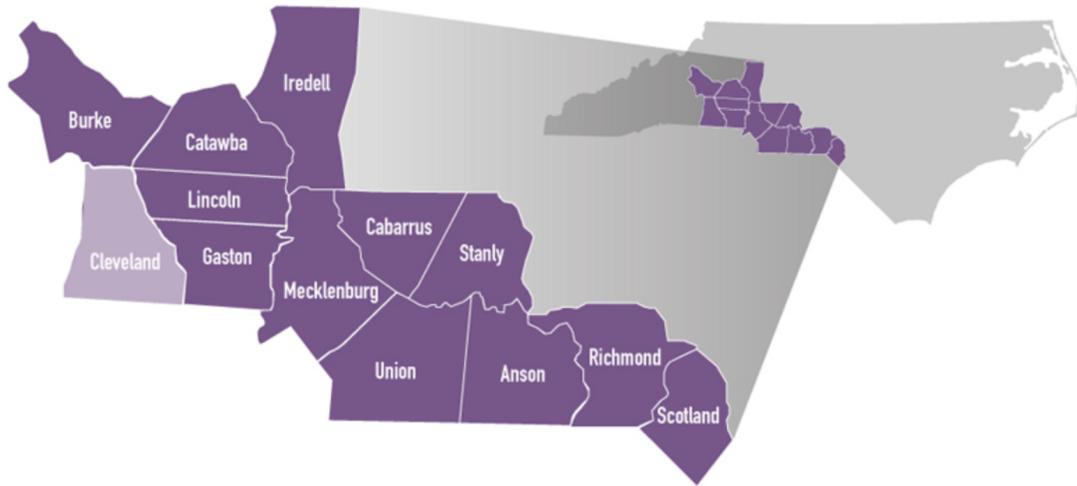


LONG TERM CARE NEWSLETTER

December, 2021

Volume 1 Issue 1



**Highlights
from November 2021:**

**REGIONAL UPDATE &
WELCOME**

Welcome

WRITTEN BY RONALD HENSCHEL, MPH

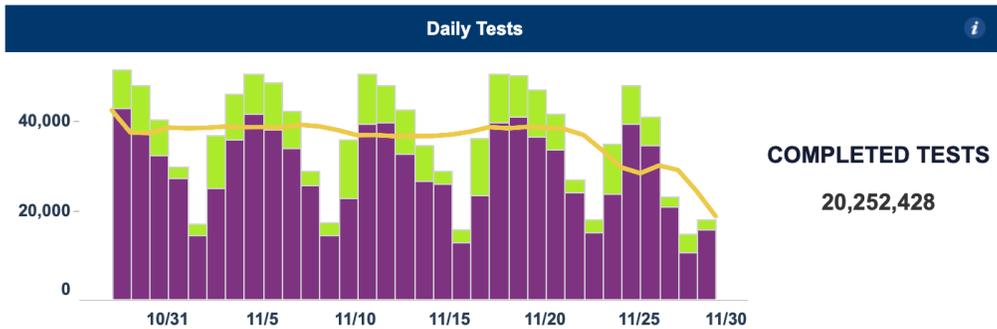
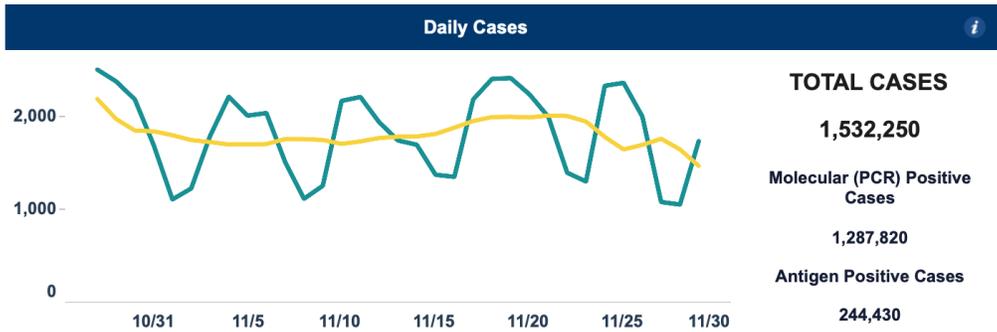
Welcome to the first issue of the Metrolina Healthcare Preparedness Coalition's long-term care newsletter. Before we begin, we would like to thank you for joining us and for all you do. The overall goal of the newsletter is to facilitate better communication and information sharing within our region. The newsletter will discuss current events, education, COVID outbreak information for the state and region. In addition, we will be looking for feedback from you on how we can better help you prepare and stay prepared for the present and future.

As this edition reaches you, we are in full swing of the 2021 holiday season. As we discussed in our November 4th Long Term Care Town Hall, the number of outbreaks started to trend down before the holiday season started. Though this is one of the most social times of the years, the likelihood of those trends continuing in that direction is very slim. As a result, preparedness and vigilance are more crucial than ever.

State Dashboard Data

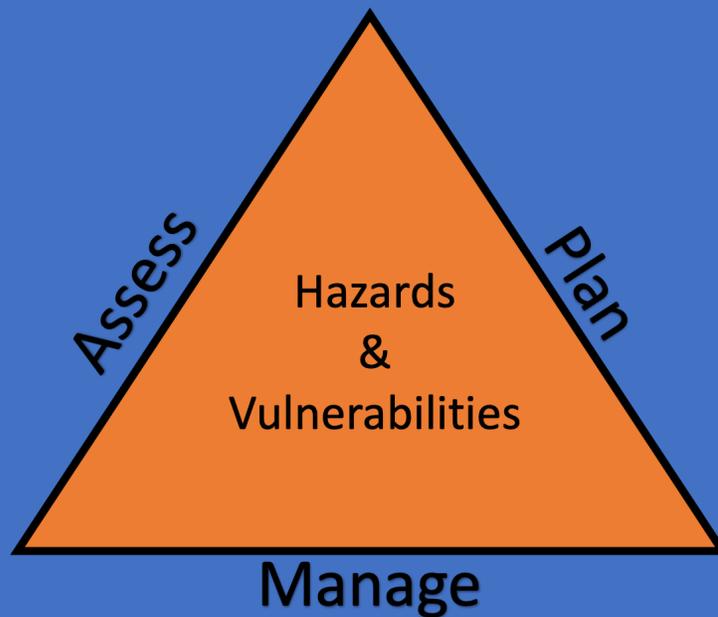
DATA COLLECTED FROM STATE DASHBOARD

Updated Monday - Friday by approximately 12:00 p.m.
Last updated November 29, 2021 at 11:50 a.m.



COUNTY	11/01/21 CASES	11/01/21 DEATHS	11/29/21 CASES	11/29/21 DEATHS
ANSON	3856	80	4030	83
BURKE	15,745	239	16,160	245
CABARRUS	32,853	338	34,283	347
CATAWBA	28,347	428	29,301	440
CLEVELAND	18,367	310	18,929	315
GASTON	40,027	621	41,633	631
IREDELL	28,885	324	30,231	332
LINCOLN	14,999	107	15,777	118
SCOTLAND	5,735	107	5,856	109
STANLY	11,652	191	12,164	198
UNION	36,383	338	38,050	363
MECKLENBURG	157,260	1,244	162,362	1,274

The above figures were gathered from the statewide COVID dashboard on both November 1, 2021 and November 29, 2021. The figures are compounding from the initial outbreak of COVID-19 (NCDHHS, 2021).



Education Corner

WRITTEN BY RONALD HENSCHEL, MPH

Welcome to the education corner! In this section, Kariena "KC" Bernesser or I will discuss up-and-coming education opportunities. These opportunities may be courses sponsored by MHPC or education we feel may benefit you sponsored by other organizations. In addition, this month well will be discussing the webinar series: Developing and Sustaining an Emergency Preparedness Program.

This program, hosted by MHPC, is a 3-part webinar series starting on January 25, 2022. The second date of the webinar is February 15, 2022, and then finally, part of the series takes place on March 8, 2022.

The first webinar will discuss Hazardous Assessments. During this webinar, participants will learn how to facilitate hazard assessments efficiently. Then later apply the hazard assessments to their emergency preparedness planning process. Even if your corporate office provides an assessment for your facility.

This course can benefit an administrator. We have found several times that corporate blanketed hazard assessments may not include area-specific hazards, such as the nuclear facilities within the region.

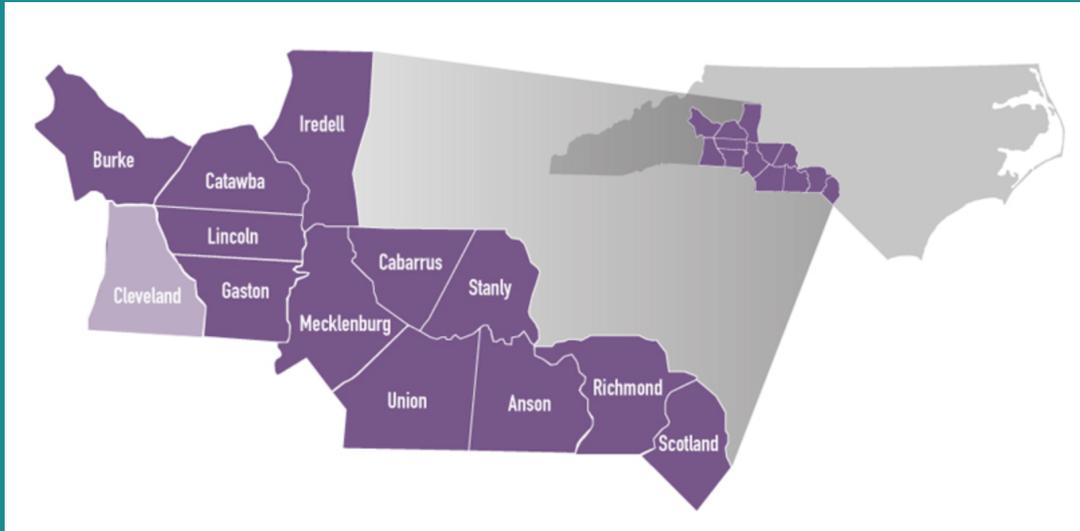
The second webinar will discuss plan development, where participants will learn how to move forward with plan writing and plan development. These Skills will be practical and directly applicable to their organization. Finally, in the third webinar, participants will learn how to sustain their Emergency Management Program. Participants will also be introduced to, and begin working with, a Planning Integration Guide that will become the capstone to the three-part webinar series.

You can register for the three part webinar series [HERE](#).

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"BY FAILING TO PREPARE, YOU
ARE PREPARING TO FAIL.."
BENJAMIN FRANKLIN





Current Events: CMS Updates

INFORMATION PROVIDED BY CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS FAQ sheet was updated with some new information on November 18, 2021. We will only be covering the Q&A that were added on the 18th and that concern long term care facilities. If you are wanting to check out the Q&A in its entirety for yourself, it can be found on the CMS website at this [link](#).

Q: Are staff who work in Assisted Living Facilities required to be vaccinated if they also work in a nursing home?

A: Yes. While Assisted Living Facilities (ALFs) are not regulated by CMS and not directly subject to the Medicare Conditions of Participation, individuals who move between facilities (e.g. ALFs and nursing homes) and provide care, treatment, or other services for the certified nursing home and/or its residents under contract or arrangement must be vaccinated (CMS, 2021).

Q: Are emergency medical services (EMS) workers subject to the COVID-19 vaccination requirements?

A: EMS providers are not regulated by CMS health and safety standards; therefore, they are not directly subject to these requirements. Some EMS providers may be subject to the vaccination requirements by virtue of their professional relationship with a health care entity that is regulated by CMS. For example, a hospital may contract with EMS providers and therefore these staff would be included in the requirement. Additionally, an EMS provider may also provide non-emergency transportation for Long Term Care facility residents under contract. In that case, EMS staff would be subject to COVID-19 vaccination requirements in the IFC as applied to Long Term Care facility staff (CMS, 2021).

Q: Does this requirement apply to pharmacies that go onsite to covered facilities?

A: Yes. This vaccination requirement covers all individuals who provide care, treatment, or other services for any Medicare or Medicaid facility subject to this rule (and/or its patients) under contract or other arrangements (CMS, 2021).

Q: Does this requirement apply to visitors?

A: The staff vaccination requirements apply to Medicare and Medicaid-certified facilities that are regulated under the Medicare health and safety standards known as Conditions of Participation (CoPs), Conditions for Coverage (CfCs), or Requirements. Facilities are required to have a process or policy in place ensuring that all applicable staff are vaccinated against COVID-19. This requirement does not apply to personal visitors such as family members or friends; however, it does apply to contractors that visit the facility on a regular basis. CMS strongly encourages all individuals and families to get vaccinated now (CMS, 2021).



Current Events: CMS Updates

INFORMATION PROVIDED BY CENTERS FOR MEDICARE & MEDICAID SERVICES

Q: Do the new COVID-19 staff vaccination requirements apply to my therapy practice?

A: These requirements apply only to CMS-certified therapy providers, that is, an organization that operates in compliance with the Conditions of Participation as a Medicare-certified facility, not an individual therapist or group practice. Certified provider types include clinics, rehabilitation agencies, and public health agencies (referred to as providers of outpatient physical therapy and speech-language pathology services); comprehensive outpatient rehabilitation facilities (CORFs); Home Health Agencies (HHAs); hospices; an outpatient departments of hospitals; Critical Access Hospitals (CAHs); and Skilled Nursing Facilities (SNFs). These requirements do not apply to non-certified therapy providers, such as therapists in private practice or group practices (commonly referred to as Therapists in Private Practice (TPPs)).

These TPPs are treated in a manner similar to physician offices and practices. TPPs may closely resemble CMS-certified outpatient therapy providers and it is difficult to differentiate between the two without knowing how each is enrolled in Medicare. Outpatient therapy providers are certified providers that receive a survey from the State Agency (SA) or a CMS-approved Accrediting Organization (AO) as part of the enrollment process. Upon completion of enrollment, outpatient therapy providers receive a CMS Certification Number, or CCN, that the organization uses to bill Medicare for services furnished. TPPs in Medicare are not surveyed as an outpatient therapy provider and are issued a Provider Transaction Access Number (PTAN) for Medicare billing purposes. Therapists may also reassign their benefit to another professional or TPP (therapist, physician, or group practice) to allow them to bill for them and may work in a physician practice.

If you are enrolled in Medicare and the enrollment included a survey by a SA or AO because you enrolled as a CMS-certified therapy provider such as a provider of outpatient physical therapy and speech language pathology services and you have a CCN instead of a PTAN, the COVID-19 vaccination requirements apply to all applicable staff in the organization. If your Medicare enrollment resulted in a PTAN, not a CCN, you are not a certified provider and the COVID-19 vaccination requirements do not apply, although CMS encourages all individuals who work with patients to receive vaccinations, whether or not they are subject to this regulation (CMS, 2021).



Information provided by Centers for Medicare & Medicaid services

Q: What are the documentation requirements for staff vaccinations? Are these the same for vendors?

A: As noted in the rule, this vaccination requirement generally applies to eligible staff working at a CMS-certified facility that participates in the Medicare and Medicaid programs, regardless of clinical responsibility or patient contact. The requirement includes all current staff as well as any new staff who provide any care, treatment, or other services for the covered facility and/or its patients. This also includes facility employees, licensed practitioners, students, trainees, and volunteers. Additionally, individuals who provide care, treatment, or other services for the facility and/or its patients under contract or other arrangements must be vaccinated (CMS, 2021).

Regulated facilities included within this requirement must have a process or plan in place for documenting and tracking staff vaccinations. All COVID-19 vaccinations must be appropriately documented by the facility, which could be in a facility's immunization record, health information files, or other relevant documents. All medical records, including vaccine documentation, must be kept confidential and stored separately from an employer's personnel files. Acceptable forms of proof of vaccinations include: 1) CDC COVID-19 vaccination record card (or legible photo of the card), 2) documentation of vaccination from a health care provider or electronic health record, or 3) state immunization information system record. Ultimately, it is up to the facility to ensure that it has a process or plan in place for capturing COVID-19 vaccination status for all staff, including individuals who provide services under contract or other arrangements. Of note, facilities are not required to ensure vaccination of vendors, volunteers, or professionals who infrequently provide ad hoc, non-health care services (e.g. annual elevator inspection) or services that are performed exclusively offsite and not at or adjacent to any site of patient care (such as accounting services) (CMS, 2021).

Q: Does the regulation include testing requirements for unvaccinated staff?

A: No, this regulation requires staff vaccination only. While CMS considered requiring daily or weekly testing of unvaccinated individuals, scientific evidence on testing found that vaccination is a more effective infection control measure. CMS will continue to review the evidence and stakeholder feedback on this issue. However, facilities may voluntarily utilize testing alongside other infection prevention measures, such as physical distancing and source control. Of note, CMS published an emergency regulation in September 2020 that established new requirements for Long Term Care (LTC) facilities (nursing homes) to test facility residents and staff for COVID-19. CMS requires continued compliance with this requirement. Additionally, CMS encourages facilities not covered under this regulation to review the OSHA Emergency Temporary Standard for separate vaccination and testing requirements (CMS, 2021).

Q: Does this regulation establish any new data reporting requirements?

A: No, this regulation does not establish any new data reporting requirements. However, hospitals and LTC facilities (nursing homes) are expected to continue complying with their facility-specific data reporting requirements set forth in the emergency regulations issued by CMS in May 2020, August 2020, and May 2021, respectively. Additionally, facilities participating in the Inpatient, PPS-Exempt Cancer, Long Term Care Hospital, Inpatient Rehabilitation, and Inpatient Psychiatric Quality Reporting Programs must collect data on the new COVID-19 Vaccination Coverage among Health Care Professionals measure from October 1, 2021 to December 31, 2021 and quarterly thereafter (CMS, 2021).

Infection Prevention: Hand Washing

CENTERS FOR DEASE CONTROL AND PREVENTION GUIDELINES

Guidelines for Caregivers

- Immediately before touching a patient
- Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
- Before moving from work on a soiled body site to a clean body site on the same patient
- After touching a patient or the patient's immediate environment
- After contact with blood, body fluids, or contaminated surfaces
- Immediately after glove removal

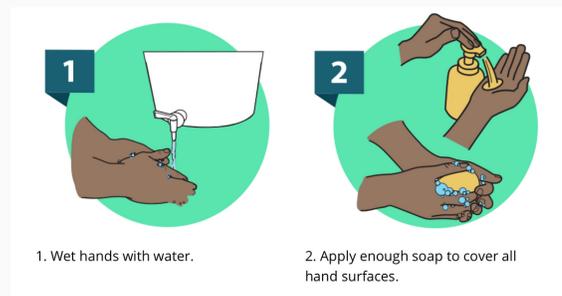
Guidelines for Facilities

- Require healthcare personnel to perform hand hygiene in accordance with Centers for Disease Control and Prevention (CDC) recommendations
- Ensure that healthcare personnel perform hand hygiene with soap and water when hands are visibly soiled
- Ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered

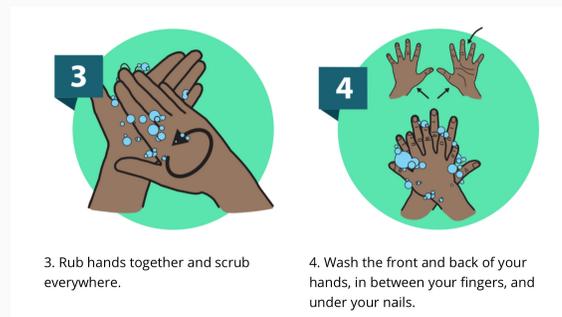
Hand Sanitizer Versus Soap and Water

- Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations.
- Evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands.
- In the absence of a sink, are an effective method of cleaning hands.

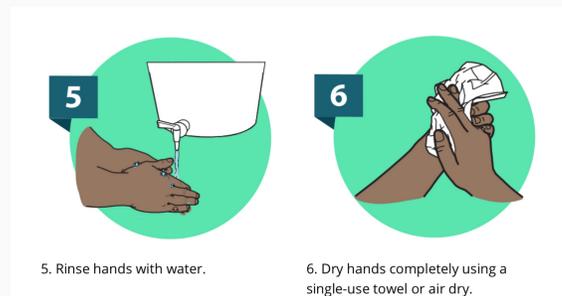
(CDC, 2020)



(CDC, 2020)



(CDC, 2020)



(CDC, 2020)

Looking forward:

The last month of the year will bring cheer and joy for many, as many gather with family. However, many will be trying to make up for missing the significant in-person holidays in 2020. This fact will significantly affect both COVID and Influenza cases within facilities. Hospitals, Long Term Care Facilities, and Emergency Medical Services should see increased positive cases within patients, residents, and staff numbers.

If there is a topic that you would like to see discussed in our monthly newsletter, please reach out to me at Ronald.henschel@atriumhealth.org.

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