

Questions & Answers
Nursing Facility/Skilled Nursing Facility/ICF-IID Provider Call
Wednesday, October 18, 2022
1:00 PM – 2:00 PM

Disclaimer: Information and responses to questions provided during the Provider Calls are turned around quickly and may occasionally reference regulatory language from different regulatory sets. It is our goal to provide the most accurate information. Therefore, the Q&As are thoroughly researched following each call to ensure complete and accurate information is provided in written responses based on the correct regulatory sets and/or CDC guidance. Please contact LTC for any questions.

Links provided in the Q&A chat box or in Q&A can be located at the end of this document.

1. Q: PCC is the electronic health record our facility is using. The section for immunizations has an option regarding the education provided to the resident/family member. I believe the statement is "education provided by staff". By checking that box, is that sufficient documentation for the education provided, or do we need to have a separate file of the specific information provided with their signature for acknowledgment?

A: Consider the facility's policies and procedures for the required documentation for immunizations. There should be documentation the facility provided the education, and whether the resident either received the immunization, or did not receive the immunization due to medical contraindications or refusal. The facility should also be able to provide samples of the educational materials that were used to educate residents or their representatives. Please keep this documentation on file if needed for a survey.

Appendix PP

F883 (Excerpts, see Appendix PP for full text)

§483.80(d) Influenza and pneumococcal immunizations

§483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-
(i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization...
(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:

(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and

(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.

§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-

(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization...

(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:

- (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and*
- (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.*

GUIDANCE

Provision of Immunizations

In order for a resident to exercise his or her right to make informed choices, it is important for the facility to provide the resident or resident representative with education regarding the benefits and potential side effects of immunizations. Facilities are required to document the provision of this education and the administration, refusal of the immunization or the medical contraindication of the immunization. There may be clinical indications or other reasons that a resident may not have received immunizations. The resident's record should show vaccination administration unless it contains documentation as to why the vaccine was not administered...

[QSO-21-19-NH 05/11/21](#) (Excerpts, see memo for full text)

F887

§483.80 Infection control

(d) Influenza, pneumococcal, and COVID-19 immunizations. . .

(3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following...

- (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine;*
- (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects, associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses...*
- (vi) The resident's medical record includes documentation that indicates, at a minimum, the following:*
 - (A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and*
 - (B) Each dose of COVID-19 vaccine administered to the resident, or*
 - (C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal.*

GUIDANCE

Documentation

The resident's medical record must include documentation that indicates, at a minimum, that the resident or resident representative was provided education regarding the benefits and potential side effects of the COVID-19 vaccine, and that the resident (or representative) either accepted and

received the COVID-19 vaccine or did not receive the vaccine due to medical contraindications, prior vaccination, or refusal. If there is a contraindication to the resident having the vaccination, the appropriate documentation must be made in the resident's medical record. Documentation should include the date the education and offering took place, and the name of the representative that received the education and accepted or refused the vaccine, if the resident has a representative that makes decisions for them. Facilities should also provide samples of the educational materials that were used to educate residents.

The requirements for documentation of educating and offering the COVID-19 immunization to staff are also located in the QSO-21-19-NH memo.

2. Q: We are only testing for those with symptoms. Are we still supposed to report those tests to the state group via that spreadsheet we reported on weekly? We still report to NHSN but, with no testing, it hasn't been much lately.

A: At this time, any newly identified cases of COVID-19, are to be reported via the Form 283 to LTC within 24 hours. You can update the Form 283 with additional new cases identified through testing, or should there be a change in condition with a resident/staff such as hospitalization or death.

If you have a new outbreak in your facility, you are to test regardless of symptoms or vaccination status. Depending on the timing (initial positive that triggered the outbreak, or ongoing) determines the frequency of testing.

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

3. Setting-specific considerations **Nursing Homes**

Responding to a newly identified SARS-CoV-2-infected HCP or resident

- *When performing an outbreak response to a known case, facilities should always defer to the recommendations of the jurisdiction's public health authority.*
- *A single new case of SARS-CoV-2 infection in any HCP or resident should be evaluated to determine if others in the facility could have been exposed.*
- *The approach to an outbreak investigation could involve either contact tracing or a broad-based approach; however, a broad-based (e.g., unit, floor, or other specific area(s) of the facility) approach is preferred if all potential contacts cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission.*
- *Perform testing for all residents and HCP identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status.*
 - *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.*

- *Due to challenges in interpreting the result, testing is generally not recommended for asymptomatic people who have recovered from SARS-CoV-2 infection in the prior 30 days. Testing should be considered for those who have recovered in the prior 31-90 days; however, an antigen test instead of a nucleic acid amplification test (NAAT) is recommended. This is because some people may remain NAAT positive but not be infectious during this period.*

3. Q: Is it still required to monitor for COVID symptoms and to test on admission?

A: The facility should be monitoring all residents, including admissions, for symptoms of COVID-19. Generally, it is not necessary to place new admissions in empiric Transmission-Based Precautions (TBP), except for when they are symptomatic for COVID-19. Admission testing is at the discretion of the facility. Consider the facility's policies and procedures.

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

1. Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic

Perform SARS-CoV-2 Viral Testing

- *The yield of screening testing for identifying asymptomatic infection is likely lower when performed on those in areas with lower levels of SARS-CoV-2 community transmission. However, these results might continue to be useful in some situations (e.g., when performing higher-risk procedures or for HCP caring for patients who are moderately to severely immunocompromised) to inform the type of infection control precautions used (e.g., room assignment/cohorting, or PPE used) and prevent unprotected exposures. If implementing a screening testing program, testing decisions should not be based on the vaccination status of the individual being screened. To provide the greatest assurance that someone does not have SARS-CoV-2 infection, if using an antigen test instead of a NAAT, facilities should use 3 tests, spaced 48 hours apart, in line with [FDA recommendations](#).*
 - *In general, performance of pre-procedure or pre-admission testing is at the discretion of the facility.*
 - *Performance of expanded screening testing of asymptomatic HCP without known exposures is at the discretion of the facility.*

2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection

The IPC recommendations described below (e.g., patient placement, recommended PPE) also apply to patients with symptoms of COVID-19 (even before results of diagnostic testing) and asymptomatic patients who have met the criteria for empiric Transmission-Based Precautions based on close contact with someone with SARS-CoV-2 infection...

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.

3. Setting-specific considerations Nursing Homes

- *Managing admissions and residents who leave the facility:*
 - *Admission testing is at the discretion of the facility. Pros and cons of screening testing are described in [Section 1](#).*
 - *Residents who leave the facility for 24 hours or longer should generally be managed as an admission.*
- *Empiric use of Transmission-Based Precautions is generally not necessary for admissions or for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings) and do not meet criteria described in Section 2.*

4. Q: Is the health department offering in-facility immunizations clinics for the new COVID vaccine?
- A. We would suggest you contact your pharmacist and/or pharmacy to discuss what options may be available to you.

Links provided in the Q&A chat box or in Q&A:

CDC - Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic - https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Ftesting-healthcare-personnel.html

CDC - Strategies to Mitigate Healthcare Personnel Staffing Shortages - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

CDC - Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

CMS - QSO-21-19-NH 05/11/21 - <https://www.cms.gov/files/document/qso-21-19-nh.pdf>

International Infection Prevention Week - [https://infectionpreventionandyou.org/iipw/#:~:text=International%20Infection%20Prevention%20Week%20\(IIPW,of%20infection%20prevention%20for%20everyBODY](https://infectionpreventionandyou.org/iipw/#:~:text=International%20Infection%20Prevention%20Week%20(IIPW,of%20infection%20prevention%20for%20everyBODY)



OSDH Contacts:

Long Term Care (LTC) Main Phone: 405.426.8200 Email: LTC@health.ok.gov

GovDelivery.com Email Requests: Email LTC@health.ok.gov, or Diane Henry DianeH@health.ok.gov

HAI (Health Associated Infections): Email HAI@health.ok.gov

MDS Questions: Email MDSHelp@health.ok.gov Phone 405-426-8159 or Email Diane Henry DianeH@health.ok.gov

OSDH ViralView (up to date surveillance data for Influenza, COVID, and RSV) -

<https://oklahoma.gov/health/health-education/acute-disease-service/viral-view.html>

Ombudsman Program Contacts:

William "Bill" Whited

Aging and Disability Hotline: 1.800.211.2116

Phone: 405.521.6734

Fax: 405.522.6739

Emails: <http://www.okdhs.org/programsandservices/aging/ltc/>

Ombudsman.intake.line@okdhs.org

Ombudsmanfax@okdhs.org

CAP.Ombuds@OKDHS.org

Telligen QIN-QIO contacts:

Website: <https://www.telligenqiconnect.com/>

Micki Reyman (Quality Improvement Facilitator) Email: mreyman@telligen.com

Telligen's Infection Prevention and Control Staff Training Assessment:

<https://portal.telligenqiconnect.com/rdc/infPrevCtrlAssessment.jsp>