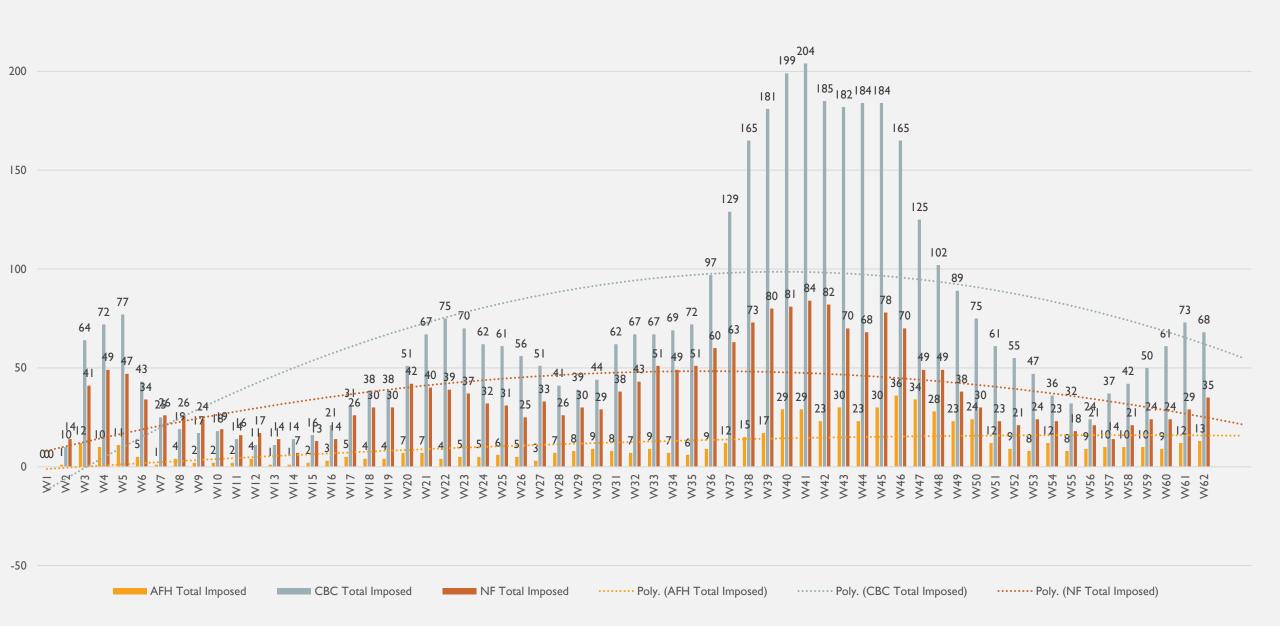
LEADING AGE – MAY 2021

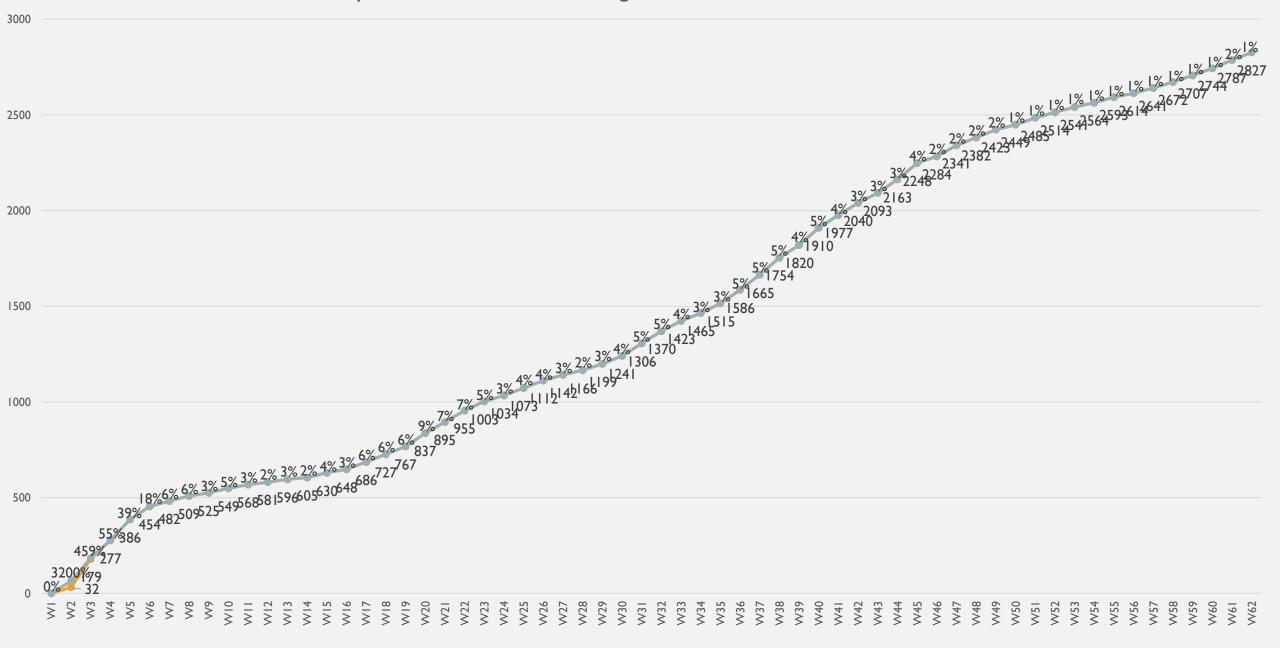
Post-Vaccine Regulatory Policy

Jack Honey, Administrator Sarah Odell, Nursing Facility Program Manager Safety, Oversight and Quality Unit Oregon Department of Human Services 04.15.21

EXECUTIVE ORDERS

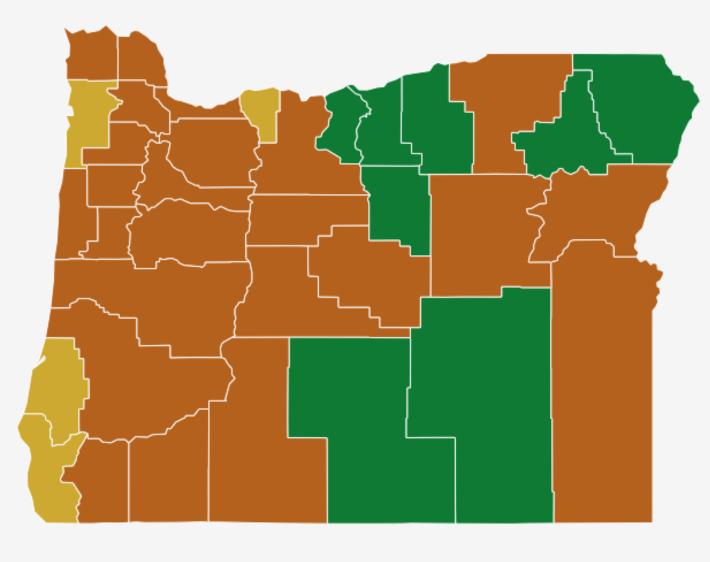
- To Date: Currently 116 Executive orders in place
 - AFH = 13
 - CBC = 68
 - NF = 35
- Average Duration = 18.72 days
- Total EOs issued = 2,828
- Total facilities issued an EO = 844





Oregon's COVID-19 Risk Levels

Hover over a county to see more information

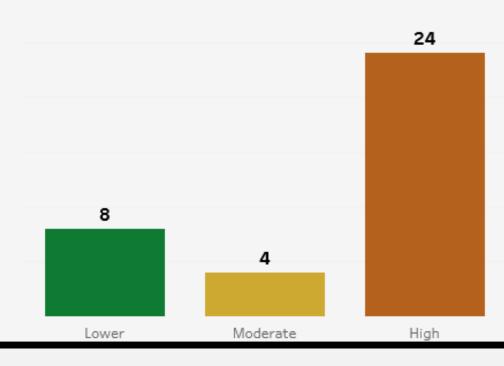


Statewide Metrics

04/18/2021 - 05/01/2021 265.9 cases per 100k residents 6.4% test positivity Risk Level High Moderate Lower

Hover over one of the bars below to highlight the counties in that risk level

Oregon Counties by COVID-19 Risk Level



SURVEY

- Core principles of COVID-19 infection prevention, and adherence to COVID policies.
- General standard survey activity.
- Staffing
 - Reports of staffing challenges across the State
 - Increasing numbers of new outbreaks
 - Majority are staff only reminder to be vigilant
 - Communicate to OPA *early*!
 - State does not have staffing resources, but can work with you early on to identify resources and mitigating actions.



CORE PRINCIPLES OF COVID-19 INFECTION PREVENTION

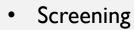
Vaccination gives us hope the pandemic will end

But in the meantime, we need to continue safety measures to keep the virus from spreading:

- Wear a mask
- Physically distance from others
- Wash your hands
- Avoid gatherings
- Stay home when you're sick



healthoregon.org/coronavirus or call 211



- Hand Hygiene
- Social Distancing
- Universal use of face coverings
- Instructional signage
- Frequent cleaning and disinfecting
- Strict compliance to PPE requirements
- Effective cohorting of residents and staff as needed



INDOOR VISITATION

- Visitation must be permitted in LTC facilities.
 - All residents, regardless of their vaccination status, may receive visitors.
 - Start with the expectation that visitation should be accommodated.
 - Visitors may be screened for symptoms or exposure to COVID-19, but vaccination status may not be used to restrict visitation.
 - State surveyors and professional health services such as Home Health and Hospice must be screened and admitted, regardless of vaccination status.
 - Once screened and allowed entry, visitors do not need to be monitored or supervised.
 - Per guidance, visitation should be monitored to limit visitor movement around the facility. Think about how to interpret and apply this in a way that benefits your residents.
 - Visitation may be scheduled only for the purpose of maintaining social distancing within the building and/or visitation areas.
 - All visits must be accommodated within a reasonable timeframe, if not granted immediately.
 - Use your best judgement with the optimal outcome of allowing all visitation.

INDOOR VISITATION

- When a new case of COVID-19 among residents or staff is identified, a facility should immediately begin outbreak testing and suspend all visitation (except that required under federal disability rights law), until at least one round of facility-wide testing is completed.
 - Remember: Compassionate Care visitation must still be permitted.
 - If the first round of outbreak testing reveals no additional COVID-19 cases in other areas (e.g., units) of the facility, then visitation can resume for residents in areas/units with no COVID-19 cases. However, the facility should suspend visitation on the affected unit until the facility meets the criteria to discontinue outbreak testing. For example, if the first round of outbreak testing reveals two more COVID-19 cases in the same unit as the original case, but not in other units, visitation can resume for residents in areas/units with no COVID-19 cases.
- If the first round of outbreak testing reveals one or more additional COVID-19 cases in other areas/units of the facility (e.g., new cases in two or more units), then facilities should suspend visitation for all residents (vaccinated and unvaccinated), until the facility meets the criteria to discontinue outbreak testing.

CONGREGATE ACTIVITY

- Group activities and congregate dining may resume fourteen (14) days after completion of the facility's second, or final, vaccine clinic. Core Principles of COVID-19 infection control must still be observed.
- Approval from the Department is not required prior to resuming these activities.
- Community outings include medical visits, family visits and other community events.
 - Educate residents, families and friends about the importance of maintaining infection control, social distancing and wearing face masks.
 - NURSING FACILITIES: Please remember to follow CMS guidelines for indoor visitation and congregate activity requirements.



UNIVERSAL EYE PROTECTION

- Effective immediately, universal eye protection for staff members is only required when one or more of the following criteria exists:
- • Facility is located in county designated as "extreme risk" by county metrics; or
- • Facility currently has an Executive Order for a suspected or confirmed case of COVID-19; or
- Less than 65% of staff are vaccinated; or
- Less than 70% of staff are vaccinated (as of May 15); or
- Less than 75% of staff are vaccinated (as of June 30).
- Eye protection is still recommended by the CDC for the care of any resident known or suspected to be infected with COVID-19.
- Universal face masking continues to be required for all facility staff.

TESTING

• New Testing Rules being finalized now and will be issued soon.

- Routine surveillance testing of staff is no longer required, effective fourteen (14) days after the second vaccination cycle is completed. This applies only to staff who have been fully vaccinated.
- Routine surveillance testing of staff who have NOT been fully vaccinated will continue to be required on a monthly basis.
- Providers must continue testing residents and staff when they exhibit signs and symptoms of COVID-19. When there is
 a confirmed case of COVID-19, providers must continue to test all staff and residents, regardless of an individual's
 vaccination status.
- Since vaccine breakthrough cases may be identified during the course of tracking vaccination status, OHA has also released guidance on <u>Post-vaccination Testing to Identify Vaccine Breakthrough Cases and Track SARS-CoV-2 Variants in Long-term Care Facilities</u>. This guidance specifies that any facility ≥14 days after their second COVID-19 vaccination clinic should send all specimens for their facility-wide outbreak testing to the Oregon State Public Health Laboratory. Reach out to your local public health authority to coordinate testing.

NURSING FACILITY WAIVERS

- CMS continues to review the need for existing waivers issued in response to the Public Health Emergency (PHE). Over the course of the PHE, nursing homes have developed policies or other practices that we believe mitigates the need for certain waivers.
- Therefore, CMS is announcing it is ending:
 - The emergency blanket waivers related to notification of Resident Room or Roommate changes, and Transfer and Discharge notification requirements;
 - The emergency blanket waiver for certain care planning requirements for residents transferred or discharged for cohorting purposes.
 - The emergency blanket waiver of the timeframe requirements for completing and transmitting resident assessment information (Minimum Data Set (MDS).
 - Note: CMS is only ending the waivers at 42 CFR §483.10(e)(6) for providing written notice before a room/roommate change, and at 42 CFR §483.15(c)(4)(ii) for timing of notification of transfer or discharge. The related waivers, which continue to allow facilities to transfer or discharge, and change rooms for the sole purposes of cohorting remain in effect.
- Training and Certification of Nurse Aides
 - Waiver not being terminated at this time

SAFETY, OVERSIGHT & QUALITY

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NF Manager: Sarah Odell

CBC Manager: Sudha Landman

AFH Manager: Lynette Caldwell

SOQ COVID-19 Web page

• <u>https://www.oregon.gov/dhs/PROVIDERS-PARTNERS/LICENSING/Pages/C19-Guidance.aspx</u>

