Idaho State Veterans Homes – COVID-19 Related Phased Reopening Plan & Procedure

STATUS	*Visitation and Service Considerations*
Nursing Home Reopening Anticipated Date: **March 2021– TBD, 2021** ***Note:*** The COVID-19 Facility Risk Assessment allows the facilities to monitor several factors and adjust what level of COVID-19 mitigation is currently in place. Decisions on restrictions will be made after careful review of facility-level, surrounding community, and State factors/orders, in collaboration with state/local health officials and recommendations received from CDC and CMS.	**General Visitation & Facility Entry** • Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, and outdoors. Visits should be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents: ○ **Core Principles of COVID-19 Infection Prevention** ▪ Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine, will not be able to enter the facility. ▪ Hand hygiene (use of alcohol-based hand rub is preferred) • ▪ Face covering or mask (covering mouth and nose) and physical distancing at least six feet between people, in accordance with CDC guidance ▪ Instructional signage throughout the facility and proper visitor education on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene) ▪ Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit ▪ Appropriate staff use of Personal Protective Equipment (PPE) ▪ Effective cohorting of residents (e.g., separate areas dedicated to COVID-19 care) ▪ Resident and staff testing conducted as required at 42 CFR § 483.80(h) ○ **These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for nursing homes and should be adhered to at all times.** • If the nursing home's county COVID-19 community level of transmission is *substantial to high*, all residents and visitors, regardless of vaccination status, will wear face coverings or masks and physically distance at all times. • If the nursing home's county transmission rate is *low to moderate*, residents and visitors will wear masks and physically distance. ○ If the resident and all their visitors are fully vaccinated and the resident is not moderately or severely immunocompromised, they may choose not to wear face coverings or masks and to have physical contact. ○ Unvaccinated residents may also choose to have physical touch based on their preferences and needs. ○ Visitors will wear face coverings or masks when around other residents or healthcare personnel, regardless of vaccination status. **Screening:** • All persons coming into the facility, as described above, will be screened. This screening will be done prior to entering designated visitation area (outside or inside) and will include risk assessment, questioning, symptomology, and temperature assessment per CDC and CMS guidance. Those who do not meet the screening criteria will be restricted entry to the facility. • Residents will have a daily Infection Screening Assessment to include monitor residents at least daily for temp > 100 or subjective fever; symptoms suggestive of COVID-19; and observation of any signs(including low oxygenation saturation) or symptoms suggestive of COVID-19. **Indoor Visitation:** • Facilities must allow indoor visitation at all times and for all residents as permitted under the regulations. Facilities cannot limit the frequency and length of visits for residents, the number of visitors, or require advance scheduling of visits. • Visits will be conducted in a manner that adheres to the core principles of COVID-19 infection prevention and does not increase risk to other residents.

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- During indoor visitation, facilities will limit visitor movement in the facility. Visitors should go directly to the resident's room or designated visitation area.
- If possible, visits will not be conducted in the resident's room if a resident's roommate is unvaccinated or immunocompromised (regardless of vaccination status)

Indoor Visitation During an Outbreak Investigation:

- Visitors are still allowed into the facility during an outbreak investigation and will be made aware of the potential risk of visiting and are required to adhere to the core principles of COVID-19 infection prevention.
- Residents who are on transmission-based precautions (TBP) or quarantine can still receive visitors. These visits will occur in the resident's room and the resident will wear a well-fitting facemask (if tolerated).
- Before visiting residents who are on TBP or quarantine, visitors will be made aware of the potential risk of visiting and precautions necessary in order to visit the resident.

Additional Universal Source Control:

- All visitors will be instructed on and must perform proper hand hygiene upon entry into the facility.Visitors will also be provided an opportunity to perform hand hygiene after their visit.
- All visitors must maintain physical distancing (at least 6 feet), and wear a facility provided face covering at all times during the duration of their visit.
- Visits for residents who share a room should not be conducted in the resident's room, if possible. For situations where there is a roommate and the health status of the resident prevents leaving the room, facilities should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.
- Visitors who are unable or unwilling to maintain the precautions, as described directly above, will be restricted, and denied entrance to the facility.
- All HCP must wear a facemask, at all times, while they are in the facility. All HCP must use appropriate PPE when interacting with the residents. Use of facemasks and PPE will be consistent with CDC guidance to include optimization of PPE.
- All HCP are required to change out of their personal clothes and into their clean uniforms (scrubs or coveralls) within designated changing rooms. At the end of the work shifts, they then change out of the scrubs back into their personal clothes. The scrubs and coveralls are then laundered at the facility.
- Once HCP have changed into scrubs, then they cannot leave the facility grounds. If they go to their car for any reason, they cannot get into their car. Should HCP need to leave the facility grounds, they must change out of their scrubs and back into their street clothes, then go back through screening upon return to the building, get a newly laundered set of scrubs, and follow the process for changing back into scrubs.

COVID-19 Testing:

- All employees/contractors/providers/volunteers will be tested for SARS-CoV-2 with a molecular test(i.e., PCR or antigen detection) at a frequency based on CDC guidance pertaining to their local community as outlined by CMS letter QSO-20-38-NH or revised thereafter. For outbreak testing, all employees/contractors/providers/volunteers who test negative will be retested every 3 to 7 days if scheduled to be in the facility, until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result.
- Residents will be tested if they have symptoms consistent with COVID-19 or if another resident or HCP has a laboratory-confirmed SARS-CoV-2 infection. All residents who test negative should be retested every 3 to 7 days until testing identifies no new cases of COVID-19 infection among staff or residents for a period of at least 14 days since the most recent positive result. Transmission-based precautions will be taken for any resident who may be unable to test or who declines, unless otherwise warranted.
- For employees/contractors/providers/volunteers/residents who were 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

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infection; however, after clinical assessment and if deemed appropriate, the person may still need to follow CDC and CMS recommendations for isolation and TBP pending clinical evaluation and testing results. Determinations will be made on a case-by-case basis.

- For employees/contractors/providers/volunteers/residents who have recovered from a laboratory- confirmed SARS-CoV-2 infection and who experience new symptoms consistent with COVID-19 within 3 months since the date of symptom onset of the previous illness or date of last positive viral diagnostic test, and they never experienced symptoms, may undergo repeat viral diagnostic testing if alternative etiologies for the illness cannot be identified. If reinfection is suspected and retesting is undertaken, the person should follow isolation and TBP recommendations for cases of COVID-19 pending clinical evaluation and testing results.
- All new admits and readmits that have not tested positive for COVID-19 in the previous 90 days, will be tested for SARS-CoV-2 on or about day 1, day 7, and day 14, based on available testing supplies regardless of vaccination status. In addition, precautionary isolation measures will be taken through day 14, if deemed appropriate.
- Unvaccinated residents 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; however, after clinical assessment and if deemed appropriate, the resident will still be required to follow the 14-day isolation and TBP protocols. Determinations will be made on a case-by-case basis.
- Residents who have recovered from a laboratory-confirmed SARS-CoV-2 infection and who experience new symptoms consistent with COVID-19 within 3 months since the date of symptom onset of the previous illness or date of last positive viral diagnostic test, and they never experienced symptoms, may undergo repeat viral diagnostic testing if alternative etiologies for the illness cannot be identified. If reinfection is suspected and retesting is undertaken, the resident should follow isolation and TBP pending clinical evaluation and testing results.
- A dedicated space in facility has been properly planned for cohorting and managing care for residents with COVID-19.
- Any resident with COVID-19, or who has an unknown COVID-19 status and develops symptoms will be placed on isolation precautions until deemed appropriate to discontinue as guided by CMSand CDC recommendation. Should there be a new confirmed resident or HCP COVID-19 transmission, the facility will revert to the highest level of mitigations.

Medically Necessary Trips Outside of the Facility:

- Staff members, in consultation with the medical director, will review the appointment schedule to assess the medical necessity, rescheduling the low-risk appointments that can be rescheduled and using tele-health visits whenever possible.
- If the appointment is deemed medically necessary and cannot be conducted via tele-health the resident will be provided a face covering. Face coverings, however, will not be placed on anyone who has trouble breathing or otherwise unable to remove the mask without assistance. Residents who have medically necessary visits with an outside entity, i.e., VA clinic, wound care appointment, ER visit, etc. will have risk assessment conducted upon their return. Based on the risk assessment the facility will follow proper protocols to determine the need to continue quarantine, isolation status, and/or increased testing based on appointment frequency.
- Staff members will verify with the outside provider whether there is active COVID-19 in the area where the resident will be treated. If individuals with active COVID-19 could be in close proximity to the resident during the visit, further consideration should be made regarding the importance of the visit and the enhanced infection control measures which should be utilized to protect the resident.
- While at the appointment, the facility transport personnel will assist the resident to maintain physical distancing (at least 6 feet) and practice proper hand hygiene using facility-provided hand sanitizer spray if necessary.
- Upon return to the facility, the facility transport personnel will assist the resident in performing proper hand hygiene, will educate the resident about reporting any new signs or symptoms of respiratory illness, and will report any issues during the appointment to the charge nurse.
- The facility transport personnel will then disinfect high touch surfaces in the transport vehicle.
- If a resident leaves the designated grounds or campus of the facility for a non-medically necessary reason, a risk assessment will be completed upon their return. Based on the risk assessment the facility will follow proper protocols to determine the need to continue quarantine, isolation status, and/or increased testing based on appointment frequency.

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- Residents 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; however, after clinical assessment and if deemed appropriate, the resident will still be required to follow the 14-day isolation and TBP protocols. Determinations willbe made on a case-by-case basis.
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Dining:

- If the facility has a new onset of COVID-19 cases and is conducting outbreak testing in the previous14 days, communal dining will be restricted. Residents who share a room may eat in their room at the same time.
- All residents, as described above, will be encouraged to maintain proper hand hygiene and appropriate physical distancing (at least 6 feet) during the dining process per CDC guidance.

Activities:

- Group activities may be facilitated for residents who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status as long as theresidents are practicing social distancing, appropriate hand hygiene, and use of a face covering (if tolerated).

Glossary of Terms

Asymptomatic: Without signs and symptoms
Antigen Test: Detects specific proteins on the surface of the virus
CDC: Center for Disease Control
CMS: Center for Medicare & Medicaid Services
Compassionate Care: End of life, resident struggling with change in environment, grieving, cueing, or distress, etc.
COVID-19: Caused by a coronavirus called SARS-CoV-2
DNS: Director of Nursing
EMS: Emergency Medical Service
HCP: Healthcare Personnel
Isolation: Keeps someone who is infected with the virus away from others in their home or designated room.
Medically Necessary Visit: Scheduled medicalvideo interaction with a patient using a smartphone, tablet,appointments, or ER visits.
Outbreak: Any new cases in HCP or residents the facility
PCR Test: Detects the virus's genetic material
PPE: Personal Protective Equipment, ie. mask, gown, gloves, eye protection
Quarantine: Keeps someone who might have been exposed to the virus away from others.
Recovered: (*Per ISVH criteria)* Refers to a fever that hasencouragement eating, emotional resolved for at least 24 hours, without the use of fever-reducing medications, and their other symptoms have improved, and the resident has completed 28 days of isolation and TBP's per CDC and CMS guidance.
Subjective Fever: Feeling feverish
Symptomatic: With signs and symptoms
Tele-health: Using real-time telephone or live audio

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