

**Summary of Federal Guidance - Nursing Homes
No Confirmed or Suspected COVID-19 Cases**

Category	Sub-Category	When Applicable	Recommendation (Chronological)	Source	Date	Guidance Effective Date	Link
Prevention - Testing	Testing	At all times	Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Clinicians should continue to work with their local and state health departments to coordinate testing through public health laboratories. In addition, COVID-19 diagnostic testing, authorized by the Food and Drug Administration under an Emergency Use Authorization (EUA), is becoming available in clinical laboratories.	CDC	3/4/2020	Online, 3/4/2020	https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html
Prevention - Residents	Screening and Monitoring of Residents (All Residents)	Prior to positive or suspected COVID-19 Resident; guidance is more restrictive after	Implement active screening of residents for fever and respiratory symptoms. Monitor all residents for signs of COVID-19 and document in writing the time and findings: •Should include, but is not limited to, temperature (note any change, not just a fever), checking for respiratory symptoms (shortness of breath, new or change in cough, sore throat), and noting any abnormalities or confusion. •Monitoring should continue at least once daily for all residents and more often for ill residents (monitoring increases to at least twice daily if there is a confirmed case in the facility). •Ask residents to self-report (as possible) any symptoms or abnormalities.	CDC	3/9/2020	CMS, effective 3/9/20, portions amended 3/13/20; Online, 3/13/20	https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-facility https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
	Resident Dining and Activities	At all times	Cancel communal dining and all group activities, such as internal and external group activities.	CMS	3/9/2020	CMS, effective 3/9/2020, portions amended 3/13/2020	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
	Movement	At all times	Remind residents to practice social distancing and perform frequent hand hygiene.	CMS	3/9/2020	CMS, effective 3/9/2020, portions amended 3/13/2020	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
	Interactions	At all times	Continue all CMS 3/9/2020 requirements: Facilities should review and revise how they interact vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock).	CMS	3/9/2020	CMS, effective 3/9/2020, portions amended 3/13/2020	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
Prevention - Visitation	All Visitation	At all times	Facilities should restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only. Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.).	CMS ADPH	3/13/2020	CMS, effective 3/13/2020 ADPH, order effective 3/19/2020	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
			NOTE: Alabama has ORDERED that all nursing homes and long-term care facilities prohibit visitors, except for compassionate care situations such as end-of-life care. Violators may be charged with a misdemeanor and/or a fine per non-compliance occurrence.				http://www.alabamapublichealth.gov/news/2020/03/19.html
Prevention - Residents	Transfer of Ill Resident	Before positive or suspected COVID-19 Resident	If a resident requires a higher level of care, the facility should communicate with EMS and the receiving hospital in advance. While awaiting transfer, symptomatic residents should wear a facemask (if tolerated) and be separated from others (e.g., kept in their room with the door closed). Appropriate PPE should be used by healthcare personnel when coming in contact with the resident.	CDC	3/13/2020	Online, 3/13/20	https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-facility
Prevention - Screening & Monitoring	Surveyor Screening	At all times	[NOTE: Follow all screening required for normal visitors for surveyors] CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever.	CMS	3/13/2020	CMS, effective 3/13/2020	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
	Admission of New Residents	At all times	Actively monitor all residents upon admission and at least daily [note this will increase to at least twice daily if a positive case is in the facility] for fever and respiratory symptoms (shortness of breath, new or change in cough, and sore throat).	CDC	3/13/2020	Online, 3/13/20	https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-facility



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Prevention - Screening & Monitoring (Continued)	Individuals Allowed in the Facility- Screening and Signs	At all times	For individuals allowed in the facility (e.g., in end-of-life situations), provide instruction, before visitors enter the facility and residents' rooms, provide instruction on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Facilities should communicate through multiple means to inform individuals and non-essential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.	CMS	3/13/2020	CMS, effective 3/13/2020	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
	Individuals Allowed in the Facility - Post-visit monitoring	At all times	Advise any individuals who entered the facility to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.	CMS	3/13/2020	CMS, effective 3/13/2020	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
Prevention - HCP Screening	HCP at work: screening	At all times	Continue all CMS 3/13/2020 requirements: Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home. Employees should be educated to continue self-monitoring during a shift and should immediately notify administration if they begin to feel ill or abnormal.	CMS	3/13/2020	CMS, effective 3/13/2020	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
Planning	HCP that work at multiple facilities	At all times	Continue all CMS 3/13/2020 requirements: Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.	CMS	3/13/2020	CMS, effective 3/13/2020	https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
Prevention - Residents	Resident Dining	At all times	Implementation will likely require changes in staffing patterns and enlisting other staff in the facility. Approaches: (1) Provide in-room meal service for those that are assessed to be capable of feeding themselves without supervision or assistance. (2) Identify high-risk choking residents and those at-risk for aspiration who may cough, creating droplets. Meals for these residents should ideally be provided in their rooms; or the residents should remain at least six (6) feet or more from others if in a common area for meals, and with as few other residents in the common area as feasible during their mealtime. Staff should take appropriate precautions with eye protection and gowns given the risk for these residents to cough while eating. (3) If residents need to be brought to the common area for dining, do this in intervals to maintain social distancing: (a) attempt to separate tables as far apart as possible; at least six feet if practicable; (b) increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time; (c) ideally, have residents sit at tables by themselves to ensure that social distancing between residents can be maintained, or depending on table and room size; and (d) if necessary, arrange for meal sittings with only two residents per table, focusing on maintaining existing social relationships and/or pairing roommates and others that associate with each other outside of mealtimes. (4) Residents who need assistance with feeding should be spaced apart as much as possible, ideally six feet or more or no more than one person per table (assuming a standard four person table). Staff members who are providing assistance for more than one resident simultaneously must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents. (5) Facilities may need to consider use of volunteers or other paid personnel to accomplish food service, which can be viewed as essential and not as visitors. [Note: they must undergo screening upon entry and adhere to frequent handwashing or use of alcohol-based hand rub.]	AHCA	3/15/2020	On 3/15/20, AHCA released additional guidance for communal dining following CMS' memo dated 3/13/20	https://www.ahcanal.org/facility_operations/disaster_planning/Documents/Communal-Dining-Approaches.pdf
HIPAA	Compliance	At all times	Ensure staff follows HIPAA requirements. HHS recently released a limited waiver of certain HIPAA requirements.	HHS	3/15/2020	HHS, effective 3/15/2020	https://www.hhs.gov/sites/default/files/hipaa-and-covid-19-limited-hipaa-waiver-bulletin-508.pdf
Planning	PPE Optimization	At all times	As necessary, employ CDC strategies to optimize PPE supply. Develop plans for PPE shortages and stay in contact with ADPH regarding anticipated shortages.	CDC	3/17/2020	CMS, effective 3/17/2020	https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html

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Resident Families	End of life	At all times	Verbal CDC Guidance: "It's also important for healthcare providers to have discussions with residents and families about their goals of care. This is true any time and including about the end of life. If a resident has expressed a desire to avoid hospitalization or intensive care, that information should be clearly reported."	CDC	3/17/2020	CDC public conference call, 3/17/20	https://emergency.cdc.gov/coca/ppt/2020/COCA_Call_Transcript.docx
	Methods of resident communication	At all times	Verbal CDC Guidance: "We encourage you during this rapidly changing situation to incorporate alternative methods for communication into your routine in order to help ease the anxiety that your residents and their families may be experiencing due to COVID-19 and visitation restrictions. Some ideas for this including using methods such as phone, or video conferencing to allow residents and families to connect."	CDC	3/17/2020	CDC public conference call, 3/17/20	https://emergency.cdc.gov/coca/ppt/2020/COCA_Call_Transcript.docx
	Methods of facility communication	At all times	Verbal CDC Guidance: "Maintaining contact information for family and friends of residents, as well as sharing the facility's preferred contact information with those individuals so that important messages can continue to be communicated. And doing things like posting reminder signage outside of the facility about visitation restrictions. And who the visitor can contact for further information is encouraged as well."	CDC	3/17/2020	CDC public conference call, 3/17/20	https://emergency.cdc.gov/coca/ppt/2020/COCA_Call_Transcript.docx
Operational	HCP Sick Leave	At all times	Facilities and organizations providing healthcare should implement sick leave policies for HCP that are non-punitive, flexible, and consistent with public health guidance.	CDC		Online (not dated)	https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html