STAY SAFE MN

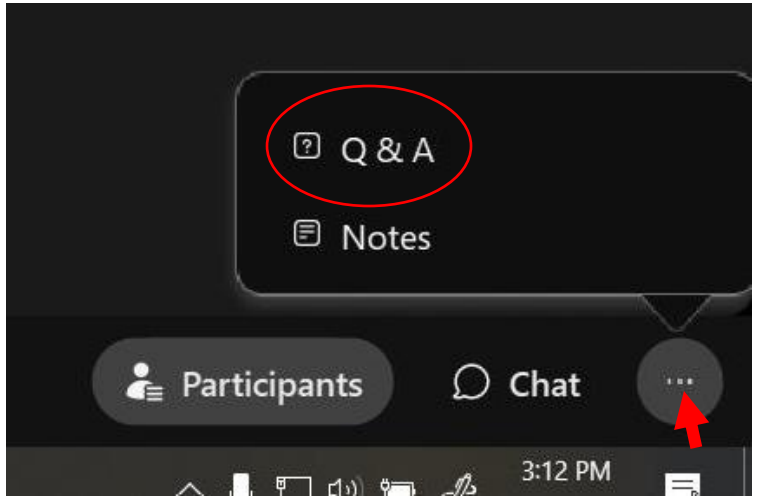
MDH Monthly LTC COVID-19 Call

10/5/2022

MINNESOTA

Introduction

- Thank you for joining us!
- Questions for verbal Q&A are selected in advance of the call.
- Please submit general questions in the “Q&A” box found at the bottom right of the WebEx screen.
  - Our presenters will use the "Chat" box to place links and resources



A glance ahead...

- HRD – Updates to QSO memos and CMS requirements
- Nursing Home training October 13th
- Reporting updates
- COVID-19 booster information and updates
- LTC Crisis Staffing Self-Assessment/Vaccine Assistance/Testing Information & Resources
- HCW quarantine and testing updates
- ICAR updates
- Project Firstline updates

HRD – Maria King

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- Updates to QSO Memos:
  - QSO-22-25-CLIA (cms.gov)

...All CLIA-certified laboratories are required to follow the manufacturer's instructions for the intended use for SARS-CoV-2 testing. Under the CLIA regulations, **modifications to a test's instructions for use (IFU) mean the test is high complexity.** If a test is modified, the laboratory must establish performance specifications as required at §493.1253 (b)(2) and meet high complexity personnel requirements in §§493.1441-1489. A modification would include test kits being used on asymptomatic patients when the test is not authorized for this use.

...The FDA has authorized numerous antigen and molecular tests that expressly allow for testing in asymptomatic individuals. Please see the Tables of In Vitro Diagnostics EUAs for a list of tests granted an EUA.

HRD- Maria King

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- QSO 20-38
  - Routine testing of asymptomatic staff is no longer recommended but may be performed at the discretion of the facility.
  - Updated recommendations for testing individuals who have recovered from COVID-19.
- QSO 20-39
  - Updated guidance for face coverings and masks during visits.
  - Removed vaccination status from the guidance.
  - Facilities should provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19. Visitors with confirmed COVID-19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation. For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance (e.g., cannot wear source control).

HRD- Maria King

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Screening revisions:

Facilities are no longer required to [actively or passively] screen and document visitors. Instead, screening can be done via signage posted at each entrance, indicating what test results, signs and symptoms a visitor should be aware of that might defer a visit.

QSO-20-39 (revised) includes:

Facilities should provide guidance (e.g., posted signs at entrances) about recommended actions for visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or have had close contact with someone with COVID-19. Visitors with confirmed COVID-19 infection or compatible symptoms should defer non-urgent in-person visitation until they meet CDC criteria for healthcare settings to end isolation. For visitors who have had close contact with someone with COVID-19 infection, it is safest to defer non-urgent in-person visitation until 10 days after their close contact if they meet criteria described in CDC healthcare guidance (e.g., cannot wear source control).

HRD- Maria King

The CDC language includes: Establish a process to make **everyone entering the facility** aware of recommended actions to prevent transmission to others if they have any of the following three criteria:

- 1) a positive viral test for SARS-CoV-2
- 2) symptoms of COVID-19, or
- 3) close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a higher-risk exposure (for healthcare personnel (HCP)).

Providers should encourage conversations occur with their teams, including the medical director and ICP, to determine how best to ensure compliance with the above.

HRD- Maria King

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Resident screening revisions:

- The CDC has removed reference to daily COVID screenings for residents. Providers are expected to monitor and assess for any symptoms of COVID and respond appropriately.

Surveying for these changes: CMS has revised the CMS 20054 Infection Prevention, Control & Immunization Critical Element Pathway (IC Pathway) to comport with the revised recommendations and changes in the guidance. MDH surveyors have been notified of the following key points:

- Effective immediately, surveyors should use the IC pathway with the revision date of September 2022, located in the Survey Resource folder on the Nursing Home webpage [cms.gov] on cms.gov.
- Surveyors should give providers a reasonable amount of time to implement this guidance. For example, providers may need some time (e.g., a few days, a week or two etc.) to update their internal procedures and train staff.
- CMS will add these updates to the IC Pathway in the LTCSP software with the October 22 release of ASPEN 12.2.0, which goes live on Monday, October 24.

HRD- Maria King

For Nursing Home Providers, there is an upcoming joint training via TEAMs scheduled Thursday, Oct. 13, 2022 from 8:30 a.m. to 4:00 p.m.

MDH will be reviewing the regulatory changes mentioned in QSO-22-19-NH (cms.gov) The presentation will cover:

- **Revisions to Surveyor Guidance for Phases 2 and 3**
- **Arbitration Agreement Requirements**
- **Investigating Complaints and Facility Reported Incidents**
- **the Psychosocial Severity Guide.**

HRD- Maria King

For NH providers to join the Joint Training, please join from this meeting link

Meeting ID:257 911 849 837

Passcode: eCHi4Y

CMS QSO 22-25-CLIA – How do I look up a test?

- QSO-22-25-CLIA (cms.gov) The FDA has authorized numerous antigen and molecular tests that expressly allow for testing in asymptomatic individuals. Please see the Tables of In Vitro Diagnostics EUAs for a list of tests granted an EUA.

Date EUA Issued or Last Updated	Entity	Diagnostic (Most Recent Letter of Authorization) and Date EUA Originally Issued	Attributes	Authorized Setting(s)[1]	Authorization Documents[2]
05/06/2022	Abbott Diagnostics Scarborough, Inc.	BinaxNOW COVID-19 Ag Card Home Test 12/16/2020	Lateral Flow, Visual Read, Over the Counter (OTC) Home Testing, Telehealth Proctor Supervised, Serial Screening, Single Target	Home, H, M, W	HCP, Individuals, IFU, IFU (Home Test)
05/05/2022	Abbott Diagnostics Scarborough, Inc.	BinaxNOW COVID-19 Antigen Self Test 03/31/2021	Lateral Flow, Visual Read, Over the Counter (OTC) Home Testing, Serial Screening, Single Target	Home, H, M, W	HCP, Individuals, IFU, IFU (Home Test)
02/04/2022	Abbott Diagnostics Scarborough, Inc.	BinaxNOW COVID-19 Ag Card 08/26/2020	Lateral Flow, Visual Read, Single Target	H, M, W	HCP, Patients, IFU
02/04/2022	Abbott Diagnostics Scarborough, Inc.	BinaxNOW COVID-19 Ag 2 Card 03/31/2021	Lateral Flow, Visual Read, Non-prescription Testing, Serial Screening, Single Target	H, M, W	HCP, Patients, IFU

Testing – Karen Martin

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- QSO 20-38 - Routine testing of asymptomatic staff (including routine screening of staff not up to date) is no longer required but may be performed at the discretion of the facility.

- Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

  - Anyone with even mild symptoms of COVID-19, **regardless of vaccination status**, should receive a viral test for SARS-CoV-2 as soon as possible.

  - Asymptomatic patients with close contact with someone with SARS-CoV-2 infection should have a series of three viral tests for SARS-CoV-2 infection. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.

Testing on Admissions

- QSO 20-38
- Managing admissions and residents who leave the facility:
  - In general, admissions in counties where Community Transmission levels are high should be tested upon admission; admission testing at lower levels of Community Transmission is at the discretion of the facility.
    - Testing is recommended at admission and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test.
    - They should also be advised to wear source control for the 10 days following their admission. Residents who leave the facility for 24 hours or longer should generally be managed as an admission.

Quarantine for Residents

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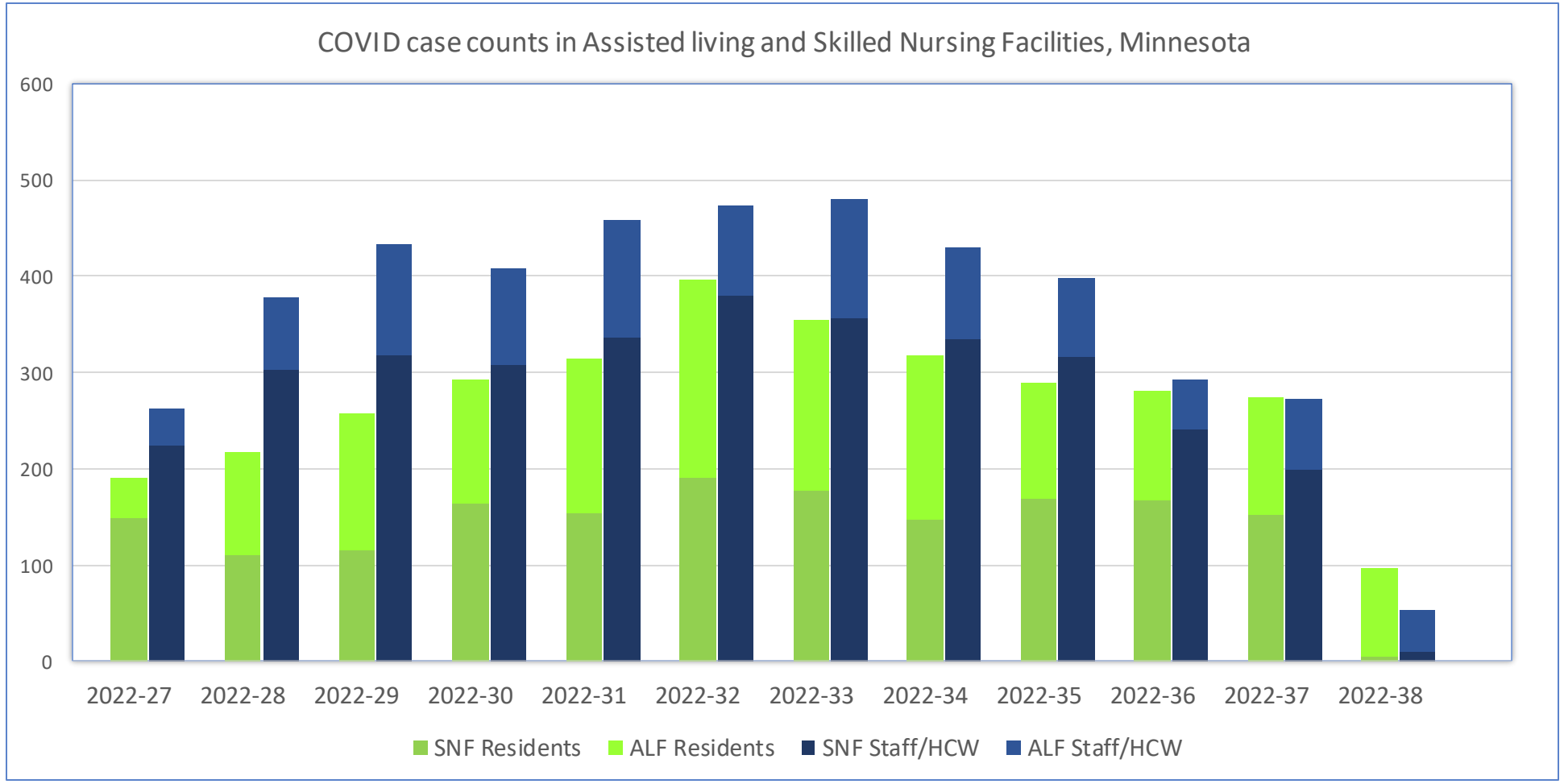
- **Duration of Empiric Transmission-Based Precautions for Asymptomatic Patients following Close Contact with Someone with SARS-CoV-2 Infection**
  - In general, asymptomatic patients do not require empiric use of Transmission-Based Precautions while being evaluated for SARS-CoV-2 following close contact with someone with SARS-CoV-2 infection. These patients should still wear source control and those who have not recovered from SARS-CoV-2 infection in the prior 30 days should be tested as described in the testing section.
  - Examples of when empiric Transmission-Based Precautions following close contact may be considered include:
    - Patient is unable to be tested or wear source control as recommended for the 10 days following their exposure
    - Patient is moderately to severely immunocompromised
    - Patient is residing on a unit with others who are moderately to severely immunocompromised
    - Patient is residing on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions

Surveillance – Karen Martin



Reporting Resources

- Recorded presentation and slides on when and how to report COVID-19 in LTC facilities: Long-term Care: COVID-19
- Link for reporting case counts, deaths, and outbreaks to MDH: COVID-19 Long-Term Care Report Form
- Information on case and lab reporting through NHSN: CDC | NHSN | LTCF COVID-19 Module
- Information on lab reporting through MDH RePortal: MDH | Uploading Lab Results to MDH RePortal

Changes to LTC Reporting

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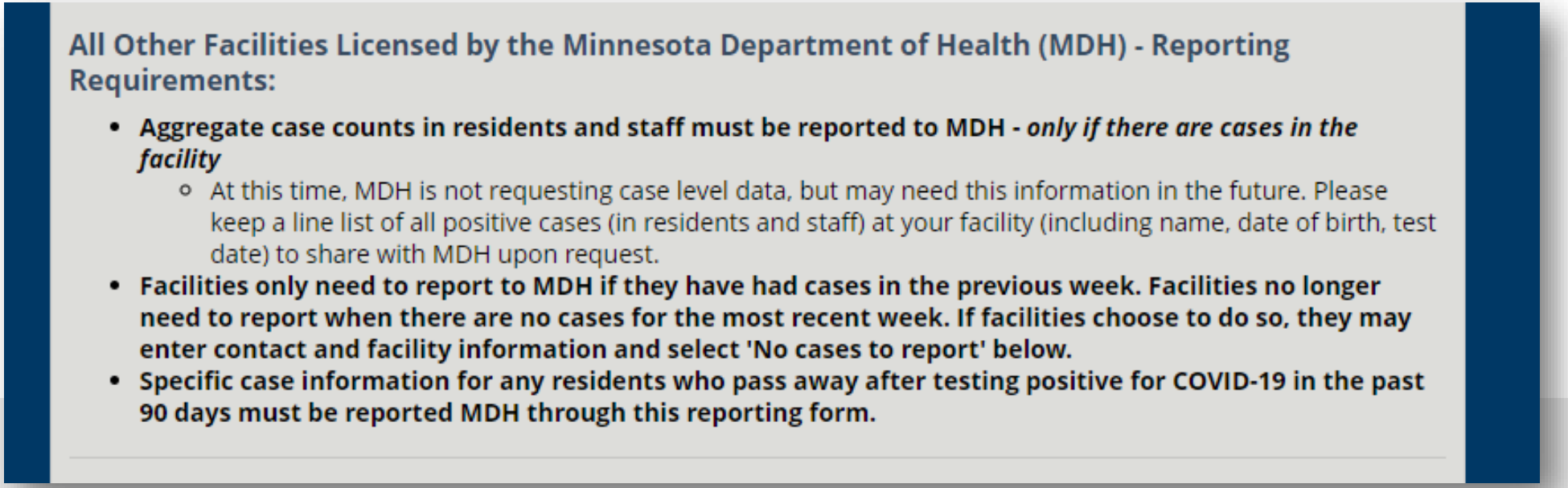
- Weekly aggregate case reporting for assisted living facilities:
  - Facilities now only need to report *if they have had cases in the previous week*.
  - If there were no resident or staff cases in the most recent reporting week, facilities do not need to submit a report in the LTC covid case reporting form.

[COVID-19 Long-Term Care Report Form (state.mn.us)]



All Other Facilities Licensed by the Minnesota Department of Health (MDH) - Reporting Requirements:

- **Aggregate case counts in residents and staff must be reported to MDH - *only if there are cases in the facility***
  - At this time, MDH is not requesting case level data, but may need this information in the future. Please keep a line list of all positive cases (in residents and staff) at your facility (including name, date of birth, test date) to share with MDH upon request.
- **Facilities only need to report to MDH if they have had cases in the previous week. Facilities no longer need to report when there are no cases for the most recent week. If facilities choose to do so, they may enter contact and facility information and select 'No cases to report' below.**
- **Specific case information for any residents who pass away after testing positive for COVID-19 in the past 90 days must be reported MDH through this reporting form.**

Reporting update: Deaths- Paige D'Heilly

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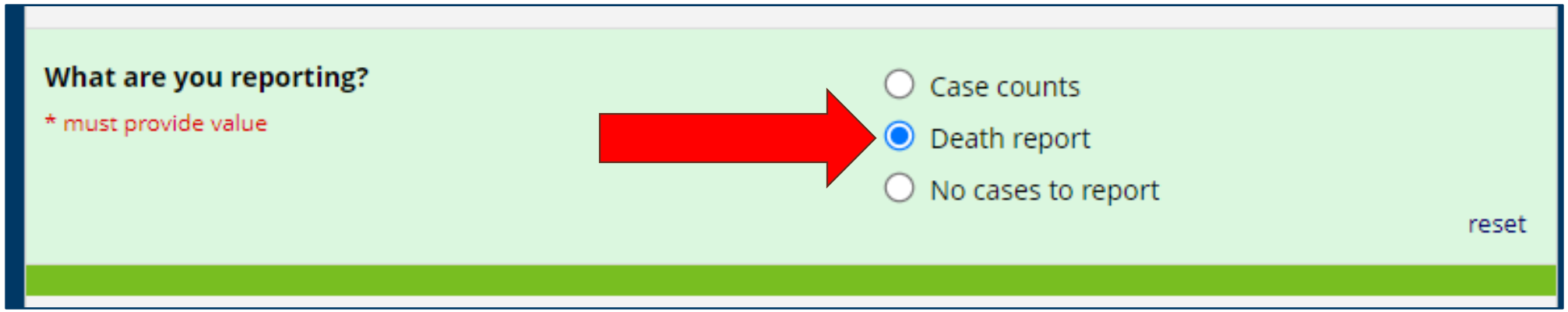
- Report all deaths in residents who have tested positive for COVID-19 **in the past 90 days** to MDH
- Report on the **COVID-19 Long-Term Care Report Form**



COVID-19 Vaccine – Lisa Parker

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Question

"If our residents have had two boosters, should LTC facilities offer the bivalent booster?"

- Keeping residents Up to Date with ***all*** recommended vaccines is "best practice" and should be standard of care.
- Everyone ages 12 years and older is recommended to receive ***one*** age-appropriate bivalent mRNA booster dose at least 2 months ***after*** completion of:
  - ✓ any FDA approved, or FDA authorized monovalent primary series, ***or***
  - ✓ last monovalent booster dose.

  Monovalent mRNA COVID-19 vaccines are ***no longer authorized*** as booster doses for people ages 12 years and older.

  Clinical Guidance for COVID-19 Vaccination | CDC

LTC Battle Plan Team - Michelle Chrastek
Resource Updates

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Vaccine and Booster support:

Please use the REDCap Survey to request booster assistance, including guidance and vaccine clinic support:

Booster Assistance

Contact the LTC Battle Plan Team with vaccine booster related questions:
Health.SEOCLTC@state.mn.us

MDH Point of Care Testing Resources:

- BinaxNow Pro Antigen Test
- CUE Molecular/NAAT Test
- QuickVue Antigen Test: Email request to: Health.test.help@state.mn.us
- BD Veritor Antigen Test

MDH Aladtec Staffing Resources:

- Outbreak Staffing Support: email health.COVID.SEOC-LTC.staffing.response@state.mn.us
- Non-Outbreak Staffing Support: Aladtec Non-Outbreak Application

HCW Quarantine — Paige D'Heilly

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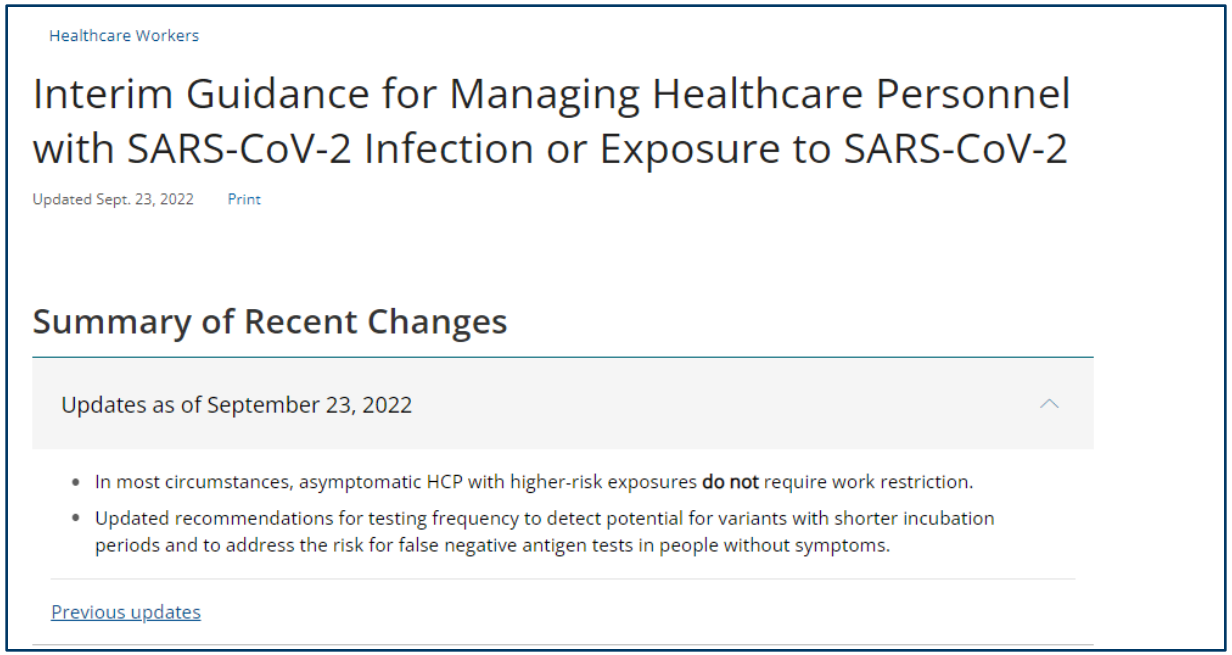
- Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2
- Strategies to Mitigate Healthcare Personnel Staffing Shortages



Healthcare Workers

Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

Updated Sept. 23, 2022 Print

Summary of Recent Changes

Updates as of September 23, 2022

- In most circumstances, asymptomatic HCP with higher-risk exposures **do not** require work restriction.
- Updated recommendations for testing frequency to detect potential for variants with shorter incubation periods and to address the risk for false negative antigen tests in people without symptoms.

Previous updates

Healthcare Workers

Strategies to Mitigate Healthcare Personnel Staffing Shortages

Updated Sept. 23, 2022 Print

CDC guidance for SARS-CoV-2 infection may be adapted by state and local health departments to respond to rapidly changing local circumstances.

This guidance provides information on strategies to mitigate healthcare personnel staffing shortages during the COVID-19 pandemic. See history of updates.

Summary of Recent Changes

Updates as of September 23, 2022

- Conventional strategies were updated to advise that, in most circumstances, asymptomatic healthcare personnel (HCP) with higher-risk exposures do not require work restriction, regardless of their vaccination status; therefore, the contingency and crisis strategies about earlier return to work for these HCP was removed.

View Previous Updates

HCW Quarantine — Paige D'Heilly

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- Quarantine for most **asymptomatic** HCWs after a higher-risk exposure is no longer recommended, regardless of vaccination status
- Consider work restrictions in the following situations:
  - HCW is unable to be tested in the 10 days following their exposure
  - HCW is unable to wear source control as recommended in the 10 days following their exposure
  - HCW is moderately to severely immunocompromised
  - HCW cares for or works on a unit with patients that are moderately to severely immunocompromised
  - HCW works on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions

HCW Testing — Paige D'Heilly

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Symptomatic HCWs

- Any HCW with even mild symptoms should be prioritized for testing
  - If using NAAT, a single negative test is OK in most circumstances
    - If a higher level of concern for COVID-19 exists (e.g., HCW had higher-risk exposure, ongoing transmission on HCW's floor), consider maintaining work restrictions and confirm with a second negative NAAT
  - If using an antigen test, a negative test should be confirmed by a negative NAAT or second antigen test taken 48 hours after the first negative test
- Consider evaluating for other respiratory diseases (e.g., influenza, RSV) and take appropriate precautions

HCW Testing — Paige D'Heilly

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Return to work testing for HCWs with SARS-CoV-2 infection

- HCWs may return to work if at least 7 days have passed since symptoms first appeared (if asymptomatic: date of the first positive test) if a negative viral test is obtained within 48 hours prior to returning to work
  - 10 days if testing is not performed or if a positive test at day 5-7

- Either a NAAT (molecular) or antigen test may be used.
  - If using an antigen test, HCWs should have a negative test obtained on day 5 and again 48 hours later

HCW Testing — Paige D'Heilly

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Asymptomatic HCWs with a higher risk exposure

- Again, work restriction is no longer recommended
- HCWs should have a series of three tests
    1. Test immediately (but not earlier than 24 hours after exposure)
    2. If negative, test 48 hours later
    3. If negative, test 48 hours after the second test
- This will generally be on days 1, 3 and 5 post-exposure (where day 0 is day of exposure)

ICAR – Denice Tracy

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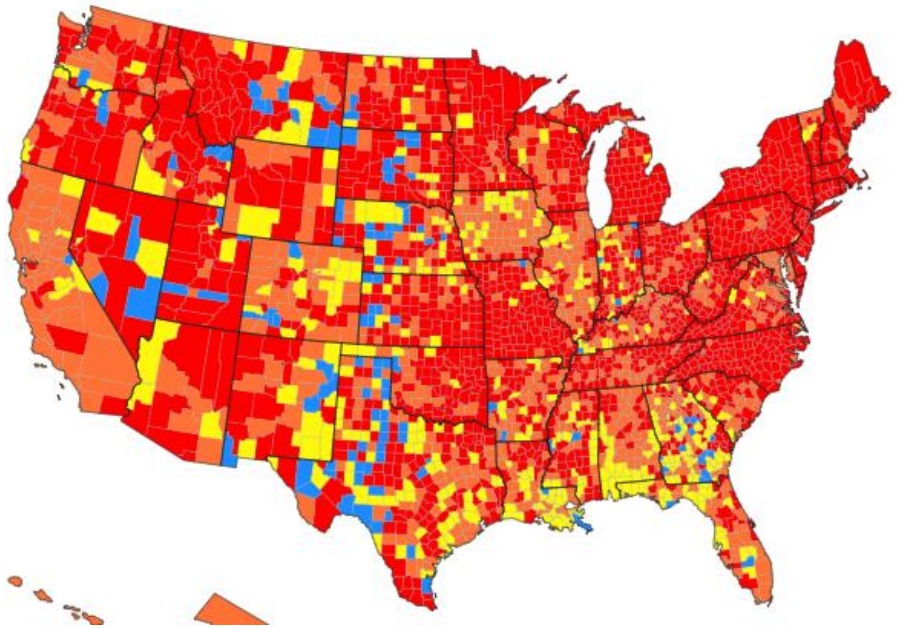
[CDC COVID Data Tracker: County View]

Updated CDC guidance refers to Community Transmission level as ‘high’ and ‘not high.’

‘Not high’ refers to substantial, moderate, and low levels.



Community Transmission in US by County

	Total	Percent	% Change
High	1831	56.83%	– 11.67%
Substantial	835	25.92%	6.08%
Moderate	427	13.25%	4.9%
Low	129	4%	0.68%

How is community transmission calculated?

ICAR – Denice Tracy

Screening

- Establish a process for all entering the facility to prevent transmission
  1. Positive viral test for SARS-CoV-2
  2. Symptoms of COVID-19
  3. Close contact with someone with SARS-CoV-2 or higher risk exposure for HCW
- Provide guidance about recommended actions for those who meet the above criteria
- Provide guidance to comply with core principles of infection prevention

ICAR – Denice Tracy

Monitoring Residents

- Updated CDC guidance removed this language
- Know your residents' baseline
- Monitor for signs/symptoms and any changes
- Evaluate immediately and take action if needed

ICAR – Denice Tracy

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9/28/2022 MDH Compendium Message on **Eye Protection**

On Friday, September 23, 2022, CDC updated the Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) | CDC

- The updated CDC language states that implementation of universal eye protection is a **consideration** (not a requirement) for healthcare facilities. As community transmission levels increase, the potential for encountering asymptomatic or pre-symptomatic individuals with SARS-CoV-2 infection also likely increases. In these circumstances, healthcare facilities should **consider** implementing broader use of eye protection by healthcare workers (HCW) during patient care encounters.

- **Healthcare workers who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection** should adhere to Standard Precautions (i.e., anticipated splashes) and use a NIOSH-approved particulate respirator with N95 filters or higher , gown, gloves, **and eye protection** (i.e., goggles or a face shield that covers the front and sides of the face).

ICAR – Denice Tracy

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9/29/2022 MDH Compendium Message on **Source Control** and Testing Updates

- **When SARS-CoV-2 Community Transmission levels are high, source control is recommended for everyone in a healthcare setting**
- When SARS-CoV-2 Community Transmission levels are not high, healthcare facilities could choose not to require universal source control. However, even if source control is not universally required, it remains recommended for individuals in healthcare settings who:
  - Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or
  - Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure; or
  - Reside or work on a unit or area of the facility experiencing a SARS-CoV-2 outbreak

Refer to the CDC guidance for a full list of recommended interventions (e.g., testing) for individuals who have suspected or confirmed SARS-CoV-2 infection, close contact, or higher-risk exposure to someone with SARS-CoV-2, or steps to take during an outbreak.

ICAR – Denice Tracy

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9/29/2022 MDH Compendium Message continued

- **Healthcare facilities can choose to continue implementing broad use of universal source control at this time.**
  - Consider factors to reduce the spread of other circulating respiratory viruses such influenza, RSV, and others
- Healthcare facilities should have a detailed plan in place when changes in Community Transmission will impact the use of source control.
  - CDC states, "In general, healthcare facilities should consider checking their local Community Transmission level **weekly**. When a healthcare facility's Community Transmission level increases and the increase results in a change in the recommended interventions, the new interventions should be implemented as soon as possible. When a healthcare facility's Community Transmission levels decrease into a category that corresponds with relaxation of an intervention, facilities should consider confirming the reduction is sustained, by monitoring for at least two weeks, before relaxing the intervention."
- Healthcare facilities that choose to not require universal source control when SARS-COV-2 Community Transmission levels are not high should have a well-defined process.

Project Firstline – Caramae Steinwand

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Germs can live in places called reservoirs, which are found on and in our bodies and in the health care environment. Join us on October 18 or 19 at 12 p.m. CDT for our next MDH Project Firstline Table Talk (30-minute training session followed optional 10-minute Q&A). This virtual session will discuss reservoirs in health care and how germs get from one place to another (pathways).

New Topic: *Recognizing Risk Using Reservoirs (A Review)*

Tuesday, October 18, 2022 | 12 - 12:30 p.m. CDT

Register for 10/18 Project Firstline Table Talk

Wednesday, October 19, 2022 | 12 - 12:30 p.m. CDT

Register for 10/19 Project Firstline Table Talk

Website: Project Firstline
Email questions to: Project.Firstline.MDH@state.mn.us

Project Firstline – Caramae Steinwand

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August 2022 Monthly Data

- Number of visits to website: 446
- Total number of registered for recorded trainings: 135

  #1: How Respiratory Droplets Spread COVID-19

  #2: PPE: Eye Protection

- *Nursing/Medical Assistant* was the most common role for the recorded trainings.
- *Skilled Nursing Facility* was the most common setting type for the recorded trainings.

Website Update- New recorded training available.

- What Does it Mean to Recognize a Risk?

Social Media- Hundreds of likes, shares, and comments!

Update: Vaccine/Booster requirements for LTCs

Patrick Tschida & Kayla Chapman

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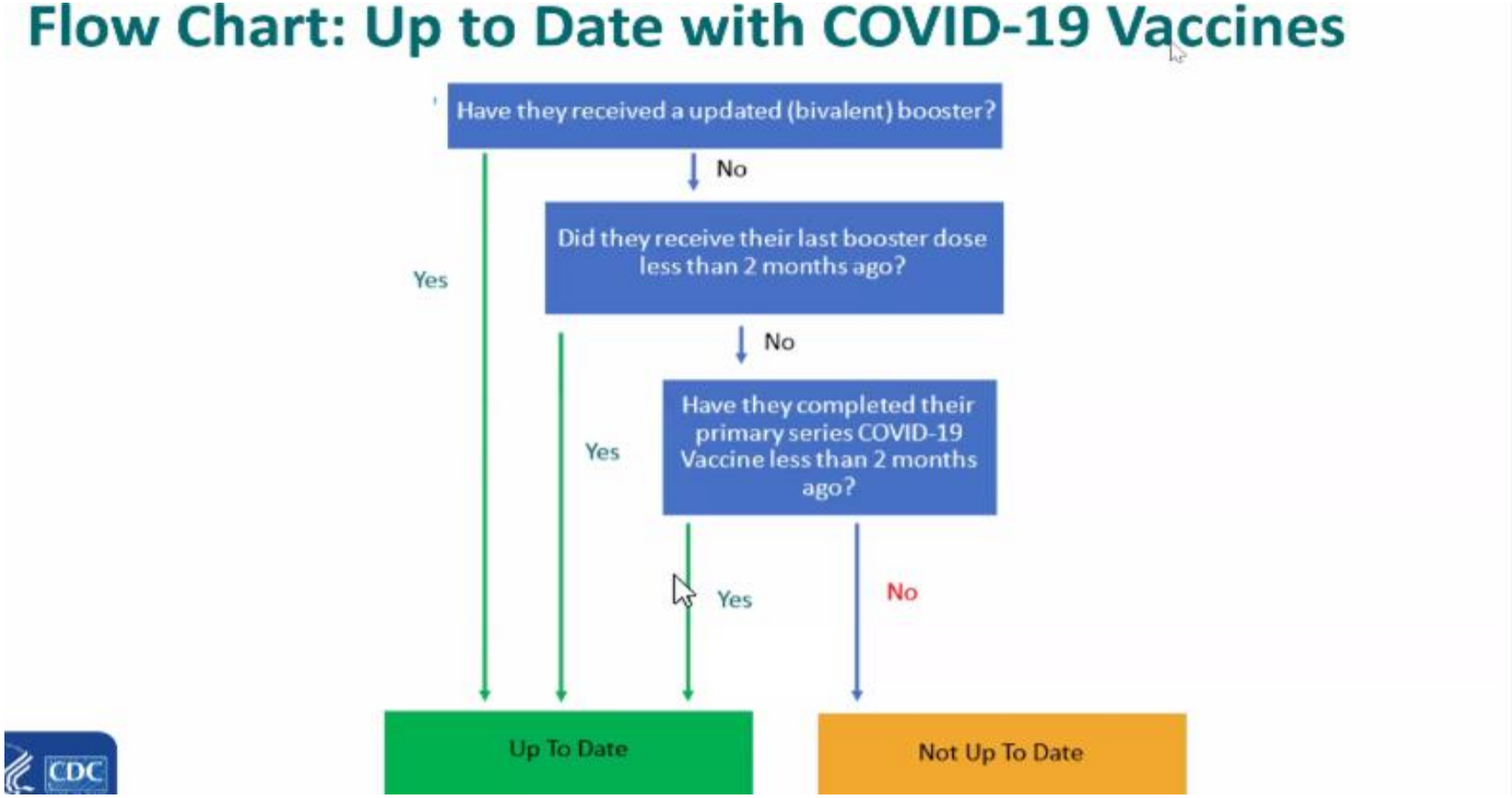

Source: September 21, 2022 NHSN Zoom Meeting on 'Up-to-Date' Vaccines for LTC

Thank you!