in person, they should use opportunities to conduct additional survey activities such as additional</p>	

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			<p>phone interviews, record or document reviews, and exit conference, offsite.</p> <p>CMS is also enhancing the penalties for noncompliance with infection control to provide greater accountability and consequences for failure to meet these basic requirements. This action follows the agency's prior focus on equipping facilities with the tools they needed to ensure compliance, including 12 nursing home guidance documents, technical assistance webinars, weekly calls with nursing homes, and many other outreach efforts. The enhanced enforcement actions are more significant for nursing homes with a history of past infection control deficiencies, or that cause actual harm to residents or Immediate Jeopardy. Non-compliance (D or above) with deficiencies associated with Infection Control requirements at F880.</p> <p>The Memo also included the following attachments:</p> <ul style="list-style-type: none"> <li>• FAQ on Resumption of Life Safety Code, Emergency Preparedness, and Long-Term Care Health Surveys</li> <li>• K-tag Waiver Guide</li> <li>• F-tab Waiver Guide</li> </ul> <p>See link for full details.</p>	
1/14/21	CMS/HHS VDH	Reporting-Point of care testing requirement	<p>HHS has rescinded its prior requirement that skilled nursing facilities report COVID-19 point-of-care (POC) test results to the CDC's National Healthcare Safety Network (NHSN). Positive cases of COVID-19 must still be reported through NHSN.</p> <ul style="list-style-type: none"> <li>• CMS-certified long-term care facilities may submit point-of-care SARS-CoV-2 testing data, including antigen testing data, to CDC's National Healthcare Safety Network (NHSN). This CDC- and CMS-preferred pathway 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 LTC facilities may also report testing data in NHSN for self-tracking or to fulfill state or local reporting requirements, if any.</li> <li>• See link for full detail</li> </ul> <p>This does not eliminate the requirement that any provider using POC tests under a CLIA waiver must report their test results. It provides the flexibility to report those results</p>	<p><a href="https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf">https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf</a></p> <p><a href="https://apps.vdh.virginia.gov/pocreporting/login/login.aspx">https://apps.vdh.virginia.gov/pocreporting/login/login.aspx</a></p>

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			through state and local public health departments or through NHSN. VDH is advising facilities to report these POC results via the COVID 19 POC Portal to meet the current CLIA POC requirements.	
1/14/21	VDH	Admission/ Readmission	<p>Closing a Healthcare Facility to New Admissions or Readmissions during the COVID-19 Pandemic: VDH Interim Guidance for Local Health Departments and Long-Term Care Facilities – postdated 1/8/21</p> <p>In response to an outbreak, closure of facilities to new admissions may be recommended as a standard part of Virginia Department of Health (VDH) disease control measures. However, any decision to close and/or accept new admissions or readmissions must be based on a risk assessment and tailored to the situation. The decision to close a facility to new admissions should be made in consultation with the local health department.</p> <p>The following criteria should be met when making a decision on accepting new admissions or readmissions:</p> <ul style="list-style-type: none"> <li>• The number of COVID-19 cases identified in the facility (staff and residents) is decreasing</li> <li>• No evidence of widespread transmission of COVID-19 in the facility.</li> <li>• Facility is compliant with best practices for infection prevention and control.</li> <li>• Enough space for cohorting positive versus negative residents, and an observational unit for new admissions is available.</li> <li>• Adequate staffing, PPE, and other supplies</li> <li>• The facility has a plan to manage new admissions and readmissions.</li> </ul> <p>While limited or temporary closure of a long-term care facility (LTCF) to new admissions may be needed when COVID-19 cases are identified, closing to new admissions for two full incubation periods (28 days) is not currently recommended. Due to surges in COVID-19 cases, there is a need to be able to move patients through the continuum of care, including from acute care into post-acute care facilities. Therefore, there is a need to be flexible and only close LTCFs for</p>	<a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2021/01/LTC-Guidance-Closing-to-New-Admissions-Jan2021.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2021/01/LTC-Guidance-Closing-to-New-Admissions-Jan2021.pdf</a>



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			<p>a limited number of days to ensure an acute outbreak is under control and the facility has the resources needed to safely care for residents. Local health departments and health care facilities will need to balance the important goal of disease prevention and control with the importance of maintaining health care bed capacity during a time of COVID-19 surge.</p> <p>Please note that CMS has not instructed nursing homes/skilled nursing facilities to close to new admissions as part of an outbreak response. During the COVID-19 pandemic, CMS has relaxed some policies to better allow for the transfer of patients.</p> <p>See links for full details.</p>	
1/14/21	VDH CDC	Vaccine Clinics Lessons Learned	<p>VDH posted recommendations for from LTCF Vaccine Clinics from lessons learned from CDC Partner Pharmacy/National Associations in an effort to support an effective and efficient vaccination process.</p> <p>The recommendations include tips on :</p> <ul style="list-style-type: none"> <li>• Early Contact with Pharmacy Partners</li> <li>• The Consent Process</li> <li>• Clinic Day</li> <li>• Side Effects</li> <li>• General Recommendations</li> </ul> <p>See link for full details.</p>	<a href="https://www.vdh.virginia.gov/content/uploads/sites/191/2021/01/LTCF-COVID-19-Vaccination-Lessons-Learned-and-Recommendations.pdf">https://www.vdh.virginia.gov/content/uploads/sites/191/2021/01/LTCF-COVID-19-Vaccination-Lessons-Learned-and-Recommendations.pdf</a>
1/14/21	CDC VHCA	Vaccine- Co- Administration	<p>On 1/6/21 the CDC recently updated its guidance to clarify that long term care facility residents or health care personnel may get the COVID-19 vaccine administered within 14 days of another vaccination. For these individuals, the potential benefits of the vaccination are deemed to outweigh the potential unknown risks of coadministration with another vaccine (e.g. influenza, etc.).</p> <p>See link for full details</p>	<a href="https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html">https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html</a>  <a href="https://www.vhca.org/ill_pubs_article_category/covid-19/">https://www.vhca.org/ill_pubs_article_category/covid-19/</a>
1/19/21	VDH	Admission/ Readmission	<p>VDH has posted an updated version of its guidance for Closing a Healthcare Facility to New Admissions or Readmissions during the COVID-19 Pandemic: Interim Guidance for Local Health Departments and Long-Term Care Facilities. The new document is dated January 19 and is</p>	<a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2021/01/LTC-Guidance-Closing-to-New-Admissions-Jan2021.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2021/01/LTC-Guidance-Closing-to-New-Admissions-Jan2021.pdf</a>

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			<p>posted at the same link as the prior version (dated January 8).</p> <p>See links for updated guidance that includes additional references and links related to guidance and information from VDH and CMS</p>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/10/VDH-Guidance-for-Nursing-Homes_Table.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/10/VDH-Guidance-for-Nursing-Homes_Table.pdf</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/12/ALF-outbreak-toolkit.docx.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/12/ALF-outbreak-toolkit.docx.pdf</a></p> <p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDHTransferGuidance_8.24.2020.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDHTransferGuidance_8.24.2020.pdf</a></p>
1/21/21	CDC	Vaccine- CDC's Long-Term Care Facility Toot kit:	<p>The CDC has developed information and resources to help answer questions and build vaccine confidence among staff and residents titled CDC's Long-Term Care Facility Toolkit: Preparing for COVID-19 Vaccination at Your Facility. The CDC also has a webpage specific to preparing long term care facility (LTCF) staff to receive the COVID-19 vaccine. The CDC explains that getting vaccinated is an important step to protect LTCF staff as they have played an essential role in fighting this pandemic.</p> <p>Key CDC messages to share with staff include:</p> <ul style="list-style-type: none"> <li>• Emphasize that Vaccinating Long-Term Care Facility Staff Will Save Lives</li> <li>• Encourage open communication among all staff</li> <li>• Explain staff options for receiving COVID-19 vaccine</li> <li>• Provide key messages about vaccine effectiveness and safety</li> <li>• Distribute COVID-19 vaccination resources</li> <li>• Educate staff about post-vaccination symptoms and policies</li> </ul> <p>See links for full detail</p>	<p><a href="https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/index.html">https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/index.html</a></p> <p><a href="https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/prepare-staff.html">https://www.cdc.gov/vaccines/covid-19/toolkits/long-term-care/prepare-staff.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/hcp.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/hcp.html</a></p>
1/21/21	CMS	Survey Activity/ FiveStar/ Nursing Home Compare	<p>QSO-21-06-NH- Update to Nursing Home Compare and Five Star Quality Rating System dated 12/2/2020.</p> <p>As a reminder, in QSO 21-06-NH, Updates to Nursing Home Compare website and Five Star Quality Rating System, CMS announced that, effective January 27, 2021, it would resume calculating nursing homes' health inspection ratings. <b>Hancock Daniel</b> has prepared a client advisory with information on what this means for providers.</p>	<p><a href="https://www.cms.gov/files/document/qso-21-06-nh.pdf">https://www.cms.gov/files/document/qso-21-06-nh.pdf</a></p> <p><a href="https://hancockdaniel.com/2021/01/resumption-of-nursing-home-health-inspection-ratings-starts-january-27-2021/">https://hancockdaniel.com/2021/01/resumption-of-nursing-home-health-inspection-ratings-starts-january-27-2021/</a></p> <p><a href="https://www.ahcancal.org/News-and-Communications/Blog/Pages/Five-Star-Ratings-">https://www.ahcancal.org/News-and-Communications/Blog/Pages/Five-Star-Ratings-</a></p>

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			<p>After January's update, all three Five Star domains (survey, staffing, and quality) will operate and update as they did prior to the COVID-19 pandemic. This includes updating which skilled nursing facilities have a Special Focus Facility designation and the Abuse and Neglect Icon. CMS previously unfroze the staffing domain with the October 28, 2020 update.</p> <p>This December 10 article also summarizes the QSO memo with notes that:</p> <ul style="list-style-type: none"> <li>infection control focused surveys to be counted as complaint surveys;</li> <li>Quality Measures will reflect performance up to June 2020; and</li> <li>The impact of these updates is unknown.</li> </ul> <p>See links for full details.</p>	<p><a href="#">Updated-and-Second-Quarter-PBJ-Staffing-Data-Released.aspx</a></p> <p><a href="https://www.vhca.org/publications/careconnection/december-10-2020/five-star-survey-and-quality-ratings-will-be-unfrozen-on-january-27/">https://www.vhca.org/publications/careconnection/december-10-2020/five-star-survey-and-quality-ratings-will-be-unfrozen-on-january-27/</a></p>
1/27/21	DOLI/ VOSH	Reporting	<p>16VAC25-220 Final Permanent Standard for Infectious Disease Prevention: SRS-CoV-2 Virus that Causes Covid-19, 16VAC25-220</p> <p>This final rule notes several changes from the temporary standard that are highlighted in the attached link. The Virginia Department of Labor and Industry (DOLI) will be providing new training and education materials for the permanent standard.</p> <p>See link for full details</p>	<p><a href="https://www.doli.virginia.gov/wp-content/uploads/2021/01/Final-Standard-for-Infectious-Disease-Prevention-of-the-Virus-That-Causes-COVID-19-16-VAC25-220-1.27.2021.pdf">https://www.doli.virginia.gov/wp-content/uploads/2021/01/Final-Standard-for-Infectious-Disease-Prevention-of-the-Virus-That-Causes-COVID-19-16-VAC25-220-1.27.2021.pdf</a></p> <p><a href="https://www.vhca.org/files/2021/01/Final-Standard-for-Infectious-Disease-Prevention-of-COVID-19-16VAC25-220-1.15.2021.pdf">https://www.vhca.org/files/2021/01/Final-Standard-for-Infectious-Disease-Prevention-of-COVID-19-16VAC25-220-1.15.2021.pdf</a></p>
1/27/21	NHSN	Reporting- Vaccination Data	<p>Long term care facilities can track weekly COVID-19 vaccination data for health care personnel and residents through the National Healthcare Safety Network (NHSN). The modules are located under the Long-Term Care Facilities section titled Surveillance for HCP &amp; Resident COVID-19 Vaccination.</p> <p>See link for full details</p>	<p><a href="https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html">https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html</a></p> <p><a href="https://www.vhca.org/publications/careconnection/january-28-2021/nhsn-offers-weekly-covid-19-vaccination-data-reporting/">https://www.vhca.org/publications/careconnection/january-28-2021/nhsn-offers-weekly-covid-19-vaccination-data-reporting/</a></p>
2/8/21	VDH	Vaccine Reopening Testing Clinical Guidance Screening Survey Activity Infection Control and Prevention	<p>The State Health Commissioner Dr. Norman Oliver issued a new COVID-19 update for Virginia long term care facilities (LTCFs) clinician letter which updated the September 9, 2020 letter with new information on:</p> <ul style="list-style-type: none"> <li>Infection prevention and control;</li> <li>COVID-19 vaccination;</li> <li>Guidance following COVID-19 vaccination;</li> </ul>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2021/02/LTCF-Clinician-Letter-2021_02_08.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2021/02/LTCF-Clinician-Letter-2021_02_08.pdf</a></p> <p><a href="https://www.cms.gov/files/document/qso-20-39-nh.pdf">https://www.cms.gov/files/document/qso-20-39-nh.pdf</a></p>

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		PPE Visitation	<ul style="list-style-type: none"> <li>• Aerosol generating procedures;</li> <li>• COVID-19 testing reminders;</li> <li>• Reporting of COVID-19 point-of-care test results;</li> <li>• influenza testing; and</li> <li>• Project Firstline.</li> </ul> See link for full details	
2/11/21	CDC	Vaccine Quarantine Recommendation s-HCP only	<p>This week, the CDC revised its guidance on quarantining after exposure for staff members who have completed vaccination. The new guidance indicates that vaccinated persons with an exposure are not required to quarantine if they meet <b>all</b> of the following criteria:</p> <ul style="list-style-type: none"> <li>• are fully vaccinated (i.e., more than two weeks following receipt of the second dose in a two-dose series, or more than two weeks following receipt of one dose of a single-dose vaccine)</li> <li>• are within three months following receipt of the last dose in the series</li> <li>• have remained asymptomatic since the current COVID-19 exposure</li> </ul> <p>This guidance applies to healthcare workers only and <b>does not apply to residents of long term care facilities</b> due to the increased risks for severe disease and death and the unknown effectiveness of the vaccine in this population. The CDC recommends that residents continue to quarantine following exposure to someone with suspected or confirmed COVID-19, and only suggest lifting this requirement to mitigate critical issues (such as limited bed capacity). The CDC recommends that vaccinated individuals continue to follow all other guidance to prevent the spread of COVID-19, such as mask wearing, social distancing and hand-washing because the risk of transmission from vaccinated individuals to others is still uncertain</p>	<a href="https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html">https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html</a>
2/23/21	VDH	Vaccine	<p>The VDH Long Term Care Facility Vaccination Coordination Team has been established to coordinate the current and ongoing need for vaccinations at long term care facilities (LTCFs) including skilled nursing facilities, assisted living facilities, and other settings.</p>	<a href="https://redcap.vdh.virginia.gov/redcap/surveys/?s=X9RMEPJHRX">https://redcap.vdh.virginia.gov/redcap/surveys/?s=X9RMEPJHRX</a>  <a href="https://www.vhca.org/files/2021/02/REDCap-survey-guidance.pdf">https://www.vhca.org/files/2021/02/REDCap-survey-guidance.pdf</a>  <a href="https://www.vhca.org/files/2021/02/Message-to-VHHA_Virginia-Hospitals-LTCF-Vaccination-Going-Efforts-2.pdf">https://www.vhca.org/files/2021/02/Message-to-VHHA_Virginia-Hospitals-LTCF-Vaccination-Going-Efforts-2.pdf</a>

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			<p>See link for the intake process that has been established in REDCap for facilities to report their vaccination needs.</p> <ul style="list-style-type: none"> <li>Note: this form should be completed by the designated point of contact at your facility (not by individual residents). If your facility has an upcoming vaccination clinic already scheduled, you do not need to complete this survey.</li> </ul> <p>VDH has also shared the following documents, which include more information on the process for requesting vaccines:</p> <ul style="list-style-type: none"> <li>How Can LTCFs Request Additional Vaccine Doses - REDCap Form</li> <li>Message to VHHA/Virginia Hospitals: Linking LTCFs to Vaccines as CDC Pharmacy Partnership for LTC Ends</li> </ul> <p>See links for full details</p>	
3/4/21	VDH	Communication- COVID-19 Update/Resource	<p>State Health Commissioner Dr. Norman Oliver issued a clinician letter on March 4 that covers a range of topics including information about the Johnson &amp; Johnson COVID-19 vaccine, updated quarantine recommendations for fully vaccinated people, work restrictions for exposed healthcare personnel, and SARS-CoV-2 variants in Virginia.</p> <p>See link for full details</p>	<a href="https://www.vdh.virginia.gov/clinicians/covid-19-update-for-virginia-14/">https://www.vdh.virginia.gov/clinicians/covid-19-update-for-virginia-14/</a>
3/5/21	AHCA VHCA	Vaccine	<p>AHCA/NCAL has drafted new guidance on accessing COVID-19 vaccine in long term care (LTC) after the LTC Pharmacy Partnership Program is completed. This guidance lays out action steps members should take immediately to ensure ongoing access to vaccine, including how they will receive and administer the vaccine.</p> <p>See link for complete resource</p>	<a href="https://www.ahcancal.org/News-and-Communications/Documents/GetVaccinated/LTC%20Accessing%20COVID-19%20Vaccine%20in%20Phase%202.pdf">https://www.ahcancal.org/News-and-Communications/Documents/GetVaccinated/LTC%20Accessing%20COVID-19%20Vaccine%20in%20Phase%202.pdf</a>

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3/11/21	CMS	Visitation	<p>QSO-20-39-NH Revised</p> <p>On March 10, the Centers for Medicare and Medicaid Services (CMS) updated the Nursing Home Visitation – COVID-19 guidance from September 2020 QSO.</p> <p>Key focus areas addressed in the guidance are:</p> <ul style="list-style-type: none"> <li>• Core Principles of COVID-19 Infection Prevention</li> <li>• Outdoor Visitation</li> <li>• Indoor Visitation</li> <li>• Indoor Visitation during an Outbreak</li> <li>• Visitor Testing and Vaccination</li> <li>• Compassionate Care Visits</li> <li>• Required Visitation</li> <li>• Access to the Long-Term Care Ombudsman</li> <li>• Federal Disability Right Law and protection and Advocacy (P&amp;A) Programs</li> <li>• Entry of Healthcare Workers and Other Providers of Services</li> <li>• Communal Activities and Dining</li> <li>• Survey Considerations</li> </ul> <p>See link for full details.</p>	<a href="https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf?_cldee=dmFsLnRob21hczU2QHlhaG9vLmNvbQ%3d%3d&amp;recipientid=contact-d00ea9e96a16e81180f4000d3a01109b-d5feb656e69a4481b69b174b4d6c252d&amp;esid=95da5d28-2d80-eb11-80f1-000d3a0ee828">https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf?_cldee=dmFsLnRob21hczU2QHlhaG9vLmNvbQ%3d%3d&amp;recipientid=contact-d00ea9e96a16e81180f4000d3a01109b-d5feb656e69a4481b69b174b4d6c252d&amp;esid=95da5d28-2d80-eb11-80f1-000d3a0ee828</a>
3/11/21	CDC	Infection Control and Prevention after Vaccination	<p>On March 10, the CDC updated guidance for Infection Control after Vaccination including a reference to the QSO-20-39-NH from CMS.</p> <p>The guidance addresses:</p> <ul style="list-style-type: none"> <li>• Visitation</li> <li>• Work restriction for asymptomatic healthcare personnel and quarantine for asymptomatic patients and residents- <i>AHCA has requested clarification</i></li> <li>• SARS-CoV-2 Testing -unchanged</li> <li>• Use of Personal Protective Equipment – unchanged</li> </ul> <p>See link for full details.</p>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html</a>
3/16/21	DSS VDH	Vaccine	<p>On March 16 DSS released a memo to assist living facilities referencing the VDH COVID-19 Vaccine Management Plan for Long Term Care Settings and the Vaccine Bridge program to support ongoing need for vaccines. This memo supports the use of the REDcap program through communicating via VDH.</p> <p>See link for full details</p>	<a href="https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/current_providers/notices/virginia_dept_of_health_covid_19_long_term_care_facility_vaccine_bridge_program.pdf">https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/current_providers/notices/virginia_dept_of_health_covid_19_long_term_care_facility_vaccine_bridge_program.pdf</a>  <a href="https://redcap.vdh.virginia.gov/redcap/surveys/?s=X9RMEPJHRX">https://redcap.vdh.virginia.gov/redcap/surveys/?s=X9RMEPJHRX</a>

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3/18/21	CDC VDH	Infection Control and Prevention after Vaccination	<p>On March 10 CDC release further guidance regarding infection control and prevention after vaccination. On March 18, the VDH task force shared the below guidance for quarantine of new admissions. This guideline is consistent with the CDC guidelines published earlier this month.</p> <p>Quarantine is no longer recommended for residents who are being admitted to a post-acute care facility if they are fully vaccinated and have <b>not</b> had prolonged close contact with someone with SARS-CoV-2 infection in the prior 14 days</p> <p>The following residents should be quarantined upon admission/readmission:</p> <ul style="list-style-type: none"> <li>• Unvaccinated residents</li> <li>• Partially vaccinated</li> <li>• Fully vaccinated resident who has prolonged close contact with a confirmed or suspected COVID-19 case</li> </ul> <p><b>Fully vaccinated</b> refers to a person who is:</p> <ul style="list-style-type: none"> <li>• ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine</li> </ul> <p>See link for full details</p>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html</a>
3/25/21	VHCA VDH	Vaccine Status Reporting System	<p>Launch of the Vaccine Status Reporting System to help Meet Ongoing Vaccine Needs</p> <p>VDH continues to work through the needs long term care facilities (LTCFs) have for second dose vaccines following the final vaccine clinics with CVS and Walgreens, as well as first and second doses for new employees and new admissions.</p> <p>VHCA-VCAL has developed a <b><u>Vaccine Status Reporting System (VSRS)</u></b> form LTCFs can use to provide a daily update on their needs for COVID-19 vaccines for residents/patients and staff. This form is intended to capture real-time needs for vaccine doses in nursing facilities and assisted living facilities and will be shared with VDH.</p> <p>Use of the VSRS form to report daily updates on changing vaccine need will promote more timely allocation of vaccines where they are needed in LTCFs. Please note, completing this form is not placing an order for vaccine doses.</p> <p>See link for full details and instructions for using the VSRS.</p>	<a href="https://apps.vhca.org/vsrs/request">https://apps.vhca.org/vsrs/request</a>

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3/29/21	CDC	Infection Control and Prevention for Nursing Homes	<p>On March 29, the CDC updated the interim infection control and prevention recommendation to prevent the spread of COVID-19 in nursing homes. The recommendation supplements CDC’s Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic and are specific for nursing homes, including skilled nursing facilities, but may also apply to other long-term care and residential settings.</p> <p>The guidance notes that as nursing homes resume normal practices and begin relaxing restrictions, nursing homes must sustain core IPC practices and remain vigilant for COVID-19 infection among residents and HCP in order to prevent spread and protect residents and staff.</p> <p>The updates include:</p> <ul style="list-style-type: none"> <li>merging of two prior guidance documents: “Responding to COVID-19 in Nursing Homes” and “Performing Facility-wide COVID-19 Testing in Nursing Homes”;</li> <li>visitation and physical distancing measures; and</li> <li>health department notification criteria to be consistent with Council of State and Territorial Epidemiologist guidance for reporting.</li> </ul> <p>Key Points</p> <ul style="list-style-type: none"> <li>Older adults living in congregate settings are at high risk of being affected by respiratory and other pathogens, such as SARS-CoV-2.</li> <li>A strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP).</li> <li>Even as nursing homes resume normal practices and begin relaxing restrictions, nursing homes must sustain core IPC practices and remain vigilant for SARS-CoV-2 infection among residents and HCP in order to prevent spread and protect residents and HCP <b>from</b> severe infections, hospitalizations, and death.</li> <li>The recommendations supplement CDC’s Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic and are specific for nursing homes, including skilled nursing</li> </ul>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html</a></p>



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			<p>facilities, but may also apply to other long-term care and residential settings.</p> <p>See links for full details – NOTE- the guidance includes may additional links</p>	
4/23/21	CDC	PPE	<p>On March 23 , the CDC updated the expectations for personal protective equipment (PPE) use in its interim infection prevention and control <i>recommendations</i> to prevent COVID-19 spread in nursing homes. Given that PPE is now largely available for purchase, facilities are expected to be using PPE with these conventional strategies.</p> <p><b>HCP working in areas with minimal to no community transmission</b> should continue to adhere to Standard and Transmission-Based Precautions based on anticipated exposures and suspected or confirmed diagnoses. This might include use of eye protection, an N95 or equivalent or higher-level respirator, as well as other PPE. In addition, universal use of a well-fitting facemask for source control is recommended for HCP if not otherwise wearing a respirator.</p> <p><b>HCP working in facilities located in areas with moderate to substantial community transmission</b> are more likely to encounter asymptomatic or pre-symptomatic residents with SARS-CoV-2 infection. If SARS-CoV-2 infection is <b>not</b> suspected in a resident (based on symptom and exposure history):</p> <ul style="list-style-type: none"> <li>• HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis; for example, use an N95 respirator or equivalent or higher level respirator if the patient is suspected to have tuberculosis).</li> <li>• Additionally, HCP should use PPE as described below: <ul style="list-style-type: none"> <li>○ N95 respirators or equivalent or higher-level respirators should be used for <ul style="list-style-type: none"> <li>▪ All aerosol generating procedures (refer to Which procedures are considered aerosol generating procedures in healthcare settings FAQ)</li> </ul> </li> <li>○ One of the following should be worn by HCP while in the facility and for protection during resident care encounters: <ul style="list-style-type: none"> <li>▪ A NIOSH-approved N95 respirator OR</li> </ul> </li> </ul> </li> </ul>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></p> <p><a href="https://www.vhca.org/publications/careconnection/april-22-2021/expectations-for-ppe-usage/">https://www.vhca.org/publications/careconnection/april-22-2021/expectations-for-ppe-usage/</a></p> <p><a href="https://www.cdc.gov/hicpac/recommendations/core-practices.html">https://www.cdc.gov/hicpac/recommendations/core-practices.html</a></p> <p><a href="https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html">https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/general-optimization-strategies.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/general-optimization-strategies.html</a></p>

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			<ul style="list-style-type: none"> <li>▪ A respirator approved under standards used in other countries that are similar to NIOSH-approved N95 filtering facepiece respirators OR</li> <li>▪ A well-fitting facemask (e.g., selection of a facemask with a nose wire to help the facemask conform to the face; selection of a facemask with ties rather than ear loops; use of a mask fitter; tying the facemask's ear loops and tucking in the side pleats; fastening the facemask's ear loops behind the wear's head; use of a cloth mask over the facemask to help it conform to the wearer's face) <ul style="list-style-type: none"> <li>▪ Additional information about strategies to improve fit and filtration are available in Improve the Fit and Increase the Filtration of Your Mask to Reduce the Spread of COVID-19.</li> <li>▪ If implementing new strategies or equipment to improve fit, HCP should receive training on how to safely don and doff their facemask and the facility protocol for cleaning and disinfecting any reusable equipment (e.g., fitter). They should also ensure that any new strategies do not impede their vision or ability to breathe.</li> </ul> </li> <li>▪ Eye protection should be worn during patient care encounters to ensure the eyes are also protected from exposure to respiratory secretions.</li> </ul> <p>In addition, the CDC outlines the following expectations for PPE in specific situations, including:</p> <ul style="list-style-type: none"> <li>• In an outbreak: The CDC recommends that during an outbreak, providers should care for all residents using an N95 or higher-level respirator, eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown. This includes anywhere direct care is provided, including dining rooms, therapy, etc. An outbreak is defined as a single new case of COVID-19 in a staff person or a nursing home onset infection in a resident.</li> <li>• When managing residents with close contact: HCP should wear an N95 or higher-level respirator, eye protection (i.e., goggles or a face shield that covers the</li> </ul>	

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			<p>front and sides of the face), gloves, and gown when caring for these residents.</p> <p>If PPE shortages exist, providers should follow the CDC's Optimization Strategies. However, when this occurs, facilities need to document that:</p> <ul style="list-style-type: none"> <li>• the PPE shortage exists;</li> <li>• all their efforts to obtain PPE; and</li> <li>• they reached out to their state health departments to notify them of the shortage and seek assistance in gaining additional PPE.</li> </ul> <p>See link for full details</p>	
4/23/21	Virginia Depart of Labor and Industry	FAQs for Final COVID-19 Standard Updated	<p>The Virginia Department of Labor and Industry (DOLI) has posted new frequently asked questions (FAQs) for the final standard related to COVID-19 on vaccine issues and cleaning and disinfecting (including their applicability in healthcare settings).</p> <p>There are four new FAQ related to vaccines including:</p> <p>Q-Does the standard require employees to be vaccinated? A- No. The standard is silent on the issue of vaccines in the workplace.</p> <p>Q-What does it mean to be fully vaccinated? A.The CDC defines "fully vaccinated" to mean 2 weeks or more have passed since getting the second dose of a two-dose vaccine, or 2 weeks or more have passed since getting one dose of a single-dose vaccine.</p> <p>Once manufacturers establish guidelines for their vaccines remaining current (i.e., what is the estimated duration of immunity offered by a particular vaccine), the definition of "fully vaccinated" may change and could impact compliance issues with the standard.</p> <p>Q.Can my employer legally ask if I received the COVID-19 vaccine and am fully vaccinated? A. The Department is not aware of any Virginia law, standard or regulation that prohibits employers from asking employees if they have received the COVID-19 vaccine and are fully vaccinated, and if so, requiring employees to show proof of full vaccination.</p> <p>See links for HIPAA and EEOC</p> <p>Q.Can my employer require me to get fully vaccinated? A. The CDC notes the following with regard to employer vaccine mandates:</p>	<p><a href="https://www.doli.virginia.gov/final-covid-19-standard-frequently-asked-questions/">https://www.doli.virginia.gov/final-covid-19-standard-frequently-asked-questions/</a></p> <p><a href="https://www.vhca.org/publications/careconnection/april-22-2021/doli-posts-new-faqs/">https://www.vhca.org/publications/careconnection/april-22-2021/doli-posts-new-faqs/</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html</a></p> <p><a href="https://www.hhs.gov/hipaa/for-individuals/employers-health-information-workplace/index.html">https://www.hhs.gov/hipaa/for-individuals/employers-health-information-workplace/index.html</a></p> <p><a href="https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws">https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/essentialworker/workplace-vaccination-program.html#:~:text=Employer%20Vaccine%20Mandates%20and%20Proof%20of%20Vaccination&amp;ext=If%20an%20employer%20requires%20employees,as%20part%20of%20the%20proof">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/essentialworker/workplace-vaccination-program.html#:~:text=Employer%20Vaccine%20Mandates%20and%20Proof%20of%20Vaccination&amp;ext=If%20an%20employer%20requires%20employees,as%20part%20of%20the%20proof</a></p> <p><a href="https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws">https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws</a></p>

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			<p>Whether an employer may require or mandate COVID-19 vaccination is a matter of state or other applicable law. If an employer requires employees to provide proof that they have received a COVID-19 vaccination from a pharmacy or their own healthcare provider, the employer cannot mandate that the employee provide any medical information as part of the proof.</p> <p>The Department is not aware of any Virginia law, standard or regulation that prohibits employers from implementing a COVID-19 vaccine mandate.</p> <p>See link for EEOC</p> <p>There are four new questions related to cleaning and disinfecting including:</p> <p>Q.The CDC updated its guidelines for cleaning and disinfecting workplaces on April 5, 2021. Do the updated guidelines apply to healthcare settings?</p> <p>A. No, the updates do not apply to healthcare settings.</p> <p>Q.The CDC updated its guidelines for cleaning and disinfecting workplaces on April 5, 2021. If there has been a sick person or someone who tested positive for COVID-19 in our workplace within the last 24 hours, do the new CDC guidelines impact requirements in the final permanent standard?</p> <p>A. The updated CDC guidance states that it is indicated for cleaning and disinfecting buildings in community settings to reduce the risk of COVID-19 spreading. The updated guidance is not intended for healthcare settings or for operators of facilities such as food and agricultural production or processing workplace settings, manufacturing workplace settings, or food preparation and food service areas where specific regulations or practices for cleaning and disinfection may apply.</p> <p>Q.The CDC updated its guidelines for cleaning and disinfecting workplaces on April 5, 2021. Do the updated CDC guidelines impact the requirements in 16VAC25-220-40.1.5 concerning the cleaning and disinfecting of “bathrooms (including port-a-johns, privies, etc.), frequently touched surfaces, and doors?</p> <p>A. The updated CDC guidance states that it is indicated for cleaning and disinfecting buildings in community settings to reduce the risk of COVID-19 spreading. The updated guidance is not intended for healthcare settings or for</p>	

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			<p>operators of facilities such as food and agricultural production or processing workplace settings, manufacturing workplace settings, or food preparation and food service areas where specific regulations or practices for cleaning and disinfection may apply.</p> <p>Q.The CDC updated its guidelines for cleaning and disinfecting workplaces on April 5, 2021. Do the updated CDC guidelines impact the requirements in 16VAC25-220-40.1.6 concerning the cleaning and disinfecting of shared tools, equipment, workspaces, and vehicles?</p> <p>A. The updated CDC guidance states that it is indicated for cleaning and disinfecting buildings in community settings to reduce the risk of COVID-19 spreading. The updated guidance is not intended for healthcare settings or for operators of facilities such as food and agricultural production or processing workplace settings, manufacturing workplace settings, or food preparation and food service areas where specific regulations or practices for cleaning and disinfection may apply.</p> <p>See links for full detail</p>	
4/27/21	CMS CDC	<p>Infection Control and Prevention for Nursing Homes</p> <p>Visitation</p> <p>Activities</p> <p>Dining</p> <p>Testing</p> <p>Vaccine</p>	<p>CMS and CDC Update Guidance on Visitation, Activities, and Testing in Response to COVID-19 Vaccination -- On April 27, 2021, CMS and CDC updated guidance for long term care facilities in response to COVID-19 vaccination. The following key changes have been made:</p> <p>Updated SARS-CoV-2 testing recommendations</p> <p>Updated visitation guidance to include recommendations for post-acute care facilities and to describe circumstances when source control and physical distancing are not required during visitation</p> <p>Added guidance for communal activities and dining in healthcare settings</p> <p>See links for full details of CDC updates and revised/updated CMS QSO-20-38 and QSO 20-39</p>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html</a></p> <p><a href="https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf</a></p> <p><a href="https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf</a></p>

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5/13/21	CMS	<b>Vaccine Requirements Reporting Requirements</b>	<p>CMS has published an interim final rule on COVID-19 vaccine. CMS has published an interim final rule on COVID-19 Vaccine Requirements and a related memo, QSO-21-19-NH on how to operationalize these new requirements. This rule applies to residents, clients, and staff of long term care facilities (LCTFs) and includes a requirement for weekly vaccine reporting through the National Healthcare Safety Network (NHSN). The rule is scheduled to go into effect on May 21, 2021.</p> <p>This rule specifies that LTCFs must develop and implement policies and procedures to:</p> <ul style="list-style-type: none"> <li>• educate all residents and staff about COVID-19 vaccines;</li> <li>• offer vaccination to all residents and staff; and</li> <li>• report to the CDC via NHSN certain data regarding vaccination status for residents and staff as well as any therapeutic treatments (e.g., monoclonal antibody) use. Note: This requires additional reporting via NHSN modules: reporting the Resident Therapeutics Pathway found on COVID-19 LTCF Module, as well as reporting via the Weekly HCP and Resident COVID-19 Vaccination Module. See links for full detail</li> </ul> <p>As data becomes available, CMS will post facility-specific vaccination status information reported to the NHSN for viewing by facilities, stakeholders, and the public on CMS' COVID-19 Nursing Home Data website.</p> <p>The rule also applies to intermediate care facilities for individuals with intellectual disabilities (ICFs-IID). Additionally, ICF-IID facilities must educate all clients and staff about COVID-19 vaccines and offer vaccination to all clients and staff. Reporting is not required for ICFs-IID; however, CMS strongly encourages voluntary reporting.</p> <p>The comment period for this interim final rule closes July 12, 2021. CMS is also requesting feedback on the feasibility of implementing similar requirements in other LTC settings that accept Medicare or Medicaid payments, including assisted living.</p> <p>See links for full details</p>	<p><a href="https://www.federalregister.gov/documents/2021/05/13/2021-10122/medicare-and-medicaid-programs-covid-19-vaccine-requirements-for-long-term-care-ltc-facilities-and">https://www.federalregister.gov/documents/2021/05/13/2021-10122/medicare-and-medicaid-programs-covid-19-vaccine-requirements-for-long-term-care-ltc-facilities-and</a></p> <p><a href="https://www.cms.gov/files/document/qso-21-19-nh.pdf">https://www.cms.gov/files/document/qso-21-19-nh.pdf</a></p> <p><a href="https://www.cdc.gov/nhsn/ltc/covid19/index.html">https://www.cdc.gov/nhsn/ltc/covid19/index.html</a></p> <p><a href="https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/">https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/</a></p> <p><a href="https://www.vhca.org/publications/careconnection/may-13-2021/cms-issues-rule-on-covid-19-vaccine-requirements/">https://www.vhca.org/publications/careconnection/may-13-2021/cms-issues-rule-on-covid-19-vaccine-requirements/</a></p>

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6/14/21	DSS	Survey Activity	<p>DSS announced the agency will resume on-site field inspections effective June 15, 2021. The decision to do so was based on evaluation of information related to disease transmission and vaccination rates.</p> <p>The memo includes the Division of Licensing Program's (DOLP) COVID-19 On-Site Inspection Safety Protocol and the DOLP COVID-19 Safety Expectations and Screening Form. These documents outline the department's expectations for the return to on-site inspections. Inspection protocols have been updated to ensure that appropriate health and safety precautions have been implemented to minimize the spread of the virus.</p> <p>See link for full details</p>	<a href="https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/current_providers/notices/vdss_division_of_licensing_programs_return_to_on_site_inspactions_effective_june_15_2021.pdf">https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/current_providers/notices/vdss_division_of_licensing_programs_return_to_on_site_inspactions_effective_june_15_2021.pdf</a>

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6/21/21	OSHA	Emergency Preparedness-Emergency Temporary Standard- (ETS)	<p>OSHA has determined that employee exposure to SARS-CoV-2, the virus that causes COVID-19, presents a grave danger to workers in healthcare settings where people with COVID-19 are reasonably expected to be present and has issued an Emergency Temporary Standard (ETS) to address the hazard. The rule was published in the Federal Register :: Occupational Exposure to COVID-19; Emergency Temporary Standard, A summary of the requirements may be found at: Summary: COVID-19 Healthcare ETS (osha.gov). See link for full details</p> <ul style="list-style-type: none"> <li>• Employers must comply with most provisions within 14 days, and with the remaining provisions within 30 days. OSHA will use its enforcement discretion to avoid citing employers who are making a good faith effort to comply with the ETS.</li> <li>• OSHA will continue to monitor trends in COVID-19 infections and deaths as more of the workforce and the general population become vaccinated and the pandemic continues to evolve.</li> <li>• The ETS is aimed at protecting workers facing the highest COVID-19 hazards—those working in healthcare settings where suspected or confirmed COVID-19 patients are treated. This includes employees in hospitals, nursing homes, and assisted living facilities; emergency responders; home healthcare workers; and employees in ambulatory care facilities</li> <li>• Employers must comply with most of these standards by July 6, 2021. There are exceptions to the sections on physical barriers, ventilation, and training, which must comply by July 21, 2021.</li> </ul>	<a href="https://www.osha.gov/coronavirus/ets">https://www.osha.gov/coronavirus/ets</a>
6/21/21	CMS	Emergency Preparedness-Exercise Exemption	<p>CMS QSO-20-41-ALL provides new guidance around when an inpatient provider may be exempted from its next required full-scale exercise. The memo indicates that inpatient providers that are still operating under “disaster/emergency</p>	<a href="https://www.cms.gov/files/document/qso-20-41-all-revised-06212021.pdf">https://www.cms.gov/files/document/qso-20-41-all-revised-06212021.pdf</a>



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			<p>conditions during the Public Health Emergency” are exempt from their next full-scale exercise in the facility’s 12-month exercise cycle.</p> <p>This exemption assumes the facility is still operating under its “activated emergency plan.” <b>If the facility has resumed normal operations, the exemption does not apply.</b> Where the exemption is applicable, the guidance clarifies that a second exercise of choice is still required annually.</p> <p>See link for full details</p>	
7/8/21	CDC NHSN	Reporting	<p>Beginning July 8, the National Healthcare Safety Network (NHSN) will make multiple updates and modifications to reporting modules. NHSN users should have received an email notification from NHSN outlining the changes to the system.</p> <p>Modules included in the updates are:</p> <ul style="list-style-type: none"> <li>• Point of Care (POC) Test Reporting Tool – adding POC devices to dropdown list</li> <li>• Resident Impact and Facility Capacity Pathway – Enhancements to “Vaccination Status of Resident with a Newly Confirmed COVID-19 Viral Test Result” section</li> <li>• Ventilator Capacity and Supplies Pathway – removing this module</li> <li>• Therapeutics Pathway – adding new therapeutic and removing outdated therapeutic</li> <li>• COVID-19 Vaccination Data Modules – including user data quality alert screen</li> </ul> <p>See link for full details</p>	<a href="https://www.cdc.gov/nhsn/">https://www.cdc.gov/nhsn/</a>
7/27/21	CDC	Infection Control and Prevention for Fully Vaccinated Individuals Vaccine Program	<p>The CDC announced updated guidance for fully vaccinated individuals on July 27. This guidance is aimed at preventing transmission levels of the highly communicable and now predominant Delta variant. As of now, CDC guidance for long term care has not changed. However, this new guidance does impact staff outside of work. Facilities are encourage to educate your staff on this new guidance, the impact of the Delta variant, and the importance of getting vaccinated to prevent further spread.</p>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html</a>  <a href="https://www.vhca.org/publications/careconnection/july-29-2021/cdc-updates-guidance-for-fully-vaccinated-individuals-2/">https://www.vhca.org/publications/careconnection/july-29-2021/cdc-updates-guidance-for-fully-vaccinated-individuals-2/</a>

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8/5/2021	FDA	Clinical Guidance	<p>The FDA has announced it authorized an additional use for the COVID-19 monoclonal antibody therapeutic REGEN-COV (casirivimab and imdevimab). The REGEN-COV Emergency Use Authorization (EUA) has been expanded to include post-exposure prophylaxis.</p> <p>In addition to the vaccine, once a person is infected with COVID-19 and is considered high-risk, the focus should turn to treatment using monoclonal antibodies (mAbs) and therapeutics.</p> <p>REGEN-COV is expected to be effective against circulating variants, including the Delta variant. It should be noted that post-exposure prophylaxis with REGEN-COV is not a substitute for vaccination against COVID-19, and REGEN-COV is not authorized for pre-exposure prophylaxis.</p>	<p><a href="https://www.fda.gov/media/145611/download">https://www.fda.gov/media/145611/download</a></p> <p><a href="https://www.vhca.org/publications/careconnection/august-5-2021/use-mab-therapeutics-for-high-risk-covid-19-positive-residents/">https://www.vhca.org/publications/careconnection/august-5-2021/use-mab-therapeutics-for-high-risk-covid-19-positive-residents/</a></p> <p><a href="https://combatcovid.hhs.gov">https://combatcovid.hhs.gov</a></p>
8/5/2021	CDC NHSN	Reporting Requirements	<p>The National Healthcare Safety Network (NHSN) has announced new changes coming this fall to reporting for long term care facilities. Changes will be made to the Health Care Personnel COVID-19 Vaccination Cumulative Summary. See link for full details</p>	<p><a href="https://www.vhca.org/publications/careconnection/august-5-2021/nhsn-announces-changes-to-covid-19-vaccination-summary/">https://www.vhca.org/publications/careconnection/august-5-2021/nhsn-announces-changes-to-covid-19-vaccination-summary/</a></p>
8/6/2021	VDH	Communication- COVID-19 Update/Resource	<p>Virginia State Health Commissioner Dr. M. Norman Oliver issued an update for practitioners across the Commonwealth. The update covers the following topics:</p> <ul style="list-style-type: none"> <li>• updates on the Delta (B.1.617.2) variant and guidance;</li> <li>• monoclonal antibody therapy and postexposure prophylaxis;</li> <li>• Guillain-Barré syndrome after receiving Johnson &amp; Johnson's COVID-19 vaccine;</li> <li>• Updates about non-COVID-19 respiratory viruses</li> </ul> <p>See link for full details</p>	<p><a href="https://www.vdh.virginia.gov/clinicians/health-commissioner-update/">https://www.vdh.virginia.gov/clinicians/health-commissioner-update/</a></p>
8/16/21	VDH	Communication- COVID-19 Update/Resource	<p>Virginia State Health Commissioner Dr. M. Norman Oliver issued an update for practitioners across the Commonwealth. The update covers the following topics:</p> <ul style="list-style-type: none"> <li>• CDC recommends an additional dose of mRNA vaccine following a primary series in certain immunocompromised people;</li> <li>• CDC strengthens vaccine recommendation for people who are pregnant, breastfeeding or thinking of becoming pregnant; and</li> <li>• VDH reminds clinicians of testing and masking recommendations.</li> </ul>	<p><a href="https://www.vdh.virginia.gov/clinicians/covid-19-update-for-virginia-18/">https://www.vdh.virginia.gov/clinicians/covid-19-update-for-virginia-18/</a></p>

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>• See ink for full details</li> </ul>	
8/19/21	CMS	Vaccine Program-	<p>The Centers for Medicare &amp; Medicaid Services (CMS), in collaboration with the Centers for Disease Control and Prevention (CDC), is developing an emergency regulation requiring staff vaccinations within the nation’s more than 15,000 Medicare and Medicaid-participating nursing homes. CMS strongly encourages nursing home residents and staff members to get vaccinated as the Agency undergoes the necessary steps in the rule-making process over the course of the next several weeks. CMS expects nursing home operators to act in the best interest of residents and their staff by complying with these new rules, which the Agency expects to issue in September. CMS also expects nursing home operators to use all available resources to support employees in getting vaccinated, including employee education and vaccination clinics, as they work to meet this staff vaccination requirement.</p> <p>AHCA/NCA President &amp; CEO Mark Parkinson sent a message to members explaining what the association knows about the announcement from the Biden Administration about vaccine mandate for nursing homes</p> <p>In a public statement Parkinson expressed appreciation for efforts to increase vaccinations in long term care, but warned, “this action does not go far enough. The government should not single out one provider group for mandatory vaccinations. Vaccination mandates for health care personnel should be applied to all health care settings. Without this, nursing homes face a disastrous workforce challenge.”</p> <p>See links for full details.</p>	<p><a href="https://www.cms.gov/newsroom/press-releases/biden-harris-administration-takes-additional-action-protect-americas-nursing-home-residents-covid-19">https://www.cms.gov/newsroom/press-releases/biden-harris-administration-takes-additional-action-protect-americas-nursing-home-residents-covid-19</a></p> <p><a href="https://www.vhca.org/publications/careconnection/august-19-2021/biden-administration-announces-intent-to-mandate-vaccine-in-nursing-homes/">https://www.vhca.org/publications/careconnection/august-19-2021/biden-administration-announces-intent-to-mandate-vaccine-in-nursing-homes/</a></p> <p><a href="https://www.ahcancal.org/News-and-Communications/Fact-Sheets/Letters/Letter-HHS-CMS-Vaccine-Mandate.pdf">https://www.ahcancal.org/News-and-Communications/Fact-Sheets/Letters/Letter-HHS-CMS-Vaccine-Mandate.pdf</a></p>
8/20/21	CDC FDA	Vaccine Program-Third Booster	<p>The US Food and Drug Administration (FDA) has amended the emergency use authorizations for both the Pfizer-BioNTech COVID-19 Vaccine and the Moderna COVID-19 Vaccine to allow for the use of an additional dose in certain immunocompromised individuals. CDC’s Advisory Committee on Immunization Practices followed the authorization with a <i>recommendation</i> that an additional dose of an mRNA COVID-19 vaccine (i.e., Pfizer or Moderna), after an initial two-dose primary mRNA COVID-19 vaccine series, be considered for people with moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments.</p>	<p><a href="https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-additional-vaccine-dose">https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#considerations-additional-vaccine-dose</a></p> <p><a href="https://www.ahcancal.org/News-and-Communications/Blog/Pages/COVID-19-Vaccine-Boosters-vs--Additional-Doses-for-Immunocompromised.aspx">https://www.ahcancal.org/News-and-Communications/Blog/Pages/COVID-19-Vaccine-Boosters-vs--Additional-Doses-for-Immunocompromised.aspx</a></p>

Date	Agency	Topic	Summary	Link
			<p>These conditions and treatments include but are not limited to:</p> <ul style="list-style-type: none"> <li>• active treatment for solid tumor and hematologic malignancies</li> <li>• receipt of solid-organ transplant and taking immunosuppressive therapy</li> <li>• receipt of CAR-T-cell or hematopoietic stem cell transplant (within two years of transplantation or taking immunosuppression therapy)</li> <li>• moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)</li> <li>• advanced or untreated HIV infection</li> <li>• active treatment with high-dose corticosteroids (i.e., ≥20mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory.</li> </ul> <p>The CDC recommends that a patient’s clinical team is best positioned to determine the degree of immune compromise and appropriate timing of vaccination.</p> <p>Immunocompromised individuals who have questions about this recommendation should talk to their physician.</p> <p>AHCA/NCAL recommends that providers identify residents (and/or their representatives) who meet the eligibility criteria for being immunocompromised and offer them the third dose or to talk to their physician about receiving a third dose of an mRNA vaccine. Individuals can self-attest and receive the additional dose wherever vaccines are offered.</p> <p>While the CDC has authorized a third dose for this specific population, individuals only need two doses of an mRNA COVID-19 vaccine to be considered fully vaccinated.</p> <p>Additional doses for people who have received the Janssen (J&amp;J) vaccine are <b>not</b> recommended at this time. <b>Elderly nursing home residents that don’t meet the immunocompromised eligibility criteria, do NOT need a third dose at this time.</b></p>	
8/23/21	FDA	Vaccine Clinical Guidance	<p>The US Food and Drug Administration (FDA) today granted full approval to the Pfizer-BioNTech COVID-19 Vaccine. According to the FDA’s announcement, the vaccine will “now be marketed as Comirnaty, for the prevention of COVID-19</p>	<a href="https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine">https://www.fda.gov/news-events/press-announcements/fda-approves-first-covid-19-vaccine</a>

Date	Agency	Topic	Summary	Link
			<p>disease in individuals 16 years of age and older. The vaccine also continues to be available under emergency use authorization (EUA), including for individuals 12 through 15 years of age and for the administration of a third dose in certain immunocompromised individuals.”</p> <p>Today’s approval means that this vaccine meets the highest safety and efficacy standards and is a big step in the fight against COVID-19.</p> <p>Long term care providers have been working tirelessly over the past 18 months to protect staff and highly vulnerable residents. AHCA/NCAL undertook the #GetVaccinated campaign earlier this year to encourage staff and residents to get one of the three available vaccines. Today’s announcement should provide additional reassurance that the Pfizer COVID-19 vaccine is safe and effective.</p> <p>See link for full detail.</p>	<a href="https://getvaccinated.us">https://getvaccinated.us</a>
8/25/21	VDH	Reporting	<p>VDH has resumed publicly reporting "Outbreaks by Selected Exposure Settings." The reporting was suspended when Virginia’s public health emergency ended on July 1 but has been reinstated due to the rapid increase in transmission of COVID-19 due to the Delta variant. The new information includes all outbreaks reported to VDH since August 1, 2021. The dashboard will be updated weekly on Fridays. All data is preliminary and subject to change</p> <p>See link for full details</p>	<a href="https://www.vdh.virginia.gov/coronavirus/covid-19-data-insights/covid-19-outbreaks-by-selected-exposure-settings/">https://www.vdh.virginia.gov/coronavirus/covid-19-data-insights/covid-19-outbreaks-by-selected-exposure-settings/</a>  <a href="https://www.vdh.virginia.gov/news/virginia-department-of-health-reinstates-covid-19-outbreaks-dashboard/">https://www.vdh.virginia.gov/news/virginia-department-of-health-reinstates-covid-19-outbreaks-dashboard/</a>  <a href="https://www.vhca.org/publications/careconnection/august-26-2021/vdh-resumes-posting-covid-19-outbreaks-on-public-dashboard/">https://www.vhca.org/publications/careconnection/august-26-2021/vdh-resumes-posting-covid-19-outbreaks-on-public-dashboard/</a>
8/26/21	VDH	Communication- COVID-19 Update/Resource	<p>Virginia State Health Commissioner Dr. M. Norman Oliver sent an update to healthcare practitioners across the Commonwealth. This update included information on the Pfizer COVID-19 vaccine, booster doses, coadministration of COVID-19 and flu vaccines, and updates on RSV.</p> <p>The following topics are covered in the update:</p> <ul style="list-style-type: none"> <li>• FDA Grants Full Approval to Pfizer-BioNTech COVID-19 Vaccine</li> <li>• Booster Dose of mRNA Vaccine for General Adult Population to Start in Mid-September</li> <li>• Coadministration of COVID-19 and Influenza Vaccines</li> <li>• Additional Updates about Respiratory Syncytial Virus</li> </ul>	<a href="https://www.vdh.virginia.gov/clinicians/covid-19-update-for-virginia-19/">https://www.vdh.virginia.gov/clinicians/covid-19-update-for-virginia-19/</a>

Date	Agency	Topic	Summary	Link
			The update reminds providers to visit the Virginia Department of Health (VDH) website for current clinical and public health guidance, epidemiologic data, and other information. See link for full details.	
8/26/21	AHCA VHCA	Vaccine Program— Booster Shots Communication- COVID-19 Update/Resource	AHCA/NCAL has prepared a Q&A to provide more information on the plan for booster shots for individuals who have been vaccinated with the Pfizer-BioNTech COVID-19 vaccine or the Moderna COVID-19 vaccine. Questions also cover what is known about the use of additional doses for certain immunocompromised individuals. See link for full details.	<a href="https://www.vhca.org/publications/careconnection/august-26-2021/qa-boosters-vs-additional-doses-for-immunocompromised/">https://www.vhca.org/publications/careconnection/august-26-2021/qa-boosters-vs-additional-doses-for-immunocompromised/</a>  <a href="https://www.hhs.gov/about/news/2021/08/18/joint-statement-hhs-public-health-and-medical-experts-covid-19-booster-shots.html">https://www.hhs.gov/about/news/2021/08/18/joint-statement-hhs-public-health-and-medical-experts-covid-19-booster-shots.html</a>
8/26/21	FDA CDC OSHA	PPE- N95 Respirators	The Food and Drug Administration (FDA) released a letter alerting health care providers to stop using certain N95 respirators manufactured by one specific company, Shanghai Dasheng Health Products Manufacturing Co., Ltd. (Shanghai Dasheng). The CDC's National Institute for Occupational Safety and Health (NIOSH) revoked all respirator approvals previously issued to Shanghai Dasheng because the company did not implement, maintain, and control a quality management system. All previously authorized Shanghai Dasheng respirators are no longer authorized for emergency use as a result of the loss of NIOSH-approval. See links for full details.	<a href="https://www.fda.gov/medical-devices/medical-device-recalls/stop-using-certain-n95-respirators-manufactured-shanghai-dasheng-letter-health-care-providers?utm_medium=email&amp;utm_source=govdelivery">https://www.fda.gov/medical-devices/medical-device-recalls/stop-using-certain-n95-respirators-manufactured-shanghai-dasheng-letter-health-care-providers?utm_medium=email&amp;utm_source=govdelivery</a>  <a href="https://www.vhca.org/publications/careconnection/august-26-2021/fda-alerts-stop-using-certain-n95-respirators/">https://www.vhca.org/publications/careconnection/august-26-2021/fda-alerts-stop-using-certain-n95-respirators/</a>
9/9/21	VDH	Reporting	VDH has implemented a COVID-19 outbreak supplemental form for facilities to report a COVID-19 outbreak in LTC post-vaccination. This form is to be used to collect and communicate important information to your local health department (LHD) when reporting a new outbreak. VDH advises that you should not delay reporting to the LHD if all information is not available at the time. The LHD will follow up on individual cases in fully vaccinated residents or staff. See links for details and form.	<a href="https://www.vhca.org/publications/careconnection/september-9-2021/reporting-a-post-vaccination-covid-19-outbreak/">https://www.vhca.org/publications/careconnection/september-9-2021/reporting-a-post-vaccination-covid-19-outbreak/</a>  <a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2021/03/VDH-LTCF-COVID-19-Outbreak-Supplemental-Form.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2021/03/VDH-LTCF-COVID-19-Outbreak-Supplemental-Form.pdf</a>

Date	Agency	Topic	Summary	Link									
9/10/21	CMS	Testing	<p>QSO-20-38-MH revised 9/10/21            CMS had updated the interim final rule related to LTC facility testing requirements. The update provides new definitions and guidance for facilities to meet the below requirements:</p> <p><b>Definitions:</b></p> <ul style="list-style-type: none"> <li>• <i>Higher-risk exposure</i> refers to exposure of an individual's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if present in the room for an aerosol-generating procedure. This can occur when staff do not wear adequate personal protective equipment during care or interaction with an individual CDC's "Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2."</li> <li>• <i>Close Contact</i> refers to someone who has been within 6 feet of a COVID-19 positive person for a cumulative total of 15 minutes or more over a 24-hour period.</li> <li>• <i>Level of Community Transmission</i> refers to facility's county level of COVID-19 transmission. This metric uses two indicators for categorization (1. Total number of new cases per 100,000 persons within the last 7 days and 2. Percentage of positive diagnostic and screening nucleic acid amplification tests (NAAT) during the last 7 days), which can be found on the Centers for Disease Control and Prevention (CDC) COVID-19 Integrated County View. See link.</li> </ul> <p><b>Guidance:</b>  <b>Testing Summary for Staff and Residents</b>            Facilities will prioritize staff and residents with signs and symptoms of COVID-19 first then perform testing triggered by an outbreak investigation as outlined below</p> <p><b>Testing Summary</b></p> <table border="1" data-bbox="636 1125 1356 1433"> <thead> <tr> <th data-bbox="636 1125 877 1157">Testing Trigger</th> <th data-bbox="877 1125 1119 1157">Staff</th> <th data-bbox="1119 1125 1356 1157">Residents</th> </tr> </thead> <tbody> <tr> <td data-bbox="636 1157 877 1344">Symptomatic individual identified</td> <td data-bbox="877 1157 1119 1344">Staff, vaccinated and unvaccinated, with signs or symptoms must be tested</td> <td data-bbox="1119 1157 1356 1344">Residents vaccinated and unvaccinated, with signs or symptoms must be tested</td> </tr> <tr> <td data-bbox="636 1344 877 1433">Newly identified COVID-19 positive staff or</td> <td data-bbox="877 1344 1119 1433">Test all staff, vaccinated and unvaccinated,</td> <td data-bbox="1119 1344 1356 1433">Test all residents, vaccinated and unvaccinated,</td> </tr> </tbody> </table>	Testing Trigger	Staff	Residents	Symptomatic individual identified	Staff, vaccinated and unvaccinated, with signs or symptoms must be tested	Residents vaccinated and unvaccinated, with signs or symptoms must be tested	Newly identified COVID-19 positive staff or	Test all staff, vaccinated and unvaccinated,	Test all residents, vaccinated and unvaccinated,	<p><a href="https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf</a></p> <p><a href="https://covid.cdc.gov/covid-data-tracker/#county-view">https://covid.cdc.gov/covid-data-tracker/#county-view</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a></p> <p><a href="https://data.cms.gov/covid-19/covid-19-nursing-home-dat">https://data.cms.gov/covid-19/covid-19-nursing-home-dat</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control">https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Infection-Control</a></p>
Testing Trigger	Staff	Residents											
Symptomatic individual identified	Staff, vaccinated and unvaccinated, with signs or symptoms must be tested	Residents vaccinated and unvaccinated, with signs or symptoms must be tested											
Newly identified COVID-19 positive staff or	Test all staff, vaccinated and unvaccinated,	Test all residents, vaccinated and unvaccinated,											

Date	Agency	Topic	Summary			Link										
			resident in a facility that can identify close contacts	that had a higher-risk exposure with a COVID-91 positive individual.	that had a higher-risk exposure with a COVID-91 positive individual.											
			Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, vaccinated and unvaccinated, facility-wide or at a group level if staff are assigned to a specific location (e.g., unit, floor, or other specific area(s) of the facility)	Test all residents, vaccinated and unvaccinated, facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility)											
			Routine testing	According to table below	Not generally recommend											
			<ul style="list-style-type: none"> <li>Revised COVID-19 staff testing is based on the facility's county level of community transmission instead of county test positivity rate. The frequency of testing has also been updated. See table below.</li> </ul>													
			<b>Routine Testing Intervals by County COVID-19 Level of Community Transmission</b>													
			<table border="1"> <thead> <tr> <th data-bbox="636 976 1003 1068">Level of COVID-19 Community Transmission</th> <th data-bbox="1003 976 1360 1068">Minimum Testing Frequency of Unvaccinated Staff</th> </tr> </thead> <tbody> <tr> <td data-bbox="636 1068 1003 1101">Low (blue)</td> <td data-bbox="1003 1068 1360 1101">Not recommended</td> </tr> <tr> <td data-bbox="636 1101 1003 1133">Moderate (yellow)</td> <td data-bbox="1003 1101 1360 1133">Once a week*</td> </tr> <tr> <td data-bbox="636 1133 1003 1166">Substantial (orange)</td> <td data-bbox="1003 1133 1360 1166">Twice a week*</td> </tr> <tr> <td data-bbox="636 1166 1003 1198">High (red)</td> <td data-bbox="1003 1166 1360 1198">Twice a week*</td> </tr> </tbody> </table>			Level of COVID-19 Community Transmission	Minimum Testing Frequency of Unvaccinated Staff	Low (blue)	Not recommended	Moderate (yellow)	Once a week*	Substantial (orange)	Twice a week*	High (red)	Twice a week*	
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Low (blue)	Not recommended															
Moderate (yellow)	Once a week*															
Substantial (orange)	Twice a week*															
High (red)	Twice a week*															
			<p>*The frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is &lt;48 hrs</p>													
			<ul style="list-style-type: none"> <li>Facilities now have two options to conduct outbreak testing, through either a contact tracing or broad-based testing approach</li> </ul>													
			<p>See link for full details</p>													



Date	Agency	Topic	Summary	Link
9/16/21	CDC	Infection Control	<p>On September 10, 2021, the CDC updated its infection prevention and control (IPC) guidance for healthcare settings, Interim Infection Control Recommendations for Healthcare Professionals during the Coronavirus Disease (COVID-19) Pandemic.</p> <ul style="list-style-type: none"> <li>• Updated source control recommendations to address limited situations for healthcare facilities in counties with low to moderate community transmission where select fully vaccinated individuals could choose not to wear source control. However, in general, the safest practice is for everyone in a healthcare setting to wear source control.</li> <li>• Updated quarantine recommendations for fully vaccinated patients who have had close contact with someone with SARS-CoV-2 infection to more closely align with recommendations for the community.</li> <li>• Clarified the recommended intervals for testing asymptomatic HCP with a <a href="#">higher-risk exposure</a> and patients with <a href="#">close contact</a> with someone with SARS-CoV-2 infection.</li> </ul> <p>Added content from previously posted CDC guidance addressing recommendations for fully vaccinated HCP, patients, and visitors.</p> <ul style="list-style-type: none"> <li>• SARS-CoV-2 testing.</li> <li>• duration of Transmission-Based Precautions for patients with SARS-CoV-2 infection; and</li> <li>• specialized healthcare settings (e.g., dental, dialysis, EMS).</li> </ul> <p>See link for full details</p>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>

Date	Agency	Topic	Summary	Link
9/16/21	CDC	Infection Control	<p>On Sept 10 the CDC updated Infection Control: SARS-CoV-2:</p> <ul style="list-style-type: none"> <li>• The CDC continues to recommend having a process to identify healthcare personnel, patients, and visitors with symptoms or exposure to SARS-CoV-2 prior to entering a facility.</li> <li>• The CDC continues to recommend source control for everyone in a healthcare setting, and has clarified recommendations for healthcare personnel, patients, and visitors, to better align with community guidance. This includes a few limited circumstances where fully vaccinated individuals in counties with low to moderate community transmission could choose not to wear source control.</li> <li>• There are no changes to the PPE recommended for the care of patients with suspected or confirmed SARS-CoV-2 infection.</li> <li>• Quarantine is no longer recommended for fully vaccinated patients with exposure to SARS-CoV-2 or those patients who have had SARS-CoV-2 infection in the prior 90 days.</li> <li>• The timing of SARS-CoV-2 testing after higher-risk exposure for healthcare personnel and close contact for patients has been clarified.</li> </ul> <p>See link for full detail.</p>	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>
9/16/21	Virginia Depart of Labor and Industry	Final COVID-19 Standard (FPS)	<p>The Virginia Department of Labor and Industry's (DOLI) final permanent standard (FPS) is in now in effect. The DOLI Safety and Health Codes Board met August 26 and approved amendments to the standard for COVID-19. The board adopted Gov. Ralph Northam's amendment that deems compliance with CDC guidelines as compliant with the FPS without the qualification that the CDC guidelines provide equal or greater protection than the FPS.</p> <p>Key changes under the new amendments include:</p> <ul style="list-style-type: none"> <li>• All employers are now required to have a policy in place to ensure compliance with the FPS. This policy must include an anonymous reporting mechanism for employees to report violations. An employer who enforces its policy in good faith and resolves such complaints shall be considered in compliance.</li> </ul>	<a href="https://www.vhca.org/publications/careconnection/september-16-2021/doli-covid-19-final-permanent-standard-in-effect-2/">https://www.vhca.org/publications/careconnection/september-16-2021/doli-covid-19-final-permanent-standard-in-effect-2/</a> <a href="https://www.doli.virginia.gov/wp-content/uploads/2021/09/VOSH-standard-clean-version-09.7.21.pdf">https://www.doli.virginia.gov/wp-content/uploads/2021/09/VOSH-standard-clean-version-09.7.21.pdf</a> <a href="https://www.doli.virginia.gov/outreach-education-and-training-for-the-virginia-standard-for-infectious-disease-prevention-of-the-sars-cov-2-virus-that-causes-covid-19-16vac25-220/">https://www.doli.virginia.gov/outreach-education-and-training-for-the-virginia-standard-for-infectious-disease-prevention-of-the-sars-cov-2-virus-that-causes-covid-19-16vac25-220/</a>

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>All health care settings are required to have an Infectious Disease Preparedness and Response Plan (IDPRP) by October 8, 2021.</li> <li>The same employers as above must provide training on the FPS and the IDPRP by November 7, 2021.</li> <li>Compliance with current CDC guidelines is now considered compliant with this FPS.</li> </ul> See links for full detail	
10/21/21	VDH	Infection Control PPE and Cohorting	On October 21, VDH posted new and updated resources on its COVID-19 Long Term Care Facilities (LTCFs) Task Force webpage. The new information includes updated guidance for considerations for recommended PPE for HCP during activities when there is no COVID-19 outbreak, recommended PPE during COVID-19 outbreak, and steps for cohorting to consider when designating hot, warm, and cold units during a COVID-19 outbreak. See links for full detail	<a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/12/PPE-Chart.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/12/PPE-Chart.pdf</a>  <a href="https://www.vdh.virginia.gov/coronavirus/get-the-latest-guidance/health-professionals/virginia-long-term-care-task-force/">https://www.vdh.virginia.gov/coronavirus/get-the-latest-guidance/health-professionals/virginia-long-term-care-task-force/</a>  <a href="https://www.vhca.org/publications/careconnection/october-28-2021/vdh-updated-covid-19-response-resources/">https://www.vhca.org/publications/careconnection/october-28-2021/vdh-updated-covid-19-response-resources/</a>
10/26/21	VDH	Infection Control Testing and Outbreak Response	On October 26, VDH posted new and updated resources on its COVID-19 Long Term Care Facilities (LTCFs) Task Force webpage. The new information includes updated guidance for all LTCFs on outbreak response methods to include testing, contact tracing and recommended work exclusion. See links for full details.	<a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2021/10/COVID-19-Outbreak-Response-Method-in-LTCFs_.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2021/10/COVID-19-Outbreak-Response-Method-in-LTCFs_.pdf</a>  <a href="https://www.vdh.virginia.gov/coronavirus/get-the-latest-guidance/health-professionals/virginia-long-term-care-task-force/">https://www.vdh.virginia.gov/coronavirus/get-the-latest-guidance/health-professionals/virginia-long-term-care-task-force/</a>  <a href="https://www.vhca.org/publications/careconnection/october-28-2021/vdh-updated-covid-19-response-resources/">https://www.vhca.org/publications/careconnection/october-28-2021/vdh-updated-covid-19-response-resources/</a>
10/27/21	VDH	Infection Control and Prevention for Nursing Homes Visitation Testing and Outbreak Response PPE and Cohorting	On October 27, VDH updated the <i>VDH COVID-19 Guidance for Nursing Homes</i> . This guidance has many useful links from CDC, CMS, and EPA. The topic areas include general preventions measures, hand hygiene, PPE, PPE for COVID-19, cohorting, environmental cleaning and disinfections, linens and laundry, new admissions/readmissions, visitation, testing, routine screening testing in nursing homes, outbreak investigation, vaccination planning, communication, reporting, training, special populations, and tools. See links for full details.	<a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2020/10/VDH-COVID-19-Guidance-for-Nursing-Homes.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2020/10/VDH-COVID-19-Guidance-for-Nursing-Homes.pdf</a>  <a href="https://www.vhca.org/publications/careconnection/october-28-2021/vdh-updated-covid-19-response-resources/">https://www.vhca.org/publications/careconnection/october-28-2021/vdh-updated-covid-19-response-resources/</a>

Date	Agency	Topic	Summary	Link
		Vaccine Mandate Reporting		<a href="https://www.vdh.virginia.gov/coronavirus/get-the-latest-guidance/health-professionals/virginia-long-term-care-task-force/">https://www.vdh.virginia.gov/coronavirus/get-the-latest-guidance/health-professionals/virginia-long-term-care-task-force/</a>
10/28/21	VDH	Communication-COVID-19 Update/Resource	<p>Virginia State Health Commissioner Dr. M. Norman Oliver sent an update to healthcare practitioners across the Commonwealth on October 28. This update included information on COVID-19 booster eligibility, a webinar on understanding the COVID-19 vaccine, and a statement on the use of ivermectin.</p> <p>The letter advises practitioners to visit the Virginia Department of Health (VDH) website for current clinical and public health guidance, epidemiologic data, and other information.</p> <p>See link for full details.</p>	<p><a href="https://www.vdh.virginia.gov/clinicians/covid-19-update-for-virginia-22/">https://www.vdh.virginia.gov/clinicians/covid-19-update-for-virginia-22/</a></p> <p><a href="https://www.vhca.org/publications/careconnection/october-28-2021/commissioner-oliver-october-28-covid-19-update/">https://www.vhca.org/publications/careconnection/october-28-2021/commissioner-oliver-october-28-covid-19-update/</a></p> <p><a href="https://www.vdh.virginia.gov/coronavirus/">https://www.vdh.virginia.gov/coronavirus/</a></p>
11/4/21	CMS	Vaccine Mandate	<p>On November 4, CMS published an interim final rule (IFR), with comment period, that revises the requirements that most Medicare- and Medicaid-certified providers must meet to participate in the Medicare and Medicaid programs. The Biden Administration is requiring covered health care workers to be vaccinated through this IFR released by CMS.</p> <p>Particular items to note are:</p> <ul style="list-style-type: none"> <li>• The regulations are in a phased-in approach. Phase I implementation must be done by December 5, 2021. Phase II implementation must be done by January 5, 2022. Details of each phase are provided below.</li> <li>• <b>Phase I - Effective December 5, 2021</b> - Skilled Nursing Facilities, Nursing Facilities, and ICF-IIDs (note, while this does not apply to assisted living providers, the OSHA requirement (see below) does if they have 100 or more employees) must establish a policy ensuring that <b>all eligible staff have received by December 5, 2021 the first dose of a two-dose COVID-19 vaccine or a one-dose COVID-19 vaccine</b> prior to providing any care, treatment, or other services, or have requested or been granted exemption.</li> <li>• <b>Exemptions</b> based on recognized medical conditions or religious beliefs, observances, or practices are included in the rule.</li> <li>• <b>Included staff</b> are individuals who provide care, treatment, or other services for the facility and/or its patients:</li> </ul>	<p><a href="https://www.cms.gov/newsroom/press-releases/biden-harris-administration-issues-emergency-regulation-requiring-covid-19-vaccination-health-care">https://www.cms.gov/newsroom/press-releases/biden-harris-administration-issues-emergency-regulation-requiring-covid-19-vaccination-health-care</a></p> <p><a href="https://www.federalregister.gov/documents/2021/11/05/2021-23831/medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-vaccination">https://www.federalregister.gov/documents/2021/11/05/2021-23831/medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-vaccination</a></p> <p><a href="https://www.cms.gov/files/document/cms-omnibus-staff-vax-requirements-2021.pdf">https://www.cms.gov/files/document/cms-omnibus-staff-vax-requirements-2021.pdf</a></p>

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>• facility employees</li> <li>• licensed practitioners</li> <li>• students</li> <li>• trainees</li> <li>• volunteers</li> <li>• anyone under contract or other arrangement.</li> <li>• <b>Contractual or arranged workers</b> may include hospice, dialysis, physical therapy, occupational therapy, mental health professionals, social workers, portable x-ray suppliers, etc., and are included in “staff” for whom COVID-19 vaccination is now required as a condition for continued provision of those services for the facility and/or its residents regardless of the frequency for which they enter the facility.</li> <li>• An exception is made for 100 percent teleworkers as they are not included in the required staff vaccination. <b>However, if they come into the facility at all, they are then included in the staff vaccination requirement.</b></li> <li>• When determining whether to require COVID-19 vaccination of an individual who does not fall into the categories established by the IFR, facilities should consider frequency of presence, services provided, and proximity to patients and staff.</li> <li>• Does not currently include assisted living facilities Facilities are required to track and securely document the vaccination status of each staff member, including those for whom there is a temporary delay in vaccination, such as recent receipt of monoclonal antibodies or convalescent plasma. Vaccine exemption requests and outcomes must also be documented. Documentation will be an ongoing process as new staff are onboarded. Examples of acceptable forms of proof of vaccination include: <ul style="list-style-type: none"> <li>• CDC COVID-19 vaccination record card (or legible photo of the card)</li> <li>• Documentation of vaccination from health care provider or electronic health record</li> <li>• State immunization information system record</li> <li>• If vaccinated outside of the U.S., an equivalent to previous examples is acceptable</li> </ul> </li> <li>• <b>Phase II - Effective January 5, 2022</b> - Requires that primary vaccination series has been completed and that</li> </ul>	

Date	Agency	Topic	Summary	Link
			<p>staff are fully vaccinated, except staff who have been granted exemptions, or those whom COVID-19 vaccination must be temporarily delayed as recommended by the CDC due to clinical precautions and considerations. Staff who have completed the primary series for the vaccine by January 5, 2022, are considered to have met the requirements, even if they have not yet completed the 14-day waiting period required for full vaccination.</p> <p>These CMS rules preempt any inconsistent state or local laws that ban or limit an employer's authority to require vaccination, masks, or testing.</p> <p>See links for full details</p>	
11/15/21	CMS	Visitation Activities	<p>On November 12, 2021, CMS updated its guidance for nursing home visitation in a revision to <i>QSO-20-39-NH</i>. Visitation is now allowed for all residents at all times, in accordance with adherence to the core principles of COVID-19 infection prevention and control to mitigate the risk of infection spread. Residents may continue to deny or withdraw consent for a visitation at any time.</p> <p>If a visitor, resident, or their representative is aware of the risks associated with visitation and the visit occurs in a manner that does not place other residents at risk (e.g., in the resident's room), the resident must be allowed to receive visitors as he/she chooses.</p> <p>Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine should not enter the facility. Facilities should screen all who enter for these visitation exclusions.</p> <p><b>Indoor visitation</b></p> <ul style="list-style-type: none"> <li>• Must be allowed at all times and for all residents as permitted under the regulations. Facilities can no longer limit the frequency and length of visitation for residents, the number of visitors, or require advance schedule of visits.</li> <li>• Facilities should ensure physical distancing can still be maintained during peak visitation times and avoid large gatherings where large numbers of visitors are in the same space at the same time and physical distancing cannot be maintained.</li> <li>• If a resident's roommate is not vaccinated or immunocompromised (regardless of vaccination status),</li> </ul>	<p><a href="https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf</a></p> <p><a href="https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfo/policy-and-memos-states-and/interim-final-rule-ifc-cms-3401-ifc-additional-policy-and-regulatory-revisions-response-covid-19-0">https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfo/policy-and-memos-states-and/interim-final-rule-ifc-cms-3401-ifc-additional-policy-and-regulatory-revisions-response-covid-19-0</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></p>

Date	Agency	Topic	Summary	Link
			<p>visitation should not be conducted in the resident's room if possible.</p> <ul style="list-style-type: none"> <li>• If the nursing home's county COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings/masks and physical distance at all times.</li> <li>• In low to moderate transmission areas, the safest practice is to wear face coverings/masks and physically distance.</li> <li>• If all visitors and the resident are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear a face covering and have physical contact.</li> <li>• Visitors should wear face coverings/masks while around other residents or health care personnel, regardless of vaccination status.</li> <li>• Residents on transmission-based precautions (TBP) or quarantine, while not recommended, can still receive visitors in the resident's room. The resident should wear a well-fitting facemask (if tolerated). Visitors should be made aware of the risks of visitation, core principles of infection prevention. A facility is not required to but may offer masks and other PPE as appropriate.</li> </ul> <p><b>Indoor Visitation during Outbreak Investigation</b></p> <ul style="list-style-type: none"> <li>• Visitors must still be allowed into the facility, but they must be made aware of the potential risk of visiting and adhere to core principles of infection prevention.</li> <li>• Visitation during outbreak should include wearing face coverings/masks, regardless of vaccination status, and visits should ideally occur in the resident's room.</li> </ul> <p><b>Visitor Testing and Vaccination</b></p> <ul style="list-style-type: none"> <li>• Facilities may offer testing to visitors, if feasible, but it is not required. Facilities should educate and encourage vaccination.</li> <li>• Facilities may ask visitors about their vaccination status, but visitors are not required to be tested or vaccinated, or show proof of such, as a condition of visitation. If a visitor declines to disclose their vaccination status, they should wear a face covering/mask at all times.</li> <li>• Compassionate care visits are allowed at all times.</li> </ul> <p><b>Ombudsman Visiting</b></p>	

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>• Ombudsman planning on visiting a resident who is on TBP or quarantine, or unvaccinated resident where county level transmission is substantial to high in the past seven days, should be made aware of the potential risk of visiting. The visit should take place in the resident's room.</li> <li>• If the ombudsman or resident requests alternative communication in lieu of an in-person visit, the facility, at minimum, must facilitate alternative resident communication with the ombudsman program.</li> </ul> <p><b>Communal Activities, Dining, and Resident Outings</b></p> <ul style="list-style-type: none"> <li>• Everyone should wear face coverings/masks regardless of the vaccination status.</li> <li>• If a resident chooses to leave the facility, they should be reminded of infection prevention practices, including face coverings/masks, physical distancing, and hand hygiene.</li> <li>• Upon return, screen residents for signs and symptoms of COVID-19.</li> <li>• If possible close contact with COVID-19 outside of the nursing home, test the resident, regardless of vaccination status, and place on quarantine if the resident has not been fully vaccinated.</li> <li>• If resident develops signs or symptoms of COVID-19 after the outing, test the resident and place on TBP regardless of vaccination status.</li> <li>• Facilities may opt to test unvaccinated residents without signs or symptoms if they leave the nursing home frequently or for a prolonged length of time.</li> <li>• Facilities may consider quarantining unvaccinated residents who leave facility based on assessment of risk.</li> </ul> <p><b>Survey Considerations</b></p> <ul style="list-style-type: none"> <li>• Facilities are not permitted to restrict access to surveyors based on vaccination status, nor ask a surveyor for proof of vaccination status as a condition of entry</li> </ul> <p>See link for full details.</p>	



Date	Agency	Topic	Summary	Link
12/9/21	CMS	Vaccine Mandate	<p>On 12/2/21 CMS posted QSO-22-04-ALL advising state survey agencies they should not enforce the interim final rule (IFR) regarding the vaccine mandate or requirements for policies and procedures in certified Medicare/Medicaid providers and suppliers while there are court-ordered injunctions in place pending additional clarity from the courts. This includes nursing facilities, hospitals, dialysis facilities, and all other provider types covered by the rule. The agency notes health care facilities, of course, may voluntarily choose to comply with the IFR.</p> <p>The government has appealed the preliminary injunctions, and with the ongoing litigation, the Court-ordered injunctions could be reversed at any time. AHCA/NCAL members are encouraged to continue to educate staff to get COVID-19 vaccines and prepare for a vaccine mandate so that if the government's arguments prevail, policies and procedures can be quickly implemented.</p> <p>In addition, nursing homes are still required to meet the demands of the May 2021 IFR on educating and offering the COVID-19 vaccine to staff and residents, which includes tracking vaccination status of all staff.</p> <p>See links for full detail</p>	<p><a href="https://www.cms.gov/files/document/qso-22-04-all.pdf">https://www.cms.gov/files/document/qso-22-04-all.pdf</a></p> <p><a href="https://www.vhca.org/publications/careconnection/december-9-2021/cms-will-not-enforce-vaccine-mandate-during-preliminary-court-injunctions/">https://www.vhca.org/publications/careconnection/december-9-2021/cms-will-not-enforce-vaccine-mandate-during-preliminary-court-injunctions/</a></p> <p><a href="https://www.cms.gov/files/document/qso-21-19-nh.pdf">https://www.cms.gov/files/document/qso-21-19-nh.pdf</a></p>
12/20/21	VDH	Communication- COVID-19 Update/Resource	<p>Virginia State Health Commissioner Dr. M. Norman Oliver sent an update to healthcare practitioners across the Commonwealth on December 20. The updates include:</p> <ul style="list-style-type: none"> <li>• CDC has announced that mRNA vaccines (i.e., Pfizer-BioNTech or Moderna) are preferred over the Johnson &amp; Johnson vaccine for both primary and booster vaccination of those 18 year of age and older.</li> <li>• A reminder that providers are required to report all immunizations to the Virginia Immunization Information System (VIIS) starting January 2022. VIIS is a free statewide registry system that combines immunization histories for persons of all ages from both the public and the private sector. The requirement applies to any healthcare provider as defined in §32.1-127.1:03.</li> <li>• The memo includes provider enrollment information if you are not currently using VIIS.</li> </ul> <p>See links for full details</p>	<p><a href="https://www.vdh.virginia.gov/clinicians/covid-19-update-for-virginia-december-20/">https://www.vdh.virginia.gov/clinicians/covid-19-update-for-virginia-december-20/</a></p> <p><a href="https://law.lis.virginia.gov/vacode/32.1-127.1:03/">https://law.lis.virginia.gov/vacode/32.1-127.1:03/</a></p>

Date	Agency	Topic	Summary	Link
12/23/21	CMS	Visitation FAQs	<p>CMS issued a new set of Frequently Asked Questions (FAQs) on Dec. 23 on the revised nursing home visitation guidelines, outlined in memo QSO-20-39-NH REVISED (11/12/202). While CMS cannot address every aspect of visitation that may occur, they did provide additional details about certain scenarios outlined in the FAQs.</p> <p>However, CMS notes that the bottom line is visitation must be permitted at all times with very limited and rare exceptions, in accordance with residents' rights. In short, nursing homes should enable visitation following these three key points:</p> <ul style="list-style-type: none"> <li>▪ Adhere to the core principles of infection prevention, especially wearing a mask, performing hand hygiene, and practicing physical distancing.</li> <li>▪ Don't have large gatherings where physical distancing cannot be maintained; and</li> <li>▪ Work with your state or local health department when an outbreak occurs</li> </ul> <p>CHC encourages nursing homes to:</p> <ul style="list-style-type: none"> <li>▪ Publicly display and educate residents, staff, and visitors on the "core principles" of infection prevention.</li> <li>▪ Read the examples included in the revised FAQ on Nursing Home Visitation</li> <li>▪ Work collaboratively with your local health department for changes in visitation protocols/practices within your facility; document their guidance to support changes in your practices that impact visitation.</li> <li>▪ Document specific resident preferences regarding visitation, including source control, in the resident's care plan.</li> <li>▪ Increase awareness of staff assistance to residents who cannot remember to wear masks and/so socially distance when in communal areas/activities</li> </ul> <p>See link to full details</p>	<p><a href="https://www.cms.gov/files/document/nursing-home-visitacion-faq-1223.pdf">https://www.cms.gov/files/document/nursing-home-visitacion-faq-1223.pdf</a></p> <p><a href="https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf</a></p>

Date	Agency	Topic	Summary			Link
12/23/21	CDC	Return to Work Criteria for Health Care Personnel	<p>CDC updated return to work criteria for health care personnel and expanded definitions for low or high-risk exposure on Dec. 23.</p> <p><b>Low or High-Risk Exposure Definition</b>  <b>Exposure</b> is defined as:</p> <ul style="list-style-type: none"> <li>being within 6 feet of a person with confirmed COVID-19 infection; OR</li> <li>having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19 infection.</li> </ul> <p><b>High-risk exposure</b> is defined as:</p> <ul style="list-style-type: none"> <li>exposure of HCP's eyes, nose, or mouth to material potentially containing COVID-19, particularly if these HCP were present in the room for an aerosol-generating procedure</li> <li>prolonged contact &gt;15 min with a person infected with COVID-19 (resident, visitor, or co-worker), especially if they were not using a source control mask or if the HCP was not using appropriate PPE during the encounter.</li> </ul> <p><b>Low-risk exposure</b> is defined as:</p> <ul style="list-style-type: none"> <li>having body contact with the patient (e.g., rolling the patient) without gown or gloves, may impart some risk for transmission, particularly if hand hygiene is not performed and HCP then touch their eyes, nose, or mouth.</li> </ul> <p>Due to concerns about increased transmissibility of the SARS-CoV-2 Omicron variant, CDC has updated the guidance to enhance protection for healthcare personnel (HCP), patients, and visitors, and to address concerns about potential impacts on the healthcare system given a surge of SARS-CoV-2 infections. This guidance will continue to be refined as additional information becomes available. See CDC links for contingency and crisis staffing situations</p>			<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html?CDC_AA_refVal=https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html?CDC_AA_refVal=https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html</a>  <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html</a>  <a href="https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html">https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html</a>  <a href="https://www.osha.gov/coronavirus/ets">https://www.osha.gov/coronavirus/ets</a>
			Conventional Staffing	Return to Work After Higher-Risk Exposure	Return to Work After Low- Risk Exposure	
			HCP who were asymptomatic throughout their infection and are not	HCP who have received all COVID-19 vaccine doses, including	No work restrictions regardless of vaccination status.	

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			<p><b>moderately to severely immunocompromised:</b></p> <ul style="list-style-type: none"> <li>• return to work after 7 days with a negative antigen or PCR test within 48 hours prior to returning to work.</li> <li>▪ or 10 days if testing is not performed or a positive test at day 5-7 since the date of their first positive viral test.</li> </ul> <p><b>HCP with mild to moderate illness who are not moderately to severely immunocompromised:</b></p> <ul style="list-style-type: none"> <li>• return to work after 7 days with a negative antigen or PCR test within 48 hours prior to returning to work.</li> <li>• or 10 days if testing is not</li> </ul>	<p><b>booster dose, as recommended by CDC, do not require work restriction unless they develop symptoms and test positive.</b></p> <ul style="list-style-type: none"> <li>• They must test as soon as possible after 24 hours from exposure and 5-7 days after exposure.</li> <li>• They must continue to use source control masks and PPE as recommended by CDC (no change).</li> </ul> <p><b>HCP who are either fully vaccinated but without a booster or are unvaccinated should exclude from work for 7 days following the higher-risk exposure:</b></p> <ul style="list-style-type: none"> <li>• with a negative test 48 hours before returning to work; and</li> </ul>	<ul style="list-style-type: none"> <li>• Must continue to use source control masks and PPE per CDC recommendations (no change).</li> </ul>	

Date	Agency	Topic	Summary		Link
			<p>performed or if a positive test at day 5-7 since symptoms first appeared: and</p> <ul style="list-style-type: none"> <li>• at least 24 hours have passed since last fever without the use of fever-reducing medications; and</li> <li>• symptoms (e.g., cough, shortness of breath) have improved.</li> </ul> <p><b>HCP with severe to critical illness who are not moderately to severely immunocompromised:</b></p> <ul style="list-style-type: none"> <li>▪ in general, when 20 days have passed since symptoms first appeared: and</li> <li>▪ at least 24 hours have passed since last fever without the use of fever-</li> </ul>	<ul style="list-style-type: none"> <li>• HCP did not develop symptoms</li> </ul>	

Date	Agency	Topic	Summary		Link	
			<p>reducing medications; and</p> <ul style="list-style-type: none"> <li>▪ symptoms (e.g., cough, shortness of breath) have improved.</li> </ul> <p><b>HCP with severe to critical illness who are not moderately to severely immunocompromised:</b></p> <ul style="list-style-type: none"> <li>• in general, when 20 days have passed since symptoms first appeared: and</li> <li>• at least 24 hours have passed since last fever without the use of fever-reducing medications; and</li> </ul> <p>symptoms (e.g., cough, shortness of breath) have improved.</p> <p><b>HCP who are moderately to severely immunocompromised, may shed beyond 20 days after</b></p>			

Date	Agency	Topic	Summary		Link	
			<p>symptom onset or, for those who were asymptomatic throughout their infection, the date of their first positive viral test.</p> <ul style="list-style-type: none"> <li>Use of a test-based strategy (2 negative tests 24 hours apart after symptom resolution) and consultation with an infectious disease specialist or other expert such as occupational health specialist is recommended to determine when these HCP may return to work.</li> </ul>			

Date	Agency	Topic	Summary				Link
			<b>Work Restrictions for HCP with SARS-CoV-2 Infection</b>				
			<b>Vaccination Status</b>	<b>Conventional</b>	<b>Contingency</b>	<b>Crisis</b>	
			<b>Boosted, Vaccinated, or Unvaccinated</b>	10 days OR 7 days with neg test* (within 48 hrs. before returning to work), if symptomatic or mildly symptomatic (improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restrictions, with prioritization considerations (i.e., asymptomatic, or mildly symptomatic	
			For calculating day of test: 1) *for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0				
			<b>Work Restrictions for Asymptomatic HCP with Exposure to SARS-CoV-2 Infection</b>				
			<b>Vaccination Status</b>	<b>Conventional</b>	<b>Contingency</b>	<b>Crisis</b>	
			<b>Boosted,</b>	No work restrictions, with negative test on days 2* and 5-7	No work restrictions	No work restrictions	
			<b>Vaccinated, or Unvaccinated, even if within 90 days of prior infection</b>	10 days OR 7 days with negative test	No work restriction with negative tests on day 1**,2,3, & 5-7	No work restrictions (test if possible)	
			For calculating day of test: 2) **for those with exposure consider day of exposure as day 0				
			See Links for full details				



Date	Agency	Topic	Summary	Link
12/29/21	CMS	Vaccine Mandate	<p>On 12/28/21 CMS published QSO-22-07-All regarding COVID-19 vaccinations for Medicare and Medicaid programs; Omnibus COVID-19 Health Care Staff Vaccination. The memo provides guidance and survey procedures for assessing and maintaining compliance with the regulatory requirements for COVID-19 vaccination immunization of staff among Medicare and Medicaid certified providers and suppliers.</p> <p>CMS expects all providers' and suppliers' staff to have received the appropriate number of doses by the timeframes specified in the QSO-22-07 unless exempted as required by law or delayed as recommended by CDC. Facility staff vaccination rates under 100% constitute non-compliance under the rule. Non-compliance does not necessarily lead to termination, and facilities will generally be given opportunities to return to compliance. Consistent with CMS's existing enforcement processes, this guidance will help surveyors determine the severity of a noncompliance deficiency finding at a facility when assigning a citation level. These enforcement action thresholds with expected compliance criteria are noted for 30-day, 60 -day, and 90-days after the issuance of the memo. Surveyors will begin surveying for compliance 30 days form the issuance of the QSO-22-07-All memo.</p> <div style="border: 1px solid black; padding: 5px;"> <p><b>Within 30 days after issuance of this memorandum, if a facility demonstrates that:</b></p> <ul style="list-style-type: none"> <li>• Policies and procedures are developed and implemented for ensuring all facility staff, regardless of clinical responsibility or patient or resident contact are vaccinated for COVID-19; and</li> <li>• 100% of staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have been granted qualifying exemption, or identified as having a temporary delay as recommended by the CDC, the facility is compliant under the rule: or</li> <li>• Less than 100% of all staff have received at least one dose of COVID-19 vaccine, or have a pending request for, or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC, the facility is non-compliant under the rule. The facility will receive notice of their non-compliance with the 100% standard. A facility that is above 80% and has a plan to achieve a 100% staff</li> </ul> </div>	<p><a href="https://www.cms.gov/files/document/qso-22-07-all.pdf">https://www.cms.gov/files/document/qso-22-07-all.pdf</a></p> <p><a href="https://www.cms.gov/files/document/qso-22-07-all-attachment-ltc.pdf">https://www.cms.gov/files/document/qso-22-07-all-attachment-ltc.pdf</a></p> <p><a href="https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf">https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf</a>.</p> <p><a href="https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf">https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf</a></p> <p><a href="https://www.vhca.org/publications/careconnection/january-6-2022/qso-memo-on-vaccine-mandate-and-updated-template-policies-and-procedures/">https://www.vhca.org/publications/careconnection/january-6-2022/qso-memo-on-vaccine-mandate-and-updated-template-policies-and-procedures/</a></p>

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			<p>vaccination rate within 60 days would not be subject to additional enforcement action. States should work with their CMS location for cases that exceed these thresholds yet pose a threat to patient health and safety. Facilities that do not meet these parameters could be subject to additional enforcement actions depending on the severity of the deficiency and the type of facility (e.g., plans of correction, civil monetary penalties, denial of payment, termination, etc.).</p> <p><b>Within 60 days after the issuance of this memorandum, if the facility demonstrates that:</b></p> <ul style="list-style-type: none"> <li>• Policies and procedures are developed and implemented for ensuring all facility staff, regardless of clinical responsibility or patient or resident contact are vaccinated for COVID-19; and</li> <li>• 100% of staff have received the necessary doses to complete the vaccine series (i.e., one dose of a single-dose vaccine or all doses of a multiple-dose vaccine series), or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC, the facility is compliant under the rule; or</li> <li>• Less than 100% of all staff have received at least one dose of a single-dose vaccine, or all doses of a multiple-dose vaccine series, or have been granted a qualifying exemption, or identified as having a temporary delay as recommended by the CDC, the facility is non-compliant under the rule. The facility will receive notice of their non-compliance with the 100% standard. A facility that is above 90% and has a plan to achieve a 100% staff vaccination rate within 30 days would not be subject to additional enforcement action. States should work with their CMS location for cases that exceed these thresholds yet pose a threat to patient health and safety. Facilities that do not meet these parameters could be subject to additional enforcement actions depending on the severity of the deficiency and the type of facility (e.g., plans of correction, civil monetary penalties, denial of payment, termination, etc.).</li> </ul>	

Date	Agency	Topic	Summary	Link
			<p><b>Within 90 days and thereafter following issuance of this memorandum</b>, facilities failing to maintain compliance with the 100% standard may be subject to enforcement action.</p> <p>Federal, state, Accreditation Organization, and CMS-contracted surveyors will begin surveying for compliance with these requirements as part of initial certification, standard recertification or reaccreditation, and complaint surveys 30 days following the issuance of this memorandum. Additional information and expectations for compliance can be found at the provider-specific guidance attached to this memorandum.</p> <p><b>Survey Process Updates for F888:</b> To determine compliance with §483.80(i), surveyors will request:</p> <ul style="list-style-type: none"> <li>▪ the facility’s COVID-19 vaccination policies and procedures,</li> <li>▪ the number of resident and staff COVID-19 cases over the last 4 weeks, and</li> <li>▪ a list of all staff and their vaccination status.</li> </ul> <p>The staff list must include the percentage of vaccinated staff, using the vaccine matrix provided by the survey team, and the position or role of each staff member, including staff (facility staff, contracted staff, volunteers, or students) who are or are likely to be in contact with residents or other staff, regardless of frequency.</p> <p><b>Definitions</b></p> <ul style="list-style-type: none"> <li>▪ <b>“Booster”</b> per Centers for Disease Control and Prevention (CDC), refers to a dose of vaccine administered when the initial sufficient immune response to the primary vaccination series is likely to have waned over time.</li> <li>▪ <b>“Clinical contraindications”</b> refer to conditions or risks that preclude the administration of a treatment or intervention. With regard to recognized clinical contraindications to receiving a COVID-19 vaccine, facilities should refer to the CDC informational document, <i>Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States</i>, For COVID-19 vaccines, according to CDC, a vaccine is clinically contraindicated if an individual has a severe allergic reaction (e.g.,</li> </ul>	

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			<p>anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine or an immediate (within 4 hours of exposure) allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine.</p> <ul style="list-style-type: none"> <li>▪ <b>“Fully vaccinated”</b> refers to staff for whom it has been 2 weeks or more since completion of their primary vaccination series for COVID-19.</li> <li>▪ <b>“Primary Vaccination Series”</b> refers to staff who have received a single-dose vaccine or all required doses of a multi-dose vaccine for COVID-19.</li> <li>▪ <b>“Staff”</b> refers to individuals who provide any care, treatment, or other services for the facility and/or its residents, including employees; licensed practitioners; adult students, trainees, and volunteers; and individuals who provide care, treatment, or other services for the facility and/or its residents, under contract or by other arrangements. This also includes individuals under contract or by arrangement with the facility, including hospice and dialysis staff, physical therapists, occupational therapists, mental health professionals, licensed practitioners, or adult students, trainees, or volunteers. Staff would not include anyone who provides only telemedicine services or support services outside of the facility and who does not have any direct contact with residents and other staff specified in paragraph §483.80(i)(2). Nursing homes are not required to ensure the vaccination of individuals who very infrequently provide ad hoc non-healthcare services (such as annual elevator inspection), or services that are performed exclusively off-site.</li> <li>▪ <b>“Temporarily delayed vaccination”</b> refers to vaccination that must be temporarily postponed, as recommended by CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, or individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment in the last 90 days.</li> </ul> <p>See links for full details</p>	

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12/30/21	VDH	Communication- COVID-19 Update/Resource Return to Work Criteria for Health Care Personnel	<p>On Dec 30, Virginia State Health Commissioner Dr. M. Norman Oliver sent an update to healthcare practitioners across the Commonwealth supporting the CDC guidance for Managing HCP with SARS-CoV-2 Infection or Exposure to SARS-CoV2 and Strategies to Mitigate HCP Staffing Shortage.</p> <p>The memo notes that healthcare facilities including nursing homes may implement new CDC guidance for contingency and crisis conditions to shorten duration of work restrictions for HCP when needed to alleviate healthcare staffing shortages. The memo also notes that the guidance is based on the limited information currently available about the Omicron variant and will be updated as needed as new information becomes available.</p> <p>See 12/23 CDC information above. See links for full details</p>	<p><a href="https://www.vdh.virginia.gov/clinicians/covid-19-update-for-virginia-28/">https://www.vdh.virginia.gov/clinicians/covid-19-update-for-virginia-28/</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html</a></p> <p><a href="https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/sars-cov-2-viral-mutations-impact-covid-19-tests">https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/sars-cov-2-viral-mutations-impact-covid-19-tests</a></p>
1/6/22	CMS	Visitation FAQs	<p>On 1/6/22 CMS updated the recent guidance for visitation FAQs. The guidance continues to stress that visitation must be permitted at all times with very limited and rare exceptions, in accordance with residents' rights and that the facilities should adhere to the core principles of infection control.</p> <p>The guidance also notes that states may instruct nursing homes to take additional measures to make visitation safer, while ensuring visitation can still occur. This includes requiring that, during visits, residents and visitors wear masks that are well-fitting, and preferably those with better protection, such as surgical masks or KN95. Nursing facilities should continue to consult with state and local health departments when outbreaks occur to determine when modifications to visitation policy would be appropriate. Facilities should document their discussions with the health department, and the actions they took to attempt to control the transmission of COVID-19.</p>	<p><a href="https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf">https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf</a></p>

Date	Agency	Topic	Summary	Link
1/7/22	DSS	Return to Work Criteria for Health Care Personnel	<p>On Jan 7, DSS shared the COVID-19 Isolation and Quarantine Guidance issued by VDH.</p> <p>Per the guidance, all healthcare staff, including long-term care facility (LTCF) staff, should be following CDC isolation and quarantine guidance for healthcare personnel issued December 23, 2021. Additional guidance to mitigate healthcare staffing shortages was also updated on December 23, 2021 and shared by DSS.</p> <p>See link for full details</p>	<p><a href="https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/current_providers/notices/covid_19_isolation_and_quarantine_guidance.pdf">https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/current_providers/notices/covid_19_isolation_and_quarantine_guidance.pdf</a></p> <p><a href="https://www.vhca.org/publications/careconnection/january-13-2022/dss-reiterates-vdh-covid-19-isolation-and-quarantine-guidance/">https://www.vhca.org/publications/careconnection/january-13-2022/dss-reiterates-vdh-covid-19-isolation-and-quarantine-guidance/</a></p>
1/11/22	VDH	Testing Supply Resource Update	<p>VDH has posted a new document to the Virginia COVID-19 Long-Term Care Task Force website with information on COVID-19 point of care antigen testing supply resources for residential care facilities including assisted living facilities, skilled nursing facilities, and long-term care facilities.</p> <p>See link for full details</p>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2022/01/Testing-Resources-for-Residential-Care-Facilities_1.11.22.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2022/01/Testing-Resources-for-Residential-Care-Facilities_1.11.22.pdf</a></p>
1/13/22	VHCA	Mitigating Staffing Shortages- Implementing Contingency and Crisis Strategies	<p>VHCA Care Connection 1/13/22</p> <p>Long term care facilities around the country are struggling with staffing shortages due to the rapid spread of the Omicron variant. The CDC provides contingency and crisis capacity standards to help mitigate staffing shortages created by staff testing positive or PPE shortages.</p> <p>There is no standard template or established process to move between these standards. Rather, CDC has left it up to each health care organization who knows its situation and needs the best to determine based on patient acuity, staffing needs, staffing levels, unique staffing positions, backup staffing availability, patient volume, patient needs, equipment, and resource availability, etc.</p> <p>However, the lack of specific guidance leaves many providers uncertain on how to utilize these standards. Transitioning to different standards does not need to be facility wide. Rather, it may be necessary for certain units in the facility. Also, the duration of the transition can be short until the situation leading to the transition is resolved. Regardless, VHCA recommends clearly documenting the reasons for the transition.</p> <p>As you determine whether you need to activate these standards, VHCA recommends that when you transition from conventional standards to contingency or crises:</p> <ul style="list-style-type: none"> <li>• Contact your local or State Department of Health (DOH) and the State Survey Agency (SSA) to let them know</li> </ul>	<p><a href="https://www.vhca.org/publications/careconnection/january-13-2022/how-to-implement-cdc-contingency-and-crisis-strategies-to-mitigate-staffing-shortages/">https://www.vhca.org/publications/careconnection/january-13-2022/how-to-implement-cdc-contingency-and-crisis-strategies-to-mitigate-staffing-shortages/</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html</a></p>

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			<p>why you are taking these actions, your staffing issues, and all the actions you have and will be taking to find staff and meet residents' needs.</p> <ul style="list-style-type: none"> <li>• Document why, when, how, and where it is making these transitions to contingency or crises standards, as well as what aspects of the CDC standards it will be adopting.</li> <li>• Document all outreach/efforts to find staff and communication with the local or State DOH and SSA.</li> <li>• Notify staff that you have made a transition and what it means to them.</li> </ul> <p>Note that as you are considering whether to deploy these contingency and crisis standards of care, you may also need to consider pausing admissions and/or closing units/wings/floors to reallocate resources or, if all else fails, transferring residents to surrounding facilities or hospitals. If transferring residents is considered, you should contact the state DOH, the hospital(s), and ombudsman. The approaches used should also be consistent with the emergency preparedness plan. Some steps to help identify additional staff include:</p> <ul style="list-style-type: none"> <li>• Put in a request to the local governor's office for national guard support.</li> <li>• Call your Ombudsman to ask for help in securing staffing help from the state.</li> <li>• Reach out to your local health care coalition.</li> <li>• Reach out to temporary staffing agencies.</li> <li>• Reach out to other health care providers (e.g., hospitals and LTC providers).</li> </ul> <p>See links for full details</p>	

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1/13/22	Supreme Court CMS OSHA	Vaccine Mandate	<p>In a 5-4 ruling, the Supreme Court upheld the CMS COVID-19 vaccine mandate for staff among Medicare and Medicaid-certified providers and suppliers. The CMS interim final rule has applied in Virginia since the Commonwealth was not part of the case before the courts.</p> <p>The Supreme Court also ruled 6-3 to block implementation of the Occupational Safety and Health Administration (OSHA) Vaccination and Testing Emergency Temporary Standard (ETS) applicable to employers with 100 or more employees. What this means is:</p> <ul style="list-style-type: none"> <li>the preliminary injunctions against enforcement of the CMS interim final rule have been stayed, meaning that CMS can enforce its IFR nationwide; and</li> <li>the OSHA ETS have been stayed, meaning they cannot be enforced.</li> </ul> <p>Nursing facilities and facilities that care for individuals with disabilities (ICF/IIDs) nationwide will be required to implement CMS's rule. Assisted living providers are not included in the CMS IFR and are now not subject to a federal vaccine/testing requirement. See links for full details</p>	<p><a href="https://www.federalregister.gov/documents/2021/11/05/2021-23831/medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-vaccination">https://www.federalregister.gov/documents/2021/11/05/2021-23831/medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-vaccination</a></p> <p><a href="https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfo/policy-and-memos-states-and/guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-0">https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfo/policy-and-memos-states-and/guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-0</a></p> <p><a href="https://www.vhca.org/publications/careconnection/january-13-2022/supreme-court-upholds-cms-vaccine-mandate-strikes-osha-rule/">https://www.vhca.org/publications/careconnection/january-13-2022/supreme-court-upholds-cms-vaccine-mandate-strikes-osha-rule/</a></p> <p><a href="https://www.vhca.org/ill_pubs_articles/qso-memo-on-vaccine-mandate-and-updated-template-policies-and-procedures/">https://www.vhca.org/ill_pubs_articles/qso-memo-on-vaccine-mandate-and-updated-template-policies-and-procedures/</a></p> <p><a href="https://www.mcknights.com/news/breaking-cms-vaccine-mandate-upheld/">https://www.mcknights.com/news/breaking-cms-vaccine-mandate-upheld/</a></p>
1/15/22	AHCA	Reporting-NHSN	<p>AHCA has developed a resource on the common NHSN errors and how to avoid them. This resource also recommends for facilities to have at least two staff with security access to NHSN reporting pathways. See link for full details</p>	<p><a href="#">Resource on Avoiding Common NHSN Data Reporting Errors</a></p>
1/25/22	CMS	Vaccine Mandate	<p>On 1/25/22 CMS published QSO-22-10-ALL requiring onsite surveyors to be fully vaccinated for COVID-19 or have a medical or religious exemption</p> <p>For surveyors with an accepted exemption, they must take extra precautions while onsite during survey “as determined and documented by the state (such as mandatory testing, limitation to conducting survey activities that limit patient/resident contact such as record review, limitation to conducting offsite activities, or re-assignment or work modification).” All surveyors are expected to use appropriate PPE while surveying.</p>	<p><a href="https://www.cms.gov/files/document/qso-22-10-all.pdf">https://www.cms.gov/files/document/qso-22-10-all.pdf</a></p> <p><a href="https://www.vhca.org/publications/careconnection/january-27-2022/cms-requires-surveyors-be-fully-vaccinated/">https://www.vhca.org/publications/careconnection/january-27-2022/cms-requires-surveyors-be-fully-vaccinated/</a></p>



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			<p>The responsibility of compliance is the responsibility of the state survey agencies; therefore, facilities are not allowed to ask for proof of vaccination as a precondition for entry. However, if a resident request that all visitors be vaccinated then the facility may ask vaccination status or inform the surveyor that the resident only wants vaccinated visitors. See links for full details</p>	
1/27/22	CMS	Survey Activity- Survey Process Procedure Guide Updates	<p>Effective 1/27/22 CMS has made updates to the Long-Term Care Survey Process Procedure Guide. Additional resources were also made available including an updated Entrance Conference Worksheet and a COVID-19 Staff Vaccination Matrix.</p> <p>Highlights include:</p> <ul style="list-style-type: none"> <li>• The infection control surveyor will review the infection prevention and control program, policy and procedures for staff COVID-19 vaccination, antibiotic stewardship program, and the influenza, pneumococcal, and COVID-19 for residents and staff.</li> <li>• Details around whether to enforce §483.80(i). If enforced, the facility will have 4 hours to complete the COVID-19 Staff Vaccination Matrix..</li> <li>• Once the Matrix has been received, the assigned surveyor will select eight staff to review for COVID-19 vaccinations according to the below:</li> <li>• 2 vaccinated staff (at least one CNA and one contractor who provides services, such as hospice and dialysis staff, occupational therapists, mental health professionals, licensed practitioners).</li> <li>• 6 unvaccinated staff, if available (3 unvaccinated staff (2 CNAs, if available) without exemption or reason for temporary delay, 1 non-medical exemption, 1 medical exemption (Note: If there are 2 or more staff with medical exemptions, select 50% of the staff from this category), one whose primary vaccine series has been temporarily delayed.</li> <li>• If there are no staff who meet one of the above unvaccinated criteria, no increase to the sample size is needed for another category.</li> <li>• If they identify any staff that weren't vaccinated and weren't granted an exemption or temporary delay (and weren't listed on the staff matrix), that individual(s) should be added to the staff sample.</li> </ul>	<p><a href="https://www.cms.gov/files/document/qso-22-07-all.pdf">https://www.cms.gov/files/document/qso-22-07-all.pdf</a></p> <p><a href="https://www.cms.gov/files/document/qso-22-07-all-attachment-ltc.pdf">https://www.cms.gov/files/document/qso-22-07-all-attachment-ltc.pdf</a></p> <p><a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes</a></p>

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			<ul style="list-style-type: none"> <li>F888 will be cited according to Attachment A in the QSO-22-07-ALL memo.</li> <li>Dining task: Temporarily allowing the dining task to be discretionary and completed only if a resident is investigated for nutrition, weight loss, or facility incidents related to dialysis.</li> <li>Med Storage: CMS is temporarily allowing the med storage task to be discretionary and only completed if there is an outstanding complaint, or concerns from the ombudsman or concerns identified when completing the med admin observation task.</li> <li>Resident Council: CMS is temporarily allowing the resident council task to be discretionary and only completed if there's an outstanding complaint, or concerns from the ombudsman or during the initial pool (e.g., with visitation or grievances).</li> </ul> <p>See links for full details</p>	
1/27/22	CMS	<b>Vaccine Mandate</b>	<p>CMS has published new and updated tools and resources to help navigate the vaccine requirements. These tools include:</p> <ul style="list-style-type: none"> <li>QSO-22-11 ALL</li> <li>CMS Omnibus COVID-19 Health Care Staff Vaccination Requirements FAQ</li> <li>IFC-6 Vaccination Requirements Infographic</li> <li>Vaccine Requirements Implementation timeline</li> <li>Vaccine Requirements Decision Tree</li> </ul> <p>See links for full detail</p>	<p><a href="https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page">https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page</a></p> <p><a href="https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-2">https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-2</a></p> <p><a href="https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-0">https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-0</a></p> <p><a href="https://www.cms.gov/files/document/covid-19-health-care-staff-vaccination-requirements-infographic.pdf">https://www.cms.gov/files/document/covid-19-health-care-staff-vaccination-requirements-infographic.pdf</a></p> <p><a href="https://www.cms.gov/files/document/covid-19-health-care-staff-vaccination-requirements-decision-tree-graphic.pdf">https://www.cms.gov/files/document/covid-19-health-care-staff-vaccination-requirements-decision-tree-graphic.pdf</a></p>

Date	Agency	Topic	Summary	Link
2/4/22	CMS	Visitation FAQs	<p>On 2/2/22 CMS updated the Nursing Home Visitation FAQs. The updates provide important clarifications, such as:</p> <ul style="list-style-type: none"> <li>• Suggestions on how to conduct visits that reduce the risk of COVID-19 transmission.</li> <li>• Best practices for improving air quality to reduce risks during visitation.</li> <li>• Ways a facility can improve and/or manage air flow during visitation.</li> <li>• Availability of funding for environmental changes, which reduce the transmission of COVID-19. Facilities can request CMP reinvestment funds to purchase portable fans and portable room air cleaners with HEPA filters.</li> <li>• Visitor testing as a condition of entering a facility.</li> </ul> <p>See link for full detail</p>	<p><a href="https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf">https://www.cms.gov/files/document/nursing-home-visitation-faq-1223.pdf</a></p> <p><a href="https://www.vhca.org/publications/careconnection/february-3-2022/cms-updates-nursing-home-visitation-faqs/">https://www.vhca.org/publications/careconnection/february-3-2022/cms-updates-nursing-home-visitation-faqs/</a></p>
2/9/22	VDH	Infection Control and Prevention for Nursing Homes	<p>The Virginia Department of Health, in alignment with CDC infection prevention and control recommendations to prevent SARS-CoV-2 spread in nursing homes, has created a simplified flow chart to inform discharge planning between hospitals and long-term care facilities.</p> <ul style="list-style-type: none"> <li>• Implementation of these recommendations will be influenced by many factors, including testing resource availability, community transmission rates, and clinical decision making.</li> <li>• Facilities located in areas with minimal to no community transmission might elect to use a risk-based approach for determining which residents require quarantine upon admission. Decisions should be based on whether the resident had close contact with someone with SARS-CoV-2 infection while outside the facility and if there was consistent adherence to infection prevention and control practices in healthcare settings, during transportation, or in the community prior to admission.</li> </ul> <p>See links for details</p>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2022/02/VDH-hosp-to-LTCF-transfer-guidance_updated.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2022/02/VDH-hosp-to-LTCF-transfer-guidance_updated.pdf</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fnursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fnursing-homes-responding.html</a></p>

Date	Agency	Topic	Summary	Link
2/10/22	CMS CDC	Vaccine Mandate Communication- COVID-19 Update/Resource	<p>As part of its commitment to improve transparency and help families and caregivers find the best nursing home care for their loved ones, CMS is now posting data on COVID-19 vaccine booster shots administered to nursing home residents and staff on the Medicare.gov Care Compare website. The data will show resident and staff booster rates at the facility level and will include national and state averages.</p> <p>The vaccination section is located below the Star Ratings on Care Compare. To view vaccination rates, select “View COVID-19 Vaccination Rates”. The vaccination and booster data posted on Care Compare is updated every other Thursday with the most recent available data. For example, on Thursday, February 17, the vaccination, and booster data will be updated with data reported in NHSN as of February 6. The display is delayed by a week and several days because of the validation and posting process. Updates will continue every other week.</p> <p>CMS is also urging facilities to communicate with their fully vaccinated staff members and residents about the importance of staying <i>up to date</i> with COVID-19 shots to protect the vulnerable nursing home population. The new booster data will be displayed along with the other COVID-19 vaccination data already included on the Medicare.gov Care Compare website.</p> <p>See links for details</p>	<p><a href="https://www.vhca.org/publications/careconnection/february-10-2022/cms-posts-booster-data-on-care-compare/">https://www.vhca.org/publications/careconnection/february-10-2022/cms-posts-booster-data-on-care-compare/</a></p> <p><a href="https://www.medicare.gov/care-compare/#search">https://www.medicare.gov/care-compare/#search</a></p> <p><a href="https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e3.htm">https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e3.htm</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html</a></p>
2/17/22	CMS	Vaccine Mandate Communication- COVID-19 Update/Resource	<p>Guidance on Implementing Additional Precautions for Unvaccinated Staff</p> <p>The CMS staff vaccination rule requires facilities to take additional precautions for those staff who remain unvaccinated due to a medical/religious exemption or newly hired staff who only have the first dose of the two-dose series. CMS provides a list of additional precautions in attachments to the QSO memos: QSO-22-07-LTC, QSO-22-09-LTC, and QSO-22-11-LTC.</p> <p>It is important to keep in mind that facilities are not required to follow all the precautions listed by CMS in the QSO memo. However, they should be intentional about establishing appropriate policies around additional precautions and take a layered approach based on risk of COVID-19 transmission to residents they serve. For example, facilities may choose to test all unvaccinated staff at a higher frequency than required</p>	<p><a href="https://www.cms.gov/files/document/qso-22-07-all-attachment-ltc.pdf">https://www.cms.gov/files/document/qso-22-07-all-attachment-ltc.pdf</a></p> <p><a href="https://www.cms.gov/files/document/attachment-ltc.pdf">https://www.cms.gov/files/document/attachment-ltc.pdf</a></p> <p><a href="https://www.cms.gov/files/document/attachment-ltc-injunction-lifted.pdf">https://www.cms.gov/files/document/attachment-ltc-injunction-lifted.pdf</a></p> <p><a href="https://www.vhca.org/publications/careconnection/february-17-2022/guidance-on-implementing-additional-precautions-for-unvaccinated-staff/">https://www.vhca.org/publications/careconnection/february-17-2022/guidance-on-implementing-additional-precautions-for-unvaccinated-staff/</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></p>

Date	Agency	Topic	Summary	Link
			<p>by CMS or CDC guidance, but only require unvaccinated staff with direct contact with residents to wear N95 masks. In addition, facilities may want to reassign unvaccinated frontline caregivers to residents who are not at particularly high risk for negative outcomes due to COVID-19. For example, residents on chronic ventilators or who are severely immunocompromised (such as transplant patients) would have unvaccinated staff reassigned.</p> <p>Additional precautions facilities should consider based on their resident population in their approach include:</p> <ul style="list-style-type: none"> <li>• Reassigning staff to different work areas or duties, such as: <ul style="list-style-type: none"> <li>○ non-patient care areas</li> <li>○ remote work, where possible</li> <li>○ residents who are not at highest risk (e.g., immunocompromised, or unvaccinated).</li> <li>○ assignments with limited contact with residents</li> </ul> </li> <li>• Test unvaccinated staff at a higher frequency than required by CMS requirements or CDC guidance.</li> </ul> <p>Important note:</p> <ul style="list-style-type: none"> <li>○ This guidance hinges on community transmission.</li> <li>• Requiring staff to follow additional infection prevention and control precautions, above and beyond CDC guidance. This could include: <ul style="list-style-type: none"> <li>○ adhering to universal source control</li> <li>○ physical distancing measures in all areas of the facility that are restricted from patient access (e.g., staff meeting rooms, kitchen)</li> <li>○ requiring staff to use an N95 or higher-level respirator for source control</li> </ul> </li> </ul> <p>See links for full details</p>	

Date	Agency	Topic	Summary	Link												
3/10/22	CMS	Testing Requirement Updates	<p>CMS issues a revision to QSO-20-38-NH on March 10, 2022. This revision aligned its guidance with CDC guidance by:</p> <ul style="list-style-type: none"> <li>• Replacing the term “vaccinated” with “Up-to-date with all recommended COVID-19 vaccine doses” and deleted the term “unvaccinated.” <ul style="list-style-type: none"> <li>○ “Up-to-Date” means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.</li> </ul> </li> <li>• Updated the recommendations for testing individuals within 90 days after recovering from COVID-19 <ul style="list-style-type: none"> <li>○ In general, testing is not necessary for asymptomatic people who have recovered from SARS- CoV-2 infection in the prior 90 days; however, if testing is performed on these people, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.</li> </ul> </li> </ul> <p><b>Testing of Nursing Home Staff and Residents</b>  <b>Table Summary</b></p> <table border="1" data-bbox="636 756 1356 1453"> <thead> <tr> <th data-bbox="636 756 877 792">Testing Trigger</th> <th data-bbox="877 756 1119 792">Staff</th> <th data-bbox="1119 756 1356 792">Residents</th> </tr> </thead> <tbody> <tr> <td data-bbox="636 792 877 1040"><b>Symptomatic individual identified</b></td> <td data-bbox="877 792 1119 1040">Staff, <i>regardless of vaccination status</i>, with signs or symptoms must be tested.</td> <td data-bbox="1119 792 1356 1040">Residents, <i>regardless of vaccination status</i>, with signs or symptoms must be tested.</td> </tr> <tr> <td data-bbox="636 1040 877 1385"><b>Newly identified COVID- 19 positive staff or resident in a facility that can identify close contacts</b></td> <td data-bbox="877 1040 1119 1385">Test all staff, <i>regardless of vaccination status</i>, that had a higher-risk exposure with a COVID-19 positive individual.</td> <td data-bbox="1119 1040 1356 1385">Test all residents, <i>regardless of vaccination status</i>, that had close contact with a COVID-19 positive individual.</td> </tr> <tr> <td data-bbox="636 1385 877 1453"><b>Newly identified COVID- 19</b></td> <td data-bbox="877 1385 1119 1453">Test all staff, <i>regardless of</i></td> <td data-bbox="1119 1385 1356 1453">Test all residents, <i>regardless of</i></td> </tr> </tbody> </table>	Testing Trigger	Staff	Residents	<b>Symptomatic individual identified</b>	Staff, <i>regardless of vaccination status</i> , with signs or symptoms must be tested.	Residents, <i>regardless of vaccination status</i> , with signs or symptoms must be tested.	<b>Newly identified COVID- 19 positive staff or resident in a facility that can identify close contacts</b>	Test all staff, <i>regardless of vaccination status</i> , that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, <i>regardless of vaccination status</i> , that had close contact with a COVID-19 positive individual.	<b>Newly identified COVID- 19</b>	Test all staff, <i>regardless of</i>	Test all residents, <i>regardless of</i>	<a href="https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf</a>
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			<p><b>positive staff or resident in a facility that is unable to identify close contacts</b></p>	<p><i>vaccination status</i>, facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).</p>	<p><i>vaccination status</i>, facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).</p>											
			<p><b>Routine testing</b></p>	<p>According to Table below</p>	<p>Not generally recommended</p>											
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			<p>+Staff who are up-to-date do not need to be routinely tested            *This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is &lt;48hrs.            See link for full details</p>													
3/10/22	CMS	Visitation	<p>CMS issued a revision to QSO-20-39-NH on March 10, 2022, with revisions to visitor screening and quarantine requirements.            This guidance is now aligned with CDC by:</p> <ul style="list-style-type: none"> <li>Replaced the term “vaccinated” with “up-to-date with all recommended COVID-19 vaccine doses” and deleted “unvaccinated.”</li> <li>Updated visitor screening and quarantine criteria.</li> </ul>			<p><a href="https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a></p>										

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			<p>Outdoor Visitation</p> <ul style="list-style-type: none"> <li>• While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred when the resident and/or visitor are not <i>up-to date with all recommended COVID-19 vaccine doses</i>.</li> </ul> <p>Indoor Visitation</p> <ul style="list-style-type: none"> <li>• <i>Face coverings and physical distancing during visits</i></li> <li>• Visitors should wear face coverings or masks and physically distance when around other residents or healthcare personnel, regardless of vaccination status.</li> <li>• If the nursing home’s county COVID-19 community level of transmission is substantial to high, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times.</li> <li>• In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at increased risk for or are not up-to-date with all recommended COVID-19 vaccine doses.</li> <li>• Residents, regardless of vaccination status, can choose not to wear face coverings or masks when other residents are not present and have close contact (including touch) with their visitor.</li> <li>• Residents (or their representative) and their visitors, who are not up-to-date with all recommended COVID-19 vaccine doses, should be advised of the risks of physical contact prior to the visit.</li> </ul> <p>Residents who leave the facility for 24 hours or longer should generally be managed as a new admission or readmission, as recommended by the CDC’s “Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes.” Please note that there are exceptions to quarantine, including for residents who are up-to-date with all recommended COVID19 vaccine doses. See link for full details</p>	



Date	Agency	Topic	Summary	Link
3/10/22	CDC	Communication-County-Level COVID-19 Community Transmission Resource	As part of its commitment to improve transparency and help families and caregivers find the best nursing home care for their loved ones, the Centers for Medicare & Medicaid Services (CMS) is now posting data on COVID-19 vaccine booster shots administered to nursing home residents and staff on the Medicare.gov Care Compare website. The data will show resident and staff booster rates at the facility level and will include national and state averages. Information is updated frequently based on information that the NF has submitted to NHSN as of midnight on Sunday. See link for full detail	<a href="https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&amp;list_select_county=all_counties&amp;data-type=Risk">https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&amp;list_select_county=all_counties&amp;data-type=Risk</a>
3/10/22	VDH	Communication-COVID-19 Update/Resource	On March 10, Dr. Colin Greene, Acting Commissioner provided and COVID-19 Update for Virginia. Updates on the following topics are included in this correspondence: <ul style="list-style-type: none"> <li>• CDC COVID-19 Community Levels</li> <li>• COVID-19 Therapeutics Update</li> <li>• Consideration of Increased Interval Between 1st and 2nd Doses of mRNA Vaccines</li> <li>• Prioritization of COVID-19 Antigen Testing Supplies</li> <li>• List of Medical Conditions that Put People at Higher Risk for Severe COVID-19</li> </ul> See link for full details	<a href="https://www.vdh.virginia.gov/clinicians/covid-19-update-for-virginia-32/">https://www.vdh.virginia.gov/clinicians/covid-19-update-for-virginia-32/</a>
4/5/22	VDH	Reporting Update	On April 5, 2022, Acting State Health Commissioner Colin Greene released a VDH clinician letter in response to the updated guidance from HHS exempting physicians, laboratories, and directors of medical facilities from reporting negative or inconclusive SARS-CoV-2 antigen test results and all SARS-CoV-2 antibody testing results. Laboratories include all entities that hold Clinical Laboratory Improvement Amendments Certificates of Waiver such as screening testing at schools, correctional facilities, employee testing programs, long-term care facilities, and point-of-care testing performed in pharmacies, medical provider offices, and drive-through testing sites. The following results shall continue to be reported: <ul style="list-style-type: none"> <li>• All (positive, negative, and inconclusive) Nucleic Acid Amplification Tests (NAAT) through whatever mechanism your entity is currently using, i.e., electronic lab reporting (ELR), flat file, or Point of Care (POC) portal.</li> </ul>	<a href="https://www.vdh.virginia.gov/clinicians/covid-19-update-for-virginia-april-5/">https://www.vdh.virginia.gov/clinicians/covid-19-update-for-virginia-april-5/</a>  <a href="https://www.vdh.virginia.gov/content/uploads/sites/13/2022/04/Signed_COVID-19-Reporting-Variance-04_04_22.pdf">https://www.vdh.virginia.gov/content/uploads/sites/13/2022/04/Signed_COVID-19-Reporting-Variance-04_04_22.pdf</a>

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			<ul style="list-style-type: none"> <li>All POSITIVE antigen tests through whatever mechanism your entity is currently using (ELR, flat file, or POC portal).</li> </ul> Virginia COVID Lab Result Reporting Guidance- Eff 4/4/22																								
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4/7/22	CMS	<b>Vaccine Mandate Update</b> <b>Survey Activity-Survey Process Procedure Guide Updates</b>	<p>CMS updated 3 memorandums with interpretive guidance regarding COVID-19 vaccinations: QSO-22-07-ALL-Revised; QSO-22-09-ALL-Revised; QSO-22-11-ALL-Revised; and Attachment A. The updates to the QSO included: Surveying for staff vaccination requirements is not required on Life Safety Code (LSC) -only complaints, or LSC-only follow-up surveys. Surveyors may modify the staff vaccination compliance review if the provider/supplier was determined to be in substantial compliance with this requirement within the previous six weeks. Attachment A, with specific guidance for SNFs, added more information, including:</p> <table border="1" data-bbox="632 480 1360 1396"> <thead> <tr> <th data-bbox="632 480 995 513">Requirement</th> <th data-bbox="995 480 1360 513">Updated Guidance</th> </tr> </thead> <tbody> <tr> <td data-bbox="632 513 995 792">F-888 - Vaccination of facility staff.</td> <td data-bbox="995 513 1360 792">“Temporarily delayed vaccination” refers to vaccination that must be temporarily deferred, as recommended by CDC, due to clinical considerations, including known COVID-19 infection until recovery from the acute illness (if symptoms were present) and criteria to discontinue isolation have been met.</td> </tr> <tr> <td data-bbox="632 792 995 1040">Surveying for Compliance</td> <td data-bbox="995 792 1360 1040">Facility staff who have been suspended or are on extended leave e.g., Family and Medical Leave Act (FMLA) leave, or Worker’s Compensation Leave, would not count as unvaccinated staff for determining compliance with this requirement</td> </tr> <tr> <td data-bbox="632 1040 995 1396">“Additional Precautions” for staff who are not yet fully vaccinated, or who have a pending or been granted an exemption, or who have a temporary delay as recommended by the CDC</td> <td data-bbox="995 1040 1360 1396">This requirement is not explicit and does not specify which actions must be taken. The examples are not all inclusive and represent actions that can be implemented. However, facilities can choose other precautions that align with the intent of the regulation which is intended to “mitigate the transmission and spread of COVID-19 for all staff who are not fully vaccinated.”</td> </tr> </tbody> </table>	Requirement	Updated Guidance	F-888 - Vaccination of facility staff.	“Temporarily delayed vaccination” refers to vaccination that must be temporarily deferred, as recommended by CDC, due to clinical considerations, including known COVID-19 infection until recovery from the acute illness (if symptoms were present) and criteria to discontinue isolation have been met.	Surveying for Compliance	Facility staff who have been suspended or are on extended leave e.g., Family and Medical Leave Act (FMLA) leave, or Worker’s Compensation Leave, would not count as unvaccinated staff for determining compliance with this requirement	“Additional Precautions” for staff who are not yet fully vaccinated, or who have a pending or been granted an exemption, or who have a temporary delay as recommended by the CDC	This requirement is not explicit and does not specify which actions must be taken. The examples are not all inclusive and represent actions that can be implemented. However, facilities can choose other precautions that align with the intent of the regulation which is intended to “mitigate the transmission and spread of COVID-19 for all staff who are not fully vaccinated.”	<p><a href="https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/revised-guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care">https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/revised-guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care</a></p> <p><a href="https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/revised-guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-0">https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/revised-guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-0</a></p> <p><a href="https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/revised-guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-1">https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/revised-guidance-interim-final-rule-medicare-and-medicaid-programs-omnibus-covid-19-health-care-1</a></p> <p><a href="https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf">https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf</a></p> <p><a href="https://www.ihca.org/wp-content/uploads/2022/01/Additional-handouts-1-27-22.pdf">https://www.ihca.org/wp-content/uploads/2022/01/Additional-handouts-1-27-22.pdf</a></p>
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Date	Agency	Topic	Summary		Link
			Temporarily delayed vaccinations – documentation requirements	Facilities must have a process to track and secure documentation of the vaccine status of staff whose vaccine is temporarily delayed. CDC recommends a temporary delay in administering the COVID-19 vaccination due to clinical considerations, including known COVID-19 infection until recovery from the acute illness (if symptoms were present) and criteria to discontinue isolation have been met	
			Survey Process	The list of vaccinated staff maintained by the facility, or the <a href="#">Staff Vaccine Matrix</a> are used for sampling staff. Please refer to Long-Term Care Survey Process Procedure Guide and/or CMS 20054, Infection Prevention, Control & Immunization for instructions for sampling contracted staff. Surveyors may modify the staff vaccination compliance review if the facility was determined to be in substantial compliance with this requirement within the previous six weeks. For Life Safety Code (LSC)-only complaint or LSC-only follow-up surveys, staff vaccination requirements are not required to be investigated.	
			Citing Noncompliance - Scope and Severity	Failure of contract staff to provide evidence of vaccination status reflects noncompliance and should be cited at F888 under the requirement to have policies and procedures for ensuring that all staff are fully vaccinated, except for those staff who have been granted	

Date	Agency	Topic	Summary	Link
			<p>exemptions or a temporary delay at 483.80(i)(3)(ii)</p> <p>Good Faith Effort</p> <p>For example, if the facility staff vaccination rate is 90% or more, there is no resident outbreak in the previous 4 weeks, and all policies and procedures were developed and implemented, per Table 1 this would be cited "D". However, if the facility provides evidence that it has made a good faith effort by taking aggressive steps to get all staff vaccinated, surveyors may lower the citation to "A."</p> <p>See links for full details</p>	
4/25/22	CMS	Survey Activity- Survey Process Tools and COVID-19 Staff Vaccination Matrix	<p>On 4/7/22CMS revised/updated many survey tools to include a revised entrance checklist for survey and focused infection control surveys, as well as a COVID-19 Staff Vaccination Matrix. The Matrix Is used to identify vaccination status for facility staff and others. The facility may complete the new matrix or provide the exact same information in a facility developed spreadsheet.</p> <p>See link for zip file for full details.</p>	<p><a href="https://www.cms.gov/sites/default/files/2022-04/Survey%20Resources_0.zip">https://www.cms.gov/sites/default/files/2022-04/Survey%20Resources_0.zip</a></p>
5/12/22	CDC	Reporting- NHSN	<p>Skilled nursing facilities that participate in the Skilled Nursing Facility Quality Reporting Program (QRP) must have the weekly health care personnel COVID-19 vaccination summary data entered into the National Healthcare Safety Network (NHSN) by May 16, 2022, for the 2021 Quarter 4 (October 1 – December 31, 2021). Facilities are encouraged to review and update their data prior to the deadline. Data that is not entered until after the deadline will not be sent to CMS and will not be used in the QRP. Facility data can be reviewed by using the Analysis reports within the NHSN.</p> <p>See link for details</p>	<p><a href="https://www.vhca.org/publications/careconnection/may-12-2022/nhsn-deadline-for-covid-19-vaccination-data-approaching/">https://www.vhca.org/publications/careconnection/may-12-2022/nhsn-deadline-for-covid-19-vaccination-data-approaching/</a></p>

Date	Agency	Topic	Summary	Link
5/12/22	CDC	<a href="#">Reporting-NHSN</a>	<p>The National Healthcare Safety Network (NHSN) announced various revisions to the COVID-19 module pathways. The CDC will host webinars in May to review the updates and revisions. The changes coming to NHSN module pathways include:</p> <ul style="list-style-type: none"> <li>• removal of Supplies and PPE Pathway – users will no longer need to report to this pathway;</li> <li>• reductions in Resident Impact and Facility Capacity and Staff and Personnel Impact Pathway, which include: <ul style="list-style-type: none"> <li>○ removal of COVID-19 test type;</li> <li>○ removal of Vaccine Manufacturer (RFIC only);</li> <li>○ removal of COVID-19 re-infections;</li> <li>○ removal of other respiratory illness; and</li> <li>○ removal of testing performed and time for receiving results.</li> </ul> </li> <li>• Additions include: <ul style="list-style-type: none"> <li>○ expanded vaccination status options for boosters and</li> <li>○ simplified PPE shortage question</li> </ul> </li> </ul> <p>See link for details</p>	<a href="https://www.vhca.org/publications/careconnection/may-12-2022/cdc-webinars-on-nhsn-pathway-changes-announced/">https://www.vhca.org/publications/careconnection/may-12-2022/cdc-webinars-on-nhsn-pathway-changes-announced/</a>
5/31/22	CDC	<a href="#">Vaccine/Booster Update</a>	<p>The CDC has issued a stronger recommendation on COVID-19 boosters stating that individuals who are immunocompromised and those 50 and older should receive a second booster dose at least four months after their first COVID-19 booster. Adults ages 18 years or older are considered up to date “immediately after getting all boosters recommended for you.”</p> <p>The May 19 statement from the agency changed the language about second boosters from “may receive” to “should receive”</p> <p>In accordance with the May 2021 interim final rule on COVID-19 vaccination and immunization for residents and staff, facilities should educate both groups on the benefits of the vaccine and boosters, including second boosters, and to offer vaccination or access to vaccines as necessary.</p> <p>At this time, CMS has not updated the vaccine requirements for nursing facility staff. That rule does not address first or second booster doses, however, the rule does require nursing facilities to track the status of individuals receiving boosters, which would extend to second booster doses.</p> <p>See link for full details</p>	<a href="https://www.cdc.gov/media/releases/2022/s0519-covid-booster-acip.html">https://www.cdc.gov/media/releases/2022/s0519-covid-booster-acip.html</a>  <a href="https://www.vhca.org/publications/careconnection/may-26-2022/cdc-strengthens-recommendations-for-covid-19-booster-shots/">https://www.vhca.org/publications/careconnection/may-26-2022/cdc-strengthens-recommendations-for-covid-19-booster-shots/</a>

Date	Agency	Topic	Summary	Link
5/31/22	CDC	Communication- COVID-19 Update/Resource	<p>In a May 24 CDC Health Alert Network advisory, the agency provided an update on the recurrence of COVID-19 or “COVID-19 rebound” after treatment with Paxlovid. Patients with rebound should re-isolate for at least five days. Paxlovid continues to be recommended for early-stage treatment of mild to moderate COVID-19 among persons at high risk for progression to severe disease.</p> <p>According to the advisory: Paxlovid treatment helps prevent hospitalization and death due to COVID-19. COVID-19 rebound has been reported to occur between 2 and 8 days after initial recovery and is characterized by a recurrence of COVID-19 symptoms or a new positive viral test after having tested negative. A brief return of symptoms may be part of the natural history of SARS-CoV-2 (the virus that causes COVID-19) infection in some persons, independent of treatment with Paxlovid and regardless of vaccination status. Limited information currently available from case reports suggests that persons treated with Paxlovid who experience COVID-19 rebound have had mild illness; there are no reports of severe disease. There is currently no evidence that additional treatment is needed with Paxlovid or other anti-SARS-CoV-2 therapies in cases where COVID-19 rebound is suspected.</p> <p>See link for full details</p>	<p><a href="https://emergency.cdc.gov/han/2022/han00467.asp">https://emergency.cdc.gov/han/2022/han00467.asp</a></p> <p><a href="https://www.vhca.org/publications/careconnection/may-26-2022/cdc-covid-19-rebound-after-paxlovid-treatment/">https://www.vhca.org/publications/careconnection/may-26-2022/cdc-covid-19-rebound-after-paxlovid-treatment/</a></p>
6/2/22	CDC	Reporting-NHSN	<p>The National Healthcare Safety Network (NHSN) recently announced various revisions to the COVID-19 module pathways. The LTCF COVID-19 Module forms are updated and available on the NHSN website.</p> <p>The new vaccination form will be available on the COVID-19 Vaccine Module by June 3. In the meantime, members can review the recent NHSN training slide deck for an in-depth overview of the changes made to the COVID-19 vaccination module.</p> <p>See links for full details</p>	<p><a href="https://www.cdc.gov/nhsn/ltc/covid19/index.html">https://www.cdc.gov/nhsn/ltc/covid19/index.html</a></p> <p><a href="https://www.vhca.org/publications/careconnection/june-2-2022/nhsn-revisions-to-covid-19-module-pathways/">https://www.vhca.org/publications/careconnection/june-2-2022/nhsn-revisions-to-covid-19-module-pathways/</a></p> <p><a href="https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html">https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html</a></p> <p><a href="https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/ltc-vaccine-reporting-changes-508.pdf">https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/ltc-vaccine-reporting-changes-508.pdf</a></p>

Date	Agency	Topic	Summary	Link
6/10/22	DMAS	Communication-LTSS Screening	<p>On June 10, 2022, DMAS posted two new Medicaid Bulletins related to the Medicaid Long Term Services and Supports (LTSS) Screening process. The first bulletin establishes a clean-up period allowing nursing facilities to review records for all current residents to ensure that individuals who needed to be screened prior to admission were fully screened. The first bulletin establishes a 90-day catch-up period running until September 8, 2022, for nursing facilities (NFs) to conduct an LTSS Screening for any individual residing in a nursing facility without an LTSS Screening. The second bulletin addresses required training for the physicians, physician assistants, and nurse practitioners who review and authorize or deny Medicaid LTSS Screenings. During the COVID-19 public health emergency some individuals were admitted to nursing facilities directly from a hospital without an LTSS Screening per the governor's Executive Orders (EOs 58, 84, and 16). There has been confusion due to the various waiver periods that may have resulted in individuals that should have been screened regardless to be admitted without the screening. To ensure that individuals are held harmless going forward, DMAS will allow 90 days from the date of the bulletin for a facility to conduct an LTSS Screening for any individual residing in a nursing facility without an LTSS Screening. The 90-day period will run through September 8, 2022. See link for full details</p>	<p><a href="https://vamedicaid.dmas.virginia.gov/bulletin/medicaid-long-term-services-and-supports-screening-nursing-facilities-screening">https://vamedicaid.dmas.virginia.gov/bulletin/medicaid-long-term-services-and-supports-screening-nursing-facilities-screening</a></p> <p><a href="https://www.vhca.org/publications/careconnection/june-16-2022/june-10-medicaid-bulletins-on-ltss-screening/">https://www.vhca.org/publications/careconnection/june-16-2022/june-10-medicaid-bulletins-on-ltss-screening/</a></p>
6/14/22	CMS	Survey Activity-Survey Compliance COVID-19 Staff Vaccination Requirement	<p>On 6/14/22, CMS released <a href="#">QSO-22-17-ALL</a>, providing new information on how CMS will survey for compliance of the staff vaccination requirement. CMS survey oversight of the staff vaccination requirement for Medicare and Medicaid-certified providers and suppliers will continue to be performed during initial and recertifications surveys. However, it will now only be performed in response to complaints alleging non-compliance with this requirement instead of all surveys. CMS revised QSO-22-11 to ensure deficiency determinations reflect good faith efforts implemented by providers and suppliers and incorporate harm or potential harm to residents resulting from any non-compliance.</p>	<p><a href="https://www.cms.gov/files/document/qso-22-17-all.pdf">https://www.cms.gov/files/document/qso-22-17-all.pdf</a></p> <p><a href="https://www.vhca.org/publications/careconnection/june-16-2022/cms-releases-memo-on-staff-vaccination-requirement-compliance/">https://www.vhca.org/publications/careconnection/june-16-2022/cms-releases-memo-on-staff-vaccination-requirement-compliance/</a></p>



Date	Agency	Topic	Summary	Link
6/16/22	CDC	Reporting-NHSN	<p>Beginning with the reporting week of June 27, 2022, the National Healthcare Safety Network (NHSN) will update its definition of <i>Up to Date</i> for COVID-19 vaccines. The CDC recently updated its definition of <i>Up to Date</i> for certain individuals, which inspired the change to the NHSN surveillance definition.</p> <p>NHSN will host a webinar to review this definition change for the COVID-19 Vaccination Module. A review of the new definition, example scenarios, and frequently asked questions will be discussed.</p> <p>See link for June 23 webinar.</p>	<p><a href="https://www.vhca.org/publications/careconnection/june-16-2022/nhsn-changes-definition-of-up-to-date">https://www.vhca.org/publications/careconnection/june-16-2022/nhsn-changes-definition-of-up-to-date</a></p> <p><a href="https://cdc.zoomgov.com/webinar/register/WN_37CqjJsiSGCOnIreh6I6Rw">https://cdc.zoomgov.com/webinar/register/WN_37CqjJsiSGCOnIreh6I6Rw</a></p>
6/28/22	VBON CMS	Communication-TNA2CNA	<p>The Virginia Board of Nursing (BON) updated its Temporary Nurse Aides to Certified Nurse Aides (TNA2CNA) webpage on June 28 with information that it will again be accepting TNA applications to take the National Nurse Aide Assessment Program (NNAAP) examination beginning July 1, 2022.</p> <p>The budget bill, which takes effect on July 1, includes an amendment that “temporary nurse aides practicing in long term care facilities under the federal Public Health Emergency 1135 waiver may be deemed eligible by the Board of Nursing while this waiver is in effect, and in the four-month period from the end of this waiver, to take the National Nurse Aide Assessment Program (NNAAP) examination upon submission of a completed application, the employer’s written verification of competency and employment as a temporary nurse aide, and provided no other grounds exist under Virginia law to deny the application.”</p> <p>CMS clarified in QSO-21-17-NH early last year that the four-month regulatory timeframe for completing the nurse aide training and competency evaluation requirements after hire will be reinstated when the blanket waiver ends and will start at that time. Nurse aides will have the full four-month period starting from the end of the blanket waiver to successfully complete the required training and certification, regardless of the amount of time worked during the time the waiver was in effect. Per QSO-22-15-NH &amp; NLTC &amp; LSC issued April 7, 2022, TNAs working prior to June 6, 2022, will have until October 6, 2022, to complete the state approved certification examination. If the candidate is unsuccessful on the exam,</p>	<p><a href="https://www.vhca.org/publications/careconnection/june-30-2022/tna2cna-testing-and-test-prep-update/">https://www.vhca.org/publications/careconnection/june-30-2022/tna2cna-testing-and-test-prep-update/</a></p> <p><a href="http://www.dhp.virginia.gov/Boards/Nursing/AbouttheBoard/News/COVID19/Content-473068-en.html">http://www.dhp.virginia.gov/Boards/Nursing/AbouttheBoard/News/COVID19/Content-473068-en.html</a></p> <p><a href="https://cnaonline.com/testprep/">https://cnaonline.com/testprep/</a></p> <p><a href="https://www.cms.gov/files/document/qso-21-17-nh.pdf">https://www.cms.gov/files/document/qso-21-17-nh.pdf</a></p> <p><a href="https://www.cms.gov/files/document/qso-22-15-nh-nltc-lsc.pdf">https://www.cms.gov/files/document/qso-22-15-nh-nltc-lsc.pdf</a></p>

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			<p>pursuant to regulation, three attempts are permitted in an effort to become successful. If the applicant is not successful in three attempts on the exam or prior to the expiration of the four-month regulatory timeframe (October 6, 2022), no further testing will be permitted for the TNA. See links for full details</p>	
7/1/22	CDC	<p>Vaccine/Booster Update Communication- Up to Date</p>	<p>Up to date as defined by CDC- Refers to a person who has received all doses in the primary series and all boosters recommended, when eligible. Vaccine recommendations are different depending on age, the vaccine you first received, time since last dose and moderately or severely immunocompromised risk.</p>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html</a></p>
9/8/22 9/14/22	CDC	<p>Vaccine/Booster Update Communication- Up to Date</p>	<p>Up to date as defined by CDC- You are <b>up to date</b> with your COVID-19 vaccines if you have completed a COVID-19 vaccine primary series and received the most recent booster dose recommended by CDC. Vaccine recommendations are based on age, the vaccine first received, and time since last dose. People who are moderately or severely immunocompromised have different recommendations for COVID-19 vaccines. - See link updated on 9/8/22 Vaccine recommendations are different depending on age, the vaccine you first received, time since last dose and moderately or severely immunocompromised risk. - See link updated on 9/14/22 for immunocompromised</p>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html</a>  <a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html</a></p>
9/16/22	VDH	<p>Vaccine/Booster Update Communication- Up to Date – COVID-19 Bivalent Vaccine Update</p>	<p>To remain up to date with COVID-19 vaccination, the Centers for Disease Control and Prevention (CDC) recommends that people ages 12 years and older receive one updated Pfizer or Moderna bivalent booster after completing all primary series doses. Remaining up to date with COVID-19 vaccination has important implications for long-term care facility staff and resident safety, as well as implementation of prevention measures such as routine testing and resident quarantine recommendations. Pharmacies are actively working on increasing access to</p>	<p><a href="https://www.vdh.virginia.gov/content/uploads/sites/182/2022/09/LTCF-Newsletter-Template.docx-1.pdf">https://www.vdh.virginia.gov/content/uploads/sites/182/2022/09/LTCF-Newsletter-Template.docx-1.pdf</a></p>

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			<p>bivalent boosters, but it may take some time to get staff and residents up to date.</p> <p>For now, to aid with implementation of testing and quarantine recommendations, long-term care facilities may continue to consider residents and staff up to date if they have received all the recommended and currently available COVID-19 vaccine doses they are eligible for until the updated COVID-19 bivalent booster vaccine is available</p> <p>See link and FAQs for full detail</p>	
9/23/22	CDC	Infection Control Guidance for Nursing Homes	<p>CDC updated to all U.S. settings where healthcare is delivered, including nursing homes and home health. The summary of the changes is below:</p> <ul style="list-style-type: none"> <li>• Updated to note that vaccination status is no longer used to inform source control, screening testing, or post-exposure recommendations</li> <li>• Updated circumstances when use of source control is recommended</li> <li>• Updated circumstances when universal use of personal protective equipment should be considered</li> <li>• Updated recommendations for testing frequency to detect potential for variants with shorter incubation periods and to address the risk for false negative antigen tests in people without symptoms.</li> <li>• Clarified that screening testing of asymptomatic healthcare personnel, including those in nursing homes, is at the discretion of the healthcare facility</li> <li>• Updated to note that, in general, asymptomatic patients no longer require empiric use of Transmission-Based Precautions following close contact with someone with SARS-CoV-2 infection.</li> <li>• Archived the Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes and special considerations for nursing homes not otherwise covered in Sections 1 and 2 were added to Section 3: Setting-specific considerations</li> <li>• Updated screening testing recommendations for nursing home admissions</li> </ul>	<p><a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html</a></p>

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>Clarified the types of long-term care settings for whom the healthcare infection prevention and control recommendations apply</li> </ul> See link for full details	
9/23/22	CMS	Testing Requirement Updates	CMS revised QSO-20-38-NH on 9/23/22 -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 The revision included: <ul style="list-style-type: none"> <li>Routine testing of asymptomatic staff is no longer recommended but may be performed at the discretion of the facility.</li> <li>Updated recommendations for testing individuals who have recovered from COVID-19</li> </ul> See link for full detail.	<a href="https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf</a>
9/23/22	CMS	Visitation	CMS revised QSO-20-39-NH on 9/23/22- Nursing Home Visitation- COVID-19 The revision included: <ul style="list-style-type: none"> <li>Updated guidance for face coverings and masks during visits</li> <li>Removed vaccination status from the guidance</li> </ul> See link for full details	<a href="https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf</a>
9/23/22	CDC NHSN	Reporting-NHSN	The updated definition for up to date will go into effect for NHSN data for the week beginning 9/26/22 See link for full details	<a href="https://www.cdc.gov/nhsn/ltc/index.html">https://www.cdc.gov/nhsn/ltc/index.html</a>
10/13/22	CMS	Communication-COVID-19 Update/Resource - CLIA	CMS has rescinded QSO-22-25-CLIA, which barred the use of SARS-CoV-2 tests outside of the FDA test's instructions for use. Specifically, CMS indicates that for the duration of the public health emergency, it will not cite facilities with a CLIA Certificate of Waiver when authorized SARS-CoV-2 molecular or antigen POC tests are performed on asymptomatic individuals outside of the test's authorization. Long term care providers can continue to use the BinaxNOW COVID-19 Ag Card being sent by HHS on both asymptomatic and symptomatic individuals.	<a href="https://www.cms.gov/files/document/qso-22-25-clia-rescinded-1072022.pdf">https://www.cms.gov/files/document/qso-22-25-clia-rescinded-1072022.pdf</a>  <a href="https://www.cms.gov/files/document/clia-sars-cov-2-point-care-test-enforcement-discretion-1072022.pdf">https://www.cms.gov/files/document/clia-sars-cov-2-point-care-test-enforcement-discretion-1072022.pdf</a>

Date	Agency	Topic	Summary	Link
10/26/22	CMS	COVID-19 Therapeutics Update	<p>On October 26, CMS provided QSO-23-02-ALL Revised Guidance for Staff Vaccination Requirements. This QSO replaces QSO-22-07-ALL Revised, QSO-22-09-ALL Revised and QSO-22-11-ALL and consolidated the information into a single memo which applies to all states.</p> <p>The Long-Term Care and Skilled Nursing Facility Attachment A- Revised provides guidance to surveyors for determining compliance with the Staff Vaccination requirements which also applies to all states.</p> <p><b>Vaccination Enforcement:</b></p> <ul style="list-style-type: none"> <li>• CMS expects all facilities' staff to have received the appropriate number of doses by the timeframes specified in the memorandum unless exempted as required by law. Facility staff vaccination rates under 100% of <i>unexcepted staff</i> constitute noncompliance under the rule.</li> <li>• Noncompliance does not necessarily lead to termination, and facilities will generally be given opportunities to return to compliance. For example, a facility that is noncompliant and has implemented a plan to achieve a 100% staff vaccination rate would not be subject to an enforcement action. See Citing Noncompliance – Scope and Severity below for additional information.</li> </ul> <p><b>Policies and Procedures:</b></p> <ul style="list-style-type: none"> <li>• Requires facilities to ensure those staff who are not yet fully vaccinated, or who have a pending or been granted an exemption, or who have a temporary delay as recommended by the CDC, adhere to additional precautions that are intended to mitigate the spread of COVID-19.</li> <li>• Facilities have discretion to choose which additional precautions to implement that align with the intent of the regulation which is intended to “mitigate the transmission and spread of COVID-19 for all staff who are not fully vaccinated.”</li> <li>• Facilities may also consult with their local health departments to identify other actions that can potentially reduce the risk of COVID-19 transmission from unvaccinated staff.</li> </ul> <p><b>Survey Process Update for Tag F888:</b></p> <ul style="list-style-type: none"> <li>• To determine compliance with §483.80(i), surveyors will request the facility's COVID-19 vaccination policies and procedures, the number of staff COVID-19 cases over</li> </ul>	<p><a href="https://www.cms.gov/files/document/qs0-23-02-all.pdf">https://www.cms.gov/files/document/qs0-23-02-all.pdf</a></p> <p><a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes</a></p>

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			<p>the last 4 weeks, a list of all staff, their vaccination status, and information on how the facility ensures that their contracted staff are compliant with the vaccination requirement.</p> <ul style="list-style-type: none"> <li>• The staff list must include the position or role of each staff member, including staff (facility staff, volunteers, or students) who are or are likely to be in contact with residents or other staff, regardless of frequency.</li> <li>• The list of vaccinated staff maintained by the facility, or the Staff Vaccine Matrix are used for sampling staff.</li> <li>• Per QSO-22-17-ALL, surveyors will review for compliance with this requirement on all initial certification, standard recertification surveys, and only for complaint surveys specifically alleging noncompliance with this requirement.</li> <li>• Surveyors may modify the staff vaccination compliance review if the facility was determined to be in substantial compliance with this requirement within the previous six weeks.</li> </ul> <p><b>CDC NHSN Data Verification:</b></p> <ul style="list-style-type: none"> <li>• Surveyors have the discretion to verify the accuracy of NHSN data on surveys based on a complaint report or if concerns are identified.</li> <li>• CMS and CDC conduct quality checks of facility NHSN data submissions each week in an effort to identify trends or indicators of data reporting issues. Procedures for conducting this review may be found in the Surveyor Resources folder and LTCSP procedure guide. See link for additional information</li> </ul> <p><b>Citing Noncompliance – Scope and Severity</b></p> <ul style="list-style-type: none"> <li>• CMS is directing that the level of severity and scope for noncompliance at F888 will be cited at severity level 1, with a scope of widespread, or “C.” Noncompliance is based on the failure to implement policies and procedures at 483.80(i)(3)(ii).</li> <li>• Situations indicating egregious noncompliance, such as a complete disregard for the requirements, should be cited at severity level 2, with a scope of widespread, or “F.” Examples of egregious noncompliance could include more than 50% of staff being unvaccinated (unless exempted, or temporarily delayed), and/or no policies or procedures as required. When there are egregious cases</li> </ul>	

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			<p>of noncompliance, state survey agencies should notify the CMS location of the information.</p> <p>Regardless of a facility's compliance with the staff vaccination requirements, surveyors should closely investigate infection prevention and control practices at F880 to ensure proper practices are in use, such as proper use of personal protective equipment, transmission precautions which reflect current standards of practice, and/or other relevant infection prevention and control practices are in place, which are designed to minimize transmission of COVID-19.</p> <p><b>Plan of Correction and Good Faith Effort</b></p> <p>Facilities must submit a plan of correction (POC) demonstrating a good faith effort to correct the noncompliance. Examples of actions which demonstrate a good faith effort include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• If the facility has no or has limited access to the vaccine, and the facility has documented attempts to obtain vaccine access (e.g., contact with the health department and pharmacies).</li> <li>• If the facility provides evidence that they have taken aggressive steps to have all staff vaccinated, such as advertising for new staff, hosting vaccine clinics, etc. For example, if the POC demonstrates that the facility staff vaccination rate is 90% or more, and all policies and procedures were developed and implemented, this would be considered a good faith effort and the deficiency could be cleared, with the facility returned to substantial compliance</li> </ul> <p>See links for full details</p>	

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10/26/22	DSS	Communication-DSS COVID-19 Recommendations for ALFs	<p>DSS issued a memo on October 26 addressing infection prevention and control recommendation changes for assisted living facilities. This update was based on the September 23 CDC updated guidance for Infection Control and Prevention during the COVID-19 pandemic. The memo addresses the two measures that CDC uses for guidance for healthcare and non-healthcare settings and notes that each facility should determine, based on the model of services it provides, which measure to follow to mitigate risk.</p> <ul style="list-style-type: none"> <li>• Measure 1: Community Transmission measures the presence and spread of SARS-CoV-2 (the virus that causes COVID-19) in healthcare settings and is used to guide infection prevention and control. It is intended to allow for earlier intervention to better protect healthcare recipients and avoid strain on the healthcare system. See link for community transmission.</li> <li>• Measure 2: The COVID-19 Community Level is used for non-healthcare settings and measures the presence and spread of SARS-CoV-2 in the community. See link for Community level.</li> </ul> <p>Changes to the ALF recommendation are:</p> <ul style="list-style-type: none"> <li>▪ ALFs that directly provide healthcare-related services or whose residents receive contracted healthcare services are to continue to follow Infection Prevention and Control Recommendation for Healthcare Settings including mask guidance using Measure 1, Community Transmission.</li> <li>▪ ALFs that do not provide any type of healthcare-related service and provide only non-skilled personal care (i.e., bathing, dressing) similar to that provided by family members in the home should follow Measure 2, community prevention strategies based on COVID-19 community levels.</li> </ul> <p>Screening and Visitation</p> <ul style="list-style-type: none"> <li>• Active screening of staff and visitors upon entry to the facility is no longer required. Self- screening by staff and visitors continues to be recommended.</li> <li>• Facilities should adhere to local and state regulations related to visitation. Current guidance states that visitation should not be generally restricted.</li> </ul>	<p><a href="https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/current_providers/notices/updated_dc_covid_19_guidance.pdf">https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/current_providers/notices/updated_dc_covid_19_guidance.pdf</a></p> <p><a href="https://www.vhca.org/publications/careconnection/october-27-2022/dss-issues-changes-to-covid-19-recommendations-for-alfs/">https://www.vhca.org/publications/careconnection/october-27-2022/dss-issues-changes-to-covid-19-recommendations-for-alfs/</a></p> <p><a href="https://covid.cdc.gov/COVID-data-tracker/#county-view?list_select_state=all_states&amp;list_select_county=all_counties&amp;data-type=Risk">https://covid.cdc.gov/COVID-data-tracker/#county-view?list_select_state=all_states&amp;list_select_county=all_counties&amp;data-type=Risk</a></p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html">https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html</a></p>



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			<ul style="list-style-type: none"> <li>• Post signs at all entrances to inform visitors of the facility's restrictions to visitation based on the following three criteria: a positive viral test for SARS-CoV-2, symptoms of COVID-19, or close contact with someone with COVID-19 infection.</li> </ul> <p>Additional Infection Prevention and Control Reminders</p> <ul style="list-style-type: none"> <li>• The designated staff person who serves as the point of contact for the infection control program should monitor the appropriate measure above (Measure 1 or Measure 2) at least weekly to determine the appropriate infection prevention and control measures to implement.</li> <li>• ALFs need to follow their infection control program (22VAC40-73-100), which: <ul style="list-style-type: none"> <li>• Should be based on CDC guidelines</li> <li>• Should include procedures to implement infection prevention measures and use of personal protective equipment.</li> </ul> </li> <li>• If there is an outbreak, the facility must follow health department recommendations (22VAC40- 73-100 F), which could include masking while the outbreak is active or during high community transmission levels.</li> </ul>	
11/17/22	CDC NHSN	Reporting-NHSN	Recent updates the NHSN application impact the Person-Level COVID-19 Vaccination Forms and the Vaccination Coverage bar chart. See link for full details	<a href="https://www.vhca.org/publications/careconnection/november-17-2022/updates-to-nhsn-covid-vaccine/">https://www.vhca.org/publications/careconnection/november-17-2022/updates-to-nhsn-covid-vaccine/</a>  <a href="https://www.cdc.gov/nhsn/ltc/index.html">https://www.cdc.gov/nhsn/ltc/index.html</a>
11/22/22	CMS	Staff Vaccination Requirements Update	On 11/22/22,CMS issued QSO-23-03-All. The purpose of this memo was to discuss the importance of timely use of available COVID-19 therapeutics, particularly for high-risk patients who test positive for the virus. See link for full detail.	<a href="https://www.cms.gov/files/document/qso-23-03-all.pdf">https://www.cms.gov/files/document/qso-23-03-all.pdf</a>

Date	Agency	Topic	Summary	Link
12/1/22	AMDA	Communication- COVID-19 Vaccination and Therapeutics in PALTC Toolkit: Resources for Clinicians	<p>A new toolkit for COVID-19 vaccination and treatment in long term care settings and assisted living has been created by AMDA in conjunction with other clinical groups and provides resources for:</p> <ul style="list-style-type: none"> <li>• FAQs about the COVID-19 Bivalent Booster</li> <li>• fact sheets about the vaccines and therapeutics</li> <li>• standing order template and order forms for Paxlovid</li> <li>• additional resources on therapeutics</li> <li>• information on co-management of COVID-19 and influenza</li> </ul> <p>See link for full details</p>	<p><a href="https://paltc.org/sites/default/files/Vax%20and%20Pax%20toolkit_11_14_FINAL.pdf">https://paltc.org/sites/default/files/Vax%20and%20Pax%20toolkit_11_14_FINAL.pdf</a></p> <p><a href="https://www.vhca.org/publications/careconnection/december-1-2022/review-your-covid-19-booster-uptake-rates-new-qso-memo-on-therapeutics/">https://www.vhca.org/publications/careconnection/december-1-2022/review-your-covid-19-booster-uptake-rates-new-qso-memo-on-therapeutics/</a></p>
12/20/22	White House Executive Administration	Communication- White House Playbook	<p>The Biden Administration is calling on all long-term care facility leaders to step up this winter to protect residents, staff, and visitors from serious illness or death from COVID-19.</p> <p>The administration issued a Winter Playbook for nursing homes and other long term care facilities</p> <p>The playbook reinforces guidance for</p> <ul style="list-style-type: none"> <li>• Vaccines</li> <li>• Testing, and</li> <li>• Improving air quality.</li> </ul> <p>See link for full details</p>	<p><a href="https://www.whitehouse.gov/wp-content/uploads/2022/12/Winter-Playbook-for-Nursing-Homes-and-Other-Long-term-Care-Facilities-to-Manage-COVID-19-and-Protect-Residents-Staff-and-Visitors.pdf">https://www.whitehouse.gov/wp-content/uploads/2022/12/Winter-Playbook-for-Nursing-Homes-and-Other-Long-term-Care-Facilities-to-Manage-COVID-19-and-Protect-Residents-Staff-and-Visitors.pdf</a></p>
12/20/22	CDC	Communication- Core Infection Prevention and Control Practices	<p>CDC updated the Core Infection Prevention and Control Practices to include all healthcare settings Adherence to infection prevention and control practices is essential to providing safe and high quality patient care .The document concisely describes a core set of infection prevention and control practices that are required in all healthcare settings, regardless of the type of healthcare provided. The practices were selected from among existing CDC recommendations and are the subset that represent fundamental standards of care that are not expected to change based on emerging evidence or to be regularly altered by changes in technology or practices and are applicable across the continuum of healthcare settings. The practices outlined in this document are intended to serve as a standard reference and reduce the need to repeatedly evaluate practices that are considered basic and accepted as standards of medical care. Readers should consult the full texts of CDC healthcare infection control guidelines for background, rationale, and related</p>	<p><a href="https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html">https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html</a></p>

Date	Agency	Topic	Summary	Link
			infection prevention recommendations for more comprehensive information. See link for full details	
1/5/23	CDC	Vaccine/Booster Update	<p>CDC, HHS, and partner organizations are reducing barriers to vaccination for residents of LTC facilities by providing flexibilities in vaccination administration, increasing communications, and encouraging jurisdictions to utilize “strike teams” for intensive facility level efforts. Specific actions include:</p> <ul style="list-style-type: none"> <li>• CDC is creating COVID-19 vaccine sub-provider agreements to allow LTC facilities that are not directly enrolled as providers in the CDC COVID-19 Vaccination Program to access COVID-19 vaccine doses through enrolled pharmacy providers for direct administration by the LTC facilities to their residents and staff. See Long Term Care Facilities Enrolling in CDC COVID-19 Vaccination Program   CDC for more information.</li> <li>• Use of single-dose vials: HHS has approved the use of single-dose vials of Pfizer vaccine for the core LTC pharmacy partners in order to improve access. LTC may now order COVID-19 vaccine doses in single dose vials. CDC will work with HHS and pharmacy partners to strengthen this option, which should help with maintaining safety and effectiveness of vaccine in the field and limit the risk for potential damage to vaccine product.</li> <li>• Data reporting flexibilities: HHS will move forward and grant a 90-day temporary waiver of data reporting requirements to the state/local immunization information system (IIS), unless required by state laws. While reporting of administrative data to IIS remains important, CDC hopes this temporary waiver will assist in increasing vaccine access in these specific facilities. Facilities can still report to IIS voluntarily if they choose and facilities should continue to report to IIS during this period if their state law requires it. CMS-certified nursing homes are still required to report resident and staff vaccination data to CDC’s National Healthcare Safety Network each week. More information related to this reporting can be found at: LTCF   Weekly HCP &amp; Resident COVID-19 Vaccination   NHSN   CDC.</li> </ul>	<p><a href="https://www.cdc.gov/vaccines/covid-19/lctf-sub-provider-agreement.html">https://www.cdc.gov/vaccines/covid-19/lctf-sub-provider-agreement.html</a></p> <p><a href="https://www.vhca.org/publications/careconnect-ion/january-5-2023/efforts-to-increase-covid-19-vaccination-among-older-adults-in-lctf-is-needed/">https://www.vhca.org/publications/careconnect-ion/january-5-2023/efforts-to-increase-covid-19-vaccination-among-older-adults-in-lctf-is-needed/</a></p> <p><a href="https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html">https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html</a></p>

Date	Agency	Topic	Summary	Link
			<ul style="list-style-type: none"> <li>Alternative vaccine providers: Working with LTC facilities and partners to consider emergency medical technicians (EMTs) or home health agencies, who are COVID-19 providers, to provide onsite vaccinations</li> <li>Strike Teams: Engaging with interested state health officials to develop “Strike Team” efforts in LTC facilities.</li> <li>Communications: CDC and HHS will accelerate and saturate messaging, data, and communications towards these facilities.</li> </ul> <p>See links for full details</p>	
1/5/23	VDH	Vaccine/Booster Update	<p>VDH is partnering with local pharmacies and pharmacists throughout the state to promote community engagement around COVID-19 information, education, and vaccinations.</p> <ul style="list-style-type: none"> <li>Long term care facilities (LTCFs) may request vaccination services through the Pharmacist-Led Community Engagement Program (PLCEP).</li> <li>The PLCEP connects facilities with a pharmacist who can come onsite to administer free COVID-19 vaccinations and provide COVID-19 education and information.</li> <li>VDH is teaming with Health Quality Innovators (HQI) to offer the PLCEP to LTCFs across the Commonwealth.</li> </ul> <p>See link for full details</p>	<a href="https://www.vhca.org/publications/careconnection/january-5-2023/new-program-helps-with-vaccination-services/">https://www.vhca.org/publications/careconnection/january-5-2023/new-program-helps-with-vaccination-services/</a>
5/1/23	CMS	Communication-Guidance For the Expiration of the COVID-19 Public Health Emergency (PHE)	<p>On 5/1/2023, CMS published QSO-23-13 ALL Guidance for the Expiration of the COVID-19 Public Health Emergency; pages 2-6 have specific guidance for skilled nursing facilities.</p> <p>See link for full details</p>	<a href="https://www.cms.gov/files/document/qso-23-13-all.pdf">https://www.cms.gov/files/document/qso-23-13-all.pdf</a>
5/8/23	CMS	Visitation-Revised	<p>On 5/8/23 CMS released QSO-20-39 Nursing Home Visitation-COVOD-19 (Revised) which provided updated guidance to align with the ending of the PHE.</p> <p>See link for full details</p>	<a href="https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf">https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf</a>

Date	Agency	Topic	Summary	Link
5/8/23	CDC	Communication- Infection Prevention and Control Guidance Updates	On 5/8/23,CDC updated infection prevention and control guidance to include recommendations for universal source control and COVID-19 testing in nursing homes to align with the ending of the PHE. See link for full details.	<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html</a>
5/8/23 and 5/11/23	CMS	Testing Requirement Expired	On 5/8/23 (revised) and on 5/11/23 CMS expired QSO-20-38-NH Long-Term Care Facility Testing Requirements for COVID-19 to align with the ending of the PHE. Testing for COVID-19 should be conducted by following national standards, such as CDC recommendations. See links for full details.	<a href="https://www.cms.gov/files/document/qso-20-38-nh.pdf">https://www.cms.gov/files/document/qso-20-38-nh.pdf</a>  <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Flong-term-care.html</a>
5/23/23	CDC	Vaccine Update	On 5/23/23, CDC updated guidance for recommendation or staff and residents to stay up to date with vaccines. Facilities are to continue to offer the most current COVID vaccine and provide education to staff, residents, families and visitors on the importance of staying up to date with vaccines. See link for full details	<a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html</a>

## Waivers and Executive Orders

Date	Agency	Topic	Summary	Link
3/12/20	Executive Order - VA	VA State of Emergency	<b>Executive Order 51-A</b> state of emergency was declared by Gov Northam due to the novel coronavirus ( COVID-19)-	<a href="https://www.governor.virginia.gov/media/governorvirginiagov/governor-of-virginia/pdf/eo/EO-51-Declaration-of-a-State-of-Emergency-Due-to-Novel-Coronavirus-(COVID-19).pdf">https://www.governor.virginia.gov/media/governorvirginiagov/governor-of-virginia/pdf/eo/EO-51-Declaration-of-a-State-of-Emergency-Due-to-Novel-Coronavirus-(COVID-19).pdf</a>
3/14/20	CMS AHCA	SNF Waiver	<p><b>SNF Waiver</b></p> <ul style="list-style-type: none"> <li>SNF care without a 3-day inpatient hospital stay will be covered for beneficiaries who experience dislocations or are affected by the emergency</li> </ul> <p><b>Spell of Illness Waiver</b></p> <ul style="list-style-type: none"> <li>CMS also is utilizing the authority under section 1812(f) providing renewed SNF coverage to beneficiaries without starting a new spell of illness and allowing them to receive up to an additional 100 days of SNF Part A coverage. The policy applies only for those beneficiaries who have been delayed or prevented by the emergency itself from beginning or completing the process of ending their current benefit period and renewing their SNF benefits.</li> </ul>	<p><a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20-%20Update%2010.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20-%20Update%2010.pdf</a></p> <p><a href="https://www.cms.gov/files/document/coronavirus-snf-1812f-waiver.pdf">https://www.cms.gov/files/document/coronavirus-snf-1812f-waiver.pdf</a></p>
3/19/20	VA- Dept. of Health Prof.	Nursing Practice Waivers	<ul style="list-style-type: none"> <li>Temporary Waivers Regulations Governing the Practice of Nursing - LPNs and RNs</li> <li>Temporary Waivers Regulations Governing Nurse Practitioners</li> <li>Temporary Waivers Regulations Governing Medication Aides</li> <li>Temporary Waivers Regulations Governing Nursing Education</li> <li>Temporary Waivers Regulations for Nurse Aide Education Programs</li> </ul>	<p><a href="https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverNurses_03192020.pdf">https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverNurses_03192020.pdf</a></p> <p><a href="https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverNursePractitioner03192020.pdf">https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverNursePractitioner03192020.pdf</a></p> <p><a href="https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverMedAide03192020.pdf">https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverMedAide03192020.pdf</a></p> <p><a href="https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverNurseEdPrograms03192020.pdf">https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverNurseEdPrograms03192020.pdf</a></p> <p><a href="https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverNurseAideEducationProgram03192020.pdf">https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverNurseAideEducationProgram03192020.pdf</a></p>
3/31/20	CMS	Blanket Waivers for Long-Term Care Facilities-	<b>Blanket Waivers for LTC Providers-</b> retro back to 3/1 Nurse Aide Training Requirements and Creating COVID-19 Segregated Buildings Training and Certification of Nurse Aides	<a href="https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20-%20Update%2026.pdf">https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20-%20Update%2026.pdf</a>

Date	Agency	Topic	Summary	Link
		Nurse Aide Training MDS PASRR Transfers PBJ Physician Visits Telehealth	<ul style="list-style-type: none"> <li>• Resident Groups</li> <li>• Resident Roommates and Grouping</li> <li>• Physical Environment</li> <li>• Resident Transfer and Discharge</li> </ul> <p><b>Reimbursement-Related Waivers</b></p> <ul style="list-style-type: none"> <li>• Section 1812(f)—3-Day and Spell of Illness Waivers</li> <li>• Formerly State-by-State Section 1135 PASRR Waiver</li> <li>• Medicare Provider Enrollment</li> <li>• Cost Reporting</li> <li>• Medicare Appeals in Fee for Service and Medicare Advantage</li> <li>• Expanding Availability of End Stage Renal Disease to Nursing Home Residents</li> <li>• CMS Facility without Walls (Temporary Expansion Sites) Transfers of COVID-19 Patients</li> </ul> <p><b>Requirements of Participation Waivers - MDS</b></p> <ul style="list-style-type: none"> <li>• CMS is providing relief on the timeframe requirements for Minimum Data Set assessments and transmission.</li> <li>• Staffing Data Submission               <ul style="list-style-type: none"> <li>○ CMS is providing relief to long-term care facilities on the requirements for submitting staffing data through the Payroll-Based Journal system.</li> </ul> </li> <li>• Physician Visits               <ul style="list-style-type: none"> <li>○ CMS is waiving the requirement for physicians and non-physician practitioners to perform in-person visits and to support previously announced flexibilities to allow visits to be conducted, as appropriate, via telehealth options.</li> </ul> </li> </ul>	
4/14/20	VDSS	ALF Regulations Requirements- Virginia- FAQs	<p><b>Documentation and Training Requirements</b></p> <p>22VAC40-73-120. Staff orientation and initial training</p> <ul style="list-style-type: none"> <li>• Allow leniency on topics staff need for orientation and training, excluding medication training</li> </ul> <p>22VAC 40-73-210. Direct care staff training</p> <ul style="list-style-type: none"> <li>• If annual or other training deadlines occur during the state of emergency, extend for 90 days beyond the end of the state of emergency</li> </ul> <p>22VAC40-73-220. Private duty personnel</p> <ul style="list-style-type: none"> <li>• Waive the requirement regarding TB screenings, orientation and training for private duty personnel.</li> </ul> <p>22VAC40-73-240. Volunteers</p> <ul style="list-style-type: none"> <li>• Allow leniency on staff orientation, training, and annual training requirements for new volunteers. This would exclude resident</li> </ul>	<p><a href="https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/code_regulations/regulations/alf_leniency_list_04142020.pdf">https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/code_regulations/regulations/alf_leniency_list_04142020.pdf</a></p> <p><a href="https://www.vhca.org/files/2020/04/ALF-COVID-19-FAQs-042020-1.pdf">https://www.vhca.org/files/2020/04/ALF-COVID-19-FAQs-042020-1.pdf</a></p>

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			<p>rights, confidentiality, emergency procedures, and infection control</p> <p>22VAC40-73-250 Staff records and health requirements</p> <ul style="list-style-type: none"> <li>For staff hired to ensure an adequate staffing pattern, waive the requirements for TB screenings and orientation/training requirements for these staff. Staff coming from facilities that are already licensed can copy and bring their file with them. If annual TB screening deadlines occur during the state of emergency, extend for 90 days beyond the end of the state of emergency.</li> </ul> <p>22VAC40-73-260. First aid and CPR certification</p> <ul style="list-style-type: none"> <li>For providers whose CPR, medication, or First Aid certifications expire during the state of emergency, extend these certifications for 90 days.</li> </ul> <p>22VAC 40-73-320. Physical examination and report</p> <ul style="list-style-type: none"> <li>If annual TB screening deadlines occur during the state of emergency, extend for 90 days beyond the end of the state of emergency</li> </ul> <p>22VAC40-73-330. Mental health screening</p> <ul style="list-style-type: none"> <li>Allow leniency in requiring a mental health screening no later than 30 days after admission if the facility does not have a qualified screener on staff, and document attempts to meet the requirements of the standard and the reason it was unable to do so.</li> </ul> <p>Article 2: Mixed Population 22VAC40-73-1030. Staff training</p> <ul style="list-style-type: none"> <li>Allow an extension for direct care staff hired in response to the emergency to complete the required 6 hours of training in working with individuals who have a cognitive impairment.</li> </ul> <p><b>Staff Qualification Requirements Assessment and Service Requirements</b></p> <p>22VAC40-73-360. Emergency placement</p> <ul style="list-style-type: none"> <li>Allow leniency in the documentation and approval time frame requirements for emergency placement.</li> </ul> <p>22VAC40-73-380. Resident personal and social information</p> <ul style="list-style-type: none"> <li>Allow leniency in acquisition of certain personal and social information prior to or at the time of admission, including: service in the armed forces; lifetime vocation, career, or primary role; special interests and hobbies.</li> </ul> <p>22VAC40-73-440. Uniform assessment instrument (UAI)</p> <ul style="list-style-type: none"> <li>Public pay UAI that expires during the state of emergency may be extended to 90 days beyond the end of the state of emergency if the assessment is unable to be conducted. Facility</li> </ul>	



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			<p>must maintain documentation attempting to obtain this annual assessment.</p> <p>22VAC40-73-450. Individual Service Plan</p> <ul style="list-style-type: none"> <li>• Allowing leniency for the licensed resident's legal representative and/or family not signing Individual Service Plan</li> </ul> <p>22VAC40-73-490. Health care oversight</p> <ul style="list-style-type: none"> <li>• Allowing leniency with regard to timeframes for the licensed health care professional providing oversight</li> </ul> <p>22VAC40-73-520. Activity and recreational requirements</p> <ul style="list-style-type: none"> <li>• Allow leniency with regard to the number of activities and various types of activities offered each week, especially related to any group activities.</li> </ul> <p>22VAC40-73-530.C Freedom of Movement</p> <ul style="list-style-type: none"> <li>• Allow leniency with regard to allowing freedom of movement for the residents to common areas; freedom of movement may be restricted due to health precautions.</li> </ul> <p>22VAC40-73-540. Visiting in the facility</p> <ul style="list-style-type: none"> <li>• Allow leniency with regard to the facility's visitation policy and restrictions on visiting hours.</li> </ul> <p>22VAC40-73-830. Resident councils</p> <ul style="list-style-type: none"> <li>• Allow leniency on standard requirements for resident councils in the facilities.</li> </ul> <p>22VAC40-73-1080. Applicability</p> <ul style="list-style-type: none"> <li>• Allow leniency for the facility to deny previous written agreements that allowed a spouse, parent, sibling, or child to reside in the special care unit</li> </ul> <p><b>Article 3: Safe, Secure Environment</b></p> <p>22VAC40-73-1120 Activities</p> <ul style="list-style-type: none"> <li>• Allow leniency on the number of hours and amount of time for scheduled activities available to the residents each week</li> </ul> <p><b>Nutrition and Menu Requirements</b></p> <p>22VAC40-73-580. Food service and nutrition</p> <ul style="list-style-type: none"> <li>• Allow for facilities to offer resident meals in their room, and allow leniency on requirements for written agreement. Waive requirement that qualified mental health professional must make the determination for residents to eat in their rooms. Allow leniency on health department inspections during the state of emergency.</li> </ul> <p>22VAC40-73-610 Menus for meals and snacks</p> <ul style="list-style-type: none"> <li>• Allow leniency for posting additions or deletions to menus.</li> </ul>	

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			<p>22VAC40-73-620 A. Oversight of special diets</p> <ul style="list-style-type: none"> <li>Allow leniency in oversight requirements described in this regulation if the oversight was scheduled to occur during the pandemic</li> </ul> <p><b>Physical Plant Requirement</b></p> <p>22VAC40-73-760 Living room or multipurpose room</p> <ul style="list-style-type: none"> <li>Allow leniency for facilities to temporarily restrict space other than sleeping areas, rather than providing resident space for sitting, for visiting with one another or with guests, for social and recreational activities, and for dining</li> </ul> <ul style="list-style-type: none"> <li></li> </ul> <p>22VAC40-73-940 A Fire Safety: Compliance with state regulations and local fire ordinances</p> <ul style="list-style-type: none"> <li>Allow leniency in required fire inspections during the state of emergency</li> </ul> <p><b>Licensing Operations, Conducting Inspections</b></p> <p><b>General Procedures and Information for Licensure</b></p> <p>22VAC 40-80-100. Duration of licensure</p> <ul style="list-style-type: none"> <li>Consider allowing the terms of the license to be extended, modification of license must be done.</li> </ul> <p>22VAC 40-80-120. Terms of the license</p> <ul style="list-style-type: none"> <li>Allow leniency on the terms of the license including expiration dates (allowing additional time for renewals), maximum number of residents to be in care and license modification requirements</li> </ul> <p>22VAC 40-80-190. Modification</p> <ul style="list-style-type: none"> <li>Allow leniency for license modifications.</li> </ul> <p>22VAC 40-80-210. Renewal process</p> <ul style="list-style-type: none"> <li>Allow additional time for submitting renewal applications</li> </ul> <p>22VAC40-80-260 and 22VAC40-80-270 Problem Solving Conferences</p> <ul style="list-style-type: none"> <li>Allow only desk reviews with the assigned licensing representative's immediate supervisor. Extend the time for the supervisor to desk review findings to 30 days of receipt of request and materials. Extend license renewals by 90 days during the state of emergency</li> </ul>	
4/17/20	Executive Order - VA	Licensing of Out of State Healthcare Professionals	Executive Order 57 authorizes out-of-state licensed professionals, as well as residents, interns, and certain senior students to practice in the Commonwealth will assist in meeting that demand. In addition, permitting experienced nurse practitioners to practice without a	<a href="https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/EO-57-Licensing-of-Health-Care-Professionals-in-">https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/EO-57-Licensing-of-Health-Care-Professionals-in-</a>

Date	Agency	Topic	Summary	Link
		Telehealth Expansion	<p>practice agreement will increase the availability of primary care and hospital providers. Finally, expanding the use of telehealth will assist in the provision of needed health care services to the citizens of the Commonwealth.</p> <p>See link for specific details</p>	<a href="#">Response-to-Novel-Coronavirus-(COVID-19).pdf</a>
4/21/20	CMS	Blanket Waiver for Long Term Care and Skilled Nursing Facilities 3-Day Prior Hospitalization Spell of Illness MDS PBJ PASARR Physical Environment Resident Groups Training and Certification of Nurse Aides Physician Visits Telehealth Resident Roommates and Grouping Resident Transfers and Discharge Physicians Services Physician Delegation of Tasks in SNFS Physician Visits	<p><b>Long Term Care Facilities and Skilled Nursing Facilities (SNF) and/or Nursing Facilities</b></p> <p>Changes noted from 3/31 memo are italicized</p> <ul style="list-style-type: none"> <li>3-Day Prior Hospitalization. Using the authority under Section 1812(f) of the Act, CMS is waiving the requirement for a 3-day prior hospitalization for coverage of a SNF stay, which provides temporary emergency coverage of SNF services without a qualifying hospital stay, for those people who experience dislocations, or are otherwise affected by COVID-19. In addition, for certain beneficiaries who recently exhausted their SNF benefits, it authorizes renewed SNF coverage without first having to start a new benefit period (this waiver will apply only for those beneficiaries who have been delayed or prevented by the emergency itself from commencing or completing the process of ending their current benefit period and renewing their SNF benefits that would have occurred under normal circumstances)</li> <li>Reporting Minimum Data Set. CMS is waiving 42 CFR 483.20 to provide relief to SNFs on the timeframe requirements for Minimum Data Set assessments and transmission</li> <li>Staffing Data Submission. CMS is waiving 42 CFR 483.70(q) to provide relief to long-term care facilities on the requirements for submitting staffing data through the Payroll-Based Journal system</li> <li>Waive Pre-Admission Screening and Annual Resident Review (PASARR). CMS is waiving 42 CFR 483.20(k), allowing nursing homes to admit new residents who have not received Level 1 or Level 2 Preadmission Screening. Level 1 assessments may be performed post-admission.</li> <li>On or before the 30<sup>th</sup> day of admission, new patients admitted to nursing homes with a mental illness (MI) or intellectual disability (ID) should be referred promptly by the nursing home to State PASARR program for Level 2 Resident Review.</li> </ul>	<a href="https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf">https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf</a>  <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c06.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c06.pdf</a>

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			<ul style="list-style-type: none"> <li>• Physical Environment. CMS is waiving requirements related at 42 CFR 483.90, specifically the following:</li> <li>• Provided that the state has approved the location as one that sufficiently addresses safety and comfort for patients and staff, CMS is waiving requirements under § 483.90 to allow for a non-SNF building to be temporarily certified and available for use by a SNF in the event there are needs for isolation processes for COVID-19 positive residents, which may not be feasible in the existing SNF structure to ensure care and services during treatment for COVID-19 are available while protecting other vulnerable adults.</li> <li>• CMS believes this will also provide another measure that will free up inpatient care beds at hospitals for the most acute patients while providing beds for those still in need of care. CMS will waive certain conditions of participation and certification requirements for opening a NF if the state determines there is a need to quickly stand up a temporary COVID-19 isolation and treatment location.</li> <li>• CMS is also waiving requirements under 42 CFR 483.90 to temporarily allow for rooms in a long-term care facility not normally used as a resident's room, to be used to accommodate beds and residents for resident care in emergencies and situations needed to help with surge capacity. Rooms that may be used for this purpose include activity rooms, meeting/conference rooms, dining rooms, or other rooms, as long as residents can be kept safe, comfortable, and other applicable requirements for participation are met. This can be done so long as it is not inconsistent with a state's emergency preparedness or pandemic plan, or as directed by the local or state health department.</li> <li>• Resident Groups. CMS is waiving the requirements at 42 CFR 483.10(f)(5), which ensure residents can participate in-person in resident groups. This waiver would only permit the facility to restrict in-person meetings during the national emergency given the recommendations of social distancing and limiting gatherings of more than ten people. Refraining from in-person gatherings will help prevent the spread of COVID-19.</li> <li>• Training and Certification of Nurse Aides. CMS is waiving the requirements at 42 CFR 483.35(d) (with the exception of 42 CFR 483.35(d)(1)(i)), which require that a SNF and NF may not employ anyone for longer than four months unless they met the training and certification requirements under § 483.35(d). CMS is waiving these requirements to assist in potential staffing</li> </ul>	

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			<p>shortages seen with the COVID-19 pandemic. To ensure the health and safety of nursing home residents, CMS is not waiving 42 CFR § 483.35(d)(1)(i), which requires facilities to not use any individual working as a nurse aide for more than four months, on a full-time basis, unless that individual is competent to provide nursing and nursing related services. We further note that we are not waiving § 483.35(c), which requires facilities to ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care.</p> <ul style="list-style-type: none"> <li>• Physician Visits in Skilled Nursing Facilities/Nursing Facilities. CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in- person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.</li> <li>• Resident Roommates and Grouping. CMS is waiving the requirements in 42 CFR 483.10(e) (5), (6), and (7) solely for the purposes of grouping or cohorting residents with respiratory illness symptoms and/or residents with a confirmed diagnosis of COVID-19, and separating them from residents who are asymptomatic or tested negative for COVID-19. This action waives a facility's requirements, under 42 CFR 483.10, to provide for a resident to share a room with his or her roommate of choice in certain circumstances, to provide notice and rationale for changing a resident's room, and to provide for a resident's refusal a transfer to another room in the facility. This aligns with CDC guidance to preferably place residents in locations designed to care for COVID-19 residents, to prevent the transmission of COVID-19 to other residents.</li> <li>• Resident Transfer and Discharge. CMS is waiving requirements in 42 CFR 483.10(c)(5); 483.15(c) (3), (c)(4)(ii), (c)(5)(i) and (iv), (c)(9), and (d); and § 483.21(a)(1)(i), (a)(2)(i), and (b) (2)(i) (with some exceptions) to allow a long term care (LTC) facility to transfer or discharge residents to another LTC facility solely for the following cohorting purpose</li> <li>• Transferring residents with symptoms of a respiratory infection or confirmed diagnosis of COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents;</li> <li>• Transferring residents without symptoms of a respiratory infection or confirmed to not have COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents to prevent them from acquiring COVID-19; or</li> </ul>	

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			<ul style="list-style-type: none"> <li>Transferring residents without symptoms of a respiratory infection to another facility that agrees to accept each specific resident to observe for any signs or symptoms of a respiratory infection over 14 days.</li> </ul> <p><b>Exceptions</b></p> <p>These requirements are <b>only</b> waived in cases where the transferring facility receives confirmation that the receiving facility agrees to accept the resident to be transferred or discharged. Confirmation may be in writing or verbal. If verbal, the transferring facility needs to document the date, time, and person that the receiving facility communicated agreement.</p> <ul style="list-style-type: none"> <li>In § 483.10, we are only waiving the requirement, under § 483.10(c)(5), that a facility provide advance notification of options relating to the transfer or discharge to another facility. Otherwise, all requirements related to § 483.10 are not waived. Similarly, in § 483.15, we are only waiving the requirement, under § 483.15(c)(3), (c)(4)(ii), (c)(5)(i) and (iv), and (d), for the written notice of transfer or discharge to be provided before the transfer or discharge. This notice must be provided as soon as practicable.</li> <li>In § 483.21, we are only waiving the timeframes for certain care planning requirements for residents who are transferred or discharged for the purposes explained in 1–3 above. Receiving facilities should complete the required care plans as soon as practicable, and we expect receiving facilities to review and use the care plans for residents from the transferring facility, and adjust as necessary to protect the health and safety of the residents the apply to.</li> <li>These requirements are also waived when the transferring residents to another facility, such as a COVID-19 isolation and treatment location, with the provision of services “under arrangements,” as long as it is not inconsistent with a state’s emergency preparedness or pandemic plan, or as directed by the local or state health department. In these cases, the transferring LTC facility need not issue a formal discharge, as it is still considered the provider and should bill Medicare normally for each day of care. The transferring LTC facility is then responsible for reimbursing the other provider that accepted its resident(s) during the emergency period.</li> </ul>	

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			<ul style="list-style-type: none"> <li>• If the LTC facility does not intend to provide services under arrangement, the COVID-19 isolation and treatment facility is the responsible entity for Medicare billing purposes. The LTC facility should follow the procedures described in 40.3.4 of the Medicare Claims Processing Manual to submit a discharge bill to Medicare. The COVID-19 isolation and treatment facility should then bill Medicare appropriately for the type of care it is providing for the beneficiary. If the COVID-19 isolation and treatment facility is not yet an enrolled provider, the facility should enroll through the provider enrollment hotline for the Medicare Administrative Contractor that services their geographic area to establish temporary Medicare billing privileges.</li> </ul> <p>LTC facilities are responsible for ensuring that any transfers (either within a facility, or to another facility) are conducted in a safe and orderly manner, and that each resident's health and safety is protected.</p> <ul style="list-style-type: none"> <li>• Physician Services. CMS is providing relief to long-term care facilities related to provision of physician services through the following actions:</li> <li>• Physician Delegation of Tasks in SNFs. 42 CFR 483.30(e)(4). CMS is waiving the requirement in 83.30(e)(4) that prevents a physician from delegating a task when the regulations specify that the physician must perform it personally. This waiver gives physicians the ability to delegate any tasks to a physician assistant, nurse practitioner, or clinical nurse specialist who meets the applicable definition in 42 CFR 491.2 or, in the case of a clinical nurse specialist, is licensed as such by the State and is acting within the scope of practice laws as defined by State law. We are temporarily modifying this regulation to specify that any task delegated under this waiver must continue to be under the supervision of the physician. This waiver does not include the provision of § 483.30(e)(4) that prohibits a physician from delegating a task when the delegation is prohibited under State law or by the facility's own policy.</li> <li>• Physician Visits. 42 CFR 483.30(c)(3). CMS is waiving the requirement at § 483.30(c)(3) that all required physician visits (not already exempted in § 483.30(c)(4) and (f)) must be made by the physician personally. We are modifying this provision to</li> </ul>	

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			<p>permit physicians to delegate any required physician visit to a nurse practitioner (NPs), physician assistant, or clinical nurse specialist who is not an employee of the facility, who is working in collaboration with a physician, and who is licensed by the State and performing within the state's scope of practice laws.</p> <p><b>Note to Facilities.</b> These actions will assist in potential staffing shortages, maximize the use of medical personnel, and protect the health and safety of residents during the PHE. We note that we are not waiving the requirements for the frequency of required physician visits at § 483.30(c) (1). As set out above, we have only modified the requirement to allow for the requirement to be met by an NP, physician assistant, or clinical nurse specialist, and via telehealth or other remote communication options, as appropriate. In addition, we note that we are not waiving our requirements for physician supervision in § 483.30(a)(1), and the requirement at § 483.30(d) (3) for the facility to provide or arrange for the provision of physician services 24 hours a day, in case of an emergency. It is important that the physician be available for consultation regarding a resident's care.</p>	
4/23/20	Executive Order - VA	Preadmission Screening-DMAS	In accordance with <b>Executive Order 58</b> , The Department of Medical Assistance Services (DMAS) will suspend preadmission screening pursuant to § 32.1-330 of the Code of Virginia. All new nursing facility admissions will be treated like exempted hospital discharges.	<a href="https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/EO-58-Access-to-Medicaid-covered-Health-Care-Services-in-Response-to-Novel-Coronavirus-(COVID-19).pdf">https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/EO-58-Access-to-Medicaid-covered-Health-Care-Services-in-Response-to-Novel-Coronavirus-(COVID-19).pdf</a>
4/28/20	Executive Order - VA	Liability Protection for VA HCP	<b>Executive Order 60</b> reinforces certain existing statutory liability for protections for Virginia healthcare worker. Due to COVID-19, public and private healthcare providers are operating with limited resources and may be forced to serve patients outside of conventional standards of care. This order clarifies that these statutes protect healthcare workers operating during the COVID-19 crisis. Nothing in this order prevents liability in the case of gross negligence or willful misconduct	<a href="https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/EO-60-Clarification-of-Certain-Immunity-From-Liability-For-Healthcare-Providers-in-Response-to-Novel-Coronavirus-(COVID-19).pdf">https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/EO-60-Clarification-of-Certain-Immunity-From-Liability-For-Healthcare-Providers-in-Response-to-Novel-Coronavirus-(COVID-19).pdf</a>  <a href="https://myemail.constantcontact.com/VHCA-VCAL---Notes-on-Roster-Billing-for--20-Day-Add-On--Liability-Protections--CDC-Webinars-and-Updated-COVID-19-Symptoms.html?soid=1011233811022&amp;aid=vfh0SpOC10Y">https://myemail.constantcontact.com/VHCA-VCAL---Notes-on-Roster-Billing-for--20-Day-Add-On--Liability-Protections--CDC-Webinars-and-Updated-COVID-19-Symptoms.html?soid=1011233811022&amp;aid=vfh0SpOC10Y</a>
4/29/20	CMS	QAPI	<b>Blanket Waivers- retroactive to March 1, 2020.</b> New Blanket Waivers	<a href="https://www.cms.gov/files/document/covid-long-term-care-facilities.pdf">https://www.cms.gov/files/document/covid-long-term-care-facilities.pdf</a>



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		In-Service Training Discharge Planning Clinical Records Inspection, Testing, Maintenance under Physical Environment	<p>QAPI CMS is modifying certain QAPI program requirements—specifically, §483.75(b)–(d) and (e)(3)—to the extent necessary to narrow the scope of the QAPI program to focus on adverse events and infection control.</p> <p>The following sections are waived:</p> <ul style="list-style-type: none"> <li>• §483.75(b) Program design and scope, which includes “address all systems of care and management practices”;</li> <li>• §483.75(c) Program feedback, data systems and monitoring;</li> <li>• §483.75(d) Program systematic analysis and systemic action; and</li> <li>• §483.75(e)(3) Performance improvement projects.</li> </ul> <p>In-service Training CMS is modifying certain QAPI program requirements—specifically, §483.75(b)–(d) and (e)(3)—to the extent necessary to narrow the scope of the QAPI program to focus on adverse events and infection control.</p> <ul style="list-style-type: none"> <li>• Detailed Information Sharing for Discharge Planning for Long-Term Care (LTC) Facilities CMS is waiving the discharge planning requirement which requires LTC facilities to assist residents and their representatives in selecting a post-acute care provider using data, such as standardized patient assessment data, quality measures and resource use. CMS is maintaining all other discharge planning requirements, including the discharge plan.</li> <li>• Clinical Records CMS is modifying the requirement which requires LTC facilities to provide a resident a copy of their records within two working days (when requested by the resident) by allowing facilities 10 working days to provide the requested record.</li> <li>• Inspection, Testing &amp; Maintenance (ITM) under the Physical Environment CMS is waiving certain physical environment requirements for providers including ICF/IIDs and SNFs/NFs to the extent necessary to permit facilities to adjust scheduled inspection, testing and maintenance (ITM) frequencies, and activities for facility and medical equipment required by the Life Safety Code (LSC) and Health Care Facilities Code (HCFC.)</li> <li>• The following LSC and HCFC ITM are considered critical and are <u>not</u> included in this waiver:               <ul style="list-style-type: none"> <li>○ Sprinkler system monthly electric motor-driven and weekly diesel engine-driven fire pump testing.</li> <li>○ Portable fire extinguisher monthly inspection.</li> <li>○ Elevators with firefighters’ emergency operations monthly testing.</li> </ul> </li> </ul>	

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			<ul style="list-style-type: none"> <li>○ Emergency generator 30 continuous minute monthly testing and associated transfer switch monthly testing.</li> <li>○ Means of egress daily inspection in areas that have undergone construction, repair, alterations, or additions to ensure its ability to be used instantly in case of emergency. SNFs/NFs are required to have an outside window or outside door in every sleeping room. CMS will permit a waiver of these outside window and outside door requirements to permit these providers to use facility and non-facility space that is not normally used for patient care for temporary patient care or quarantine.</li> </ul> <p><b>Updates to Previously Issued Regulatory Blanket Waivers</b></p> <ul style="list-style-type: none"> <li>● Resident Transfer and Discharge CMS continues to waive requirements to allow a LTC facility to transfer or discharge residents to another LTC facility solely for the following cohorting purposes. Changes in the language regarding resident’s care plans in <b>bold</b> below. <ul style="list-style-type: none"> <li>○ Transferring residents with symptoms of a respiratory infection or confirmed diagnosis of COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents;</li> <li>○ Transferring residents without symptoms of a respiratory infection or confirmed to not have COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents to prevent them from acquiring COVID-19, as well as providing treatment or therapy for other conditions as required by the resident’s plan of care; or</li> <li>○ Transferring residents without symptoms of a respiratory infection to another facility that agrees to accept each specific resident to observe for any signs or symptoms of a respiratory infection over 14 days.</li> </ul> </li> <li>● Waive Pre-Admission Screening and Annual Resident Review (PASARR) CMS is allowing nursing homes to admit new residents who have not received Level 1 or Level 2 Preadmission Screening. Level 1 assessments may be performed post-admission. On or before the 30th day of admission, new patients admitted to nursing homes with a mental illness (MI) or intellectual disability (ID) should be referred promptly by the nursing home to State PASARR program for Level 2 Resident Review.</li> </ul> <p>Note: This language is included in the summary waiver list for all providers and differs slightly from the text in the LTC specific waiver summary.</p>	

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			<ul style="list-style-type: none"> <li>• Telehealth CMS is waiving the requirements of section 1834(m)(4)(E) of the Act and 42 CFR § 410.78 (b)(2) which specify the types of practitioners that may bill for their services when furnished as Medicare telehealth services from the distant site. <ul style="list-style-type: none"> <li>○ This waiver expands the types of health care professionals that can furnish distant site telehealth services to include all those that are eligible to bill Medicare for their professional services.</li> <li>○ This allows health care professionals who were previously ineligible to furnish and bill for Medicare telehealth services, including physical therapists, occupational therapists, speech language pathologists, and others, to receive payment for Medicare telehealth services.</li> <li>○ May impact SNFs that furnish outpatient therapy in AL, IL, and the community. CMS did not provide billing guidance – SNF providers contact their MAC for guidance.</li> </ul> </li> <li>• CMS Delays Implementation of New MDS Items (Transfer of Health Information and Certain SPADES) Adopted for the SNF QRP for 2 Year The interim final rule from CMS also delays implementation of new MDS items for SNF QRP as described below: <ul style="list-style-type: none"> <li>○ This delay will enable SNFs to continue using the current version of the MDS 3.0 v1.17.1</li> <li>○ CMS will require SNFs to collect data on the transfer of health information measures and SPADES data on October 1 of the 1st of the year that is at least two full fiscal years after the end of the COVID-19 public health emergency.</li> </ul> </li> </ul> <p>CMS will work with SNFs prior to implementation to address questions related to training and software update needs.</p>	
5/11/20	CMS	1135 Blanket Waivers Telehealth	<p>1135 Blanket Waiver Updates</p> <p><b>Expanded Ability for Hospitals to Offer Long-term Care Services (“Swing-Beds”) for Patients Who do not Require Acute Care but do Meet the Skilled Nursing Facility (SNF) Level of Care Criteria as Set Forth at 42 CFR 409.31.</b> (New since 4/30 Release) Under section 1135(b)(1) of the Act, CMS is waiving the requirements at 42 CFR 482.58, “<i>Special Requirements for hospital providers of long-term care services (“swing-beds”)</i>” subsections (a)(1)-(4) “<i>Eligibility</i>”, to allow hospitals to establish SNF swing beds payable under the SNF prospective payment system (PPS) to provide additional options for hospitals with patients who no longer require acute care but are unable to find placement in a SNF.</p>	<a href="https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf">https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf</a>

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			<p>In order to qualify for this waiver, hospitals must:</p> <ul style="list-style-type: none"> <li>• Not use SNF swing beds for acute level care.</li> <li>• Comply with all other hospital conditions of participation and those SNF provisions set out at 42 CFR 482.58(b) to the extent not waived.</li> <li>• Be consistent with the state's emergency preparedness or pandemic plan.</li> </ul> <p>Hospitals must call the CMS Medicare Administrative Contractor (MAC) enrollment hotline to add swing bed services. The hospital must attest to CMS that:</p> <p>They have made a good faith effort to exhaust all other options;</p> <ul style="list-style-type: none"> <li>• There are no skilled nursing facilities within the hospital's catchment area that under normal circumstances would have accepted SNF transfers, but are currently not willing to accept or able to take patients because of the COVID-19 public health emergency (PHE);</li> <li>• The hospital meets all waiver eligibility requirements; and</li> </ul> <p>They have a plan to discharge patients as soon as practicable, when a SNF bed becomes available, or when the PHE ends, whichever is earlier.</p> <p>This waiver applies to all Medicare enrolled hospitals, except psychiatric and long term care hospitals that need to provide post-hospital SNF level swing-bed services for non-acute care patients in hospitals, so long as the waiver is not inconsistent with the state's emergency preparedness or pandemic plan. The hospital shall not bill for SNF PPS payment using swing beds when patients require acute level care or continued acute care at any time while this waiver is in effect. This waiver is permissible for swing bed admissions during the COVID-19 PHE with an understanding that the hospital must have a plan to discharge swing bed patients as soon as practicable, when a SNF bed becomes available, or when the PHE ends, whichever is earlier.</p> <p><b>Paid Feeding Assistants.</b> (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</p>	

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			<p>§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).</p> <p><b>Specific Life Safety Code (LSC) for Multiple Providers - Waiver Information:</b> (New since 4/30 Release)            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:</p> <ul style="list-style-type: none"> <li>• <b>Alcohol-based Hand-Rub (ABHR) Dispensers:</b> 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.</li> <li>• <b>Fire Drills:</b> 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.</li> <li>• <b>Temporary Construction:</b> 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.</li> </ul>	

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5/26/20	DMAS	Medicaid Memo on 1135 Waiver LTSS PASRR MDS CNA	<p><b>DMAS Medicaid Memo on 1135 Waiver Clarifications and Changes Related to the Medicaid Long Term Services and Supports (LTSS) Screening</b></p> <ul style="list-style-type: none"> <li>• <b>LTSS Screening for Nursing Facilities</b></li> <li>• For individuals requesting and needing nursing facility (NF) services (including skilled, rehab, or custodial care) directly after discharge from a hospital, the requirement for a Medicaid LTSS Screening is suspended during the COVID-19 public health emergency. For admissions occurring after March 12, 2020, NFs do not need to obtain Medicaid LTSS Screening packages that would normally be required by 12VAC30-60-308, and may admit individuals without the Medicaid LTSS screening package. The individual may be admitted directly to the NF without a LTSS Screening. NFs must follow the directions below regarding the screening, evaluation and determination for specialized services for individuals who potentially have mental illness, intellectual disability or a related condition, and assure completion resident reviews. This process is known as Pre-Admission Screening and Resident Review (PASRR).</li> <li>• The same requirements that apply to the DMAS 97 Individual Choice form for HCBS screenings also apply in NFs: CBTs and HBTs may obtain verbal consent of the individual or authorized representative for the DMAS-97 when two LTSS screeners/individuals verify the response. Both witnesses should sign the DMAS-97 to indicate the individual's verbal choice, and this form should be maintained with the individual's case record.</li> <li>• For those individuals choosing NF care, the original DMAS-97 should be forwarded to the NF and the hospital should retain a copy.</li> <li>• <b>Nursing Facilities and Preadmission Screening and Resident Review (PASRR)</b></li> <li>• DMAS is temporarily suspending PASRR Level II evaluations for 30 days after an individual's admission. During the declared COVID-19 public health emergency, all admissions to NFs may be treated as exempted hospital discharges under 42 CFR 483.106. If the individual remains in a NF after 30 days, a resident review shall be conducted as soon as reasonably possible. NFs should follow the processes for resident review, and notify Ascend, A Maximus Company, for scheduling evaluations related to mental illness, intellectual disability or related conditions.</li> <li>• <b>Minimum Data Set ( MDS)</b></li> </ul>	<p><a href="https://www.vhca.org/files/2020/05/5.26.20_Ne-w-1135-Waiver-and-Administrative-Provider-Flexibilities_FINAL.pdf">https://www.vhca.org/files/2020/05/5.26.20_Ne-w-1135-Waiver-and-Administrative-Provider-Flexibilities_FINAL.pdf</a></p> <p><a href="http://dmas.virginia.gov/contactforms/#/general">http://dmas.virginia.gov/contactforms/#/general</a></p>

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			<ul style="list-style-type: none"> <li>• Virginia is following the Medicare waiver of 42 CFR 483.20 to provide relief to skilled nursing facilities (SNFs) on the timeframe requirements for MDS assessments and transmissions. This guidance is provided for Medicaid members and may be adjusted to comport with guidance that CMS may issue pertaining to Medicare residents.</li> <li>• NFs should continue to complete MDS assessments for new admissions. This assessment is necessary for appropriate care planning and to establish the RUG for Medicaid billing. These assessments should be completed within 30 days (rather than 14 days) of admission. For residents transitioning from Medicare covered SNF care to Medicaid covered NF care, the NF may use the Medicaid RUG from an Omnibus Budget Reconciliation Act (OBRA) assessment within 30 days of transition. Otherwise, the NF must complete an admission assessment. However, DMAS will waive the requirement for quarterly and comprehensive assessments and significant change assessments if the clinical staff is unable to submit them timely. For Medicaid billing purposes, the provider may continue to bill the RUG from the most recent assessment. DMAS encourages NFs to complete the MDS as soon as possible after a significant change as it both informs care planning and establishes the appropriate Medicaid RUG for billing. A RUG for a significant change assessment can be billed back to the significant change as long as the assessment is within 30 days (rather than 14 days) of the significant change assessment. NFs should continue to submit the correct Assessment Reference Date (ARD) associated with the assessment that generated the RUG submitted on the claim, even though the ARD will not be taken into account during claim processing. All completed assessments should be transmitted to CMS via the Quality Improvement and Evaluation System – Assessment Submission and Processing (QIES-ASAP) application as soon as possible.</li> <li>• This waiver will last through the end of the emergency declaration. NFs have until the end of the following quarter to reset the quarterly assessment schedule by completing assessments on a staggered based to avoid quarterly assessments due at the same time.</li> <li>• <b>Nurse Aides in Nursing Facilities -Temporarily suspending the four-month limitation in 42 C.F.R. §483.35(d) (except for 42 C.F.R. §483.35(d)(1)(i)) for individuals working in nursing facilities as a nurse aide on a full-time basis.</b></li> </ul>	

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			<ul style="list-style-type: none"> <li>SNFs and NFs may temporarily employ individuals, who are not certified nurse aides, to perform the duties of a nurse aide for more than four months, on a full-time basis. These facilities still must comply with 42 C.F.R § 483.35(c) by ensuring that nurse aides are able to demonstrate competency in the provision of nursing and nursing related services and skills and techniques necessary to care for residents' needs, as identified through resident assessments and described in the plan of care.</li> </ul>	
6/10/20	Executive Order - VA	Preadmission Screening-DMAS	Executive Orders 57 and 58, which were set to expire on June 10 will remain in effect for the duration of the COVID-19 state of emergency unless amended or rescinded. EO 57 addresses out-of-state licensees; EO 58 suspended screening requirements for hospital discharges to nursing facilities.	<a href="https://www.vhca.org/publications/careconnecton/">https://www.vhca.org/publications/careconnecton/</a>
7/21/20	DMAS	Preadmission Screening PASRR MDS CNA	<p>This memorandum (which supersedes the memo dated July 21, 2020 entitled, "COVID-19 Continuations Until 8/31/20 and 10/22/20") is a REVISION to the previous memo.</p> <p>Nursing Facilities: Per provision 313.LLLLL in the 2020 Appropriations Act, the additional \$20 per diem payment for nursing homes and specialized care facilities shall continue for the period of the Governor's Declaration of a State of Emergency in Executive Order 51. DMAS will continue to extend the following flexibilities until October 22, 2020.</p> <ul style="list-style-type: none"> <li>Suspend Pre-Admission Screening and Annual Resident Review (PASARR) Level I and Level II Assessments for 30 days.</li> <li>Extend minimum data set authorizations for nursing facility and skilled nursing facility (SNF) residents.</li> <li>Waive 42 CFR 483.20(k) allowing nursing homes to admit new residents who have not reached Level 1 or Level 2 Preadmission Screening. Level 1 assessments may be performed post-admission. On or before the 30th day of admission, new patients admitted to nursing homes with a mental illness or intellectual disability should be referred promptly by the nursing home to state PASARR program for Level 2 Resident Review.</li> <li>Waive the requirements at 42 CFR 483.35(d) (with the exception of 42 CFR 483.35(d)(1)(i)), which require that a SNF and NF may not employ anyone for longer than four months unless they met the training and certification requirements under § 483.35(d).</li> </ul>	<a href="https://www.ecm.viriniamedicaid.dmas.virginia.gov/WorkplaceXT/getContent?impersonate=true&amp;id=%7BE0D18073-0000-C81C-9AB8-A4057EEE7930%7D&amp;vsId=%7BF0FA7473-0000-C613-BEA7-066B93D53108%7D&amp;objectType=document&amp;objectStoreName=VAPRODOS1">https://www.ecm.viriniamedicaid.dmas.virginia.gov/WorkplaceXT/getContent?impersonate=true&amp;id=%7BE0D18073-0000-C81C-9AB8-A4057EEE7930%7D&amp;vsId=%7BF0FA7473-0000-C613-BEA7-066B93D53108%7D&amp;objectType=document&amp;objectStoreName=VAPRODOS1</a>



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8/12/20	VA- Dept. of Health Prof. Board of Nursing	Nurse Aide Education Program	<p>The Board of Nursing issued an additional waiver on August 10, 2020 for the following: Nurse Aide Education Program. 18VAC90-26-20. Establishing and Maintaining a Nurse Aide Education Program.</p> <p>1. Demonstrate evidence of compliance with the following essential elements:</p> <p>e. Skills training experience in a nursing facility that has not been subject to penalty or penalties as provided in 42 CFR 483.151(b)(2) (Medicare and Medicaid Programs: Nurse Aide Training and Competency Evaluation and Paid Feeding Assistants, revised October 1, 2013 edition) in the past two years. The foregoing shall not apply to a nursing facility that has received a waiver from the state survey agency in accordance with federal law.</p> <p>Purpose of the August 10, 2020 Waiver</p> <p>The waiver provides a suspension for current and incoming nurse aide students effective August 10, 2020 through December 31, 2020. The suspension of this regulation enables programs to complete the 40-hour direct client care training of enrolled students in alternate clinical sites to include licensed hospitals, hospice facilities, assisted living facilities, rehabilitation centers, and dementia care units. Regulations do not provide for completion of the 40 hours in the laboratory setting.</p> <p>Note: If this training occurs in a nursing facility, the facility shall not be subject to a penalty or penalties as provided in 42 CFR 483.151(b)(2). Acceptable alternate sites would include licensed hospitals, hospice facilities, assisted living facilities, rehabilitation centers, and dementia care units.</p>	<a href="https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverNurseAideTraining08102020.pdf">https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverNurseAideTraining08102020.pdf</a>
10/16/20	CMS	1135 Blanket Waivers 3 Day Stay Benefit Period	<p>On October 2, Secretary of HHS renewed the declaration of the COVID-19 national public health emergency (PHE) to extend through at least January 20, 2021.</p> <p>See link for AHCA fact sheet for guidance for 3 day hospital stay and benefit period waivers.</p>	<a href="https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-2Oct2020.aspx">https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-2Oct2020.aspx</a>  <a href="https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf">https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf</a>  <a href="https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/3-Day%20Waiver%20FAQ.pdf">https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/3-Day%20Waiver%20FAQ.pdf</a>

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1/11/21	CMS/HHS	Extension of Public Health Emergency Section 1135 Waiver Section 1812 (f) Waiver	<p>US Department of Health and Human Services (HHS) Secretary Alex Azar extended the public health emergency (PHE) due to COVID-19 effective January 21, 2021. The PHE is issued in 90-day increments and is slated to expire in April 2021.</p> <p>The PHE extension means:            Section 1135 National, Blanket Waiver remains in place. This waiver includes the telehealth and staffing waivers.            Section 1812(f) Waiver also remains in place. This covers the waiver of the 3-Day Stay requirement and the waiver of the Spell of Illness.            See links for full details.</p>	<p><a href="https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf">https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf</a></p> <p><a href="https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-07Jan2021.aspx">https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-07Jan2021.aspx</a></p> <p><a href="https://www.cms.gov/files/document/coronaviruss-nf-1812f-waiver.pdf">https://www.cms.gov/files/document/coronaviruss-nf-1812f-waiver.pdf</a></p>
3/5/21	DMAS	PASRR MDS Authorizations Training and Certification	<p>DMAS has published a Medicaid Memo on COVID-19 flexibilities in effect through April 20, 2021.</p> <ul style="list-style-type: none"> <li>• Suspend Pre-Admission Screening and Resident Review (PASRR) Level I and Level II Assessments for 30 days. Note: This applies to nursing facility admissions only. Those choosing home and community based options for care must still have a completed screening for Long Term Services and Supports (LTSS). Such screenings shall be conducted either through telehealth or telephone services.</li> <li>• Waive 42 CFR 483.20(k) allowing nursing facilities to admit new residents who have not reached Level 1 or Level 2 of the PASRR. Level 1 assessments may be performed post-admission. On or before the 30th day of admission, new patients admitted to nursing facilities with potential mental illness, intellectual disability, or related condition must be referred promptly by the nursing facility to state PASRR program for a Resident Review.</li> <li>• Extend minimum data set authorizations for nursing facility and skilled nursing facility (SNF) residents.</li> <li>• Waive the requirements at 42 CFR 483.35(d) (with the exception of 42 CFR 483.35(d)(1)(i)), which require that a skilled nursing facility (SNF) and nursing facility (NF) may not employ anyone for longer than four months unless they met the training and certification requirements under § 483.35(d).</li> <li>• Waive the requirement for the Medicaid LTSS Screening for individuals admitted to a nursing facility directly from hospital inpatient status.</li> </ul> <p>See link for full details.</p>	<p><a href="https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/MedicaidMemostoProviders">https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/MedicaidMemostoProviders</a></p>

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4/8/21	CMS	Updates to LTC Emergency Waivers	<p>CMS published QSO-21-17-NH on 4/8/2021 -- Updates to Long-Term Care (LTC) Emergency Regulatory Waivers issued in response to COVID-19 at <a href="https://www.cms.gov/files/document/qso-21-17-nh.pdf">https://www.cms.gov/files/document/qso-21-17-nh.pdf</a>.</p> <p><b>The four Emergency Blanket Waivers at 42 CFR §483.10(e)(6), §483.15(c)(4)(ii), §483.20 and §483.21(a)(1)(i), (a)(2)(i), and (b)(2)(i) will end effective May 10, 2021..</b> Over the course of the public health emergency, nursing homes have developed policies or other practices that CMS believes mitigates the need for certain waivers Therefore, <b>CMS is announcing it is ending:</b></p> <ul style="list-style-type: none"> <li>▪ The emergency blanket waivers related to notification of Resident Room or Roommate changes, and Transfer and Discharge notification requirements; 42 CFR §483.10(e)(6), §483.15(c)(4)(ii),</li> <li>▪ The emergency blanket waiver for certain care planning requirements for residents transferred or discharged for cohorting purposes. §483.21(a)(1)(i), (a)(2)(i), and (b)(2)(i)</li> <li>▪ The emergency blanket waiver of the timeframe requirements for completing and transmitting resident assessment information (Minimum Data Set (MDS). §483.20</li> </ul> <p>CMS <b>is not ending</b> the waiver at 42 CFR §483.20(k) related to the Pre-Admission Screening and Annual Resident Review (PASARR) at this time</p> <p>CMS is providing clarification and recommendations for Nurse Aide Training and Competency Evaluation Programs (NATCEPs)</p> <p>See link for full details</p>	<a href="https://www.cms.gov/files/document/qso-21-17-nh.pdf">https://www.cms.gov/files/document/qso-21-17-nh.pdf</a>
4/21/21	CMS/HHS	PHE Extension	<p>Effective April 21, 2021, US Department of Health and Human Services (HHS) Secretary Xavier Becerra extended the ongoing COVID-19 public health emergency (PHE) for an additional 90 days. The new expiration date for the COVID-19 PHE is now set for July 20, 2021. Currently, it is expected that HHS will continue to renew its declaration of PHE every 90 days through the end of 2021 and will provide 60 days' notice prior to ending it.</p> <p>As noted in previous AHCA/NCAL communications, as long as the PHE is in place, CMS may retain its 1135 waivers. However, CMS could decide to phase out other waivers prior to the end of the PHE if it determines they are no longer needed. CMS will continue to monitor the emergency blanket waivers and may provide future updates.</p> <p>See links for full detail</p>	<p><a href="https://www.phe.gov/emergency/news/healthactions/phe/Pages/COVID-15April2021.aspx">https://www.phe.gov/emergency/news/healthactions/phe/Pages/COVID-15April2021.aspx</a></p> <p><a href="https://ccf.georgetown.edu/wp-content/uploads/2021/01/Public-Health-Emergency-Message-to-Governors.pdf">https://ccf.georgetown.edu/wp-content/uploads/2021/01/Public-Health-Emergency-Message-to-Governors.pdf</a></p> <p><a href="https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf">https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf</a></p> <p><a href="https://www.vhca.org/publications/careconnecton/april-22-2021/hhs-extends-covid-19-public-health-emergency/">https://www.vhca.org/publications/careconnecton/april-22-2021/hhs-extends-covid-19-public-health-emergency/</a></p>

Date	Agency	Topic	Summary	Link
5/10/21	CMS	Updates to LTC Emergency Waivers	<p>In QSO-21-17-NH CMS announced it is ending four of the 1135 waivers issued in response to the COVID-19 Public Health Emergency (PHE). These changes are effective May 10, 2021. The four waivers that will be ending relate to prior notification of room and roommate change, prior notice of transfer/discharge, certain care planning requirements, and MDS submission.</p> <p>CMS also provides clarification and recommendations for Nurse Aide Training and Competency Evaluation Programs (NATCEPs). Currently, CMS is keeping the current nurse aide waiver. See full link for details</p>	<a href="https://www.cms.gov/files/document/qso-21-17-nh.pdf">https://www.cms.gov/files/document/qso-21-17-nh.pdf</a>
8/20/21	VA- Dept. of Health Prof. Board of Nursing	Temporary Nurses Aide to Certified Nurses Aide	<p>The Virginia Board of Nursing (BON) has updated its Temporary Nurse Aides to Certified Nurse Aides (TNA2CNA) webpage with information that it is again accepting TNA applications to take the National Nurse Aide Assessment Program (NNAAP) examination. VHCA-VCAL advocated for language to be included in the budget passed by the General Assembly in its most recent special session to resume the authorization for TNAs practicing under the CMS 1135 waiver during the federal public health emergency (PHE) to be deemed eligible to take the exam.</p> <p>As previously was the case, to be considered for the NNAAP, the TNA must first complete an application through Pearson VUE and the employer must provide written verification (attestation) of competency and employment as a TNA. (This Pearson VUE webpage has more info for test takers.) See link for full details</p>	<p><a href="http://www.dhp.virginia.gov/Boards/Nursing/AbouttheBoard/News/COVID19/Content-473068-en.html">http://www.dhp.virginia.gov/Boards/Nursing/AbouttheBoard/News/COVID19/Content-473068-en.html</a></p> <p><a href="https://i7lp.integral7.com/durango/do/login?ownername=vana">https://i7lp.integral7.com/durango/do/login?ownername=vana</a></p> <p><a href="https://home.pearsonvue.com/va/nurseaides/">https://home.pearsonvue.com/va/nurseaides/</a></p>
10/18/21	CMS/HHS	PHE Extension	<p>On October 15 the US Department of Health and Human Services Secretary Xavier Becerra extended the ongoing COVID-19 public health emergency (PHE) for an additional 90 days. The new expiration date for the COVID-19 PHE is now set for mid-January 2022. Any decision to allow the PHE to lapse would come with 60 days of notice.</p> <p>Telehealth flexibilities, enhanced FMAP, SNF-specific waivers (3-Day Stay, Spell of Illness) and other COVID-19 related Medicare, Medicaid, and regulatory waivers remain in place. See links for full detail</p>	<p><a href="https://www.phe.gov/emergency/news/healthactions/phe/Pages/COVDI-15Oct21.aspx">https://www.phe.gov/emergency/news/healthactions/phe/Pages/COVDI-15Oct21.aspx</a></p> <p><a href="https://www.vhca.org/publications/careconnect/on/october-21-2021/hhs-extends-covid-19-public-health-emergency-through-january-2022/">https://www.vhca.org/publications/careconnect/on/october-21-2021/hhs-extends-covid-19-public-health-emergency-through-january-2022/</a></p>

Date	Agency	Topic	Summary	Link
1/10/22	Executive Order - VA	Action to Provide Certain Operational Relief for Hospitals And Healthcare Workers, Via Declaration of a Limited State of Emergency	<p>In light of the current wave of COVID-19 infections and the related increase in hospitalizations, Gov. Ralph Northam issued Executive Order (EO) 84. This limited emergency order will help nursing homes and other providers by allowing public health agencies greater flexibility to increase staffing capacity and other measures. The authorizations established the EO be in effect until February 11, unless it amended or rescinded by further executive order.</p> <p>The highlighted areas in the memo that have relevance to nursing facilities include:</p> <ul style="list-style-type: none"> <li>• Bed Capacity</li> <li>• Out of State licenses</li> <li>• Temporary Nurse Aides</li> <li>• Administration of COVID-19 vaccine by LPNs</li> </ul> <p>See the ink for full details</p>	<p><a href="https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/EO-84-Action-to-Provide-Certain-Operational-Relief-for-Hospitals-and-Healthcare-Workers,-Via-Declaration-of-a-Limited-State-of-Emergency.pdf">https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/EO-84-Action-to-Provide-Certain-Operational-Relief-for-Hospitals-and-Healthcare-Workers,-Via-Declaration-of-a-Limited-State-of-Emergency.pdf</a></p> <p><a href="https://www.vhca.org/publications/careconnecton/january-13-2022/gov-northam-issues-limited-covid-19-emergency-executive-order/">https://www.vhca.org/publications/careconnecton/january-13-2022/gov-northam-issues-limited-covid-19-emergency-executive-order/</a></p>
1/16/22	CMS/HHS	PHE Extension	<p>Effective on January 16, 2022, the US Department of Health and Human Services Secretary Xavier Becerra extended the ongoing COVID-19 public health emergency (PHE) for an additional 90 days. The new expiration date for the COVID-19 PHE is now set for mid-April 2022. Any decision to allow the PHE to lapse would come with 60 days of notice.</p> <p>Telehealth flexibilities, enhanced FMAP, SNF-specific waivers (3-Day Stay, Spell of Illness) and other COVID-19 related Medicare, Medicaid, and regulatory waivers remain in place.</p> <p>See links for full detail</p>	<p><a href="https://aspr.hhs.gov/legal/PHE/Pages/COVID19-14Jan2022.aspx">https://aspr.hhs.gov/legal/PHE/Pages/COVID19-14Jan2022.aspx</a></p>
2/20/22	Executive Order - VA	Action to Provide Certain Operational Relief for Hospitals And Healthcare Workers, Via Declaration of a Limited State of Emergency	<p>Gov. Glenn Youngkin issued Executive Order (EO) 16, which extends the flexibilities provided in his prior EO 11 to help health care providers, including nursing homes and assisted living providers respond to the pandemic. EO 16 took effect on February 20 and expires on March 22, 2022.</p> <p>The highlights of the memo that have relevance to nursing facilities include:</p> <ul style="list-style-type: none"> <li>• Bed Capacity</li> <li>• Out of State licenses</li> <li>• Pre-admission Screening Waivers for Hospitals</li> <li>• Temporary Nurse Aides</li> <li>• Administration of COVID-19 vaccine by LPNs</li> </ul> <p>See the ink for full details</p>	<p><a href="https://www.governor.virginia.gov/media/governorvirginiagov/governor-of-virginia/pdf/eo/EO-16-Providing-Flexibility-to-Hospitals.pdf">https://www.governor.virginia.gov/media/governorvirginiagov/governor-of-virginia/pdf/eo/EO-16-Providing-Flexibility-to-Hospitals.pdf</a></p> <p><a href="https://www.vhca.org/publications/careconnecton/february-24-2022/youngkin-extends-executive-order/">https://www.vhca.org/publications/careconnecton/february-24-2022/youngkin-extends-executive-order/</a></p>

Date	Agency	Topic	Summary	Link									
4/7/22	CMS	Update to COVID-19 Emergency Declaration Blanket Waivers for Specific Providers	<p>On 4/4, CMS provided and updated the COVID-19 Emergency Declaration Blanket Waivers for Specific Providers in QSO-22-15-NH &amp; NLTC &amp; LSC. CMS is ending the waiver in 2 specific groups- 30 and 60 days form issuance of the memorandum.</p> <p>CMS is ending the specific emergency declaration blanket waivers for SNFs/NFs, inpatient hospices, ICF/IIDs and ESRD facilities listed below. The termination of these blanket waivers will have no effect on other blanket waivers that remain in place. Providers are expected to take immediate steps so that they may return to compliance with the reinstated requirements according to the timeframes listed below. For additional information on individual waivers or flexibilities providers can apply for, please visit the Coronavirus Waivers &amp; Flexibilities webpage.</p> <p><b>Emergency Declaration Blanket Waivers Ending for SNF/NF 30 days from 4/7/22</b></p> <table border="1" data-bbox="604 524 1421 1378"> <thead> <tr> <th data-bbox="604 524 877 581">Regulation</th> <th data-bbox="877 524 1150 581">What the Waiver Did</th> <th data-bbox="1150 524 1421 581">What the Regulation Requires</th> </tr> </thead> <tbody> <tr> <td data-bbox="604 581 877 829">Resident Groups - 42 CFR §483.10(f)(5) – <b>F565</b></td> <td data-bbox="877 581 1150 829">CMS waived the requirements which ensure residents can participate in-person in resident groups. This waiver permitted the facility to restrict in-person meetings during the PHE.</td> <td data-bbox="1150 581 1421 829">Allows resident and family groups to meet in person in a group setting.</td> </tr> <tr> <td data-bbox="604 829 877 1378">Physician Delegation of Tasks in SNFs - 42 CFR §483.30(e)(4) – <b>F-714</b></td> <td data-bbox="877 829 1150 1378">CMS waived the requirement that prevents a physician from delegating a task when the regulations specify that the physician must perform it personally. This waiver gave physicians the ability to delegate any tasks to a PA, NP, or CNS, but specified that any task delegated under this waiver must continue to be under the supervision of the physician.</td> <td data-bbox="1150 829 1421 1378">In SNFs, when personal performance of a particular task by a physician is specified in the regulations, performance of that task cannot be delegated to anyone else. The tasks of examining the resident, reviewing the resident's total program of care, writing progress notes, and signing orders may be delegated unless prohibited by State law or facility policies</td> </tr> </tbody> </table>	Regulation	What the Waiver Did	What the Regulation Requires	Resident Groups - 42 CFR §483.10(f)(5) – <b>F565</b>	CMS waived the requirements which ensure residents can participate in-person in resident groups. This waiver permitted the facility to restrict in-person meetings during the PHE.	Allows resident and family groups to meet in person in a group setting.	Physician Delegation of Tasks in SNFs - 42 CFR §483.30(e)(4) – <b>F-714</b>	CMS waived the requirement that prevents a physician from delegating a task when the regulations specify that the physician must perform it personally. This waiver gave physicians the ability to delegate any tasks to a PA, NP, or CNS, but specified that any task delegated under this waiver must continue to be under the supervision of the physician.	In SNFs, when personal performance of a particular task by a physician is specified in the regulations, performance of that task cannot be delegated to anyone else. The tasks of examining the resident, reviewing the resident's total program of care, writing progress notes, and signing orders may be delegated unless prohibited by State law or facility policies	<p><a href="https://www.cms.gov/files/document/qso-22-15-nh-nltc-lsc.pdf">https://www.cms.gov/files/document/qso-22-15-nh-nltc-lsc.pdf</a></p> <p><a href="https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers">https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers</a></p> <p><a href="https://www.vhca.org/publications/careconnection/april-14-2022/next-steps-for-facilities-using-1135-waiver-for-training-and-certification-of-nurse-aides/">https://www.vhca.org/publications/careconnection/april-14-2022/next-steps-for-facilities-using-1135-waiver-for-training-and-certification-of-nurse-aides/</a></p>
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			Physician Visits - 42 CFR §483.30(c)(3) – <b>F712</b>	CMS waived the requirement that all required physician visits (not already exempted in §483.30(c)(4) and (f)) must be made by the physician personally. The waiver modified this provision to permit physicians to delegate required physician visit to a NP, PA, or CNS who is not an employee of the facility, who is working in collaboration with a physician, and who is licensed by the State and performing within the state's scope-of-practice laws.	At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with F-714.	
			Physician Visits in Skilled Nursing Facilities/Nursing Facilities - 42 CFR §483.30 – <b>F-712</b>	CMS waived the requirement for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options	A physician must see the residents at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.	
			Quality Assurance and Performance Improvement (QAPI) – 42 CFR §483.75(b)–(d) and (e)(3) – <b>F-865 – F867</b>	CMS modified certain requirements which require long-term care facilities to develop, implement, evaluate, and maintain an effective, comprehensive, data-driven QAPI program. This waiver gave providers the ability to focus on adverse events and infection control, and those	F-865 -- Address all systems of care and management practices.  F-866 – Include program feedback, data systems and monitoring  F-867 – Include program systematic analysis and systemic action. As part of their	

Date	Agency	Topic	Summary		Link	
				<p>aspects of care delivery most closely associated with COVID-19 during the PHE.</p>	<p>performance improvement activities, the facility must conduct distinct performance improvement projects. The number and frequency of improvement projects conducted by the facility must reflect the scope and complexity of the facility's services and available resources, as reflected in the facility assessment required at §483.70(e). Improvement projects must include at least annually a project that focuses on high risk or problem-prone areas identified through the data collection and analysis described in paragraphs (c) and (d) of this section</p>	
			<p>Detailed Information Sharing for Discharge Planning for Long-Term Care (LTC) Facilities - 42 CFR §483.21(c)(1)(viii) – F-660</p>	<p>CMS waived the discharge planning requirement which requires LTC facilities to assist residents and their representatives in selecting a post-acute care provider using data, such as standardized patient assessment data, quality measures and resource use. CMS maintained all other discharge planning requirements.</p>	<p>For residents who are transferred to another SNF or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure</p>	



Date	Agency	Topic	Summary			Link
					that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences	
			Physician Visits - 42 CFR §483.30(c)(3) – <b>F712</b>	CMS waived the requirement that all required physician visits (not already exempted in §483.30(c)(4) and (f)) must be made by the physician personally. The waiver modified this provision to permit physicians to delegate any required physician visit to a nurse practitioner, physician assistant, or clinical nurse specialist who is not an employee of the facility, who is working in collaboration with a physician, and who is licensed by the State and performing within the state's scope-of-practice laws.	At the option of the physician, required visits in SNFs, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with F-714.	
			Clinical Records - 42 CFR §483.10(g)(2)(ii) – <b>F-573</b>	CMS modified the requirement which requires long-term care (LTC) facilities to provide a resident a copy of their records within two working days (when requested by the resident).	The facility must allow the resident to obtain a copy of the records or any portions thereof (including in an electronic form or format when such records are maintained electronically) upon request and 2 working days advance notice to the facility.	

Date	Agency	Topic	Summary			Link
			<b>Emergency Declaration Blanket Waivers for Various Provider-Types Ending 60 Days from Publication 4/7/2022</b>			
			<b>Regulation</b>  Paid Feeding Assistants for LTC facilities: 42 CFR §§483.60(h)(1)(i) and 483.160(a) - <b>F-811</b>	<b>What the Waiver Did</b>  CMS modified the requirements regarding required training of paid feeding assistants to allow that training can be a minimum of one hour in length. CMS did not waive other requirements related to paid feeding assistants or required training content.	<b>What the Regulation Requires</b>  A facility may use a paid feeding assistant, as defined in § 488.301 (i) The feeding assistant has successfully completed a State-approved training course that meets the requirements of §483.160 before feeding residents; and (ii) The use of feeding assistants is consistent with State law. §483.60(h)(2) Supervision. (i) A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN).	
			In-Service Training for LTC facilities – 42 CFR §483.95(g)(1) – <b>F-947</b>	CMS modified the nurse aide training requirements for SNFs and NFs, which required the nursing assistant to receive at least 12 hours of in-service training annually.	Nurse aide training be sufficient to ensure the continuing competence of nurse aides but must be no less than 12 hours per year.	
			Training and Certification of Nurse Aides for SNF/NFs - 42 CFR §483.35(d) (Modification and Conditional Termination) – <b>F-728</b>	CMS waived the requirements which require that a SNF and NF may not employ anyone for longer than four months unless they met the training	We are aware that there may be instances where the volume of aides that must complete a state approved NATCEP exceed the available	

Date	Agency	Topic	Summary		Link	
				<p>and certification requirements under §483.35(d). CMS previously provided information related to nurse aides working under this blanket waiver in CMS memorandum QSO-21-17-NH. This memo provides additional information as well on the modification of this waiver below. We remind states that all nurse aides, including those hired under the above blanket waiver at 42 CFR §483.35(d), must complete a state approved Nurse Aide Competency Evaluation Program (NATCEP) to become a certified nurse aide. State approved NATCEPs must have a curriculum that includes training in the areas defined at 42 CFR §483.152(b), such as respecting residents' rights, basic nursing skills, personal care skills, and caring of cognitively impaired residents. Additionally, the requirements at 42 CFR §483.154(b)(i) and (ii) requires these nurse aides pass a written or oral exam, and demonstrate skills learned. Lastly, we note that CMS did not waive the requirement that the individual</p>	<p>capacity for enrollees in a training program or taking the exam. This may cause delays in in nurse aides becoming certified. If a facility or nurse aide has documentation that demonstrates their attempts to complete their training and testing (e.g., timely contacts to state officials, multiple attempts to enroll in a program or test), a waiver of these requirements (42 CFR §483.35(d)) is still available and the aide may continue to work in the facility while continuing to attempt to become certified as soon as possible. However, for all other situations, this waiver is terminated. When capacity issues exist, facilities should inform their state officials of the issue. State agencies should also verify the capacity issues that are reported. Lastly, state agencies should provide their CMS Location with information about the status of their NATCEPs.</p>	

Date	Agency	Topic	Summary			Link
				employed as a nurse aide be competent to provide nursing and nursing related services at 42 CFR §483.35(d)(1)(i), and that requirement must continue to be met.		
			Physical Environment for SNF/NFs - 42 CFR §483.90 –	CMS waived requirements to allow for a non-SNF building to be temporarily certified and available for use by a SNF in the event there were needs for isolation processes for COVID-19 positive residents, which may not be feasible in the existing SNF structure to ensure care and services during treatment for COVID-19, provided that the state has approved the location as one that sufficiently addresses safety and comfort for patients and staff. Certain conditions of participation and certification requirements for opening a NF if the state determines there is a need to quickly stand up a temporary COVID-19 isolation and treatment location. Requirements to temporarily allow for rooms in a long-term care facility not normally used as a resident's room, to be used to accommodate beds and residents for	<b>Compliance with F-906-F-926</b> <ul style="list-style-type: none"> <li>• Emergency Electrical Power System</li> <li>• Space and Equipment</li> <li>• Essential Equipment, Safe Operating Condition</li> <li>• Resident Bed</li> <li>• Resident Room</li> <li>• Bedroom Number of Residents</li> <li>• Bedrooms Measure at Least 80 Square Ft/Resident</li> <li>• Bedrooms Have Direct Access to Exit Corridor</li> <li>• Bedrooms Assure Full Visual Privacy</li> <li>• Resident Room Window</li> <li>• Resident Room Floor Above Grade</li> <li>• Resident Room Bed/Furniture/Clo set</li> <li>• Bedrooms Equipped/Near Lavatory/Toilet</li> </ul>	

Date	Agency	Topic	Summary		Link
				resident care in emergencies and situations needed to help with surge capacity	<ul style="list-style-type: none"> <li>• Resident Call System</li> <li>• Requirements for Dining and Activity Rooms</li> <li>• Safe/Functional/Sanitary/ Comfortable Environment</li> <li>• Procedures to Ensure Water Availability</li> <li>• Ventilation</li> <li>• Corridors Have Firmly Secured Handrails</li> <li>• Maintains Effective Pest Control Program</li> </ul> <p>Compliance with-Life Safety Codes</p>
		Facility and Medical Equipment Inspection, Testing & Maintenance (ITM) for Inpatient Hospice, ICF/IIDs and SNFs/NFs – 42 CFR §418.110(c)(2)(iv), 483.470(j), and 483.90	CMS waived ITM requirements for facility and medical equipment to reduce disruption of patient care and potential exposure/transmission of COVID-19.		
		Life Safety Code (LSC) and Health Care Facilities Code (HCFC) ITM for Inpatient Hospice, ICF/IIDs and SNFs/NFs - 42 CFR §§ 418.110(d)(1)(i) and (e), 483.470(j)(1)(i) and (5)(v), and 483.90(a)(1)(i) and (b)	CMS waived ITM required by the LSC and HCFC, with specified exceptions, which permitted facilities to adjust scheduled ITM frequencies and activities to the extent necessary		
		Outside Windows and Doors for Inpatient Hospice, ICF/IIDs and SFNs/NFs – 42 CFR §§418.110(d)(6), 483.470(e)(1)(i), and 483.90(a)(7)	CMS waived the requirement to have an outside window or outside door in every sleeping room. This permitted spaces not normally used for patient care to be utilized for patient care and quarantine		
		Life Safety Code for Inpatient Hospice, ICF/IIDs, and SNFs/NFs - 42 CFR §§418.110(d), 483.470(j), and 483.90(a) otherwise not permit temporary walls and barriers between patients	CMS waived these specific LSC provisions: Fire Drills: Due to the inadvisability of quarterly fire drills that move and mass staff together, CMS permitted a documented orientation training		

Date	Agency	Topic	Summary	Link
			<p>program related to the current fire plan, which considered current facility conditions. Temporary Construction: CMS waived requirements that would otherwise not permit temporary walls and barriers between patients</p> <p>See links for full details</p>	
7/15/22	CMS/HHS	PHE Extension	<p>The waivers have been renewed by the Secretary of Health and Human Services multiple times, most recently on July 15, 2022. Therefore, these waivers will continue to apply until at least October 13, 2022, unless the Secretary signs another extension of the PHE. See link for details.</p>	<a href="https://aspr.hhs.gov/legal/PHE/Pages/covid19-15jul2022.aspx">https://aspr.hhs.gov/legal/PHE/Pages/covid19-15jul2022.aspx</a>
8/11/22	CMS/HHS AHCA	PHE Extension-3 Day Stay and Benefit-Period Waivers for Part A SNF PPS FAQ	<p>See link from AHCA for FAQs for the updated 3 Day Stay and Benefit-Period Waivers for Part A SNF PPS. This outlined the updated changes to the waiver program since 4/2022 See link for full detail</p>	<a href="https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/3-Day%20Waiver%20FAQ.pdf">https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/3-Day%20Waiver%20FAQ.pdf</a>
8/25/22	CMS	Roadmap for the End of the PHE-	<p>CMS has posted a blog with details how the agency plans to create a roadmap for the end of the COVID-19 Public Health Emergency (PHE) and a fact sheet that reviews the status of all the LTC-related COVID waivers. See link for details</p>	<a href="https://www.cms.gov/blog/creating-roadmap-end-covid-19-public-health-emergency">https://www.cms.gov/blog/creating-roadmap-end-covid-19-public-health-emergency</a>  <a href="https://www.cms.gov/files/document/long-term-care-facilities-cms-flexibilities-fight-covid-19.pdf">https://www.cms.gov/files/document/long-term-care-facilities-cms-flexibilities-fight-covid-19.pdf</a>  <a href="https://www.vhca.org/publications/careconnecton/august-25-2022/cms-outlines-plan-for-the-end-of-the-phe/">https://www.vhca.org/publications/careconnecton/august-25-2022/cms-outlines-plan-for-the-end-of-the-phe/</a>

Date	Agency	Topic	Summary	Link
10/13/22	CMS/HHS	PHE Extension	US Health and Human Services Secretary Xavier Becerra renewed the declaration that a public health emergency (PHE) exists. The renewal was effective October 13, 2022 and will continue for 90 days pursuant to federal law. See link for full detail	<a href="https://www.vhca.org/publications/careconnect/on/october-20-2022/public-health-emergency-extended-through-january-12/">https://www.vhca.org/publications/careconnect/on/october-20-2022/public-health-emergency-extended-through-january-12/</a>
1/11/23	CMS/HHS	PHE Extension	US Health and Human Services Secretary Xavier Becerra renewed the declaration that a public health emergency (PHE) exists. The renewal was effective January 11, 2023, and will continue for 90 days through April 11, 2023, pursuant to federal law. See link for full detail	<a href="https://aspr.hhs.gov/legal/PHE/Pages/covid19-11Jan23.aspx">https://aspr.hhs.gov/legal/PHE/Pages/covid19-11Jan23.aspx</a>
5/1/23	CMS	Waiver Guidance for End of PHE	In 5/1/23 CMS released QSO-23-13-ALL for the guidance of the PHE with specific guidance for waivers expirations in pages 2-6. See links for full details	<a href="https://www.cms.gov/files/document/qso-23-13-all.pdf">https://www.cms.gov/files/document/qso-23-13-all.pdf</a>  <a href="https://www.vhca.org/files/2023/05/What-You-Need-to-Know-about-the-End-of-the-PHE_05052023.pdf">https://www.vhca.org/files/2023/05/What-You-Need-to-Know-about-the-End-of-the-PHE_05052023.pdf</a>
5/11/23	CMS/HHS	End of PHE	U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra released the following statement on the end of the COVID-19 Public Health Emergency (PHE) effective 5/11/23 "Thanks to the Biden-Harris Administration's whole-of-government approach to combatting COVID-19, our country is in a better place than at any point during the pandemic. "HHS and the leadership across the Department remain focused on protecting the health and well-being of all Americans, particularly those at highest at risk, including seniors and immunocompromised people, making sure we don't leave the uninsured behind and monitoring the latest subvariants so we're prepared and ready to manage the risks of the virus moving forward. The PHE is ending, but COVID-19 remains a public health priority, and our work to protect the American public will continue." See link for full details	<a href="https://www.hhs.gov/about/news/2023/05/11/hhs-secretary-xavier-becerra-statement-on-end-of-the-covid-19-public-health-emergency.html">https://www.hhs.gov/about/news/2023/05/11/hhs-secretary-xavier-becerra-statement-on-end-of-the-covid-19-public-health-emergency.html</a>
5/19/23	CMS	FAQs for CMS waivers for end of PHE	On 5/19/23, CMS released FAQs for CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency. While some FAQs are relevant for all programs, including Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and private insurance, other questions are program specific as indicated below. The updated FAQs note: <ul style="list-style-type: none"> <li>FAQ #22: Confirmed that the recently enacted Consolidated Appropriations Act of 2023 provisions recognize physical therapists (PT), occupational therapists (OT), and speech-</li> </ul>	<a href="https://www.cms.gov/files/document/frequently-asked-questions-cms-waivers-flexibilities-and-end-covid-19-public-health-emergency.pdf">https://www.cms.gov/files/document/frequently-asked-questions-cms-waivers-flexibilities-and-end-covid-19-public-health-emergency.pdf</a>  <a href="https://www.vhca.org/publications/careconnecton/may-25-2023/covid-19-phe-policies-for-therapy-and-physician-telehealth-remain-for-snf-al-residents/">https://www.vhca.org/publications/careconnecton/may-25-2023/covid-19-phe-policies-for-therapy-and-physician-telehealth-remain-for-snf-al-residents/</a>

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			<p>language pathologists (SLP), working in office- or facility-based settings, remain as distant site practitioners under Medicare law.</p> <ul style="list-style-type: none"> <li>FAQ #23: CMS indicated that physicians could continue to furnish telehealth services to nursing facility residents for visits, other than the required 30 or 60 day in-person visits required under 42 CFR 483.30, until at least December 31, 2023.</li> </ul> <p>See link for full details</p>	