Ohio's Plan for Nursing Home Testing

Responsible RestartOhio

June 2, 2020

The Webinar Will Begin at 9:30 AM

Agenda

- Introduction
  - Lance Himes, Chief of Staff, Ohio Department of Health
- Guiding Principles
  - Bridget Harrison, Assistant Policy Director Health & Human Services, Office of Governor Mike DeWine
- Zone/Region Hospital Infrastructure and Local Coalitions
  - Maureen Corcoran, Director, Ohio Department of Medicaid
- Testing: Ohio's Priorities & Strategy
  - Rebecca Sandholdt, Chief, Bureau of Survey and Certification, Ohio Department of Health
  - Heather Coglianese, Senior Legal Counsel, Ohio Department of Health
  - Dr. Applegate, Medical Director, Ohio Department of Medicaid
  - James Hodge, Chief, Bureau of Regulatory Operations, Ohio Department of Health
- Miscellaneous Notes
- Visitation
  - Ursel McElroy, Director, Ohio Department of Aging
- Reminders & Resources

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Lance Himes, Chief of Staff, Ohio Department of Health

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Guiding Principles

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- Protect the health of employees, customers, and their families.
- Support community efforts to control the spread of the virus.
- Lead in responsibly getting Ohio back to work.

coronavirus.ohio.gov

Ohio's Safe Business Practices for Getting Back to Work

1. **Recommend face coverings** for employees and clients/customers.

2. **Conduct daily health assessments** by employers and employees (self-evaluation) to determine if "fit for duty."

3. **Maintain good hygiene** at all times – hand washing and social distancing.

4. **Clean and sanitize** workplaces throughout workday and at the close of business or between shifts.

5. **Limit capacity** to meet **social distancing** guidelines.
- Establish maximum capacity at 50% of fire code.
- And, use appointment setting where possible to limit congestion.

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THE GREAT SEAL OF THE STATE OF OHIO

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Guiding Principles for Nursing Home Testing

Bridget Harrison, Assistant Policy Director Health & Human Services, Office of Governor Mike DeWine

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Guiding Principles for Ohio's Testing Strategy

- Preserve life by flattening the curve in communities and facilities, including priority for NFs.

- Use the best available clinical information and most recent CDC guidance, including prioritizing testing within minority communities.

- Empower local communities with resources to mitigate and control outbreaks.

- Leverage private sector for resources and partnerships.

Priority: Nursing Homes
(and other congregate care)

- Prevent the spread of the disease.

- Residents of nursing homes are among the most vulnerable individuals.

- As of May 27th, 63% of deaths due to COVID-29 were in nursing homes.

Responsible Restart for Health Care: Zone/Region Hospital Infrastructure and Local Coalitions

Maureen Corcoran, Director ODM and CCURT Team

Rebecca Sandholdt, James Hodge, Marisa Weisel, Dr. Mary Applegate, Heather Coglianese, Julie Evers, Dr. MaryKate Francis

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Local Coalitions

Coordinated clinical support that complements existing efforts to ensure better care for the entire community

- Streamlining real-time sharing of information and communications to alert coalition partners to early signs of shortages or surges.

- Standardizing processes to improve clinical efficiency and effectiveness while also meeting the unique characteristics of each community.

- Maximizing allocation and use of resources based on broader areas of needs, with an emphasis on PPE, testing, personnel, and transportation.

- Swiftly conveying information about local situations, including resource allocation.

- Organizing for local or community surges.

- Integrating efforts with state-level monitoring and rapid response.

Local-Regional-Zone-State Connectivity

Testing: Ohio's Priorities & Strategy

Maureen Corcoran, Director ODM and CCURT Team

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Ohio's COVID-19 Testing Priorities

Priority 1 Ohioans with symptoms: Individuals who are hospitalized and healthcare personnel.

Priority 2 People at highest risk of complications from COVID-19 and those who provide essential public services.
- **With Symptoms:**
    - Residents of LTC/congregate living settings
    - 65 and older
    - People with underlying conditions, including consideration for racial & ethnic minorities
    - First responders/public health workers/critical infrastructure workers
- **Without symptoms** who are residents or staff directly exposed, LTC/Congregate care living setting
- **Other Ohioans who are designated by public health officials to manage community outbreak**

Priority 3 Ohioans with and without symptoms who are receiving essential surgeries/procedures and other medically necessary procedures.

Priority 4 Individuals in the community to decrease community spread, including those with symptoms who do not meet criteria above.

Priority 5 Asymptomatic individuals not mentioned above.

Director's Order for Testing Residents and Staff of Nursing Homes

- This action is being taken to protect residents and staff.

- Each nursing home shall require its employees to be tested in accordance with ODH Guidelines.

- Testing shall be conducted in accordance with ODH Guidelines.

- Nursing homes may be required to provide additional information.

- ODH will provide guidance to mitigate facility staffing shortages in the event staff who are positive are unable to work.

- This order takes into consideration and is intended to be consistent with resident rights.

ODH Guidelines for NF Resident and Staff Testing

*Today's presentation emphasizes **staff** testing*

Rebecca Sandholdt, Chief, Bureau of Survey and Certification, Ohio Department of Health

Heather Coglianese, Senior Legal Counsel, Ohio Department of Health

Mary Applegate, MD, Medical Director, Ohio Department of Medicaid

James Hodge, Chief, Bureau of Regulatory Operations, Ohio Department of Health

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Congregate Care Unified Response Team (CCURT)

- The DeWine Administration created a multi-agency, multi-discipline response team, the Congregate Care Unified Response Team (CCURT) to coordinate COVID-19 testing in congregate care environments and provide technical assistance and support to facilities during the pandemic.

- The CCURT is comprised of various teams of state department staff who are organized into key areas of responsibility. The CCURT's work is coordinated with the state's Emergency Operations Center (EOC) under the authority of Dr. Acton.

- The CCURT collaborates with labs, hospital zone partners, local hospital partners, and local health departments.

- Our collective goal is to save lives, to slow the spread of the virus and to provide clinically driven approaches through collaboration with facilities and community.

CCURT Elements

- Unified Response Teams (URTs): teams of state staff accompany facilities through the testing, resulting, and aftercare processes. A Contact Administrator (CA) from a URT will contact facilities prior to testing, coordinate with other state and local partners and remain a contact person throughout the testing process. Three teams are being led by:
  - Zone 1: James Hodge
  - Zone 2: Rebecca Sandholdt
  - Zone 3: Julie Evers
- Bridge team: working with the URTs, this team assists facilities to address urgent needs.
- Lab team: coordinates with ODH and other state-supported labs. By working with all of Ohio's testing labs and monitoring Ohio's lab testing capacity, an efficient schedule for testing can be managed and adjusted to provide an appropriate cadence of testing.
- Local health department liaisons: state staff who work with the LHDs for overall communication, testing and contact tracing

ODH Guidelines: Process for Staff Testing

The ODH Guidelines outlines processes for the following for staff testing

- Coordination of resources, including lab testing capacity at the ODH lab and other state supported labs.

- Identification of facilities to be tested and coordinate the scheduling of testing.

- Communication with facilities, labs, local health departments (LHDs); hospital zone and local hospital partners, and regional health care coordinators.

- Provision of technical assistance and support to facilities from beginning to end of the benchmark testing process.

- Guidance for facilities to ensure access to testing for residents through local health departments.

Process Overview

Scheduling and Planning → Testing → Resulting → Aftercare
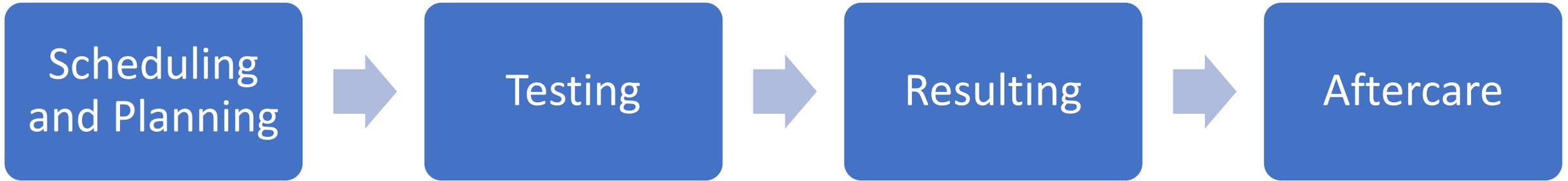
1. Facility Identification

- In conjunction with Zone leadership, the CCURT will develop a list of facilities that will be tested in blocks of time or "sprints." Testing for the sprint period will begin one week after the list is developed.
    - Example: Monday of the "planning week", a two-week testing schedule is created, with the 1st facility to begin testing the following Monday.
- The CCURT lab team will work with Zone leaders to create a testing schedule and assign lab resources to each facility.
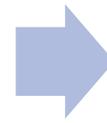
2. Facility Outreach & Notification

At the beginning of the sprint cycle, the Contact Administrator (CA):

- Contacts each facility on Mon/Tues of the initial planning week to notify them of their scheduled testing day.

- Requests addl. info using a simple survey process, return within 24 hours

- Provides an online link to the universal laboratory requisition form, so the facility can create an individual requisition form for each staff person or resident who will be tested.

  - Informs them of their scheduled informational webinar, where they will receive more detailed instructions.
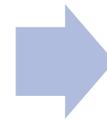
3. Online Survey / Information for Planning

- Facilities must complete the online survey within 24 hours of notification of testing.

- This brief request for information includes accurate census, contact information, etc..

- The CCURT team will provide the survey information to other relevant parties to plan the testing visit, including:
  - Zone lab and clinical leads,
  - ONG, and
  - LHD.
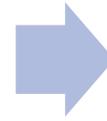
| Scheduling and Planning | → | Testing | → | Resulting | → | Aftercare |

4. Informational webinar

Within 1-2 days of facility notification, the CCURT and the Ohio National Guard will:

- Conducts an informational webinar for facilities in the two-week testing sprint.
- Attendees will include facilities and their assigned lab leaders, zone leaders, local partner hospitals, and LHDs.
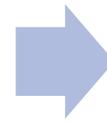
5. Creation of Individualized Testing Plan

At least 2-3 days before testing:

- The CCURT and the Zone leads will schedule a meeting with facilities to provide additional information and develop each facility's testing plan.
  - Confirm number to be tested,
  - Establish logistics,
  - Discuss ordering of tests & lab requisition forms, and
  - Answer any outstanding questions.
- LHDs and local hospital partners will be encouraged to attend these meetings.
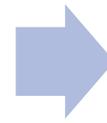
| Scheduling and Planning | → | Testing | → | Resulting | → | Aftercare |

Ordering COVID-19 Tests

- COVID-19 tests must be ordered by a physician or other appropriate medical professional acting under their scope of practice.

- Physicians and other ordering clinicians for residents and employees / staff will be acting within an appropriate standard of care.

- Testing can be ordered by the medical director at the facility, a physician from a testing team or a physician working with the facility through a hospital partnership.

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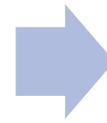
6. Brief Logistics Confirmation

- The ONG and CA will confirm testing logistics on the day before testing occurs.

- The ONG will have all the necessary supplies /PPE, they may need a table depending upon the facility's set-up.

- Test kits may be shipped to your facility for your testing day, or the ONG may bring them when they arrive.
  - If the kits are shipped to you, please confirm the number of kits you receive is greater than the number of people you indicated would be tested.
  - Please outreach to your contact administrator if you believe you receive fewer kits than anticipated.
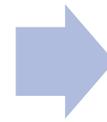
Universal Lab Test Requisition Form

- Goal: transition to 100% use of the universal lab form.

- Facility will be given a link to the electronic form.

- The form MUST BE TYPED/COMPLETED ELECTRONICALLY, not written by hand.

- ALL fields must be completed.

- FOR STAFF: please use their HOME address, not the address of the NF. This is important for LHD follow up and contact tracing.

- At the beginning of the process you may be asked to print out 2 copies of each form.

- During your pre-testing meetings these form issues will be carefully reviewed.

Visit https://www.youtube.com/watch?v=pI-R9CFaptc

Meet our Swab Teams

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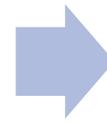
7. Testing Day

- All testing will occur inside the facility.
- The facility will need to provide staff to escort ONG teams.
- The ONG team will arrive, don PPE, and set-up.
- Prior to swabbing, ONG will verify completion of and information on each lab form.
- The ONG will perform swabbing to collect samples.
- While onsite, the ONG will have extra tests to swab residents who are experiencing symptoms or may have been exposed to COVID-19.
- The ONG will conduct tear-down activities and exit the premises, and get test kits to a pre-identified laboratory.
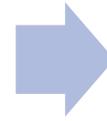
8. While Waiting for Staff Testing Results

- Asymptomatic staff can continue to work.

- Continue COVID-19 infection control precautions.
  - Wear appropriate PPE.
  - Continue daily temperature and symptoms checks.

- Monitor residents, alert LHD if testing is needed.

- Monitor staff, if they become symptomatic, they will ideally isolate at home.
  - Additional guidance will be provided in ODH's Staff Return to Work policy.
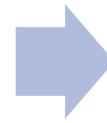
Scheduling and Planning → Testing → **Resulting** → Aftercare

9. Test Results Sent

- Test lab sends resident and staff results back to facility.
- Positive and negative for each person tested will be reported to the facility.
  - This may be by individual fax.
- Lab will report positive individual to ODRS.
- Lab will report aggregate negatives to ODH.
- The NF is responsible for testing staff who miss the test day.
  - FAQ will have detail. NF will have approx. 3 weeks to verify completion of all staff testing to ODH.

10. Results Received

- If staff results are negative:
  - Continue COVID-19 infection control and PPE precautions.
  - Continue daily temperature and symptoms monitoring.

- If staff results are positive:
  - Implement ODH's forthcoming Return to Work Policy.

Scheduling and Planning	→	Testing	→	Resulting	→	Aftercare

Staff Return to Work Policy

Goal: Infection control, keep residents and staff safe.

- ODH's forthcoming Return to Work policy delineates additional details to build upon CDC guidance.

- Delineates a statewide policy based each person's testing status, symptoms, and exposure.

- Provides infection control guidance for each category of symptoms/exposure.
  - Ex) Time periods and guidance for isolation, quarantine, medical evaluation, monitoring of symptoms, consideration of repeat testing

- Outlines a tiered approach to mitigate staff shortages.

11. Bridge Team Connection

- Should testing and/or resulting lead to challenging situations at facilities, a cross-agency, cross-discipline group of individuals (the CCURT Bridge Team) will provide immediate assistance.

- Request for support can be made by facility, zone, LHD, or local hospital partner.

- Bridge team support may include assistance with:
  - Supplies (PPE),
  - Staffing, and
  - Evacuation.
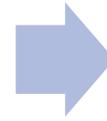
Scheduling and Planning	→	Testing	→	Resulting	→	Aftercare

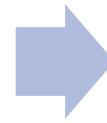# 11. Bridge Team Staff Augmentation Plan

A tiered approach:

1. Resource listing, various types of expertise
2. Pool of staff, includes some pre-vetting
3. Enhanced staff availability for critical situations

Tiers 1 & 2 will be paid for by the NF, similar to normal staffing

12. Contact Tracing

- Case investigation: interview with person who has tested positive or been diagnosed with COVID.

- Contact the contacts, ask about symptoms, if symptomatic, make sure they have access to resources so they can self-isolate, connected with community resources. Follow the contacts until quarantine or isolation periods end.

- LHDs have been allocated funding to retain contract tracers. ODH funding will also support a workforce that can be deployed to LHDs to assist with surges, hot-spots.

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A Few Miscellaneous Items

Maureen Corcoran, Director, Ohio Department of Medicaid

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PEG CARMANY
CEO of Wesley Glen
Retirement Community

April 17 a contract worker tested positive.
Residents, staff, and health department were notified.
April 23 widespread testing begins of residents and staff.
COVID + employees were sent home.
Residents were isolated to contain the spread.
Staff protocols were created to keep staff and residents safe.

Aftercare Steps & Other Updates

- Continue monitoring all staff and residents.

- Patients discharged from NF – if exposed and moving to a new county or jurisdiction, contact new LHD.

- HCIC update.
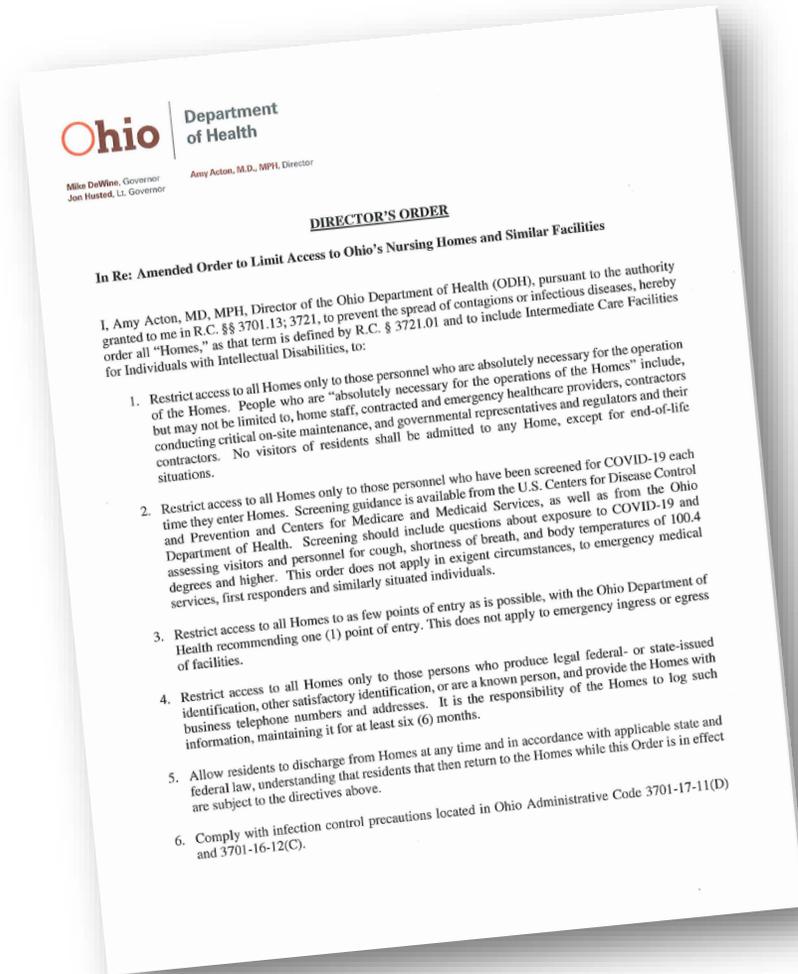
- Who pays for this testing?

Visitation

Ursel McElroy, Director Ohio Department of Aging

Amended Order to Limit Access
Visitation

- Restrict access to:
  - Personnel absolutely necessary
  - Personnel screened upon entry
  - Governmental representatives, regulators, and contractors
  - Persons who produce identification

- Screening each time of entrance

- Few points of entry
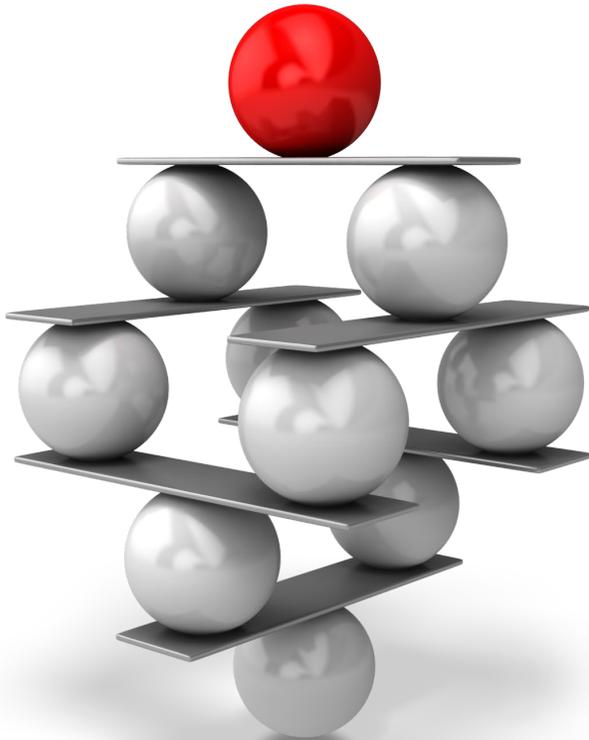
- No visitors, except for end-of-life

Unintended Consequences
Visitation

- Traumatizing

- Exhibiting behavioral expressions of distress

- Declining physical health

- Dying with no family member at their side

Preserving Family Presence
Visitation

- Impact on the quality of life

- Requests from families and residents

- Consultation with advocates and providers

- Guidelines for visitation jointly developed
  - Academy for Senior Health Sciences
  - Leading Age Ohio
  - Ohio Assisted Living Association
  - Ohio Health Care Association
  - Ohio Medical Director's Association

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Preparation
Visitation

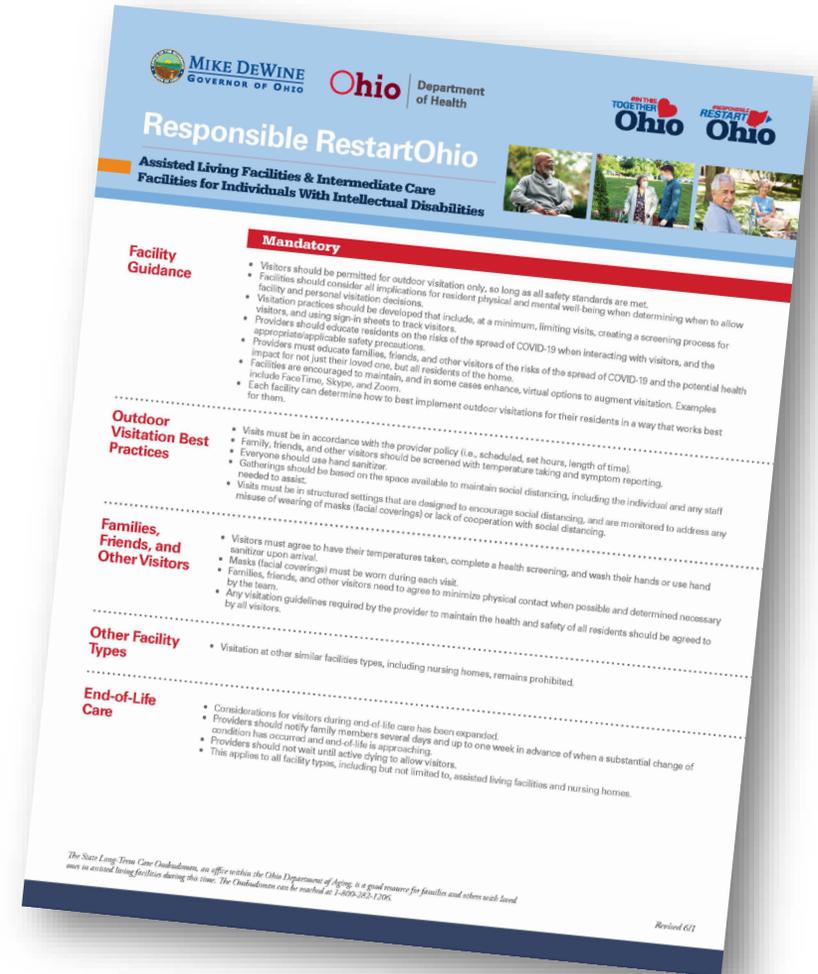**Phased Approach**

Preparation

Transparency

Flexibility

Guidance
Visitation

- Becomes effective June 8, 2020

- Permits outdoor visitation
  - Assisted Living Facilities
  - Intermediate Care Facilities

- Outlines safety standards that must be met

- Expands end-of-life exception
  - Notify several days up to one week
  - Not wait until active dying

Thank You
Visitation

Reminders & Resources

Maureen Corcoran, Director, Ohio Department of Medicaid

Role of the Local Health Department

- Engagement with local collaborative efforts.
- Follow up on positive employee results and the Return to Work Guidelines.
  - **The local health jurisdiction where the employee lives is responsible for follow up.**
- Cohort testing for positive NF Residents.
- Contact tracing for residents and staff.

Resident COVID-19 Status

One of the most important things we can do during this public health crisis is to identify and physically separate individuals based on their exposure to and contraction of COVID-19. This action is necessary to prevent the spread of the infection to both patients/residents and health care personnel. With this in mind, patients/residents should be divided into the following three status categories: no exposure, exposed, and COVID-19 +.

No Exposure
No Symptoms

Many residents appear well and are able to receive care as they would under usual circumstances. Even with these individuals, staff should create a culture of safety and practice vigilant sanitation and cleaning (e.g. frequent handwashing, daily sanitation) and staff interacting with non-exposed patients/residents should wear facemasks.

Exposed
No Symptoms

A subset of patients/residents will be been notified by the local health district and/or will have known direct contact for an extended period of time with someone who has contracted COVID-19. These individuals require careful monitoring for a 14 day period, and additional PPE should be used when interacting with people in this status.

COVID-19 +
Confirmed or Suspected

At this point in the pandemic, all people who have respiratory symptoms and those who have tested positive for the illness should be carefully assessed and monitored for escalating symptoms. We realize that this categorization is not perfect, as the CDC recently acknowledged that people who have COVID-19 are infectious 2 days before symptoms appear. With an abundance of caution, we recommend additional required PPE when working with these individuals, as outlined in this document.

Cohorting Following Positive Results of Residents

- Facilities should have a plan in place on cohorting infected residents. (e.g., before they test they need to know how they will deal with test results).

- If possible, cohort residents in 3 groups: infected, exposed/quarantined or unexposed/unaffected residents. The facilities should also have a plan in place to ensure symptomatic staff is isolated and allowed to return to work when they are no longer symptomatic (10/3/3 rule).

- It is recommended to cohort staff as well (i.e., staff only work with one of 3 groups of residents: infected, exposed/quarantined or unexposed/unaffected residents). If this is not possible, staff should work from unaffected to exposed/quarantined to infected groups of residents (least to most impacted by COVID-19)

Personal Protective Equipment (PPE)

- The state's focus on PPE procurement, innovative production, newly adopted re-sterilization techniques, and supply conservation efforts has stabilized PPE supplies in some settings.

- The availability of PPE continues to vary by zone/region and type of setting.

- While the supply chain remains uncertain, tracking systems have been deployed to monitor inventory levels, condition and availability across hospitals and many congregate care facilities.

PATIENT/RESIDENT STATUS	PPE TYPE	CONVENTIONAL CAPACITY *NO LONGER APPLICABLE*	CONTINGENCY CAPACITY	CRISIS CAPACITY
No Exposure *No Symptoms*	MASK	• Surgical facemask	• Surgical/medical facemask: extended use/re-use all shift*	• Surgical/medical facemask preferred - extended use/re-use all shift* • When no approved mask is available: face shield w/ mask or non-NIOSH approved mask (non-medical/hand made)
	EYE PROTECTION	• Routine precautions	• Routine precautions	• Routine precautions
	GOWN	• Routine precautions	• Routine precautions	• Routine precautions
	GLOVES	• Routine precautions	• Routine precautions	• Routine precautions
Exposed *No Symptoms*	MASK	• N95	• Surgical/medical facemask: extended use/re-use all shift* • N95 only with aerosol-generating procedures	• Surgical/medical facemask - extended use/re-use all shift* • When no approved facemask is available: face shield w/ mask or non-NIOSH approved mask (non-medical/hand made)
	EYE PROTECTION	• Goggles/face shield	• Extended use/re-use goggles or face shield	• Extended use/re-use safety glasses
	GOWN	• Isolation	• Use expired or cloth isolation gowns • Change in between residents	• Extended use/re-use of disposable or cloth gowns* • Dedicated to residentor room with like residents (no additional infection ex: C.diff) • Consider medical coveralls; when no gowns available: consider reusable/washable patient gowns, lab coats
	GLOVES	• Disposable	• Medical grade, non-sterile • Change between residents	• Non-medical, industrial
COVID-19 + *Confirmed or Suspected*	MASK	• N95	• N95 extended use within isolation status; limited re-use*	• Surgical/medical facemask - extended use/re-use all shift* • N95 only with aerosolization
	EYE PROTECTION	• Goggles/face shield	• Extended use/re-use goggles or face shield	• Extended / re-use safety glasses
	GOWN	• Isolation	• Use expired or cloth isolation gowns • Change in between residents	• Extended use/re-use of disposable or cloth gowns* • Dedicated to resident or room with like residents (no additional infection ex: C.diff) • Consider medical coveralls; when no gowns available: consider reusable/washable patient gowns, lab coats
	GLOVES	• Disposable	• Medical grade, non-sterile • Change in between residents	• Non-medical, industrial

Unless contaminated (wet, soiled, damaged)

Statewide PPE Stockpile

- ODH, in partnership with Ohio's hospitals and other providers, will establish a virtual stockpile of PPE for use with COVID-19 patients and health care workers.

- Will ensure a reliable PPE supply in the event of a surge of COVID-19 patients.

- The virtual stockpile is not intended to replace each provider's responsibility to procure PPE and other supplies for their organizations for non-urgent diagnostic services or procedures.

- All providers are urged to take all reasonable efforts to both conserve and responsibly procure and manage their PPE supplies for all (COVID and non-COVID) patients.

- Providers in specialties or practice settings that may not experience COVID-19 patient surges will must be situationally aware of statewide PPE, supplies, equipment, and medicine needs and be prepared to contribute as necessary.

Resources

- CCURT@ODH.OHIO.GOV
- www.coronavirus.ohio.gov