

LONG-TERM CARE GUIDANCE

Skilled nursing, basic care, and assisted living facilities across North Dakota have faced countless impacts as a direct result of COVID-19. Nonetheless, as community spread has continued to transpire, there has also been a direct parallel with increased cases occurring amongst both healthcare workers and residents whom are residing within these facilities where our states most vulnerable population resides. The following document serves as reopening guidance for North Dakota's skilled nursing, basic care, and assisted living facilities. The skilled nursing facility visitation and service guidance, which can be found below, was developed in alignment with the federal requirements outlined in memo QSO-20-39-NH as mandated by the Centers for Medicare and Medicaid Services. All skilled nursing facilities must comply with the guidelines set forth in QSO-20-39-NH. A slightly modified visitation and service guidance for basic care and assisted living facilities was established by the state (see below) with collaboration and input from key stakeholders, including The Reuniting Families Taskforce, The North Dakota Long-Term Care Association, The North Dakota Department of Health, and The North Dakota Department of Human Services (VP3 taskforce).

Congregate living settings have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of this population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the ongoing spread of COVID-19 within these settings.

Core Principles of COVID-19 Infection Prevention

The following core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for congregate living settings and should always be adhered to. These core principles reflect best practices that have been shown to effectively reduce the risk of COVID-19 transmission:

- Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g. temperature checks, questionnaire about signs or symptoms, etc.) and denial of entry of those individuals with any signs or symptoms.
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Clean face covering or mask (covering both the mouth and nose)
- Social distancing of at least six feet between persons
- Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g. use of clean 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. partitioned care area with a separate entrance and dedicated staff)
- Resident and staff testing conducted as required via the associated facility testing structure algorithm (see below)

Key Factors to Evaluate

Factors that should be routinely evaluated for skilled nursing, basic care, and assisted living facilities, include:

Case status in the county: Based on weekly COVID-19 county positivity rate (**Red, Yellow, or Green**) on the statewide testing map that is updated weekly on Monday's. Refer to the statewide map for your county's current designation.

Case status in the facility: There has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing.

Adequate ability to screen: Implementation of screening protocols for all staff, each resident, and all persons entering the facility, such as vendors, volunteers, and/or visitors.

Universal source control: Visitors and staff will at a minimum wear a clean, cloth face covering or face mask, maintain social distancing, and perform appropriate hand hygiene upon entrance to the facility. Direct care staff should continue to utilize a surgical mask per CDC recommendations. If a visitor or staff is unable or unwilling to maintain these precautions (such as young children), facilities may offer an alternative (i.e. full face shield), otherwise their ability to enter the facility will be restricted. Restrict the amount of visitor and staff movement throughout the facility at a given time to mitigate potential spread of COVID-19 (e.g. eliminating visits in common areas or dining rooms, establishing visitor thresholds, modifying employee break rooms, etc.).

Access to adequate Personal Protective Equipment (PPE): All staff and visitors will wear appropriate PPE when indicated and have facility defined par levels on-hand to appropriately care for COVID-19 residents.

Resident Rights: Basic care and assisted living facilities will also be given the flexibility and discretion to adopt more stringent guidelines if they so choose, but not practice less leniency. **Nonetheless, it is vital that the level of stringency exercised by facilities does not infringe upon a resident's right. For instance, the resident may leave the congregate living setting, while understanding it comes with the inherent risk of enhanced infection control measures upon return, including the potential for isolation.**

Compassionate Care Visits: May occur in all levels of care in accordance with the definition provided by CMS in QSO 20-39-NH.

CONTACTS IF YOU HAVE QUESTIONS

If you have any facility specific questions, please reach out to one of the VP3 State Regional Coordinators during normal business hours at the number or email provided below:

- Rosanne Schmidt – (701) 328-8234 or rosschmidt@nd.gov
- Seth Fisher – (701) 328-8232 or sefisher@nd.gov
- Jan Kamphuis – (701) 328-8239 or jkamphuis@nd.gov

VISITATION & SERVICE GUIDANCE FOR SKILLED NURSING FACILITIES 10-22-2020

STEP 1: IDENTIFY COUNTY WEEKLY COVID POSITIVITY RATE	STEP 2: IDENTIFY FACILITY STATUS: ROUTINE OR OUTBREAK	Indoor/in Room Visitation	Outdoor or Safe designated space per weather conditions	Communal Dining	Activities	Resident Screening	Entry of Health Care Workers who are non-employees
GREEN <5%	Routine	* limited and scheduled visit time * 1 -2 persons per resident at a time *limit # of total visitors in facility	Yes	*Tables 6 feet apart * 1 per table or 2 if roommates or close associate outside of mealtimes	Group activities with social distancing, mask wearing, and hand hygiene	* 2x per day * Screening Questions *Temperature and Oxygen Sats	* All staff providing services tested per facility policy * Other Non essential personal follow visitation guidelines
	Outbreak	No indoor visitation	Yes	*If staff positive, dining continues as in routine * If resident positive, no communal dining until return to routine status	*If staff positive, activities as in routine * If positive resident, limited group activities with 10 or less residents	* 3x per day * Screening Questions *Temperature and Oxygen Sats	* All staff providing services tested per facility policy * Other Non essential personal follow visitation guidelines
YELLOW 5 - 10%	Routine	* limited and scheduled visit time * 1 -2 persons per resident *limit # of total visitors in facility	Yes	* Tables 6 feet apart * 1 per table or 2 if roommates or close associate outside of mealtimes	Group activities with social distancing, mask wearing, and hand hygiene	* 2x per day * Screening Questions *Temperature and Oxygen Sats	* All staff providing services tested per facility policy * Other Non essential personal follow visitation guidelines
	Outbreak	No indoor visitation	Yes	*If staff positive, dining continues as in routine * If resident positive, no communal dining until return to routine status	*If staff positive, activities as in routine * If positive resident, limited group activities with 10 or less residents	* 3x per day * Screening Questions *Temperature and Oxygen Sats	* All staff providing services tested per facility policy * Other Non essential personal follow visitation guidelines
RED >10%	Routine	No indoor visitation	Yes	* Tables 6 feet apart * 1 per table or 2 if roommates or close associate outside of mealtimes	Limited group activities with 10 or less	* 2x per day * Screening Questions *Temperature and Oxygen Sats	* All staff providing services tested per facility policy * Other Non essential personal follow visitation guidelines
	Outbreak	No Indoor visitation	Yes	No Communal Dining	Individual resident activities only	* 3x per day * Screening Questions *Temperature and Oxygen Sats	* All staff providing services tested per facility policy * Other Non essential personal follow visitation guidelines

FACILITY TESTING STRUCTURE FOR SKILLED NURSING FACILITIES

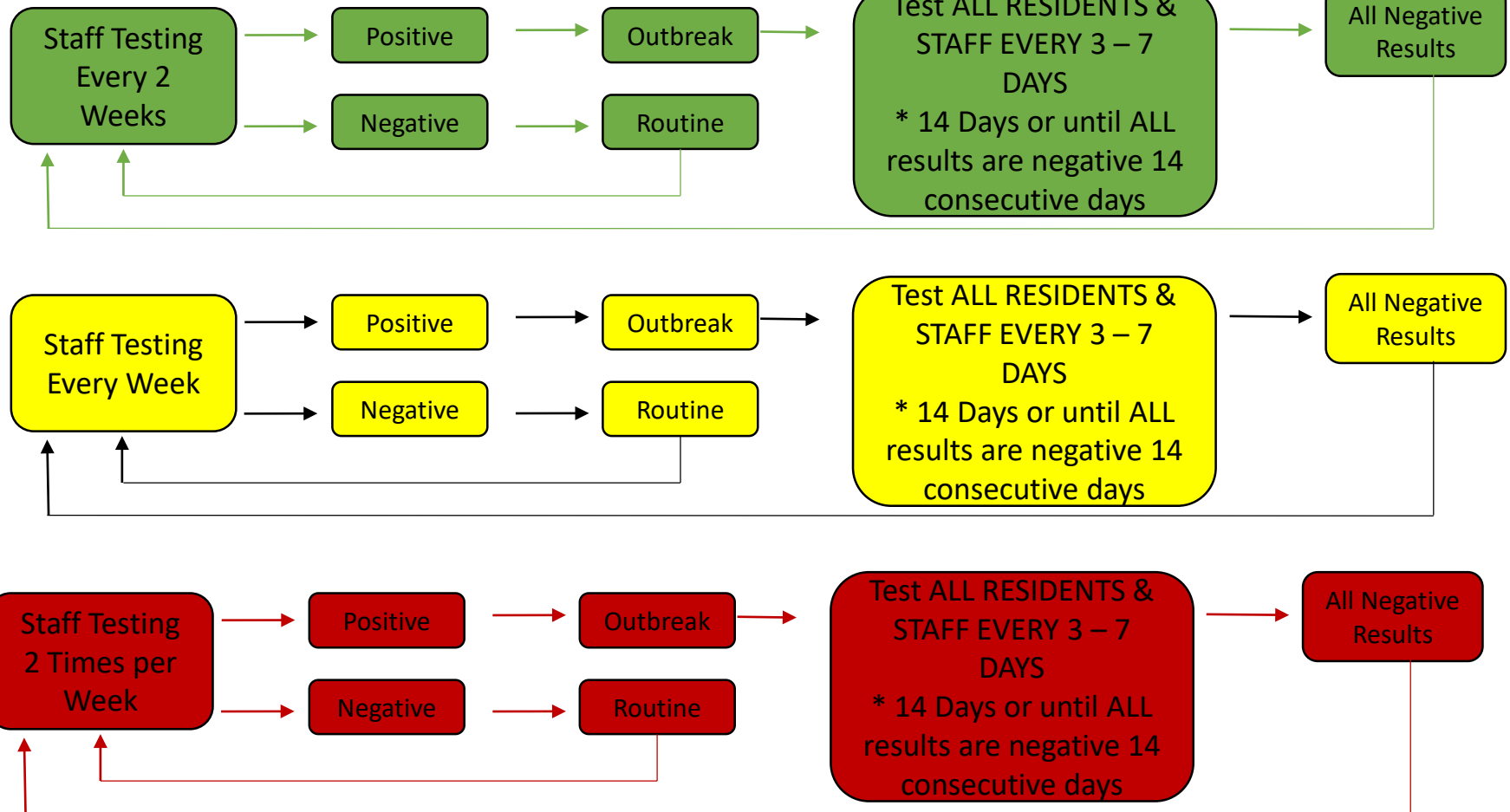
START:

Identify county color based on weekly COVID-19 Positivity Rate and follow path based on testing frequency requirements and results.

GREEN
<5%

YELLOW
5-10%

RED **>10%**



NOTES:

- *If county positivity rate increases to a higher level of activity, IMMEDIATELY begin testing at the higher level of activity
- *If county positivity rate decreases to a lower level of activity, CONTINUE testing at the previous level of activity until positivity rates remain at the lower level for at least 2 weeks
- ***TESTING OF SYMPTOMATIC RESIDENTS OR STAFF SHOULD OCCUR AT ANY TIME** - if positive results, continue at “Outbreak” and follow required testing frequency
- “OUTBREAK” is defined as any positive HCW or resident in the facility**

VISITATION & SERVICE GUIDANCE FOR BASIC CARE & ASSISTED LIVING FACILITIES

11/5/2020

* A safe designated space per weather conditions may include one internal location with universal source control measures and monitoring

* Cohorting is defined as keeping all positives in a partitioned space with a separate entrance and designated staff

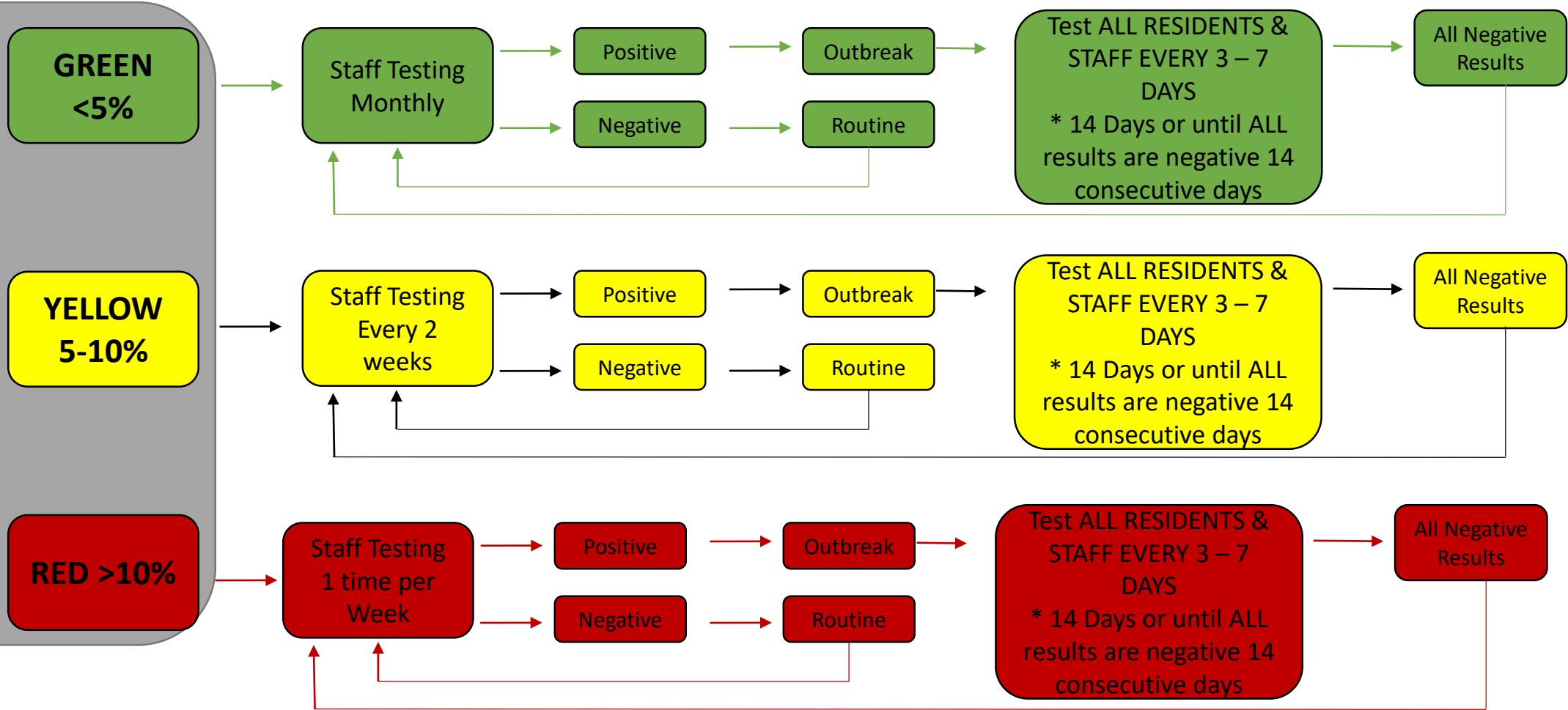
* If any positive results, outbreak testing of all residents and staff occurs weekly for 14 days or until no new COVID cases for 14 days

STEP 1: IDENTIFY COUNTY WEEKLY COVID POSITIVITY RATE	STEP 2: IDENTIFY FACILITY STATUS: ROUTINE OR OUTBREAK	Indoor/In room Visitation	Outdoor or Safe designated space per weather conditions	Communal Dining	Activities	Resident Screening	Entry of Health Care Workers (non-employees)
GREEN <5% - Staff testing monthly	Routine	* Limited and scheduled visit times * 1-2 visitors per resident at a time * Limit # of total visitors within facility	Yes	* Tables 6 feet apart * Max of 4 per table	* Group activities with social distancing, mask wearing, and hand hygiene.	* 1x per day * Screening Questions * Temperature and Oxygen Sats	* All staff providing services tested per facility policy. * Other non-essential personal follow visitation guidelines.
	Outbreak	No in room visitation	Yes	* If staff positive, dining continues as in routine. * If resident positive, dining dependent on cohort ability.	* If staff positive, activities as in routine. * If positive resident, limited group activities with 10 or less residents.	* 2x per day * Screening Questions * Temperature and Oxygen Sats	* All staff providing services tested per facility policy. * Other non-essential personal follow visitation guidelines.
YELLOW 5-10% - Staff testing every other week	Routine	* Limited and scheduled visit times * 1 -2 persons per resident at a time * Limit # of total visitors within facility	Yes	* Tables 6 feet apart * 1 per table or 2 if roommates or close associates outside of mealtimes.	* Group activities with social distancing, mask wearing, and hand hygiene.	* 1x per day * Screening Questions * Temperature and Oxygen Sats	* All staff providing services tested per facility policy. * Other non-essential personal follow visitation guidelines
	Outbreak	No in room visitation	Yes	* If staff positive, dining continues as in routine. * If resident positive, dining dependent on cohort ability.	* If staff positive, activities as in routine. * If positive resident, limited group activities with 10 or less residents.	* 2x per day * Screening Questions * Temperature and Oxygen Sats	* All staff providing services tested per facility policy. * Other non-essential personal follow visitation guidelines.
RED >10% - Staff testing weekly	Routine	No in room visitation	Yes	* Tables 6 feet apart * 1 per table or 2 if roommates or close associates outside of mealtimes.	* Limited group activities with 10 or less	* 1x per day * Screening Questions * Temperature and Oxygen Sats	* All staff providing services tested per facility policy. * Other non-essential personal follow visitation guidelines.
	Outbreak	No in room visitation	Yes	No Communal Dining	* Individual resident activities only	* 2x per day * Screening Questions * Temperature and Oxygen Sats	* All staff providing services tested per facility policy. * Other non-essential personal follow visitation guidelines.

FACILITY TESTING STRUCTURE FOR ASSISTED LIVING & BASIC CARE

START:

Identify county color based on weekly COVID-19 Positivity Rate and follow path based on testing frequency requirements and results.



NOTES:

*If county positivity rate increases to a higher level of activity, IMMEDIATELY begin testing at the higher level of activity

*If county positivity rate decreases to a lower level of activity, CONTINUE testing at the previous level of activity until positivity rates remain at the lower level for at least 2 weeks

***TESTING OF SYMPTOMATIC RESIDENTS OR STAFF SHOULD OCCUR AT ANY TIME** - if positive results, continue at "Outbreak" and follow required testing frequency

"OUTBREAK" is defined as any positive HCW or resident in the facility