NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

LTC Vaccine and Visitation Agenda 5/6/2021

Topic	Presenter/Facilitator
Moderator/Opening Remarks	**Megan Davies** *NC Division of Public Health*
Epi Updates	**Elizabeth (Libby) McClure** *NC Division of Public Health*
COVID-19 Vaccination	**Patrick Brown** *NC Division of Public Health*
Infection Prevention	**Amy Braden** *NC Division of Public Health*
Safe Visitation in Licensed Residential Living Facilities	***NC Division of Health Service Regulation*** **Emery Milliken,** Deputy Director **Michiele Elliot,** Chief, MHL&C **Greta Hill,** Assistant Chief, ACHL&C **Megan Lamphere,** Chief, ACLS **Becky Wertz,** Chief, NHL&C *Special Guest:* **Sheree Byrd**, Nursing Home Administrator *Givens Highland Farms in Black Mountain*
Closing Remarks & Questions	

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Logistics for today's COVID-19 Forum

NCPH North Carolina Public Health

Question during the live webinar



Technical assistance

technicalassistanceCOVID19@gmail.com

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Epi Update

(Data from NC COVID, 5/3/2021 at 2pm)

Long Term Care Facility Outbreaks, Cases, and Deaths

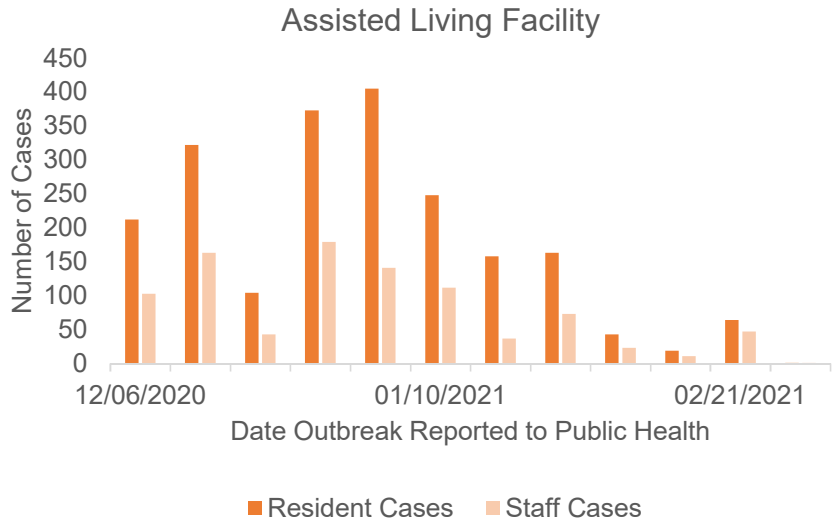
12/1/2020 – 5/3/2021

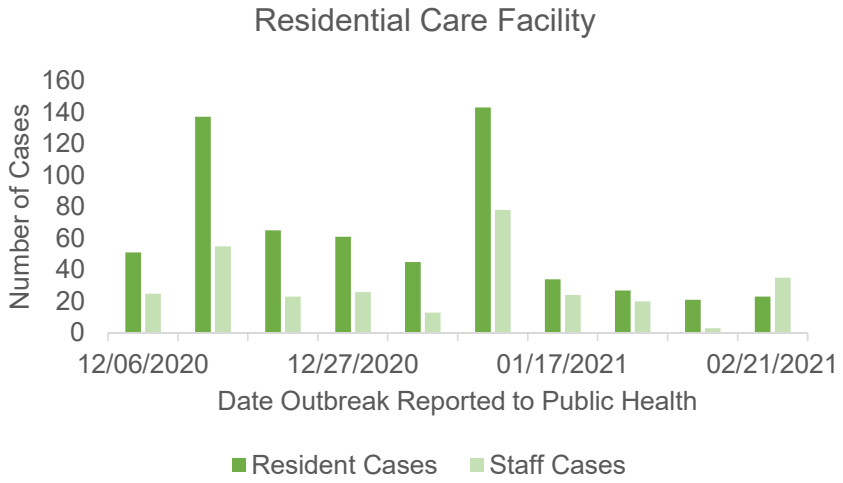
Facility Type	Outbreaks	Residents		Staff	
		Cases	*Deaths*	*Cases*	*Deaths*
Adult Care Home	144	2302	226	1052	2
Continuing Care Retirement Community	40	709	53	256	0
Residential Care Facility	39	771	82	384	1
Skilled Nursing Facility	181	4025	639	2599	0

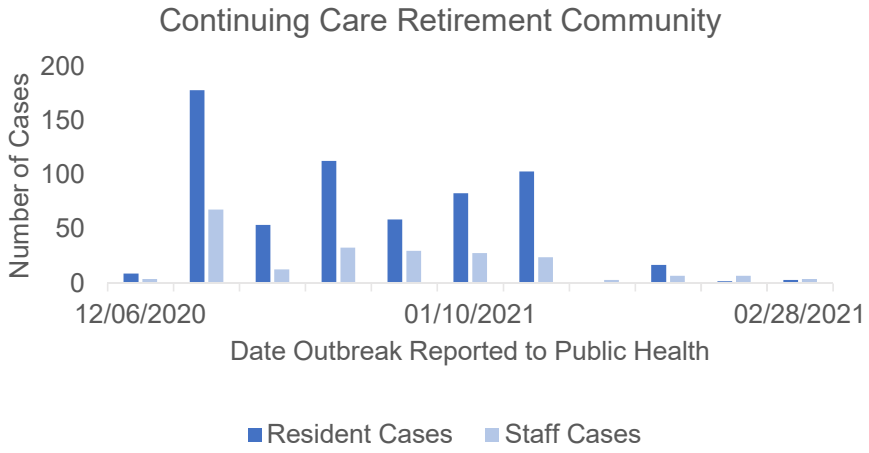
Outbreak-Linked Cases by Facility Type

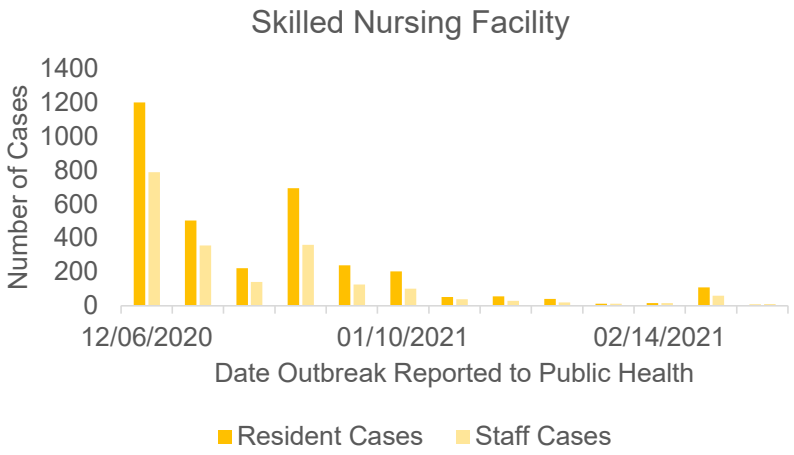


Resident and Staff Cases at End of Outbreak

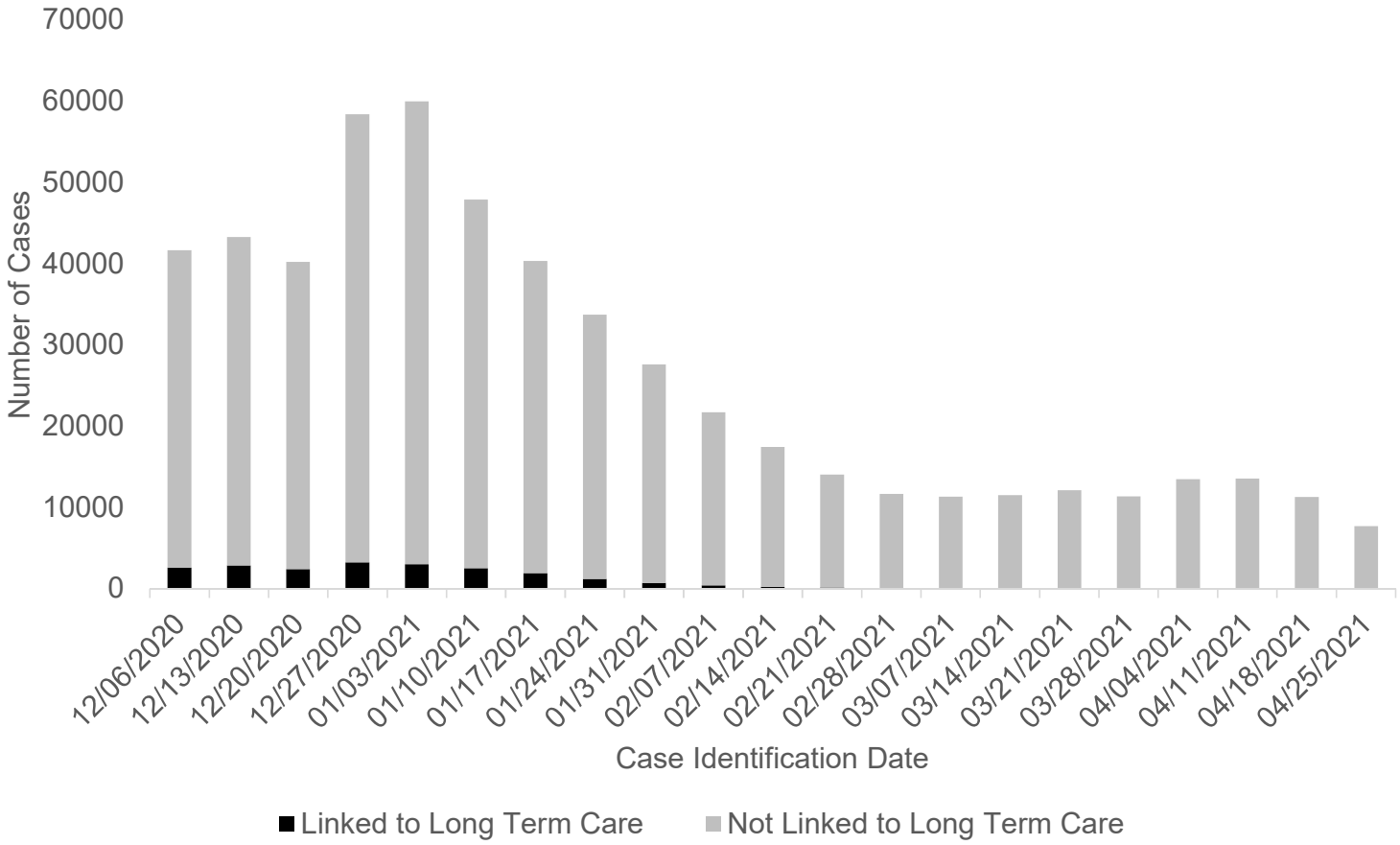




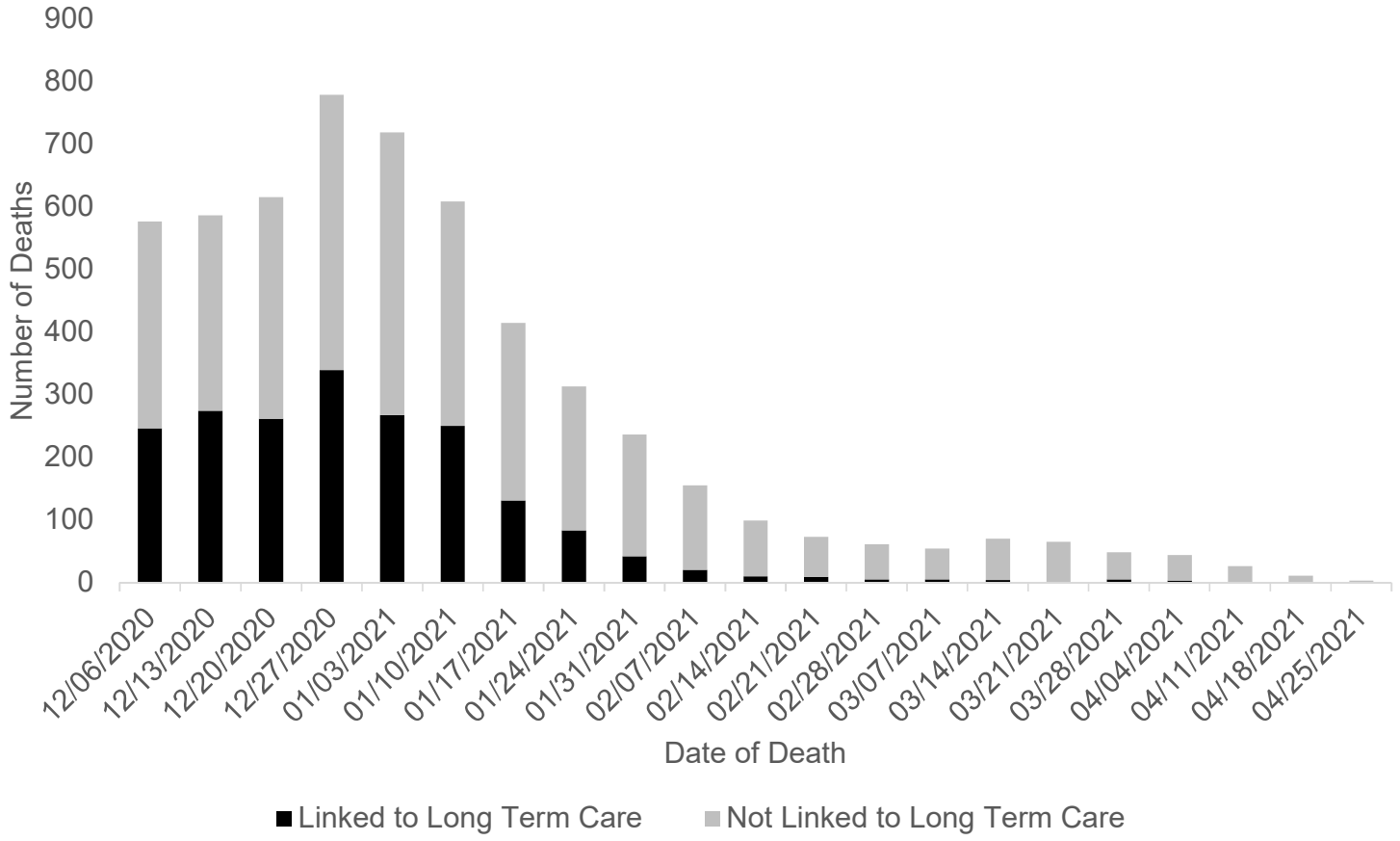




Community & Long Term Care Cases per Week



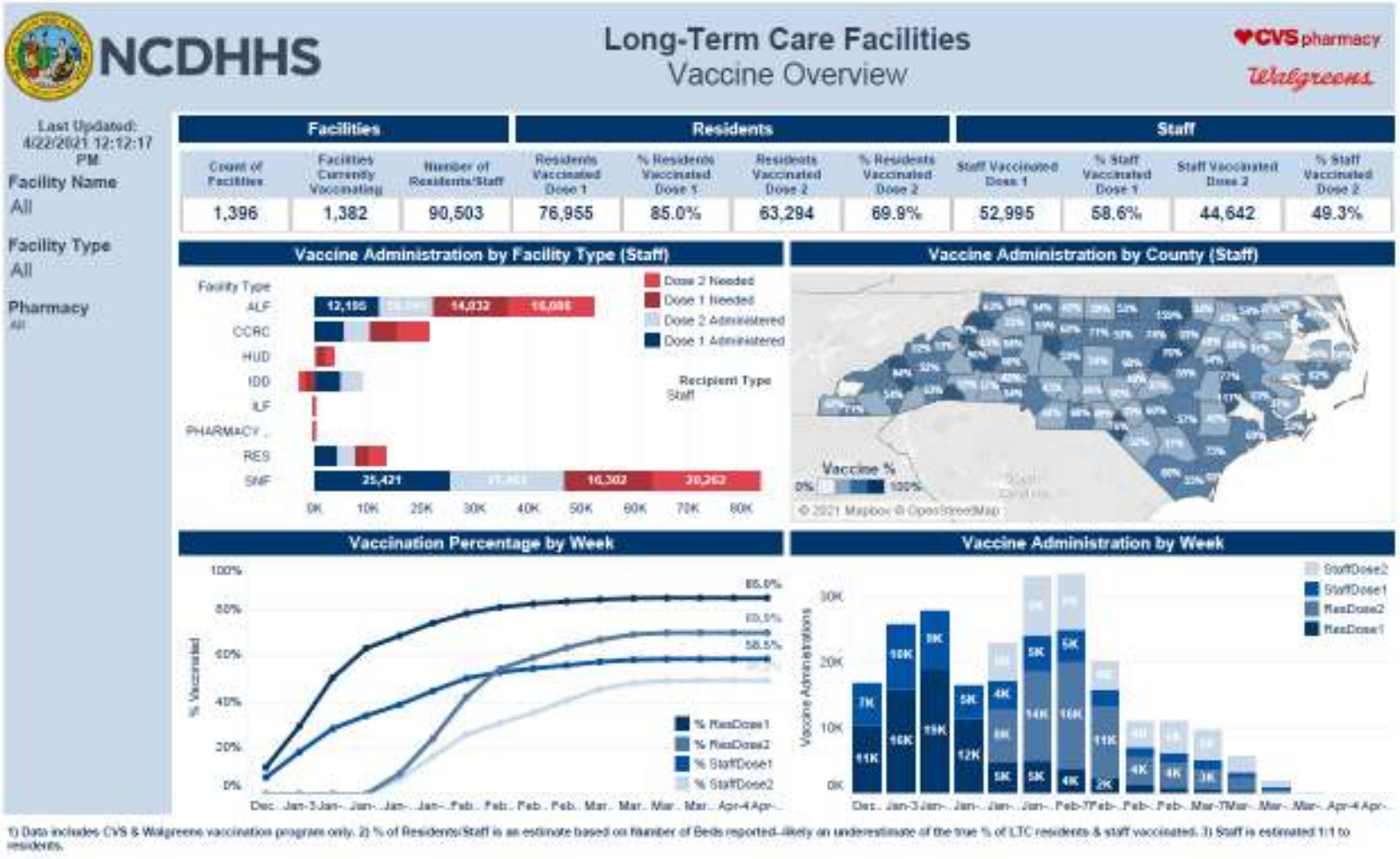
Community & Long Term Care Deaths per Week



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Vaccine Update

Vaccination Updates



1) Data includes CVS & Walgreens vaccination program only. 2) % of Residents/Staff is an estimate based on Number of Beds reported--likely an underestimate of the true % of LTC residents & staff vaccinated. 3) Staff is estimated 1:1 to residents.

Ongoing Pharmacy Coverage Summary

Facility Coverage	Allocations To Date
Confirmed coverage for 42% of LTC Facilities (46% of beds) by 20 LTC pharmacies	45,610 total vaccines allocated to LTC pharmacies in NC through state and federal programs

Preview for Future Conversation

How can we work together to help increase LTC staff vaccination rates?

Please email patrick.brown@dhhs.nc.gov if you have ideas, success stories, best practices, or major challenges

Infection Prevention Update



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Core Principles of Infection Prevention – Promoting Behaviors that Prevent Spread

- **Screening** of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions about and observations of signs or symptoms), and denial of entry of those with signs or symptoms or those who have had close contact with someone with COVID-19 infection in the prior 14 days (regardless of the visitor's vaccination status)
- **Hand hygiene** (use of alcohol-based hand rub is preferred)
- **Face covering or mask** (covering mouth and nose) and **social distancing** at least six feet between persons, in accordance with CDC guidance
- Instructional **signage** throughout the facility and proper visitor **education** on COVID19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified 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) –** cloth face coverings are not HCP PPE
- Effective **cohorting** of residents (e.g., COVID-19 care, quarantine area/unit)
- Resident and staff **testing** conducted as required/recommended by CMS and CDC

Importance of Vaccination in HCP/Staff/Residents

- COVID-19 Vaccination will help keep you from getting COVID-19
- COVID-19 vaccination is a safer way to help build protection
- COVID-19 vaccination will be an important tool to help stop the pandemic
- COVID-19 vaccines are safe and effective

- HCP were placed first in line to receive COVID-19 vaccine because of their essential role in fighting this deadly pandemic and their increased risk of getting COVID-19 and spreading it to residents.
- LTCF residents, because of their age, high rates of underlying medical conditions, and congregate living situation, are at high risk for infection and severe illness from COVID-19.

Visitation and Communal Activities in Post-Acute Care Facilities (CDC Update)

Visitation Contact Recommendations	Fully Vaccinated Residents	Unvaccinated or Partially Vaccinated Residents
Fully Vaccinated Visitors	May choose to have close contact and not wear source control	Physical distancing and source control recommended
Unvaccinated or Partially Vaccinated Visitors	May choose to have close contact while both wearing source control	Physical distancing and source control recommended

Communal activities

- If all participating residents are **fully vaccinated**, they may dine/have group activities without source control or physical distancing. **If unvaccinated residents are present**, all participants wear masks and unvaccinated residents physically distance from others.
- **Fully vaccinated HCP** could dine and socialize together in break rooms and conduct in- person meetings without source control or physical distancing. **If unvaccinated HCP are present**, everyone should wear source control and unvaccinated HCP should physically distance from others.

CDC- Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination

Quarantine in Post-acute Care Facilities

Guidance for Residents (in conjunction with a risk assessment):	Fully Vaccinated Residents	Unvaccinated or Partially Vaccinated Residents
Admission and Readmission	No Quarantine*	Quarantine
Prolonged close contact with someone infected with SARS-CoV-2*	Quarantine	Quarantine
Leaving the facility >24 hours**	No Quarantine*	Quarantine
Leaving the facility <24 hours	No Quarantine*	No Quarantine*

Risk assessment factors:

- COVID-19 transmission (county positivity)
- Adherence to 3Ws
- Number of people in contact with resident
- Vaccination status of resident contacts
- Facility vaccination status

*As long as there has not been prolonged close contact (defined as being within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period) with someone infected with SARS-CoV-2.
**If residents have "traveled", refer to CDC travel guidance

LTC Facility Testing Recommendations (CMS QSO-20-38-NH update)

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, ***vaccinated and unvaccinated***, with signs and symptoms must be tested	Residents, ***vaccinated and unvaccinated,*** with signs and symptoms must be tested
Outbreak (Any new case arises in facility)	Test all staff, ***vaccinated and unvaccinated***, that previously tested negative until no new cases are identified*	Test all residents, ***vaccinated and unvaccinated***, that previously tested negative until no new cases are identified*
Routine testing	According to Routine Testing Intervals by Community COVID-19 Activity level found in CMS guidance. ***Vaccinated staff do not need to be routinely tested***	Not recommended, unless the resident leaves the facility routinely.

*Test all staff and residents, and retest all who previously tested negative every 3 days to 7 days until testing identifies no new cases of COVID-19 infection for a period of at least 14 days since the most recent positive result

- For asymptomatic HCP with a higher-risk exposure and patients or residents with prolonged close contact with someone with SARS-CoV-2 infection, testing is recommended immediately and 5-7 days after exposure, **regardless of vaccination status.** (CDC clarification)



PRESENTED BY:

NC DIVISION OF HEALTH SERVICE REGULATION

EMERY MILLIKEN, DEPUTY DIRECTOR

MICHIELE ELLIOTT, CHIEF, MENTAL HEALTH LICENSURE & CERTIFICATION

GRETA HILL, ASST. CHIEF, ACUTE & HOME CARE LICENSURE & CERTIFICATION

MEGAN LAMPHERE, CHIEF, ADULT CARE LICENSURE

BECKY WERTZ, CHIEF, NURSING HOME LICENSURE & CERTIFICATION

SPECIAL GUEST PRESENTER:

SHEREE BYRD, MSHL, LNHA, HEALTH SERVICES DIRECTOR, GIVENS HIGHLAND FARMS

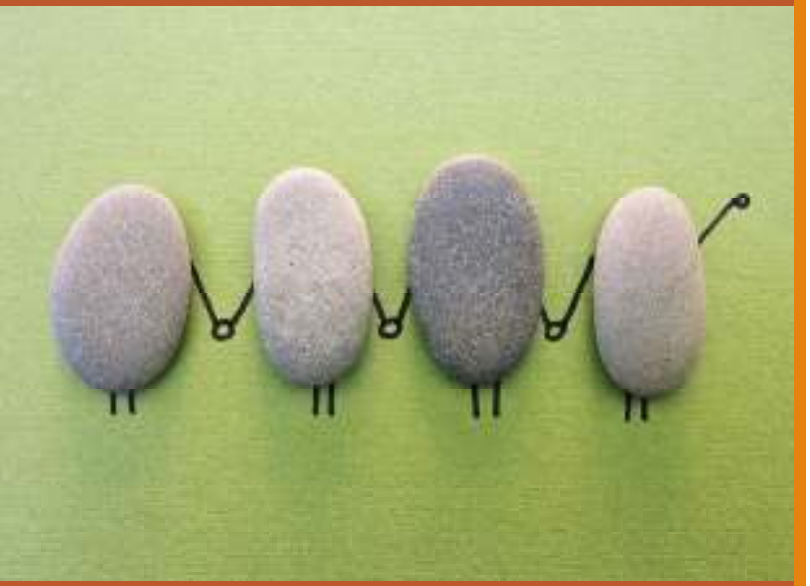
Safe Visitation in Licensed Residential Living Facilities

Visitation – It's Critical! It's Time!

- Seeing loved ones and connecting with loved ones is not only a resident's right and law, it's a basic human need.
- Loneliness, isolation and being disconnected from family and friends seriously impacts a person's physical, mental and emotional health.
- Now is the time for residents in licensed residential facilities to be reunited in person with their loved ones --
  - ✓Most residents are vaccinated!
  - ✓Staff are being vaccinated at increased rates!
  - ✓Families and the general public are being vaccinated!
  - ✓COVID-19 outbreak cases in care facilities have declined significantly!
  - ✓COVID-19 cases in the community have declined greatly!
  - ✓We have infection prevention core principles that are PROVEN to work!

Common Concerns About Expanding Visitation

- We're afraid that if we allow visitors in, we will have a COVID outbreak.
- How do we protect residents who have not been vaccinated?
- We don't have enough staff to manage visitation and all that goes with it---scheduling, screening, monitoring, etc.
- We have visitors that won't follow the rules.
- We have residents that won't follow the rules.
- How is a facility supposed to practice core infection prevention and control principles when they don't have control over visitors?
- If something goes wrong with visitation or a visitor doesn't follow the visitation rules, then we will be cited by the State!



Managing Visitation Safely & Efficiently – It's Possible!

Preparing & Communicating Your Visitation Plan

Planning & Preparing

- Key people -- Visitors, Residents and Staff!
- Assess residents for visitation needs and preferences (resident-centered approach)
- Evaluate environmental factors (private vs. semi-private rooms, indoor vs. outdoor visits, indoor visitation space, etc.)
- Evaluate staffing and how the facility will manage safe visitation and flow of visitors
- Establish a reliable method for communicating with visitors (email listservs, Zoom calls, facility website updates, flyers/handouts, etc.) and update their contact information.
- Establish the “rules” and the procedures that visitors and staff should follow.
- Train staff on all visitation procedures and protocols, including how to handle visitors who don’t follow the “rules.”
- Establish procedures to document that education has been provided to visitors on the Core Principles and the facility’s visitation plan and “rules.” (ex. a visitation notebook)

The Basics of A Visitation Plan

- Provide education on the Core Principles of infection prevention and that these are required of all visitors.
- Provide education on the facility's visitation "rules."
- What actions the facility may take if the visitor does not adhere to the Core Principles and/or the facility's visitation "rules."
- If visits will be scheduled to manage the flow and capacity of visitors, how can visitors make appointments?
  - *There is no need to limit the frequency or duration of visits unless there is a problem with capacity and having too many people in the building at one time.*
- Educates visitors that indoor visitation is being expanded, although outdoor visitation remains the safer alternative.
- Provide information regarding allowing children to visit (ages, outdoor visits, etc.)
- Instruct visitors (and staff) when they would need to call ahead of time or schedule a visit in certain circumstances where residents need assistance to get ready for a visit, and for those who have a roommate so arrangements can be made.

The Basics of A Visitation Plan (Continued)

- Instruct visitors (and staff) on how to call for assistance if needed during the visit so the visitor does not have to leave the room and roam the hallways.
- Include information on how visitation will be affected should there be an outbreak at the facility.
- Provide preferred visitation times to avoid times when staff are busiest, such as meal times or early morning when personal care is being provided.
  - *Visitation should not be limited to certain days of the week or certain blocks of time during the day.*

Tips for Screening Visitors

- Have a "screening station" set up at each entrance (may limit the entrance to one door).
- Each "screening station" should include temperature check, screening questions, and a sign in/sign out log.
  - *Facilities cannot require a visitor to be vaccinated or tested or show proof of either one as a condition of visitation.*
- Provide a handwashing station or alcohol based hand rub upon entrance.
- Ensure every visitor is properly wearing a face mask.
- Ensure the visitor has been educated on the Core Principles and the facility's visitation plan and "rules."
- Limit the number of visitors per resident in accordance with your plan.
- Instruct visitors (and staff) that the visitor should go directly to the designated visiting area (or resident's room) and should not visit other parts of the building or other residents.
  - *There is no need to escort visitors. If the facility has done a good job of educating the visitor on the visitation procedures, the visitor may be trusted to follow them.*

Basics for Ensuring a Good Visit

- Allow the resident and their visitor privacy.
  - *Allow the resident and visitor to close the door and have privacy.*

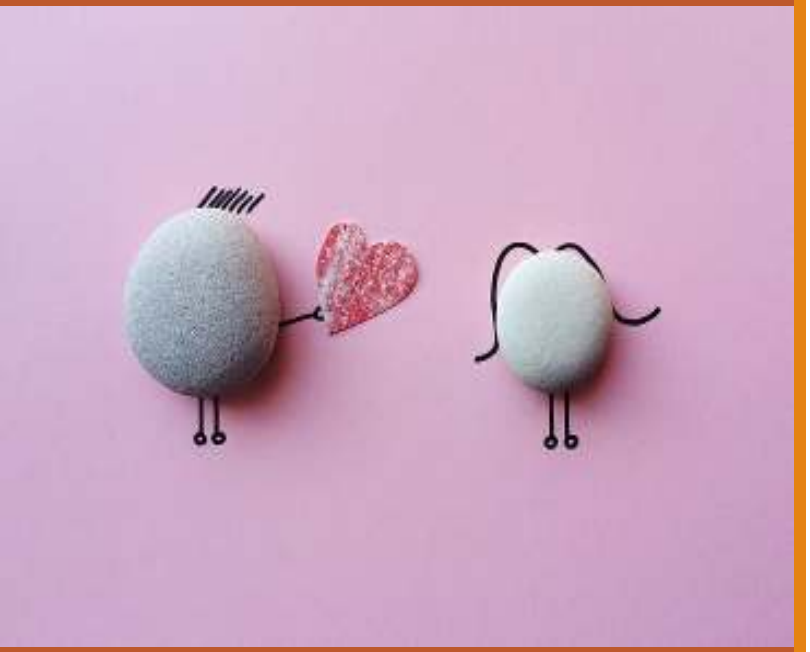
- Unless there is an issue regarding too many visitors in the building at one time, there should be no limit on the duration of a visit.
  - *Advance planning may be needed for certain situations such as an approaching holiday, managing scheduling of visits in a common room, or when a resident has a roommate.*

What About Residents in Semi-Private Rooms?

- If a resident has a roommate, encourage outdoor visitation or visiting in a designated visiting area unless it places a hardship on the resident.
- If the visit needs to occur in the residents' room, limit the number of visitors allowed at one time and make sure visitors are educated on wearing a face mask and social distancing while in the room.
- It may be appropriate if they are willing and able, to ask the roommate to leave the room for a period of time to allow privacy.
- Families of the roommates may choose to communicate and alternate their visiting schedules.

After the Visit

- Disinfect visiting areas, especially high-touch surfaces in designated common visiting areas.
- Meet regularly with families, residents, and staff to get feedback on the visitation process.
- Have dialogue about any concerns or suggestions to improve the process.
- If issues arise, reach out to (or encourage the family to reach out to) the regional Ombudsman for assistance in resolving any issues.
- Communicate frequently with families, residents and staff and keep lines of communication open when there are changes in the visitation plan so everyone knows what to expect.



Open Minds, Open Doors, Open Hearts: Lessons Learned from Implementing A Safe Visitation Plan

Guest Presenter: Sheree Byrd

Other Residential Settings: How Does This Apply?

- Licensed Mental Health Residential Facilities
- Hospice Facilities

Questions?

If questions or situations arise following this presentation, providers should reach out to their respective regulatory Section by sending an email to one of the following:

- Adult Care Homes & Family Care Homes ---- DHSR.AdultCare.Questions@dhhs.nc.gov
- Nursing Homes ---- DHSR.NursingHome.Questions@dhhs.nc.gov
- Hospice Facilities ---- SVC_DHHS.dhsr.homecare@dhhs.nc.gov
- Mental Health Facilities ---- mhlc.support@dhhs.nc.gov