Visit our COVID-19 Page Here

Dear Member:

Notes from Today's CDC Call for Congregate Care Settings

Maine CDC reports:

- 26,000 total COVID-19 cases, 2877 HCWs
- 158 outbreaks currently, 64 (or 40%) are in long term care
- Among the total outbreaks: 1,920 cases are LTC out of total 3,082 cases
- Maine's 7 day PCR positivity rate is 6.3%
- Seeing explosive spread of COVID-19 now, outbreak investigations are finding more cases starting with ancillary staff vs direct care staff so perhaps reminders to all staff would be helpful
- Routine surveillance testing is catching cases early
- Reminder when submitting testing specimens, for staff, select HCW on the form and be sure to use the employee's address vs the facility's address on the form. For residents, continue using the facility address.

Bill Montejo – DLC Update:

- If you have NOT created a staffing crisis plan do so now. You do not want to have to scramble in an outbreak for contingency staffing.
- Have a plan for the training and competency assessment of staff in varying roles. There are several options for training staff that need to fill Non-Nursing Personnel roles during emergency staffing times. AHCA has created a **temporary nurse aide** program with corresponding competencies that is available for homes to use.
- In addition, CNA students are now able to complete their 70-hour clinical hours while working in homes and providing care per the **Governor's Executive Order**.

State Testing Frequency vs. Federal Testing Frequency:

According to the federal CMS Nursing Homes Testing Guidance: **QSO-20-38**, once a county EXCEEDS 5% positivity based on CMS County Positivity Rates found **here**, homes in counties with percent positivity **above 5% SHOULD be testing weekly** . Counties that continue to be below the 5% positivity SHOULD continue to use the **Maine CDC case rate per 10,000** . Once a county exceeds the federal percent positivity standard of 5% the necessary testing frequency for federally certified homes AUTOMATICALLY shifts to the more stringent federal testing pattern.

Today's call was recorded and will be posted to **mecdc/coronavirus/long-term-carepage** in a few days.

DHHS Provisionally Adopts Assisted Housing Infection Control Rules

10-144 CMR Ch 113, Regulations Governing the Licensing and Functioning of Assisted Housing Programs: Infection Prevention and Control is provisionally adopted as of 12/30/20. This new rule institutes measures to improve and clarify infection surveillance, control, mitigation, and crisis staffing planning in Maine's assisted housing facilities, including assisted living, residential care facilities, and private non-medical institutions. These provisions are consistent with State and

Federal Center for Disease Control guidance, in response to the increased spread of the 2019 Novel Coronavirus (COVID-19) and will help to mitigate any future outbreaks of novel contagious illnesses.

To access the complete rule and related documents, including MHCA's comments, go to the Division of Licensing and Certification's rulemaking webpage at https://www.maine.gov/dhhs/dlc/rulemaking/index.shtml.

CDC Updates Guidance on mRNA Vaccines

The federal CDC has released updated clinical guidance related to mRNA vaccines. The updated guidance can be found at **Interim Clinical Considerations for Use of Pfizer-BioNTech COVID-19 Vaccine | CDC.**

The updated guidance includes:

- Additional information on antibody therapies and COVID-19 vaccination
- Information on COVID-19 vaccination and outbreak management
- Additional information on vaccination of immunocompromised persons
- Updates to contraindications and precautions to vaccination
- Information on COVID-19 vaccination and tuberculin skin testing

Major updates include:

- Defining an immediate allergic reaction as "any hypersensitivity-related signs or symptoms such as urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration."
- Identifying contraindications to either of the mRNA COVID-19 vaccines as:
    - Severe allergic reaction (e.g, anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of its components
    - Immediate allergic reaction of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components (including polyethylene glycol [PEG])
    - Immediate allergic reaction of any severity to polysorbate (due to potential cross-reactive hypersensitivity with the vaccine ingredient PEG)
- Expanding precautions to mRNA COVID-19 vaccines to include not only anaphylaxis but also any previous immediate allergic reaction to any other vaccine or injectable therapy
- Includes observation periods after vaccination as 30 minutes for any persons with a precaution to vaccination or a history of anaphylaxis due to any cause and 15 minutes for all other persons

Helpful Links on COVID 19 Vaccinations

- **CDC Vaccine Toolkit for Healthcare Professionals**
- US CDC: Post-vaccine considerations for Health Care Personnel:
    - **https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html**
- US CDC: Post-vaccine considerations for LTC residents:
    - **https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-residents.html**
- US CDC: Clinical Considerations for COVID Vaccine:
    - **https://www.cdc.gov/vaccines/covid-19/clinical-considerations/index.html**

CMS Releases Revised Criteria for Conducting Focused Infection Control Surveys and Survey FAQs

CMS has **released** updated guidance on the frequency of focused infection control (FIC) surveys as well as providing frequently asked questions (FAQs) regarding health, emergency preparedness (EP), and life safety code (LSC) surveys.

CMS will continue to require state agencies to conduct onsite FIC surveys within three to five days of identification of a facility with three or more new confirmed COVID-19 cases or one confirmed case in a facility that was previously COVID-free. CMS is updating this guidance to also require states to consider other factors in determining the need for a FIC survey, such as multiple weeks with new COVID cases, low staffing levels, and allegations or complaints related to concerns of abuse or quality of care such weight loss and decline in functioning. CMS adds that during FIC surveys, surveyors should investigate concerns related to residents that have had a significant decline in condition such as weight loss or mobility.

In addition, CMS is limiting the frequency of FIC surveys, stating that facilities that have had a FIC in the past three weeks—whether a standalone FIC survey or as part of a recertification survey—do not need to be re-surveyed if they meet the criteria to be surveyed again within a 3 week period. However, a facility could be re-surveyed in the fourth week or thereafter.

CMS also included several FAQs regarding health, EP, and LSC surveys.

The FAQs are included in the **guidance document** and address topics, such as:

- Protocols for surveyors to follow while onsite, including:
  - Wearing appropriate PPE supplied by the state agency;
  - Adhering to practices for COVID-19 infection prevention including screening;
  - Not entering facilities when experiencing signs and symptoms of infection; and
  - Assigning separate surveyors to COVID-19 residents or wings, residents under observation, and not moving between these areas of the building.
- Information on modifications to certain elements of the survey, such as the resident council interview and dining tasks, to prevent COVID spread.
- Adjustments to EP and LSC survey procedures during the PHE, such as the facility tour and records review, and not citing providers for ITM activities that have been waived during the PHE. (Note: Facilities with ITM deficiencies that cannot be corrected due to vendor access restrictions during the PHE should request temporary LSC waivers, as applicable, as part of their POC.)

The FAQs also note that while facilities may offer to test surveyors for COVID-19 prior to entry, they *cannot require testing or proof of testing as a condition for surveyors entering* . Further, CMS states that while surveyors should attempt to safely complete the survey process, including resident interviews in person, they should use opportunities to conduct additional survey activities such as additional phone interviews, record or document reviews, and exit conference, offsite.

Lastly, the memo also includes a list of F-tags and K-tags waived or partially waived through 1135 waiver authority during the PHE.

Sincerely,

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