

Kansas Department for Aging and Disability Services COVID-19 Guidance

DATE: June 12, 2020

TO: State and Local Officials, Nursing Facility Operators/Owners/Administrators, Stakeholders, Industry Associations, General Public

FROM: Secretary Laura Howard

SUBJECT: Nursing Facilities Reopening Requirements and Recommendations

EFFECTIVE: Immediately

This KDADS guidance is intended to provide **requirements** and *recommendations* to Kansas nursing facilities regarding COVID-19 testing and the reopening of their homes to visitors and services, using a phased approach based on information from the Kansas Department of Health and Environment (KDHE), federal Center for Medicare and Medicaid Services (CMS) and the federal Centers for Disease Control and Prevention (CDC). Separate guidance will be released for assisted living, Home Plus and other state licensed facilities.

REQUIREMENTS AND RECOMMENDATIONS FOR CREATING A FACILITY-SPECIFIC REOPENING PLAN:

Testing and Cohorting –

1. **Create a plan for COVID-19 testing of staff and residents** (note: this does not mean every nursing facility is required to do baseline testing of all its residents and staff). The plan should address how your facility will respond to positive COVID-19 test results for both staff and residents. All nursing facilities should have a testing and cohorting plan for reopening that is consistent with the facility's continuity of operations and infection control policy, based on the level of community transmission as discussed with the Local Health Officer. Each plan is a facility-by-facility-plan. While CMS recommends baseline testing, *KDADS recommends nursing facilities review the [Algorithm for Testing and Cohorting Nursing Home Residents document](#) dated May 28, 2020.*
2. **Samples should be collected by qualified nursing facility staff.** See training videos for different specimen collection procedures under the 'Videos' tab here: <https://www.coronavirus.kdheks.gov/170/Healthcare-Providers>.

3. **Contract with a laboratory to conduct COVID-19 diagnostic testing.** Nursing facilities should be prepared to conduct COVID-19 tests for screening of residents and staff. *KDADS recommends using a laboratory directly linked to KDHE's epidemiology reporting system.* If testing is needed in response to a COVID-19 infection in your facility, contact the KDHE Epidemiology Hotline at 877-427-7317 to coordinate testing through the Kansas Health and Environmental Laboratories (KHEL).
4. **Obtain a temporary license/acknowledgment of a dedicated unit, alternate care site or isolation room(s) that will be used in response to COVID-19 testing and cohorting, if needed.** KDADS's email address to initiate a request for temporary license/acknowledgment is: COVIDchecklist@ks.gov.

Reporting –

5. **Report suspected and confirmed COVID-19 cases to KDHE.**
6. **Report through the National Healthcare Safety Network (NHSN) surveillance system in accordance with CMS Guidance ([QSO-20-29-NH](#)) on reporting.**
7. **Report positive cases to residents and family members in accordance with CMS requirements ([QSO-20-29-NH](#)).**

Consultation with Local Health Officer –

8. **In concert with Governor Kelly's reopening plan, nursing facility plans for reopening must include consultation with Local Health Officers.** Contact information is available at https://www.kdheks.gov/olrh/download/health_directory.pdf.
As noted by CMS, the COVID-19 pandemic is affecting counties and local communities in different ways. As such, nursing facility administrators should monitor the factors for reopening regularly, consult with Local Health Officers often and adjust their plans accordingly.

Phased Approach -

9. **A phased approach to reopening, based on factors identified in consultation with Local Health Officers, must be included in facility-specific plans.**
10. In general, reopening nursing facility to visitors and outside services and resumption of activities should be slower than the rest of the county or community.

ADDITIONAL INFORMATION FROM KDHE, CMS AND THE CDC AS FACILITIES CREATE REOPENING PLANS:

CMS issued guidance on the phases of reopening nursing facilities on May 18, 2020 ([QSO-20-30-NH](#)). *The guidance provides recommendations for nursing facilities to establish a mitigation plan in phases to slowly relax restrictions for visitation.* It provides guidance and considerations before allowing visitation and non-essential services in the nursing facilities, via phases. *It also provides recommendations for states and local governments to consider in determining the needed level of mitigation for nursing facilities.* That document did not replace or remove the requirement for nursing facilities to restrict visitors in the March 13, 2020 guidance from CMS ([QSO-20-14-NH](#)).

While Governor Kelly's statewide COVID-19 reopening plan is still available to provide guidance for reopening, each Kansas county health officer can enact more restrictive policies or loosen requirements to meet the conditions in their county. This means that each nursing facility will need to consult with their local health department regarding their mitigation plan.

RESOURCES FOR NURSING FACILITIES DEVELOPING PLANS:

1. **WORK WITH LOCAL HEALTH OFFICER:** Nursing facilities should be aware of and coordinate with local county public health officials and the Local Health Officer. Now, more than ever, the Local Health Officer plays a key role in determining how best to relax restrictions in their community, including nursing facilities. The nursing facility and local health department should agree on the need for diagnostic testing within a facility among residents or staff. This testing approach should be scientifically based, including the appropriate test and extent of testing. County Health Officer contact information is available here: https://www.kdheks.gov/olrh/download/health_directory.pdf.

All nursing facilities should develop and make available to families and residents a testing and cohorting plan for reopening that is consistent with the facility's continuity of operations and infection control policy, based on the level of community transmission as discussed with the Local Health Officer. Each plan is a facility-by-facility-plan. *While CMS recommends baseline testing, **KDADS requires nursing facilities to work closely with the Local Health Officer to determine the appropriate amount and frequency of testing.***

2. **CMS:** *The CMS recommendations in [QSO-20-30-NH](#) on relaxing restrictions are tied to community and facility level factors including:*
 - a. Case status in the community
 - b. Case status in the nursing facility
 - c. Adequacy of staffing in the facility
 - d. Access to adequate testing including baseline testing of all residents and staff, written screening protocols, capacity to retest staff at least weekly
 - e. Universal source control/high standards of infection control including wearing masks, social distancing, sanitation and handwashing
 - f. Access to adequate Personal Protective Equipment (PPE) for staff
 - g. Local hospital capacity

3. **CDC:** The CDC has shared five key strategies to help protect residents and staff in facilities:
- a. **Keep COVID-19 from entering your facility** by restricting all visitors except for compassionate care situations and screening anyone who enters the facility, including staff and healthcare personnel, for fever and respiratory symptoms. (This is the current CDC strategy; however, it should be altered to reflect the current status of reopening.)
 - b. **Identify infections early** by actively screening residents daily for fever and respiratory symptoms and immediately isolate them if symptomatic. Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, diarrhea or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19.
 - c. **Prevent the spread of COVID-19** by restricting interaction in the facility by stopping communal dining or group activities and enforcing social distance among residents. Given spread of COVID-19 in the community, consider universal facemask use by staff. Wear all recommended PPE (gown, gloves, eye protection and mask) for all care if supply permits or for potential and known cases if supply is limited.
 - d. **Assess supply of PPE and initiate measures to optimize current supply** by implementing contingency strategies for PPE use during shortage periods, including PPE extended use and re-use (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy>). If you experience a PPE shortage, notify your local emergency management contact. Your healthcare coalition may be able to help as well (<https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>).
 - e. **Identify and manage severe illness** by actively monitoring ill residents at least three times daily to quickly identify residents who require transfer to a higher level of care. This includes at least temperature and pulse oximetry documentation. Finally, please contact the health department if you have additional questions and immediately notify them if you have any residents with a severe respiratory infection leading to hospitalization or sudden death, or if you have a cluster (3 or more residents and/or healthcare personnel) of respiratory infections or individuals (residents and/or healthcare personnel) with known or suspected COVID-19 infection.

ADDITIONAL KDADS INFORMATION AS FACILITIES CREATE REOPENING PLANS:

TESTING AND COHORTING PLAN: All Kansas nursing facilities should have a testing and cohorting plan for reopening consistent with the facility's continuity of operations and infection control policy, based on the level of community transmission as discussed with the Local Health Officer. Each plan is specific to that facility. *KDADS encourages facilities to closely review the American Health Care Association / National Center for Assisted Living (AHCA/NCAL) [Algorithm for Testing and Cohorting Nursing Homes document](#) (dated May 28, 2020) as plans are being developed.*

SAMPLE COLLECTION: Qualified nursing facility staff should gather samples for testing, as discussed with the Local Health Officer. If training is required, a video is available on the KDHE COVID-19 Resource Center website. See training videos for different specimen collection procedures under the 'Videos' tab here: <https://www.coronavirus.kdheks.gov/170/Healthcare-Providers>.

Facilities must obtain consent from residents before testing and develop plans to accommodate residents that refuse COVID-19 testing. Facility plans should also specifically address accommodations needed before testing residents with dementia or other medical or physical conditions that would require special attention before testing.

LABS: *Laboratories directly linked to KDHE's disease surveillance epidemiology reporting system are recommended as nursing facilities identify resources for conducting SARS-CoV-2 virus tests (e.g., PCR or antigen tests).* Nursing facilities should contact the Kansas Health and Environment Lab (KHEL) at the KDHE Epidemiology Hotline (877-427-7317) if they need to respond to a positive COVID-19 test among residents or staff. KHEL provides assistance for facilities that have positive COVID-19 cases.

PHYSICAL STRUCTURE/SPACE FOR COHORTING OR ISOLATION: As needed, facilities should request from KDADS a temporary acknowledgment or license for a designated unit or alternate care site to allow for appropriate isolation, quarantine, or cohorting of residents. The KDADS email address to initiate the process is COVIDchecklist@ks.gov.

REPORTING: State regulations require the reporting of COVID-19 cases, and suspected cases, to KDHE within 4 hours of identification. Reporting to KDHE will satisfy the federal requirement to notify KDADS about positive COVID-19 cases through the Abuse, Neglect or Exploitation Hotline. Nursing Facilities will need to continue reporting suspect and confirmed cases of COVID-19 to KDHE. This can be done several ways:

- Preferred method is for facilities to use the new KDHE reporting portal (<https://diseasereporting.kdhe.ks.gov/>) to report positive COVID-19 cases among residents or staff and suspected cases of COVID-19 among residents and staff. A lab result must be sent to KDHE, which is why KDADS recommends using a lab that is already submitting results reports to KDHE. Follow up with a call to the KDHE Epidemiology Hotline (877-427-7317) if the result of the test is positive to ensure KDHE is aware of the confirmed case (if your lab is set up to send the reports then KDHE should be receiving those automatically).
- Nursing facilities may report cases on the KDHE reportable disease form and submit to KDHE through other methods, including:
 - Sending the reportable disease form via a secure fax to report the suspicion of COVID-19 to the KDHE Epidemiology Hotline secure fax line (877-427-7318). Send the lab results via secure fax for positive cases.
 - Sending a secure email to the KDHE Epidemiology Hotline (kdhe.epihotline@ks.gov) with the report form and any other needed information. Send the lab results via secure email for positive cases.
 - Calling the KDHE Epidemiology Hotline (877-427-7317) to report suspected cases and to confirm positive case results are received.

As lab results are received, nursing facilities will follow CMS Guidance ([QSO-20-29-NH](#)) on reporting, including the use of the National Healthcare Safety Network (NHSN) surveillance system. KDHE and KDADS will produce weekly public reports on the status of COVID-19 positive cases in nursing facilities, number of tests performed on residents and staff as appropriate, and the PPE supplied to facilities.

RESIDENTS AND FAMILY: Facilities need to follow existing guidance on reporting positive cases to residents and family members issued by CMS and CDC. *KDADS recommends facilities make this reporting publicly available as well:*

1. A positive case reported through a testing laboratory that is connected to the KDHE system will satisfy the KDHE regulatory requirement for notification of local health departments.
2. KDADS will create a Kansas-specific report based on the data CMS makes available on nursing home compare.
3. Facility plans should address access by officials from the Office of Long-term Care Ombudsman. CMS directives allowed ombudsman access to residents in nursing facilities as a resource to residents and their families or loved ones. Facilities should include in the messages to families about the availability of services from the Long-term Care Ombudsman and how to access their services. **Facility plans that continue restrictions on visitors must accommodate visitation for compassionate care reasons. KDADS requires that the compassionate care exception be applied to residents who are receiving hospice services, have a life expectancy of less than six months, or are experiencing a significant decline, regardless of whether death is imminent.**

PHASES FOR REOPENING: The table below shows proposed phases of reopening nursing facilities, what facilities must have in place within that phase to protect residents and staff from COVID-19, recommended visitation policies and facility procedures, and the criteria needed to move into the next phase toward reopening.

The phases represent the current status of nursing facilities' readiness for a positive COVID-19 case (Phase 1), practices and processes during the earliest stages of reopening to visitors (Phase 2), and practices in place in counties or communities that have lifted COVID-19 related restrictions (Phase 3).

KDADS is providing these examples of policies and practices as guidance for nursing facilities as they can step back restrictions on visitors and outside services. **Any move to allow additional people into a nursing facility must be taken under the following conditions:**

1. In coordination with local public health authorities.
2. While maintaining the highest level of infection control practices and universal screening of residents, staff and visitors.
3. The relaxation of visitor or outside service restrictions must be immediately reversed if a resident of staff member tests positive for COVID-19.
4. More restrictive practices must be reimposed if a local public health authority directs that community conditions have shifted, and additional steps must be taken to prevent COVID-19 from spreading the community or facilities.
5. Processes must be in place to notify families and residents when a positive case occurs.

The table below offers examples of policies and practices considerations recommended by CMS in its May 18, 2020, guidance document ([QSO-20-30-NH](#)) of changes in policies at different phases of reopening. Kansas nursing facilities can use these as principles for their individual plans for reopening and as recommendations of issues to discuss with each Local Health Officer.

| REOPENING PHASES | All Visitation and Outside Service Policies and Practices for Nursing Facilities based on consultation with Local Health Officer |
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| <p><i>Phase 1</i></p> | <p>Visitation generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened, and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry).</p> <p>All visitors must wear a cloth face covering or facemask for the duration of their visit.</p> <p>Non-essential healthcare personnel are restricted.</p> <p>Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).</p> <p>Non-medically necessary trips outside the building should be avoided.</p> <p>Restrict group activities, but some activities may be conducted (for COVID-19 negative or asymptomatic residents only) with social distancing, hand hygiene, and use of a cloth face covering or facemask.</p> <p>For medically necessary trips away from of the facility the residents must wear a cloth face covering or facemask and the facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment.</p> |
| <p><i>Phase 2</i></p> | <p>Visitation generally prohibited, except for compassionate care situations. In those limited situations, visitors are screened, and additional precautions are taken, including social distancing, and hand hygiene (e.g., use alcohol-based hand rub upon entry).</p> <p>All visitors must wear a cloth face covering or facemask for the duration of their visit.</p> <p>Allow entry of limited numbers of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.</p> |

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| | <p>Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).</p> <p>Group activities, including outings, limited (for asymptomatic or COVID-19 negative residents only) with no more than 10 people and social distancing among residents, appropriate hand hygiene, and use of a cloth face covering or facemask.</p> <p>For medically necessary trips outside of the facility the residents must wear a cloth face covering or facemask and the facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment.</p> |
| <p><i>Phase 3</i></p> | <p>Visitation allowed with screening and additional precautions including ensuring social distancing and hand hygiene (e.g., use alcohol-based hand rub upon entry). All visitors must wear a cloth face covering or facemask for the duration of their visit.</p> <p>Allow entry of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.</p> <p>Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).</p> <p>Group activities, including outings, allowed (for asymptomatic or COVID-19 negative residents only) with no more than the number of people where social distancing among residents can be maintained, appropriate hand hygiene, and use of a cloth face covering or facemask.</p> <p>Allow entry of volunteers, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask.</p> <p>For medically necessary trips outside of the facility residents must wear a mask and the facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment.</p> <p>100% screening of all persons entering the facility and all staff at the beginning of each shift including temperature checks and ensuring all outside persons entering building have cloth face covering or facemask.</p> |

SPECIAL SESSION H.B. 2016 – Inspections, Personal Protective Equipment and Testing Supplies:

The Legislature passed HB 2016 during the 2020 Special Session requiring KDADS to complete infection control inspections for all nursing facilities, state licensed facilities, assisted living facilities, Home Plus, and Adult Board and Care homes within 90 days of the effective date of the bill. HB 2016 also requires KDADS provide the necessary PPE, sanitizing supplies and testing kits appropriate to the needs of each facility on an ongoing basis, based upon the current number of residents; the current number of full-time and part-time staff members; the number of residents and staff who have tested positive for COVID-19 in the last 14 days; the ability to separate COVID-19 residents from non-COVID19 residents; and any other factors deemed relevant by the Secretary of KDADS. KDADS is in the process of evaluating the logistics of supplying PPE, supplies and testing kits through existing supply channels at KDHE and the Division of Emergency Management. KDADS will release more information on the implementation of these provisions soon.

QUALITY IMPROVEMENT ORGANIZATION ASSISTANCE:

In November 2019, CMS awarded contracts to 12 experienced, community-based organizations to serve as Quality Improvement Organizations (QIOs) and focus on areas of immediate need as well as urgent healthcare priorities. QIOs provide education and training to every nursing home in the country. As part of their ongoing work, the QIOs provide more direct assistance to around 6,000 small, rural nursing homes and those serving vulnerable populations in areas where access to care is limited by helping them understand and comply with CMS and CDC reporting requirements, sharing best practices related to infection control, testing and patient transfers. The QIOs help nursing homes identify what their greatest areas of infection control problems are, then create an action plan and implement specific steps to establish a strong infection control and surveillance program. For example, they train staff on proper use of PPE, cohorting residents appropriately and transferring residents safely. They monitor compliance with infection control standards and practices in the nursing home.

Health Quality Innovators (HQI) is the QIN for Kansas and they work with the Kansas Foundation for Medical Care (KFMC) to provide support to Kansas nursing facilities. Brenda Davis with KFMC can be reached at 785-271-4168 or bdavis@kfmc.org if a nursing facility would like to utilize QIO resources.

ASSISTANCE WITH PLAN DEVELOPMENT:

As nursing facilities develop plans for reopening, questions can be sent to KDADS.reopening@ks.gov. A 'Frequently Asked Questions' list will be developed from the questions submitted and posted to the KDADS website. For specific questions about infection prevention and control, infectious disease reporting requirements to KDHE or public health, please contact [Bryna Stacey](#), Director, Infection Healthcare-Associated Infections & Antimicrobial Resistance Program at KDHE.