

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. The following document provides recommendations surrounding testing and visitation/service 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 revised memo QSO-20-39-NH as mandated by the Centers for Medicare and Medicaid Services (CMS). All skilled nursing facilities must comply with the guidelines set forth in QSO-20-39-NH. Since basic care and assisted living facilities are not regulated by CMS, a modified visitation and service guidance for these types of facilities was established by the state in accordance with current standards of practice set forth by the Centers for Disease Control and Prevention (CDC).

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 living in a congregate setting continue to require aggressive efforts to limit COVID-19 exposure and to prevent the ongoing spread of COVID-19 within these settings.

As North Dakota now moves into a post-vaccine phase, the continued safety precautions must be weighed against the emotional and physical toll created by the nearly year-long visitation restrictions.

At this time, minimal modifications have been advised by CDC based on a resident's vaccination status. Nonetheless, CDC may provide additional guiding principles for post-vaccinated individuals within congregate living settings in the future. In the meantime, basic care and assisted living facilities need to establish individualized policies and procedures regarding visitation and ensure that residents/families are informed regarding these practices. The core philosophies of screening visitors and adhering to universal source control measures (hand hygiene, social distancing, mask use, etc.) will remain instrumental in our response to reunification.

Core Principles of COVID-19 Infection Prevention

The following core principles are consistent with the 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, questions about and observations of signs or symptoms, etc.) and denial of entry of those individuals with any signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status).
- 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 Mondays. 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 member 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 residents with COVID-19.

Conducting Testing: All facilities are encouraged to follow the testing frequency for both staff and residents as outlined in the associated algorithm based on their respected level of care. Furthermore, **while it cannot be required as a condition for visitation**, facilities may test residents' visitors to help facilitate visitation while also preventing the spread of COVID-19.

Resident Rights: All facilities are encouraged to follow the set visitation guidance and facilitate in-person visitation based on their county's weekly positivity rate and facility's COVID-19 case status to ensure alignment with resident rights. Additionally, **the resident may leave the congregate living setting, while understanding it comes with the risk of enhanced infection control measures upon return, including the potential for isolation based on the outings level of inherent risk.**

Compassionate Care Visits: May occur in all levels of care in accordance with the definition provided by CMS in QSO 20-39-NH. Facilities are encouraged to develop individualized policies and procedures that outline their internal processes for these scenarios.

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

VISITATION & SERVICE GUIDANCE FOR SKILLED NURSING FACILITIES

STEP 1: IDENTIFY COUNTY WEEKLY COVID POSITIVITY RATE	STEP 2: IDENTIFY FACILITY STATUS: ROUTINE OR OUTBREAK	Indoor Visitation	Outdoor Visitation	Communal Dining	Activities	Resident Screening	Entry of Health Care Workers who are non-employees
GREEN <5%	Routine	* Consider scheduled visits with limited visitors	Yes	Limited number of people at each table with at least 6 feet between residents	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	Refer to Outbreak Status Flow Chart for 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	* Consider scheduled visits with limited visitors	Yes	Limited number of people at each table with at least 6 feet between residents	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	Refer to Outbreak Status Flow Chart for 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	As above, except for unvaccinated SNF residents if < 70% of SNF residents are fully vaccinated	Yes	Limited number of people at each table with at least 6 feet between residents	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	Refer to Outbreak Status Flow Chart for 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%

Staff Testing
Monthly

Positive

Outbreak

Test ALL RESIDENTS & STAFF EVERY 3 – 7 DAYS
* 14 Days or until ALL results are negative 14 consecutive days

All Negative Results

Staff Testing
Every Week

Positive

Outbreak

Test ALL RESIDENTS & STAFF EVERY 3 – 7 DAYS
* 14 Days or until ALL results are negative 14 consecutive days

All Negative Results

Staff Testing
2 Times per
Week

Positive

Outbreak

Test ALL RESIDENTS & STAFF EVERY 3 – 7 DAYS
* 14 Days or until ALL results are negative 14 consecutive days

All Negative 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

VISITATION & SERVICE GUIDANCE FOR BASIC CARE & ASSISTED LIVING FACILITIES

* A safe designated space 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

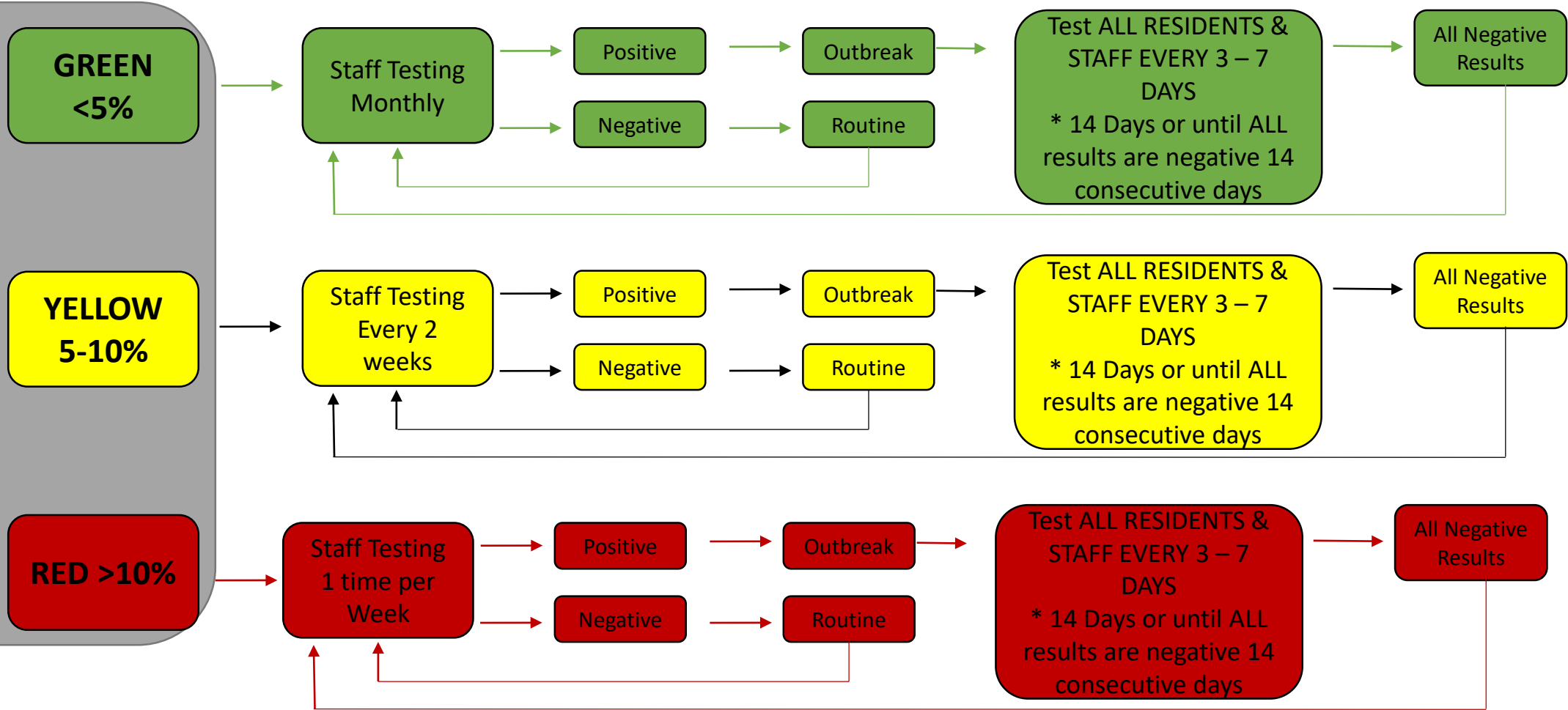
* If any positive results, outbreak testing of all residents and staff occurs weekly for 14 days or until no new COVID-19 cases for 14 days

STEP 1: IDENTIFY COUNTY WEEKLY COVID POSITIVITY RATE	STEP 2: IDENTIFY FACILITY STATUS: ROUTINE OR OUTBREAK	In-room/Apartment Visitation	Outdoor or Indoor Safe Designated Space	Communal Dining	Activities	Resident Screening	Entry of Health Care Workers (non-employees)
GREEN <5% - Staff testing monthly	Routine	Consider scheduled visits with limited visitors	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	Refer to Outbreak Status Flow Chart for 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	Consider scheduled visits with limited visitors	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	Refer to Outbreak Status Flow Chart for 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	As above, except for unvaccinated BC/AL residents if < 70% of BC/AL residents are fully vaccinated	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	Refer to Outbreak Status Flow Chart for 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

COVID-19 Outbreak Status Flow Chart for Visitation

Skilled Nursing Facilities, Basic Care and Assisted Living

Abbreviation Glossary:

HCW = Healthcare Worker
 SNF = Skilled Nursing Facility
 BC = Basic Care
 AL = Assisted Living

