

CDPHE

Statewide COVID-19

Residential Care Facilities (RCF) Call

2/24/2021

Slides are shared
following the call
via MailChimp
<http://eepurl.com/dKuwjQ>

Corresponding
links will be
included in the
slides & the chat

The next call is
scheduled for
3/10/2021

Please mute your
line and wait for
the call to begin

Disclaimer

Information provided during the call and included in this slide deck is based on currently available information at the time it was drafted and is subject to change as new guidance is made available. To ensure you have the most current information, go to: <https://covid19.colorado.gov/lpcf>.



**Please use the
chat to ask your
question**

Chat Etiquette:

- Keep it positive.
Remember, we are all in this together.
- Please don't repeat your question as this overwhelms the chat and hinders response.
- Please only ask questions that pertain to the topic being covered.

Q&As

Testing

Do physicians and home health providers need a negative covid test to enter the facility?

- As described in the Fifth Amended Public Health Order 20-20 (https://drive.google.com/file/d/1BK1ENIQbOI1cB-D3K4FyOFyasW_NLSh6/view), all residential care facilities, including those which do not meet the criteria for indoor visitation, must allow entry and **may not** deny entrance for essential health care service providers. This includes but is not limited to physicians, hospice, and home health staff of all disciplines, along with other types of both medical and nonmedical health care and services.
- Essential health care services providers must be screened and tested in accordance with the surveillance and outbreak testing requirements outlined in the [Fifth Amended Public Health Order 20-20](#).

Do physicians need to be tested if they have been vaccinated?

- Testing requirements outlined in the [PHO](#) and [Surveillance and Outbreak Testing Guidance Document](#) are still in place, regardless of vaccination status.
- All individuals should participate in surveillance and outbreak testing (regardless of their vaccination status) if it has been more than 3 months since they have recovered from COVID-19.
- Facilities must follow all outbreak testing requirements (regardless of vaccination status) as outlined in the [testing requirement guidance](#).

Does the surveillance testing requirement include residents who leave the facility for medical appointments?

- Residents who have left the facility for any length of time and for any reason, to include medical appointments, should be included in surveillance testing. More information on surveillance testing can be found in Public Health Order 20-20 (https://drive.google.com/file/d/1BK1ENIQbOI1cB-D3K4FyOFyasW_NLSh6/view) and the CDPHE Surveillance and Outbreak Testing in Residential Care Facilities document (<https://docs.google.com/document/d/1HRriYxHmqP9RpYTx9jk2qZFocvTkXvsqgmJ38NgYQxY/edit>).

Testing

How frequently does surveillance testing need to occur?

- All Facilities must at a minimum implement weekly surveillance testing for all negative staff. Additionally, Facilities shall implement weekly surveillance testing for all residents who have left the Facility premises to interact with individuals outside of the Facility, including those attending medical appointments.
- Facilities may choose to expand testing beyond these minimum requirements, such as testing all residents on a weekly basis. If at any time the facility's county reaches a two-week test positivity rate of 10% or greater, using the [Colorado COVID-19 dashboard](#), the Facility must increase testing to twice weekly, and continue at the higher testing frequency until the two-week positivity rate returns to a rate of less than 10% for two consecutive weeks. Testing requirements outlined above must be performed with PCR testing.
- If at anytime a single positive is identified, the facility must implement outbreak testing, as outlined in the [testing requirement guidance](#) and ensure rapid response measures are in place, as outlined in the CDPHE LTC [Checklist](#), Section II.
- Surveillance and outbreak testing must be performed using PCR. Rapid antigen/POC testing can be used in addition to, but not as a replacement for, PCR. Rapid antigen/POC testing does not fulfill the testing requirements.

Vaccination

How will we vaccinate new employees and residents?

- The Strike Team is currently working on this and hope to have a plan before most of the third clinics have been completed. Information will be provided as soon as it comes available. For questions, reach out to residentialcarestriketeam@state.co.us. Vaccine related questions may also be addressed by using the CDPHE COVID-19 vaccine email address: cdphe_covidvax@state.co.us or by calling 1-877-COVAXCO.

Why should residents be vaccinated for COVID-19?

- The COVID-19 vaccine has been proven to reduce the risk of developing symptomatic COVID-19 disease. Getting the COVID-19 vaccine is one of the best ways to protect residents from severe illness and/or death from COVID-19 infection.
- Because there is a lack of information on transmission reduction following vaccination and the duration of protection, everyone should continue to follow all the current guidance to protect themselves and others from COVID-19. All infection control recommendations should be followed until we learn more about the vaccine and guidance is updated. Including:
 - Proper mask use (covering both the nose and the mouth)
 - Social distancing of at least 6 feet
 - Current isolation and quarantine guidance
 - Surveillance and testing requirements
 - Proper hand hygiene

Why we are still testing residents who have been vaccinated?

- There are several reasons why residents who receive their vaccine should be included in surveillance and outbreak testing. First, residents can be within their incubation period and had not yet developed symptoms when they receive their vaccine. Second, while it has been proven that receiving the vaccine reduces the chances of severe disease, it does not eliminate your risk entirely of being infected, similar to the influenza vaccine. Third, data is not yet available from experts on how long immunity from the vaccine will last, or the vaccines impact on transmissibility in the population.

Vaccination

Do HCP need to quarantine following an exposure to COVID-19 if they are fully vaccinated?

- Vaccinated HCP working in residential settings should continue to [quarantine](#) for 14 days following a high-risk exposure to COVID-19 (e.g., household member with COVID-19 or exposure to an individual with COVID-19 without proper mask/eye protection).
- Following the CDC guidance, under "[Vaccinated healthcare personnel, patients, and residents in healthcare settings](#)", HCP in residential care facilities do not need to quarantine in the **community** after a high-risk exposure **but should be excluded from work for 14-days.**
<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

What is the best way to handle vaccine contraindication with tuberculosis (TB) screening, if any? Is it advised to delay TB screening or delay vaccine administration?

- There is no contradiction with giving the COVID-19 vaccine and TB testing.
- There is no immunologic reason to believe that TB skin test (TST) or blood draw for interferon gamma release assay (IGRA) would affect the safety or efficacy of either mRNA vaccine.
- In general, inactive vaccines do not interfere with TB testing. However, there is no data to determine how administration of either vaccine will affect the results or interpretation of either test for TB, TST or IGRA.
- CDC provides guidelines for a stepwise approach for patients and healthcare personnel who require both TB testing and COVID-19 vaccine administration. <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
- Vaccine FAQ for LTCF <https://drive.google.com/file/d/1-cwdRqQROzB01HvIYdxDMgnwZP3el3ds/view>

Visitation

Can pets attend visits?

- With pre-notice and facility permission, pets may accompany a visitor for a visit with a single resident. Pets can aid in the transmission of COVID-19 and other pathogens and therefore very important that the pet be kept away from other staff and residents during the visit (inside or outside). The facility should have policies and procedures regarding the safety and parameters for pet visitation, including criteria for vaccinations and infection control.

<https://www.fda.gov/consumers/consumer-updates/helpful-questions-and-answers-about-coronavirus-covid-19-and-your-pets> and
<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/animals.html>

What do we do if a recent visitor reports COVID-19 illness?

- Remind visitors that they should restrict visitation for at least 14 days (post last exposure) if they have been in close contact with anyone who has tested positive for or has symptoms consistent with COVID-19.
- Visitors should report to the facility if they develop fever, symptoms consistent with or diagnosed with COVID-19 in the 14 days following visitation.
- If the facility receives such a notification, notify the Local Public Health Agency promptly so they can assist with response.

Must visits be supervised?

- Current guidance states that indoor visits should be limited to common spaces/designated areas, not the residents room. Visits should be scheduled to ensure that the facility has enough staff available to monitor compliance with required prevention activities (e.g., social distancing, mask use, etc.), as outlined in the [Mandatory Visitation Requirements For Residential Care Facilities](#) document. Limit indoor visitors to those that can comply with the required infection control measures for visitation.

Visitation

Are indoor visits limited to 1 person at a time?

- When indoor visitation begins, require visitors to schedule an appointment for the visit to ensure the facility can safely accommodate the number of people and have enough staff to monitor compliance with required prevention activities. Limit individual resident visits to 45 minutes and to those that can comply with the required infection control measures for visitation (to include mask use). Additional guidance can be found in CDPHEs Mandatory Visitation Requirements For Residential Care Facilities document (<https://docs.google.com/document/d/1ISIIDVr8Exwyws1jdhAl97IMPBXfadpUNDyucvLPCtY/edit>).

Should we be doing POC testing for visitors?

- Although testing of visitors is strongly encouraged, it is not required.
- Facilities can offer visitors a rapid antigen test (POC) test at the time of their scheduled visit, however, it can not be a requirement or a contingency for visitation. Facilities that choose to use POC tests are taking on the role of performing laboratory and therefore are required to report all results (negative and positive) to CDPHE. Facilities should have a process in place to respond to positives, ensuring proper mask use, prompt exclusion from the facility, cleaning of surfaces, contact tracing, and home isolation.

Prior to initiating indoor visitation, do we have to submit a plan for approval to the public health department?

- Residential facilities must implement indoor visitation for family and friends when all [six criteria are met](#).
- Facilities must notify their [local public health agency](#) that the facility is beginning indoor visitation in accordance with the [Fifth Amended Public Health Order 20-20](#) requirements and this guidance for indoor visitation. This is not to obtain approval but as a courtesy notification. Although facilities should have an internal plan in place, it does not need to be submitted to LPHA for approval.

Visitation

Is there infection control training for family/friends prior to visitation?

- The [Mandatory Visitation Guidance Document](#) states that prior to initiating indoor visitation, facilities should notify resident families and friends that indoor visitation is occurring in your facility, the precautions being taken to keep residents safe and facility expectations/requirements for visitation. Including:
 - A description of the symptom screening process.
 - A recommendation for self-quarantine for a period of 14 days prior to visitation along with a recommendation that the visitor obtain testing for COVID-19 prior to the visit.
 - A recommendation for completing a COVID-19 test within 48 hours of the scheduled visit. CDPHE recommends a PCR test, but other testing types may be considered. Of note, although a recommendation, this is not a requirement and should not prevent visit.
 - The terms of indoor and outdoor visitation requirements, including masks, physical distancing, and other infection control requirements; how to summon staff if needed; and what will cause a visitor to be denied entry (i.e. the facility is in outbreak status).
 - Steps visitors must take before, upon arrival, and during their visit.
- When indoor visitation begins, limit indoor visitors to those that comply with the required infection control measures for visitation (as outlined above).

Has the visitation guidance been updated?

- At this time, facilities need to continue following the existing visitation guidance outlined in both the [PHO](#) and [Mandatory Visitation Guidance](#) document. Partners will be notified as soon as updated guidance is available.

Visitation

Are visitors required to show proof of a negative test?

- As outlined in the [Mandatory Visitation Guidance Document](#), visitors are not required to have a negative test and facilities can not require this.

Can a facility have a policy requiring testing of visitors?

- No. Although testing of visitors is strongly encouraged, it is not required, as outlined in the [Mandatory Visitation Guidance Document](#).
- Facilities can not require visitors to test nor can they require visitors show proof of a negative test. Testing is not a requirement for visitors and can't be a contingency for visitation.

How do we keep our residents safe during visitation?

- Criteria for indoor and outdoor visitation is available [here](#) and includes guidance for safe implementation.

What is a "Designated Support Person?"

- As outlined in the [PHO](#) and [Mandatory Visitation Guidance](#), Designated Support Person is defined as:
 - Facility residents with disabilities, which may include, but not be limited to, altered mental status, physical, intellectual or cognitive disability, communication barriers or behavioral concerns, who need assistance due to the specifics of their disability, may designate up to two support people to be with them to support their disability related needs. Only one designated support person may be present to provide services for the resident with disabilities at a time. In accordance with Section II.B of this Order, support personnel shall be screened in accordance with the current criteria for performing a temperature check and symptom screening, offered testing by the Facility in accordance with the staff testing requirements in Section I of this Order, and must follow the CDPHE Mandatory Visitation Requirements for Residential Facilities as well as other relevant Facility policies for visitation. Facilities may not restrict visitation of support personnel without a reasonable clinical or safety cause.

Admitting

Can we admit during an outbreak?

Facilities are able to admit during an outbreak of COVID-19 as outlined in the [Residential Care Facility \(RCF\) Mitigation Guidance document](#), ensuring the following:

- **COVID-Recovered:**

Residents with a history of COVID-19 can be admitted to the facility without further restrictions (e.g., isolation or observation/quarantine is not required) if transmission-based precautions have been discontinued (based on CDCs test-based or non-test-based strategies) and they are within 90 days of their positive test. The resident can be admitted into the general population and/or with a roommate. If the resident has recovered (met CDCs test-based or non-test-based strategy for discontinuation of transmission-based precautions and is within 90 days of their positive test) but has persistent symptoms from COVID-19 (e.g., persistent cough or above baseline), they can still be admitted to the facility and with the general population but they should be placed in a single room and restricted to their room to the extent possible until symptoms resolve or return to baseline.

- **COVID-Positive**

Residents with COVID-19 that have not met criteria for discontinuation of transmission-based precautions (i.e., remain in isolation) should go to a facility with adequate personal protective equipment supplies and an ability to adhere to infection prevention and control recommendations for the care of COVID-19-positive patients. Preferably, the patient would be placed at a facility that has already cared for COVID-19 cases, in a specific area designated to care for COVID-19 residents.

- **COVID-Naive (negative or unknown status):**

Admissions to the facility may resume once the outbreak has resolved, or when the facility is in resolving status and has developed a plan for a COVID-19 designated care area within the facility. When admitting COVID-naive residents, admit to a private room and consider admission to a separate wing/unit or floor (private room in an observation area) in order to observe for 14 days. These individuals require full PPE (gowns, gloves and N95s) for their quarantine period. Testing will not rule out incubating disease and therefore can not be used to shorten the quarantine period.

Quarantine

Has the quarantine guidance changed for fully vaccinated staff in residential care facilities?

- CDC requires exclusion from work for healthcare workers with high-risk occupational exposure or exposures in the community (i.e., household contact with COVID-19) regardless of vaccination status. HCW do not need to quarantine in the community but should be excluded from work for 14 days. Residents in communal settings should also continue to quarantine and isolate, regardless of vaccination status. <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

If a resident is fully vaccinated, do they have to quarantine when returning from a hospital stay?

- For admission/readmission of residents who are COVID-negative or who's COVID-19 status is unknown, admit to a private room and consider admission to a separate wing/unit or floor (observation area but still in a private room) in order to observe for 14 days. Testing before admissions is not required and if negative, would not rule out incubating illness.
- At this time, all admissions/readmissions mentioned above would still need to complete the 14 day observation/quarantine period regardless of vaccination status.

Admission guidance can be found in the Residential Care Facility (RCF) Mitigation Guidance

<https://drive.google.com/file/d/1J8XurY-o0SsWHT-668sRCNAUVAJSTc9j/view> and the PHO

https://drive.google.com/file/d/1BK1ENIQbOI1cB-D3K4FyOFyasW_NLSH6/view

Do vaccinated residents have to quarantine upon admission/readmission?

- Residents admitted or readmitted (from an overnight stay outside facility, to include hospital stay) should be placed under observation for 14 days with transmission-based precautions including full COVID-19 PPE to observe for symptoms of COVID-19. These residents should be admitted to a private room or observation area (still in a private room) for the full 14 days. This is regardless of vaccination status. Testing cannot shorten this quarantine period.

Can residents admitted on the same day be quarantined together in the same room?

- No. Residents admitted or readmitted to the facility should be placed in observation for 14-days in a private room or observation area (still in a private room).

Quarantine

Do residents need to quarantine following a day visit or medical visit?

- All residents that leave the facility for any reason and for any length of time should be included in surveillance testing, as outlined in the PHO and Testing Requirements document.
- Only residents who leave the facility and are gone overnight are required to complete a 14-day quarantine upon return. This is regardless of vaccination status.
- Refer to Public Health Order 20-20 (https://drive.google.com/file/d/1BK1ENIQbOI1cB-D3K4FyOFyasW_NLSh6/view) and the CDPHE Surveillance and Outbreak Testing in Residential Care Facilities document (<https://docs.google.com/document/d/1HRriYxHmqP9RpYTx9jk2qZFocvTkXvsqgmJ38NgYQxY/edit>) for more information about surveillance testing.
- Refer to the CDPHE LTC Checklist for more information about resident quarantine:
https://drive.google.com/file/d/1B2ERnkuo2kcE_nj6LcXKw4W_isnpxUwg/view

PPE

Why do HCP need to wear eye protection?

- COVID-19 spreads primarily from person to person through respiratory droplets that are produced when we talk, sing, shout, or even breathe. These droplets can land in the eyes, mouths, or noses of HCP or possibly be inhaled into the lungs. Eye protection during patient care is one prevention intervention. Continuously protecting our eyes from respiratory droplets in a patient-care setting is an added step to keep HCP safe from infection.

Is there a certain type of eye protection we should use?

- Goggles and/or a face shield are recommended to ensure appropriate protection.
- Eye protection should cover the front and sides of the eyes (e.g., goggles or a face shield). There should not be gaps in between the eye protection and the face, unless you are using a face shield.
- Protective eyewear (safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays.

When can we stop using eye protection?

- Guidance is being updated to read:
 - Staff working in facilities located in counties with >10% [two-week average test positivity rate](#) (“Colorado Covid Dial”), should wear eye protection (e.g. face shields, goggles) during all resident care activities to protect against viral spread from asymptomatic individuals.
- Staff should however follow standard, contact and droplet precautions (gown, gloves, N-95 or facemask if N-95 not available and eye protection) for any resident with fever, respiratory symptoms, or when COVID-19 is suspected.

Thank you!

From our team to yours, thank you for all you do and for your ongoing collaboration.

Additional Resources for Residential Settings

CDPHE Forms and Checklists

Setting Specific Guidance

- [Residential Care Facility Mitigation Guidance](#)
- [LTC Checklist COVID-19 Preparation and Response](#)
- [Small Facility Checklist COVID-19 Preparation and Response](#)

COVID-19 Screening Forms

- [Employee health screening form](#) | [Español](#) (PDF)
- [Visitor health screening tool](#) (PDF) | [Español](#) (PDF)

Outbreak Forms

- [COVID-19 outbreak report form](#) (PDF)
- [COVID-19 line list template](#) | [Español](#) (Excel)

CDPHE Guidance and Resources:

Guidance Strategies

- [COVID-19 strategies for working with memory care residents](#)
- [Strategies to consider when working with Assisted Living Residences \(ALR\)](#)

Personal Protective Equipment

- [CDPHE FAQs for Personal Protective Equipment \(PPE\)](#)

Cohorting Recommendations

- [Preparing a COVID-19-positive “neighborhood”](#)
- [CDPHE Long-Term Care Cohorting Recommendations-Residents with Respiratory Illness & COVID-19 Infections.](#)