Updates on COVID-19 Testing in Nursing Homes

Responsible RestartOhio

July 28th, 2020

The Webinar Will Begin at 11:00am

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Ohio

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Welcome & Introductory Remarks

Department of Health

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Maureen Corcoran, Director, Ohio Department of Medicaid

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Agenda

Updates on Covid-19 Testing in Nursing Homes Responsible RestartOhio

- 1. Where are we today?
- 2. Nursing Facility Testing
 - 1. Staff Testing Update
 - 2. Staff Retesting Plan
- 3. Concluding remarks





Where Are We Today?

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Maureen Corcoran, Director, Ohio Department of Medicaid

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Testing in Nursing Homes Website



COVID-19 / Healthcare Providers and Local Health Distr... / Testing in Nursing Homes



Testing in Nursing Homes

June 16, 2020 | COVID-19

Healthcare Providers and Local Health

WELCOME

TESTING IN NURSING HOMES

Nursing homes residents are among the most vulnerable populatio comprise a high percentage of COVID-19 deaths in Ohio. To protect staff who take care of them, the presence of COVID-19 in nursing ho identified so that measures can be put into place to isolate the viru:

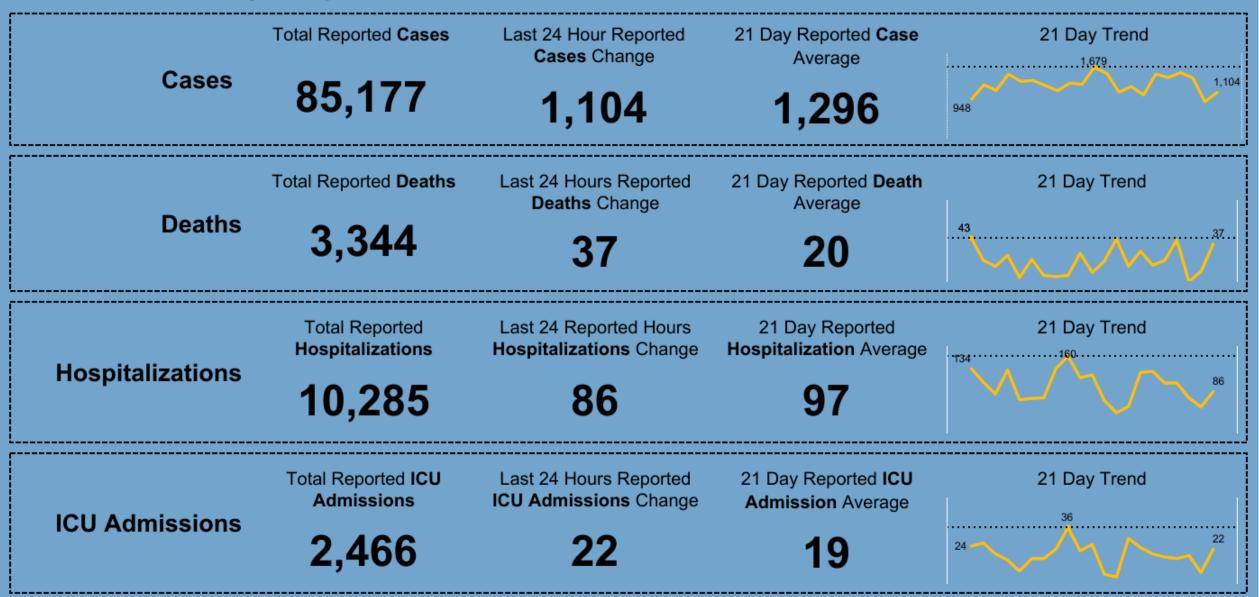
To that end, Ohio's Congregate Care Unified Response Team (CCUR[`] approach for testing these residents and staff guided by the followi

- Protect Ohioans in communities and congregate facilities, inc nursing home facilities.
- Use the best available clinical information and most recent Co and Prevention guidance, including testing prioritization with

CONTINUE TO CHECK WEBSITE FOR UPDATED DOCUMENTS

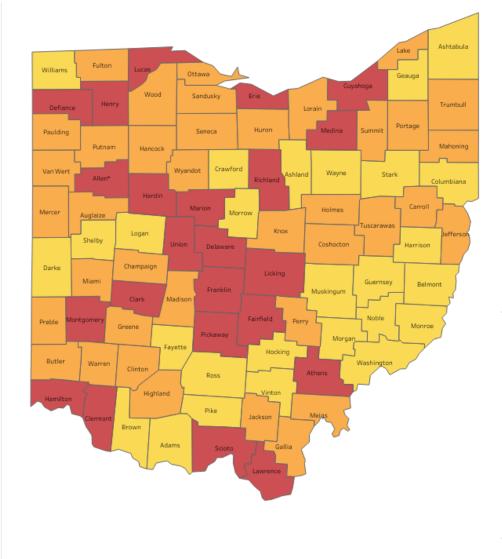
- Ohio's Plan for Nursing Home Testing June 2
 - Webinar Recording
 - Webinar Presentation Slides
- Testing in Nursing Homes Fact Sheet
- <u>Testing in Nursing Homes FAQ</u>
- Zone and Region Map
- <u>CCURT Bridge Team Guidance and Information</u>
- <u>Nursing Facility Transfer Protocol</u>
- Guidelines for Testing of Nursing Home Residents and Staff
- <u>Contingency and Crisis Facility Staffing Guidance</u>

COVID - 19 | Key Indicators



All dates are based when an indicator is reported and will not match data in other COVID-19 dashboards provided by the Ohio Department of Health. All other dashboards are based on onset date, date of hospitalization, or date of death.

Ohio's Public Health Advisory Alert System



Last Published: 7/23/2020

The Public Health Advisory Alert System is a color-coded system designed to supplement existing statewide orders through a datadriven framework to assess the degree of the virus' spread and to engage and empower individuals, businesses, communities, local governments, and others in their response and actions.

Level 1 Public Emergency: active exposure and spread.	Yellow				
Level 2 Public Emergency: increased exposure and spread. Exercise high degree of caution.	Orange				
Level 3 Public Emergency: very high exposure and spread. Limit activities as much as possible.	Red				
Level 4 Public Emergency: severe exposure and spread. Only leave home for supplies and services.	Purple				
For All Public Emergency Levels, Follow All Current Health Orders					



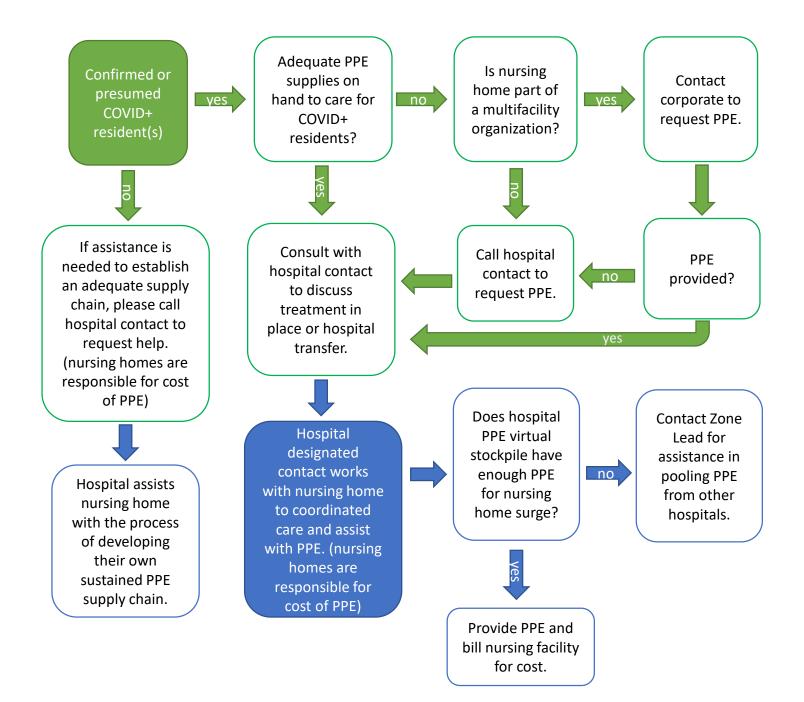
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Personal Protective Equipment (PPE)

- The state's focus on PPE procurement, innovative production, newly adopted re-sterilization techniques, and supply conservation efforts has stabilized PPE supplies in some settings.
- The availability of PPE continues to vary by zone/region and type of setting.
- While the supply chain remains uncertain, tracking systems have been deployed to monitor inventory levels, condition and availability across hospitals and many congregate care facilities.
- In QSO memos 20-26-NH and 20-29-NH there is a requirement to report PPE status along with testing data. If this is not done citations will be issued.

Statewide PPE Stockpile

- ODH, in partnership with Ohio's hospitals and other providers, will establish a virtual stockpile of PPE for use with COVID-19 patients and health care workers.
- Will ensure a reliable PPE supply in the event of a surge of COVID-19 patients.
- The virtual stockpile is not intended to replace each provider's responsibility to procure PPE and other supplies for their organizations for non-urgent diagnostic services or procedures.
- All providers are urged to take all reasonable efforts to both conserve and responsibly procure and manage their PPE supplies for all (COVID and non-COVID) patients.
- Providers in specialties or practice settings that may not experience COVID-19
 patient surges will must be situationally aware of statewide PPE, supplies,
 equipment, and medicine needs and be prepared to contribute as necessary.



Updates on Nursing Home Testing Staff Baseline Testing Update Retesting Guidelines and Process

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Mary Applegate, MD, Medical Director, Ohio Department of Medicaid Julie Evers, Medicaid Health System Administrator 3, Ohio Department of Medicaid James Hodge, Chief, Bureau of Regulatory Operations, Ohio Department of Health Rebecca Sandholdt, Chief, Bureau of Survey and Certification, Ohio Department of Health Marisa Weisel, Deputy Director of Strategic Initiatives, Ohio Department of Medicaid

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Ohio's <u>COVID-19 Testing Priorities</u>

Priority 1 Ohioans with symptoms: Individuals who are hospitalized and healthcare personnel.

- **Priority 2** People at highest risk of complications from COVID-19 and those who provide essential public services.
 - With Symptoms:
 - Residents of LTC/congregate living settings
 - 65 and older
 - People with underlying conditions, including consideration for racial & ethnic minorities
 - First responders/public health workers/critical infrastructure workers
 - Without symptoms who are residents or staff directly exposed, LTC/Congregate care living setting
 - Other Ohioans who are designated by public health officials to manage community outbreak
- **Priority 3** Ohioans with and without symptoms who are receiving essential surgeries/procedures and other medically necessary procedures.
- **Priority 4** Individuals in the community to decrease community spread, including those with symptoms who do not meet criteria above.

Priority 5 Asymptomatic individuals not mentioned above.

<u>Director's Order</u> for Testing Staff and Residents of Nursing Homes

- This action is being taken to protect residents and staff.
- The Order requires nursing homes to have employees and residents to be tested in accordance with ODH Guidelines.
- Nursing homes may be required to provide additional information.
- ODH has provided guidance to mitigate facility staffing shortages in the event staff who are positive are unable to work.
- This order takes into consideration and is intended to be consistent with resident rights.

State agency staff, the Ohio National Guard, and Hospital Zone Leadership are supporting nursing homes in meeting the requirements of the Order.

Director's Order Applicability

• Each nursing home licensed by the ODH or certified by the U.S. Department of Health and Human Services, the Centers for Medicare and Medicaid Services (CMS), or the Ohio Department of Medicaid (ODM) shall cooperate with the COVID-19 testing for staff and residents as required by ODH to prevent the spread of COVID-19.

Scope of Staff Testing is Based on Infection Control

- All staff must be tested for COVID-19 per the Order and Guidelines.
- NFs must follow the infection control requirements set forth in regulations. These include developing a system of identifying and controlling the spread of communicable diseases among:
 - Staff
 - Contract and agency staff (including hospice staff, attending physicians, etc.)
 - Volunteers
 - Private caregivers
 - Others who enter the building
- Per the Director's Fourth Amended Order to Limit Access to Ohio's Nursing Homes and Similar Facilities, with Exceptions dated July 2, 2020:
 - Individuals participating in end-of-life situations are permitted in-person visitation and should not be required to be tested first.
 - End of life situations are defined in the referenced Director's Order.

Current Status of Baseline Staff Testing in Nursing Homes

- As of 7/27: 94% complete
- State/ONG progress:
 - 731 facilities
 - Over 68,000 employees
 - Over 1,700 residents
- 166 facilities tested without state support
- Target completion: 7/31





Closing Out Baseline Testing of Nursing Home Staff

- Facilities that opted-out of the state supported/ONG testing
 - July 17, 2020: Deadline to have staff tested (specimen collection date)
 - July 31, 2020: Deadline to submit signed letter on the facility's letterhead, including a summary of results, to verifying compliance with the Order. Submit to <u>CCURT@odh.ohio.gov</u>
- Facilities that participated in state / Ohio National Guard (ONG) supported testing must complete remaining staff testing (specimen collection date) within three weeks from the date of the ONG.
 - Once results are received: submit signed letter on the facility's letterhead, including a summary of results, to verifying compliance with the Order. Submit to <u>CCURT@odh.ohio.gov</u>

Beginning Retesting of Nursing Home Staff

- Effective August 3, 2020 facilities will be required to have staff retested at least once every other week.
- <u>Facilities testing without state support</u> should start testing every other week beginning between August 1-14.
- <u>Facilities participating in the state-supported process</u> will also start testing every other week in August. Due to roll out of schedule, some facilities may begin after August 14.

Meeting Requirements of the Order

- Facilities can meet requirements for staff retesting by:
 - Participating in state-supported testing using the process described in this webinar, or
 - Conducing staff testing without state support
- Facilities should maintain a complete ongoing list of individuallevel resident and staff COVID-19 test results for compliance purposes.
 - Upon ODH request, a compiled list of staff and resident individual-level data, de-identified, must be made immediately available spreadsheet format.

Verification of Compliance with the Order

- Testing conducted with state support will be deemed to meet the requirements of the Order.
- Testing conducted without state support will meet the requirements if both of the following conditions are met:
 - The facility begins testing staff at least once every other week in August. First test date should be between August 1 and August 14.
 - Tests performed are:
 - Completed by a laboratory using <u>RT-PCR</u> diagnostic testing, or
 - Completed using a Point of Care Testing device provided to the facility by Health and Human Services (HHS).
- All facilities must verify their ongoing compliance with the Order by submitting summary-level testing results for all staff via an online survey.
 - This survey will take the place of the verification letter process that was used for baseline testing.

Overview of Nursing Home Staff Retesting with State Support

The state team and the Ohio National Guard are:

- Identifying the order and schedule for specimen collection/swabbing and supporting transportation of samples to a lab
- Communicating with facilities, the labs, local health departments (LHDs); hospital zone and local hospital partners, and regional health care coordinators.
- Providing training materials for specimen collection/swabbing.
- Assigning facilities to labs and providing and/or arranging training on the labs' processes.
- Providing technical assistance, support, and connection to resources for facilities as they obtain results from resident testing.



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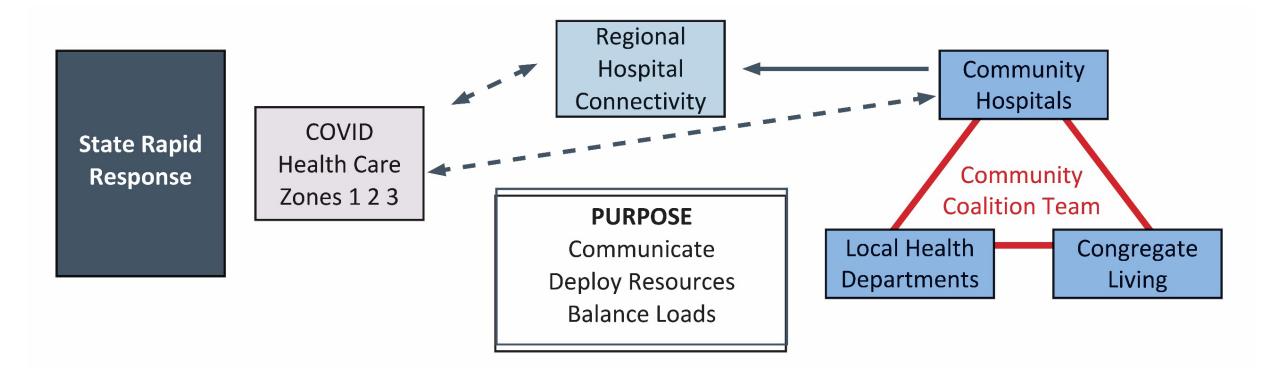
Ohio COVID-19 Region Map



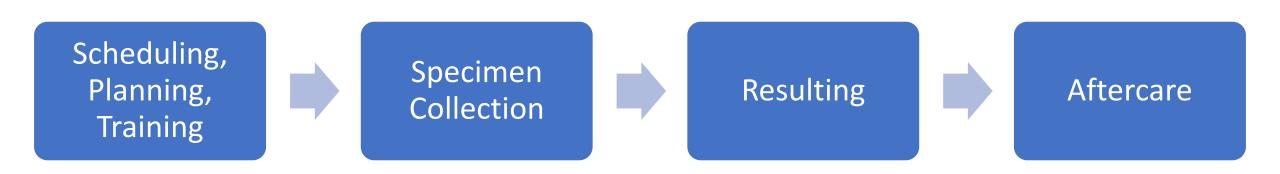
Zone 1 = Regions 1, 2, 5 Zone 2 = Regions 4, 7, 8 Zone 3 = Regions 3, 6

Downloadable Map

Local-Regional-Zone-State Connectivity



Staff Retesting Process Overview



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State-Supported Staff Retesting Process

- Facilities will perform specimen collection/swabbing of all staff within nursing homes.
 - Facilities that have an attached RCF that share staff with the RCF should include those RCF staff in the testing process.
- The facility must educate the staff on the testing process, when they will be tested, and the importance of testing.
- Medical staff must wear appropriate PPE to perform specimen collection.
- Assigned labs for staff retesting may differ from the lab a facility used for baseline staff testing.

Scheduling and Planning Overview

- CCURT will provide an ordered list of facilities for testing.
 - Dates will identify the specimen collection/swabbing date and the specimen pick-up date.
- All facilities must complete a <u>new survey</u> (new link!) by the end of business on July 28, 2020 to inform the scheduling process by:
 - Providing the number of staff to be tested, or
 - Opting out of the state-supported process.

Acquiring Test Kits

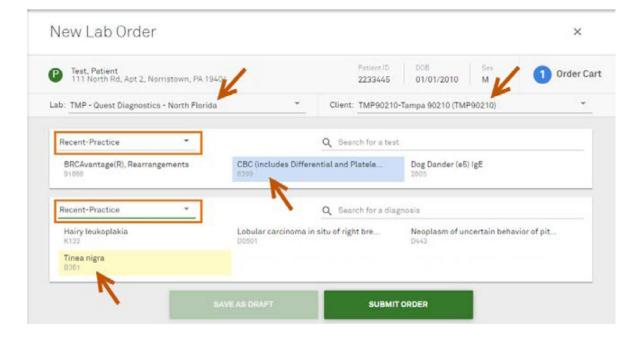
- Quest: kits will be shipped directly to your facility for each round of testing.
 - Note: this is subject to change
- All other labs: pick up a monthly supply of kits (2x number of employees) from central location in your county
- Follow instructions for test kit storage (differs by type of kit)
 - Some may need to be refregeriated

Ordering COVID-19 Tests

- COVID-19 tests for screening and diagnostic purposes must be ordered by a physician or other appropriate medical professional acting under their scope of practice.
- Physicians and other clinicians who order tests for residents and employees / staff will act within an appropriate standard of care.
- Testing can be ordered by the medical director at the facility, an advance practice nurse, or another appropriate clinician from a testing team, a hospital partnership, or other arrangement.
- The facility's medical director has responsibility for infection control and health surveillance, including for facility staff. The medical director can order testing for all staff in accordance with the Public Health Order and Ohio State Medical Board regulations. O.A.C. 3701-17-13(A)(1)(b)(5).

Lab Requisition Processes

- Process & forms based on assigned lab:
 - Lab will outreach with steps to access the online system
- Order forms must be completed electronically – ALL fields must be completed, including insurance.
- Maintain records of medical orders.





Training Overview

- The state lab team and/or commercial labs will provide training about using their lab portals
- CCURT is developing training materials for personnel who will conduct specimen collection
- Additional training and technical assistance regarding will be available through CCURT/Zone clinical leads regarding:
 - Infection control
 - Caring for residents with positive results

Specimen Collection/Swabbing Overview

Resulting

• Use test kits supplied by Quest or state.

Specimen Collection

- Prior to specimen collection/swabbing, ensure all lab requisition forms are complete.
- Anterior nares specimens will be collected
- Collected specimens should be stored according to instructions
 - Some may need to be refrigerated



Resulting

Aftercare

Specimen Collection

- Facility staff must be trained to swab/collect specimens.
- Specimen collection/swabbing should be completed in pairs.
- Clinical check list for Specimen Collection COVID-19 Tests will be available on Ohio's <u>Testing in</u> <u>Nursing Homes Website</u>
- Facility will have 24-hours to complete all collections and prepare for pick-up.

oronavii	us	Disease 2019	Ohio	Departmen of Health
The following checklis test. All nursing home testing available. Tes	t is develo resident t	List Specimen Collect ped to assist appropriate nursing home clinic testing will be utilizing anterior nares testing, ind resident in Ohio's nursing facilities is one	al staff in collecting specimens for which is the least invasive form o	ora COVID-19
congregate care settir	gs to help	prevent the spread of COVID-19 and save li		ed in
congregate care settin Prepare your patient	gs to help		ves. sess and timing for results pain and length of time to comple that the anterior nares test is not seconds. e collection at any time le	ete the painful and



Specimen Pick-Up

Specimens will be picked up and delivered to the lab using one of three possible methods:

- 1. The ONG will pick up the specimens
- 2. A commercial courier will pick-up the specimens
- 3. The facility will contact a shipping company to schedule specimen pick-up and transport

The method of pick-up and additional information will be provided to each facility by the CCURT and/or ONG.

Resulting Overview

- While awaiting results
 - Asymptomatic staff can continue to work.
 - Continue COVID-19 infection control precautions.
 - Wear appropriate PPE.
 - Continue daily temperature and symptoms checks, mask-wearing and hand washing
 - Continue monitoring
 - Residents if they become symptomatic, they will need to be isolated. Work with Zone leads to identify if COHORT testing needs done.
 - Staff if they become symptomatic, they will ideally isolate at home.
- Receiving lab results
 - Lab will send individual-level positive and negative resident results back to facility
 - This may be by individual fax or through an online portal
 - Lab will report to ODH

Reacting to Staff Testing Results

- If staff are negative:
 - Continue COVID-19 infection control and PPE precautions.
 - Continue daily temperature and symptoms monitoring, face mask wearing and hand washing.
- If staff are positive, implement ODH Contingency and Crisis Facility Staffing Guidance
 - THIS DOCUMENT IS BEING UPDATED BASED ON NEW CDC GUIDANCE RE: DURATION OF ISOLATION AND PRECAUTIONS

	id-19 Status	St Symp	aff otoms		XPOSUFE Ict Tracing)	Infection Control Guidance	Return to Work (RTW) Guidance	Subject to Staff Mitigation Tier	Note: Asypmtomatic personnel may work while awaiting test
Te	est	Symp	otoms	Exposed					results. Repeat testing assesses if first test
+		+		N	I/A	Isolation* x 10 days (10/3/3 rule)	After 10 days from date of first symptoms (10/3/3 rule)	3	was a false negative or
+			-	N	I/A	Isolation* x 10 days from date + test collected	After 10 days from date + test collected	3	done during incubation period. This guidance is relevant for all Health
	_	-		łS	EI	diagnosis/ symptom management Consider, a project that in 5 days particularly visyoutoms persist or are not explained by another diagnosis	After 14 days of quarantine (if no repeat testing done) Immediates testing done: Immediates testing done: If test negative, may RTW when symptoms resolved per HR policies (as for non-COVID conditions) If test positive (RTW 10 days) from date of first symptoms (10/3/3 m/e) Mask for 14 days from first symptoms (during breaks, etc. to protect other employees) If the days for quantifiered testing done) If test sugas are may RTW was symptoms resolved per HR policies (as for non-COVID conditions) If test positive, RTW 10 days from date of first symptoms (10/3/3 rule) Mask for 14 days from first symptoms (during breaks, etc. to protect other employees)	VCE	Care Personnel and potentially exposed staff and individuals not directly involved in patient care e.g. (clerical, food & laundry service) as described by cdc.gov/coronavirus/2 019- <u>ncov/hcp/guidance- isk-assesment- hcp.html</u> . Please note: Potential exposures can occur when personnel come within 6 feet of an infected person for at least 15 minutes or during performance of an aerosol-generating
	-		-	+		Quarantine x 14 days, but may work if remains asymptomatic	Follow policies for universal employee screening and mask use and diligent handwashing Mask for 14 days after exposure event (during breaks, etc, to protect other employees)	2	procedure or from direct contact with infectious secretions while not wearing recommended PPE.
	-		-		-	No quarantine required	Follow policies for universal employee screening and mask use and diligent handwashing	1	

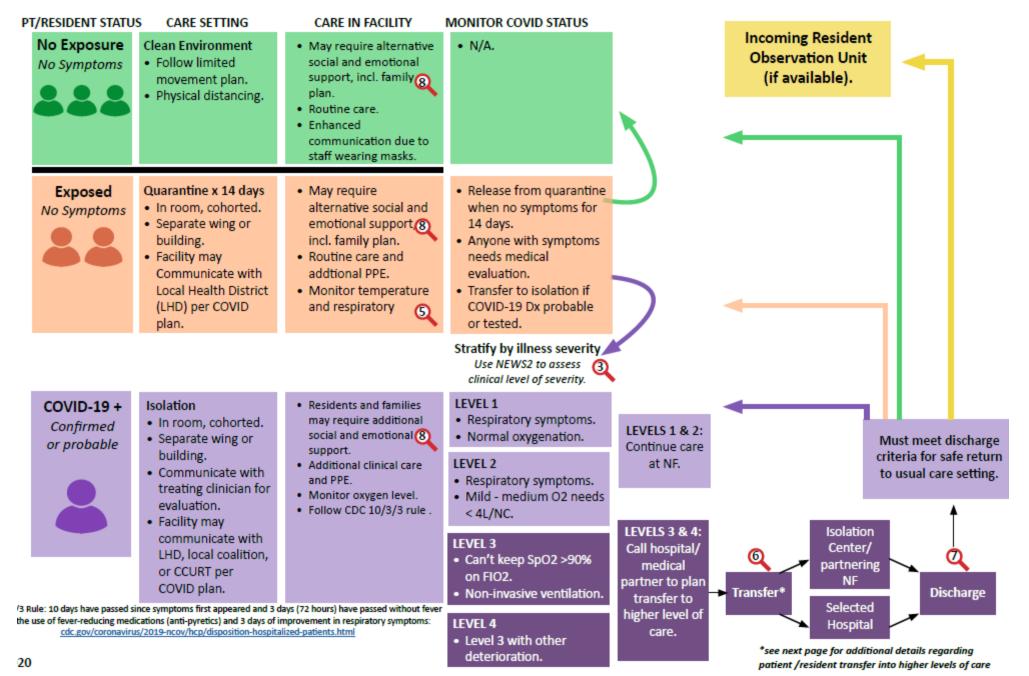
Staff Positives \rightarrow Resident Testing & Results

- If facility becomes aware of positive staff results, perform strategic resident testing
 - Contact Zone clinical leads, LHD, local hospital partners for clinical guidance
 - Contact <u>CCURT@odh.ohio.gov</u> for technical assistance and support

Caring for Residents with Positive Results

- Detailed guidance regarding caring for individuals with COVID-19 within congregate care settings can be found in the <u>LTSS Toolkit</u>. THIS DOCUMENT IS BEING UPDATED BASED ON NEW CDC GUIDANCE
- Facilities should have a plan in place for cohorting infected residents. (e.g., before they test they need to know how they will deal with test results).
 - Infected
 - Exposed/quarantined, and
 - Unexposed/unaffected residents.
- For those with COVID-19 infections:
 - Asymptomatic or mild symptoms = continue to receive care in place when clinically appropriate.
 - Follow ODH's <u>Criteria for COVID-19 Positive Skilled Nursing Facility Patient Transfer and Admission to Acute</u> <u>Hospital</u> if a higher level of care is needed.
 - If a hospital level of care is not required and the facility determines it cannot meet the resident's needs at the location, the facility may also consider transferring residents who need to be isolated to a Health Care Isolation Center (HCIC).
- If possible, staff should also be cohorted (i.e., staff only work with one of the 3 groups of residents).
 - If this is not possible, staff should perform work from unaffected to exposed/quarantined to infected groups of residents (least to most impacted by COVID-19).
- Follow ODH's Guidance for Discontinuing Transmission-Based Precautions.
 - THIS DOCUMENT IS BEING UPDATED BASED ON NEW CDC GUIDANCE RE: DURATION OF ISOLATION AND PRECAUTIONS₃₈

THE TOOLKIT WILL BE UPDATED W/NEW CDC GUIDANCE RE: DURATION OF ISOLATION AND PRECAUTIONS



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Aftercare

Bridge Team Resources

CCURT Bridge Team Guidance Document

• Tiers of staffing support:

- 1. Resource listing, various types of expertise
- 2. Pool of staff, includes some pre-vetting
- 3. Enhanced staff availability for critical situations

Tiers 1 & 2 will be paid for by the NF, similar to normal staffing

Health Care Isolation Centers

	Quarantine Beds	Isolation Beds	Combined Beds
Zone 1	63	175	238
Zone 2			
Zone 3	29	71	100

Total of 13 HCICs approved

HCIC Update

Guidance Documents

- HCIC Billing Guidance
- <u>FAQ</u>
- Rule <u>5160-3-80</u>

Providers interested in becoming an HCIC for providing quarantine and/or isolation NF services: contact ODH at <u>liccert@odh.ohio.gov</u> CCURT Technical Assistance Leads:

Zone 1:

James.Hodge@odh.ohio.gov

Zone 2:

<u>Rebecca.Sandholdt@odh.ohio.gov</u>

Zone 3:

Julie.Evers@medicaid.ohio.gov

Hospital Technical Assistance Coordinators: Zone 1:

- Sean Cannone, DO <u>Sean.Cannone@UHhospitals.org</u>
- Alice Kim, MD <u>KIMA@ccf.org</u>

Zone 2:

John Weigand, MD jweigand@cog-med.com

Zone 3:

Richard Shonk, PhD <u>RShonk@healthcollab.org</u>

Reporting Results

- All facilities will be required to report a summary of each round of testing results to the state through an online survey.
 - Required for both "opt-in" and "opt-out" facilities
 - No additional verification letter will be required

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Other FAQ

Testing new hires

- The Order states nursing facilities shall require its employees to be tested
- As part of nursing facilities responsibility for infection control, new employees should be tested before beginning work at the facility.

• Testing of contract, agency staff

- Per the Director's Fourth Amended Order to Limit Access to Ohio's Nursing Homes and Similar Facilities, with Exceptions dated July 2, 2020, individuals participating in end-of-life situations are permitted in-person visitation and should not be required to be tested first.
- End of life situations are defined in the referenced Director's Order.

HHS Distribution of Diagnostic Instruments

- HHS distribution of diagnostic instruments to nursing homes-Certificate of CLIA Waiver is required to receive one of these tests.
 - CMS116 CLIA Application can be found at the link below: (Scroll to the bottom of the page, under downloads, and click on CMS 116 [pdf])
 - <u>https://www.cms.gov/Regulations-and-</u> <u>Guidance/Legislation/CLIA/How to Apply for a CLIA Certificate International</u> <u>Laboratories</u>
 - Email application to: clia@odh.ohio.gov
 - Fax application to: 614-564-2478
 - ODH Bureau of Survey and Certification, CLIA staff, will process and obtain a CLIA number
 - The facility can begin testing; these tests can be used to fulfill the staff testing requirement

Concluding Remarks

Maureen Corcoran, Director, Ohio Department of Medicaid

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Resources

- Ohio's Testing in Nursing Homes Website
- <u>CCURT@ODH.OHIO.GOV</u>
- www.coronavirus.ohio.gov



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