

LONG-TERM CARE GUIDANCE

Skilled nursing, basic care, and assisted living facilities across North Dakota have faced great impacts as a direct result of COVID-19. Nonetheless, the time has come to start the process for relaxing restrictions, while also mitigating the risk of resurgence. The following document serves as reopening guidance for North Dakota's skilled nursing, basic care, and assisted living facilities. This guidance was developed in conjunction with the recommendations outlined in CMS memo QSO-20-30-NH and the ND Smart Restart plan, but also individualized to ensure a safe, resident-centered, and evidence-based decision governs the reopening of facilities where our state's most vulnerable population resides. Collaboration between key stakeholders was instrumental in developing this framework, including input from the Reuniting Families Task Force, the North Dakota Long-Term Care Association, the North Dakota Department of Health, and the North Dakota Department of Human Services (VP3 task force).

Given the critical importance of limiting COVID-19 exposure within skilled nursing, basic care and assisted living facilities across the state, decisions on relaxing restrictions will 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 congregate living communities. Since the pandemic is affecting communities in different ways, state and local leaders will regularly monitor the factors for reopening and adjust plans for North Dakota's skilled nursing, basic care and assisted living facilities accordingly.

PHASED APPROACH

- A phased strategy approach will be utilized to gradually relax restrictions in skilled nursing, basic care, and assisted living facilities. **Initially, all facilities will have to undergo a minimum of two rounds of testing among both residents and staff with a 90% compliance rate in order to meet gating criteria for entrance into the three reopening phases. Outside visitation may occur prior to facilities satisfying this requirement and formally progressing into Phase 1.**
- Facilities **will not be able to progress into the reopening phases outlined below until the gating criteria for testing noted above has been satisfied.**

FACTORS THAT WILL BE EVALUATED

Factors that will be evaluated when determining entrance for gating criteria in the North Dakota phased reopening approach for skilled nursing, basic care, and assisted living facilities includes:

Case status in the county: Based on the county's current risk level (**Yellow, Green or Blue**) on the color-coded health guidance system in the ND Smart Restart Plan. Refer to statewide map for your county's current designation.

Case status in the facility: Absence of any new onset of COVID-19 cases within residents, such as a resident acquiring COVID-19 within a skilled nursing, basic care and/or assisted living facility.

Adequate staffing: The facility is not currently under a contingency staffing plan and a risk assessment has been completed for staff holding multiple jobs.

Access to adequate testing: The facility will have a testing plan in place based on contingencies informed by the Centers for Disease Control and Prevention (CDC). At a minimum, the plan will encompass the following components:

- The capacity for all residents to receive a single baseline COVID-19 test. Similarly, the capacity for residents to be tested upon identification of symptoms consistent with COVID-19.
- The capacity for all facility staff members to receive a single baseline COVID-19 test. Similarly, the capacity for staff to be tested upon identification of symptoms consistent with COVID-19. In addition, capacity for staff to be tested upon identification of a resident with new onset of COVID-19 within the facility.
- A procedure for addressing residents or staff who refuse 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). A compliance rate of 90% among residents and staff is necessary in order to continue progression through the various reopening phases.

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 member is unable or unwilling to maintain these precautions (such as young children), 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 (inventory) on-hand to appropriately care for COVID-19 residents.

Local hospital capacity: Ability for the local hospital to accept transfers from facilities if medically indicated.

Phases of Reopening: Easing of restrictions will occur via a phased approach. All skilled nursing, basic care, and assisted living facilities across North Dakota are currently considered to be in the highest level of vigilance. Initial lifting of restrictions will focus on an internal approach in Phase 1 and then evolve to include external components in Phases 2 and 3. It is of importance to note, progression through the phases outlined below creates an increased risk of a facility being subjected to COVID-19 exposure and therefore must be done in a mindful manner. Facilities will also be given the flexibility and discretion to adopt more stringent guidelines if they so choose. **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.** Prior to any movement in phases, each facility will collaborate with the VP3 task force to review that gating criteria for advancement has been satisfied. **Families will be notified by each facility when criteria have been met and provided with corresponding dates for when changes will be occurring to their individual visitation and service guidance.**

CONTACTS IF YOU HAVE QUESTIONS

If you have any facility specific questions regarding the reopening phases or feel as though your facility is ready to progress into the phased approach, 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

PHASE 1

Status	Gating Criteria for Entrance	Visitation and Service Guidance
<p>Phase 1 – A minimum of 14 days must be spent in this phase, prior to consideration for progression into Phase 2.</p>	<ul style="list-style-type: none"> Facilities county is currently identified as being at a moderate-risk level on the statewide map (Yellow). There has been no new onset of COVID-19 cases acquired among residents while in the facility since the last round of serial testing. The facility has adequate staffing, access to adequate testing, and access to adequate PPE as defined above. Referral hospital(s) have bed capacity. The facility has undergone at a minimum two rounds of testing among both residents and staff with a 90% compliance rate. 	<ul style="list-style-type: none"> Visitation within the facility is prohibited, except for compassionate end-of-life care situations. In those limited situations, visitors need to adhere to the universal source control guidance shared above. Scheduled outside visitation should continue to occur between residents and their families while exercising social distancing, donning of a clean, cloth face covering or face mask, and performing appropriate hand hygiene. Restrict entry of non-essential healthcare personnel into the facility. Communal dining may occur for COVID-19 negative residents while exercising social distancing (limiting the number of people at tables and spaced by at least 6 feet). Non-medically necessary trips outside the facility should be avoided. Limited group activities may occur internally for COVID-19 negative residents while exercising social distancing, donning a clean, cloth face covering or face mask, and performing appropriate hand hygiene. 100% screening of all individuals entering the facility, including facility staff prior to the beginning of their shift. 100% screening occurs for all residents twice daily. Universal source control measures outlined above are adhered to by everyone within the facility and consistent with current CDC guidance on the use of PPE. A dedicated space in the facility is setup for cohorting and managing care for residents with COVID-19 or the facility has an operational plan for COVID-19 residents identified within their Emergency Preparedness Plan.

PHASE 2

Status	Gating Criteria for Entrance	Visitation and Service Guidance
<p>Phase 2 – A minimum of 14 days must be spent in this phase, prior to consideration for progression into Phase 3.</p>	<ul style="list-style-type: none"> • Facility's county is currently identified as being at a low-risk level on the statewide map (Green). • There has continued to be no new onset of COVID-19 cases acquired among residents while in the facility throughout Phase 1. • The facility continues to have adequate staffing, access to adequate testing, and access to adequate PPE as defined above. • Referral hospital(s) continue to have bed capacity. • The facility has undergone an additional round of serial testing among both residents and staff with a 90% compliance rate. 	<ul style="list-style-type: none"> • Visitation within the facility may now begin at scheduled intervals with only one visitor per resident at a time. An exception to the threshold of one visitor per resident would be made for compassionate end-of-life care situations. In all visitation scenarios, continued adherence to the universal source control guidance shared above is necessary. Scheduled outside visitation may also continue as previously identified in Phase 1. • Allow entry of limited numbers of non-essential healthcare personnel, as determined necessary by the facility, while exercising the universal source control measures shared above. • Communal dining may advance for COVID-19 negative residents with decreased social distancing requirements (tables spaced by 6 feet, but seating per table is now increased to normal capacity). • Non-medically necessary trips outside the building may occur with utilization of universal source control measures • Group activities may occur, both internally and externally for COVID-19 negative residents, while donning a clean, cloth face covering or face mask and performing appropriate hand hygiene for groups of less than 10 residents. Larger groups remain as prior. • 100% screening continues for all individuals entering the facility, including facility staff prior to the beginning of their shift. • 100% screening occurs for all residents at least daily. • Universal source control measures outlined above are adhered to by everyone within the facility and consistent with current CDC guidance on the use of PPE. • A dedicated space in the facility is setup for cohorting and managing care for residents with COVID-19 or the facility has an operational plan for COVID-19 residents identified within their Emergency Preparedness Plan.

PHASE 3

Status	Gating Criteria for Entrance	Visitation and Service Guidance
<p>Phase 3</p>	<ul style="list-style-type: none"> Facilities county is currently identified as being at the new normal level on the statewide map (Blue). There has continued to be no new onset of COVID-19 cases acquired among residents while in the facility throughout Phase 2. The facility continues to have adequate staffing, access to adequate testing, and access to adequate PPE as defined above. Referral hospital(s) continue to have bed capacity. The facility has undergone an additional round of serial testing among both residents and staff with a 90% compliance rate. 	<ul style="list-style-type: none"> Internal visitation is opened further with facility set visiting hours and no more than 3 visitors per resident at a time. All visitors are required to undergo screening upon entrance to the facility and adhere to the universal source control guidance shared above. Allow entry of additional non-essential healthcare personnel, while exercising the universal source control measures shared above. Communal dining may resume as prior to COVID-19, with a face mask or a clean, cloth face covering being worn by resident's when traveling to/from the dining room. Non-medically necessary trips outside the building may continue with the utilization of universal source control measures among both residents and staff. Group activities may resume as prior to COVID-19, with a face mask or a clean, cloth face covering being worn by all participants. 100% screening continues for all individuals entering the facility, including facility staff prior to the beginning of their shift. 100% screening continues for all residents daily. Universal source control measures outlined above are adhered to by everyone within the facility and consistent with current CDC guidance on the use of PPE. A dedicated space in the facility is setup for cohorting and managing care for residents with COVID-19 or the facility has an operational plan for COVID-19 residents identified within their Emergency Preparedness Plan. Once in Phase 3 or if in a "holding pattern" within any phase, ongoing serial testing among all facility staff will occur in accordance with CMS QSO 20-38-NH (see attached flow chart). <p>If a new positive healthcare worker or resident is identified:</p>

		<ul style="list-style-type: none"> • Facility-wide testing of ALL residents and staff (excluding previous positives within the past 3 months) must occur every 3-7 days until no new cases are identified for at least 14 days from the most recent positive case.
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DEFINITIONS:

- **Compassionate end-of-life care situations (excluding eminent death):** Residents currently exhibiting documented signs and symptoms of sharp psychosocial or medical decline, which is above and beyond normal parameters, whom may benefit from additional social interaction that cannot be reasonably achieved via outside visitation. Facilities who feel that a resident’s condition meets the criteria outlined above must notify a VP3 task force member, so information can be collected and utilized to help govern future plans for the state’s most vulnerable individuals. These situations should only be allowed on a limited basis, not be routine in nature, and be granted only after careful consideration by the facility’s clinical interdisciplinary team.