Timeline for COVID-19 Regulations and Guidance

October 31, 2020 – REVISION (updated through October 30, 2020)

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Disclaimer

This timeline is a compilation of explanation and links for regulations, guidelines and documents issued throughout the COVID-19 Pandemic. It contains references to various federal and state entities that were involved in directing long-term care facilities during the pandemic. The guideline is to be considered a reference tool and should not be considered all-inclusive of guidance and regulations offered during the pandemic crisis.

Explanation and Content of Timeline

The timeline is divided into two sections. The first section is a chronological listing of references, regulations, and guidance offered from federal and state entities. The second section, beginning on page178 is a chronological listing of waiver and executive orders. The two sections/tables include the publishing date, the topic discussed, a brief summary of the topic and a link to the document referenced. For ease of sorting and recognition, the topics are color coded as evidenced below. The tables are divided by green lines that indicate the dates guidance changes or additions were made.

Regulation and Guidance Topic Color Grid

Topic	Color	Topic	Color
ALF Inspection		Visitation	
• ALF Assessments/Reassessments		Reporting	
Clinical Guidance		• NHSN	
• Symptoms		• Out of State License	
Communication		• Outbreak	
• Preparation		• Communicable Disease	
• Transparency		• Nursing Home Compare	
• CMS Healthcare Work Force Toolkit		Screening	
Infection Prevention and Control		• Screening Toolkit	
• Transmission -Based Precautions		Survey Activity	
• Initial Steps Preparation for Transmission		• Self-Assessment	
• Airborne Precautions		Testing	
• D/C precautions		• Staff Return to work	
• PPE		Transport/Arrival	
• N95 Fit testing		• Transfers	
• Dialysis		• Admissions	
• Vaccines		Admissions	
Reopening – Phase 1, 2 and 3		DSS/VA Department of Labor	
• VDH Nursing Home Phased Reopening /FAQs/Update		• Emergency Temporary Standard Infectious Disease Prevention	
Record Keeping OSHA		Emergency Prepardness	
• Recording Employee Illness OSHA		• Testing Requirements	

Waiver Topic Color Grid (begins on page 178)

Waiver Agency/Organization	Color	Waiver Agency/Organization	Color
Centers for Medicare/Medicaid Services (CMS)		Virginia Department of Social Services (VDSS)	
Centers for Disease Control and Prevention (CDC)		Virginia Department of Health (VDH)	
Virginia Department of Health Professions (DHP)		Executive Order- VA	
Virginia Department of Medicaid Services (DMAS)			

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Date	Agency	Topic	Summary	Link
2/4/20	VDH VHCA	Outbreak Testing Reporting Infection Control	VDH Letter - 7/23/19 **Definition of a Respiratory Outbreak in LTC Settings** • Two or more residents of the same wing or unit develop respiratory illness within 72 hours of each other OR • One laboratory-confirmed case (e.g. influenza, respiratory syncytial virus, parainfluenza, human metapneumovirus, adenovirus, Hemophilus influenza, invasive group A streptococcus) in a resident along with other cases of respiratory illness in the same wing or unit OR • An increase over the normal background rate of acute respiratory illness cases, with or without fever, overlapping in place or time Testing and Reporting • The LTCF should report every suspected or confirmed respiratory outbreak to their LHD. Refer to the Virginia Reportable Disease List • Develop a plan for respiratory pathogen testing with your LHD. The Division of Consolidated Laboratory Services (DCLS) may be able to provide testing support to confirm outbreak etiology. • Conduct active surveillance for respiratory illness among residents, staff, and visitors until at least one week after the last known illness has occurred. Infection Control • Institute droplet precautions as appropriate, including the use of surgical masks upon entering the resident's room and eye protection during procedures and activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. In addition, contact precautions are recommended for respiratory outbreaks in residential facilities when the pathogen is unknown, due to high frequency of direct and indirect contact. Droplet and contact precautions should be maintained until the pathogen has been identified and pathogen-specific instructions are made. Post hand hygiene signs and provide alcohol-based hand rub. See examples here	http://www.vdh.virginia.gov/content/uploads/sites/13/2019/08/Infection_Prevention_for_Respiratory_Outbreaks_in_Long-Term_Care_Settings.pdf http://www.vdh.virginia.gov/content/uploads/sites/13/2018/11/Reportable_Disease_List.pdf https://www.cdc.gov/handhygiene/campaign/promotional.html https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm https://www.vhca.org/files/2020/02/VDH-Guidance-on-HCoV-Testing_02022020.pdf

Date	Agency	Topic	Summary	Link
			• Emphasize respiratory hygiene and cough etiquette. Provide tissues and surgical masks at facility entrances and common areas. For more guidance see • Review influenza vaccination status of residents and staff. Vaccinate all unvaccinated residents with the current seasonal influenza vaccine unless medically contraindicated. Offer vaccination to staff at no charge. • If influenza is suspected or confirmed, consult with the facility medical director regarding antiviral treatment and prophylaxis. • If a bacterial pathogen is suspected or confirmed, consult with the facility medical director regarding antibacterial treatment and prophylaxis. • Cohort and/or isolate ill residents as feasible. Limit group activities. Restrict symptomatic residents to their rooms except for medically necessary purposes. • Restrict ill staff from resident care for at least the duration of their illness. Restrict movement of other staff between resident units. • Apply the facility policy for restriction of ill visitors; consider restriction of all visitors. Provide communication about the outbreak to visitors and families. • Implement the facility policy for limiting or deferring new admissions as appropriate. • Educate staff on the signs and symptoms of various respiratory pathogens, testing procedures, and appropriate control measures. **Guidance on Test Results for Common Human Coronavirus** There are three other types of HCoV that are of public health concern: SARS-CoV that causes severe acute respiratory syndrome (SARS); MERS-CoV that causes Middle East Respiratory Syndrome (MERS); and the novel (new) coronavirus (2019-nCoV) that was recently discovered. A routine multiplex panel cannot detect SARS-CoV, MERS-CoV, or 2019-nCoV. Special testing is required to detect these three viruses.	

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			A routine multiplex panel positive HCoV result should NOT hinder the placement of a patent into your care at your facility. Use standard precautions, including respiratory etiquette, and droplet precautions as applicable.	
2/6/20	CMS	Infection Prevention and Control Communication	QSO 20-09 ALL- **Healthcare Facility Expectations**: CMS strongly urges the review of CDC's guidance and encourages facilities to review their own infection prevention and control policies and practices to prevent the spread of infection. CMS prepares the nation's healthcare facilities for COVID-19 threat	https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/information-healthcare-facilities-concerning-2019-novel-coronavirus-illness-2019-ncov https://www.cms.gov/newsroom/press-releases/cms-prepares-nations-healthcare-facilities-coronavirus-threat
2/14/20	CMS	Infection Prevention	QSO-20-11-NH Head-to-Toe toolkit designed to prevent common infection by improving ADL care	https://www.cms.gov/files/document/qso-20-11-nh.pdf
2/21/20	CDC	Transport/ Arrival Transmission-Based Precautions	**Healthcare Professional Preparedness Checklist** for Transport and Arrival of Patients with Confirmed or Possible COVID-19 – Implementation of Standard, Contact, and Airborne Precautions including eye protection	https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&Page=5
2/28/20	CDC	Transmission-Based Precautions	**Recommending Standard, Contact, and Airborne Precautions** including the use of eye protection when providing care for patients with confirmed or suspected COVID-19 Centers should educate families and visitors on signs and symptoms of COVID-19	https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
2/29/20	CDC AHCA	Initial Steps Preparation for Transmission	**Interim Guidance for Healthcare Facilities**: Preparing for Community Transmission of COVID-19 in the US Long Term Care Facilities • Limit visitors to the facility • Post visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, resp hygiene, and cough etiquette • Take steps to prevent known or suspected COVID-19 patients form exposing other patients • Limit the movement of COVID-19 patients (have them remain in their rooms)	https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&Page=5 https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID%2019%20-%20Update%202.pdf

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Date	Agency	Topic	Summary	Link
			• Identify dedicated staff to care for COVID-19 patients • Observe newly arriving residents for the development of respiratory symptoms	
3/4/20	CMS	Survey Activity	QSO-20-12 ALL- **Survey Action Limited To**: • All immediate jeopardy complaints (cases that represents a situation in which entity noncompliance has placed the health and safety of recipients in its care at risk for serious injury, serious harm, serious impairment or death or harm) and allegations of abuse and neglect; • Complaints alleging infection control concerns, including facilities with potential COVID-19 or other respiratory illnesses; • Statutorily required recertification surveys (nursing home, home health, hospice, and ICF/IID facilities); • Any re-visits necessary to resolve current enforcement actions; • Initial certifications; • Surveys of facilities/hospitals that have a history of infection control deficiencies at the immediate jeopardy level in the last three years; • Surveys of facilities/hospitals/dialysis centers that have a history of infection control deficiencies at lower levels than immediate jeopardy.	https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/suspension-survey-activities https://myemail.constantcontact.com/VHCA-VCAL---New-CMS-Memos-on-COVID-19-and-Surveys.html?soid=1011233811022&aid=EoQqUQqh--Q https://www.cms.gov/files/document/qso-20-12-allpdf.pdf-1
3/4/20	CMS VHCA AHCA	Screening Transfers Admissions	QSO-20-14 NH CMS is committed to taking critical steps to ensure health care facilities are prepared to respond to the threat of COVID-19. Facilities should monitor the CDC website for information and resources and contact the local health dept it they have questions or suspect a resident of a nursing home has COVID-19. Use resources from CDC and CMS to train and prepare staff to improve infection control and prevention practices. Facilities experiencing an increased number of respiratory illnesses regardless of suspected etiology among resident or healthcare personnel should immediately contact their local or state health dept. for further guidance.	https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/qso-20-14-nh.pdf https://myemail.constantcontact.com/VHCA-VCAL---New-CMS-Memos-on-COVID-19-and-Surveys.html?soid=1011233811022&aid=EoQqUQqh--Q https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Update%203%20COVID%2019.pdf

Date	Agency	Topic	Summary	Link
			Guidance for limiting the transmission for COVOD-19 in nursing home. • How facilities should monitor or limit visitor by screening for • International travel within the last 14 days to restricted countries • Sign or symptoms of a resp infection such as fever, cough, and sore throat • Has had contact with someone with or under investigation for COVIE-19 If visitors meet the above criteria, facilities may restrict their entry How facilities should monitor or restrict HCP. • The same screening as performed for visitors should be performed for facility staff as above • HCP who have s/s of a resp infection should not report to work • Any staff member that develops s/s of a resp infection while on the job should immediately stop work, put on a facemask, and self-isolate at home, inform the facility's IP and contact the local health dept for next steps for testing When should a nursing home consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital? • Contact the local health dept for residents with suspected COVID-19 infection – symptoms vary in severity and may be none, or mild to severe-Initially • If symptoms are mild the resident does not need to be transferred to the hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. • The resident may develop more severe symptoms and require transfer to the hospital for a higher level of care – the facility should alert EMS and the receiving facility of the diagnosis and the resident should wear a facemask on transfer. When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?	

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			• A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-based precautions as long as it can follow CDC guidance for transmission-based precautions. If it cannot then it must wait until these precautions are d/c Other considerations • Increase the availability of ABHS, tissues, not touch receptacles for disposal and facemasks at healthcare entrances • Ensure ABHS if accessible in all resident care areas including inside and outside the resident rooms • Increase signage for vigilant infection prevention such as hand hygiene and cough etiquette • Properly clean and disinfect and limit sharing of medical equipment between residents and areas of the facility • Provide additional work supplies to avoid sharing and disinfect workplace areas	
3/4/20	VDH/CDC VHCA	Testing	**VDH Updated Guidance on Testing for COVID-19** Centers for Disease Control and Prevention (CDC) removed clinical and epidemiologic criteria for considering an individual to be a patient under investigation (PUI) for COVID- 19. At this point the Division of Consolidated Laboratory Services (DCLS), Virginia's state lab, has received a very small number of test kits from CDC so has a limited capacity for testing. Until private labs are able to provide testing and DCLS receives additional test kits, we need to continue to use some clinical and epidemiologic criteria to identify patients most likely to be infected with SARS-CoV-2. These criteria are as follows: • Person who had close contact* with a laboratory-confirmed COVID-19 patient within 14 days of onset **AND** fever or signs/symptoms of a lower respiratory illness; • Person with travel to a country with a Level 2 or 3 Travel Advisory or an area with confirmed ongoing community transmission within 14 days of onset **AND** has fever and signs/symptoms of a lower respiratory illness **AND** tested negative for influenza on initial work-up (rapid or confirmatory)** ;	http://www.vdh.virginia.gov/content/uploads/sites/13/2020/03/VDH_Updated_Guidance_on_COVID19_Testing_03052020.pdf

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			• Person who resides in a nursing home or long-term care facility **AND** who has fever or signs/symptoms of a lower respiratory illness **AND** who tested negative for influenza on initial work-up (rapid or confirmatory))** **AND** a respiratory virus panel negative for all pathogens** **AND** no alternative diagnosis **Close contact is defined by CDC as**: • Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case OR • having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment. ** Initial work-up for influenza can be a rapid influenza diagnostic test or confirmatory PCR test performed at a routine laboratory. Initial work-up using the respiratory virus panel (if applicable) should be performed at a routine laboratory.	
3/7/20	CDC	Screening	**Interim U.S. Guidance for Risk Assessment and Public Health Management of HCP with Potential Exposure in a Healthcare Setting to Patients with COVID-19** Summary of Recent Changes • Allowance of asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staff have been exhausted and in consultation with their occupational health program. • Removed requirement of self-monitoring with delegated supervision for healthcare facilities to actively verify absence of fever and resp symptoms when HCP report to work- this in now optional. • simplified risk exposure categories based on the most common scenarios on presence/absence of source control measures: use of PPE by HCP and degree of contact with patient (prolonged versus brief).	https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&Page=5

VHCAVCAL

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			• added language advising HCP to inform occ health program if they have travel or community associated exposure.	
3/9/20	CMS AHCA VHCA	Screening Communication	QSO-20-14 NH **Guidance to nursing homes to help improve their infection control and prevention practices to prevent the transmission of COVID-19 including revised guidelines for visitation**. Facilities should actively screen and restrict visitation by those who meet the following criteria: • Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat. • In the last 14 days has had contact with someone with a confirmed diagnosis of COVID-19 or under investigation for COVID-19, or ill with respiratory illness. • International travel within the last 14 days to countries with sustained community transmission. • Reside in a community where community-based spread is occurring. Limiting Visitor and individuals- expanded: • Restricting means the individual should not be allowed in the facility at all ,until they no longer meet the criteria above • Limiting means the individual should not be allowed to come into the facility except for certain situation ,such as end -of-life situations or when a visitor is essential or the resident's emotional well-being and care • Discouraging mean that the facility allows normal visitation practices (except for those individuals meeting the restricted criteria), however the facility advises individuals to defer visitation until further notice (through signage, calls, etc.) Facilities should • Increase visible signage at entrances/exits- signage should include language to discourage visits • Offer temp checks • Increase availability of hand sanitizer	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf **REVISED on 3/9** https://www.ahcancal.org/facility_operations/disaster_planning/Documents/AL-Guidance-Preventing-COVID19.pdf https://myemail.constantcontact.com/VHCA-VCAL---Steps-to-Prevent-COVID-19-from-Entering-Your-Facility.html?soid=1011233811022&aid=tCd6mJWi4kc

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			• Offer PPE for individuals entering facilities if supply allows • Provide instructions before visitors enter the facility and resident rooms on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in resident rooms • Facilities should also screen visitor and ask if they took any recent trips within the las 14 days on cruise ships or participated in other settings where crows are confined to a common location- is so the facility should suggest deferring visit to a later date- if visitor entrance is necessary they should wear PPE whole onsite , if the facility does not have PPE the facility should restrict the visit and ask them to come back after 14 days with no symptoms of COVID-19 • In cases where visitation is allowed facilities should instruct the visitors to limit movement within the facility to the resident's room Facilities should review and revise how they interact with volunteers, vendors, and receiving supplies, agency staff, EMS personnel and equipment, transportation providers when taking resident to appts, and other practitioners such as hospice, therapy – must follow the appropriate CDC guidelines for transmission-based precautions. Facilities should consider when limiting or discouraging visitors • Offering alternative means of communication such as phone, visual communication • Creating /increasing listserv communication to update families • Assigning staff as primary care givers for inbound calls and outbound regular communications • Offering a phone line with a voice recording updated at set times with facility operating status such as when it is safe to resume visits When visitation is necessary or allowable facility should make efforts to allow for a safe visitation. • Suggest limiting physical contact with resident and others in the facility, practice social distancing	

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			• If possible create a dedicated visiting area near entrance to the facilities, the room should be disinfected after each resident-visitor meeting • Continue with access to Ombudsman – facility can facilitate communication by phone or other format Visitor reporting • Advise exposed visitor – contact with COVID -19 resident prior to admission to monitor for s/s of resp infection for at least 14 days after last know exposure and if ill to self-isolate at home • Advise visitor to report to the facility any s/s of COVID-19 or acute illness within 14 days after visiting the facilities	
3/10/20	VHCA	Screening Toolkit	**VHCA Developed a COVID-19 Screening Toolkit** - to assist in easy access to the CMS information regarding screening with visitors and staff. This toolkit also has links to many resources to help with prevention of COVID-19 form VDH,CMS, AHCA/NCAL and CDC	https://myemail.constantcontact.com/VHCA-VCAL---COVID-19-Screening-Toolkit.html?soid=1011233811022&aid=rBq6g__Fcjw
3/10/20	CMS AHCA	PPE	QSO-20-17-ALL - **CDC has updated their PPE recommendations** for HCP involved in care of residents with known or suspected COVID-19. Facemasks are an acceptable temporary alternative when the supply chain of respirators cannot meet demand. Available respirators should be prioritized for procedures that are likely to generate respiratory aerosols which would pose the highest exposure to HCP. • Facemask protect the wearer from splashes and sprays • Respirators, which filter inspired air, offer respiratory protection Eye protection, medical gown, and gloves continue to be recommended. • If there is a shortage of medical gowns, they should be prioritized for aerosol generating procedures, care activities where splashes and sprays are anticipated and high contact resident care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.	https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-use-certain-industrial-respirators-health-care-personnel https://www.cdc.gov/infectioncontrol/guidelines/environmental/ https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20–%20Update%206.pdf

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			Residents with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne infection isolation room should be reserved for residents undergoing aerosol-generating procedures. Increased emphasis on early identification and implementation of source control (i.e. putting a face mask on residents presenting with symptoms of resp infection). Environmental Infection Control Cleaning and Disinfection Practices: • Hand washing stations or alcohol-based hand rubs should be immediately available at all entryways. • Dedicated medical equipment should be used for patient care, when possible. • Between each use, non-disposable medical equipment should be cleaned and disinfected. This should be done according to manufacturer's instructions and facility policies. • Management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures. • Environmental cleaning and disinfection procedures should be supervised. This ensures that proper procedures are followed consistently and correctly • Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19	
3/13/20	CMS VHCA AHCA	Screening Communication	QSO-20-14-NH - **Guidance for Limiting Transmission of COVID-19 for Nursing Homes** Restrict visitation of all visitors • Restriction of non-essential health care personnel (HCP) except for compassionate care such as end of life situation on a case by case basis • Those visitors should be permitted after careful screening for fever and respiratory symptoms. They should require the use of PPE such as facemask, hand hygiene on entry and frequently and limited to the resident's room or a specific location designated by the facility. Suggest refraining from physical contact with resident and others while at the facility • Visitors with symptoms of respiratory infection (fever, cough, shortness of breath, or sore throat) should not be	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf **REVISED** https://myemail.constantcontact.com/VHCA-VCAL---Newest-CMS-NF-Visitor-Guidance.html?soid=1011233811022&aid=ViWJ-nvbLY8 https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20–%20Update%208.pdf

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			permitted to enter the building at any time (even in end of life situation) • Facilities should notify potential visitor to defer visitation unit further notice via signage, calls, letters etc. • HCP applies to other healthcare workers, EMS personnel, or dialysis tech that provide care to the residents Cancel communal dining and all group activities. Implement active screening of resident and staff for fever and resp symptoms. Remind resident to practice social distancing and perform frequent hand hygiene. Screen all staff at the beginning of their shift for fever and resp symptoms. Take their temperature and document absence of shortness of breath, new or change in cough and sore throat. If they are ill have them wear a face mask and self-isolate at home. Identify staff that work at multiple facilities (agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately. Access to Ombudsman program should be restricted per the above guidance except in compassionate care situations – this may be handled on a case by case basis. Advise visitor and any individuals who entered the facility (hospice staff) to monitor for s/s of resp infection or at least 14 days after exiting the facility. If symptoms occur, advise to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with and location within the facilities that they visited. Facilizes should immediately screen the individuals of reported contact and take all necessary actions based on the finding	

VHCAVCAL

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3/16/20	CDC VHCA	Testing-Staff Return to Work	**Criteria for Return to Work for HCP with Confirmed or Suspected COVID-19**. Test Based Strategy • At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**, • At least 7 days have passed since symptoms first appeared Non-Test Based Strategy • Resolution of fever without the use of fever-reducing medications **and** • Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and** • Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens).	https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&Page=4 https://myemail.constantcontact.com/VHCA-VCAL---COVID-19-Member-Call-at-3-30-pm-and-Other-Updates.html?soid=1011233811022&aid=KWV57JDQ4DM
3/17/20	CDC VHCA AHCA	PPE	**Strategies for Optimizing the Supply of Isolations Gowns Gowns Summary** • Shift gown use towards cloth isolation gowns • Consider the use of coveralls • Extended use of isolation gowns (disposable or cloth), such that the same gown is worn by the same HCP when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered only if there are no additional co-infectious diagnoses transmitted by contact (such as Clostridium difficile) among patients. If the gown becomes visibly soiled, it must be removed and discarded as per usual practices. • Re-use of cloth isolation gowns among multiple patients in a patient cohort area without laundering in between. • Prioritization of gowns for the following activities: o During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures	https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&Page=4 https://myemail.constantcontact.com/VHCA-VCAL---Revised-Toolkit--Act-Now-to-Conserve-PPE.html?soid=1011233811022&aid=akMHys-RZ3g https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20–%20Update%2012.pdf

VHCAVCAL

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			o During the high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care o When no gowns are available consider pieces of clothing as a last resort, preferably with long sleeves and closures (snaps, buttons) that can be fastened and secured, particularly for care of COVID-19 patients as single use. Other options include: ▪ Disposable laboratory coats ▪ Reusable (washable) patient gowns ▪ Reusable (washable) laboratory coats ▪ Disposable aprons o Combinations of pieces of clothing can be considered for activities that may involve body fluids and when there are no gowns available: ▪ Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats ▪ Open back gowns with long sleeve patient gowns or laboratory coats ▪ Sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats Reusable patient gowns and lab coats can be safely laundered according to routine procedures.	
3/17/20	CDC VHCA AHCA	PPE	**Strategies for Optimizing the Supply of Facemasks** **Facemask Summary** • Implement extended use of facemasks which allows the wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters. • Restrict facemasks to use by HCP, rather than patients for source control. Have patients with symptoms of respiratory infection use tissues or other barriers to cover their mouth and nose.	https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&Page=4 https://myemail.constantcontact.com/VHCA-VCAL---Revised-Toolkit--Act-Now-to-Conserve-PPE.html?soid=1011233811022&aid=akMHys-RZ3g

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			• Implement limited re-use of facemasks, which is the practice of using the same facemask by one HCP for multiple encounters with different patients but removing it after each encounter. Discarded if soiled, damaged, or hard to breathe through.
			• Prioritize facemasks for selected activities, such as:
			   o For provision of essential surgeries and procedures
			   o During care activities where splashes and sprays are anticipated
			   o During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable
			   o For performing aerosol generating procedures, if respirators	

3/17/20	CDC VHCA AHCA	PPE	**Strategies for Optimizing the Supply of Eye Protection Eye Protection Summary** Implement extended use of eye protection is the practice of wearing the same eye protection dedicated to one HCP for repeated close contact encounters with several different patients, without removing eye protection between patient encounters including for disposable and reusable devices. • Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through. • If HCP touches or adjusts their eye protection, they must immediately perform hand hygiene. • Prioritize eye protection for selected activities such as: During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures or prolonged face-to-face or close contact with a potentially infectious patient is unavoidable • Consider using safety glasses (e.g., trauma glasses) that have extensions to cover the side of the eyes. • Designate convalescent HCP for provision of care to known or suspected COVID-19 patients. • Selected options for reprocessing and clean eye protection are provided.	https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&Page=4 https://myemail.constantcontact.com/VHCA-VCAL---Revised-Toolkit--Act-Now-to-Conserve-PPE.html?soid=1011233811022&aid=akMHys-RZ3g

Date	Agency	Topic	Summary	Link
3/17/20	DSS VHCA	Screening	**VDSS has reviewed the following guidance from the CDC in conjunction with AHCA/NCAL**, and we strongly encourage the following: • Immediately restrict all visitors, volunteers and non-essential healthcare personnel (e.g., barbers) except for certain compassionate care situations, such as end-of-life. • Notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.). • Handle visits for end-of-life situations on a case-by-case basis, including screening of visitors, use of personal protective equipment (PPE) and hand hygiene by visitors, and limited access to the facility (resident's room or location designated by the facility). • Cancel all group activities and communal dining. • Implement active screening of residents and healthcare personnel for respiratory symptoms including actively checking temperatures for fever (all healthcare personnel at beginning of shift and residents at least daily). o Document absence of symptoms o Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat), other than residents, should not be permitted to enter the facility at any time (even in end-of-life situations) • Screen and monitor residents when visitors, staff, or others report respiratory symptoms within 14 days of interacting with the residents. • Identify staff that work at multiple facilities and actively screen and restrict them appropriately. • Enforce sick leave policies for ill healthcare personnel that are non-punitive, flexible, and consistent with public health policies, allowing ill healthcare personnel to stay home. • Pay particularly close attention to any orders issued by Governor Northam or other public health officials in the coming days, weeks, and possibly months. This new guidance means facilities need to explore mechanisms to allow family members, ombudsmen, resident representatives, and others to communicate with residents.	https://www.vhca.org/files/2020/03/2020-03-17-COVID-19-letter-to-ALFs-.pdf

Date	Agency	Topic	Summary	Link
			Additional recommendations include: • Having all staff and visitors enter and exit through one main entrance, allowing for proper screening of each staff member, visitor, and contracted healthcare worker. • Reducing group activities and communal dining.	
3/18/20	VHCA	Screening	**COVID-19 Screening Toolkit- Revised** for screening for visitors and staff	https://www.vhca.org/files/2020/03/VHCA-VCAL-COVID-19-Screening-Toolkit.pdf
3/19/20	AHCA CMS	Screening	This document provides guidance for therapists and therapist assistants on how long term care (LTC) facilities (including skilled nursing centers and assisted living communities) can operationalize federal and state guidance to significantly restrict visitors and non-essential personnel, as well as restrict communal activities inside LTC facilities as part of the effort to prevent COVID-19 from spreading.	https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Therapy-Personnel-Guidance-COVID19.pdf https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
3/20/20	CDC	Preparation Communication	**Steps Healthcare Facilities Can Take Now To Prepare for COVID-19** Be Prepared • Monitor the CDC and state and local dept websites frequently • Review your facility emergency plan • Establish relationships with key healthcare and public health partners within your community • Create an emergency contact list- know how to reach your local and or state health dept in an emergency Communicate with staff and patients • Share information with you staff on what is currently known about COVID-19 and your facilities preparedness plan • Provide updates to residents and families on changes in policies regarding appts, non-agent care and visitation Protect your staff	https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&Page=3

Date	Agency	Topic	Summary	Link
			• Screen residents and visitors for symptoms of acute respiratory illness(i.e. fever, cough, difficulty breathing before entering the facility • Keep up to date on recommendations for preventing the spread of COVID-19 on CDC's website • Ensure the proper use of PPE • Conduct an inventory of available PPD • Explore strategies to optimize PPE • Have staff who develop respiratory symptoms ((i.e. fever, cough, shortness of breath) stay home Protect your patients • Stay current with ways to manage residents with OVID-19 per CDC and state and local health depts	
3/20/20	VDH VHCA CDC	Testing	**VDH Updated Guidance on Testing for COVID-19** Testing performed at DCLS, Virginia's state lab, is reserved for patients who meet VDH's priority investigation criteria below. For patients who meets VDH criteria, you should contact the local health department for testing. Healthcare workers and first line responders who had contact or cared for a patient with COVID- 19 within 14 days of last exposure **AND** fever or signs/symptoms of a lower respiratory illness. Potential clusters of unknown respiratory illness where influenza has been ruled out, with priority for healthcare facility outbreaks. All suspected clusters or outbreaks should be reported to the local health department. Persons hospitalized **AND** who tested negative for influenza and other respiratory pathogens on a respiratory virus panel on initial work-up** **AND** no alternative diagnosis. Priority will be given to ICU admissions or people on ventilators, where circumstances require a confirmed COVID-19 for compassionate use treatment with antivirals. Person who resides in a nursing home or long-term care facility **AND** who has fever or signs/symptoms of a lower respiratory illness **AND** who tested negative for influenza on initial work-up** **AND** no alternative diagnosis.	http://www.vdh.virginia.gov/content/uploads/sites/182/2020/03/VDH-Updated-Guidance-on-COVID19-Testing_FINAL.pdf https://myemail.constantcontact.com/VHCA-VCAL---New-Testing-Guidance--Accepting-Patients-from-Hospitals--Laundry-Guidance---More.html?soid=1011233811022&aid=vBYr6C58rJg https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

VHCAVCAL

Date	Agency	Topic	Summary	Link
			**Initial work-up for influenza can be a rapid influenza diagnostic test or confirmatory PCR test performed at a routine laboratory. Initial work-up using the respiratory virus panel should be performed at a routine laboratory.	
3/21/20	CDC VHCA	Screening	**Preparing for COVID-19 Long-term Care Facilities and Nursing Homes** Updated guidance • Restrict all visitation except for certain compassionate care situations, such as end of life. • Restrict all volunteers and non-essential HCP. • Cancel all group activities and communal dining • Implement active screening for residents and HCP for fever and resp symptoms. Evaluate and Manage Resident with Symptoms of Respiratory Infection • In general when caring for resident with undiagnosed respiratory infection use Standard, Contact, and Droplet precautions with eye protection unless the suspected diagnosis requires Airborne Precautions (e.g. tuberculosis. Continue to assess the need for Transmission Precautions as more information about the resident's suspected diagnosis becomes available. If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community • Resident with known or suspected COVID-19 do not need to be placed into an airborne infection isolation room, but should be placed in a private room with their own bathroom • Room sharing might be necessary if there are multiple resident with known or suspected COVID-19 in the facility. As roommates of asymptomatic residents might already be exposed, it is generally not recommended to separate them in this scenario Facilities should notify the health dept immediately	https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&Page=3 https://myemail.constantcontact.com/VHCA-VCAL---New-Testing-Guidance--Accepting-Patients-from-Hospitals--Laundry-Guidance---More.html?soid=1011233811022&aid=vBYr6C58rJg
3/23/20	CDC	D/C Precautions	**Discontinuation of Transmission- Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)** Summary of Changes	https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&Page=3

VHCAVCAL

Date	Agency	Topic	Summary	Link
			Clarified that patients with COVID-19 can be discharged form a healthcare facility whenever clinically indicated. Meeting criteria for discontinuance of Transmission-Based Precautions is not a prerequisite of d/c Updated guidance for test based strategy-the recommendation to collect both NP and OP swabs at each sampling has been changed so that only one swab, preferably an NP, is necessary at each sampling Added guidance for: • d/c of transmission-based precautions without testing • d/c of empiric transmission-based precautions for patients suspected of having COVID-19 when using a testing-based strategy for d/c of transmission-based precautions is preferred	
3/23/20	CMS VHCA AHCA	<mark>Survey Activity</mark>	**QSO-20-20-All - Prioritization of survey activity** Surveys that will not be authorized during prioritization period • Standard surveys for LTC facilities- including Life Safety Code and Emergency Preparedness • Revisits not associated with an IJ • Surveys that will be prioritized and conducted during the prioritization period o Complaint/FRI triaged at IJ level o Revisits for IJ level that have not been verified as removed o Targeted Infection Control Survey Additional Instructions for Nursing Homes: Perform self-assessments on infection control using surveyor tool Use the COVID-19 Infection Control Focused Survey tool (see link) developed by CMS with CDC) to perform self-assessment of your facility's Infection Control plan. CMS expects facilities to use this new process, in conjunction with the latest guidance from CDC, to perform a voluntary self-assessment of their ability to prevent the transmission of COVID-19. This document may be requested by surveyors, if an onsite investigation takes place. We also encourage nursing homes to voluntarily share the results of this	https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions (sort by date) https://myemail.constantcontact.com/VHCA-VCAL---Call-for-Supplies--Survey-Activities--Essential-Staffing---More.html?soid=1011233811022&aid=h3y5TevPo0c https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20–%20Update%2018.pdf https://www.ahcancal.org/facility_operations/disaster_planning/Documents/self-assessment.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
			assessment with their state or local health department Healthcare-Associated Infections (HAI) Program. CDC recommends that nursing homes notify their health department about residents with severe respiratory infection, or a cluster of respiratory illness (3 or more residents or HCP with new- onset respiratory symptoms within 72 hours). Note: Local and state reporting guidelines or requirements may vary.	
3/27/20	DSS VHCA	ALF Assessments Reassessments	**ALF Assessments and Reassessments** Beginning 3/16 DSS workers will conduct ALF assessment and reassessments by phone call or video conferencing (if available) and use supporting documentation from family members or the medical record for the completion of the UAI and other assessment documents APS Investigations APS investigations will continue as a face- to-face visit with a resident unless there is a valid reason not to meet with the resident. Workers may attempt a phone or video conference with the resident in lieu of a face-to-face meeting. APS workers understand that ALF staff may ask the worker to take certain precautions or undergo a brief health care screening before entering the facility. APS workers are to comply with such requests.	https://myemail.constantcontact.com/VHCA-VCAL---COVID-19-Protocols--Transfer-Forms--and-DSS-Memo.html?soid=1011233811022&aid=5wgZ_hlLlEY https://www.vhca.org/files/2020/03/memo-covid19_for_ALF-3-27-20.pdf
3/30/20	AHCA VHCA CMS	Admissions Communication	**Accepting Admissions from Hospitals** During COVID-19 Pandemic- Revised March 30 This document is to provide guidance to LTC facilities (SNFs and ALFs) to determine when making decisions about accepting hospital discharges. This guidance is revised March 30 CMS announced that hospitals, laboratories and other entities can perform tests for COVID-19 on people at home and in other community based settings outside of the hospital, including nursing homes.	https://www.ahcancal.org/facility_operations/disaster_planning/Documents/SNF-Admit-Transfer-COVID19.pdf https://myemail.constantcontact.com/VHCA-VCAL---New-Guidance-on-Hospital-Transfers--1135-Waiver--Info-from-OLC--Personal-Assistants--and-More.html?soid=1011233811022&aid=WRsY2DmV1Bk https://www.cms.gov/newsroom/press-releases/trump-administration-makes-sweeping-regulatory-changes-help-us-healthcare-system-address-covid-19

Date	Agency	Topic	Summary	Link
3/31/20	VHCA AHCA	Screening	**Revised screening checklist** for ALL individuals to include: • when a staff person has worked in facilities or locations with recognized COVID-19 cases, and the staff person has worked with a person with confirmed COVID-19. They should be required to wear PPE including masks, gloves, gown before any contact with residents. • CDC guidance for health care provider use of PPE when there are cases of COVID-19 present or not in the facility, as well is in the community	https://cl.exct.net/?qs=592fb393d4231b21e8980ab306a6eea74a47659cb886ce3f869df155a68be117e5d183f6a8c2ea7d180bf08c64792d400cf555969f4d3c37 https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
4/1/20	CDC	Airborne Precautions	**COVID-19 Infection Prevention and Control in Healthcare Settings: Q&A** Do all patients with confirmed or suspected COVID-19 need to be placed in an airborne infection isolation room? • Airborne infection isolation rooms should be reserved undergoing aerosol generating procedures or for diagnosis such as active tuberculosis • Full Q&A related to PPE topics, testing, etc. available in link	https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc&Page=2
4/2/20	CMS VHCA AHCA	Infection Control and Prevention Self-Assessment PPE Screening	**COVID-19 Long-Term Care Facility Guidance** Nursing homes should immediately ensure that they are complying with all CMS and CDC guidance related to infection control. • Focus on adherence to appropriate hand hygiene per CDC • Self-assessment checklist to determine compliance with crucial infection control actions • CDC guidance for PPE CMS urges state and local health dept to consider the needs of LTC facilities with respect to PPE supplies and COVID-19 tests • State and local health depts should work together with LTC facilities to determine and help address the needs for PPE and/or COVID-19 tests • Medicare is now covering COVID-19 tests when furnished to eligible beneficiaries by certified labs. These labs may also choose to enter facilities to conduct COVID-19 testing Immediately implement symptom screening for **all** • **Every** individual regardless of reason entering a long term care facility should be asked COVID-19 symptoms and have their temperature checked	https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf https://myemail.constantcontact.com/VHCA-VCAL---COVID-19-Call-at-3-30-pm--New-CMS-Recommendations--Use-of-PPE--CNA-Testing--and-More.html?soid =1011233811022&aid=x-jYyufQLpg https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Cohorting.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
			• Facilities should limit access points and ensure all accessible entrances have a screening station • **Every** resident should be assesses for symptoms and have their temperature checked every day- per CDC guidance • Residents who enter facilities should be screened for COVID-19 through testing if available • Ensure all staff are using appropriate PPE when they are interacting with resident to the extent PPE is available and per CDC guidance for conservation of PPE • **All** staff should wear a facemask while they are in the facility • Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE To avoid transmission within LTC facilities , facilities should use separate staffing teams for COVID-19 residents to the best of their ability and work with State and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative resident from COVIS-19 positive resident and individuals with unknow COVID-19 status • LTC facilities should exercise as best as possible consistent assignment for all residents regardless of symptoms or COVID-19 status. The goal is to decrease the number of different staff interacting with each resident as well as the number of times those staff interact with the residents. Also staff as much as possible should not work across units or floors • LTC facilities should redeploy existing training related to consistent assignment and ensure that staff are familiar with the s/s of COVID-19 • LTC facilities should separate residents who have COVID-19 from residents that do not or are unknown • COVID-19 units must be capable of maintaining strict infection control practices • If possible isolate all admitted residents (including readmissions) in their room in the COVID-19 positive facility for 14 days if their COVID-19 status in unknown • LTC facilities should, to the fullest extent possible, inform, residents and their visitors of limitations of their access and ability to leave and re-enter the facility as	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			well as any requirement and procedures for placement in alternate facilities for COVID-19 positive or unknown status	
4/3/20	CDC	Self-Assessment	**Preparedness Checklist for Nursing Homes and Other Long-Term Care Settings** This checklist identifies key areas that long term care should consider in their COVID-19 and can be used to self-access the strengths and weaknesses of current preparedness efforts. This checklist does not describe mandatory requirements or standards but highlights the important areas to review and prepare for the possibility for residents with COVID-19 Checklist should be used as one tool to develop a comprehensive COVID-19 plan, including plans for: • Rapid identification and management of ill residents • Considerations for visitors and consultant staff • Supplies and resources • Sick leave polices and other occupational health considerations • Surge capacity for staffing, equipment and supplies, and postmortem care	https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf
4/3/20	VDH VHCA OSHA AHCA	PPE Record Keeping	**Optimization Strategies for PPE in LTC Facilities** • See VDH link for table for summary of priorities for each type of PPE Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the Coronavirus Disease (COVID-19) Pandemic • Gives employers relief to extend the use of National Institute for Occupational Safety and Health (NIOSH)-approved respirators and to permit reuse of them. Enforcement Guidance for Use of Respiratory Protection Equipment Certified under Standards of Other Countries or Jurisdictions During the Coronavirus Disease 2019 (COVID-19) Pandemic • Allows employers in certain circumstances to use respirators approved by another country, where NIOSH-approved respirators are not available. Employers must exhaust all NIOSH-certified respirators prior to use non-NIOSH-certified respirators.	http://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPE-shortage-in-LTCFs-final.pdf https://myemail.constantcontact.com/VHCA-VCAL---VDH-and-OSHA-on-PPE.html?soid=1011233811022&aid=OgoNggeSMBw https://www.osha.gov/memos/2020-04-03/enforcement-guidance-respiratory-protection-and-n95-shortage-due-coronavirus https://www.osha.gov/memos/2020-04-03/enforcement-guidance-use-respiratory-protection-equipment-certified-under https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20–%20Update%2034.pdf https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

VHCAVCAL

Date	Agency	Topic	Summary	Link
			Be Prepared: OSHA Requirements for PPE • If you are running low on PPE, follow the *CDC* guidance and guidance from your local health department. • Have a plan in place that deals with potential exposure to COVID-19 for employees, for example, what happens if a staff member has respiratory or other symptoms indicative of COVID-19 or tests positive with COVID-19. • Communicate this plan to all staff often and have it available for staff to review. Recording Workplace Exposures to COVID-19 OSHA recordkeeping requirements at *29 CFR Part 1904* mandate covered employers record certain work-related injuries and illnesses on their OSHA 300 log. While these requirements exempt recording of the common cold or flu, COVID-19 is a recordable illness when a worker is infected on the job if the following are met: • Case is confirmed COVID-19; • The case is work-related as defined by 29 CFR 1904.5; and • The case involves one or more of the general recording criteria set forth in 29 CFR 1904.7.	https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html?deliveryName=USCDC_1052-DM21038 https://www.osha.gov/recordkeeping/ https://www.osha.gov/laws-regs/regulations/standardnumber/1904/1904.5
4/6/20	CDC	Clinical Guidance	**Interim Clinical Guidance for Management of Patients with Confirmed COVID-19** This interim guidance is for clinicians caring for patients with confirmed infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes coronavirus disease 2019 (COVID-19).	https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc
4/7/20	VDSS VHCA	Virginia-ALF Inspection	**Temporary Procedures for Conducting Licensing Inspections** In order to minimize face-to-face contact with the providers and individuals we serve, we will conduct most inspections during the State of Emergency using the following desk review process: • Your assigned licensing inspector will call you to initiate the desk review inspection. • Your inspector will send you a list of requested items before the inspection.	https://www.vhca.org/files/2020/04/Temporary-Procedures-for-Conducting-Licensing-Inspections-4-7-20-.pdf

Date	Agency	Topic	Summary	Link
			• On the date of the desk review, the inspector will email specific information and documents that you need to submit to the inspector in a specified timeframe. • Your inspector will review the submitted documents, conduct interviews over the phone, determine compliance with applicable regulations, and provide an opportunity to discuss any violations. • As with onsite inspections, you will have an opportunity to ask your inspector any questions you have during the inspection. • Once the inspection is complete, your inspector will send you the inspection findings by email. The department may still conduct onsite complaint inspections and initial onsite inspections as deemed necessary for issues such as serious complaints or investigations involving Adult Protective Services	
4/8/20	OSHA	N95 Fit Testing	**Expanded Temporary Enforcement on Respiratory Protection For-Testing N95 Filtering Facepieces** in All Industries During the COVID-19 Pandemic • OSHA will exercise enforcement discretion concerning annual fit-testing requirement as long as employers have made good faith efforts to comply with the requirement and standards in the March 14 guidance. Refer to the March 14 link. This guidance now applies to all OSHA covered workplaces	https://www.osha.gov/memos/2020-04-08/expanded-temporary-enforcement-guidance-respiratory-protection-fit-testing-n95 https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit
4/10/20	OSHA VHCA AHCA	Recording Employee Illness	In the memo, **OSHA restated that COVID-19 is a recordable illness** and employers are responsible for recording cases of COVID-19 if The case is a tested-positive confirmed case of COVID-19,as defined by Centers for Disease Control and Prevention (CDC); The case is "work-related," which is defined as an event or exposure that either caused or contributed to the resulting condition or significantly aggravated a pre- existing injury or illness (this includes COVID-19 acquired from a co-worker or resident); and	https://www.osha.gov/memos/2020-04-10/enforcement-guidance-recording-cases-coronavirus-disease-2019-covid-19 https://myemail.constantcontact.com/VHCA-VCAL---CNA-Training--New-OSHA-and-Cohorting-Guidance.html?soid=1011233811022&aid=8Z6_O2RkuMA https://www.ahcancal.org/facility_operations/disaster_planning/Documents/OSHA-Guidance-Recording.pdf

Date	Agency	Topic	Summary	Link
			The case involves one or more of the following: • death • days away from work restricted work or transfer to another job medical treatment beyond first aid loss of consciousness • a significant injury or illness diagnosed by a physician or other licensed health care professional, even if it does not result in death, days away from work, restricted work or job transfer, medical treatment beyond first aid, or loss of consciousness.	
4/13/20	CMS	Transfer/ Discharge	QSO-20-25-NH **CMS is providing supplemental information for transferring or discharging residents between facilities for the purpose of cohorting resident based on COVID-19 status** (i.e. positive, negative, unknown/under observation) • Two or more certified long term care (LTC) facilities (SNFs and/or NFs) transfer patients between facilities to create a COVID-19 and non-COVID-19 facility. Allowed under Blanket Transfer Waiver without additional approval. Each certified facility bills Medicare for the residents in their facility. • Transfer residents from one or more certified LTC facilities to a non-certified location that is state approved and where residents must be cared for by LTC facility staff. Medicare reimbursement remains with the LTC facility caring for patients in the new location. This location could be utilized by multiple LTC facilities, providing care with their own staff.	https://www.cms.gov/files/document/qso-20-25-nh.pdf
4/13/20	CDC	Return to Work	Changes indicate a preference for use of **test-based strategy** to determine when HCP my return to work in healthcare settings: **Test-based strategy.** Exclude from work until • Resolution of fever without the use of fever-reducing medications **and** • Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**	https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html

Date	Agency	Topic	Summary	Link
			• Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens) If the *Test-based strategy* cannot be used, the *Non-test-based strategy* may be used for determining when HCP may return to work in healthcare settings**:** **Non-test-based strategy**. Exclude from work until • At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**, • At least 7 days have passed *since symptoms first appeared* **HCP with laboratory-confirmed COVID-19 who have not had any symptoms** should be excluded from work until 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If HCP had COVID-19 ruled out and have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis. **Return to Work Practices and Work Restrictions** After returning to work, the HCP should : • Self-monitor for symptoms and seek re-evaluation from occupational health if respiratory symptoms recur or worsen or until 14 days after illness	
4/15/20	CMS VHCA	Survey Activity	CMS announced on its national call with nursing homes on April 15 that the suspension of standard surveys will continue until further notice. This means the CMS guidance released on March 23 has been extended until CMS states otherwise. CMS will continue to conduct surveys for immediate jeopardy situations and additional infection control focused surveys	https://myemail.constantcontact.com/VHCA-VCAL---3-30-pm-Member-Call--Survey-Suspension-Continues--Return-to-Work-Criteria--and-More.html?soid=1011233811022&aid=NPoo_sFjSFk https://www.cms.gov/files/document/qso-20-20-all.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
4/17/20	VDH	Testing	**VDH Update Guidance on Testing for COVID-19** Testing performed at the Division of Consolidated Laboratory Services (DCLS), Virginia's state lab, is reserved for patients who meet VDH's public health priority investigation criteria below: • Healthcare worker or first responder with COVID-19 symptoms • Person hospitalized with COVID-19 symptoms • Person with COVID-19 symptoms **AND** who resides or works or is about to be admitted to a congregate setting (i.e. homeless shelter, assisted living facility, group home, prison, jail or nursing home • Person with COVID-19 symptoms **AND** underlying condition that increases the risk of severe COVID-19 (i.e. aged 65 years or older, person with chronic heart or lung disorder, diabetes, or on dialysis, etc.). Until more information is available VDH is including pregnant women in this category • Un-or-insured person with COVID-19 symptoms • Newborn of mother diagnosed with COVID-19 at the time of delivery • Potential cluster of unknown respiratory illness, with priority for healthcare facility care outbreaks. All suspected clusters or outbreaks should be reported to the local health dept immediately	http://www.vdh.virginia.gov/coronavirus/health-professionals/vdh-updated-guidance-on-testing-for-covid-19/
4/17/20	DSS	Reporting	**DSS Issued Memo** DSS confirmed that ALFs should report all confirmed COVID-19 cases to VDH and their VDSS inspector as soon as they learn of a positive case in their facility. This allows facilities to obtain guidance for the local health district and the epidemiologist for any additional testing, resources etc per their assessment and CDC and VDH.	https://www.vhca.org/files/2020/04/ALF-COVID-19-Update04172020-1.pdf
4/19/20	CMS VHCA	Survey Activity	QSO-20-20-All CMS announced on its national call with nursing homes on April 15 that the suspension of standard surveys will continue until further notice. This means the CMS guidance released on March 23 has been extended until CMS states otherwise. CMS will continue to conduct surveys for immediate jeopardy situations and additional infection control focused surveys using this tool - Refer to link for tool.	https://myemail.constantcontact.com/VHCA-VCAL---3-30-pm-Member-Call--Survey-Suspension-Continues--Return-to-Work-Criteria--and-More.html?soid=1011233811022&aid=NPoo_sFjSFk https://www.cms.gov/files/document/qso-20-20-all.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
				https://www.ahcancal.org/facility_operations/disaster_planning/Documents/self-assessment.pdf
4/19/20	CMS	Reporting Communicable Disease Communication / Transparency	QSO-20-26-NH **Communicable Disease Reporting Requirements** To ensure appropriate tracking, response, and mitigation of COVID-19 in nursing homes, ***CMS is reinforcing an existing requirement*** that nursing homes must report communicable diseases, healthcare-associated infections, and potential outbreaks to State and Local health depts. ***In rulemaking that will follow CMS*** is requiring facilities to report this data to CDC in a standardized format and frequency defined by CMS and CDC. Failure to report cases of residents or staff who have confirmed COVID-19 and PUI could results in an enforcement action. This memorandum summarizes new requirements which will be put in place very soon • Current requirements at 42 CFR 483.30 and CDC guidance specify that nursing homes notify state or local health department about residents or staff with suspected or confirmed COVID-19, residents with severe respiratory infection resulting in hospitalization or death, or ≥ 3 residents or staff with new-onset respiratory symptoms within 72 hours of each other. • CMS and CDC will soon provide nursing homes with specific direction on standard formatting and frequency for reporting this information through the CDC's National Health Safety Network (NHSN) system. Currently, this information is provided optionally by nursing homes. The required collection of this information will be used to support surveillance of COVID-19 locally and nationally, monitor trends in infection rates, and inform public health policies and actions. This information may be retained and publicly reported in accordance with law. Transparency- Communication CMS will also be previewing a new requirement for facilities to notify residents' and their representatives to keep them up to day on the conditions inside the facility,such as when new cases of COVID-19 occur • At a minimum once these requirements are in place, nursing homes must inform residents and their representatives within 12 hours of the occurrence of a single confirmed infection of COVID-19, or three or more	https://www.cms.gov/files/document/qso-20-26-nh.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
			residents or staff with new-onset of respiratory symptoms that occur within 72 hours. • Updates to residents and their representatives must be provided weekly, or each subsequent time a confirmed infection of COVID-19 is identified and/or whenever three or more residents or staff with new onset of respiratory symptoms occurs within 72 hours. Facilities will include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations in the nursing home will be altered. This information must be reported in accordance with existing privacy regulations and statute. • In rulemaking that will follow this memorandum, failure to report resident or staff incidences of communicable disease or infection, including confirmed COVID-19 cases (or Persons Under Investigation for COVID-19), or provide timely notification to residents and their representatives of these incidences, as required, could result in an enforcement action against the nursing home by CMS. <u>Surveillance- Survey Activity</u> • To ensure access by appropriate public health entities at the Federal, State or Local level, nursing homes are reminded of the requirement at 42 CFR 483.10(f) (4)(i)(A) and (B) which mandates immediate access to any residents by any representative of the Secretary or State. The purpose of these visits will be for CDC (or its agents) to perform on-site infectious disease surveillance, testing of healthcare personnel and residents, or other related activities, as permitted under law.	

Date	Agency	Topic	Summary	Link
4/20/20	DHP-VA	Reporting	**Out of State License Reporting Form** The Department of Health Professions (DHP) posted an *Out-of-State Licensed Provider Reporting Form* in response to Gov. Ralph Northam's Executive Orders 57, 51 and 42, requiring hospitals, licensed nursing facilities, dialysis facilities, physicians' offices, and other health care facilities in Virginia to notify DHP prior to, or within a reasonable time after employing or engaging an out-of-state healthcare practitioner to provide services for the health care facility or office in the Commonwealth. A health care facility includes assisted living facilities, congregate care settings, and any alternate care facility established in response to the COVID-19 emergency. Use of the form is a change from the original request from DHP which was to send notification to the agency on the organization's letterhead with the out-of-state provider information at the time of or as soon as possible upon employment or engaging in services.	https://www.dhp.virginia.gov/forms/dhp/Out-of-StateReportingForm.pdf
4/21/20	CMS	COVID-19 Healthcare Workforce Toolkit	**The COVID-19 Workforce Virtual Toolkit**: Resources for Healthcare Decision-Makers Responding to COVID-19 Workforce Concerns The COVID-19 Healthcare Workforce Toolkit builds on the steps CMS has taken to ensure healthcare facilities across the nation are fully staffed and equipped to treat COVID-19 patients as efficiently as possible. This comprehensive toolkit for individuals managing workforces during the COVID-19 pandemic provides helpful information on funding flexibilities, liability protections, and workforce training all in one place. For example, state and local communities will be able to access the COVID-19 Healthcare Workforce Toolkit to see how and where workforce waivers can be applied based on information from other areas. The COVID-19 Healthcare Workforce Toolkit also provides up-to-date best practices so that state and local healthcare decision makers have a go-to resource to know what's been implemented in the field and to find out how it's working. The toolkit is available online and includes an assistance center, information exchange of case studies and additional peer-to-peer communications that can be used to help local communities determine the best way to battle the COVID-19 based on their unique needs.	https://asprtracie.hhs.gov/Workforce-Virtual-Toolkit

Date	Agency	Topic	Summary	Link
			Refer to the link to view the Toolkit and the many resources linked within the toolkit	
4/22/20	VHCA Leading Age	Admissions Transfers	**Guidance on Hospital Transfer and Admission of Patients to LTCFs During COID-19 Emergency** Category 1: Patients with no clinical concern for COVID-19: • Acceptable for transfer to the LTCF following standard procedures. Hospitals are NOT required to perform COVID-19 testing on patients solely for discharge considerations unless new respiratory infection symptoms develop. Category 2: Patients investigated for possible COVID-19, but negative testing: •If patient has negative testing and meets usual clinical criteria for discharge, then he/she is acceptable for transfer to LTCF. Hospitals should communicate results and any indication for continued transmissions- based precautions upon transfer. Category 3: Patients under investigation for COVID-19, but test results pending: • These patients will NOT be transferred to an LTCF until tests results are completed and provided to the facility. Category 4: Patients positive for COVID-19 testing: • An LTCF can accept a new admission and readmission with a diagnosis of COVID-19 and who is still requiring transmission-based precautions for COVID-19 as long as the facility can follow CDC infection prevention and control recommendations for the care of COVID-19 patients, including having adequate staffing levels and adequate supplies of PPE. • If transmission-based precautions have been discontinued*AND patient's symptoms have resolved, a patient can be discharged back to the facility they came from. Hospital discharge planners should provide advanced notice to the LTCF for any transfer of a patient with COVID-19.	https://www.vhca.org/files/2020/04/VHCA-LA-VHHA-COVID-19-LTCF-Hospital-Guidance_Final_04-22-20.pdf https://www.vhca.org/files/2020/04/COVID-Hospital-to-Post-Acute-Transfer-Form_04-22-20final.pdf https://cdn.ymaws.com/leadingagevirginia.org/resource/resmgr/docs/covid-19/04-23/COVID-19_LTCF_Hospital_Guida.pdf https://cdn.ymaws.com/leadingagevirginia.org/resource/resmgr/docs/covid-19/04-23/COVID_Hospital_to_Post_Acute.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
			Hospitals and LTCFs will work cooperatively to implement these protocols and facilitate discharges and are encouraged to proactively develop transfer and admission plans within their communities in anticipation of the need to identify alternative facilities for appropriate transfer. *Transmission-based precaution for COVID-19 should be used for at least 7 days from symptoms onset AND 3 days of recovery, defined as being afebrile without fever-reducing medication and improvement in respiratory symptoms (e.g., cough, shortness of breath). Lingering cough after 72 hours would not be an indication for continuation of transmission-based precautions. Consideration should be given to extending transmission-based precautions for individuals with immunocompromising conditions.	
4/24/20	CMS	Reporting-Nursing Home Compare	QSO-20-28-NH - **Nursing Home Compare Website and Nursing Home Five Star Quality Rating** • CMS will temporarily maintain and hold constant the health inspection domain of the Five Star Rating System • Results of health inspections conducted on or after March 4,2020 will be publicly posted but will <u>not</u> be used to calculate to the nursing home's health inspection star ratings. • This will start with the scheduled update to the Nursing home Compare website on April 29, 2020 • The waiver for PBJ and MDS will not impact the April update for quality measures and staffing domains because the data for these domains are based on a timing prior to the COVID-19 pandemic. Nursing Home Staff and Resident Information • CMS is releasing information that shows the average number of staff each nursing home has onsite, each day (nursing staff and total staff), and aggregated by state and nationally. This also includes the facilities average census per day and total beds. • Due to the waiver for PBJ submission, this information is based on data submitted for 2019 calendar quarter 4	https://www.cms.gov/files/document/qso-20-28-nh.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
			and may not reflect the actual conditions in facilities at the point in time used. • CMS believes that this information can be used to identify approximated facility needs, and help support local, state, and federal agencies response to preventing and controlling the transmission of COVID-19 such as how much PPE and testing should be directed within the state. • While nursing home census is already available on the Nursing Home Compare website (refer to link) ,this is the first time that the number of individual staff at each facility has been made available. FAQs There is also information in the form of FAQs to assist in clarifying the resources, guidelines and tools to help with the prevention and transmission of COVID-19. The topics include: • Individuals entering and leaving nursing homes, such as visitation, the use of civil money penalty (CMP) funds for communicative devices, health care workers, and residents leaving for appointments; • Surveys and the Infection Control Self-Assessment; • Waivers of Federal Requirements • Resident cohorting, separation, and admission, including admitting residents discharged from hospitals.	
4/27/20	CDC VHCA	<mark>Testing</mark>	**Priority of COVID-19 Testing in Long Term Care Residents** **Priorities for COVID-19 Testing** (Nucleic Acid or Antigen) CDC has modified it priority classification into two categories with healthcare facility workers and residents in long term care facilities with symptoms being classified as high priority. Previously the CDC identified three priority levels for testing with resident in long term care with symptoms identified as priority two for testing and healthcare workers without symptoms as priority three. **High Priority**	https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html https://myemail.constantcontact.com/VHCA-VCAL---Notes-on-Roster-Billing-for--20-Day-Add-On--Liability-Protections--CDC-Webinars-and-Updated-COVID-19-Symptoms.html?soid=1011233811022&aid=vfh0SpOCl0Y

VHCAVCAL

Date	Agency	Topic	Summary	Link
			• Hospitalized patients with symptoms • Healthcare facility workers, workers in congregate living settings, and first responders **with** symptoms • Residents in long-term care facilities or other congregate living settings, including correctional and detention facilities and shelters, **with** symptoms **Priority** Persons identified by public health officials or clinicians as high priority • Persons **with** symptoms of a possible infection with COVID-19, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat. • Persons **without** symptoms who come from racial and ethnic minority groups disproportionately affected by adverse COVID-19 outcomes-currently African Americans, Hispanics and Latinos, some American Indian tribes (e.g., Navajo Nation). Persons **without** symptoms who are prioritized by health departments or clinicians, including but not limited to: public health monitoring, sentinel surveillance, presence of underlying medical condition or disability, residency in a congregate housing setting such as a homeless shelter or long term care facility, or screening of other asymptomatic individuals according to state and local plans.	
4/28/20	CMS	Symptom Update	**CMS Update for new COVID-19 Symptoms** People with COVID-19 have a wide range of symptoms and vary from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms or combinations of symptoms may have COVID-19: • Cough • Shortness of breath or difficulty breathing *Or at least two of these symptoms:* • Fever • Chills • Repeated shaking with chills • Muscle pain	https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

VHCAVCAL

Date	Agency	Topic	Summary	Link
			• Headache • Sore Throat • New loss of taste or smell	
4/30/20	CDC AHCA	Testing Staff Return to Work Transmission-Based Precautions Transfer/ Discharge	**Updated Criteria for Return to Work for HCP with Confirmed or Suspected COVID-19** Decisions about return to work for HCP with confirmed or suspected COVID-19 should be made in the context of local circumstances. This updated guidance includes the following: • Changed the name of the 'non-test-based strategy' to the 'symptom- based strategy' for those with symptoms and the 'time-based strategy' for those without symptoms • Updated these to extend the duration of exclusion from work to at least 10 days since symptoms first appeared. • Removed specifying use of nasopharyngeal swab collection for the Test-Based Strategy and linked to the Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV), so that the most current specimen collection strategies are recommended. The CDC specifically notes that after returning to work, HCP should: • Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic. • Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen. Updated Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings - This updated guidance includes the following: • Changed the name of the 'non-test-based strategy' to the 'symptom- based strategy' for those with symptoms and the 'time-based strategy' for those without symptoms, and updated these to extend the duration of Transmission-Based Precautions to at least 10 days since symptoms first appeared.	https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Update%2059.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
			• Added criteria for discontinuing Transmission-Based Precautions for patients who have laboratory-confirmed COVID-19 but have not had any symptoms of COVID-19. If a patient is discharged to a nursing home or other long-term care facility (e.g. assisted living community), AND transmission- based precautions: • are still required, they should go to a facility with an ability to adhere to infection prevention and control recommendations for the care of COVID- 19 patients. Preferably, the patient would be placed in a location designated to care for COVID-19 residents. • have been discontinued, but the patient has persistent symptoms from COVID-19 (e.g., persistent cough), they should be placed in a single room, be restricted to their room to the extent possible, and wear a facemask (if tolerated) during care activities until all symptoms are completely resolved or at baseline. • have been discontinued and the patient's symptoms have resolved, they do not require further restrictions, based upon their history of COVID-19.	
4/30/20	CDC VDH	==Testing== ==Test Based Strategy== ==Point Prevalence Survey==	**Responding to COVID-19 in Nursing Homes** **Testing for COVID-19 in Nursing Homes** Nursing home populations are at high risk for infection, serious illness, and death from COVID-19. Reverse transcription polymerase chain reaction (RT-PCR) testing (referred to here as testing or test) for SARS-CoV-2 infection among residents and healthcare personnel (HCP) in nursing homes has become a priority to help inform prevention and control in the facility. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). Consider the following four key principles when using testing in nursing homes:	https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf

1. Testing should not supersede existing infection prevention and control (IPC) interventions
- Testing conducted at nursing homes should be implemented *in addition to* existing infection prevention and control measures recommended by CDC, including visitor restriction, cessation of communal dining and group activities, monitoring all HCP and residents for signs and symptoms of COVID-19, and universal masking as source control.

2. Testing should be used when results lead to specific IPC actions
- Cohorting residents to separate those with SARS-CoV-2 infection from those without detectable SARS-CoV-2 infection at the time of testing to reduce the opportunity for further transmission.
- Discontinuing transmission-based precautions for residents diagnosed with SARS-CoV-2 infection.
- Identifying HCP with SARS-CoV-2 infection for work exclusion.
- Enabling HCP to return to work after being excluded for SARS-CoV-2 infection.
- Determining the SARS-CoV-2 burden across different units or facilities and allocating resources.

3. The first step of a test-based prevention strategy should ideally be a point prevalence survey (PPS) of all residents and all HCP in the facility.

Testing of residents
- If testing capacity allows, facility-wide PPS of all residents should be considered in facilities with suspected or confirmed cases of COVID-19. Early experience from nursing homes with COVID-19 cases suggests that when residents with COVID-19 are identified, there are often asymptomatic residents with SARS-CoV-2 present as well. PPS of all residents in the facility can identify infected residents who can be cohorted on a pre-specified unit or transferred to a COVID-specific facility. If undertaking facility-wide PPS, facility leadership should be prepared for the potential to identify multiple asymptomatic residents with SARS-CoV-2 infection and make plans to cohort them.
- If testing capacity is not sufficient for facility-wide PPS, performing PPS on units with symptomatic residents should be prioritized.

Date	Agency	Topic	Summary	Link
			• If testing capacity is not sufficient for unit-wide PPS, testing should be prioritized for symptomatic residents and other high-risk residents, such as those who are admitted from a hospital or other facility, roommates of symptomatic residents, or those who leave the facility regularly for dialysis or other services. Testing of nursing home HCP • If testing capacity allows, PPS **of** all HCP should be considered in facilities with suspected or confirmed cases of COVID-19. Early experience suggests that, despite HCP symptom screening, when COVID-19 cases are identified in a nursing home, there are often HCP with asymptomatic SARS-CoV-2 infection present as well. HCP likely contribute to introduction and further spread of SARS-CoV-2 within nursing homes. • CDC recommends HCP with COVID-19 be excluded from work**.** Facility leadership and local and state health departments should have a plan for meeting staffing needs to provide safe care to residents while infected HCP are excluded from work. If the facility is in Crisis Capacity and facing staffing shortages, see CDC guidance on Strategies to Mitigate Healthcare Personnel Staffing Shortages for additional considerations. 4. Repeat testing may be warranted in certain circumstances after initial PPS has been performed for residents and HCP (baseline) and the results have been used to implement resident cohorting and HCP work exclusions, nursing homes may consider retesting under the following circumstances: Retesting of residents • Retest any resident who develops symptoms consistent with COVID-19. • Retest all residents who previously tested negative at some frequency shortly (e.g., 3 days) after the initial PPS, and then weekly to detect those with newly developed infection; consider continuing retesting until PPSs do not identify new cases.	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			• If testing capacity is not sufficient for retesting all residents, retest those who frequently leave the facility for dialysis or other services and those with known exposure to infected residents (such as roommates) or HCP. • Use retesting to inform decisions about when residents with COVID-19 can be moved out of COVID-19 wards. See CDC guidance on Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings for additional information. Retesting of nursing home HCP • Retest any HCP who develop symptoms consistent with COVID-19. • Retest to inform decisions about when HCP with COVID-19 can return to work. See CDC guidance on Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 for additional details. • Consider retesting HCP at some frequency based on community prevalence of infections (e.g., once a week). If testing capacity is not sufficient for retesting all HCP, consider retesting HCP who are known to work at other healthcare facilities with cases of COVID-19.	
4/30/20	CDC VDH	Clinical Guidance	**Responding to COVID-19 in Nursing Homes Considerations for the Public Health Response to COVID-19** This guidance is intended to assist nursing homes and public health authorities with response and cohorting decisions in nursing homes. This guidance supplements but does not replace recommendations included in the Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes. All facilities should adhere to current CDC infection prevention and control recommendations, including universal source control and promptly notifying the health department about any of the following: • Resident or HCP with suspected or confirmed COVID-19, • Resident with severe respiratory infection resulting in hospitalization or death, or	https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html https://www.vdh.virginia.gov/coronavirus/health-professionals/ https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

VHCAVCAL

Date	Agency	Topic	Summary	Link
			• ≥ 3 residents or HCP with new-onset respiratory symptoms within 72 hours of each other. These situations should prompt further investigation and testing for SARS-CoV-2, the virus that causes COVID-19. **Resident Cohorting** Consider for establishing a designated COVID-19 care unit for residents with confirmed COVID-19 • Determine location of the COVID-19 unit and create a staffing plan before residents are identified • The unit could be a separate floor, wing, or cluster of rooms • Assign dedicated HCP and restrict ancillary personnel to the extent possible • Assign environment services staff to work on the unit • Ensure high touch surfaces in work areas and break rooms are frequently cleaned and disinfected • Ensure HCP practice source control and social distancing in break rooms • Ensure HCP have been trained on infection prevention measures, including how to properly put on and remove PPE • If PPE shortages exist, implement strategies to optimize PPE supplies • Assign dedicated resident care equipment to the cohort unit. Cleaning and disinfection of shared equipment should be performed between residents and the equipment should not leave the cohort unit. **Considerations for new admission or readmissions to the facility:** • Newly admitted and readmitted residents with confirmed COVID-19 who have **not** met criteria for discontinuation of Transmission-Based Precaution should go to the designated COVID-19 care unit. • Newly admitted and readmitted residents with COVID-19 who have met criteria for discontinuation of Transmission-Based Precautions can go to a regular unit. • Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			19 PPE. Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home**.** • New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty **Response to Newly Identified SARS-Cov-2 Infected HCP or Resident** HCP who worked with symptoms consistent with COVID-19 or in the 48 hours prior to symptom onset • Prioritize these HCP for SARS-CoV-2 testing. Exclude HCP with COVID-19 from work until they have met all return to work criteria. • Determine which residents received direct care from and which HCP had unprotected exposure to HCP who worked with symptoms consistent with COVID-19 or in the 48 hours prior to symptom onset. • Residents who were cared for by these HCP should be restricted to their room and be cared for using all recommended COVID-19 PPE until results of HCP COVID-19 testing are known. If the HCP is diagnosed with COVID-19, residents should be cared for using all recommended COVID-19 PPE until 14 days after last exposure and prioritized for testing if they develop symptoms. **Residents with new-onset suspected or confirmed COVID-19** • Ensure the resident is isolated and cared for using all recommended COVID-19 PPE. Place the resident in a single room if possible. Alternatively, if an observation area has been created, residents in the facility who develop symptoms consistent with COVID-19 could be moved to a single room on that unit pending results of SARS-CoV-2 testing. • Cohorting residents on the same unit based on symptoms alone could result in inadvertent mixing of infected and non-infected residents (e.g., residents who	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			have fever, for example, due to a non-COVID-19 illness could be put at risk if moved to a COVID-19 unit). • If cohorting symptomatic residents, care should be taken to ensure infection prevention and control interventions are in place to decrease the risk of cross-transmission. • If the resident is confirmed to have COVID-19, regardless of symptoms, they should be transferred to the designated COVID-19 care unit. • Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for SARS-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit). • Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room. • Consider temporarily halting admissions to the facility, at least until the extent of transmission can be clarified and interventions can be implemented. • Increase monitoring of ill residents, including assessment of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily to identify and quickly manage serious infections. • Consider increasing monitoring of asymptomatic residents from daily to every shift to more rapidly detect any residents with new symptoms. • Counsel all residents to restrict themselves to their room to the extent possible.	
4//30/20	CMS	Communication		
5/1/20	VDH VHCA	<mark>Testing Point Prevalence Survey</mark>	**VDH Point Prevalence Survey Guidance for Long-Term Care Facilities** Due to the large impact COVID-19 is having on Long-Term Care Facilities (LTCF) and other congregated settings, Governor Northam and the COVID-19 LTCF Task Force have initiated the VDH Point Prevalence Survey project. A Point Prevalence Survey (PPS) is a data collection tool to identify the number of people with a disease or condition at a specific point in time. A PPS entails testing all individuals in a designated area of a facility, whether or not they have	https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPS-Guidance-for-LTCF_Congregated-Settings-FINAL-4-28-2020.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
			symptoms, on one day and indicates the number and percent positive for the virus that causes COVID-19 on that specific day. VDH is expanding the availability of point prevalence surveys for long term care providers with the assistance of the Virginia National Guard. VDH previously issued this *Point Prevalence Survey Guidance for Long Term Care Facilities*, which has now been supplemented with the following FAQs. What is a Point Prevalence Survey (PPS)? • A point prevalence study involves testing staff and residents for the presence of SARS-CoV-2, the virus that causes COVID-19. • The results from a PPS can describe the scope and magnitude of COVID-19 in a facility and can sometimes help inform additional prevention and control efforts designed to further limit transmission. Who will be tested? • VDH recommends testing all staff and residents in facilities with <u>two or more confirmed cases of COVID-19.</u> What is the purpose of testing all residents? Early experience from long-term care facilities with COVID-19 cases suggests that when residents with COVID-19 are identified, there are often asymptomatic residents with SARS-CoV-2 present as well. Conducting a PPS of all residents in the facility can identify infected residents who can be cohorted on a pre-specified unit or transferred to a COVID-specific facility. What is the purpose of testing all staff? • Early experience suggests that, despite healthcare personnel (HCP) symptom screening, when COVID-19 cases are identified in a long-term care facility, there are often HCP with asymptomatic SARS-CoV-2 infection present as well. How should my facility prepare? • Facility leadership should be prepared for the potential to identify multiple asymptomatic residents and staff.	

Date	Agency	Topic	Summary	Link
			• Facility leaders and infection preventionist should review the CDC guidance on responding to COVID-19 in long term care facilities. How do I schedule a PPS? • If you are interested in conducting a PPS at your facility, reach out to your local health department. Note the capacity to run PPS at facilities is not unlimited. Multiple PPS will be coordinated by VDH with the medical center labs based on days and times that are available. How will I get the results? • VDH or the testing laboratory will inform you of the results. • The results will be reported back to the facility within 24 hours of the testing laboratory receiving the specimens. • General guidance about what to do with the results will be communicated with the facility point of contact. What changes might happen based on the results? Results from a PPS could lead to infection prevention and control actions such as: • Cohorting residents to separate those with SARS-CoV-2 infection from those without detectable SARS-CoV-2 infection at the time of testing to reduce the opportunity for further transmission. • Identifying HCP with SARS-CoV-2 infection for work exclusion. • Determining the SARS-CoV-2 burden across different units or facilities and allocating resources/training. • The results will inform facility administrators about the extent and distribution of infection with the virus that causes COVID-19 in the facility on the day(s) of testing. • The results could necessitate changes to resident care recommendations for those who test positive and their roommates. These changes could impact staffing and use of PPE. • Repeat testing could be recommended to determine if persons who were negative on the day of the survey became infected afterward. • The documentation of positivity could cause concerns among staff and residents.	

Date	Agency	Topic	Summary	Link
			• If staff are included in the PPS, a plan would need to be in place for managing staff with positive or negative test results, which may include furloughing staff who test positive. • The facility would need to have a plan for communicating results to residents, staff, and families. Is a PPS required? • No, a facility can opt out of a PPS.	

5/1/20	VDH	Clinical Guidance Screening Communication PPE	**COVID-19 Resources for LTC Facilities**
			Key Points
			
			Educate
			• Train staff
			  o Sick leave policies – stay home when sick
			  o Expectations for health monitoring and illness reporting
			  o Personal protective equipment (PPE) – gloves, gowns, goggles/face shields, masks
			• How to don and doff PPE properly
			• Fit-testing for respirators (e.g., N95) as necessary for role
			• Explain facility plan for health monitoring, illness reporting, and expected response to illness to residents and their families.
			
			Isolate
			• Send ill staff home
			• Place ill residents in private room with door shut
			• Separate people – no group activities or meals, keep residents in rooms, everyone 6 feet apart
			• Cancel visitation and non-essential services
			
			Protect
			• Facemasks on all staff all the time they are in the facility
			• Hand hygiene – hand washing or alcohol-based hand rub. Gloves if enter resident room or care area
			• Add gown and eye protection if high contact, splashes or sprays possible, aerosol-generating
			• Fit-tested respirator if aerosol-generating procedure and wearer has been fit-tested
			• All the above PPE (respirator if available) when caring for possible COVID-19 patient
				https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf

Date	Agency	Topic	Summary	Link
			• All the above PPE (respirator if available) for all resident care during an outbreak • Environmental cleaning and disinfection of all high touch surfaces on every shift **Collaborate** • Call local health dept if concerned about level of illness or a case of COVID-19 is confirmed or suspected • Review infection control practices and outbreak prevention and management • Plan for public health laboratory testing • Develop plan for communicating with families and the public NOTE: Refer to the link for detailed guidance published in this VDH guidance.	
5/1/20	CMS CDC	Reporting Requirements	**New Reporting Requirements for Nursing Homes** CMS has released an interim final rule with comment period which revises § 483.80, establishing explicit reporting requirements for long term care (LTC) facilities to report information related to COVID-19 cases among facility residents and staff. These reporting requirements are applicable on the effective date of this interim final rule, which is the date of the publication at the Office of the Federal Register. The new requirements for nursing homes in this rule was effective as of May 1. CMS's intention is that the first of the weekly reportings to CDC in the NHSN COVID-19 module are submitted by May 8**.** As part of CDC's ongoing COVID-19 response, the COVID-19 Module for Long-term Care Facilities (LTCF) has been created in NHSN to help LTCFs track and monitor the number of residents with suspected and laboratory positive COVID-19, staff and facility personnel impact, and supply availability. LTCFs eligible to report data into the module include skilled nursing facilities (SNF) / nursing homes (NH), long-term care for the developmentally disabled, and assisted living facilities. Enrolled NHSN LTCFs will see the new	https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf https://myemail.constantcontact.com/VHCA-VCAL---New-SNF-Reporting-Requirements-Effective-May-1-and-Updates-on-Blanket-Waivers.html?soid=1011233811022&aid=ZlU2fZZzEPE https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/fac-guide-covid19-508.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
			COVID-19 module in the left navigation menu. LTCFs that are not currently enrolled in NHSN will need to complete an expedited enrollment before reporting into the module will be available. The module is made up of 4 separate reporting pathways: 1) Resident Impact and Facility Capacity 2) Staff and Personnel Impact 3) Supplies and Personal Protective Equipment 4) Ventilator Capacity and Supplies	
5/3/20	CDC	Testing	**Recommendations for Viral Testing Specimen Collection, and Reporting** Clinicians should immediately implement recommended infection prevention and control practices, including use of recommended personal protective equipment (PPE), if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility if a patient is classified as a Patient Under Investigation (PUI) for COVID-19. For diagnostic testing for COVID-19 see the Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from PUIs for COVID-19 and Biosafety FAQs for handling and processing specimens from possible cases and PUIs. Clinicians should report positive test results to their local or state health department.	https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html https://www.cdc.gov/coronavirus/2019-ncov/lab/biosafety-faqs.html
5/4/20	VDH	Testing	**VDH Updated Guidance on Testing for COVID-19** VDH has revised its guidance on testing *for COVID-19*. Testing capacity at commercial, private, and hospital laboratories performing SARS-CoV-2 testing continues to increase in Virginia. As a result, in May, Virginia's state laboratory, the Division of Consolidated Laboratory Services (DCLS), will transition its services to support public health testing as outlined by the agency. Until May 31, 2020, if testing in the private sector is not available, clinicians may request testing for patients at DCLS by submitting the online COVID-19 Testing Request Form. **VDH Recommendation for Prioritizing SARS-CoV-2 Testing** **Private/Commercial Lab Testing**	https://www.vdh.virginia.gov/coronavirus/health-professionals/vdh-updated-guidance-on-testing-for-covid-19/ https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/SARS-COV-2-Testing-Capabilities-Commercial-Labs.pdf https://redcap.vdh.virginia.gov/redcap/surveys/?s=EWFER7X7YX

VHCAVCAL

Date	Agency	Topic	Summary	Link
			High Priority • Hospitalized patients **with** symptoms • Healthcare facility workers, workers in congregate living settings, and first responders **with** symptoms • Residents in long-term care facilities or other congregate living settings, including correctional and detention facilities and shelters, **with** symptoms **Priority** Persons identified by public health officials or clinicians as high priority • Persons **with** symptoms of a possible infection with COVID-19, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat. • Persons **without** symptoms who come from racial and ethnic minority groups disproportionately affected by adverse COVID-19 outcomes-currently African Americans, Hispanics and Latinos, some American Indian tribes (e.g., Navajo Nation). • Persons **without** symptoms who are prioritized by health departments or clinicians, including but not limited to: public health monitoring, sentinel surveillance, presence of underlying medical condition or disability, residency in a congregate housing setting such as a homeless shelter or long term care facility, or screening of other asymptomatic individuals according to state and local plans. **Public Health Lab Testing** **High Priority** • Outbreak investigation • Selected contact investigations • Un-or underinsured persons with COVID-19 symptoms • Worker and resident with COVID-19 symptoms in or newly arriving to congregate settings) long term care facilities, prisons, or jails) **Priority** • Public health monitoring • Sentinel surveillance • Community testing clinics	

Date	Agency	Topic	Summary	Link
5/5/20	CDC	Testing	**Recommendation for Antibody Testing** CDC does not recommend using antibody testing to diagnose acute infection. It is recommended to use a viral (nucleic acid or antigen) test to diagnose acute infection.	https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html
5/8/20	CMS	Reporting Requirements Communication Transparency Survey Activity	QSO-20-29-NH **Interim Final Rule Updating Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes** COVID-19 Reporting Requirements: • CMS is requiring nursing homes to report COVID-19 facility data to the Centers for Disease Control and Prevention (CDC) and to residents, their representatives, and families of residents in facilities. • Enforcement: o Failure to report in accordance with 42 CFR §483.80(g) can result in an enforcement action. Updated Survey Tools**:** • CMS has updated the COVID-19 Focused Survey for Nursing Homes, Entrance Conference Worksheet, COVID-19 Focused Survey Protocol, and Summary of the COVID-19 Focused Survey for Nursing Homes to reflect COVID-19 reporting requirements. **COVID-19 Tags: F884 and F885**. Transparency: • CMS will begin posting data from the CDC National Healthcare Safety Network (NHSN) for viewing by facilities, stakeholders, or the general public. The COVID-19 public use file will be available on https://data.cms.gov/. **§ 483.80 Infection control**. COVID-19 Reporting. The facility must— (1) Electronically report information about COVID-19 in a standardized format specified by the Secretary. This report must include but is not limited to: • Suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19; • Total deaths and COVID-19 deaths among residents and staff;	https://www.cms.gov/files/document/qso-20-29-nh.pdf

Date	Agency	Topic	Summary	Link
			• Personal protective equipment and hand hygiene supplies in the facility; • Ventilator capacity and supplies in the facility; • Resident beds and census; • Access to COVID-19 testing while the resident is in the facility; • Staffing shortages; and • Other information specified by the Secretary. (2) Provide the information specified in paragraph (g)(1) of this section at a frequency specified by the Secretary, but no less than weekly to the Centers for Disease Control and Prevention's National Healthcare Safety Network. This information will be posted publicly by CMS to support protecting the health and safety of residents, personnel, and the general public. (3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must: • Not include personally identifiable information • Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and • Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. A key difference between the state/local reporting and this new national reporting requirement is that reporting to state/local health departments allows them to understand the status of their local environment and intervene (e.g., direct staffing and supplies), whereas this national requirement provides standardized information to assist with national surveillance on the status of COVID-19 in all nursing homes. State and local health departments are also able to submit the required data on behalf of a nursing	

homes, although this does not relieve facilities of their accountability to report in accordance with the regulation.

Reporting COVID-19 Information to CDC's NHSN
The NHSN Long-Term Care Facility COVID-19 Module is available. Facilities should immediately gain access to the NHSN system and visit the home page for important information, including how to register: https://www.cdc.gov/nhsn/.
Facilities must submit their first set of data by 11:59 p.m. **Sunday, May 17, 2020.** To be compliant with the new requirement, facilities must submit the data through the NHSN reporting system at least once every seven days. Facilities may choose to submit multiple times a week. CMS is not prescribing which day of the week the data must be submitted, although reporting should remain consistent with data being submitted on the same day(s) each week. The collection period should also remain consistent (e.g., Monday through Sunday). Each Monday, CMS will review the data submitted to assess if each facility submitted data at least once in the previous seven days. The data pulled each Monday will also be used to update the data that is publicly reported.

Updates to the COVID-19 Focused Survey for Nursing Homes

CMS has updated the COVID-19 Focused Survey for Nursing Homes, Entrance Conference Worksheet, COVID-19 Focused Survey Protocol, and Summary of the COVID-19 Focused Survey for Nursing Homes to include an updated assessment of the new requirements for facilities to report to the NHSN and to residents, their representatives, and their families. These updated forms are posted to the Survey Resources folder in the COVID-19 Focused Survey sub-folder on the CMS Nursing Homes website. *Refer to link.* Surveyors should begin using these revised documents immediately, and facilities should also begin using the revised "COVID-19 Focused Survey for Nursing Homes" to perform their self-assessment.
The documents include the following new deficiency tags for citing noncompliance with the new requirements:

Date	Agency	Topic	Summary	Link
			F884: COVID-19 Reporting to CDC as required at §483.80(g)(1)-(2) Review for F884 will be conducted **offsite by CMS Federal surveyors** (state surveyors should not cite this F-tag). Following an initial reporting grace period granted to facilities, CMS will receive the CDC NHSN COVID-19 reported data and review for timely and complete reporting of all data elements. **Facilities identified as not reporting will receive a deficiency citation at F884 on the CMS-2567 with a scope and severity level at an F (no actual harm with a potential for more than minimal harm that is not an Immediate Jeopardy [IJ] and that is widespread**: this is a systemic failure with the potential to affect a large portion or all of the residents or employees), and be subject to an enforcement remedy imposed as described below. **Enforcement for F884** A determination that a facility failed to comply with the requirement to report COVID-19 related information to the CDC pursuant to §483.80(g)(1)-(2) (tag F884) will result in an enforcement action. These regulations require a minimum of weekly reporting, and noncompliance with this requirement will receive a deficiency citation and result in a civil money penalty (CMP) imposition. CMS will provide facilities with an initial two-week grace period to begin reporting cases in the NHSN system (which ends at 11:59 p.m. on May 24, 2020). Facilities that fail to begin reporting after the third week (by 11:59 p.m. on May 31st) will receive a warning letter reminding them to begin reporting the required information to CDC. For facilities that have not started reporting in the NHSN system by 11:59 p.m. on June 7th ending the fourth week of reporting, CMS will impose a per day (PD) CMP of $1,000 for one day for the failure to report that week. For each subsequent week that the facility fails to submit the required report, the noncompliance will result in an additional one- day PD CMP imposed at an amount increased by $500. For example, if a facility fails to report in week four (following the two week grace period and receipt of the warning letter), it will be imposed a $1,000 one-day PD CMP for that week. If it fails to report again in week five, the noncompliance will lead to the imposition of another one-day	

VHCA VCAL

Date	Agency	Topic	Summary	Link
			PD CMP in the amount of $1,500 for that failure to report (for a CMP total of $2,500). In this example, if the facility complies with the reporting requirements and submits the required report in week six, but then subsequently fails to report as required in week seven, a one-day PD CMP amount of $2,000 will be imposed (which is $500 more than the last imposed PD CMP amount) for a total of $4,500 imposed CMPs. For enforcement-related questions, you may email: DNH_Enforcement@cms.hhs.gov **Posting Facility-Level COVID-19 Data** Reporting COVID-19 data supports CMS's responsibility to protect and ensure the health and safety of residents and is necessary to ensure the appropriate tracking, response, and mitigation of the spread and impact of COVID-19 on our most vulnerable citizens, personnel who care for them, and the general public. The information provided may be used to inform residents, families, and communities of the status of COVID-19 infections in their area. We believe that this action strengthens CMS's response to the COVID-19 pandemic, and reaffirms our commitment to transparency and protecting the health and safety of nursing home residents. CMS anticipates publicly posting CDC's NHSN data (including facility names, number of COVID-19 suspected and confirmed cases, deaths, and other data as determined appropriate) weekly on https://data.cms.gov/ by the end of May. Q&As are available on the link for QSO-20-29-NH	
5/14/20	CMS	Infection Control and Prevention Reporting Testing Clinical Guidance Screening Survey Activity Communication PPE Transfer/	Under the direction of President Trump, CMS released a new toolkit developed to aid nursing homes, Governors, states, departments of health, and other agencies who provide oversight and assistance to these facilities, with additional resources to aid in the fight against the coronavirus disease 2019 (COVID-19) pandemic within nursing homes. The toolkit builds upon previous actions taken by the Centers for Medicare & Medicaid Services (CMS), which provide a wide range of tools and guidance to states, healthcare providers and others during the public health emergency. The toolkit is comprised of best practices from a variety of front	https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf https://www.cms.gov/newsroom/press-releases/cms-issues-nursing-homes-best-practices-toolkit-combat-covid-19

Date	Agency	Topic	Summary	Link
			line health care providers, Governors' COVID-19 task forces, associations and other organizations, and experts, and is intended to serve as a catalogue of resources dedicated to addressing the specific challenges facing nursing homes as they combat COVID-19. See link	
5/14/20	VDH	PPE Testing Point Prevalence Survey	DSS has issued a **new memo** to assisted living facilities about the system for an ALF to initiate an urgent PPE need request. "Urgent need" is defined as a supply of seven or fewer days of available PPE, an unplanned shortage of supplies (e.g., a backorder/cancellation of ordered PPE), or an outbreak in your facility. If you need to make an urgent request, please visit https://www.surveymonkey.com/r/P7XLGCV and provide the requested facility information. DSS will process and review all requests received by close of business each Monday. All approved PPE requests will be available the following week. An urgent PPE request to DSS should be the last resort for your PPE supply. DSS is also urging ALSs to report their weekly burn rate and PPE inventory . Weekly reporting will provide a baseline of weekly burn and inventory for your facility, which will allow us to help you more quickly if your facility develops an urgent need. Due to the large impact COVID-19 is having on Long-Term Care Facilities (LTCFs) and other congregate settings, Governor Northam and the COVID-19 Long-Term Care Task Force have initiated the VDH **Point Prevalence Survey (PPS) project**. A PPS entails testing all individuals in a designated area of a facility, whether or not they have symptoms, on one day. Experience to date suggests that there are often positive but asymptomatic residents and staff in LTCFs, which contributes to silent transmission. The results will inform facility administrators about the extent and distribution of infection with the virus that causes COVID-19 on that specific day. A PPS is a powerful tool that can be used to intervene **early** in outbreaks, especially in LTCFs, as a PPS can help guide decisions regarding cohorting residents and staff.	https://www.vhca.org/files/2020/05/PPE-Provider-Memo-05142020.pdf https://www.surveymonkey.com/r/P7XLGCV https://www.vhca.org/publications/careconnection/may-14-2020/new-dss-memo-on-urgent-need-ppe-requests-and-info/ https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPS-Guidance-for-LTCF_Congregated-Settings-FINAL-4-28-2020.pdf https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VirginiaLongTermCareFacilityTaskForceCOVIDPlaybook.pdf https://www.vdh.virginia.gov/coronavirus/health-professionals/vdh-updated-guidance-on-testing-for-covid-19/ https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

Date	Agency	Topic	Summary	Link
			This guidance describes a systematic approach to PPS testing and answers some important questions: • How can the facility prepare for a PPS? • When should a PPS be conducted and how? • What interventions should be implemented based on testing results? If a LTCF is experiencing any barriers to conducting a PPS or needs assistance with the steps outlined below, please call your LHD. **Checklist Prior to Conducting PPS** 1. Implement infection prevention and control recommendations included in the VDH Interim Guidance for Long-Term Care Facilities • Universal masking for source control Adhere to the recommendations for cleaning and disinfection in healthcare settings • Ensure that high-touch surfaces and multi-use non-critical patient care equipment are frequently cleaned and disinfected (e.g., each shift) 2. Implement best practices. Resources are described in the VDH LTCF Playbook. • Daily monitoring and reporting of staffing, personal protective equipment (PPE), number of sick residents and staff • Public health testing is available for staff and residents with COVID-19 symptoms in, or newly arriving to, LTCFs • Develop a collaborative network with healthcare systems and corporate organization • Utilization of telemedicine and real-time decision support (when possible) • Plan to communicate results with staff, residents, and families • Continuous infection prevention and control training and monitoring 3. Make a plan for cohorting according to CDC guidance • Designate a portion of the facility (e.g., a wing, ward, floor or end of a hallway) to care for residents with COVID-19 • The cohorting area should be physically separated from the rest of the care areas in the facility with clear signage • Positive and negative residents should not share common areas or bathrooms	https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/SARS-COV-2-Testing-Capabilities-Commercial-Labs.pdf\ https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

VHCAVCAL

Date	Agency	Topic	Summary	Link
			• Equipment should be dedicated to each cohort (positive and negative) • If equipment must be shared, make a plan to clean and disinfect equipment • Facilities might consider creating three types of units: Cold (negative COVID-19 residents), • Warm (unknown COVID-19 status, symptomatic residents who tested negative for COVID-19, roommates of COVID-19 positive residents or others considered exposed), and Hot units (positive COVID-19 residents). That approach helps with cohorting staff and preserving PPE. • Assign dedicated HCP to work only on the COVID-19 care unit Designate separate space (e.g., breakrooms, bathrooms) for HCP • Cohort staff to care for positive or negative residents 4. Make a plan for managing staff with positive or negative test results, which may include furloughing staff who test positive • Mitigate staffing shortages per CDC guidance • Increase staff incentives • Review staffing resources that may be available, as described in the VDHLTCFPlaybook **Facility PPS Strategy** There are two strategies for PPS: 1. Facilities with a COVID-19 outbreak (or at least one confirmed COVID-19 case): PPS should be conducted for ALL staff and ALL residents regardless of the presence of symptoms. VDH is supporting this initiative and is collaborating with the Virginia National Guard (VANG) to conduct specimen collection and several laboratories to perform testing. The prioritization outlined below is based on the Commonwealth's data regarding the number of settings experiencing COVID-19 outbreaks. • Priority #1: Skilled nursing facilities/nursing homes, assisted living facilities • Priority #2: Targeted units of state correctional facilities and local jails • Priority #3: Other congregate living facilities (e.g., homeless shelter, group home, rehabilitation facility, or residential behavioral health facility)	

VHCAVCAL

2. Facilities without any reported COVID-19 cases: Can consider a pre-emptive intervention where a random sample of 20% of residents and staff will be tested. Facilities wishing to conduct this type of testing should work with a private laboratory. If all results are negative, retest the same group after 7 days or select another 20% sample. If any positives are detected, a facility-wide PPS should be conducted. VDH and public health resources can support a facility-wide PPS.

How to conduct a PPS

The goal is to collect specimens on all residents (or those on a particular wing/floor) and staff on one day. If there are more residents than lab testing/collection capacity for a specific day, specimen collection may be split over more than one day. The LHD will reach out to the facility to schedule testing; a facility can opt out of a PPS.

- The facility is responsible for obtaining consent from residents or families for testing.
- The LHD or the VANG will deliver specimen collection supplies to the facility.
- The facility should identify staff to collect, label, and package the specimens (nasopharyngeal swab). The facility should supply the necessary PPE for those who collect specimens (gloves, goggles, facemask).
- The facility could use VANG to collect the specimens; VANG provides its own PPE.
- Facility staff are responsible for collecting data on each resident tested, including name, date of birth, location within the facility, temperature, and signs or symptoms of illness. Specimens should be packaged and transported to the laboratory by DCLS courier, commercial courier (e.g., FedEX) or VANG transport.
- Results will be reported back to the facility within 24 hours of the testing laboratory receiving the specimens.

Recommendations Based on Results

Table 1. Resident Placement and Infection Prevention

	Tested Positive	Tested Negative
Symptomatic at the time of testing	Should be cohorted on a COVID-specific (hot) unit/facility	Isolate away from both COVID negative residents if possible (warm unit)

		Transmission-based precautions until discontinuation criteria has been met	Retesting might be considered or further disposition guidance	
Asymptomatic at the time of testing	Should be cohorted on a COVID-specific (hot) unit/facility Transmission-based precautions until discontinuation criteria has been met	Cohort with COVID negative residents (cold unit)	

*If exposed to a confirmed COVID-19 case(roommate or HCO) Retest resident

Table 2. HCP Work Exlusions

	Tested Positive*	Tested Negative*
Symptomatic at the time of testing	Exclude from work until all Return to Work Criteria are met	If an alternative diagnosis is provided, criteria for return to work should be based on that diagnosis If no alternative diagnosis, exclude from work until all Return to Work Criteria are met

Date	Agency	Topic	Summary			Link
					Retesting might be considered for further evaluation	
			Asymptomatic at the time of testing	Exclude from work until all Return to Work Criteria are met Retest if/when become symptomatic	No work exclusions HCP should continue to monitor for signs and symptoms If HCP develops even mild symptoms, they must cease patient care activities, leave work and be retested	

*In severe staff shortage consider the decision to let asymptomatic work ONLY with SARS-CoV-2 positive resident and positive staff. For more information refer to CDC Strategies to Mitigate HP Shortages

*HCP with previous positive test results who test negative during a PPS must meet all criterial in the test based strategies (e.g. test negative results from at least two consecutive respiratory specimens collected $\geq$24 hrs apart) to return to work

Implementing Resident Cohorting Plan

The predetermined resident cohorting plan might not be feasible based on the number of positive residents and the types of rooms available, matching resident gender for room

Date	Agency	Topic	Summary	Link
			assignments, or a high census. If cohorting is not possible, two other alternatives might be considered: • Temporary physical barriers/screens/curtains that separate residents by at least 6 feet • Transport COVID-19 residents to a dedicated facility (if available and after consulting with the LHD) **Relocating Residents** If a facility decides to relocate residents who tested negative, the following should be communicated to the receiving facility: • Residents should be quarantined for 14 days in a private room (if available) on transmission -based precautions. • Close daily monitoring for COVID-19 signs and symptoms. • If a resident becomes symptomatic, they should be retested. **Repeat Testing for HCP or Residents** • Decisions regarding retesting can be made in conjunction with the LHD. • Use private laboratories for retesting if possible; public health resources may not be sufficient for retesting. • Tables 1 and 2 list considerations for retesting individual HCP or residents. Additionally, retesting should occur for the following: • Retest COVID-19 negative residents or HCP with known exposure to infected residents (such as roommates) or HCP. • Retest residents who frequently leave the facility for dialysis or other services. • Retest HCP who are known to work at other healthcare facilities with cases of COVID-19. • Consider retesting to inform decisions when a resident with positive results can be moved out of COVID-19 ward. Subsequent PPS could be considered according to CDC guidance; consider retesting COVID-19 negative residents at regular intervals (e.g., weekly) until PPS do not identify any new cases. **New Admissions or Readmissions after a PPS** • Residents with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based	

Date	Agency	Topic	Summary	Link
			Precautions should go to the designated COVID-19 care (hot) unit. • Residents who have met criteria for discontinuation of Transmission-Based Precautions can go to a regular unit UNLESS the patient has persistent COVID-19 symptoms (e.g., persistent cough), they should be placed in a single room (and/or on a warm unit), be restricted to their rooms and wear a facemask during care activities until all their symptoms are completely resolved. • New admissions and readmissions whose COVID-19 status is unknown or residents with a single negative test should be placed in a single room, if available, and/or on a warm unit. • New admissions and readmissions whose COVID-19 status is unknown or residents with a single negative test should be placed in a single room, if available, and/or on a warm unit. • All recommended COVID-19 PPE should be worn during care of residents. • Carefully consider staff cohorting on the warm unit. Residents could be transferred out of the warm unit to a cold unit, or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g. date of admission).	
5/18/20	CMS	Reopening Testing Clinical Guidance Screening Survey Activity Infection Control and Prevention PPE	QSO-20-30-NH Effective Immediately This memorandum provides recommendations for State and local officials to help them determine the level of mitigation needed for their communities' Medicare/Medicaid certified long term care facilities (hereinafter, 'nursing homes") to prevent the transmission of COVID-19. We encourage State leaders to collaborate with the state survey agency, and State and local health departments to decide how these and other criteria or actions should be implemented in their state. Examples of how a State may choose to implement these recommendations include:	https://www.cms.gov/files/document/nursing-home-reopening-recommendations-state-and-local-officials.pdf https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html https://www.whitehouse.gov/openingamerica/ https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html https://www.cms.gov/files/document/covid-nursing-home-reopening-recommendation-faqs.pdf

Date	Agency	Topic	Summary	Link
			- A State requiring all facilities to go through each phase at the same time (i.e., waiting until all facilities have met entrance criteria for a given phase). - A State allowing facilities in a certain region (e.g., counties) within a state to enter each phase at the same time. - A State permitting individual nursing homes to move through the phases based on each nursing home's status for meeting the criteria for entering a phase. Given the critical importance in limiting COVID-19 exposure in nursing homes, decisions on relaxing restrictions should be made with careful review of a number of facility-level, community, and State factors/orders, and in collaboration with State and/or local health officials and nursing homes. Because the pandemic is affecting communities in different ways, State and local leaders should regularly monitor the factors for reopening and adjust their plans accordingly. Factors that should inform decisions about relaxing restrictions in nursing homes include: **Case status in community:** State-based criteria to determine the level of community transmission and guides progression from one phase to another. For example, a decline in the number of new cases, hospitalizations, or deaths (with exceptions for temporary outliers). **Case status in the nursing home(s)**: Absence of any new nursing home onset[1] of COVID-19 cases (resident or staff), such as a resident acquiring COVID-19 in the nursing home. **Adequate staffing**: No staffing shortages and the facility is not under a contingency staffing plan. **Access to adequate testing**: The facility should have a testing plan in place based on contingencies informed by the Centers for Disease Control and Prevention (CDC). At minimum, the plan should consider the following components: - The capacity for **all** nursing home **residents** to receive a single baseline COVID- 19 test. Similarly, the capacity for all residents to be tested upon identification of an individual with symptoms consistent with COVID-19, or if a staff member tests positive for COVID-19. Capacity for	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			continuance of weekly re-testing of all nursing home residents until all residents test negative; • The capacity for **all** nursing home **staff** (including volunteers and vendors who are in the facility on a weekly basis) to receive a single baseline COVID-19 test, with re-testing of all staff continuing every week (note: State and local leaders may adjust the requirement for weekly testing of staff based on data about the circulation of the virus in their community); • Written screening protocols for all staff (each shift), each resident (daily), and all persons entering the facility, such as vendors, volunteers, and visitors; • An arrangement with laboratories to process tests. The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained rapidly (e.g., within 48 hours). Antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection. A procedure for addressing residents or staff that decline or are unable to be tested (e.g., symptomatic resident refusing testing in a facility with positive COVID-19 cases should be treated as positive). • **Universal source control**: Residents and visitors wear a cloth face covering or facemask. If a visitor is unable or unwilling to maintain these precautions (such as young children), consider restricting their ability to enter the facility. All visitors should maintain social distancing and perform hand washing or sanitizing upon entry to the facility. • **Access to adequate Personal Protective Equipment (PPE) for staff:** Contingency capacity strategy is allowable, such as CDC's guidance at Strategies to Optimize the Supply of PPE and Equipment (facilities' crisis capacity PPE strategy would not constitute adequate access to PPE). All staff wear all appropriate PPE when indicated. Staff wear cloth face covering if facemask is not indicated, such as administrative staff. • **Local hospital capacity:** Ability for the local hospital to accept transfers from nursing homes. 1 A "new, nursing home onset" refers to COVID-19 cases that originated in the nursing home, and not cases where the	

Date	Agency	Topic	Summary	Link
			nursing home admitted individuals from a hospital with a known COVID-19 positive status, or unknown COVID-19 status but became COVID-19 positive within 14 days after admission. In other words, if the number of COVID-19 cases increases because a facility is admitting residents from the hospital AND they are practicing effective Transmission-Based Precautions to prevent the transmission of COVID-19 to other residents, that facility may still advance through the phases of reopening. However, if a resident contracts COVID-19 within the nursing home without a prior hospitalization within the last 14 days, this facility should go back to the highest level of mitigation, and start the phases over. **Recommended Nursing Home Phased Reopening for States** The reopening phases below cross-walk to the phases of the plan for Opening Up America Again, and includes efforts to maintain rigorous infection prevention and control, as well as resident social engagements and quality of life. Note: The Opening Up America Guidance for communities includes visitation guidance for "senior care facilities." The term "senior care facilities" refers to a broader set of facilities that may be utilized by seniors, and is not specific to Medicare/Medicare certified long term care facilities (i.e., nursing homes), whereas, this guidance is specific to nursing homes. Due to the elevated risk COVID-19 poses to nursing home residents, we recommend additional criteria for advancing through phases of reopening nursing homes than is recommended in the broader Administration's Opening Up America Again framework. For example: • Nursing homes should not advance through any phases of reopening or relax any restrictions until all residents and staff have received a base-line test, and the appropriate actions are taken based on the results; • States should survey those nursing homes that experienced a significant COVID-19 outbreak prior to reopening to ensure the facility is adequately preventing transmission of COVID=19; and • Nursing homes should remain in the current state of highest mitigation while the community is in Phase 1 of Opening Up America Again (in other words, a nursing	

Date	Agency	Topic	Summary	Link
			home's reopening should lag behind the general community's reopening by 14 days). **Phase 1**	

Within the Summary column, there is a nested table:

Status	Criteria for Implementation	Visitation and Service Consideration	Surveys that will be performed in each phrase
Current state: Significant Mitigation and Phase 1 of Opening Up America Again	Most facilities are in a posture that can be described as their highest level of vigilance, regardless of transmission within their communities.	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). All visitors must wear a cloth face covering or facemask for the duration of their visit. Restricted entry of non-essential healthcare personnel. 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). Non-medically necessary trips outside the building should be avoided. Restrict group activities, but some activities may be conducted (for COVID-19 negative or asymptomatic residents only) with social	Investigation of complaints alleging there is an immediate serious threat to the resident's health and safety (known as Immediate Jeopardy) Revisit surveys to confirm the facility has removed any Immediate Jeopardy findings Focused infection control surveys Initial survey to certify that the provider has met the required conditions to participate in the Medicare Program (initial certification surveys) Any State-based priorities (e.g., localized "hot spots,"

VHCAVCAL

Date	Agency	Topic	Summary		Link
			distancing, hand hygiene, and use of a cloth face covering or facemask. For medically necessary trips away from of the facility: The resident 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. 100% screening of all persons entering the facility and all staff at the beginning of each shift: Temperature checks Ensure all outside persons entering building have cloth face covering or facemask. Questionnaire about symptoms and potential exposure Observation of any signs or symptoms 100% screening for all residents: Temperature checks Questions about and observation for other signs or symptoms of COVID-19 (at least daily) Universal source control for everyone in the facility. Residents and visitors entering for	"strike" teams, etc.)	

Date	Agency	Topic	Summary		Link
			compassionate care wear cloth face covering or facemask. All staff wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC guidance on optimization of PPE. Staff wear cloth face covering if facemask is not indicated. All staff are tested weekly. All residents are tested upon identification of an individual with symptoms consistent with COVID-19 or if staff have tested positive for COVID-19. Weekly testing continues until all residents test negative. Dedicated space in facility for cohorting and managing care for residents with COVID-19; plan to manage new/readmissions with an unknown COVID- 19 status and residents who develop symptoms.		
			Appendix **Additional Recommendations** • Reminder: When a community enters phase 1 of Opening Up America Again, nursing homes remain at their highest level of vigilance and mitigation (e.g., visitation restricted except in compassionate care situations). Nursing homes do not begin to de-escalate or relax restrictions until their surrounding community satisfies gating criteria and enters phase 2 of Opening Up America Again.		

Date	Agency	Topic	Summary	Link
			- A nursing home should spend a minimum of 14 days in a given phase, with no new nursing home onset of COVID-19 cases, prior to advancing to the next phase. - A nursing home may be in different phases than its surrounding community based on the status of COVID-19 inside the facility, and the availability of key elements including, but not limited to PPE[2], testing, and staffing. For example, if a facility identifies a new, nursing home onset COVID-19 case in the facility while in **any** phase, that facility goes back to the **highest** level of mitigation, and starts over (even if the community is in phase 3). - States may choose to have a longer waiting period (e.g., 28 days) before relaxing restrictions for facilities that have had a significant outbreak of COVID-19 cases, facilities with a history of noncompliance with infection control requirements, facilities with issues maintaining adequate staffing levels, or any other situations the state believes may warrant additional oversight or duration before being permitted to relax restrictions.	

Phase 2

Status	Criteria for Implementation	Visitation and Service Consideration	Surveys that will be performed in each phrase
Phase 2 of Reopening nursing homes and Opening Up America Again	Case status in community has met the criteria for entry into phase 2 (no rebound in cases after 14 days in phase 1). There have been no new, nursing home onset COVID cases in the nursing home for 14 days. The nursing home is not	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). All visitors must wear a cloth face covering or facemask for the duration of their visit. Allow entry of limited numbers of non-essential healthcare personnel/contractors as determined necessary	Investigation of complaints alleging either Immediate Jeopardy **or** actual harm to residents Revisit surveys to confirm the facility has removed any Immediate Jeopardy findings Focused infection

Date	Agency	Topic	Summary			Link
			experiencing staff shortages. The nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents. The nursing home has adequate access to testing for COVID-19. Referral hospital(s) have bed capacity on wards and intensive care units.	by the facility, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask. 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). 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. For medically necessary trips outside of the facility: The resident 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. 100% screening of all persons entering the facility and all staff at the beginning of each shift: Temperature checks	control surveys Initial certification surveys State-based priorities (e.g., localized "hot spots, "strike" teams, etc.) See Appendix for recommendations for prioritizing facilities to be surveyed	

VHCAVCAL

Date	Agency	Topic	Summary		Link
			Ensure all outside persons entering building have cloth face covering or facemask. Questionnaire about symptoms and potential exposure Observation of any signs or symptoms 100% screening (at least daily) for all residents		

Phase 3

Status	Criteria for Implementation	Visitation and Service Consideration	Surveys that will be performed in each phrase
Phase 3 of Reopening nursing homes and Opening Up America Again	Community case status meets criteria for entry to phase 3 (no rebound in cases during phase 2). There have been no new, nursing home onset COVID cases in the nursing home for 28 days (through phases 1 and 2). The nursing home is not experiencing staff shortages. The nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection, supplies to care for residents.	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. 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. Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing	Normal Survey operations All complaint and revisit surveys required to identify and resolve any non-compliance with health and safety requirements Standard (recertification) surveys and revisits Focused infection control surveys State-based priorities (e.g.

Date	Agency	Topic	Summary			Link
			The nursing home has adequate access to testing for COVID-19. Referral hospital(s) have bed capacity on wards and intensive care units.	(limited number of people at tables and spaced by at least 6 feet). 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. Allow entry of volunteers, with screening and additional precautions including social distancing, hand hygiene, and cloth face covering or facemask. For medically necessary trips outside of the facility: The resident 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. 100% screening of all persons entering the facility and all staff at the beginning of each shift: Temperature checks. Ensure all outside persons entering	localized "hot spots," "strike" teams, etc. See Appendix for recommendations for prioritizing facilities to be surveyed	

VHCAVCAL

Date	Agency	Topic			Summary			Link
					building have cloth face covering or facemask. Questionnaire about symptoms and potential exposure Observation of any signs or symptoms 100% screening (at least daily) for all residents Temperature checks Questions about and observation for other signs or symptoms of COVID-19			
					Universal source control for everyone in the facility.			
					Residents and visitors wear cloth face covering or facemask.			
					All staff wear all appropriate PPE when indicated.			
					Staff wear cloth face covering if facemask is not indicated, such as administrative staff.			
					Test all staff weekly. Test all residents upon identification of an individual with symptoms consistent with COVID-19, or if staff have tested positive for COVID-19. Weekly testing continues until all residents test negative.			
					Dedicated space in facility for cohorting and managing care for residents with COVID-19; plan to manage			

Date	Agency	Topic	Summary		Link
				new/readmissions with an unknown COVID-19 status and residents who develop symptoms.	

State Survey Prioritization (Starting in Phase 2 of the above chart)
States should use the following prioritization criteria within each phase when determining which facilities to begin to survey first.
- For investigating complaints (and Facility-Reported Incidents (FRIs), facilities with reports or allegations of:
  1. Abuse or neglect
  2. Infection control, including lack of notifying families and their representatives of COVID-19 information (per new requirements at 42 CFR 483.80(g)(3))
  3. Violations of transfer or discharge requirement
  4. Insufficient staffing or competency
  5. Other quality of care issues (e.g., falls, pressure ulcers, etc.)

In addition, a State agency may take other factors into consideration in its prioritization decision. For example, the State may identify a trend in allegations that indicates an increased risk of harm to residents, or the State may receive corroborating information from other sources regarding the allegation. In this case, the State may prioritize a facility for a survey higher than a facility that has met the above criteria.
- For standard recertification surveys:
  1. Facilities that have had a significant number of COVID-19 positive cases
  2. Special Focus Facilities
  3. Special Focus Facility candidates
  4. Facilities that are overdue for a standard survey (> 15 months since last standard survey) and a history of noncompliance at the harm level (citations of "G" or above) with the below items:
     o Abuse or neglect
     o Infection control
     o Violations of transfer or discharge requirements
     o Insufficient staffing or competency
     o Other quality of care issues (e.g., falls, pressure ulcers, etc.)

VHCAVCAL

Date	Agency	Topic	Summary	Link
			For example, a facility whose last standard survey was 24 months ago and was cited for abuse at a "G" level of noncompliance, would be surveyed earlier (i.e., prioritized higher) than a facility whose last standard survey was 23 months ago and had lower level deficiencies. We recognize that there are many different scenarios or combinations of timing of surveys and types of noncompliance that will exist. We defer to States for final decisions on scheduling surveys consistent with CMS survey prioritization guidelines. Nursing Home Reopening FAQs: see link to the right The FAQ answers a range of questions on the topics of: • Reopening • Visitation • Testing Requirement	
5/18/20	VHCA VHHA	Reporting	The Virginia Hospital and Healthcare Association (VHHA) has launched a new online Licensed Nursing Homes Dashboard with statistics associated with COVID-19 cases in licensed nursing facilities. The dashboard, which will be updated daily, includes information nursing facilities are voluntarily providing to VHASS on: • confirmed and pending COVID-19 cases among patients and residents in NFs; • the number of nursing facility residents who have recovered from COVID-19; and • information about NFs' difficulty in obtaining specific types of PPE.	https://myemail.constantcontact.com/VHCA-VCAL---Nursing-Homes-Dashboard--Webinar-on-Thursday--and-Medicaid-Memos.html?soid=1011233811022&aid=KXIg3GqsaME https://www.vhha.com/communications/virginia-licensed-nursing-facility-covid-19-dashbaord/
5/19/20	OSHA	Screening PPE Infection Control and Prevention	The US Department of Labor's Occupational Safety and Health Administration released guidance aimed at protecting nursing homes and long term care facilities workers from exposure to COVID-19. Many of the recommendations are based on CDC guidance including optimizing PPE, screening workers, and sending sick workers home. The guidance includes encouraging staff to report any safety or health concerns and staggering breaks to avoid overcrowding in the break room.	https://www.osha.gov/Publications/OSHA4025.pdf
5/29/20	CDC CMS	Reporting Requirements	**Centers for Medicare and Medicaid (CMS) COVID-19 NHSN Reporting Requirements for Nursing Homes** • The reporting requirements for nursing homes became effective on May 8, 2020, when CMS published their	https://www.cdc.gov/nhsn/ltc/covid19/index.html https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/cms-covid19-reg-508.pdf

Date	Agency	Topic	Summary	Link
			interim final rule with comment. CMS memo QSO-20-29-NH provides additional information for nursing homes to meet COVID-19 reporting requirements including details about a grace period prior to enforcement. CMS is only collecting nursing home (i.e., skilled nursing facility and/or nursing facility) data and not assisted living or developmental disability facility types.	https://www.youtube.com/watch?v=-bR3CvqT9cw https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-res-blank-p.pdf https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-toi-508.pdf https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.145-staff-blank-p.pdf https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.145-toi-508.pdf https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.146-supp-blank-p.pdf https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.146-toi-508.pdf https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.147-vent-blank-p.pdf https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.147-toi-508.pdf

Healthcare Settings	COVID-19 Reporting Data Fields	CMS Reporting Deadlines and Frequency
CMS-certified LTC Facilities SNFs and NFs)	• Suspected and confirmed COVID-19 infections among residents and staff, including residents previously treated for COVID-19 • Total deaths and COVID-19 deaths among residents and staff • Personal protective equipment and hand hygiene supplies in the facility • Ventilator capacity and supplies in the facility • Resident beds and census • Access to COVID-19 testing while the resident is in the facility • Staffing shortages • Other information specified by the Secretary	Deadlines: **May 17, 2020**: facilities must submit first set of data. CMS will provide facilities with an initial two-week grace period to begin reporting cases in the NHSN system (which ends at 11:59 p.m. on May 24, 2020). Facilities that fail to begin reporting after the third week (by 11:59 p.m. on May 31st) will receive a warning letter reminding them to begin reporting the required information to CDC Frequency: **Facilities must submit the data through the NHSN at least once every seven days.** Facilities may choose to submit multiple times a week. CMS is not prescribing which day of the week the data must be submitted, although

VHCAVCAL

Date	Agency	Topic	Summary			Link
					reporting should remain consistent with data being submitted on the same day(s) each week. The collection period should also remain consistent (e.g., Monday through Sunday). Each Monday, CMS will review the data submitted to assess if each facility submitted data at least once in the previous seven days. The data pulled each Monday will also be used to update the data that is publicly reported	
			Training module slide set and you tube video links provided Data collection forms and instruction links for the 4 pathways provided: • Resident Impact and Facility Capacity • Staff and Personnel Impact • Supplies and Personal Protective Equipment • Ventilator Capacity and Supplies			
6/1/20	DGS VHCA	Communication Emergency Vendor List	The Virginia Department of General Services (DGS) has provided a link to an emergency vendor list, which includes vendors that provide personal protective equipment. DMAS and DGS do not endorse nor suggest any vendor appearing on the emergency vendor list. Providers are required to conduct their own due diligence prior to procuring from any vendor listed. (The link notes the list was updated on 5/20/20)			https://dgs.virginia.gov/procurement/resources/covid-19-emergency-vendor-list/
6/1/20	CMS	Survey Activity	QSO-20-31-ALL Effective Immediately			https://www.cms.gov/files/document/qso-20-31-all.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
			This memorandum addresses National Healthcare Safety Network (NHSN) data, COVID-19 survey activities, enhanced enforcement, and engagement of Quality Improvement Organizations (QIOs). **Survey Prioritization** **Focus Surveys for Infection Control -** CMS believes further direction is needed to prioritize completion of focused infection control surveys in nursing homes; this plan supersedes the March 2020 memos re: prioritization of surveys. • States that have not completed 100% of their focused infection control nursing home surveys by July 31, 2020 will be required to submit a corrective action plan to their CMS location outlining the strategy for completion of these surveys within 30 days. If, after the 30-day period, States have still not achieved surveying 100% of their nursing homes, their CARES Act FY2021 allocation may be reduced by up to10%. Subsequent 30-day extensions could result in an additional reductions up to 5%. These funds would then be redistributed to those States that completed 100% of their focused infection control surveys by July 31. • CMS is also requiring States to implement the following COVID-19 survey activities: 1. Perform **on-site surveys** (within 30 days of this memo) of nursing homes with previous COVID-19 outbreaks, defined as: • Cumulative confirmed cases/bed capacity at 10% or greater; or • Cumulative confirmed plus suspected cases/bed capacity at 20% or greater; or • Ten or more deaths reported due to COVID-19. 2. Perform **on-site surveys** (within three to five days of identification) of any nursing home with: • 3 or more new COVID-19 suspected and confirmed cases since the last National Healthcare Safety Network (NHSN) COVID-19 report, or 1 confirmed resident case in a facility that was previously COVID-free. • State Survey Agencies are encouraged to communicate with their State Healthcare Associated Infection coordinators prior to initiating these surveys.	https://www.cms.gov/files/document/qso-20-30-nh.pdf http://www.qioprogram.org/locate-your-qio

Date	Agency	Topic	Summary	Link
			3.Starting in FY 2021, perform annual Focused Infection Control surveys on 20 percent of nursing homes based on State discretion or additional data that identifies facility and community risks. States that fail to perform these survey activities timely and completely could forfeit up to 5% of their CARES Act Allocation, annually. CARES Act funds may also be used for State-specific interventions (such as Strike Teams, enhanced surveillance, or monitoring of nursing homes). In addition, in August 2020, State Survey Agency priorities may also be informed by recommendations from the Coronavirus Commission for Safety and Quality in Nursing Homes. **Other Survey Activities** Finally, to transition States to more routine oversight and survey activities, once a state has entered Phase 3 of the Nursing Homes Re-opening guidance https://www.cms.gov/files/document/nursing-home-reopening-recommendations-state-and-local-officials.pdf or earlier, at the state's discretion. States are authorized to expand beyond the current survey prioritization (Immediate Jeopardy, Focused Infection Control, and Initial Certification surveys) to perform (for all provider and supplier types): • Complaint investigations that are triaged as Non-Immediate Jeopardy-High • Revisit surveys of any facility with removed Immediate Jeopardy (but still out of compliance), • Special Focus Facility and Special Focus Facility Candidate recertification surveys, and • Nursing home and Intermediate Care Facility for individuals with Intellectual Disability (ICF/IID) recertification surveys that are greater than 15 months. When determining the order in which to schedule more routine surveys, States should prioritize providers based on those with a history of noncompliance, or allegations of noncompliance, with the below items: • Abuse or neglect; • Infection control; • Violations of transfer or discharge requirements; • Insufficient staffing or competency; or • Other quality of care issues (e.g., falls, pressure ulcers, etc.).	

Date	Agency	Topic	Summary	Link

			Accrediting organizations may resume normal survey activities based on state reopening criteria. Any variations from the approved reaccreditation survey process must receive CMS-approval prior to implementation
			Enforcement Actions for Nursing Facilities and Survey Agencies
			Due to the heightened threat to resident health and safety for even low-level, isolated infection control citations (such as proper handwashing and use of personal protective equipment (PPE), CMS is expanding enforcement to improve accountability and sustained compliance with these crucial practices. In addition to enhanced enforcement, CMS is also providing Directed Plans of Correction, including use of Root Cause Analysis, to facilitate lasting systemic changes within facilities to drive sustained compliance. Therefore, substantial non-compliance (D or above) with any deficiency associated with Infection Control requirements will lead to the following enforcement remedies:
			• Non-compliance for an Infection Control deficiency when **none have been cited in the last year** (or on the last standard survey):
			   o Nursing homes cited for current non-compliance that is **not widespread (Level D & E)** - Directed Plan of Correction
			   o Nursing homes cited for current non-compliance with infection control requirements that is widespread **(Level F)** - Directed Plan of Correction, Discretionary Denial of Payment for New Admissions with 45-days to demonstrate compliance with Infection Control deficiencies.
			• Non-compliance for Infection Control Deficiencies cited **once in the last year** (or last standard survey):
			   o Nursing Homes cited for current non-compliance with infection control requirements that is **not widespread (Level D & E)** - Directed Plan of Correction, Discretionary Denial of Payment for New Admissions with 45-days to demonstrate compliance with Infection Control deficiencies, Per Instance Civil Monetary Penalty (CMP) up to $5000 (at State/CMS discretion)
			   o Nursing Homes cited for current non-compliance with infection control requirements that is widespread **(Level F)** - Directed Plan of Correction,	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			Discretionary Denial of Payment for New Admissions with 45-days to demonstrate compliance with Infection Control deficiencies, $10,000 Per Instance CMP • Non-compliance that has been cited for Infection Control Deficiencies **twice or more in the last two years** (or twice since second to last standard survey) o Nursing homes cited for current non-compliance with Infection Control requirements that is not widespread **(Level D & E)** - Directed Plan of Correction, Discretionary Denial of Payment for New Admissions, 30-days to demonstrate compliance with Infection Control deficiencies, $15,000 Per Instance CMP (or per day CMP may be imposed, as long as the total amount exceeds $15,000) o Nursing homes cited for current non-compliance with Infection Control requirements that is widespread **(Level F)** - Directed Plan of Correction, Discretionary Denial of Payment for New Admissions, 30-days to demonstrate compliance with Infection Control deficiencies, $20,000 Per Instance CMP (or per day CMP may be imposed, as long as the total amount exceeds $20,000) o Nursing Homes cited for current non-compliance with Infection Control Deficiencies at the Harm Level **(Level G, H, I), regardless of past history** - Directed Plan of Correction, Discretionary Denial of Payment for New Admissions with 30 days to demonstrate compliance with Infection Control deficiencies. Enforcement imposed by CMS Location per current policy, but CMP imposed at highest amount option within the appropriate (non-Immediate Jeopardy) range in the CMP analytic tool. • Nursing Homes cited for current non-compliance with Infection Control Deficiencies at the **Immediate Jeopardy Level (Level J, K, L) regardless of past history** – In addition to the mandatory remedies of Temporary Manager or Termination, imposition of Directed Plan of Correction, Discretionary Denial of Payment for New Admissions, 15-days to demonstrate compliance with Infection Control deficiencies. Enforcement imposed by CMS Location per current	

VHCA VCAL

Date	Agency	Topic	Summary	Link
			policy, but CMP imposed at highest amount option within the appropriate (IJ) range in the CMP analytic tool. **Utilization of the Quality Improvement Organizations** QIOs provide education and training to every certified nursing home in the country. As part of their ongoing work, they provide direct assistance to around 6000 small, rural nursing homes and those serving vulnerable populations in areas where access to care is limited with helping them understand and comply with CMS and CDC reporting requirements, sharing best practices related to infection control, testing and patient transfers. The QIOs are being deployed to provide technical assistance to nursing homes, which includes a targeted focus on approximately 3,000 low performing nursing homes who have a history of infection control challenges. Further, States may request QIO technical assistance specifically targeted to nursing homes that have experienced an outbreak. These requests should be sent to Anita Monteiro, Acting Director of the Quality Improvement and Innovation Group at CMS: mailto:anita.monteiro@cms.hhs.gov. 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 in the nursing home. For instance, they train staff on proper use of personal protective equipment (PPE), cohorting residents appropriately and transferring residents safely. They monitor compliance with infection control standards and practices in the nursing home. Nursing homes can locate the QIO responsible for their state here: http://www.qioprogram.org/locate-your-qio.	
6/1/20	CMS	Reporting	CMS released a state-by-state report on COVID-19 cases for residents and staff along with numbers of infection control focused surveys completed. **Nursing Home COVID-19 Data Definitions- see link for report** **Nursing Home COVID-19 Data Source:** CDC National Healthcare Safety Network (NHSN). This data reflects data entered into the NHSN system by nursing homes as of May 24. **State Survey Data Source:** CMS Automated Survey Process Environment System (ASPEN)	https://www.cms.gov/files/document/6120-nursing-home-covid-19-data.pdf

Date	Agency	Topic	Summary	Link
			Additional background: This data reflects reconciled survey information entered into the ASPEN system by State Survey Agencies. It represents complete surveys and those where a surveyor has logged onsite hours, but not yet completed the survey, as of May 29. There is a lag of between 10-21 days until the findings from these surveys are generated. **Limitations** on **Data Reporting:** As with any new reporting program, some facilities will struggle with their first submissions, and therefore, some of the data from their early submissions may be inaccurate. As facilities begin reporting in the early weeks, the increase in certain metrics (e.g., number of cases) is a reflection of an increase in reporting, rather than an increase in the actual number of cases. Facilities may opt to report cumulative data retrospectively back to January 1, 2020. Therefore, some facilities may be reporting higher numbers of cases/ deaths compared to other facilities, due to their retrospective reporting. Also, these cumulative reports are included in facilities' first weekly submission to the system. Therefore, the numbers in a facility's first weekly report may be artificially higher because it reflects information that occurred over a longer period oftime(e.g., from Jan 1, 2020), rather than thelast seven days. The availability of testing may impact the number of confirmed COVID-19 cases facilities report. Facilities that did not have the ability to test all residents a few weeks ago would not beabletoreportallresidentswithconfirmedcases.Similarly,acces to testing canvary by state,region,or facility. Data maybe inconsistent with state data, particularly state death data. CMS will also post the underlying CDC-collected data on a link on Nursing Home Compare later this week. The data will be broken down by state, number of residents and number of staff. The data will be searchable by facility name and will be downloadable so researchers and other stakeholders can perform their own in-depth analysis. CMS will update the data weekly.	
6/1/20	AHCA NCAL	Reporting Resource	**Assisted Living Notification Guidelines for Confirmed COVID-19 Cases** When a COVID-19 case is confirmed (whether resident or personnel) in an assisted living community, NCAL	https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Notifications-Confirmed-Cases-AL.pdf

Date	Agency	Topic	Summary	Link
			encourages providers to take the following steps regarding notifications. Assisted living communities should prioritize following local and state reporting requirements regarding COVID-19.	
6/1/20	AHCA	Testing	AHCA has created an **algorithm for testing and cohorting nursing home residents** which incorporates the latest CDC guidance. The algorithm walks through three primary entry points for testing prior to deciding on who and how to cohort individuals. The entry points include testing residents who develop symptoms, testing all residents simultaneously, and testing new admissions. The algorithm also walks through how to cohort if the person(s) tested are in a single-person room or with roommates.	https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Algorithm-Testing-Cohorting.pdf
6/4/20	CMS	Reporting	**QSO 20-32** On June 4, the CMS publicly released individual facility data related to COVID-19 on Nursing Home Compare. Some centers who reviewed their data, have found errors in what is posted publicly. Centers are encouraged to check Nursing Home Compare for data accuracy. Nursing homes are required to report data to the NHSN. The data is then submitted from NHSN to CMS for upload into Nursing Home Compare. Centers who review Nursing Home Compare and identify issues to their data may make corrections to data entered into the NHSN system by: · Logging into the *NHSN COVID-19 LTCF module* · Choose the relevant date on the calendar feature · Edit the inaccurate data · Click "SAVE" before exiting See link for FAQs	https://www.cms.gov/files/document/qso-20-32-nh.pdf https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg https://www.cdc.gov/nhsn/ltc/index.html https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/faq-cms-datarelease-508.pdf
6/4/20	CMS	Reporting	**QSO 20-33** CMS will post health inspection (i.e., surveys) results that were conducted on or after March 4th, 2020, which is the first date that CMS altered the way that inspections are scheduled and conducted. This includes inspections related to complaints and facility-reported incidents (FRIs) that were triaged at the Immediate Jeopardy (IJ) level, and the streamlined Infection Control inspection process that was developed based on the guidance for preventing the spread of COVID-19. _The information will be available in the	https://www.cms.gov/files/document/qso-20-33-nh.pdf

Date	Agency	Topic	Summary	Link
			"Spotlight" section of the Nursing Home Compare home page on June 4th, 2020.	
6/18/20	VDH	Reporting	VHD posted a memo from the State Health Commissioner per the Code of Virginia §32.1 -35.1,that data required to be reported to NHSN to meet CMS requirements should be shared with Virginia Department of Health. In order for VDH to view data from Long-Term Care Facilities (LTCFs) reporting in NHSN, each facility has to join the VDH NHSN group. Instructions are noted in the link. Licensed but not certified nursing homes are not required to report data to CMS, but they may report to NHSN and are **encouraged** to confer rights to VDH. Reporting through NHSN is one of many criteria for a nursing home to enter Reopening Phase I.	https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/Memo_COVID-Nursing-Home-NHSN-Reporting_6-4-2020.pdf https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/Instructions-on-Conferring-Rights-to-VDH_June-2020.pdf
6/18/20	VDH	Testing Point Prevalence Survey	VDH has refined its approach to Point Prevalence Surveys (PPS) and the Virginia National Guard (VANG) is reaching out directly to facilities—**both** nursing centers and **assisted living facilities**—to schedule COVID-19 testing for residents and staff in June and July. PPS testing is offered at no cost to facilities and is alignment with best practices for reopening facilities. A PPS is when there is testing of all residents and staff on a given day. See link for details	https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPS-Guidance-for-LTCF_Congregated-Settings-FINAL-4-28-2020.pdf https://www.vhca.org/files/2020/06/ALF-PPS-Memo-06172020.pdf
6/18/20	VDH	Phased Reopening	VDH Nursing Home Guidance for Phased Reopening	https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf

Checklist to Enter Phase 1	Checklist to Enter Phase 2	Checklist to Enter Phase 3
1. City or county has been in Forward Virginia Phase I for at least 14 days **2.** No nursing home-onset cases in residents for the past 14 days **3.** Infection prevention and control (IPC) measures have been implemented • An individual with training in IPC to provide onsite	**1.** City or county has been in Forward Virginia Phase II for at least 14 days **2.** Nursing home has been in Reopening Phase I for at least 14 days **3.** Baseline testing of all residents and all staff has been conducted; predetermined plan for refusals was followed • Testing is occurring per	**1.** City or county has been in Forward Virginia Phase II for at least 14 days **2.** Nursing home has been in Reopening Phase I for at least 14 days **3** Testing is occurring per recommendations in Section 4 • No nursing home-onset cases in

VHCAVCAL

Date	Agency	Topic	Summary			Link

Column 1:

management of all COVID-19 prevention and response activities has been assigned
- Space in the facility that can be used to monitor and care for residents with COVID-19 has been designated
- Screening of residents for any symptoms consistent with COVID-19 infection with documentation is occurring
- Screening of staff for any symptoms consistent with COVID-19 infection with documentation is occurring
- Universal source control and social distancing have been implemented

4. Facility is reporting to the National Healthcare Safety Network (NHSN) Long-term Care Facility (LTCF) COVID-19 Module weekly
- Facility has conferred rights

Column 2:

recommendations in Section 4
- No nursing home-onset cases in residents for the past 14 days
- No new cases in staff for the past 14 days

4. Facility is reporting to the NHSN LTCF COVID-19 Module weekly
- Facility has adequate staffing as reported in NHSN
- Facility has access to adequate PPE as reported in NHSN
- Facility has access to adequate testing as reported in NHSN

5. Infection prevention and control assessment (IPCA) has been completed
- IPC measures have been maintained or implemented based on the assessment

6. Phase II Attestation has been sent to the LHD

Column 3:

residents for the past 14 days
- No new cases in staff for the past 14 days

4. IPC measures have been maintained

5. Facility is reporting to the NHSN LTCF COVID-19 Module weekly
- Facility has adequate staffing as reported in NHSN
- Facility has access to adequate PPE as reported in NHSN
- Facility has access to adequate testing as reported in NHSN

6. Facilitye has a plan to implement a Respiratory Protection Program

7. Phase II Attestation has been sent to the LHD

VHCAVCAL

Date	Agency	Topic	Summary			Link
			to VDH in NHSN • Facility has adequate staffing as reported in NHSN • Facility has access to adequate personal protective equipment (PPE) as reported in NHSN • Facility has access to adequate testing as reported in NHSN **5.**Fit-testing for respirator use for staff providing direct care for COVID-19 positive residents has been conducted **6.** Facility testing plan has been developed **7.** A plan has been developed to manage new admissions and readmissions where COVID-19status is unknown **8.** Phase I Attestation has been sent to the LHD [local health department]			
			Triggers for Phase Regression **1.** If a facility identifies a **nursing home-onset COVID-19** case in the facility, the facility goes back to Phase I (even if the community is in a different Forward Virginia Phase)			

Date	Agency	Topic	Summary	Link
			• A "nursing home-onset COVID-19 case" refers to COVID-19 cases that originated in the nursing home, and not cases where the nursing home admitted individuals from a hospital with a known COVID-19 positive status, or unknown COVID-19 status but became COVID-19 positive within 14 days after admission. **This only applies to residents. Staff cases do not lead to Phase Regression.** **2.** If the surrounding community **regresses to a previous Forward Virginia Phase**, the facility must also regress to the same phase for mitigation steps. **The Guidance includes information for the following- see link for full detail:** **Reopening Guidance For All Phases:** • Symptom Screening • Universal Source Control and PPE • Cohorting Plan • Relocating Residents • Decision to Allow New Admissions or Readmissions **Recommended Mitigation Steps and Consideration by Phases for:** • Visitation • Dining • Social and group activities • Non-essential staff • Resident trips outside the facility for non-medical necessary reasons • Testing • Salons • Onsite gym or fitness center • New resident admission and readmission placement **Responding To Test Results- Resident Placement and Infection Prevention:** • Symptomatic at the time of testing • Asymptomatic at the time of testing **Responding to Test Results- Staff Work Exclusion** • Symptomatic at the time of testing • Asymptomatic at the time of testing **Interpretation of Criteria for Phase Progression- Appendix 1** • Forward Virginia • Nursing Home- Onset Case • Definition of Staff • Implementing IPC Measures • NHSN LTCF COVID-19 Module	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			• Facility Testing Plan • Baseline Testing • Infection Prevention and Control Assessment (IPCA) • Respiratory Protection Program **Communication With Local Health Department – Appendix 2** • Reporting Testing Results • Attestation	
6/19/20	VDH	Phased Reopening	On June 19 VDH also issued an update to the VDH COVID-19 Interim Guidance for Long-Term Care Facilities. Updates since the last version include: • Added section on hand hygiene • Added information to further clarify recommendations related to cohorting, PPE use (especially related to gowns), and cleaning and disinfection • Revised language to reflect the lifting of restrictions during phased reopening in accordance with the Forward Virginia and the VDH Nursing Home Guidance for Phased Reopening • Differentiated nursing home recommendations from those for other LTCFs where applicable This document should be considered a supplement to the VDH Nursing Home Guidance for Phased Reopening. See Link and info above in 6/18/20 timeline entry.	https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf
6/23/20	DSS	Phased Reopening	VA DSS published guidelines for "Reopening" of VA ALFs and recommended each individual facility should consider the reopening criteria and move thorough reopening phases based on assessment of its own specific circumstances. Specifically recommending: *To the greatest extent possible, we strongly advise that ALFs follow Centers for Medicare and Medicaid Services recommendations and the Virginia Department of Health Nursing Home Guidance for Phased Reopening. There is no one-size-fits-all approach to reopening assisted living facilities (ALFs). There may be reasons that some ALFs can consider less stringent guidelines, such as not having an outbreak in the facility and less community spread of COVID-19 in the locality. We are not suggesting that it is appropriate or prudent for every facility to consider reopening. Each individual facility should consider the reopening criteria outlined in the memo and move through the reopening phases based on its assessment of its own specific circumstances. It is our understanding that many ALFs are*	https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/code_regulations/regulations/alf_recommendations_for_reopening.pdf https://law.lis.virginia.gov/admincode/title22/agency40/chapter73/ https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf

Date	Agency	Topic	Summary	Link
			lessening their restrictions. If an ALF chooses to reopen, a strict plan to mitigate risk is essential. Additionally ALF providers are reminded of infection control requirements set forth in the Virginia Administrative Code at 22VAC40-73, Standards for Assisted Living Facilities. Under 22VAC40-73-100, facilities are required to update their infection control programs in response to COVID-19 to address surveillance, prevention, and control of disease and infection. Revisions to infection control plans must be consistent with Centers for Disease Control and Prevention (CDC) guidelines and Occupational Safety and Health Administration (OSHA) bloodborne pathogens regulations. In addition, infection control programs should incorporate recommendations from VDSS and the Virginia Department of Health (VDH). In addition, if there is an outbreak of an infectious disease, such as COVID-19, facilities must follow all recommendations made by VDH to prevent or control transmission of the infectious agent in the facility. The ALF standards specify elements for development and implementation of an infection control program, as well as infection control training requirements for all levels of staff and volunteers. Your licensing inspector may request a copy of your updated infection control policies and procedures in response to COVID-19. **Best Practices for Re-opening VA ALFs include information on the following tope- See link for details** • Adequate Testing and Case Studies • Adequate Staffing • Adequate PPE for Staff • Continuous Monitoring of Capacity • Physical Distancing • 100% Screening • Number of Visitors • Personal Services • Communal Dining and Group Activities	

Date	Agency	Topic	Summary	Link
			• Medically Necessary Transportation • Prevalence of COVID-19 in the Local Community	
6/23/20	CMS	Phased Reopening-Visitation	CMS released a FAQ on Nursing Home Visitation which states that nursing homes should continue to follow CMS and CDC guidance for preventing the transmission of COVID-19 , and follow state and local direction. Because nursing home residents are especially vulnerable, CMS does not recommend reopening facilities to visitors (except for compassionate care situations) until phase three when: • There have been no new, nursing home onset COVID-19 cases in the nursing home for 28 days (through phases one and two) • The nursing home is not experiencing staff shortages • The nursing home has adequate supplies of personal protective equipment and essential cleaning and disinfection supplies to care for residents • The nursing home has adequate access to testing for COVID-19 • Referral hospital(s) have bed capacity on wards and intensive care units There is discussion in the FAQs regarding situations for compassionate care , outside activities, communal activities, visitation restrictions and alternatives for COVID-19+ residents and state ombudsman access. See link for details.	https://www.cms.gov/files/document/covid-visitation-nursing-home-residents.pdf
6/25/20	CMS	Reporting-Nursing Home Compare	**QSO 20-34-NH** **Changes to the Nursing Home Compare Website and Five Star Quality Rating System** Staffing Measures and Rating Domain: • On July 2020, Staffing measures and star ratings will be held constant, and based on data submitted for Calendar Quarter 4 2019	https://www.cms.gov/files/document/qso-20-34-nh.pdf

Date	Agency	Topic	Summary	Link
			• Also, CMS is ending the waiver of the requirement of nursing homes to submit staffing data through the Payroll-Based Journal System. Nursing home must submit data for Calendar Quarter 2 by August 14, 2020 Quality Measures**:** • On July 29, 2020, quality measures based ona data collection period ending Dec 31,2019 See link for full details	
7/2/20	VDH	Phased Reopening Guidance FAQs-Testing	Virginia Department of Health FAQs t are intended to be a supplement to the VDH Nursing Home Reopening Guidance. The reopening guidance can be applied to both nursing homes and assisted living facilities and will be updated as needed.	https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/ https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/code_regulations/regulations/alf_recommendations_for_reopening.pdf https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-eua https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html

Testing Question	Testing Answer
1. Which type of test, viral or antibody, should be performed when testing is indicated by the recommendations?	1. An FDA EUA viral diagnostic test should be performed when testing is indicated. Antibody testing should not be used in this context. There are two types of viral diagnostic tests, molecular (e.g., PCR) and antigen. Molecular tests are preferred over antigen tests. Positive results from antigen tests are highly accurate, but negative results do not rule out infection (false negative). Thus, negative results are considered presumptive and must be followed up with a confirmatory molecular test.
2. Are there other types of specimens that can be collected that don't involve swabbing the nasopharynx?	2.Swabbing can take place in a variety of ways, depending on the specimen collection method that is validated by

VHCAVCAL

Date	Agency	Topic	Summary		Link
				the laboratory performing tests for your facility. A common method is a nasopharyngeal (NP) swab, where a thin, flexible swab is inserted far back into the nose to obtain material for testing. If the procedure causes more than mild discomfort, then the swabbing technique should be reviewed. It is also important to ensure that swabs intended specifically for NP swabbing are used; these swabs are thinner and more flexible than swabs intended for other specimen types. Other specimen types depend on the test and laboratory, and these may include a nasal swab (inserted about an inch into the nose), a saliva specimen, or an oropharyngeal (OP, throat) swab. Acceptable specimen types should be discussed with your laboratory, as it depends on their typical testing methodology.	
			3. Do staff or residents with a previous positive viral test who have recovered still need to be tested when indicated by the recommendations?	3. Asymptomatic individuals with a previous positive viral test do not need to be re-tested when facility-wide testing is indicated, however this recommendation might change as VDH releases Phase II and Phase III testing guidance. A recent update to CDC guidance states staff or residents who had a	

VHCAVCAL

Date	Agency	Topic	Summary		Link
				positive viral test over 8 weeks ago should be retested as part of facility-wide testing, regardless of symptoms. A facility can follow those recommendations at this time if they so choose. Residents and staff who had a positive viral test at any time and become symptomatic after recovering from the initial illness should be re-tested and placed back on the appropriate Transmission-Based Precautions (TBP) or excluded from work, respectively.	
			4. Do staff or residents with a previous positive antibody test still need to be tested when indicated by the recommendations?	4. Yes. Results of antibody testing should not be used as the sole basis to either diagnose acute infection or make recommendations on limiting social or environmental exposures or changes to work related policies. We do not yet know if the presence of antibodies to SARS-CoV-2 provides any level of protection against reinfection with the virus. However, this recommendation may be reconsidered at a later time for previously COVID-19 positive individuals as more is learned about immunity following COVID-19.	
			5. If staff work at multiple facilities, do they need to	5. No, staff do not need to be tested at each facility. If	

VHCAVCAL

Date	Agency	Topic	Summary		Link
			receive a viral test at each facility?	documentation of the test result is provided to each facility, the results from one setting are adequate to meet the testing recommendations at any facility. Each facility should maintain appropriate documentation of test results. Staff should be encouraged to tell facilities if they have had exposures at other facilities with recognized COVID-19 cases. Similarly, staff who become symptomatic should alert each facility and be tested as soon as possible.	
			6. Can facilities use a point prevalence survey (PPS) that was conducted prior to the guidance being released as their first round of testing for the Phase I recommendations?	6. Facilities that completed a COVID-19 PPS for residents and staff can use the PPS as their first round of testing as long as all the following are met: PPS occurred on or after May 15, 2020 All staff and all residents were given the opportunity to be tested at that time	
			7. If the first week (i.e., first round) of testing all staff and all residents reveals NO positives, does testing need to be repeated for a second week (i.e., second round)?	7. Yes. A facility should test all staff and all residents that have not previously tested positive for at least two consecutive weeks, or two consecutive rounds in some instances where the baseline test was conducted more than a week prior. Testing should continue weekly until there are no new cases among staff or nursing home	

Date	Agency	Topic	Summary		Link
				onset cases in residents for the previous 14 days.	
			8. Which staff members should be tested when indicated by the recommendations?	8. The definition of staff that should be tested is defined in the VDH Nursing Home Guidance for Phased Reopening. However, staff who are working from home, or on leave, or otherwise not at the same site as residents, do not need to be tested as long as they remain offsite.	
			9. If a staff member receives a test from an outside entity (e.g., community testing location, drive-thru pharmacy, private practitioner), does that meet the testing recommendation?	9. Yes. Diagnostic tests of nursing home staff that are performed outside of the facility meet the testing recommendation, so long as the employee has the appropriate documentation to provide to the nursing home administrator and the test was conducted in a reasonable time frame (e.g., 3-7 days) from when the test was recommended.	
			10. How should facilities approach staff who decline testing?	10. If staff with symptoms consistent with COVID-19 decline testing, they should be presumed to have COVID-19 and excluded from work. Return to work decisions should be based on COVID-19 return to work guidance at the discretion of the facility's occupational health program. If asymptomatic staff decline testing, work restriction, if any, should be determined by the facility's occupational health. All staff should be	

VHCAVCAL

Date	Agency	Topic	Summary		Link
				trained in proper use of personal protective equipment, including universal facemask policies, hand hygiene, and other measures needed to stop transmission.	
			11. How should facilities approach residents who decline testing?	11. Residents, or their medical powers of attorney, have the right to decline testing. Clinical discussions about testing may include alternative specimen collection sources that may be more acceptable to residents than nasopharyngeal swabs (e.g., anterior nares). Providing information about the method of testing and reason for pursuing testing may facilitate discussions with residents and their medical powers of attorney. If a resident has symptoms consistent with COVID-19, but declines testing, they should remain on Transmission-Based Precautions until they meet the symptom-based criteria for discontinuation. If a resident is asymptomatic and declines testing at the time of facility-wide testing, decisions on placing the resident on Transmission-Based Precautions for COVID-19 or providing usual care should be based on whether the facility has evidence suggesting transmission (i.e., confirmed infection in staff or	

Date	Agency	Topic	Summary		Link
			nursing-home onset infection in a resident).		
7/2/20	VDH	Phased Reopening Guidance FAQs-PPE	**PPE Question**	**PPE Answer**	https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/
			1. Does the facility have to supply PPE to visitors?	Visitors are required to wear a facemask or cloth mask for the duration of their visit. Because of PPE shortages, visitors should bring their own masks. If the resident being visited is on transmission-based precautions (TBP), other PPE like gowns or gloves might be required for entering their room. In such a scenario, before giving permission to visit a resident on TBP, the facility should ensure that enough PPE is available.	
			2. Does the facility have to supply PPE to VDH staff (e.g., OLC surveyors, local health department communicable disease nurses or epidemiologists)?	2. The facility under conventional conditions might supply all required PPE to VDH staff visiting the facility. However, while PPE supply is limited, VDH staff shall bring their own PPE. VDH staff should avoid entering a resident room without wearing the appropriate PPE.	
7/2/20	VDH	Phased Reopening Guidance FAQs-	**Infection Prevention and Control Question**	**Infection Prevention and Control Answer**	https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf

Date	Agency	Topic	Summary		Link
		Infection Prevention and Control	1. Where can I find more details regarding staff and resident screening for COVID-19 symptoms? 2. What qualifications does the infection preventionist (IP) in the nursing home need to have?	1. The VDH Nursing Home Reopening Guidance is a supplement to other guidance documents that have been previously disseminated. An updated symptom list and details regarding screening can be found in the VDH Guidance for LTCFs. 2. Each nursing home should assign an individual with training in infection prevention and control (IPC) to provide onsite management of all COVID-19 prevention and response activities. A detailed training module has been developed by CDC and CMS and is available free of charge; it provides 23 training courses on core activities of effective IPC programs. More training might be available, as more federal dollars are being designated for that purpose.	https://www.train.org/cdctrain/training_plan/3814 https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html
			3. What infection prevention and control practices should be implemented when serving a meal or delivering a food tray to a resident with a suspected or confirmed COVID-19 infection?	3. Facilities should develop policies for safely conducting food service activities. Only essential staff are permitted in units/care areas for suspected or confirmed COVID-19 cases, and food delivery can be done by nurses/CNAs. Extended use of gloves between residents is not recommended. When delivering food to a resident with suspected or confirmed COVID-19, staff should perform hand hygiene, don PPE (gloves, gown, mask,	

Date	Agency	Topic	Summary		Link
			eye protection), drop off food, take off and dispose of PPE and perform hand hygiene. Repeat this process between each room of a resident with suspected or confirmed COVID-19. When delivering food to a resident without suspected COVID-19 signs and symptoms, staff should perform hand hygiene and don gloves, then remove gloves and repeat hand hygiene if staff has contact with the resident or any surfaces in their room.		
		4. What are VDH recommendations for distant or outdoor visitations?	4. While we want to ensure social distancing and protect residents from exposure to the virus, there is also a need to find ways to maintain overall physical and psychosocial health. Facilities should consider the current COVID-19 situation in their facility and community when making decisions about relaxing certain restrictions. The following should be considered when incorporating visitations off-site or spending time outdoors into the plan of care: Only asymptomatic residents and residents who meet criteria for discontinuation of TBP are allowed to have visitations outside the facility. Residents should always maintain social distancing.		

VHCAVCAL

Date	Agency	Topic	Summary		Link
				Residents should wear a face mask if able to do so. Visitors should wear a face mask. If the resident requires physical assistance or supervision, an appropriate staff member should be present to assist. The staff member should wear a face mask. Increase the frequency of cleaning and disinfecting benches and other frequently touched outdoor surfaces. Encourage residents to perform hand hygiene before and after spending time outside of the facility. Visitations should occur in controlled areas, not in the general public. More information can be found in the CMS FAQ on Nursing Home Visitation.	
			5. What should a facility do if a large number of symptomatic residents or positive COVID-19 cases have been identified?	5. When conducting facility-wide testing, a large number of residents might be identified with COVID-19 infection and cohorting them can be complicated and might increase the chances of cross-contamination. "Shelter in place" is a practical solution in these circumstances if the following conditions are implemented: In shared rooms the distance between resident's beds should be at least 6 feet and curtains can be used as a physical barrier. However, staff should don and doff the	

Date	Agency	Topic	Summary		Link
			appropriate PPE between residents in the same room. Increase the frequency of environmental cleaning and disinfection. Do not cohort residents based on symptoms only.		
			6. CMS has now mandated all certified nursing homes must receive an onsite focused infection control survey by July 31, 2020. Do earlier assessments from the local health department (LHD) or other assessment teams satisfy this requirement?	6. No. This is an independent regulatory requirement from the Centers for Medicare & Medicaid Services (CMS).	
			7. What is VDH guidance in regards to resuming onsite physical therapy in nursing homes during phased reopening?	7. During Phase 1, physical therapy should be conducted in the resident's room taking into consideration wearing full PPE if the resident is on Transmission-Based Precautions. However, facilities should create a plan to gradually reintroduce health care services, emphasizing those that are time sensitive, prioritizing patients with urgent needs. During phases II and III, access to an onsite physical therapy room should be limited to COVID-19 negative or asymptomatic residents or residents who meet criteria for discontinuation of transmission-based precautions, but residents may use physical therapy	

VHCAVCAL

Date	Agency	Topic	Summary		Link
			equipment with social distancing (limited number of people in the room and spaced by at least 10 feet), hand hygiene, and cloth face covering or facemask. Staff should wear a face mask as well as a gown and gloves while conducting physical therapy. Gown and gloves should be changed between residents. Physical equipment should be properly cleaned and disinfected between each use.		
7/2/20	VDH	Phased Reopening Guidance FAQs-Resident Placement/ Cohorting	**Resident Placement/Cohorting Question** 1. Where should a facility place residents receiving hemodialysis or leaving the facility on a regular basis for necessary medical care?	**Resident Placement/Cohorting Answer** **1.** Residents leaving the facility frequently for necessary medical care are at an increased exposure risk to SARS-CoV-2. They should be screened very closely for signs and symptoms of COVID-19 and they should be prioritized for testing whenever testing capacity is limited. Facilities should not put these residents on new admission units.	https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/
7/2/20	VDH	Phased Reopening Guidance FAQs-Phase Progression and Regression	**Phase Progression and Regression Question** 1. Can a facility use a date prior to June 19, 2020 as the start of Phase I?	**Phase Progression and Regression Answer** 1. VDH recognizes the effort and measures that have been implemented prior to the release of the Nursing Home Reopening Guidance	https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/

Date	Agency	Topic	Summary		Link
				on June 19, 2020. A facility can use the date when all recommended criteria for Phase I were met, including if it was before June 19. Please enter the date the facility started Phase I when you submit the attestation form. The facility is still encouraged to seek consultation from their LHD.	
			2. Does the local health department (LHD) need to approve phase progression?	2. No. However, facilities should submit a Phase Change Attestation to their LHD when they meet all the criteria to move from one phase to another. Facilities are encouraged to seek consultation from their LHD when moving from phase to phase. The LHD will acknowledge receipt of the attestation.	
			3. Why does a positive staff case not trigger phase regression?	3. Healthcare workers have multiple exposure risks including their job, the community, and potentially their household. One positive case in a staff member does not suggest the infection was transmitted at the facility and therefore should not hold bearing on whether a facility should regress. A positive staff case would trigger testing of staff and residents as is indicated in the Nursing Home Reopening Guidance; if through those testing efforts a nursing home-onset case is identified, the facility should	

Date	Agency	Topic	Summary		Link
				regress to Phase I. In the event two or more staff are epidemiologically linked and tested positive, the LHD might recommend regression to Phase I until the outbreak is contained.	
			4. The guidance states a facility should have access to adequate PPE as indicated in NHSN to progress in a phase. Does VDH recommend phase progression if the facility is still relying on the Healthcare Coalition or Local Health Department to maintain adequate PPE?	4. Yes. Adequate PPE is defined as having enough supplies and PPE (i.e., N95 masks, surgical masks, eye protection, gowns, gloves, and alcohol-based hand sanitizer) for the next seven days, whether the supplies are received through their normal channels or from the Healthcare Coalition or the LHD.	
			5. The guidance states a facility should have adequate staffing as indicated in NHSN to progress in a phase. Does VDH recommend phase progression if the facility is still relying on MRC resources to supplement staffing?	5. Each facility should identify staffing shortages based on their facility needs and internal policies for staffing ratios. The use of temporary staff does not count as a staffing shortage if staffing ratios are met according to the facility's needs and internal policies for staffing ratios.	

VHCAVCAL

Date	Agency	Topic	Summary	Link
7/2/20	VDH	VDH Guidance for Phased Reopening- Update	On July 2, 2020, VDH issued *Updated VDH Nursing Home Guidance for Phased Reopening* (July 2, 2020) and *Nursing Home Reopening Guidance Frequently Asked Questions*. VDH provided this summary of the July 2 changes: • Page 1, added link for *VDSS Recommendations for Reopening Assisted Living Facilities*; added link for FAQ • Page 4, clarified the trigger to regression to change the language from "surrounding community" to city or county facility is located • Page 5, updated PPE optimization strategy link to updated VDH LTCF Guidance • Page 8, clarified Phase I testing recommendations; more information can be found in FAQ • Page 12, clarified Regional Healthcare Coalitions should be notified about PPE shortages, not testing supplies • Pages 15-16, deleted the copy of the Phase Change Attestation Form for Virginia Nursing Homes. Please use the *REDCap link* or the *link to the paper form* on Page 14. See links for forms	https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/ https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/code_regulations/regulations/alf_recommendations_for_reopening.pdf https://redcap.vdh.virginia.gov/redcap/surveys/?s=AKJ9PEKPRD https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/Phase-Change-Attestation-Form-for-Virginia-Nursing-Homes_Fillable.pdf
7/6/20	VDH	Reopening Testing Reporting Clinical Guidance Screening Infection Control and Prevention PPE Communication	**Long-Term Care Facility Playbook to Access Resources to Support COVID-19 Outbreak Responses** VDH developed this document to serve as a playbook on how to access various staffing, supplies, infection control, and other resources to support responses to COVID-19 cases and outbreaks in long-term care facilities (LTCFs) and in some circumstances, other residential facilities. Topics included are: • Outbreak Reporting • Phased Reopening • Staffing • Healthcare Coalition • Testing • PPE • Fit Testing • Infection Control	https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VirginiaLongTermCareFacilityTaskForceCOVIDPlaybook.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
			• Behavioral Health • Care Transitions • Communication The document also provided links to additional COVID-19 resources	
7/9/20	CDC	Testing	On July 2, CDC updated guidance on testing in nursing homes. **The new guidance includes key changes below**: • Facilities should have a SARS—CpV-2 testing plan in place following CDC, state and national guidance. • Testing conducted at nursing homes should be implemented in addition to recommended infection prevention control measures • Nursing home residents are at high risk for infection, serious illness, and death from COVID-19. Testing for SARS-CoV-2, the virus that causes COVID-19, in respiratory specimens can detect current infections (referred to here as viral testing) among residents in nursing homes. Viral testing of residents in nursing homes, with authorized nucleic acid or antigen detection assays, is an important addition to other infection prevention and control (IPC) recommendations aimed at preventing SARS-CoV-2 from entering nursing homes, detecting cases quickly, and stopping transmission. This guideline is based on currently available information about COVID-19 and will be refined and updated as more information becomes available. • Testing practices should aim for rapid turnaround times (e.g., less than 24 hours) in order to facilitate effective interventions. • Testing the same resident more than once in a 24-hour period is not recommended. • Antibody (serologic) test results generally should not be used as the sole basis to diagnose an active SARS-CoV-2 infection and should not be used to inform IPC actions. • While this guidance focuses on testing in nursing homes, several of the recommendations such as testing residents with signs or symptoms of COVID-19 and testing asymptomatic close contacts should also be	https://www.vhca.org/publications/careconnection/july-9-2020/updates-to-cdc-website/ https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html https://www.cms.gov/files/document/qso-20-30-nh.pdf https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-healthcare-personnel.html

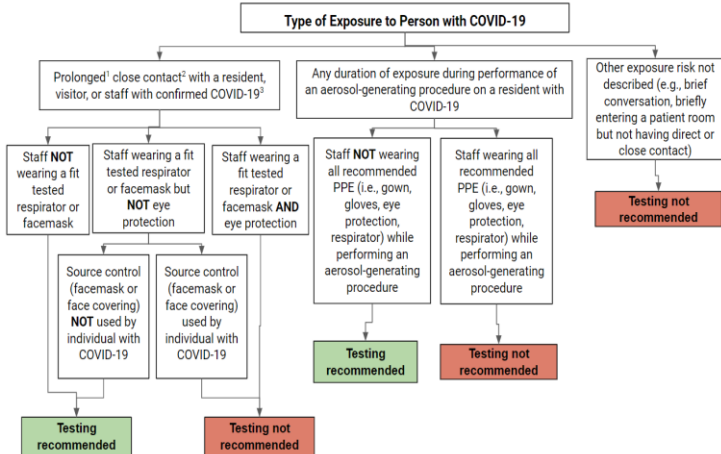| Date	Agency	Topic	Summary	Link
			applied to other long-term care facilities (e.g., assisted living facilities, intermediate care facilities for individuals with intellectual disabilities) **Diagnostic Testing** **Testing resident with signs or symptoms of COVID-19** • Take temps of all residents and ask if they have any COVID-19 symptoms at least daily • Perform viral testing of any resident that has signs or symptoms of COVID-19 • Clinicians should use their judgment to determine if a resident has s/s consistent with COVID-19 and whether the resident should be tested. Individuals may not show common symptoms such as fever or respiratory symptoms. • Clinicians are encouraged to consider testing for other causes of respiratory illness, such as influenza, in addition to testing for SARS-CoV2. **Testing asymptomatic resident with known or suspected exposure to an individual infected with SARS CoV-2, including close or expanded contacts i.e. there is an outbreak in the facility.** • Perform expanded viral testing of **all** residents in the nursing home if there is an outbreak in the facility (i.e., a new SARS-CoV-2 infection in any HCP or any nursing home-onset SARS-CoV-2 infection in a resident). • When undertaking facility-wide viral testing, facility leadership should expect to identify multiple asymptomatic and pre-symptomatic residents with SARS-CoV-2 infection and be prepared to cohort residents. • If viral testing capacity is limited, CDC suggests first directing testing to residents who are close contacts (e.g., on the same unit or floor of a new confirmed case or cared for by infected HCP). **Initial (baseline) testing of asymptomatic residents without known or suspected exposure to an individual infected with SARS-CoV-2 is part of the recommended reopening process** • Perform initial viral testing of each resident in a nursing home as part of the recommended reopening process	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			• In any nursing home, initial viral testing of each resident (who is not known to have previously been diagnosed with COVID-19) is recommended because of the high likelihood of exposure during a pandemic, transmissibility of SARS-CoV-2, and the risk of complications among residents following infection. • The results of viral testing inform care decisions, infection control interventions, and placement decisions (e.g., cohorting decisions) relevant to that resident. **Testing to determine resolution of infection** • A test-based strategy, which requires serial tests and improvement of symptoms, can be used as an alternative to a symptom-based or time-based strategy, to determine when a resident with SARS-CoV-2 infection no longer requires Transmission-Based Precautions. **Repeat Testing in Coordination with the Health Department** **Non-diagnostic testing of asymptomatic residents without known or suspected exposure to an individual infected with hSARS-CoV-2 (apart from the initial testing referenced above)** • After initially performing viral testing of all residents in response to an outbreak, CDC recommends repeat testing to ensure there are no new infections among residents and HCP and that transmission has been terminated as described below. Repeat testing should be coordinated with the local, territorial, or state health department. • Continue repeat viral testing of all previously negative residents, generally every 3 days to 7 days, until the testing identifies no new cases of SARS-CoV-2 infection among residents or HCP for a period of at least 14 days since the most recent positive result. This follow-up viral testing can assist in the clinical management of infected residents and in the implementation of infection control interventions to prevent SARS-CoV-2 transmission. • If viral test capacity is limited, CDC suggests directing repeat rounds of testing to residents who leave and return to the facility (e.g., for outpatient dialysis) or have known exposure to a case (e.g., roommates of cases or those cared for by a HCP with confirmed SARS-CoV-2	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			infection). For large facilities with limited viral test capacity, testing only residents on affected units could be considered, especially if facility-wide repeat viral testing demonstrates no transmission beyond a limited number of units.	
7/15/20	VDH	VDH Guidance for Phased Reopening-Update	On July13, 2020, VDH issued Updated VDH Nursing Home Guidance for Phased Reopening . The summary and location of changes in the guidance is below: Updated definition of **NH-onset case** (page 4) • A resident that previously tested positive and now retests positive, is not considered a NH-onset case. It is unknown at this time whether an individual can be re-infected. This guidance may be updated as we learn more information on viral persistence and risk for reinfection Removed testing recommendations from Section 4 (page7) and added a new section 5 for testing recommendations Updated Phase I testing recommendations to include testing surrounding identification of a resident case not classified as NH-onset case (page 9) Added Phase II and III testing recommendations (page 10-11) Phase I Testing Recommendations During or before Phase I, test all staff AND all residents weekly (**except those previously testing positive within the past 8 weeks).** Testing should continue weekly until there are no new cases among staff or nursing home (NH)-onset cases in residents for the previous 14 days (at a minimum weekly testing should occur twice). Symptomatic staff or residents should be tested immediately. Once the facility is no longer testing staff and residents weekly: Immediately test any resident or staff with symptoms. 1. If testing identifies **a NH-onset case (see definition page 4) or a staff case:** • Test all staff and all residents, except those previously testing positive within the past 8 weeks. a. If no additional NH-onset cases or staff cases are identified, repeat testing of all staff and all residents.	https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-faq.html#Testing-in-Nursing-Homes https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-COVID-19-Healthcare-Personnel-Risk-Assessment-Tool-6.12.2020.pdf https://www.vdh.virginia.gov/local-health-districts/

| | | | Ideally, repeat testing would occur one week from the previous specimen collection date.

  b. If no NH-onset cases or staff cases are identified, no further weekly testing is recommended

  c. If additional NH-onset cases or staff cases are identified, repeat testing should continue weekly until there are no new cases among staff or nursing home-onset cases for the previous 14 days (or two consecutive rounds of testing with no additional NH-onset cases or staff cases).

2. If testing identifies a resident case that is **not classified as a NH-onset case:**

• Test staff and residents identified as a close contact (see definition pages 11-12). In the event identifying close contacts is too labor intensive and will delay testing, testing could include all residents on the same floor/unit/wing as the index case and staff members working on the same floor/unit/wing as the index case.
  a. If additional cases are detected, testing of all staff and all residents should continue weekly until there are no new cases among staff or NH-onset cases for the previous 14 days (or two consecutive rounds of testing with no additional NH- onset cases or staff cases).

Testing Recommendations for Phase I Regression

Test all staff and all residents weekly, except those previously testing positive within the past 8 weeks.
Symptomatic staff or residents should be tested immediately.
● Testing should continue weekly until there are no new cases among staff or NH-onset cases for the previous 14 days (or two consecutive rounds of testing with no additional NH-onset cases or staff cases).

Once the facility is no longer testing staff and residents weekly: Immediately test any resident or staff with symptoms.
1.If testing identifies **a NH-onset or a staff case:**

• Test all staff and all residents, except those previously testing positive within the past 8 weeks.

• Testing should continue weekly until there are no new cases among staff or NH- onset cases for the previous 14 days (or two consecutive rounds of testing with no additional NH-onset cases or staff cases). | |

Date	Agency	Topic	Summary	Link
			2. If testing identifies a resident case that is **not classified as a NH-onset case:** • Test all staff and residents identified as a close contact. In the event identifying close contacts is too labor intensive and will delay testing, testing could include all residents on the same floor/unit/wing as the index case and staff members working on the same floor/unit/wing as the index case. a. If no additional cases are detected, repeat testing is not recommended. b. If additional cases are detected, testing of all staff and all residents should continue weekly until there are no new cases among staff or NH-onset cases for the previous 14 days (or two consecutive rounds of testing with no additional NH- onset cases or staff cases). Phase II and III Testing Recommendations **Test symptomatic staff and residents** 1. If testing identifies a **NH-onset case (see definition page 4):** • Facility should regress to Phase I, including Phase I regression testing recommendations. 2. If testing identifies a case in a **staff**: • Test staff and residents that are identified as close contacts (see definition pages 11-12), except those previously testing positive within the past 8 weeks. In the event identifying close contacts is too labor intensive and will delay testing, testing could include staff in the same work unit as the index case and all residents on the same floor/unit/wing as the index case. a. If no additional cases are identified, repeat testing of close contacts to ensure transmission has not occurred. Ideally, repeat testing would occur in one week. b. If no additional cases are identified, no further testing is recommended • If a NH-onset case is identified, the facility should regress to Phase I and follow Phase I regression testing recommendations. • If additional staff cases or resident cases not classified as NH-onset are identified, testing of all staff and all	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			residents should be conducted, except those previously tested positive within the past 8 weeks. a. Testing should continue weekly until there are no new cases among staff or NH-onset cases for the previous 14 days (at a minimum weekly testing should occur twice). Identification of a NH-onset case triggers regression to Phase I, including Phase I regression testing recommendations. If testing identifies a case in a resident that is not classified as NH-onset case (e.g., resident who tested positive within 14 days of admission): 3. If testing identifies a case in a resident that is not classified as NH-onset case (e.g., resident who tested positive within 14 days of admission): • Test all staff and residents that are identified as close contacts, except those previously tested positive within the past 8 weeks. In the event identifying close contacts is too labor intensive and will delay testing, testing could include all residents on the same floor/unit/wing as the index case and staff members working on the same floor/unit/wing as the index case. a. If no additional cases are detected, repeat testing is not recommended. I b. If a NH-onset case is identified, the facility should regress to Phase I testing recommendations. c. If *additional* staff cases or resident cases not classified as NH-onset are identified, testing of all staff and all residents should be conducted, except those previously tested positive within the past 8 weeks d. Testing should continue weekly until there are no new cases among staff or nursing home-onset cases for the previous 14 days. Identification of a NH-onset case triggers regression to Phase I, including Phase I regression testing recommendation Retesting Previous Positives When testing is indicated, asymptomatic individuals who previously tested positive greater than 8 weeks ago should be re-tested. Residents and staff who had a positive viral test at any time and become symptomatic after recovering from the	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			initial illness should be re-tested. See CDC guidance for more information.	

Identifying Close Contacts

Assessing Staff
Use the following algorithm to determine if testing is recommended. Below information is adapted from the VDH Guidance for Assessing and Managing Exposed, Asymptomatic Healthcare Personnel.

1. CDC recommends considering 15 minutes or more as prolonged exposure.
2. CDC defines close contact as within 6 feet of a person with confirmed COVID-19 or having unprotected direct contact with infectious secretions or excretions of the person with confirmed COVID-19.
3. Determining the time period when the patient, visitor, or staff with confirmed COVID-19 would have been infectious: a) For symptomatic cases: 2 days prior to symptom onset through the time period when the individual meets the criteria for discontinuation of Transmission-Based Precautions. b) For asymptomatic cases: either 2 days after their exposure, if known, until they meet criteria for discontinuing Transmission- Based Precautions or 2 days prior to positive specimen collection through the time period when the individual meets criteria for discontinuation of Transmission-Based Precautions.

Added onsite physical therapy recommendations (page 8)

Date	Agency	Topic	Summary			Link
			Onsite physical therapy	Phase I Physical therapy should be conducted in the resident's room taking into consideration wearing full PPE if the resident is on Transmission-Based Precautions. Facilities should create a plan to gradually reintroduce healthcare services, emphasizing those that are time sensitive and prioritizing patients with urgent needs.	Phase II and III Access to an onsite physical therapy room should be limited to COVID-19 negative or asymptomatic residents or residents who meet criteria for discontinuation of transmission-based precautions, but residents may use physical therapy equipment with social distancing (limited number of people in the room and spaced by at least 10 feet), hand hygiene, and cloth face covering or facemask Staff should wear a face mask as well as a gown and gloves wile conducting physical therapy. Gown and gloves should be changed between residents	

VHCAVCAL

Date	Agency	Topic	Summary		Link
				Equipment should be properly cleaned and disinfected between each use. The use of telehealth and its potential expansion should be maximized wherever appropriate.	

Clarified LHD role in receiving the attestation form (page 16)

Attestation

The Phase Change Attestation Form can be submitted via REDCap or via paper (fax or email). LHD contact information is available – see link . If you are having trouble reaching your LHD, please email hai@vdh.virginia.gov.

Facilities should self-assess their readiness to move into subsequent phases, and should submit a Phase Change Attestation Form to their LHD when they meet all the criteria to move from one phase to another. **The purpose of submitting the Phase Change Attestation is as a means of communication.** We encourage facilities to seek consultation from their local health department when moving from phase to phase. The LHD will acknowledge receipt of the form in writing (electronically or otherwise) within two business days.

When a LHD acknowledges receipt of the Attestation Form, this does not mean the LHD approves of the facility's plans. The LHD might recommend a facility should not progress based on city/county data or facility specific factors; the LHD may also ask the facility for more information.

Facilities should also submit a Phase Change Attestation indicating the need to regress pursuant to the guidelines.

VHCAVCAL

119

Date	Agency	Topic	Summary		Link
7/16/20	VDH	Phased Reopening Guidance FAQs-Updated	**Testing Question**	**Testing Answer**	https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/
			Do staff or residents with a previous positive viral test who have recovered still need to be tested when indicated by the recommendations?	**Answer reworded** - When testing is indicated, asymptomatic individuals who have previously tested positive greater than 8 weeks ago should be re-tested. It is unknown at this time whether an individual can be re-infected. This guidance may be updated as we learn more information on viral persistence and risk for reinfection. Residents and staff who had a positive viral test at any time and become symptomatic after recovering from the initial illness should be re-tested and placed back on the appropriate Transmission-Based Precautions (TBP) or excluded from work, respectively. See CDC guidance for more information.	https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-faq.html#Testing-in-Nursing-Homes https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Patients-with-Persistent-or-Recurrent-Positive-Tests
			Should a facility proceed with repeat testing if the results from the previous week aren't back yet?	VDH is aware of increased turnaround times causing delays in receiving and responding to testing results and planning additional testing. It is reasonable to wait for results, however, there are situations where waiting would not be recommended to conduct more testing. If a facility is testing in response to identification of one case and subsequent testing resulted in additional cases, the next round of weekly testing	

VHCAVCAL

Date	Agency	Topic	Summary		Link
				should not be delayed while waiting for results. For example, if a facility found positives on their first round of facility-wide testing, they will have to do at least two more rounds of testing (14 days of no new positives), so waiting for results from the second round of testing shouldn't delay the third round.	
			Infection Prevention and Control Question	**Infection Prevention and Control Answer**	
			Where can I find more details regarding staff and resident screening for COVID-19 symptoms?	**Answer Reworded** -The VDH Nursing Home Reopening Guidance is a supplement to other guidance documents that have been previously disseminated. An updated symptom list and details regarding screening can be found in the VDH Guidance for LTCFs	
			A person who previously tested positive and clinically recovered from COVID-19 is later tested again. If that person again tests positive by PCR, should they be managed as potentially infectious to others, and **should be isolated again for COVID-19.**	The person should be managed as potentially infectious and isolated. Residents and staff who had a positive viral test at any time and become symptomatic after recovering from the initial illness should be re-tested and placed back on the appropriate Transmission-Based Precautions or excluded from work, respectively. When a positive test occurs less than about 6 weeks after the person met criteria for discontinuation of isolation, it can be difficult to determine if the positive test represents a	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			new infection or a persistently positive test associated with the previous infection. If the positive test occurs more than 6-8 weeks after the person has completed their most recent isolation, clinicians and public health authorities should consider the possibility of reinfection. Ultimately, the determination of whether a patient with a subsequently positive test is contagious to others should be made on a case-by-case basis, in consultation with infectious diseases specialists and public health authorities, after review of available information (e.g., medical history, time from initial positive test, RT-PCR Ct values, and presence of COVID-19 signs or symptoms). Persons who are determined to be potentially infectious should undergo evaluation and remain isolated until they again meet criteria for discontinuation of isolation or of transmission-based precautions, depending on their circumstances. More information regarding patients with persistent or recurrent positive tests can be found in the CDC FAQ.	
			What is VDH guidance in regards to resuming onsite physical therapy in nursing homes during phased reopening?	This question has been removed on the 7/13 update	

Date	Agency	Topic	Summary	Link
7/16/20	CMS	Testing	**Summary of CMS Call on Point-of-Care COVID-19 Testing for Nursing Homes** On July 14, Centers for Medicare and Medicaid (CMS) announced an initiative to distribute of point-of-care COVID-19 testing devices to nursing homes across the country. Seema Verma, Administrator of CMS and Admiral Giroir, MD, Assistant Secretary for Health at the U.S. Department of Health and Human Services (HHS) held a nationwide conference call with nursing homes on July 15 to provide additional information about the rollout. Nursing facilities will receive one of two testing devices: Quidel Sofia 2 SARS Antigen FIA BD Veritor System for Rapid Detection of SARS-CoV-2 These testing devices are able to run 15-20 tests per hour and the results are available within 15 minutes, according to the companies' websites. These devices are already commonly used in doctors' offices to diagnose flu or strep throat. Both tests are antigen tests, which are different from the traditional PCR or molecular test. Antigen tests detect the presence of viral proteins in a biological sample, such as a tissue swabbed from the nasal cavity. Both antigen and PCR tests directly diagnose for COVID-19. The disadvantage of an antigen test is that it has lower sensitivity than a PCR test. The sensitivity for an antigen test is generally between 80-90%, lower than 95-98% for a PCR, which means the likelihood of a false negative with an antigen test is higher than with a PCR test. (Note: sensitivity means the % of people who actually have the disease who test positive [true positives]; therefore 1-sensitivity equals the false negative rate; so a test with 85% sensitivity detects the disease 85% of the time and misses it 15% of the time). Administrator Verma and Dr. Giroir addressed this during the call on Wednesday, saying if you have to wait over 48 hours for a lab test result, use of testing may not be as helpful controlling spread of the virus and as such, the extra sensitivity of a PCR test may not be as beneficial. CMS is distributing the initial set of devices to nursing facilities in hotspot areas, such as Florida, Texas and	https://www.hhs.gov/about/news/2020/07/14/trump-administration-announces-initiative-more-faster-covid-19-testing-nursing-homes.html http://www.longtermcareleader.com/2020/07/summary-of-cms-call-on-point-of-care.html https://www.quidel.com/immunoassays/rapid-sars-tests/sofia-sars-antigen-fia https://www.bd.com/en-us/offerings/capabilities/microbiology-solutions/point-of-care-testing/bd-veritor-sars-cov-2

Date	Agency	Topic	Summary	Link
			Arizona. They will use the NHSN data to determine facilities in hotspot areas who have three or more cases and low hospital capacity, and then further prioritize that list as necessary. They hope to have between 1,500-2,000 testing devices delivered to the hardest hit nursing homes by the end of next week. Then they will work to deliver devices to all nursing homes in the country over the next 2-3 months. The devices will come with a limited number of test kits, and nursing homes will have to reorder more test kits from the manufacturer once they run out. The costs for test kits were estimated at less than $25 per test. CMS and HHS recognizes that providers will have many questions, but they did not want to delay in getting this program started and will be providing more guidance in the coming weeks. CMS intends these testing devices to be utilized for both screening and diagnostic purposes. In her comments, Administrator Verma explained that distribution of these testing devices came as direct result of feedback she has received from AHCA/NCAL and providers across the country on difficulty in accessing testing and slow turnaround times. She expressed support for the industry and a willingness to work with providers to focus on solutions. Administrator Verma also announced new resources available through the Quality Improvement Organizations (QIO's). QIO's will be conducting trainings and providing direct assistance to nursing homes in hotspots across the country at no cost. She also announced a national training coming in early August and promised more details in coming days.	
7/21/20	CDC	Transmission-Based Precautions Testing Residents Infection Control and Prevention	On July 17, the CDC posted substantial changes to the transmission-based precautions. As the CDC continues to learn more about the COVID-19 virus, the agency continues to revise prior guidance. **CDC guidance for SARS-CoV-2 infection may be adapted by state and local health departments to respond to rapidly changing local circumstances.**	https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#definitions

VHCAVCAL

Date	Agency	Topic	Summary	Link
			The CDC updated the discontinuation of transmission-based precautions and disposition of patients with COVID-19 in healthcare settings. The guidance removes the test-based strategy and replaces it with a time-based strategy. **Summary of Changes to the Guidance** Below are changes to the guidance as of July 17, 2020: Except for rare situations, a test-based strategy is no longer recommended to determine when to discontinue Transmission-Based Precautions. For patients with severe to critical illness or who are severely immunocompromised[1], the recommended duration for Transmission-Based Precautions was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised[1] patients, 20 days after their initial positive SARS-CoV-2 diagnostic test). Other symptom-based criteria were modified as follows: • Changed from "at least 72 hours" to "at least 24 hours" have passed *since last* fever without the use of fever-reducing medications. • Changed from "improvement in respiratory symptoms" to "improvement in symptoms" to address expanding list of symptoms associated with COVID-19. • A summary of current evidence and rationale for these changes is described in a decision memo. **SARS-CoV-2 Illness Severity Criteria** (adapted from the NIH COVID-19 Treatment Guidelines) Note: The studies used to inform this guidance did not clearly define "severe" or "critical" illness. This guidance has taken a conservative approach to define these categories. Although not developed to inform decisions about duration of Transmission-Based Precautions, the definitions in the National Institutes of Health (NIH) COVID-19 Treatment Guidelines external icon are one option for defining severity of illness categories. The highest level of illness severity experienced by the patient at any point in their clinical course should be used when determining the duration of Transmission-Based Precautions. **Mild Illness**: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat,	https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html https://www.covid19treatmentguidelines.nih.gov/overview/management-of-covid-19/ https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Testing https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

Date	Agency	Topic	Summary	Link
			malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging. **Moderate Illness**: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO2) ≥94% on room air at sea level. **Severe Illness**: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%. **Critical Illness**: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction. **Duration of Isolation & Precautions for Adults** Accumulating evidence supports ending isolation and precautions for persons with COVID-19 using a symptom-based strategy. This update incorporates recent evidence to inform the duration of isolation and precautions recommended to prevent transmission of SARS-CoV-2 to others, while limiting unnecessary prolonged isolation and unnecessary use of laboratory testing resources. **CDC guidance for SARS-CoV-2 infection may be adapted by state and local health departments to respond to rapidly changing local circumstances.** **Recommendations** **1.Duration of isolation and precautions** • For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days *after symptom onset*[1] and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. o A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts. • For persons who never develop symptoms, isolation and • For other precautions can be discontinued 10 days *after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.*	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			2. Role of PCR testing[2] to discontinue isolation or precautions • persons who are severely immunocompromised, a test-based strategy could be considered in consultation with infectious diseases experts. • For all others, a test-based strategy is no longer recommended except to discontinue isolation or precautions earlier than would occur under the strategy outlined in Part 1, above. **3. Role of PCR testing[2] after discontinuation of isolation or precautions** • For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection. In addition, quarantine is not recommended in the event of close contact with an infected person. • For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Quarantine may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person. • For persons who never developed symptoms, the date of first positive RT-PCR test for SARS-CoV-2 RNA should be used in place of the date of symptom onset. **4. Role of serologic testing** • Serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection. [1] *Symptom onset* is defined as the date on which symptoms first began, including non-respiratory symptoms. [2] *PCR testing* is defined as the use of an RT-PCR assay to detect the presence of SARS-CoV-2 RNA. **Return-to-Work Criteria**	

Date	Agency	Topic	Summary	Link
			CDC guidance for SARS-CoV-2 infection may be adapted by state and local health departments to respond to rapidly changing local circumstances **Summary of Recent Changes as of July 17, 2020** • Except for rare situations, a test-based strategy is no longer recommended to determine when to allow HCP to return to work. • For HCP with severe to critical illness or who are severely immunocompromised[1], the recommended duration for work exclusion was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised[1] HCP, 20 days after their initial positive SARS-CoV-2 diagnostic test). • Other symptom-based criteria were modified as follows: ○ Changed from "at least 72 hours" to "at least 24 hours" have passed *since last* fever without the use of fever-reducing medications ○ Changed from "improvement in respiratory symptoms" to "improvement in symptoms" to address expanding list of symptoms associated with COVID-19 • A summary of current evidence and rationale for these changes is described in a Decision Memo. **Who this is for**: Occupational health programs and public health officials making decisions about return to work for healthcare personnel (HCP) with confirmed SARS-CoV-2 infection, or who have suspected SARS-CoV-2 infection (e.g., developed symptoms of COVID-19) **but were never tested for SARS-CoV-2**. HCP with symptoms of COVID-19 should be prioritized for viral testing with approved nucleic acid or antigen detection assays. When a clinician decides that testing a person for SARS CoV-2 is indicated, negative results from at least one FDA Emergency Use Authorized COVID-19 molecular viral assay for detection of SARS-CoV-2 RNA indicates that the person most likely does not have an active SARS-CoV-2 infection at the time the sample was collected. A second test for SARS-CoV-2 RNA may be performed at the discretion of the evaluating healthcare provider, particularly when a higher level of clinical suspicion for SARS-CoV-2 infection exists. For HCP who were suspected of having COVID-19 and had it ruled out, either with at least one negative test or a	

clinical decision that COVID-19 is not suspected and testing is not indicated, then return to work decisions should be based on their other suspected or confirmed diagnoses. Decisions about return to work for HCP with SARS-CoV-2 infection should be made in the context of local circumstances. In general, a symptom-based strategy should be used as described below. The time period used depends on the HCP's severity of illness and if they are severely immunocompromised.[1]

A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in excluding from work HCP who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

Return to Work Criteria for HCP with SARS-CoV-2 Infection
Symptom-based strategy for determining when HCP can return to work.
HCP with mild to moderate illness who are not severely immunocompromised:
- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Note: HCP who are **not severely immunocompromised** and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

HCP with severe to critical illness or who are severely immunocompromised[1]:
- At least 20 days have passed *since symptoms first appeared*
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Date	Agency	Topic	Summary	Link
			Note: HCP who are **severely immunocompromised**[1] but who were **asymptomatic** throughout their infection may return to work when at least 20 days have passed since the date of their first positive viral diagnostic test. **Test-Based Strategy for Determining when HCP Can Return to Work.** In some instances, a test-based strategy could be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. However, as described in the Decision Memo, many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised[1]) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days. The criteria for the test-based strategy are: *HCP who are symptomatic:* • Resolution of fever without the use of fever-reducing medications **and** • Improvement in symptoms (e.g., cough, shortness of breath), **and** • Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV). *HCP who are not symptomatic:* • Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV). **Return to Work Practices and Work Restrictions** After returning to work, HCP should: • Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely	

Date	Agency	Topic	Summary		Link
			resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control during the pandemic. ○ A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed SARS-CoV-2 infection. • Self-monitor for symptoms, and seek re-evaluation from occupational health if symptoms recur or worsen **Strategies to Mitigate Healthcare Personnel Staffing Shortages** Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for HCP and safe patient care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate them, including considerations for permitting HCP to return to work without meeting all return to work criteria above. Refer to the Strategies to Mitigate Healthcare Personnel Staffing Shortages document for information.		
7/24/20	VDH	Phased Reopening Guidance FAQs- Updated - PPE	**PPE Question** New Question- Can KN95 respirators be worn in place of N95 respirators?	**PPE Answer** No. KN95s are not a NIOSH-approved respirator and cannot be substituted for N95s. FDA has issued Emergency Use Authorizations (EUAs) for some respirators but the EUA for KN95s was revoked. KN95 masks always fail fit-testing and cannot be used as N95 respirators because they lack a tight enough seal. If a facility has KN95 masks, they	https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/ https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/personal-protective-equipment-euas#appendixa https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

VHCAVCAL

Date	Agency	Topic	Summary		Link
				can be used as facemasks for droplet precautions. FDA maintains a list of PPE EUAs. These authorized respirators should be used in accordance with CDC recommendations.	https://www.vdh.virginia.gov/emergency-preparedness/n95-respiratory-fit-testing-train-the-trainer/ https://www.cdc.gov/niosh/docs/2015-117/default.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html
			New Question- Is fit-testing required for a facility to enter Phase I if there are no positive cases in the facility?	Fit-testing is meant to determine the appropriate size of N95 respirator to obtain the best 'fit' or seal for each individual staff member. If a facility only has surgical masks or one-size-fits-all respirators, then the facility is responsible for a lower level of protection afforded their staff members caring for COVID-19 positive patients. A facility can move to Phase I, but should continue to check with their normal vendors and fit-test staff to the appropriate N95 respirator as soon as possible in preparation for having a COVID-19 positive resident. VDH encourages facilities to take advantage of train-the-trainer sessions being offered free of charge; more information is available here. Prior to entering Phase III, VDH recommends facilities establish a written plan for implementing a respiratory protection program that is compliant with the OSHA respiratory protection standard for employees as per CDC guidance. The	

Date	Agency	Topic	Summary		Link
				program should include medical evaluations, training, and fit- testing.	
7/24/20	VDH	Phased Reopening Guidance FAQs- Updated -Phase Progression/ Regression	**Phase Progression/Regression Question** The guidance states a facility should have access to adequate PPE as indicated in NHSN to progress in a phase. Does VDH recommend phase progression if the facility is still relying on the Healthcare Coalition or Local Health Department to maintain adequate PPE?	**Phase Progression/Regression Answer** VDH recommends that a facility can progress to the next phase if adequate PPE is available for the next seven days, whether the supplies are received through their normal procurement channels or from the Healthcare Coalition or the LHD Answer with Additional Guidance- NHSN provided updated instructions on July 16 to clarify data entry in NHSN. Adequate PPE is defined as having enough supplies and PPE (i.e., N95 masks, surgical masks, eye protection, gowns, gloves, and alcohol-based hand sanitizer) for the next seven days; not have any or enough for conventional use should be marked as "No" in the COVID-19 Module - Supplies and Personal Protective Equipment pathway. While the CDC's contingency and crises optimization strategies for PPE can be implemented when using conventional capacity. When responding to PPE questions, any item in which the facility supplies are low or	https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/nursing-home-reopening-guidance-frequently-asked-questions/ https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.146-toi-508.pdf https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

Date	Agency	Topic	Summary	Link
			unavailable, the goal is for LTCFs to resume standard practices when possible. CDC's optimization strategies for PPE, such as contingency and/or crisis level strategies are NOT considered as having "Enough" supply, and therefore, "No" must be selected for each supply item in which contingency or crisis strategies are expected to be used for one week on the date responses are reported. For example, a facility that only has KN95 masks and not N95 masks for one week would answer "No." Another example, extended use or reuse of a PPE item such as gowns or utilizing a decontamination method for N95 masks would answer "No." For phase progression in Virginia, if a facility responds "No" per NHSN PPE instructions, the facility should not progress.	
7/27/20	Virginia Dept of Labor and Industry	Emergency Temporary Standard Infectious Disease Prevention: SARS-CoV-2 Virus	On July 15, 2020 the Virginia Department of Labor and Industry implemented new requirements in the Emergency Temporary Standards (ETS) for Infectious Disease Prevention for SARS-CoV-2 that causes COVID-19. This standard §16VAC25-220 is effective on July 27, 2020 Virginia is the first state in the nation to adopt a mandatory safety regulation designed to reduce COVID-19 infections in the workplace. The COVID-19 ETS requires Virginia employers to : • Assess potential exposures to COVID-19 in the workplace	https://www.doli.virginia.gov/wp-content/uploads/2020/07/COVID-19-Emergency-Temporary-Standard-FOR-PUBLIC-DISTRIBUTION-FINAL-7.17.2020.pdf https://www.vhca.org/files/2020/07/DM_LIBRARY-1133178-v2-COVID-19_Emergency_Temporary_Standard_Toolkit.pdf https://www.doli.virginia.gov/covid-19-outreach-education-and-training/

Date	Agency	Topic	Summary	Link
			• Categorize the level of risk of exposure from Low to Very High (each with different mitigation requirements) • Develop and implement a written infection control plan • Develop a written return to work policy • Provide employee training on the virus and control measures in the workplace • Make certain notifications about infected employees to co-workers, to VOSH, and to the VA Dept. of Health See link to education and training from the Dept of Labor Frequently Asked Questions -see Link On July 15, 2020, the Virginia Safety and Health Codes Board adopted an Emergency Temporary Standard (ETS) pursuant to Va. Code §40.1-22(6a) addressing occupational exposure to the SARS-CoV-2 Virus That Causes COVID-19, 16 VAC 25-220. The ETS was published in the Richmond Times Dispatch on July 27, 2020 and takes effect on the same day. With the exception of 16VAC25-220-80.B.10 regarding training required on infectious disease preparedness and response plans, the training requirements in 16VAC25-220-80 take effect on August 26, 2020. The training requirements under 16VAC25-220-80.B.10 take effect on September 25, 2020. The requirements for 16VAC25-220-70 regarding the preparation of infectious disease preparedness and response plans take effect on September 25, 2020. The ETS incorporates the following documents by reference Environmental Protection Agency (EPA) List N for use against SARS-CoV-2 and Biosafety in Microbiological and Biomedical Laboratories" (Dec. 2009)	https://www.doli.virginia.gov/wp-content/uploads/2020/07/List-N-Products-with-Emerging-Viral-Pathogens-AND-Human-Coronavirus-claims-for-use-against-SARS-CoV-2Date-Accessed-07202020.pdf https://www.doli.virginia.gov/conronavirus-covid-19-faqs/ https://www.doli.virginia.gov/wp-content/uploads/2020/07/CDC-BiosafetyMicrobiologicalBiomedicalLaboratories-2009-P.pdf

VHCAVCAL

Date	Agency	Topic	Summary		Link
7/30/20	DSS	Emergency Temporary Standard Infectious Disease Prevention: SARS-CoV-2 Virus	**DSS Memo:** The Virginia Department of Labor and Industry (DOLI), Virginia Occupational Safety and Health (VOSH), has adopted an emergency temporary standard (ETS) to establish requirements for employers to control, prevent, and mitigate the spread of the coronavirus (COVID-19) among employees and employers. The standard became effective on July 27, 2020, with a permanent standard expected to be adopted within six months. The ETS applies to every employer, employee, and place of employment in Virginia. DOLI has developed outreach resources, training materials, and forms to assist employers with meeting these new requirements. See https://www.doli.virginia.gov/covid-19-outreach-education-and-training/ for the text of the ETS and additional resources. If you have questions regarding the applicability of these standards to any specific program, please visit the DOLI website at www.doli.virginia.gov or contact DOLI at 804-371-2327.		https://www.doli.virginia.gov/wp-content/uploads/2020/07/COVID-19-Emergency-Temporary-Standard-FOR-PUBLIC-DISTRIBUTION-FINAL-7.17.2020.pdf
8/7/20	VDH	Phased Reopening Guidance FAQs-Updated -Phase Progression/ Regression	**Phase Progression/Regression Question** The guidance states a facility should have adequate staffing as indicated in NHSN to progress in a phase. Does VDH recommend phase progression if the facility is still relying on MRC resources to supplement staffing?	**Phase Progression/Regression Answer** Each facility should identify staffing shortages based on their facility needs and internal policies for staffing ratios. The use of temporary staff does not count as a staffing shortage if staffing ratios are met according to the facility's needs and internal policies for staffing ratios.	

VHCAVCAL

Date	Agency	Topic	Summary	Link
8/10/20	VDH	<mark>Testing</mark>	VDH has published guidance to help nursing homes on the use of point-of-care (POC) antigen testing devices (Quidel Sofia 2 instrument or the BD Veritor Plus system). These are the devices being distributed in the coming weeks by the US Department of Health and Human Services (HHS) to all nursing facilities. The VDH guidance lays out the role of antigen testing based on the current VDH nursing home testing recommendations. VDH Nursing Home Reopening Guidance recommends testing should be performed using a viral diagnostic test. Recommendations differ slightly by the reopening phase, but in general include (1) testing symptomatic staff and residents, and (2) when positive cases are identified, testing close contacts or all staff and residents, depending on the likelihood of transmission occurring in the facility. Repeat testing is recommended to ensure transmission has either not occurred or has stopped following the implementation of infection prevention and control measures. Positive results from antigen tests are highly accurate, but negative results do not rule out infection. • The Quidel Sofia 2 Factsheet for Healthcare Providers states: "A negative test result for this test means that antigens from SARS-CoV-2 were not present in the specimen above the limit of detection. However, a negative test result does not rule out COVID-19 and should not be used as the sole basis for treatment or patient management decisions, including infection control decisions. Antigen tests are known to be less sensitive than molecular tests that detect viral nucleic acids. The amount of antigen in a sample may decrease as the duration of illness increases. Specimens collected after day 7 of illness may be more likely to be negative compared to a RT-PCR assay. Therefore, negative results, from patients with symptom onset beyond five days, should be treated as presumptive, and confirmation with a molecular assay, if necessary, for patient management, may be performed." • The BD Veritor Plus Factsheet for Healthcare Providers includes similar language. • Information in the VDH Nursing Home Reopening Guidance FAQ states negative antigen tests should be followed up with a confirmatory molecular test.	https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDH-Interim-Point-of-Care-Antigen-Testing-Recommendations-for-Nursing-Homes.pdf https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf https://www.fda.gov/media/137884/download https://www.fda.gov/media/139753/download https://www.vdh.virginia.gov/licensure-and-certification/acute-care-division/clinical-laboratory-improvement-amendments-clia/

Date	Agency	Topic	Summary	Link

			• False positive results can occur and are most likely in populations where the prevalence of SARS-CoV-2 infection is low.
			
			Nursing homes performing POC tests must have an active CLIA Certificate of Waiver. More information can be found on the VDH Office of Licensure and Certification website.
			
			At this time, turn around times (TAT) for results from molecular tests in Virginia are increasing due to the amount of tests being performed and other factors such as shortages of testing supplies. There is a need to find alternative solutions to molecular tests that will accomplish the same goal.
			
			Assessment
			Current VDH nursing home testing recommendations are limited to symptomatic individuals, close contacts of positive cases, or facility-wide testing in response to potential transmission in the facility. Results from these situations impact patient management. If an antigen test is performed and the result is negative, it should be followed up by a confirmatory molecular test. Testing recommendations include repeat testing in the majority of nursing home situations to ensure transmission has not occurred. It would be reasonable to perform antigen tests on the first round of testing, while the second round of testing could be a molecular test. This would contribute to faster results for nursing homes using a POC antigen test and would decrease the amount of molecular tests being performed. The repeat molecular test would also serve as the confirmatory test necessary for patient management.
			
			Recommendations
			  1. Table 1 describes the role of an antigen test based on current VDH nursing home testing recommendations; a negative antigen test should be followed up with a confirmatory molecular test.
			  2. A negative antigen test should not be the sole basis used to determine if a patient can be taken off transmission-based precautions.
			  3. Nursing homes that perform POC tests will be responsible for reporting results to public health.
			  4. Suspected and confirmed outbreaks are required to be reported rapidly to the local health department.. If an outbreak is identified through antigen testing, please submit 2-5 specimens for molecular testing at	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			the state public health laboratory. Coordinate with your local health district for specimen submission. Table 1 Note: VDH testing recommendation are simplitided and summarized. More information can be found at link for VDH Phased Reopeining.	

Phase	Testing Scenario	Testing Technology Recommended
I	Initial baseline testing of all residents and staff with repeat testing of all residents and all staff, ideally within a week. Weekly testing can stop after 14 days of no new positive cases.	Initial baseline testing can be molecular or antigen. Repeat weekly^ testing should be molecular*.
I,II,III	Testing symptomatic residents or staff.	Molecular; Depending on known TAT of molecular tests, a rapid antigen test could be used. Negative antigen results should be confirmed by a molecular test, especially when symptom onset is more than five days after the antigen test specimen was collected.
I	Testing all staff and all residents in response to a positive staff member or NH-onset case (first round) with repeat testing of all residents and all staff, ideally within a week. Weekly testing can stop after 14 days (two rounds) of no new positive cases.	First round of testing can be molecular or antigen. Repeat weekly^ testing should be molecular*.
I,II,III	Testing close contacts in response to a non-NH onset	Molecular or antigen; negative

VHCAVCAL

Date	Agency	Topic	Summary		Link
			case. If additional cases are found, repeat testing of all staff and all residents, ideally within a week. Weekly testing can stop after 14 days (two rounds) of no new positive cases.	antigen results should be confirmed by a molecular test. If additional cases are found, the first round of testing can be molecular or antigen. Repeat weekly^ testing should be molecular*.	
			II,III Testing close contacts in response to identification of a staff case with repeat testing of close contacts, ideally within a week. Weekly testing can stop after 14 days (two rounds) of no new positive cases.	First round of testing can be molecular or antigen. Repeat weekly testing should be molecular*.	
			^If an antigen test is performed for the first round of testing, the second round of testing by a molecular test can occur 3-7 days after. Waiting a week to confirm a negative antigen test result may not be warranted. *Repeat testing by molecular methods would confirm negative findings from the first round of antigen testing.		
8/13/20	VHCA	Communication-Member Toolkit Support Virginia Seniors	VHCA developed a member toolkit to assist with communicating the need for support for continued assistance and funding throughout the COVID-19 crisis and beyond to allow nursing homes in Virginia to have the resources they desperately need to continue a high level of care. See links for additional resources.		https://www.vhca.org/publications/careconnection/august-13-2020/member-toolkit-for-the-special-session-support-virginia-seniors-campaign/ https://www.vhca.org/files/2020/08/VHCA-VCAL-Member-Toolkit.pdf https://p2a.co/lR0aKfe https://p2a.co/93LCl99
8/13/20	CDC	Reporting NHSN	CDC National Healthcare Safety Network (NHSN) updated the instructions for completing the NHSN pathway for Resident Impact and Facility Capacity and added questions on testing. NHSN also updated the Resident		https://www.vhca.org/publications/careconnection/august-13-2020/nhsn-updates-instructions-and-adds-testing-to-resident-impact-and-facility-capacity-pathway/

VHCAVCAL

Date	Agency	Topic	Summary	Link
			Impact and Facility Capacity data form. A summary of the changes form AHCA is listed below: • Clarification on admissions definitions that includes admitted or readmitted residents from another facility who were previously diagnosed with COVID-19 and continue to require transmission-based isolation precautions due to the diagnosis. Recovered residents are excluded. Includes persons under investigation for signs/symptoms and/or pending test results and require transmission-based precautions at admissions. • Added notes section to further clarify confirmed residents that includes point of care testing, viral testing. Antibody test results are not considered appropriate for diagnosis of active COVID-19 infection and therefore positive test results must be excluded from confirmed COVID-19 counts. • Clarification on suspected definition that includes residents who remain in the facility, were transferred out of the facility, admitted to another facility, as well as those who died on or before the date of data entry in the NHSN COVID-19 Module. • Total deaths include all resident deaths including residents who died in another location, such as a hospital. • COVID-19 deaths – If a resident without known or suspected COVID-19 dies and the facility later finds out the resident was positive for COVID-19, such as through autopsy, the LTCF must update the previously reported data by clicking on the original calendar date and update the total death and COVID-19 death counts. New questions added related to testing include: • Does the LTCF have the ability to perform or to obtain resources for performing COVID-19 viral testing (nucleic acid or antigen) on all current residents within the next seven days, if needed? • During the past two weeks, on average how long did it take your LTCF to receive COVID-19 viral (nucleic acid or antigen) test results of residents? • Since the last date of data entry in the Module, has your LTCF performed COVID-19 viral testing on residents? • Does the LTCF have the ability to perform or to obtain resources for performing COVID-19 viral testing (nucleic	https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-toi-508.pdf https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-res-blank-p.pdf

Date	Agency	Topic	Summary	Link
			acid or antigen) on all staff and/or facility personnel within the next seven days, if needed? • During the past two weeks, on average how long did it take your LTCF to receive COVID-19 viral (nucleic acid or antigen) test results of staff and/or facility personnel? • Since the last date of data entry in the Module, has your LTCF performed COVID-19 viral testing on staff and/or facility personnel?	
8/13/20	CDC	Testing Return to Work	The CDC updated the return to work criteria for healthcare professionals (HCP) with the COVID-19 infection on August 10. *A test-based strategy is no longer recommended (except as noted below) because*, in the majority of cases, it results in excluding from work HCP who continue to shed detectable COVID-19 virus but are no longer infectious. Return to work criteria for HCP with COVID-19 infection are broken down into two categories: symptom-based strategy and test-based strategy. **Symptom-based strategy for determining when HCP can return to work.** *HCP with mild to moderate illness who are not severely immunocompromised:* • At least 10 days have passed *since symptoms first appeared* and • At least 24 hours have passed *since last* fever without the use of fever-reducing medications and • Symptoms (e.g., cough, shortness of breath) have improved Note: HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test. *HCP with severe to critical illness or who are severely immunocompromised[1]:* • At least 10 days and up to 20 days have passed *since symptoms first appeared* • At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and** • Symptoms (e.g., cough, shortness of breath) have improved • Consider consultation with infection control experts	https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fstrategy-discontinue-isolation.html https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html

Date	Agency	Topic	Summary	Link
			Note**:** HCP who are **severely immunocompromised** but who were **asymptomatic** throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test. As described in the Decision Memo, an estimated 95% of severely or critically ill patients, including some with severe immunocompromise, no longer had replication-competent virus 15 days after onset of symptoms; no patient had replication-competent virus more than 20 days after onset of symptoms. The exact criteria that determine which HCP will shed replication-competent virus for longer periods are not known. Disease severity factors and the presence of immunocompromising conditions should be considered in determining the appropriate duration for specific HCP. For example, HCP with characteristics of severe illness may be most appropriately managed with at least 15 days before return to work. **Test-Based Strategy for Determining when HCP Can Return to Work.** In some instances, a test-based strategy could be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. However, as described in the Decision Memo, many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days. The criteria for the test-based strategy are: *HCP who are symptomatic:* • Resolution of fever without the use of fever-reducing medications **and** • Improvement in symptoms (e.g., cough, shortness of breath), **and** • Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV). *HCP who are not symptomatic:*	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			• Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV).	
8/17/20	CMS	Survey Activity	**QSO 20-35 -All** On 8/17/2020, CMS posted QSO 20-35 that outlines guidance to the survey agencies on revised survey prioritizations. Key points from CMS include: • **Guidance on the expansion of survey activities to authorize onsite revisits and other survey types.** • **Guidance to State Survey Agencies (SAs) on resolving enforcement cases**: CMS is providing guidance on resolving enforcement cases that were previously directed to be held and providing guidance on Civil Money Penalty (CMP) collection. • **Expanded Desk Review Authority:** CMS is temporarily expanding the desk review policy to include review of continuing noncompliance following removal of Immediate Jeopardy (IJ), which would otherwise have required an onsite revisit from March 23, 2020, through May 31, 2020. **New Guidance on Enforcement –** The 3/23/2020 QSO 20-20 suspended enforcement actions with the exception of removal of Immediate Jeopardy. The Guidance issued on 8/17/2020 intends to resolve those enforcement cases that were suspended and provide guidance for closing them out, *going forward from the issuance of this memorandum. This process involves four components*: 1. Expanding the Desk Review policy for Plans of Corrections (POCs); 2. Processing enforcement cases that were started **BEFORE** March 23, 2020; 3. Processing enforcement cases that were started **ON** March 23, 2020, **THROUGH** May 31, 2020; and 4. Processing enforcement cases that were started **ON** OR **AFTER** June 1, 2020	https://www.cms.gov/files/document/qso-20-35-all.pdf https://www.cms.gov/files/document/qso-20-31-all.pdf https://www.cms.gov/files/document/qso-20-20-all.pdf

Date	Agency	Topic	Summary	Link
			Guidance on Expanded Desk Review - CMS is now advising states to follow the guidance below to resolve enforcement cases that were started from March 23, 2020 (QSO-20-20) to May 31, 2020: • All open surveys with cited deficiency tags must have an acceptable POC and supporting evidence in order for the tags to be corrected (unless a POC is not required such as for isolated deficiencies that CMS or the State determines constitute no actual harm with a potential for minimal harm); • If providers have not submitted a POC, the state survey agency (SA) will contact them requesting submission of a POC; • Providers will have 10 calendar days to submit their POC for surveys that ended *prior* to June 1, 2020. POCs for surveys that will end on or after June 1, 2020, will follow the normal POC submission process. • *NOTE:* Providers who may have difficulty allocating resources, such as staff, materials, or funding to develop and implement a POC because they are *currently* experiencing an outbreak of COVID-19, as defined in QSO 20-31-should contact their SA and/or CMS location to request an extension on submitting a POC. • State surveyors *can perform desk reviews for all open surveys that cited any level of noncompliance, including noncompliance that was cited at the IJ level, when the IJ finding has been verified as removed to a lower level of noncompliance, or corrected.* **The only exception to the expanded offsite review policy is for any unremoved IJs, which still require an onsite revisit**. Important Note: • This expanded desk review policy applies only to outstanding enforcement actions that were held, per QSO 20-20- memorandum, from March 23, 2020, through May 31, 2020. • Beginning *June 1, 2020, all onsite revisits are authorized and should resume, as appropriate,* per SOM, Chapter 7, Section 7317.2 State survey agencies must request facilities to submit evidence that supports correction of noncompliance so that a desk review can be performed based on the latest compliance date on the POC. NOTE: A desk review cannot	

Date	Agency	Topic	Summary	Link
			be completed without supporting evidence from the facility. This evidence may include documentation containing dates of training, staff in attendance, and evidence that staff were evaluated for skill(s) competency. It may also include monitoring for policy implementation and successful performance by staff To alleviate any concerns related to clearing noncompliance cited at Actual Harm, or remaining noncompliance following removal of IJ without an onsite revisit, SAs have discretion to include the clinical area of concern cleared using the expanded desk review on the next onsite survey conducted. This is done by following the Long-Term Care Survey Process Procedure Guide for adding concerns to the standard or complaint survey to be conducted **Enforcement Cycles started BEFORE March 23, 2020** An enforcement cycle begins on the completion date of a survey with the citation of a noncompliance deficiency and ends when the provider returns to substantial compliance or is terminated. This is sometimes referred to as a 6-month termination track. Until an enforcement cycle is closed with a revisit survey to verify the facility's return to substantial compliance, or a facility is terminated, any subsequent surveys will become part of the original enforcement cycle and, per 42 C.F.R. § 488.454(a), remedies are in effect until a return to substantial compliance. Surveys conducted during the prioritization period would otherwise be added to any open enforcement cycles that started prior to March 23, 2020, despite being put on hold. However, in order to effectuate the direction in QSO 20-20, to suspend enforcement action, without undue consequences due to inability to conduct revisits (e.g., termination), surveys with an exit date after March 23, 2020, that fell into enforcement cycles with start dates prior to March 23, 2020, will be pulled out of the existing cycles and will establish a separate cycle. This will result in two enforcement cycles, one starting before March 23, 2020, and one starting on March 23, 2020. The resulting cycle starting before March 23, 2020, is subject to the enforcement direction above for Enforcement Cycles started <u>BEFORE</u> March 23, 2020. The resulting cycle starting on March 23, 2020, is subject to the enforcement direction below for Enforcement Cycles started ON March 23, 2020 THROUGH May 31, 2020. **CMP Collections**	

Date	Agency	Topic	Summary	Link
			For CMPs that were imposed and became due and payable during the prioritization period (March 23, 2020 through May 31, 2020), but were not paid: • CMS will re-issue the CMP Due and Payable notice with a new due date that is 15 days from the date of the notice, per §488.442. • If a facility fails to pay due CMPs following the new due and payable notice, CMS will send the CMP to the Medicare Administrative Contractor to offset, and assess interest beginning on the new due date. • NOTE: CMS will reduce a CMP by 35% for facilities whose 60-day time to appeal has passed during the prioritization period but were unable to notify CMS that they are waiving their right to a hearing. If a facility files or has filed an appeal, CMS will not reduce the CMP by 35%. Consistent with 42 C.F.R. § 498.40(c), an Administrative Law Judge may find that a facility has good cause for failing to timely file a request for hearing and extend the time for filing such a request. Information on a facility's appeal rights are set forth at § 498.5 and the procedures for requesting a hearing are set forth at § 498.40 et seq., including the process for requesting an extension of time to file a hearing request.	
8/21/20	CDC	Testing	On 8/16 CDC released new interim guidance on Rapid Antigen Tests The key points include: • The two rapid antigen tests on the market (BD Veritor and Quidel Sofia2, which are being sent to all nursing homes by CMS) are currently intended for use in diagnostic testing of symptomatic patients within five days of symptom onset. • Through this new guidance, CDC expands use of these rapid antigen tests to include use as screening tool in congregate settings (such as a nursing home) for staff and residents. • **All long term care facilities must defer to state or local guidance on their use.** See link for current VDH guidance, • Evaluating the test results must be done in context with the person's symptoms and how likely COVID-19 is in the group of people getting the tests, which is usually similar to the community's rate of COVID-19.	https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDH-Interim-Point-of-Care-Antigen-Testing-Recommendations-for-Nursing-Homes.pdf https://www.ahcancal.org/facility_operations/disaster_planning/Documents/Summary-CDC-Guidance-Antigen-Tests.pdf https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/Research-Testing-and-CLIA.pdf https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html

Date	Agency	Topic	Summary	Link

			• Providers who are utilizing these antigen test devices must undergo proper training and be able to demonstrate competency and completion.
			• Any nursing home conducting screening or diagnostic testing must comply with Clinical Laboratory Improvement Amendments (CLIA) regulations, which includes:
			    o Obtaining a CLIA certificate
			    o Meet all CLIA requirements to perform the testing. This includes assuring professionals conducting the test meet all training requirements for the test equipment used.	

8/24/20	VDH CDC	Admissions Transfers	The Virginia Department of Health, in alignment with CDC guidance for Responding to Coronavirus (COVID-19) in Nursing Homes, has created a simplified flow chart to inform discharge planning between hospitals and long-term care facilities. Implementation of these recommendations will be influenced by many factors, including testing resource availability, community transmission rates, and clinical decision making. See link for Flow Diagram for Hosplitalized Patient Being Discharged to a Long-Term Care Facility Discharge should be based on clinical status and the ability of an accepting facility to meet care needs and adhere to infection prevention and control practices. • Meeting criteria for discontinuation of transmission-based precautions (TBP) is not a prerequisite for discharge; CDC guidance on discontinuation of TBP for • COVID-19 positive patients in healthcare settings is available here. • The ability to detect transmission is limited during the incubation phase; negative test results (any number) do not rule out COVID-19, and patients should still • be placed on 14-days of TBP in a separate observation area or single-person room when transferred to long-term care. Testing is not required prior to transfer.	https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDHTransferGuidance_8.24.2020.pdf https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

VHCAVCAL

Date	Agency	Topic	Summary	Link
			• Discuss with facility to determine if patients who require aerosolizing procedures, e.g. nebulizer treatment, are appropriate for transfer. *Nursing homes are licensed by the Virginia Department of Health, Office of Licensure and Certification. Assisted living facilities are licensed by the Virginia Department of Social Services. Consider discussing transfer concerns with licensing entity. ^Diagnosis should be via FDA-authorized direct viral assay to edtect SARS-CoV-2.	
8/25/20	CMS	Infection Prevention and Control-Training	"CMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management" Effective immediately CMS has released a national nursing home training program for frontline nursing home staff and nursing home management. The training is designed to equip both frontline caregivers and their management with the knowledge they need to stop the COVID-19 in their nursing homes. The training is available immediately to staff of America's 15,400 Medicare and Medicaid certified nursing homes and focuses on critical topics like infection control and prevention, appropriate screening of visitors, effective cohorting of residents, safe admission and transfer of residents, and the proper use of personal protective equipment (PPE) – all critical elements of stopping the spread of COVID-19. The program features a tailored course that incorporates the most recent lessons learned from nursing homes and teaches frontline staff best practices they can implement to address issues related to COVID-19. The training builds upon results of CMS nursing home inspections and the findings of epidemiological experts from the Centers for Disease Control and Prevention (CDC) who work with nursing homes. The design was also influenced by the findings of federal nursing home task force strike teams, through which experts from CMS and CDC were deployed to nursing homes actively battling COVID-19 outbreaks in hot spot areas over the summer. The strike teams learned that while current regulations were designed to protect the health and safety of residents, the pandemic created an urgent need to directly assist frontline workers with more	https://qsep.cms.gov/welcome.aspx https://www.cms.gov/newsroom/press-releases/trump-administration-launches-national-training-program-strengthen-nursing-home-infection-contro https://qsep.cms.gov/welcome.aspx

Date	Agency	Topic	Summary	Link
			focused training and guidance than has been used in the past. The training for frontline staff, called "CMS Targeted COVID-19 Training for Frontline Nursing Home Staff" covers five topics separated into five modules. These modules address some of the most common concerns found by surveyors and strike teams, basic infection control and prevention. The modules are focused on the most urgent needs of frontline nursing home staff and they include: • Module 1: Hand Hygiene and PPE • Module 2: Screening and Surveillance • Module 3: Cleaning the Nursing Home • Module 4: Cohorting • Module 5: Caring for Residents with Dementia in a Pandemic The training for management, called "CMS Targeted COVID-19 Training for Nursing Home Management" covers 10 topics separated into 10 modules. These modules are comprehensive, focusing on infection control and cleanliness but also larger institution-wide issues like implementation of telehealth, emergency preparedness, and vaccine delivery. They include: • Module 1: Hand Hygiene and PPE • Module 2: Screening and Surveillance • Module 3: Cleaning the Nursing Home • Module 4: Cohorting • Module 5: Caring for Residents with Dementia in a Pandemic • Module 6: Basic Infection Control • Module 7: Emergency Preparedness and Surge Capacity • Module 8: Addressing Emotional Health of Residents and Staff • Module 9: Telehealth for Nursing Homes • Module 10: Getting Your Vaccine Delivery System Ready CMS has directed the Quality Improvement Organizations (QIOs) to include the training in the action plans that QIOs develop in collaboration with each nursing home they assist	

Date	Agency	Topic	Summary	Link
8/25/20	CMS	Testing	**Interim Final Rule** The Centers for Medicare & Medicaid Services (CMS) today issued an interim final rule with comment period that revises regulations in several areas for long term care facilities and other providers. Importantly, this rule establishes a new requirement for long term care facilities for COVID-19 testing of residents and staff. CMS did not establish a specific frequency or criteria for testing in the rule but listed potential criteria that will be considered and addressed further in guidance. **Summary** **Requirement for SNFs to Test Facility Residents and Staff for COVID-19** A requirement to test all staff and residents will be added to infection control regulations at §483.80. This includes volunteers and contractors physically working at the facility (such as hospice) but does not apply to staff working offsite. The rule does not require testing of surveyors and ombudsmen but notes that state agencies are responsible for ensuring surveyors are following CDC guidance for infection prevention and refraining or returning to work. CMS did not establish a specific frequency or criteria for testing at this point, but indicated that it may include (but is not limited to): o Testing frequency; o The identification of any facility resident or staff diagnosed with COVID-19 in the facility; o The identification of any facility resident or staff with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19; o The criteria for conducting testing of asymptomatic individuals, such as the positivity rate of COVID-19 in a county; o The response time for test results; and o Other criteria yet established. o Note: CMS specifically stated they are soliciting comments on the criteria for testing frequency.	https://www.cms.gov/files/document/covid-ifc-3-8-25-20.pdf https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/High-Level%20Summary%20-%20CMS%20New%20Reporting%20and%20Testing%20Requirements%20for%20Nursing%20Homes.pdf

Date	Agency	Topic	Summary	Link
8/28/20	CMS	Testing- CLIA	**QS0-20-37-CLIA,NH for 8/26/20** **Interim Final Rule (IFC), CMS-3401-IFC, Updating Requirements for Reporting of SARS-CoV-2 Test Results by Clinical Laboratory Improvement Amendments of 1988 (CLIA) Laboratories, and Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency** Memorandum Summary • CMS is committed to taking critical steps to ensure America's healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE). • On August 25, 2020, an interim final rule with comment period (IFC) went on display at the Federal Register. • CLIA regulations have been updated to require all laboratories to report SARS-CoV-2 test results in a standardized format and at a frequency specified by the Secretary. • Failure to report SARS-CoV-2 test results will result in a condition level violation of the CLIA regulation and may result the imposition of a Civil Money Penalty (CMP) as required under §§ 493.1804 and 493.1834. • Long-Term Care (LTC) Enforcement requirements at 42 CFR part 488 have been revised to include requirements specific to the imposition of a CMP for nursing homes that fail to report requisite COVID-19 related data to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) per §483.80(g)(1) and (2). • LTC Facility Testing Requirements for Staff and Residents- Facilities are required to test staff and to offer testing to all nursing home residents. *See link for full memo and details*	https://www.cms.gov/files/document/qso-20-37-clianh.pdf

Date	Agency	Topic	Summary	Link
8/28/20	CMS	<mark>Testing Requirements – Staff and Residents</mark> <mark style="background:red">Survey Activity</mark>	**QSO-20-38-NH for 8/26** **Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID-19 Focused Survey Tool** Memorandum Summary • CMS is committed to taking critical steps to ensure America's healthcare facilities continue to respond effectively to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE). • On August 25, 2020, CMS published an interim final rule with comment period (IFC). This rule establishes Long-Term Care (LTC) Facility Testing Requirements for Staff and Residents. Specifically, facilities are required to test residents and staff, including individuals providing services under arrangement and volunteers, for COVID-19 based on parameters set forth by the HHS Secretary. This memorandum provides guidance for facilities to meet the new requirements. • Revised COVID-19 Focused Survey Tool - To assess compliance with the new testing requirements, CMS has revised the survey tool for surveyors. We are also adding to the survey process the assessment of compliance with the requirements for facilities to designate one or more individual(s) as the infection preventionist(s) (IPs) who are responsible for the facility's infection prevention and control program (IPCP) at 42 CFR § 483.80(b). In addition, we are making a number of revisions to the survey tool to reflect other COVID-19 guidance updates. *See link for full memo and details*	https://www.cms.gov/files/document/qso-20-38-nh.pdf https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/High-Level%20Summary%20-%20CMS%20New%20Reporting%20and%20Testing%20Requirements%20for%20Nursing%20Homes.pdf https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/Member%20Update%20CMS%20guidance%20on%20testing%20staff%20frequency.pdf?csf=1&e=9Ef6WG https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Guidance-CMS-Testing-Mandate.pdf https://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/Downloads/HowObtainCertificateofWaiver.pdf https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fhcp-return-work.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html#nursing-home https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-

Date	Agency	Topic	Summary	Link
				patients.html#:%7E:text=Note%3A%20For%20severely%20immunocompromised1,first%20positive%20viral%20diagnostic%20test. https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg https://covid.cdc.gov/covid-data-tracker/#ed-visits https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Patients-with-Persistent-or-Recurrent-Positive-Tests https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control-faq.html#Testing-in-Nursing-Homes https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html https://www.cms.gov/files/document/covid-faqs-snf-testing.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
8/26/20	DSS	PPE	**Virginia Department of Social Services memo to Virginia Assisted Living Facilities for 8/25** Effective immediately, all Personal Protective Equipment (PPE) being distributed through Virginia Department of Emergency Management (VDEM), in conjunction with Virginia Department of Social Services (VDSS), will be shipped or delivered directly to your facility. Small disbursements of PPE will be shipped, while larger disbursements will be delivered. VDSS strongly encourages ALL assisted living facilities to report their **total** PPE inventory and burn rate on a **weekly** basis. Weekly reporting allows VDEM and VDSS to monitor your PPE inventory to ensure your supply does not reach a critical shortage. If your inventory reveals that you are nearing a critical shortage level, replenishment will be arranged and shipped or delivered to you the following week. Weekly reporting must be entered by 5:00 p.m. each Tuesday See link for reporting.	https://survey123.arcgis.com/share/b4d7f713dfd1413d89898bc4587b4d56
8/31/20	DSS	Testing -PPS	**DSS Memo to Virginia Assisted Living Facilities** On **September 2, 2020**, the Virginia Air National Guard (VANG) will begin calling assisted livings that expressed interest to schedule baseline testing for all residents and staff. The Department of Social Services (DSS) developed a Point Prevalence Surveys (PPS) in Assisted Living Tool to assist in this process. Facilities who previously indicated that there was no interest in baseline testing may still receive baseline testing by emailing covid19pps@vdh.virginia.gov. DSS encourages those facilities who will receive a Point Prevalence Survey to begin working on this process prior to receiving the phone call from VANG. VANG is anticipating that testing will begin at assisted livings the week of September 8, 2020	https://cdn.ymaws.com/leadingagevirginia.org/resource/resmgr/docs/covid-19/PPS_in_ALFs_8-31-20.pdf

Date	Agency	Topic	Summary	Link
9/2/20	CMS	Final Rule Testing Requirements – Staff and Residents Survey Activity	**Effective September 2, 2020** **Medicare and Medicaid Programs, Clinical Laboratory Improvement Amendments (CLIA), and Patient Protection and Affordable Care Act; Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency** This interim final rule with comment period (IFC) revises regulations to strengthen CMS' ability to enforce compliance with Medicare and Medicaid long-term care (LTC) facility requirements for reporting information related to coronavirus disease 2019 (COVID-19), establishes a new requirement for LTC facilities for COVID-19 testing of facility residents and staff, establishes new requirements in the hospital and critical access hospital (CAH) Conditions of Participation (CoPs) for tracking the incidence and impact of COVID-19 to assist public health officials in detecting outbreaks and saving lives, and establishes requirements for all CLIA laboratories to report COVID-19 test results to the Secretary of Health and Human Services (Secretary) in such form and manner, and at such timing and frequency, as the Secretary may prescribe during the Public Health Emergency (PHE).	https://www.federalregister.gov/documents/2020/09/02/2020-19150/medicare-and-medicaid-programs-clinical-laboratory-improvement-amendments-clia-and-patient
9/3/20	VDH	Testing	VDH has pulished the antigen testing guidance for nursing homes on 8/28 and is now deferring to the newest CDC antigen testing guidance. See links for guidance document	https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/nursing-home-testing-algorithm-508.pdf https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/
9/3/20	CDC	POC Testing Reporting NHSN	The CDC has updated the National Healthcare Safety Network (NHSN) Resident Impact and Facility Capacity pathway to include four new questions relating to the use of point-of-care (POC) testing. These include • Does the LTCF have an in-house POC test machine (capability to perform COVID-19 testing within your facility)? Yes/No Answer	https://www.vhca.org/publications/careconnection/september-3-2020/cdc-updates-nhsn-network-module-to-include-poc-testing-questions/ https://www.cdc.gov/nhsn/pdfs/covid19/ltcf/57.144-toi-508.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
			• Since the last date of data entry in the Module, how many COVID-19 POC tests has the LTCF performed on residents? Enter a specific number • Since the last date of data entry in the Module, how many COVID-19 POC tests has the LTCF performed on staff and/or facility personnel? Enter a specific number • Based on this week's inventory, do you have enough supplies to test all staff and/or facility personnel for COVID-19 using the POC test machine? Yes/No Answer The CDC also added important information, including: • Clarification on CONFIRMED Notes section to address differences in testing devices and clarity of positive COVID-19 test results; and • How to recognize and report reinfections to align with patients who have persistent or recurring positive test results.	
9/3/20	CMS HHS HRSA	Reporting NHSN HHS incentive program	US Department of Health and Human Services (HHS) announced its $2 billion quality incentive program for nursing homes as part of the $5 billion tranche announced on August 7 of CARES Act funding for COVID relief. Each month, starting in September through December, $500 million will be distributed to nursing homes according to performance on COVID-19 case rates and risk adjusted COVID-19 death rates. Performance will be determined from the National Healthcare Safety Network (NHSN) data submissions and audits relative to county per-capita rates. See link for current details	https://www.hhs.gov/about/news/2020/09/03/trump-administration-announces-2-billion-provider-relief-fund-nursing-home-incentive-payment-plans.html
9/8/20	CDC	Testing- Using Antigen Tests	On 9/4 CDC provided updated guidance for the use of antigen tests to respond to the COVID-19 pandemic. The guidance provides definitions for: Diagnostic Testing • Diagnostic testing for SARS-CoV-2 is intended to identify current infection in individuals and is performed when a person has signs or symptoms consistent with COVID-19, or when a person is asymptomatic but has recent known or suspected exposure to SARS-CoV-2. Examples of diagnostic testing include testing symptomatic persons, testing persons identified through contact tracing efforts, and testing those who indicate	https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html

Date	Agency	Topic	Summary	Link
			that they were exposed to someone with a confirmed or suspected case of COVID-19. Screening Testing • Screening testing for SARS-CoV-2 is intended to identify infected persons who are asymptomatic and without known or suspected exposure to SARS-CoV-2. Screening testing is performed to identify persons who may be contagious so that measures can be taken to prevent further transmission. Examples of screening include testing in congregate settings, such as a long-term care facility or a correctional facility, a workplace testing its employees, or a school testing its students, faculty, and staff. The guidance also provides information on: • Rapid Antigen Testing For SARS-Cov-2 • Regulatory Requirement For Using Rapid Antigen Tests For SAR-Cov-2 • Collection and Handling of Specimens • Performance Of Rapid Antigen Tests For SAR-Cov-2 • Evaluating the Results of Rapid Antigen Testing for SAR-CoV-2 • Reporting Rapid Antigen Test Results for SAR-CoV-2	
9/8/20	VDH	VDH Guidance for Phased Reopening-Update	VHD Nursing Home Guidance for Phased Reopening Update *Recommendations are based on the currently data and subject toc change as more information becomes available.* Summary of Changes as of September 8, 2020 (page 9) Recommendations for Transfer of Patients from Hospital to LTCF- see link • The Virginia Department of Health, in alignment with CDC guidance for Responding to Coronavirus (COVID-19) in Nursing Homes, has created a simplified flow chart to inform discharge planning between hospitals and long-term care facilities. • Implementation of these recommendations will be influenced by many factors, including testing resource availability, community transmission rates, and clinical decision making. Revised Testing Requirements Based on New CMS Requirement • Follow testing requirement outlined in QSO-20-38-NH - see link Newly Released CDC Guidance on Antigen Testing	https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDHTransferGuidance_8.24.2020.pdf https://www.cms.gov/files/document/qso-20-38-nh.pdf https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-testing-algorithm-508.pdf https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html

VHCAVCAL

Date	Agency	Topic	Summary	Link
			• See CDC resource links for more information about antigen testing and previous entry above	
9/14-20	VDH	Testing- updated guidance	VDH SARS-CoV-2 Viral Testing Prioritization Viral testing for SARS-CoV-2 informs patient management and is a critical first step in identifying and isolating people with COVID-19, quarantining their close contacts, minimizing community spread, and ultimately reducing the overall morbidity and mortality associated with COVID-19. Although testing capacity at commercial, private, and hospital laboratories performing SARS-CoV-2 testing has increased in Virginia, the availability of testing supplies continues to challenge the ability to meet the high demand for testing and timely results VDH has developed recommendations for prioritizing viral testing. Viral testing includes molecular and antigen testing. If viral testing in the private sector is not available, clinicians may request molecular testing for patients listed in the table below at Virginia's Division of Consolidated Laboratory Services (DCLS) or other public health laboratories by contacting their local health department. Submitters using public health testing must be willing and capable of collecting and packaging specimens, and either delivering them to a DCLS courier site or shipping them via commercial courier (e.g., FedEx). Residents and workers in long term care facilities with COVID-19 symptoms or close contact or newly arriving to the LTC setting are noted as high priority for private/commercial lab testing.	https://www.vdh.virginia.gov/coronavirus/health-professionals/vdh-updated-guidance-on-testing-for-covid-19/
9/14/20	VDH	Reporting Testing	New VDH Portal for Reporting Point-of- Care COVID-19 Lab Results VDH has developed a reporting portal for point-of-care (POC) COVID-19 test results. This portal will assist testing sites in meeting the requirement of the CARES Act to report every diagnostic and screening test performed to detect SARS-CoV-2 or to diagnose a possible case of COVID-19 (e.g., molecular, antigen, antibody). This portal allows the rapid entry of person-level test results for positive and negative results, and provides the ability to enter aggregate negative results as necessary for high-volume testing sites. All COVID-19 test results should be reported to VDH within 24 hrs.	https://www.vdh.virginia.gov/coronavirus/ https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/COVID-19-Testing-Algorithm.pdf https://apps.vdh.virginia.gov/pocreporting/login/login.aspx https://www.cdc.gov/coronavirus/2019-ncov/lab/reporting-lab-data.html

Date	Agency	Topic	Summary	Link
				https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDH-Interim-Point-of-Care-Antigen-Testing-Recommendations-for-Nursing-Homes.pdf https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/SARS-COV-2-Testing-Capabilities-Commercial-Labs.pdf
9/17/20	CMS	Visitation	**QSO-20-39-NH Nursing Home Visitation-COVID-19** CMS has issued new guidance for visitation in nursing homes to provide reasonable ways to safely facilitate visitation and to address the psychosocial needs of the residents. This guidance also approves the use of CMP funds to purchase tents for outdoor visitation or clear dividers to create physical barriers to reduce the risk of transmission during in-person visits. This guidance in the QSO-20-39-NH supersedes and replaces previously issued guidance and recommendations regarding visitation. **Guidance** Visitation should be person-centered, consider the resident's physical, mental, psychosocial well-being, and support quality of life. Visitation can be conducted through different means based on a facility's structure and residents' needs, such as in resident rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. The Core Principles of COVID-19 Infection Prevention consistent with CDC guidance should be adhered to al all times. **Core Principles of COVID-19 Infection Prevention** • Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms • Hand hygiene (use of alcohol-based hand rub is preferred) • Face covering or mask (covering mouth and nose) • Social distancing 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 face covering or mask, specified	https://www.cms.gov/files/document/qso-20-39-nh.pdf https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

Date	Agency	Topic	Summary	Link
			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., separate areas dedicated COVID-19 care) • Resident and staff testing conducted as required at 42 CFR 483.80(h) (see QSO-20- 38-NH) Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the recommended guidance. **Outdoor Visitation** • Person-centered approach • Adherence to the Core Principles of COVID-19 infection prevention • Preferred – all visits should be held outdoors whenever practible and facilitated routinely • Conducted in a manner that reduces the risk of transmission by providing for increased space and airflow • Exception includes inclement weather, excessive hot or cold temperatures, poor air quality, resident's health status including COVID-19 status and facility outbreak status • Facilities can create accessible and safe outdoor spaces such as courtyards, patios, or parking lots, included use of tents • Facilities should have a process to limit the number and size of visits occurring simultaneously to ensure social distancing • Reasonable limits on the number of individuals visiting with one resident at the same time **Indoor Visitation** • Facilities should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situation, based on the following guidelines :	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			• No new onset of COVID-19 cases in the last 14 days and the facility is not conducting outbreak testing • Visitor compliance with COVID-19 core principles • Process for staff to monitor visitor compliance with core principles • Process to limit number of visitors per resident at one time • Process to limit total number of visitors in the facility at one time based on the size and physical space of the facility • Consider scheduling length of time for visits to ensure all residents are able to receive visitors • Process to limit visitor movement in the facility i.e. visitors should go directly to resident's room or designated area and not walk around in other areas of the facility • Visits should not be conducted in the resident room if there is a roommate sharing the room • If there is a roommate and the health of the resident prevents leaving the room, the facility may attempt in-room visitation with adherence to the core principles of COVID-19 infection prevention • Facilities should use the COVID-19 county positivity rate on the COVID-19 Nursing Home Data site for additional information to determine in-room visitation: • Low (<5%) = Visitation should occur according to the core principles of COVID- 19 infection prevention and facility policies (beyond compassionate care visits) • Medium (5% – 10%) = Visitation should occur according to the core principles of COVID-19 infection prevention and facility policies (beyond compassionate care visits) • High (>10%) = Visitation should only occur for compassionate care situations according to the core principles of COVID-19 infection prevention and facility policies **Visitor Testing** • Facilities are encouraged to test visitors in medium or high- positivity areas if feasible, but not required. • Facilities should prioritize visitors that visit regularly but any visitor can be tested. • Facilities may encourage visitors to test on their own prior to coming to the facility i.e. Within 2-3 days and accept proof of negative test results and date of test.	

Date	Agency	Topic	Summary	Link
			Compassionate Care Visit Examples (not limited to the following examples): • A resident in an end of life situation • A resident, who was living with their family before recently being admitted to a nursing home, is struggling with the change in environment and lack of physical family support. • A resident who is grieving after a friend or family member recently passed away. • A resident who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration. • A resident, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past) These visits may be may by family members, clergy and lay persons and individuals that can meet the residents needs following appropriate infection control guidelines. Facilities are encouraged to use a resident centered approach using families, caregivers, resident representatives and the Ombudsman program for compassionate care visit needs. **Required Visitation** Facilities **may** restrict in-person visits for reasonable clinical or safety reasons due to: • The COVID-19 county positivity rate • The facility's COVID-19 status • A resident's COVID-19 status • A visitor's symptoms • Lack of compliance with appropriate infection control practices • Other concerns related to COVID-19 PHE For example, if a facility has had no COVID-19 cases in the last 14 days and its county positivity rate is low or medium, a nursing home **must** facilitate in-person visitation consistent with the regulations and the guidance. Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of 42 CFR 483.10(f)(4), and the facility would be subject to citation and enforcement actions.	

Date	Agency	Topic	Summary	Link
			Residents on transmission-based precautions for COVID-10 should only receive virtual, through windows, or in-person compassion care situation, with strict adherence to transmission-based precautions. **Communal Activities and Dining** While adhering to the core principles of COVID-19 infection prevention, facilities may permit communal dining while continuing to practice social distancing. Additional limitations based on COVID-19 status in the facilities should be considered. Group activities may be facilitated for residents who have fully recovered from COVID-19 and for those not requiring isolation or with suspected or confirmed COVID-10 status. These activities should be of the type and variety that allow for social distancing, hand hygiene , use of face coverings and adherence to infection control guidelines **Use of CMP Funds to Aid in Visitation** Facilities may apply to use CMP funds to help facilitate in-person visits. CMS will now approve the use of CMP funds to purchase tents for outdoor visitation and/or clear dividers (e.g., Plexiglas or similar product) to create a physical barrier to reduce the risk of transmission during in-person visits. Funding for tents and clear dividers is also limited to a maximum of $3,000 per facility. NOTE: When installing tents, facilities need to ensure appropriate life safety code requirements found at 42 CFR 483.90 are met, unless waived under the PHE declaration. To apply to receive CMP funds for communicative devices, tents, or clear dividers, please contact your state agency's CMP contact.	
9/18/20	CDC	Testing	CDC Clarification Due to the significance of asymptomatic and pre-symptomatic transmission, this guidance further reinforces the need to test asymptomatic persons, including close contacts of a person with documented SARS-CoV-2 infection.	https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html
9/21/20	CMS	Testing Requirements – Staff and Residents	During the week of Sept 14, CMS modified the method for classifying a county as green, yellow, or red and expanded the measure to cover results over a 14-day period in each	https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg

VHCAVCAL

Date	Agency	Topic	Summary	Link
			county instead of seven days. As a result, facilities should be using the **color** assigned by CMS, not the positivity rate. The revised methodology results in some red counties with rates >10% being reclassified to yellow: • Green = Counties with test percent positivity <5.0% or with <20 tests in past 14 days • Yellow = Counties with test percent positivity 5.0%-10.0%; OR with <500 tests and <2,000 tests/100k and >10% positivity over 14 days • Red = >10.0% and not meeting the criteria for "Green" or "Yellow" Facilities should monitor these rates every other week and adjust staff testing accordingly.	https://www.cms.gov/files/document/qso-20-38-nh.pdf https://www.vhca.org/files/2020/09/9-8-20-COVID-19-Positivity-Rate-by-County.xlsx
9/28/20	CMS	Reopening Testing Clinical Guidance Screening Survey Activity Infection Control and Prevention PPE Visitation	QSO-20-30-NH revised on 9/28/20 to be consistent with: • QSO-20-38-NH for testing plan and capacity for adequate testing • QSO-20-39-NH for visitation, group activities, and testing Refer to link for QSO-20-38-NH, QSO-20-39- NH , and revised QSO-20-30-NH	https://www.cms.gov/files/document/qso-20-30-nh.pdf https://www.cms.gov/files/document/qso-20-38-nh.pdf https://www.cms.gov/files/document/qso-20-39-nh.pdf
10/1/20	VDH	Reopening Testing Visitation	For 9/8/20 from VDH Corona Virus Task Force: Per updated CMS guidance for nursing homes on testing and visitation, all references to nursing home reopening phases are being retired. Facilities should follow CMS guidance; VDH guidance is being revised and nursing homes will no longer be asked to submit phase change attestation forms. The REDCap phase change attestation form has been disabled.	https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/ https://www.cms.gov/files/document/qso-20-38-nh.pdf https://www.vdh.virginia.gov/content/uploads/sites/182/2020/09/Nursing-Home-Visitation-COVID-19.pdf

Date	Agency	Topic	Summary	Link
10/1/20	VDH	Hemodialysis	**Management of Hemodialysis Patients Residing in Nursing Homes** Residents in long-term care facilities (LTCFs) are at higher risk of COVID-19 related morbidity and mortality, and those who undergo hemodialysis are a particularly vulnerable subpopulation. Residents frequently leaving their facilities for dialysis are at higher risk for infection by COVID-19 due to exposure to staff and community patients at dialysis centers. These residents can also be a source of COVID-19 introduction or transmission in the nursing home or dialysis center. This guidance addresses infection prevention and control (IPC) recommendations for residents in nursing homes, skilled nursing facilities and assisted living facilities who regularly visit outpatient hemodialysis centers. This document is designed to be used as a companion to CDC COVID-19 guidance for outpatient hemodialysis facilities and nursing homes , and VDH guidance for LTCFs . It is based on currently available information about SARS-CoV-2 and will be updated as more information becomes available. **Infection Prevention and Control Recommendations for Hemodialysis Patients in Nursing Homes** • Consider increasing monitoring of asymptomatic hemodialysis residents from daily to every shift in order to more rapidly detect new symptoms. • Depending on the prevalence of COVID-19 in the community, facilities might place residents who undergo regular dialysis treatments outside of the facility in a single-person room in a separate observation area so the resident can be monitored for evidence of COVID-19. Facilities mustweigh the potential benefit of placing residents in a separate observation unit/area to reduce the risk of COVID-19 with the disruption from extended isolation and removing residents from their usual living environment . • Facilities who select to place residents receiving off-site hemodialysis in an observation unit/areamust ensure they are not housed with an individual who could put them at higher risk of exposure to COVID-19. • HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves,and gown when caring for these residents.	https://www.vdh.virginia.gov/content/uploads/sites/182/2020/10/Management-of-hemodialysis-patients-reside-in-long-term-care-facilities.pdf https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.htm https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html https://www.cms.gov/files/document/qso-20-38-nh.pdf

Date	Agency	Topic	Summary	Link
			• CMS has suggested that routine testing could be considered for nursing home residents who regularly leave the facility, including for dialysis. See link for guidance for testing residents and staff in nursing homes: • For cohorting strategies, refer to Table 1. • Follow CMS updated visitation guidance in regards to allowing visitations, communal dining, and group activities. **Infection Prevention and Control Core Principles that Apply to Both Settings** • Universal source control (facemask) for both patients and HCP regardless of symptoms to address asymptomatic and pre-symptomatic transmission. • Screening, monitoring and education of patients, staff, and visitors. • Provide patients, HCP, and visitors instructions (in appropriate languages) about screening and triage procedures. • HCP who develop symptoms of COVID-19 should immediately refrain from patient care, return home, and notify occupational health services for further evaluation. • Facilities should manage and limit visitors, volunteers, and non-essential staff entering the facility. • Facilities should restrict visitors who are ill from entering the facility. • Frequent environmental cleaning and disinfection using products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19 (list N). • All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies. • Staff should follow standard operating procedures for the disposal of used PPE and regulated medical waste. • Facilities should monitor and audit the use of appropriate PPE by HCP. • Communication: In order to maintain safe and effective care of dialysis patients, dialysis facilitiesand nursing homes should establish communication and reporting	

Date	Agency	Topic	Summary	Link

mechanisms, which promote situational awareness between both healthcare facilities.

- Coordination between the two entities is vital to ensure HCP are informed of the most up-to-date information relating to the patient's health status, possible exposures, and to allow for proper planning of care and operations.
- If facilities experience large numbers of newly infected HCP or patients over short periods of time (e.g., one week), universal PPE use and/or facility-wide testing might also be considered (especially in facilities located in areas with moderate or substantial transmission.
- Hemodialysis patients should be prioritized for testing because of higher risk for severe disease.
- Facilities should establish protocols to reduce contamination risks when residents are transported to dialysis and other outside appointments.
- Both the driver and the hemodialysis patient should wear facemasks (if tolerated) the entire time during transportation.
- Residents should have easy access to hand hygiene supplies when they enter and leave the facility.
- The CDC offers guidance on Cleaning and Disinfection for Non-emergency Transport Vehicles as a best practice for cleaning transportation vehicles.
- Transporting residents from different facilities in the same vehicle is not recommended.

Placement of Hemodialysis Patients in Nursing Homes by COVID-19 Status

Health Status	COVID-19 Test Results	Public Health Recommendations
Symptomatic OR Asymptomatic	Positive	Isolate in a dedicated COVID-19 unit (hot/red zone) on transmission-based precautions until discontinuation criteria has been met.
Symptomatic	Negative	If an alternate diagnosis has been made, placement should be based on that diagnosis.

Date	Agency	Topic	Summary			Link
					If no alternate diagnosis has been made, resident should be placed in the warm/yellow zone with frequent symptom monitoring and prioritization for repeat testing	
			Asymptomatic	Negative	Place resident in a single-person room in the warm/yellow zone or separate observation area.	

Placement of Confirmed or Suspec Staff in Nursing Homes and/or Dialysis Centers

Health Status	COVID-19 Test Result	Public Health Recommendations
Symptomatic OR Asymptomatic	Positive	Exclude from work until all Return to Work Criteria are met.
Symptomatic	Negative	If an alternative diagnosis is provided, criteria for return to work should be based on that diagnosis. If no alternative diagnosis, exclude from work until all Return to Work Criteria are met. Retesting, if available, might be considered for further evaluation.
Asymptomatic	Negative	Perform a risk assessment and apply work restrictions for HCP who were exposed to the infected patient based on

Date	Agency	Topic	Summary				Link
			whether these HCP had prolonged, close contact and what PPE they were wearing. Information that is more detailed is available in VDH-COVID-19-Healthcare-Personnel-Risk -Assessment-Tool If exposed, asymptomatic HCP must work because of staffing shortages, they must continue to monitor for signs and symptoms, and wear a facemask (source control) at all times while working[*] . If HCP develops even mild symptoms, they must cease patient care activities, leave work, and be tested.				
10/9/20	CDC AHCA/ NCAL	Testing	On Oct 6, CDC released new guidance on discordant test results (i.e., false positives and false negative and how these situation should be handeld. The updated AHCA/NCAL COVID-19 Testing Requirements in Nursing Homes – Frequently Asked Questions and Quick Links includes information on the Abbott BinaxNOW shipments, further clarity on CMS testing requirements, as well as a new section on discordant results. The guidance addresses the following: **Q. What are discordant test results?** **A.** Discordant test results refer to conflicting results from two or more different tests (e.g. PCR and rapid POC antigen) using a sample collected within two days (tests performed more than two days apart should be considered separate tests)				https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing-in-Nursing-Homes https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Testing-Requirements-FAQs.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
			Q. What should I do if I suspect a positive antigen test result is a false positive? **A.** You may suspect a false positive antigen test if the patient is asymptomatic and/or you are residing in a low prevalence area of COVID-19. When a false positive is suspected, providers should first ensure correct use of the test (e.g. proper specimen collection and handling), perform procedural quality control on the tests and compare the percent positivity of the samples on that day versus previous days to determine if it's an outlier. CDC guidance currently recommends confirming test results with a PCR when asymptomatic staff are identified as positive during routine screening. If a confirmatory test is performed, facilities must: • Perform the confirmatory test within two days of the initial test. Tests performed more than two days apart should be considered separate tests. • Collect a high quality sample to ensure accuracy of results • If a PCR test is not available or has a delayed turnaround (more than two days), another rapid antigen POC test may be used. *Note: PCR can have false negatives if the specimen is not collected correctly or miss handled and also can have false positives, particularly if testing is done after the person has recovered. There have been reports of individuals recovered continuing to shed viral RNA which results in PCR positive tests even though the person is no longer infectious.* The CDC provides a more detailed explanation in their Testing in Nursing Home FAQ's. Facilities should also work with their local or state public health department to determine if an antigen result is a false positive. Once a false positive is confirmed, providers should report it to: • The manufacturer directly • Their state public health department • The FDA **Q. What should I do if I suspect a negative antigen test result is a false negative?** **A.** CDC guidance recommends confirming negative antigen tests with a PCR test when the individual (resident or staff)	

| | | | is symptomatic. Similarly you must report the false negatives to

• The manufacturer directly
• Your state public health department
• The FDA
Note: PCR also has false negatives.
Q. What should I do when the confirmatory results of a test are pending (either negative or positive)?
A. While results are pending, facilities should continue to follow IPC measures. For staff, this means excluding them from work pending results. For residents this means placing them on transmission based precautions in a single room. If a single room is not available, the resident may remain in their current room. However, the CDC is very clear that the resident should **NOT** be transferred to a COVID-19 unit or placed in another shared room with a COVID-9 positive individual.
Q. What should I do when I confirm a positive antigen test result as a false positive through confirmatory testing and in consultation with my local/state health department?
A. Individuals who are asymptomatic should continue to be monitored for symptoms. If the individual develops symptoms in the week after testing, they should be considered to have COVID-19 and treated appropriately (i.e. residents placed on transmission based precautions and staff excluded from work). The CDC does not recommend repeat testing in this situation.
If the person is asymptomatic without known exposure, than the discordant result could indicate a false positive antigen test result. In this situation, CDC recommends continuing symptom screening and testing, but treating those individuals as negative. Staff does not have to be excluded from work and residents do not need to be moved to a COVID-19 unit, in this instance.
However, if the person is asymptomatic but has a known exposure or is being tested as part of outbreak testing, they should be considered to have COVID-19 and managed accordingly (residents placed on transmission based precautions on the COVID-19 unit and staff excluded from work).
Finally, if the person is symptomatic, facilities should assume the positive antigen test is correct and the individual should | |

Date	Agency	Topic	Summary	Link
			be managed accordingly (residents placed on transmission based precautions on the COVID-19 unit and staff excluded from work). *Note that CDC guidance does not recommend conducting a confirmatory PCR tests when the person is symptomatic and has a positive antigen test.* **Q. Would an outbreak investigation be triggered if I receive a positive antigen test result that is later deemed to be negative through a confirmatory PCR test?** A. No, the CDC states in their Testing in Nursing Home FAQ's that *"additional testing of asymptomatic residents or other close contacts can be delayed until results of confirmatory testing are available unless additional symptomatic individuals are identified." See above on determining if the person has COVID-19 or not once you get confirmation testing and the results are discordant.*	
10/9/20	CMS VDH VHCA	<mark>Testing</mark>	This week both VDH and CMS posted county positivity data that can be used for determining the frequency of staff and resident testing for COVID-19. Nursing facilities are allowed to use either the state or the CMS published positivity rates, but must document the source, date, time and use the same source consistently. VDH launched a new webpage, *COVID-10 in Virginia: PCR Test Positivity Rates* on October 6. This site includes positivity data from September 19 – October 2, 2020. VDH plans to update positivity rates by locality every Monday. The newest CMS file was published on October 6 on the *COVID-19 Nursing Home Data webpage* in the COVID-19 Testing section. The new file includes data from September 17 – September 30. CMS has been re-assigning counties with low testing volume to lower nursing home staff testing tiers, therefore the colors do not always match the percentages. The VDH data page pages provide the PCR testing encounters for each county, as well. The VDH data will not be adjusted, so nursing homes would determine their testing frequency according to the following instructions from CMS: GREEN: <5.0% or with <20 tests in past 14 days YELLOW: test percent positivity 5.0%-10.0% or with <500 tests and <2000 tests/100k and >10% positivity over 14 days RED: >10.0% and not meeting the criteria for "Green" or "Yellow": Red.	https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/covid-19-in-virginia-pcr-positivity-rates/ https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/ https://www.vhca.org/publications/careconnection/october-8-2020/vdh-and-cms-issue-updated-county-positivity-data/

VHCAVCAL

Date	Agency	Topic	Summary	Link
10/15/20	CMS	Emergency Prepardness- Testing Requirements	**QSO-20-41-ALL- Guidance related to Emergency Preparedness Testing Requirements- COVID-19** On Sept 28 CMS released guidance for Emergency Preparedness for the specific testing exercises to validate the facility's emergency program in light of the coronavirus public health emergency (PHE). During or after an actual emergency, the regulations allow for an exemption to the testing requirements based on real world actions taken by providers and suppliers. • Facilities that activated their emergency plans are exempt from the next required full-scale community-based or individual, facility-based functional exercise. • Facilities must be able to demonstrate, through written documentation, that they activated their program due to the emergency. CMS requires facilities to conduct an exercise of choice annually for inpatient providers, which include long term care facilities. For the "exercise of choice," facilities must conduct one of the testing exercises below: • Another full-scale exercise; • Individual-facility-based functional exercise; • Mock disaster drill; or • A tabletop exercise or workshop. As a reminder, all providers and suppliers must continue to analyze their facility's response to and maintain documentation of all drills, tabletop exercises, and activation of their emergency plan. This would include documentation showing any revisions to the facility's emergency plan as a result of the after action review process.	https://www.cms.gov/files/document/qso-20-41-all.pdf https://www.vhca.org/publications/careconnection/october-15-2020/guidance-on-emergency-preparedness-testing-exercise-requirements-under-covid-19/
10/15/20	VDH OLC	Testing- Surveyor	VHCA-VCAL received an update from Kim Beazley, deputy director of the VDH Office of Licensure and Certification (OLC), on nursing home surveyor testing for COVID-19 Currently, CMS has stated that they do not have a policy on surveyor testing and are following CDC guidelines. CMS also stated that surveying is essential work. CMS does not consider surveyors as contractors or visitors. In addition, OLC has the following to add: • Surveyors are performing daily self-screening • Surveyors participate in reasonable facility screening protocols upon arrival • Surveyors have been trained in how to don and doff PPE	https://www.vhca.org/publications/careconnection/october-15-2020/information-from-olc-on-surveyor-testing/

Date	Agency	Topic	Summary	Link
			• Surveyors performing onsite surveys have been fit tested for N-95 masks • Surveyors are wearing full PPE, including N95 masks, gowns, gloves, face shields, bonnets, and shoe coverings • Surveyors do not have direct contact with residents while conducting the focused infection control surveys • Surveyors are practicing social distancing while in facilities • Surveyors' time in facilities is limited while conducting the focused infection control surveys OLC continues to follow current guidance from CMS. In addition, to date, VDH has not initiated a policy for testing OLC surveyors, epidemiology staff and local health department staff who all provide onsite assistance and oversight to nursing homes.	
10/15/20	OSHA	PPE Reporting	On October 2, OSHA released guidance for enforcement discretion when considering issuing citations for respirators and fit testing. This guidance applies only to fit-testing of NIOSH-approved tight-fitting Powered Air Purifying Respirators (PAPRs) used as a contingency capacity strategy when performing job tasks with high or very high occupational exposure risk to COVID-19 OSHA issued frequently asked questions regarding COVID-19 reporting obligations. In the FAQs, OSHA has clarified what is considered an "incident" in the case of COVID-19, which triggers the time period for calculating whether a case meets the reportability criteria. The term "incident" is defined by OSHA as an exposure to COVID-19 in the workplace as opposed to when an employee develops symptoms or tests positive for COVID-19. Additional information on reporting in-patient hospitalizations and employee deaths, including OSHA's definition of in-patient hospitalizations can be found in the updated AHCA/NCAL OSHA resource on reporting and recording OSHA standards.	https://www.osha.gov/memos/2020-10-02/temporary-enforcement-guidance-tight-fitting-powered-air-purifying-respirators https://www.osha.gov/SLTC/covid-19/covid-19-faq.html#reporting https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/OSHA-Guidance-Recording.pdf
10/16/20	CDC HHS	Vaccine Program	On 10/16, the U.S. Department of Health and Human Services (HHS) and Department of Defense (DoD) today announced agreements with CVS and Walgreens to provide and administer COVID-19 vaccines to residents of long-term care facilities (LTCF) nationwide with no out-of-pocket costs. Protecting especially vulnerable Americans has been a	https://www.hhs.gov/about/news/2020/10/16/trump-aministration-partners-cvs-walgreens-provide-covid-19-vaccine-protect-vulnerable-americans-long-term-care-facilities-nationwide.html

Date	Agency	Topic	Summary	Link
			critical part of the Trump Administration's work to combat COVID-19, and LTCF residents may be part of the prioritized groups for initial COVID-19 vaccination efforts until there are enough doses available for every American who wishes to be vaccinated. The program is: • Free of charge to facilities. • Available for residents in all long-term care settings, including skilled nursing facilities (SNF), nursing homes, assisted living facilities, residential care homes, and adult family homes. • Available to all remaining LTCF staff members who have not been previously vaccinated for COVID-19 (e.g., through satellite, temporary, or off-site clinics). • Available in most rural areas that may not have an easily accessible pharmacy. Starting October 19, 2020, LTCFs will be able to opt in and indicate which pharmacy partner their facility prefers to have on-site. LTCFs are not mandated to participate in this program and can request to use their current pharmacy contracts to support COVID-19 vaccination. Nursing homes can sign up via the National Healthcare Safety Network and assisted living facilities can sign up via an online survey they will receive.	https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/CDC-Overview-Pharmacy-Partnership-LTC.pdf https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/CDC-FAQ-Pharmacy-Partnership-LTC.pdf https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/AHCANCAL-Overview-Pharmacy-Partnership-LTC.pdf https://www.cdc.gov/nhsn/index.html
10/16/20	CDC NHSN	Reporting – Point of Care Laboratory Reporting Pathway and Upgrade	The Centers for Disease Control (CDC) is releasing a new pathway through their National Healthcare Safety Network (NHSN) LTCF COVID-19 Module that will allow providers to report the results of their Point of Care (POC) COVID-19 testing. Providers who are performing POC COVID-19 testing under their CLIA waiver are required to report the results to their local or state health department. This new pathway gives providers an alternative option to meet this requirement. In order to access this tracking module, you must upgrade your Secure Access Management Services (SAMS) access to Level-3. Level-1 to Level-3 SAMS access can take up to four weeks to complete.	https://www.cdc.gov/nhsn/ltc/covid19/sams-access.html https://www.ahcancal.org/News-and-Communications/Blog/Pages/Upgrade-to-Level-3-Access-to-NHSN.aspx

VHCAVCAL

Date	Agency	Topic	Summary	Link
10/27/20	VDH	Clinical Guidance Infection Control and Prevention	On October 22, VDH post updated COVID-19 guidance for nursing homes. The document provides guidance from VDH in collaboration with resources from CDC, CMS, EPA, and DOLI. See link for full details. The topics include: • General Preventive Measures • Hand Hygiene • PPE • PPE for COVID-19 • Cohorting • Environmental Cleaning and Disinfection • Linens and Laundry • New Admissions/Readmissions • Visitation • Testing • Vaccination Planning • Communication • Reporting • Training • Special Situations o PPS o Outbreak Response • Special Populations o Hemodialysis • Tools o IPC Assessment Tool o Daily COVID-19 Screening Log o COVID-19 Outbreak Line Listing	https://www.vdh.virginia.gov/content/uploads/sites/182/2020/10/VDH-Guidance-for-Nursing-Homes_Table.pdf
10/29/20	VBON	AntigenTesting	VHCA recived the following guidance regarding antigen testing: Q. The federal government will be distributing point-of-care (POC) antigen tests (BinaxNOW) to states; are there any scope of practice issues with placing these assays in settings where there isn't always a licensed healthcare provider? Does a certain level provider have to administer such tests? A: While this question cites the BinaxNOW test, other POC tests (BD and Quidel) do not alter our collective opinion. Virginia Code allows a Board of Medicine licensee to delegate functions that are nondiscretionary and that do	https://www.vhca.org/publications/careconnection/october-29-2020/bon-qa-on-antigen-testing

Date	Agency	Topic	Summary	Link
			not require the exercise of professional judgement to trained, but unlicensed, individuals. This is the applicable Code section: § 54.1-2901. Exceptions and exemptions generally Licensed practitioners in this case would need to have prescriptive authority as the BinaxNOW is by prescription only. Hence delegators could include MDs, DOs, Podiatrists, PAs, and NPs. The delegating authority could be a practicing provider, a local health director, or even Dr. Oliver. The keys are that the delegating authority must supervise the personnel and assure that they are trained and competent. Non-licensed individuals (for example CNAs and MAs) could be trained on the BinaxNOW and be assessed for competency. (Abbott does provide training modules, a proficiency written test, and way to document training.)	
10/29/20	CMS	Reporting	CMS has added a new requirement that all point-of-care (POC) antigen test results conducted in a facility must be reported to NHSN. The June 4 HHS memo on laboratory testing has now been updated to state: "#4 CMS-certified long term care facilities shall submit point-of-care COVID-19 testing data, including antigen testing data, to CDC's NHSN". This new requirement goes into effect immediately. However, CMS has verbally indicated to AHCA that it will exercise enforcement discretion until November 20.	https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf https://www.ahcancal.org/News-and-Communications/Blog/Pages/Updated-HHS-NHSN-Reporting-Requirements.aspx

VHCAVCAL

Waivers and Executive Orders

Date	Agency	Topic	Summary	Link
3/12/20	Executive Order - VA	VA State of Emergency	**Executive Order 51-A** state of emergency was declared by Gov Northam due to the novel coronavirus (COVID-19)-	https://www.governor.virginia.gov/media/governorvirginiagov/governor-of-virginia/pdf/eo/EO-51-Declaration-of-a-State-of-Emergency-Due-to-Novel-Coronavirus-(COVID-19).pdf
3/14/20	CMS AHCA	SNF Waiver	**SNF Waiver** • SNF care without a 3-day inpatient hospital stay will be covered for beneficiaries who experience dislocations or are affected by the emergency **Spell of Illness Waiver** • CMS also is utilizing the authority under section l8l2(f) providing renewed SNF coverage to beneficiaries without starting a new spell of illness and allowing them to receive up to an additional 100 days of SNF Part A coverage. The policy applies only for those beneficiaries who have been delayed or prevented by the emergency itself from beginning or completing the process of ending their current benefit period and renewing their SNF benefits.	https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20–%20Update%2010.pdf https://www.cms.gov/files/document/coronavirus-snf-1812f-waiver.pdf
3/19/20	VA- Dept. of Health Prof.	Nursing Practice Waivers	• Temporary Waivers Regulations Governing the Practice of Nursing - LPNs and RNs • Temporary Waivers Regulations Governing Nurse Practitioners • Temporary Waivers Regulations Governing Medication Aides • Temporary Waivers Regulations Governing Nursing Education • Temporary Waivers Regulations for Nurse Aide Education Programs	https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverNurses_03192020.pdf https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverNursePractitioner03192020.pdf https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverMedAide03192020.pdf https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverNurseEdPrograms03192020.pdf https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverNurseAideEducationProgram03192020.pdf
3/31/20	CMS	Blanket Waivers for Long-Term Care Facilities-	**Blanket Waivers for LTC Providers**- retro back to 3/1 Nurse Aide Training Requirements and Creating COVID-19 Segregated Buildings Training and Certification of Nurse Aides	https://www.ahcancal.org/facility_operations/disaster_planning/Documents/COVID-19%20–%20Update%2026.pdf

Date	Agency	Topic	Summary	Link
		Nurse Aide Training MDS PASRR Transfers PBJ Physician Visits Telehealth	• Resident Groups • Resident Roommates and Grouping • Physical Environment • Resident Transfer and Discharge **Reimbursement-Related Waivers** • Section 1812(f)—3-Day and Spell of Illness Waivers • Formerly State-by-State Section 1135 PASRR Waiver • Medicare Provider Enrollment • Cost Reporting • Medicare Appeals in Fee for Service and Medicare Advantage • Expanding Availability of End Stage Renal Disease to Nursing Home Residents • CMS Facility without Walls (Temporary Expansion Sites) Transfers of COVID-19 Patients **Requirements of Participation Waivers - MDS** • CMS is providing relief on the timeframe requirements for Minimum Data Set assessments and transmission. • Staffing Data Submission o CMS is providing relief to long-term care facilities on the requirements for submitting staffing data through the Payroll-Based Journal system. • Physician Visits o CMS is waiving the requirement for physicians and non-physician practitioners to perform in-person visits and to support previously announced flexibilities to allow visits to be conducted, as appropriate, via telehealth options.	
4/14/20	VDSS	ALF Regulations Requirements- Virginia- FAQs	**Documentation and Training Requirements** 22VAC40-73-120. Staff orientation and initial training • Allow leniency on topics staff need for orientation and training, excluding medication training 22VAC 40-73-210. Direct care staff training • If annual or other training deadlines occur during the state of emergency, extend for 90 days beyond the end of the state of emergency 22VAC40-73-220. Private duty personnel • Waive the requirement regarding TB screenings, orientation and training for private duty personnel. 22VAC40-73-240. Volunteers • Allow leniency on staff orientation, training, and annual training requirements for new volunteers. This would exclude resident	https://www.dss.virginia.gov/files/division/licensing/alf/intro_page/code_regulations/regulations/alf_leniency_list_04142020.pdf https://www.vhca.org/files/2020/04/ALF-COVID-19-FAQs-042020-1.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
			rights, confidentiality, emergency procedures, and infection control 22VAC40-73-250 Staff records and health requirements • For staff hired to ensure an adequate staffing pattern, waive the requirements for TB screenings and orientation/training requirements for these staff. Staff coming from facilities that are already licensed can copy and bring their file with them. If annual TB screening deadlines occur during the state of emergency, extend for 90 days beyond the end of the state of emergency. 22VAC40-73-260. First aid and CPR certification • For providers whose CPR, medication, or First Aid certifications expire during the state of emergency, extend these certifications for 90 days. 22VAC 40-73-320. Physical examination and report • If annual TB screening deadlines occur during the state of emergency, extend for 90 days beyond the end of the state of emergency 22VAC40-73-330. Mental health screening • Allow leniency in requiring a mental health screening no later than 30 days after admission if the facility does not have a qualified screener on staff, and document attempts to meet the requirements of the standard and the reason it was unable to do so. Article 2: Mixed Population 22VAC40-73-1030. Staff training • Allow an extension for direct care staff hired in response to the emergency to complete the required 6 hours of training in working with individuals who have a cognitive impairment. **Staff Qualification Requirements Assessment and Service Requirements** 22VAC40-73-360. Emergency placement • Allow leniency in the documentation and approval time frame requirements for emergency placement. 22VAC40-73-380. Resident personal and social information • Allow leniency in acquisition of certain personal and social information prior to or at the time of admission, including: service in the armed forces; lifetime vocation, career, or primary role; special interests and hobbies. 22VAC40-73-440. Uniform assessment instrument (UAI) • Public pay UAI that expires during the state of emergency may be extended to 90 days beyond the end of the state of emergency if the assessment is unable to be conducted. Facility	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			must maintain documentation attempting to obtain this annual assessment. 22VAC40-73-450. Individual Service Plan • Allowing leniency for the licensed resident's legal representative and/or family not signing Individual Service Plan 22VAC40-73-490. Health care oversight • Allowing leniency with regard to timeframes for the licensed health care professional providing oversight 22VAC40-73-520. Activity and recreational requirements • Allow leniency with regard to the number of activities and various types of activities offered each week, especially related to any group activities. 22VAC40-73-530.C Freedom of Movement • Allow leniency with regard to allowing freedom of movement for the residents to common areas; freedom of movement may be restricted due to health precautions. 22VAC40-73-540. Visiting in the facility • Allow leniency with regard to the facility's visitation policy and restrictions on visiting hours. 22VAC40-73-830. Resident councils • Allow leniency on standard requirements for resident councils in the facilities. 22VAC40-73-1080. Applicability • Allow leniency for the facility to deny previous written agreements that allowed a spouse, parent, sibling, or child to reside in the special care unit **Article 3: Safe, Secure Environment** 22VAC40-73-1120 Activities • Allow leniency on the number of hours and amount of time for scheduled activities available to the residents each week **Nutrition and Menu Requirements** 22VAC40-73-580. Food service and nutrition • Allow for facilities to offer resident meals in their room, and allow leniency on requirements for written agreement. Waive requirement that qualified mental health professional must make the determination for residents to eat in their rooms. Allow leniency on health department inspections during the state of emergency. 22VAC40-73-610 Menus for meals and snacks • Allow leniency for posting additions or deletions to menus.	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			22VAC40-73-620 A. Oversight of special diets • Allow leniency in oversight requirements described in this regulation if the oversight was scheduled to occur during the pandemic **Physical Plant Requirement** 22VAC40-73-760 Living room or multipurpose room • Allow leniency for facilities to temporarily restrict space other than sleeping areas, rather than providing resident space for sitting, for visiting with one another or with guests, for social and recreational activities, and for dining • 22VAC40-73-940 A Fire Safety: Compliance with state regulations and local fire ordinances • Allow leniency in required fire inspections during the state of emergency **Licensing Operations, Conducting Inspections** **General Procedures and Information for Licensure** 22VAC 40-80-100. Duration of licensure • Consider allowing the terms of the license to be extended, modification of license must be done. 22VAC 40-80-120. Terms of the license • Allow leniency on the terms of the license including expiration dates (allowing additional time for renewals), maximum number of residents to be in care and license modification requirements 22VAC 40-80-190. Modification • Allow leniency for license modifications. 22VAC 40-80-210. Renewal process • Allow additional time for submitting renewal applications 22VAC40-80-260 and 22VAC40-80-270 Problem Solving Conferences • Allow only desk reviews with the assigned licensing representative's immediate supervisor. Extend the time for the supervisor to desk review findings to 30 days of receipt of request and materials. Extend license renewals by 90 days during the state of emergency	
4/17/20	Executive Order - VA	Licensing of Out of State Healthcare Professionals	Executive Order 57 authorizes out-of-state licensed professionals, as well as residents, interns, and certain senior students to practice in the Commonwealth will assist in meeting that demand. In addition, permitting experienced nurse practitioners to practice without a	https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/EO-57-Licensing-of-Health-Care-Professionals-in-

VHCAVCAL

Date	Agency	Topic	Summary	Link
		Telehealth Expansion	practice agreement will increase the availability of primary care and hospital providers. Finally, expanding the use of telehealth will assist in the provision of needed health care services to the citizens of the Commonwealth. See link for specific details	Response-to-Novel-Coronavirus-(COVID-19).pdf
4/21/20	CMS	Blanket Waiver for Long Term Care and Skilled Nursing Facilities 3-Day Prior Hospitalization Spell of Illness MDS PBJ PASARR Physical Environment Resident Groups Training and Certification of Nurse Aides Physician Visits Telehealth Resident Roommates and Grouping Resident Transfers and Discharge Physicians Services Physician Delegation of Tasks in SNFS Physician Visits	**Long Term Care Facilities and Skilled Nursing Facilities (SNF) and/or Nursing Facilities** Changes noted from 3/31 memo are italicized • 3-Day Prior Hospitalization. Using the authority under Section 1812(f) of the Act, CMS is waiving the requirement for a 3-day prior hospitalization for coverage of a SNF stay, which provides temporary emergency coverage of SNF services without a qualifying hospital stay, for those people who experience dislocations, or are otherwise affected by COVID-19. In addition, for certain beneficiaries who recently exhausted their SNF benefits, it authorizes renewed SNF coverage without first having to start a new benefit period (this waiver will apply only for those beneficiaries who have been delayed or prevented by the emergency itself from commencing or completing the process of ending their current benefit period and renewing their SNF benefits that would have occurred under normal circumstances) • Reporting Minimum Data Set. CMS is waiving 42 CFR 483.20 to provide relief to SNFs on the timeframe requirements for Minimum Data Set assessments and transmission • Staffing Data Submission. CMS is waiving 42 CFR 483.70(q) to provide relief to long-term care facilities on the requirements for submitting staffing data through the Payroll-Based Journal system • Waive Pre-Admission Screening and Annual Resident Review (PASARR). CMS is waiving 42 CFR 483.20(k), allowing nursing homes to admit new residents who have not received Level 1 or Level 2 Preadmission Screening. Level 1 assessments may be performed post-admission. • On or before the 30th day of admission, new patients admitted to nursing homes with a mental illness (MI) or intellectual disability (ID) should be referred promptly by the nursing home to State PASARR program for Level 2 Resident Review.	https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c06.pdf)

Date	Agency	Topic	Summary	Link
			• Physical Environment. CMS is waiving requirements related at 42 CFR 483.90, specifically the following:	
			• Provided that the state has approved the location as one that sufficiently addresses safety and comfort for patients and staff, CMS is waiving requirements under § 483.90 to allow for a non-SNF building to be temporarily certified and available for use by a SNF in the event there are needs for isolation processes for COVID-19 positive residents, which may not be feasible in the existing SNF structure to ensure care and services during treatment for COVID-19 are available while protecting other vulnerable adults.	
			• CMS believes this will also provide another measure that will free up inpatient care beds at hospitals for the most acute patients while providing beds for those still in need of care. CMS will waive certain conditions of participation and certification requirements for opening a NF if the state determines there is a need to quickly stand up a temporary COVID-19 isolation and treatment location.	
			• CMS is also waiving requirements under 42 CFR 483.90 to temporarily allow for rooms in a long-term care facility not normally used as a resident's room, to be used to accommodate beds and residents for resident care in emergencies and situations needed to help with surge capacity. Rooms that may be used for this purpose include activity rooms, meeting/conference rooms, dining rooms, or other rooms, as long as residents can be kept safe, comfortable, and other applicable requirements for participation are met. This can be done so long as it is not inconsistent with a state's emergency preparedness or pandemic plan, or as directed by the local or state health department.	
			• Resident Groups. CMS is waiving the requirements at 42 CFR 483.10(f)(5), which ensure residents can participate in-person in resident groups. This waiver would only permit the facility to restrict in-person meetings during the national emergency given the recommendations of social distancing and limiting gatherings of more than ten people. Refraining from in-person gatherings will help prevent the spread of COVID-19.	
			• Training and Certification of Nurse Aides. CMS is waiving the requirements at 42 CFR 483.35(d) (with the exception of 42 CFR 483.35(d)(1)(i)), which require that a SNF and NF may not employ anyone for longer than four months unless they met the training and certification requirements under § 483.35(d). CMS is waiving these requirements to assist in potential staffing	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			shortages seen with the COVID-19 pandemic. To ensure the health and safety of nursing home residents, CMS is not waiving 42 CFR § 483.35(d)(1)(i), which requires facilities to not use any individual working as a nurse aide for more than four months, on a full-time basis, unless that individual is competent to provide nursing and nursing related services. We further note that we are not waiving § 483.35(c), which requires facilities to ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care. • Physician Visits in Skilled Nursing Facilities/Nursing Facilities. CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in- person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options. • Resident Roommates and Grouping. CMS is waiving the requirements in 42 CFR 483.10(e) (5), (6), and (7) solely for the purposes of grouping or cohorting residents with respiratory illness symptoms and/or residents with a confirmed diagnosis of COVID-19, and separating them from residents who are asymptomatic or tested negative for COVID-19. This action waives a facility's requirements, under 42 CFR 483.10, to provide for a resident to share a room with his or her roommate of choice in certain circumstances, to provide notice and rationale for changing a resident's room, and to provide for a resident's refusal a transfer to another room in the facility. This aligns with CDC guidance to preferably place residents in locations designed to care for COVID-19 residents, to prevent the transmission of COVID-19 to other residents. • Resident Transfer and Discharge. CMS is waiving requirements in 42 CFR 483.10(c)(5); 483.15(c) (3), (c)(4)(ii), (c)(5)(i) and (iv), (c)(9), and (d); and § 483.21(a)(1)(i), (a)(2)(i), and (b) (2)(i) (with some exceptions) to allow a long term care (LTC) facility to transfer or discharge residents to another LTC facility solely for the following cohorting purpose • Transferring residents with symptoms of a respiratory infection or confirmed diagnosis of COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents; • Transferring residents without symptoms of a respiratory infection or confirmed to not have COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents to prevent them from acquiring COVID-19; or	

- Transferring residents without symptoms of a respiratory infection to another facility that agrees to accept each specific resident to observe for any signs or symptoms of a respiratory infection over 14 days.

Exceptions

These requirements are **only** waived in cases where the transferring facility receives confirmation that the receiving facility agrees to accept the resident to be transferred or discharged. Confirmation may be in writing or verbal. If verbal, the transferring facility needs to document the date, time, and person that the receiving facility communicated agreement.

- In § 483.10, we are only waiving the requirement, under § 483.10(c)(5), that a facility provide advance notification of options relating to the transfer or discharge to another facility. Otherwise, all requirements related to § 483.10 are not waived. Similarly, in § 483.15, we are only waiving the requirement, under § 483.15(c)(3), (c)(4)(ii), (c)(5)(i) and (iv), and (d), for the written notice of transfer or discharge to be provided before the transfer or discharge. This notice must be provided as soon as practicable.
- In § 483.21, we are only waiving the timeframes for certain care planning requirements for residents who are transferred or discharged for the purposes explained in 1–3 above. Receiving facilities should complete the required care plans as soon as practicable, and we expect receiving facilities to review and use the care plans for residents from the transferring facility, and adjust as necessary to protect the health and safety of the residents the apply to.
- These requirements are also waived when the transferring residents to another facility, such as a COVID-19 isolation and treatment location, with the provision of services "under arrangements," as long as it is not inconsistent with a state's emergency preparedness or pandemic plan, or as directed by the local or state health department. In these cases, the transferring LTC facility need not issue a formal discharge, as it is still considered the provider and should bill Medicare normally for each day of care. The transferring LTC facility is then responsible for reimbursing the other provider that accepted its resident(s) during the emergency period.

Date	Agency	Topic	Summary	Link
			• If the LTC facility does not intend to provide services under arrangement, the COVID-19 isolation and treatment facility is the responsible entity for Medicare billing purposes. The LTC facility should follow the procedures described in 40.3.4 of the Medicare Claims Processing Manual to submit a discharge bill to Medicare. The COVID-19 isolation and treatment facility should then bill Medicare appropriately for the type of care it is providing for the beneficiary. If the COVID-19 isolation and treatment facility is not yet an enrolled provider, the facility should enroll through the provider enrollment hotline for the Medicare Administrative Contractor that services their geographic area to establish temporary Medicare billing privileges. LTC facilities are responsible for ensuring that any transfers (either within a facility, or to another facility) are conducted in a safe and orderly manner, and that each resident's health and safety is protected. • Physician Services. CMS is providing relief to long-term care facilities related to provision of physician services through the following actions: • Physician Delegation of Tasks in SNFs. 42 CFR 483.30(e)(4). CMS is waiving the requirement in 83.30(e)(4) that prevents a physician from delegating a task when the regulations specify that the physician must perform it personally. This waiver gives physicians the ability to delegate any tasks to a physician assistant, nurse practitioner, or clinical nurse specialist who meets the applicable definition in 42 CFR 491.2 or, in the case of a clinical nurse specialist, is licensed as such by the State and is acting within the scope of practice laws as defined by State law. We are temporarily modifying this regulation to specify that any task delegated under this waiver must continue to be under the supervision of the physician. This waiver does not include the provision of § 483.30(e)(4) that prohibits a physician from delegating a task when the delegation is prohibited under State law or by the facility's own policy. • Physician Visits. 42 CFR 483.30(c)(3). CMS is waiving the requirement at § 483.30(c)(3) that all required physician visits (not already exempted in § 483.30(c)(4) and (f)) must be made by the physician personally. We are modifying this provision to	

Date	Agency	Topic	Summary	Link
			permit physicians to delegate any required physician visit to a nurse practitioner (NPs), physician assistant, or clinical nurse specialist who is not an employee of the facility, who is working in collaboration with a physician, and who is licensed by the State and performing within the state's scope of practice laws. **Note to Facilities.** These actions will assist in potential staffing shortages, maximize the use of medical personnel, and protect the health and safety of residents during the PHE. We note that we are not waiving the requirements for the frequency of required physician visits at § 483.30(c) (1). As set out above, we have only modified the requirement to allow for the requirement to be met by an NP, physician assistant, or clinical nurse specialist, and via telehealth or other remote communication options, as appropriate. In addition, we note that we are not waiving our requirements for physician supervision in § 483.30(a)(1), and the requirement at § 483.30(d) (3) for the facility to provide or arrange for the provision of physician services 24 hours a day, in case of an emergency. It is important that the physician be available for consultation regarding a resident's care.	
4/23/20	Executive Order - VA	Preadmission Screening- DMAS	In accordance with **Executive Order 58**, The Department of Medical Assistance Services (DMAS) will suspend preadmission screening pursuant to § 32.1-330 of the Code of Virginia. All new nursing facility admissions will be treated like exempted hospital discharges.	https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/EO-58-Access-to-Medicaid-covered-Health-Care-Services-in-Response-to-Novel-Coronavirus-(COVID-19).pdf
4/28/20		Liability Protection for VA HCP	**Executive Order 60** reinforces certain existing statutory liability for protections for Virginia healthcare worker. Due to COVID-19, public and private healthcare providers are operating with limited resources and may be forced to serve patients outside of conventional standards of care. This order clarifies that these statures protect healthcare workers operating during the COVID-19 crisis. Nothing in this order prevents liability in the case of gross negligence or willful misconduct	https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/EO-60-Clarification-of-Certain-Immunity-From-Liability-For-Healthcare-Providers-in-Response-to-Novel-Coronavirus-(COVID-19).pdf https://myemail.constantcontact.com/VHCA-VCAL---Notes-on-Roster-Billing-for--20-Day-Add-On--Liability-Protections--CDC-Webinars-and-Updated-COVID-19-Symptoms.html?soid=1011233811022&aid=vfh0SpOCl0Y
4/29/20	CMS	QAPI	**Blanket Waivers- retroactive to March 1, 2020.** New Blanket Waivers	https://www.cms.gov/files/document/covid-long-term-care-facilities.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
		In-Service Training Discharge Planning Clinical Records Inspection, Testing, Maintenance under Physical Environment	QAPI CMS is modifying certain QAPI program requirements—specifically, §483.75(b)–(d) and (e)(3)—to the extent necessary to narrow the scope of the QAPI program to focus on adverse events and infection control. The following sections are waived: • §483.75(b) Program design and scope, which includes "address all systems of care and management practices"; • §483.75(c) Program feedback, data systems and monitoring; • §483.75(d) Program systematic analysis and systemic action; and • §483.75(e)(3) Performance improvement projects. In-service Training CMS is modifying certain QAPI program requirements—specifically, §483.75(b)–(d) and (e)(3)—to the extent necessary to narrow the scope of the QAPI program to focus on adverse events and infection control. • Detailed Information Sharing for Discharge Planning for Long-Term Care (LTC) Facilities CMS is waiving the discharge planning requirement which requires LTC facilities to assist residents and their representatives in selecting a post-acute care provider using data, such as standardized patient assessment data, quality measures and resource use. CMS is maintaining all other discharge planning requirements, including the discharge plan. • Clinical Records CMS is modifying the requirement which requires LTC facilities to provide a resident a copy of their records within two working days (when requested by the resident) by allowing facilities 10 working days to provide the requested record. • Inspection, Testing & Maintenance (ITM) under the Physical Environment CMS is waiving certain physical environment requirements for providers including ICF/IIDs and SNFs/NFs to the extent necessary to permit facilities to adjust scheduled inspection, testing and maintenance (ITM) frequencies, and activities for facility and medical equipment required by the Life Safety Code (LSC) and Health Care Facilities Code (HCFC.) • The following LSC and HCFC ITM are considered critical and are not included in this waiver: ○ Sprinkler system monthly electric motor-driven and weekly diesel engine-driven fire pump testing. ○ Portable fire extinguisher monthly inspection. ○ Elevators with firefighters' emergency operations monthly testing.	

| | | | o Emergency generator 30 continuous minute monthly testing and associated transfer switch monthly testing. | |
| | | | o Means of egress daily inspection in areas that have undergone construction, repair, alterations, or additions to ensure its ability to be used instantly in case of emergency.
SNFs/NFs are required to have an outside window or outside door in every sleeping room. CMS will permit a waiver of these outside window and outside door requirements to permit these providers to use facility and non-facility space that is not normally used for patient care for temporary patient care or quarantine.
Updates to Previously Issued Regulatory Blanket Waivers
• Resident Transfer and Discharge CMS continues to waive requirements to allow a LTC facility to transfer or discharge residents to another LTC facility solely for the following cohorting purposes. Changes in the language regarding resident's care plans in **bold** below.
  o Transferring residents with symptoms of a respiratory infection or confirmed diagnosis of COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents;
  o Transferring residents without symptoms of a respiratory infection or confirmed to not have COVID-19 to another facility that agrees to accept each specific resident, and is dedicated to the care of such residents to prevent them from acquiring COVID-19, as well as providing treatment or therapy for other conditions as required by the resident's plan of care; or
  o Transferring residents without symptoms of a respiratory infection to another facility that agrees to accept each specific resident to observe for any signs or symptoms of a respiratory infection over 14 days.
• Waive Pre-Admission Screening and Annual Resident Review (PASARR) CMS is allowing nursing homes to admit new residents who have not received Level 1 or Level 2 Preadmission Screening. Level 1 assessments may be performed post-admission. On or before the 30th day of admission, new patients admitted to nursing homes with a mental illness (MI) or intellectual disability (ID) should be referred promptly by the nursing home to State PASARR program for Level 2 Resident Review.
 Note: This language is included in the summary waiver list for all providers and differs slightly from the text in the LTC specific waiver summary. | |

VHCAVCAL

Date	Agency	Topic	Summary	Link
			• Telehealth CMS is waiving the requirements of section 1834(m)(4)(E) of the Act and 42 CFR § 410.78 (b)(2) which specify the types of practitioners that may bill for their services when furnished as Medicare telehealth services from the distant site. o This waiver expands the types of health care professionals that can furnish distant site telehealth services to include all those that are eligible to bill Medicare for their professional services. o This allows health care professionals who were previously ineligible to furnish and bill for Medicare telehealth services, including physical therapists, occupational therapists, speech language pathologists, and others, to receive payment for Medicare telehealth services. o May impact SNFs that furnish outpatient therapy in AL, IL, and the community. CMS did not provide billing guidance – SNF providers contact their MAC for guidance. • CMS Delays Implementation of New MDS Items (Transfer of Health Information and Certain SPADES) Adopted for the SNF QRP for 2 Year The interim final rule from CMS also delays implementation of new MDS items for SNF QRP as described below: o This delay will enable SNFs to continue using the current version of the MDS 3.0 v1.17.1 o CMS will require SNFs to collect data on the transfer of health information measures and SPADES data on October 1 of the 1st of the year that is at least two full fiscal years after the end of the COVID-19 public health emergency. CMS will work with SNFs prior to implementation to address questions related to training and software update needs.	
5/11/20	CMS	1135 Blanket Waivers Telehealth	1135 Blanket Waiver Updates **Expanded Ability for Hospitals to Offer Long-term Care Services ("Swing-Beds") for Patients Who do not Require Acute Care but do Meet the Skilled Nursing Facility (SNF) Level of Care Criteria as Set Forth at 42 CFR 409.31.** (New since 4/30 Release) Under section 1135(b)(1) of the Act, CMS is waiving the requirements at 42 CFR 482.58, "*Special Requirements for hospital providers of long-term care services ("swing-beds")*" subsections (a)(1)-(4) *"Eligibility"*, to allow hospitals to establish SNF swing beds payable under the SNF prospective payment system (PPS) to provide additional options for hospitals with patients who no longer require acute care but are unable to find placement in a SNF.	https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf

VHCAVCAL

Date	Agency	Topic	Summary	Link
			In order to qualify for this waiver, hospitals must: • Not use SNF swing beds for acute level care. • Comply with all other hospital conditions of participation and those SNF provisions set out at 42 CFR 482.58(b) to the extent not waived. • Be consistent with the state's emergency preparedness or pandemic plan. Hospitals must call the CMS Medicare Administrative Contractor (MAC) enrollment hotline to add swing bed services. The hospital must attest to CMS that: They have made a good faith effort to exhaust all other options; • There are no skilled nursing facilities within the hospital's catchment area that under normal circumstances would have accepted SNF transfers, but are currently not willing to accept or able to take patients because of the COVID-19 public health emergency (PHE); • The hospital meets all waiver eligibility requirements; and They have a plan to discharge patients as soon as practicable, when a SNF bed becomes available, or when the PHE ends, whichever is earlier. This waiver applies to all Medicare enrolled hospitals, except psychiatric and long term care hospitals that need to provide post-hospital SNF level swing-bed services for non-acute care patients in hospitals, so long as the waiver is not inconsistent with the state's emergency preparedness or pandemic plan. The hospital shall not bill for SNF PPS payment using swing beds when patients require acute level care or continued acute care at any time while this waiver is in effect. This waiver is permissible for swing bed admissions during the COVID-19 PHE with an understanding that the hospital must have a plan to discharge swing bed patients as soon as practicable, when a SNF bed becomes available, or when the PHE ends, whichever is earlier. **Paid Feeding Assistants.** (New since 4/30 Release) CMS is modifying the requirements at 42 CFR §§ 483.60(h)(1)(i) and 483.160(a) regarding required training of paid feeding assistants. Specifically, CMS is modifying the minimum timeframe requirements in these sections, which require this training to be a minimum of 8 hours. CMS is modifying to allow that the training can be a minimum of 1 hour in length. CMS is not waiving any other requirements under 42 CFR §483.60(h) related to paid feeding assistants or the required training content at 42 CFR §483.160(a)(1)-(8), which contains infection control training and other elements. Additionally, CMS is also not waiving or modifying the requirements at 42 CFR	

VHCAVCAL

Date	Agency	Topic	Summary	Link
			§483.60(h)(2)(i), which requires that a feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN). **Specific Life Safety Code (LSC) for Multiple Providers - Waiver Information:** (New since 4/30 Release) CMS is waiving and modifying particular waivers under 42 CFR §482.41(b) for hospitals; §485.623(c) for CAHs; §418.110(d) for inpatient hospice; §483.470(j) for ICF/IIDs and §483.90(a) for SNF/NFs. Specifically, CMS is modifying these requirements as follows: • **Alcohol-based Hand-Rub (ABHR) Dispensers:** We are waiving the prescriptive requirements for the placement of alcohol based hand rub (ABHR) dispensers for use by staff and others due to the need for the increased use of ABHR in infection control. However, ABHRs contain ethyl alcohol, which is considered a flammable liquid, and there are restrictions on the storage and location of the containers. This includes restricting access by certain patient/resident population to prevent accidental ingestion. Due to the increased fire risk for bulk containers (over five gallons) those will still need to be stored in a protected hazardous materials area. Refer to: 2012 LSC, sections 18/19.3.2.6. In addition, facilities should continue to protect ABHR dispensers against inappropriate use as required by 42 CFR §482.41(b)(7) for hospitals; §485.623(c)(5) for CAHs; §418.110(d)(4) for inpatient hospice; §483.470(j)(5)(ii) for ICF/IIDs and §483.90(a)(4) for SNF/NFs. • **Fire Drills:** Due to the inadvisability of quarterly fire drills that move and mass staff together, we will instead permit a documented orientation training program related to the current fire plan, which considers current facility conditions. The training will instruct employees, including existing, new or temporary employees, on their current duties, life safety procedures and the fire protection devices in their assigned area. Refer to: 2012 LSC, sections 18/19.7.1.6. • **Temporary Construction:** CMS is waiving requirements that would otherwise not permit temporary walls and barriers between patients. Refer to: 2012 LSC, sections 18/19.3.3.2.	

VHCAVCAL

Date	Agency	Topic	Summary	Link
5/26/20	DMAS	Medicaid Memo on 1135 Waiver LTSS PASRR MDS CNA	**DMAS Medicaid Memo on 1135 Waiver Clarifications and Changes Related to the Medicaid Long Term Services and Supports (LTSS) Screening** • **LTSS Screening for Nursing Facilities** • For individuals requesting and needing nursing facility (NF) services (including skilled, rehab, or custodial care) directly after discharge from a hospital, the requirement for a Medicaid LTSS Screening is suspended during the COVID-19 public health emergency. For admissions occurring after March 12, 2020, NFs do not need to obtain Medicaid LTSS Screening packages that would normally be required by 12VAC30-60-308, and may admit individuals without the Medicaid LTSS screening package. The individual may be admitted directly to the NF without a LTSS Screening. NFs must follow the directions below regarding the screening, evaluation and determination for specialized services for individuals who potentially have mental illness, intellectual disability or a related condition, and assure completion resident reviews. This process is known as Pre-Admission Screening and Resident Review (PASRR). • The same requirements that apply to the DMAS 97 Individual Choice form for HCBS screenings also apply in NFs: CBTs and HBTs may obtain verbal consent of the individual or authorized representative for the DMAS-97 when two LTSS screeners/individuals verify the response. Both witnesses should sign the DMAS-97 to indicate the individual's verbal choice, and this form should be maintained with the individual's case record. • For those individuals choosing NF care, the original DMAS-97 should be forwarded to the NF and the hospital should retain a copy. • **Nursing Facilities and Preadmission Screening and Resident Review (PASRR)** • DMAS is temporarily suspending PASRR Level II evaluations for 30 days after an individual's admission. During the declared COVID-19 public health emergency, all admissions to NFs may be treated as exempted hospital discharges under 42 CFR 483.106. If the individual remains in a NF after 30 days, a resident review shall be conducted as soon as reasonably possible. NFs should follow the processes for resident review, and notify Ascend, A Maximus Company, for scheduling evaluations related to mental illness, intellectual disability or related conditions. • **Minimum Data Set (MDS)**	https://www.vhca.org/files/2020/05/5.26.20_New-1135-Waiver-and-Administrative-Provider-Flexibilities_FINAL.pdf http://dmas.virginia.gov/contactforms/#/general

VHCAVCAL

Date	Agency	Topic	Summary	Link
			• Virginia is following the Medicare waiver of 42 CFR 483.20 to provide relief to skilled nursing facilities (SNFs) on the timeframe requirements for MDS assessments and transmissions. This guidance is provided for Medicaid members and may be adjusted to comport with guidance that CMS may issue pertaining to Medicare residents. • NFs should continue to complete MDS assessments for new admissions. This assessment is necessary for appropriate care planning and to establish the RUG for Medicaid billing. These assessments should be completed within 30 days (rather than 14 days) of admission. For residents transitioning from Medicare covered SNF care to Medicaid covered NF care, the NF may use the Medicaid RUG from an Omnibus Budget Reconciliation Act (OBRA) assessment within 30 days of transition. Otherwise, the NF must complete an admission assessment. However, DMAS will waive the requirement for quarterly and comprehensive assessments and significant change assessments if the clinical staff is unable to submit them timely. For Medicaid billing purposes, the provider may continue to bill the RUG from the most recent assessment. DMAS encourages NFs to complete the MDS as soon as possible after a significant change as it both informs care planning and establishes the appropriate Medicaid RUG for billing. A RUG for a significant change assessment can be billed back to the significant change as long as the assessment is within 30 days (rather than 14 days) of the significant change assessment. NFs should continue to submit the correct Assessment Reference Date (ARD) associated with the assessment that generated the RUG submitted on the claim, even though the ARD will not be taken into account during claim processing. All completed assessments should be transmitted to CMS via the Quality Improvement and Evaluation System – Assessment Submission and Processing (QIES-ASAP) application as soon as possible. • This waiver will last through the end of the emergency declaration. NFs have until the end of the following quarter to reset the quarterly assessment schedule by completing assessments on a staggered based to avoid quarterly assessments due at the same time. • **Nurse Aides in Nursing Facilities -Temporarily suspending the four-month limitation in 42 C.F.R. §483.35(d) (except for 42 C.F.R. §483.35(d)(1)(i)) for individuals working in nursing facilities as a nurse aide on a full-time basis.**	

Date	Agency	Topic	Summary	Link
			• SNFs and NFs may temporarily employ individuals, who are not certified nurse aides, to perform the duties of a nurse aide for more than four months, on a full-time basis. These facilities still must comply with 42 C.F.R § 483.35(c) by ensuring that nurse aides are able to demonstrate competency in the provision of nursing and nursing related services and skills and techniques necessary to care for residents' needs, as identified through resident assessments and described in the plan of care.	
6/10/20	Executive Order - VA	Preadmission Screening- DMAS	Executive Orders 57 and 58, which were set to expire on June 10 will remain in effect for the duration of the COVID-19 state of emergency unless amended or rescinded. EO 57 addresses out-of-state licensees; EO 58 suspended screening requirements for hospital discharges to nursing facilities.	https://www.vhca.org/publications/careconnection/
7/21/20	DMAS	Preadmission Screening PASRR MDS CNA	This memorandum (which supersedes the memo dated July 21, 2020 entitled, "COVID-19 Continuations Until 8/31/20 and 10/22/20") is a REVISION to the previous memo. Nursing Facilities: Per provision 313.LLLLL in the 2020 Appropriations Act, the additional $20 per diem payment for nursing homes and specialized care facilities shall continue for the period of the Governor's Declaration of a State of Emergency in Executive Order 51. DMAS will continue to extend the following flexibilities until October 22, 2020. • Suspend Pre-Admission Screening and Annual Resident Review (PASARR) Level I and Level II Assessments for 30 days. • Extend minimum data set authorizations for nursing facility and skilled nursing facility (SNF) residents. • Waive 42 CFR 483.20(k) allowing nursing homes to admit new residents who have not reached Level 1 or Level 2 Preadmission Screening. Level 1 assessments may be performed post-admission. On or before the 30th day of admission, new patients admitted to nursing homes with a mental illness or intellectual disability should be referred promptly by the nursing home to state PASARR program for Level 2 Resident Review. • Waive the requirements at 42 CFR 483.35(d) (with the exception of 42 CFR 483.35(d)(1)(i)), which require that a SNF and NF may not employ anyone for longer than four months unless they met the training and certification requirements under § 483.35(d).	https://www.ecm.virginiamedicaid.dmas.virginia.gov/WorkplaceXT/getContent?impersonate=true&id=%7BE0D18073-0000-C81C-9AB8-A4057EEE7930%7D&vsId=%7BF0FA7473-0000-C613-BEA7-066B93D53108%7D&objectType=document&objectStoreName=VAPRODOS1

Date	Agency	Topic	Summary	Link
8/12/20	VA- Dept. of Health Prof. Board of Nursing	Nurse Aide Education Program	The Board of Nursing issued an additional waiver on August 10, 2020 t for the following: Nurse Aide Education Program. 18VAC90-26-20. Establishing and Maintaining a Nurse Aide Education Program. 1. Demonstrate evidence of compliance with the following essential elements: e. Skills training experience in a nursing facility that has not been subject to penalty or penalties as provided in 42 CFR 483.151(b)(2) (Medicare and Medicaid Programs: Nurse Aide Training and Competency Evaluation and Paid Feeding Assistants, revised October 1, 2013 edition) in the past two years. The foregoing shall not apply to a nursing facility that has received a waiver from the state survey agency in accordance with federal law. Purpose of the August 10, 2020 Waiver The waiver provides a suspension for current and incoming nurse aide students effective August 10, 2020 through December 31, 2020. The suspension of this regulation enables programs to complete the 40-hour direct client care training of enrolled students in alternate clinical sites to include licensed hospitals, hospice facilities, assisted living facilities, rehabilitation centers, and dementia care units. Regulations do not provide for completion of the 40 hours in the laboratory setting. Note: If this training occurs in a nursing facility, the facility shall not be subject to a penalty or penalties as provided in 42 CFR 483.151(b)(2). Acceptable alternate sites would include licensed hospitals, hospice facilities, assisted living facilities, rehabilitation centers, and dementia care units.	https://www.dhp.virginia.gov/media/dhpweb/docs/nursing/leg/RegulationsWaiverNurseAideTraining08102020.pdf
10/16/20	CMS	1135 Blanket Waivers 3 Day Stay Benefit Period	On October 2, Secretary of HHS renewed the declaration of the COVID-19 national public health emergency (PHE) to extend through at least January 20. 2021. See link for AHCA fact sheet for guidance for 3 day hospital stay and benefit period waivers.	https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-2Oct2020.aspx https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf https://www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/3-Day%20Waiver%20FAQ.pdf

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