

COVID-19 Guidance for Long Term Care Settings in Oregon



The Safety, Oversight and Quality unit will make every attempt to keep this guide up to date, however with the frequent changes occurring with the pandemic, it may not always be possible to make immediate changes. However, the guide will be reviewed monthly and updated as needed.

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Purpose:

The way that long term care communities provide services has definitely changed in 2020. There are so many things that facilities need to be aware of during the time of the COVID-19 pandemic. This guide provides information on COVID-19 specific policies, administrative rule changes and general practices that facilities are expected to implement in order to prevent or contain COVID-19. There are also links to Provider Alerts and resources that can assist you in implementing the practices that can help avert the spread of this infectious disease.

Readiness:

Early in the pandemic the [LTCF COVID-19 Response Toolkit](#) was developed by Oregon Health Authority (OHA). As COVID-19 has progressed, we have all learned a great deal about the virus and how to effectively respond to it. The Safety, Oversight and Quality unit (SOQ) has developed the [COVID-19 Readiness Assessment Tool](#) as a supplement to the original toolkit. This tool addresses pandemic-related issues such as staffing, planning for cohorting residents and ensuring dedicated staff, infection control protocols, PPE, etc.

Facility Duty to Report Suspected and Confirmed COVID-19:

Long-term care facilities licensed by SOQ have a duty to report when a resident or employee of a facility has been identified as having a suspected or confirmed case of COVID-19. Nursing facilities must also report additional information to the CDC, as outlined in the [CMS May 6, 2020 Memo](#). Following are the steps that facilities need to take when this situation arises:

- Immediately notify the resident's health care provider when a resident exhibits symptoms of COVID-19 to determine if the resident should be tested for COVID-19.
- When an employee or resident is suspected or has been confirmed of having COVID-19, immediately, notify your SOQ Operations and Policy Analyst (OPA) to inform them of the suspected or confirmed case.

Notification can be made by email at:

Nursing Facility Program NF.LICENSING@dhsoha.state.or.us

Community Based Care Program CBC.TEAM@dhsoha.state.or.us

Adult Foster Home Program APD.AFHTeam@dhsoha.state.or.us

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- The [Local Public Health Authority](#) (LPHA) must also be notified when a resident or facility employee is suspected or has been confirmed of having COVID-19. The resident's healthcare provider or a hospital may inform the Local Public Health Authority, however, it is the facility's responsibility to ensure they have been notified.

When reporting suspected or confirmed cases to SOQ, please provide the following information:

- What is the current census of your facility?
- What is the total number and individual names of **residents**:
 - Suspected of having COVID-19?
 - Confirmed to be COVID-19 positive?
 - Currently in the hospital or another external setting and suspected or confirmed of having COVID-19?
 - Has your facility experienced any resident fatalities due to COVID-19?
- What is the number and names of **staff**:
 - Suspected of having COVID-19?
 - Confirmed to be COVID-19 positive?
 - Has your facility experienced any staff fatalities due to COVID-19?

Executive Orders, Public Notification and Role of Surveyors:

Applying an Executive Order:

When a suspected or confirmed case(s) is reported to SOQ, an Executive Order (EO) is sent to the facility. The EO is not a disciplinary measure and will not be listed as a part of the provider's compliance history. EO's do however serve as a public notice of COVID-19 in the community and are posted on the DHS COVID-19 website. The second purpose is a notification to a facility with suspected or confirmed COVID-19 that they must adopt more stringent practices to ensure resident safety. The EO outlines the conditions the facility must adhere to, which may include but is not limited to the following:

- Limit admissions and readmissions unless there is written approval obtained from SOQ.
- Restrict visitation, including cancelling any approved outdoor or other special visitation plans.
- Restriction of all congregate activities and events.
- Provide training on infection control training for all staff.

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- Relocating of resident(s) to private room if available.
 - Cohort and isolate residents, as appropriate, according to COVID-19 status, with fully dedicated staff assigned to the individual units.
 - Immediately report any changes in staff or residents' COVID-19 status to SOQ.
 - Notification of family members and/or authorized representatives.
 - Implement outbreak testing of all residents, facility staff and associated staff per OAR 411-060-0030.

The EO will also provide resources for the prevention and containment of COVID-19 which includes:

Public Notification:

Along with the EO, signage is sent to the facility that must be posted at facility entrances for the duration of the EO. The EO and sign serves as public notice of possible or confirmed COVID-19 cases within the facility. Furthermore, the EO is listed on a public website [Current Map of COVID-19 Executive Orders](#) until the EO is withdrawn.

The Executive Order signage will be sent to providers automatically along with the EO, in an English language version. The sign is also available upon request in Russian, Vietnamese, Korean and Spanish.



The EO will be removed once it is determined that the threat has safely passed. Typically, this is considered to be 14 days (one incubation period) from the last day of exposure or potential exposure.

Role of SOQ Surveyors and Licensing Complaint Unit:

When a facility is issued an EO due to a suspected or confirmed case(s), SOQ surveyors or members of the Licensing Complaint Unit (LCU) will visit the facility within 24 to 72 hours to determine:

- Does the facility have adequate supplies of PPE?

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- Are staff consistently using PPE appropriately?
 - Has the facility implemented appropriate infection control practices?
 - Does the facility have enough staff?
 - Is the facility cohorting the positive COVID-19 residents to private rooms or sections of the facility along with dedicated staff?
 - Are there any other observable risks to residents?

Based on the number of cases and observations of surveyors SOQ will determine the frequency of surveyor visits. In addition, when there are three or more confirmed cases of COVID-19, the Local Public Health Authority (LPHA) may provide additional consultation and ongoing support to the facility. It is important to note that while LPHA determines when the facility is clear of the virus, SOQ determines when the EO is withdrawn.

In some cases where the stabilization of the outbreak is more challenging due to complicating factors such as lack of staffing resources, layout of building or inability to cohort residents, an Inter-Agency Support Team (IAST) meeting may occur. The IAST is a multi-jurisdictional group consisting of OHA, DHS and other agencies that will work with the facility to develop and implement a plan for stabilization. SOQ surveyors will continue regular visits to the facility as OHA recommendations are implemented.

Corrective Action

When a facility is not making consistent, measurable progress towards controlling the spread of the virus, SOQ may take corrective action such as a condition or a civil penalty. This action is based on how many individuals within the facility are suspected or confirmed to have COVID-19 and observations made by surveyors or LCU staff when they note poor infection control practices, staffing issues or other risks to residents that would lend to the spread of the infection.

Infection Prevention and Control Practices

Infection prevention and control practices *are key* to preventing and containing the spread of COVID-19. One recommendation is to have one person overseeing the infection prevention and control training and practices within the facility.

Monitoring for COVID-19:

During the pandemic, there should be heightened monitoring of residents for any symptoms of COVID-19. It is imperative that facility staff recognize the signs and

symptoms of COVID-19 and know how to report. Symptoms include, but may not be limited to:

fever	headache/muscle ache
cough/ sore throat	loss of taste or smell
congestion or runny nose	nausea
fatigue	diarrhea
shortness of breath	difficulty breathing

Training on Infection Control:

In addition to staff knowing the symptoms of COVID-19. Training staff on infection prevention and control practices is essential. At minimum staff should be trained on:

- How COVID-19 is transmitted from person to person.
- Importance of frequent hand hygiene for both staff and residents including the use of hand sanitizer.
- Appropriate use of personal protective equipment (PPE), face masks and shields, gowns, gloves etc.
- Safe coughing and sneezing practices.
- Cleaning and disinfecting surfaces frequently.
- Importance of physical distancing.
- Importance of screening staff and other essential individuals.
- Cohorting of staff and residents meaning the separation of residents with COVID-19 to one area of the facility and dedicating the same staff to work with those residents.
- How staff can protect themselves outside of work:
 - Using standard precautions at home.
 - Appropriate laundering of clothes.
 - Wearing a face mask or covering.
 - Practicing physical distancing and avoiding large crowds.
 - Monitoring themselves and others in your household for symptoms.
 - Contacting their medical provider if they or someone in their household develop symptoms.

Resources:

Below are resources for infection prevention and control training:

- [Oregon Care Partners COVID-19 training](#)
- [CDC Guidance for Long Term Care Facilities](#)

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- [How to Protect Yourself and Others from Covid-19](#)
 - [OHA-How to Protect Yourself and Others](#)

Essential Individuals, Visitors and Screening

Essential Individuals:

Policies for screening staff, essential visitors and screening are based upon executive orders that were instituted by Governor Kate Brown (released on March 8, 2020) and APD (released on March 18, 2020). The following list is not comprehensive, if you have any questions about visitors or staff please contact your respective operations policy analyst:

- 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 off-site or 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 which 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 staff and volunteers

Visitation for Compassionate Care Circumstances:

SOQ recognizes that visits by family can provide comfort and needed emotional support during these challenging times. SOQ cannot define each situation where a compassionate care visit should be allowed but the facility is encouraged to work with SOQ policy analysts, resident families, and the long-term care ombudsman to determine if a compassionate care visit should be conducted. Examples of compassionate care visits could include end-of-life situations, bereavement due to the loss of a loved one, or emotional support for the resident who has just moved into a licensed setting and is adjusting to their new surroundings. These visits should not be considered routine. All visitors must adhere to the screening and infection protocols. For more information please see [Family visits for compassionate care circumstances](#).

Indoor visitation:

Indoor visitation is a long-awaited opportunity for residents to visit with their loved ones. Limited indoor visitation is now allowed in long term care facilities (nursing, residential care and assisted living facilities). Adult foster home visitation is in the process of being reviewed at this time.

Restrictions and protocols for indoor visitation must be followed, for example: only a facility that has had no new onset of COVID-19 in the past 14 days and not currently conducting outbreak testing. In addition, all visitors must be screened, wear appropriate PPE, physical distancing must remain in place, and a limited number of visitors within the facility at one time. Lastly visitors should remain only in the area designated for visiting their loved one. For more information see the following Provider Alerts:

- [NF-20-157 – New Framework for Health & Safety for LTC Facilities](#)
- [NF-20-140 - Limited COVID-19 Indoor Visitation Policy](#)
- [NF-20-144 - Provider Alert - Indoor Visitation Information](#)
- [NF-20-144 - Limited-Indoor-Visitation-Overview](#)
- [NF-20-144 - LCTF Limited Indoor Visitation FAQ](#)

Outdoor visitation:

There may be additional opportunities for residents to visit with family or friends outdoors. The guidance that was provided in July remains in place. These guidelines address the need for screening, infection control protocols and strict

physical distancing during visits. Any facility with an Executive Order from SOQ due to the presence of suspected or confirmed COVID-19 shall not allow visitation, until the order has been lifted. For more information go to the Provider Alert [Limited Outdoor Visitation](#).

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.

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:

1. 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.
2. Does the individual report any potential signs or symptoms of respiratory infection, such as a fever, cough, shortness of breath?
3. 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?
4. Has the individual traveled to any locations with current COVID-19 transmissions within the last 14 days?
5. 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.**

Virtual Visitations:

Even with indoor visitation, residents may not be able to see their loved ones as frequently as they would like. Fortunately, there are technologies that can provide contact with friends and family without an in-person visit. Software applications, such as SKYPE or FaceTime may allow residents to have a virtual visitation. These technological applications are compatible with Windows, IOS, and Android operating systems on computers and mobile devices. Guidance for using these devices 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 accessing and using the technology and devices as needed for visits.
- Assisting resident or family member in understanding how to use the devices for virtual visits.
- Providing reasonable accommodations and/or space for residents to use the devices for visiting.
- Allowing residents, family, and friends to use their own device for virtual visitation.

Admissions and Readmissions:

Due to the concerns of increasing COVID-19 cases and the likely need of more hospital beds, the Oregon Health Authority and Oregon Department of Human Services recently released [“Best Practices for Hospitals and Long-term Care Facilities for COVID-19 related New/Readmissions and Discontinuing Transmission-Based Precautions”](#). This document provides guidance on the discharge of hospital inpatients to LTC facilities. A companion flow chart, [Transfer of Hospital Patients to Long-term Care Facilities](#), that outline the process.

Written preapproval is required for admissions and readmissions for facilities that have been issued an EO. If a resident is to be admitted or readmitted while an EO is in place, the facility must follow appropriate screening protocols.

Medical Appointments:

Residents may not be restricted from leaving or returning to the facility to go to a medical appointment whether an EO is in place or not. Residents are free to come and go from their home setting and facilities must continue to accommodate their medical care routine or not. However, upon returning to the facility, the resident

should be screened for potential exposure and monitored for signs and symptoms of COVID-19. Appropriate isolation policies and protocols may be implemented as needed.

Activities and community outings:

In-house Activities:

Activities play an important role in a resident's quality of life. However, during the pandemic, some routine group activities will have to be canceled or modified to prevent infection. These changes likely include:

- Physical distancing and/or wearing of face masks or face coverings for group activities.
- The discontinuation of activities that have taken place within the broader community such as, trips to shopping centers or malls, movie theaters, restaurants etc.
- The need to cancel activities with outside vendors and volunteers such as with musical guests and/or pet visits.

To the extent possible, staff should provide more one on one activities or find activities that residents can do independently. Here are some resources on activities that residents may enjoy during the Pandemic:

- [LeadingAge – Resident Engagement During Social Isolation](#)
- Golden Carers – [50 Activities for the Elderly](#)
- [Senior Community Activity Ideas During COVID-19 Quarantines](#)

Resident Outings:

There are instances when residents will want to engage in activities or outings outside of the facility and they have the right to do so, however they are subject to the same restrictions as any other Oregonian. The facility has the responsibility to inform residents, family etc. about facility policies place when a resident chooses to leave the facility and what protocols will be followed upon their return. For more information see the Alert on [Phase one Reopening Guidance](#).

Salon Services:

Salon services were a long-anticipated service that residents looked forward to. Guidance on providing this service was released on June 2, 2020. Below is a link to

the Provider Alert that outlines the guidance on providing salon services in a nursing, residential care or assisted living facility.

- [NF-20-85 Salon Services in Oregon LTCF - revised](#)

Testing:

On June 12 2020 Governor Kate Brown issued a [directive](#) that all assisted living, residential care and nursing facilities were to complete COVID-19 baseline testing of all staff, residents and associated staff by September 30, 2020. LTC facilities are at high risk for severe COVID-19 outbreaks due to their congregate nature and vulnerable population, a key strategy for reducing the likelihood and severity of outbreaks is mass testing of both residents and staff. Oregon's providers did meet the goal for initial testing.

The next phase of Oregon's testing plan of routine testing has been implemented. Guidance has been issued to help providers understand the requirements of this ongoing testing strategy.

The [DHS Website for LTC Testing](#) provides current information that facilities need to know for meeting Oregon's mass testing objectives. This website contains links to information on:

- The administrative rules for routine staff testing.
- Fact sheet on routine testing of long-term care staff.
- Frequently asked questions about routine testing of long-term care staff.
- Presentation from October 30 Information Session for LTC Facilities.
- Reimbursement Claims for testing.

Vaccinations:

Everyone has been anxiously awaiting an effective vaccination for COVID-19. Even though the vaccination is not yet widely available, staff and residents in long term care facilities will be some of the first populations to receive the vaccine. OHA's [COVID-19 Vaccine in Oregon](#) website provides information on safety, sequencing, teamwork and providers. There are links to other important resources as well.

If you have questions about vaccinations, please send them to this COVID-19 vaccine-related email box, COVID19.vaccine@dhs.oha.state.or.us. For questions about enrollment, please send those to, Vaccine.ProviderEnroll@dhs.oha.state.or.us.