

COVID-19 Implementation Guide

Dear Providers,

This is a guide to assist in implementing the new visitation guidelines issued to prevent the spread of COVID-19. It is intended to aid long-term care facilities in implementing requirements as outlined in the Department's Executive Letter dated March 16, 2020, and Governor Kate Brown's *Executive Order 20-03* dated March 08, 2020.

Essential individuals include:

Please note, this list may not be comprehensive. If you have any questions about medical professionals, vendors or others not appearing on this list, please contact your policy analyst for guidance.

- Facility Staff and prospective staff seeking employment
 - Maintaining a full staff is essential. Providers may continue recruiting practices including interviewing prospective employees. Efforts should be made to hold interviews in designated areas and restrict movement around the facility
 - Auxiliary staff and training programs such as nursing students and CNA training programs are permitted
- Outside medical professionals may include but are not limited to:
 - Emergency medical response personnel
 - Home Health, including RN, PT, OT, Speech Therapy
 - Hospice personnel
 - Physicians and preferred providers
 - Mental Health professionals
 - Behavioral Health staff
 - Pharmacy personnel
- Vendors may include but are not limited to:
 - Food and medical equipment suppliers
 - Maintenance and repair personnel performing essential tasks
 - Residents' attorneys
 - Court appointed Public Guardians
- Adult Protective Services staff
- Licensing/Survey staff

- Long-Term Care Ombudsman (LTCO):
 - The State Ombudsman and Deputies; not volunteers
- Friends or family members visiting during end-of-life stages
- If a resident is in end-of-life stages, the facility will work with the family to ensure safe visitation protocols are in place to protect all residents and staff when allowing additional essential visitors.
 - Defining 'end of life stages' can be difficult. Please reach out to your Policy Analyst for guidance as needed in specific instances

End of life stages may include but are not limited to individuals receiving hospice care.

*Visitors to the facility who do not qualify as essential individuals under the criteria above **may not** enter the facility. Visitors who are determined to be essential individuals must be screened further before entering, as described in the following section:*

Screening:

Every individual (staff, vendor, family, visitors) entering the facility must be screened each time they enter the facility. Screening must address the following five questions:

- Does the screener observe any signs or symptoms of a respiratory infection, such as a fever, cough or shortness of breath?
 - Staff members reporting for work must have their temperature taken and logged prior to beginning each shift
- Does the individual report any potential signs or symptoms of respiratory infection, such as a fever, cough, shortness of breath?
- In the past 14 days, has the individual had contact with someone with a confirmed diagnosis of COVID-19 or under investigation for COVID-19?
- Has the individual traveled to any locations with current COVID-19 transmissions within the last 14 days?
- Has the individual resided in a community where a community-based spread is occurring?

All screenings must be documented on a form and logged. *COVID-19 Screening Assessment log* is attached. Providers may use this form or develop their own forms that meet all criteria outlined in the visitation guide.

The screening log and forms must be kept available for review by the Department.

Limited visitation

All essential visitors must adhere to the following guidelines at all times while in the building. Providers are responsible to inform visitors and enforce these limitations:

- Visitors may not have free access to any areas of the building other than the individual resident's room, or designated visitation room
 - Visitors must refrain from touching surfaces, walls and equipment to the greatest extent possible.
 - Use appropriate protective equipment such as gloves or gowns.
 - Limit direct physical contact with the resident.
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Visitation alternatives:

There are many technologies that can provide contact with friends and family without an in-person visit. Existing software applications, such as SKYPE or FaceTime, may allow residents to have virtual visitation. These technological solutions are compatible with Windows, IOS, and Android operating systems across a range of computer and mobile devices. Guidance for these technological solutions must be provided by the facility in order to help protect residents and staff against the spread of COVID-19.

Guidance may include, but is not limited to:

- Assisting the resident and family member in downloading visitation alternatives.
- Assisting resident or family member in understanding how to use visitation alternatives.
- Providing reasonable accommodations and/or space for residents to use visitation alternatives.
- Allowing residents, family and friends to use their own equipment for virtual visitation.

- If the facility has equipment to conduct virtual visitations, it must be thoroughly disinfected between uses by different individuals and made available for residents to use separately.

These accommodations may vary by resident and location. However, it is the responsibility of the facility to provide available resources to assist residents in communicating with family or friends.

Activities and community outings:

Effective immediately, all community outings shall be discontinued, along with any activities that require outside vendors to enter the facility. For example, pet visits or musical guest activities shall be canceled. Facility staff must continue to provide person-centered life enrichment activities while congregate activities should be discouraged.

The facility must cancel activities that involve external public places, particularly large gatherings, such as malls, movies, etc. (Note: this does NOT apply to situations where facility staff need to escort residents to external medical care such as dialysis, medical visits, etc.)

Facility staff will educate all residents about the COVID-19 virus. This training is especially important for residents who continue to independently engage in outside activities or visits with friends and family. Facilities will provide information concerning prevention of disease transmission. Please review resources located on the Oregon Health Authority Website. ([OHA Web site](#))

The main emphasis is to prevent exposure to the residents and staff of the facility. The facility will continue to screen all individuals entering the facility and must continue to allow essential visitors for residents.

Suspected or Confirmed cases of COVID-19 in staff or residents:

When a resident or employee demonstrates potential COVID-19 related signs or symptoms, they should notify their primary care physician immediately, or seek hospital care if needed. Medical providers will evaluate and test to eliminate Influenza and other possible illnesses.

When a resident or employee of the facility has been identified as having a suspected or confirmed case of COVID-19, the facility is required to do the following *immediately*:

- Consult with the local county public health department.
<https://www.oregon.gov/oha/ph/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd.aspx>
 - In many areas, the hospital or attending physician will notify the health department. It is the responsibility of the facility to confirm the health department has been notified.
- Notify the state licensing authority (Safety, Oversight and Quality AFH, CBC or NF Licensing Teams) *immediately*:
NF.LICENSING@dhsoha.state.or.us
CBC.TEAM@dhsoha.state.or.us
APD.AFHTeam@dhsoha.state.or.us
- Further restrict visitation.
 - When suspected or confirmed COVID-19 is identified in any facility, additional guidance will immediately be provided by the department, detailing further restrictions on admissions and visitation, and additional infection control requirements. This department order is not considered a regulatory action and will not be listed on the facility compliance record, but must be followed. Failure to comply with department requirements will result in further sanctions including but not limited to a license Condition.
- Maintain and have available to the Department a log identifying visitors and staff who have interacted with the resident and their environment.
- Restrict all internal group activities to prevent exposure to other residents.

Notification to the Department:

Please notify the Department in the event of the following:

- When a resident of the facility has been identified for testing or as having a suspected or confirmed case of COVID-19.
- *Any time* COVID-19 status changes for any individual in the facility.

- For example, the department must be notified immediately when a resident or employee is referred to the local health authority for testing. The department must *a/so* be notified immediately when the results of that test are received, whether positive or negative.
 - If you have any questions whatsoever, please send an email to the following addresses as appropriate:
 - For CBC providers, please contact: CBC.Team@dhsoha.state.or.us
 - For NF providers, please contact: NF.licensing@dhsoha.state.or.us
 - For AFH providers, please contact: APD.AFHTeam@dhsoha.state.or.us
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