



NEW MEXICO ASSISTED LIVING FACILITY DIRECTIVES AND GUIDANCE

Issued: December 23, 2020

This document includes compiled guidance, letters, and directives issued to long-term care facilities. The document will be updated as necessary to include the most up-to-date guidance, and remove no longer applicable directions.

Document	Date Issued
Letter of Direction	December 9, 2020, Updated December 23, 2020
Testing Guidance for Assisted Living Facilities	October 15, 2020, Updated December 23, 2020
Visitation Guidance for Assisted Living Facilities	December 23, 2020
Billing Guidance for COVID-19 Testing in Long-Term Care Facilities	September 28, 2020, Updated December 23, 2020
DHI Memorandum re: Sick or Symptomatic Staff	September 11, 2020
DHI Letter re: Home Health/Hospice Care Workers in Long-Term Care Facilities	September 18, 2020
Admissions Guidance for Long-Term Care Facilities	September 28, 2020
Compassionate Care and End-of-Life Visitation Guidance	September 11, 2020
Requesting PPE Process	December 3, 2020
Crisis Staffing Instructions	November 6, 2020



To: All Nursing Homes and Assisted Living Facilities
From: New Mexico Department of Health
Date: December 9, 2020
Updated: December 23, 2020
Re: Letter of Direction

All 12/23/2020 updates are in red.

Please see the following directives. Failure to follow these directives may result in citation, civil monetary penalty, or license revocation pursuant to the [New Mexico Administrative Code](#) and all applicable regulations to licensed nursing homes and assisted living facilities.

TRANSFER AND DISCHARGE

- You must notify residents or their representatives of your bed hold policy and this must happen prior to the transfer.
- Facilities must reserve a resident's bed and readmit that resident who is on leave (a brief home visit) or temporarily discharged (e.g., a hospital stay or transfer to a COVID-19 only facility for COVID-19 treatment).
- After a hospital stay, if the hospital and the physician have approved transfer back to the facility **and the resident meets the level of care, they must be readmitted**. These residents must do a 14-day quarantine upon readmission.
- If you refuse to allow the return of a resident, you must comply with transfer and discharge requirements and inform the resident of their right to an appeal.

BILLING

- Facilities must provide accurate insurance information for all staff and residents receiving COVID-19 tests. This billing guidance is posted in both the nursing home guidance and the assisted living facility guidance posted on [long-term care guidance DOH webpage](#).
- If you do not submit correct insurance information your facility will be liable for the cost of the tests.
- Facilities are required to complete and routinely update profiles on all residents electronically in accordance with the vendor instructions.

TESTING

- Facilities must test with the laboratory designated by the Department of Health. Facilities may not utilize a different laboratory.
- Facilities are required to follow all [testing guidance](#) issued by the State of New Mexico.
- Facilities must timely administer and submit all tests to the appropriate laboratory.
- Facilities are required to comply with electronic requirements outlined by the vendor.
- Facilities should only be testing those individuals outlined in the testing guidance.
- If a facility utilizes tests beyond the prescribed testing frequency then the facility shall be responsible for those costs.
- If facilities have received any communication from TriCore, ALTSD, or DOH/DHI regarding billing issues, they must be resolved by January 1, 2021.

INFECTION CONTROL

- Any facility located in a red county, meaning the county has a positivity rate of >10% must use **disposable** serving products.
- Any facility located in a red county, upon arrival to a shift, staff must change clothes and don appropriate PPE. **Facilities are not required to provide scrubs and may implement this directive in the most efficient way they see fit.**
- Screening of staff prior to their shift must be conducted each day.
- This positivity rate table is updated every two weeks on the [long-term care guidance DOH webpage](#).
- Facilities must actively locate appropriate PPE for their staff. In the event the facility is unable to procure PPE, appropriate steps must be taken to request PPE through their local county Emergency Manager.

CONTINGENCY PLANNING

- Facilities must have their disaster preparedness plans and contingency staffing plans ready prior to an outbreak.
- **Each facility must designate an Infection Preventionist.**
 - **Nursing homes are required by CMS to have a designated infection preventionist.**
 - **The Department of Health has developed a COVID-19 training – titled “The COVID Rapid Control Certificate” specifically for long-term care facilities. Within ninety (90) days of this electronic training going live, facilities must complete the training and maintain the certificate in facility records for surveyors.**
 - **Assisted living facilities must also designate an infection preventionist.**
 - **The Department of Health has developed a COVID-19 training – titled “The COVID Rapid Control Certificate” specifically for long-term care facilities. Within ninety (90) days of this electronic training going live, facilities must complete the training and maintain the certificate in facility records for surveyors. Completion of this course will allow ALF staff who took the training to serve as the "infection preventionist."**



CRISIS STAFFING

- Facilities must follow the process for [requesting crisis staffing](#).

RESIDENT APPOINTMENTS AND SERVICES

- Facilities must accommodate resident medical appointments outside of the facility.
- Facilities cannot refuse hospice care for residents. Facilities should have documentation from the hospice agency that the agency is following the testing guidance from the Department of Health. If the facility is unable to get that, they need to allow the hospice staff into the facility and alert DHI immediately the agency is unable to provide the appropriate documentation pursuant to the [guidance issued November 20, 2020](#).

It is imperative that facilities are following all state issued guidance and failure to follow the directives will result in citation, civil monetary penalty or potential revocation of licensure.

A handwritten signature in black ink, appearing to read "Burmeister".

Christopher Burmeister, Director
Division of Health Improvement
Department of Health

COVID-19 TESTING GUIDANCE FOR ASSISTED LIVING FACILITIES

Issued: October 14, 2020

Updated: December 23, 2020

This testing frequency guidance was issued to ALF's in October of 2020. DOH is issuing the following update which removed TriCore and its' laboratory requirements. All ALF's are required to test with Curative beginning December 21, 2020. The Curative tests are less invasive than the nasal pharyngeal swabbing. Curative tests are PCR and are a simple mouth or nose swabbing which can be self-administered. The state will coordinate with Curative on test kit numbers to be sent for each facility. You will receive a month supply of test kits from Curative.

Testing When a Staff Member or Resident Tests Positive/Hot Spot Testing

All "hot spot" testing requirements remain the same. Continue repeat viral testing of all previously negative residents and staff weekly, until the testing identifies no new cases of SARS-CoV-2 infection among residents or staff for a period of at least 14 days since the most recent positive result. Everyone will conduct at least 2 rounds of facility-wide testing.

Ongoing Screening of Staff

Assisted Living Facilities should begin testing **all staff** at the frequency prescribed in Table 1: Routine Testing, based on the county positivity rate reported in the past week. Facilities should monitor their county positivity rate every other week and adjust the frequency of performing staff testing according to the table below. If a staff member is exposed or is exhibiting symptoms they should be tested and not permitted to work in any long-term care facility.

TABLE 1: Routine Testing Intervals Vary by Community COVID-19 Activity Level

County Positivity Rate	Testing Instructions
Low <5%	Test 25% of staff weekly on a rotating basis to ensure every staff person is tested once a month. <ul style="list-style-type: none"> a. Resident leaves once a week or more: test weekly b. Resident leaves any less than once a week per month: test twice a month
Medium 5% - 10%	Test 50% of staff on a weekly basis. <ul style="list-style-type: none"> a. Resident leaves once a week or more: test weekly b. Resident leaves any less than once a week per month: test twice a month
High >10%	Test 100% of staff on a weekly basis. <ul style="list-style-type: none"> a. Resident leaves once a week or more: test weekly b. Resident leaves any less than once a week per month: test twice a month

County positivity rates can be found on <https://cv.nmhealth.org/> website. The positivity rates will be updated twice a month. Each facility's county positivity rate will determine the testing frequency. Once the new positivity rate is identified, the facility must follow the above testing frequency to be in compliance.



Staff includes employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions. For the purpose of testing "individuals providing services under arrangement and volunteers," facilities should prioritize those who are regularly in the facility (e.g., weekly) and have contact with residents or staff.

NOTE: Previous staff or residents who tested positives through a laboratory test (NOT antigen) should not be retested for 90 days from the date they were identified as a positive.

Resident Testing - Laboratory or Antigen (See Table 2)

Resident testing should occur in the following circumstances:

1. Resident is symptomatic;
2. Resident has had a known contact with a positive;
3. Resident regularly or routinely leaves the facility for medical appointments (e.g. for dialysis or chemotherapy);
 - a. Resident leaves once a week or more: test weekly
 - b. Resident leaves any less than once a week per month: test twice a month
4. The facility has a new positive test and is considered a 'hot spot' requiring 100% testing of staff and residents for at least two consecutive weeks with no new positive tests identified.

Antigen Testing Guidance

Facilities should utilize antigen tests in the following circumstances (see Attachment A):

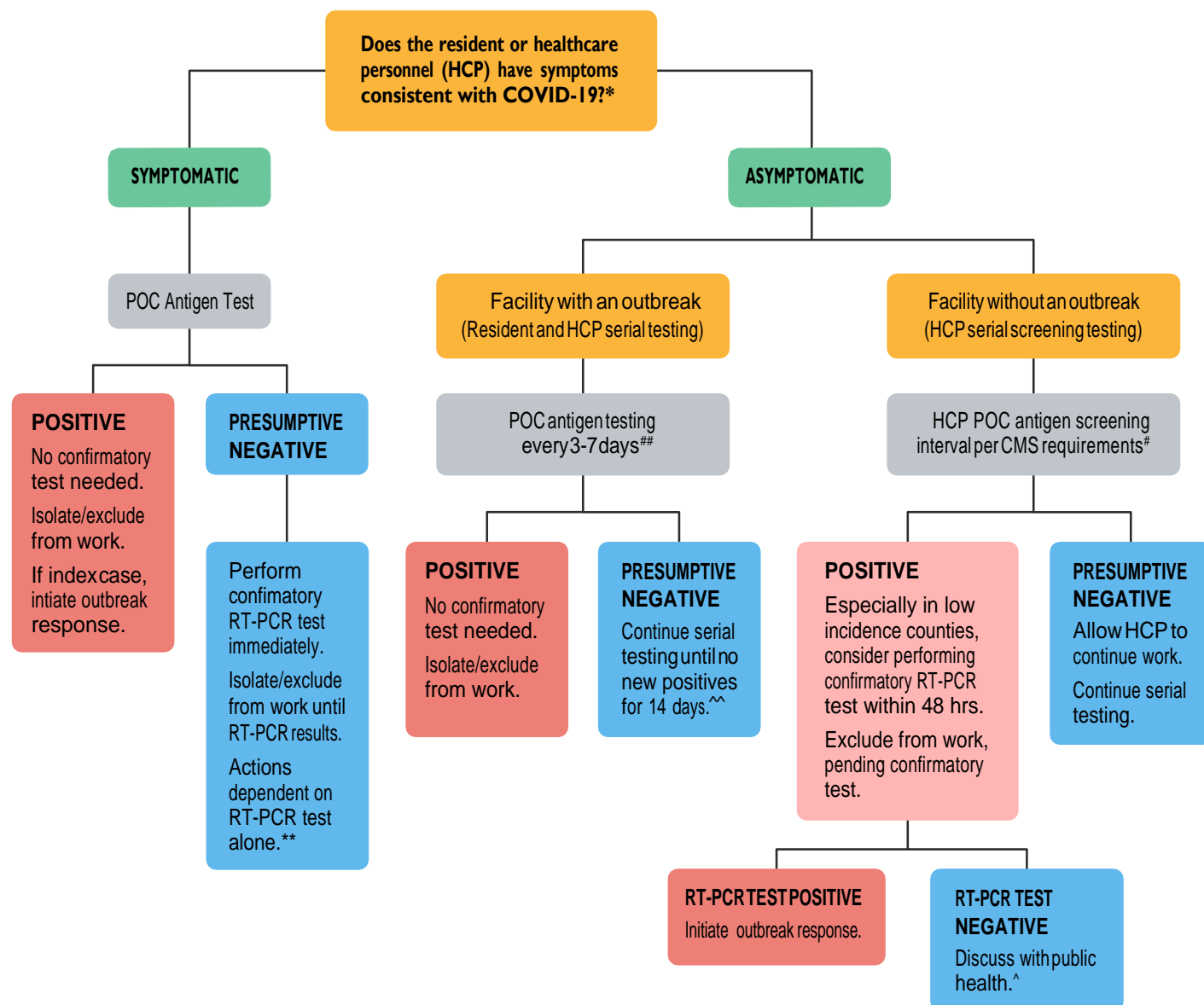
1. Symptomatic staff and resident; or
 2. Exposed* staff or resident (this includes an exposed asymptomatic person).
-
- All SARS-CoV-2 laboratory results, whether positive or negative must reported along with related data to the New Mexico Department of Health. See HHS guidance <https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf> and HAN (attached)
 - Contact the Informatics and Data Management Unit of the NMDOH Infectious Disease Epidemiology Bureau (IDEB) at DOH-ELR-Onboard@state.nm.us for technical assistance.

Table 2

Who	Testing Instructions	Type of Testing
New positive staff or resident (rapid response initiated, facility considered hot spot)	100% testing of all staff and residents weekly until no new positives are identified for at least 14 days from the initial positive test	RT-PCR specimen for transport to laboratory
Symptomatic staff or resident	Perform test of symptomatic staff or resident - If the antigen test indicates positive no confirmatory test needed.	Antigen test if available and/or RT-PCR specimen for transport to laboratory if LTC does not have an antigen test or if the antigen test result is negative
Resident who leaves the facility regularly (e.g.: dialysis or chemotherapy)	Residents who leave once a week or more: - Test weekly Residents who leave any less than once a week per month: - Test twice a month	RT-PCR specimen for transport to laboratory
Asymptomatic Staff	Test staff according to Table 1 schedule above	RT-PCR specimen for transport to laboratory
Asymptomatic Residents	No testing unless resident leaves facility regularly, in response to an outbreak (rapid response, hot spot testing), or the resident had known close contact with someone other than a staff	RT-PCR specimen for transport to laboratory
Exposed Staff or Residents*	Immediate testing of directly exposed staff or residents when a new confirmed case is identified. Immediate results can identify other infected individuals, to isolate earlier and prevent further spread in the facility - If the antigen test indicates a negative result, the person should do a confirmatory PCR test. This person should be treated as if they were positive pending receipt of the PCR test result. - If the antigen test indicates positive no confirmatory test needed.	Antigen test and RT-PCR specimen for transport to laboratory

*Direct exposure is defined as close contact with an infected or COVID-positive person (less than 6 feet) for 3 minutes or longer.

CONSIDERATIONS FOR INTERPRETING ANTIGEN TEST RESULTS IN NURSING HOMES



This algorithm should be used as a guide, but clinical decisions may deviate from this guide if indicated. Contextual factors including community incidence, characteristics of different antigen testing platforms, as well as availability and turnaround times of RT-PCR, further inform interpretation of antigen test results.

RT-PCR: reverse-transcriptase polymerase chain reaction

POC: point-of-care

HCP: healthcare personnel

Index case: a newly identified case of SARS-CoV-2 infection in a resident or HCP in a nursing home facility with no known infections of SARS-CoV-2 infection in the previous 14-day period.

COVID-19 outbreak response in a nursing home is triggered when one nursing home-onset SARS-CoV-2 infection in a resident or one HCP SARS-CoV-2 infection.

* Asymptomatic individuals who have recovered from SARS-CoV-2 infection in the past 3 months and live or work in a nursing home performing facility-wide testing do not need to be retested. If an individual has recovered from SARS-CoV-2 infection in the past 3 months and develops new symptoms suggestive of COVID-19, alternative diagnoses should be considered prior to retesting for SARS-CoV-2.

** Some antigen platforms have higher sensitivity when testing individuals within 5 days of symptom onset. Clinical discretion should be utilized to determine if retesting by RT-PCR is warranted.

[CMS recommendations](#) for testing asymptomatic HCP in facilities without a case

[CDC guidance on testing residents of nursing homes](#), [CDC guidance on testing HCP](#)

^ In discussion with the local health department, community incidence and time between antigen test and RT-PCR test can be utilized to interpret discordant results and determine when HCP can return to work.

** If an antigen test is presumptive negative in a facility with an outbreak, residents should be placed in transmission-based precautions or HCP should be allowed to continue working while monitoring for symptoms.



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cdc.gov/coronavirus

NEW MEXICO HEALTH ALERT NETWORK (HAN)

ADVISORY

New Mexico Department of Health (NMDOH) has created a new fax number to report only new COVID-19 positive test results and COVID-19 hospitalizations

December 3, 2020

The New Mexico Department of Health (NMDOH) has created a new fax line to improve COVID-19 reporting statewide. The preferred method of reporting all positive and negative COVID-19 test results, including point-of-care or in-house analyzer test results, and COVID-19 hospitalizations to NMDOH continues to be through an automated or electronic reporting system. **If a facility does not currently have the capacity to report COVID-19 test results and COVID-19 hospitalizations through an automated or electronic reporting system, then the facility should use the new fax line to report daily ONLY NEW COVID-19 positive test results and COVID-19 hospitalizations.**

- **New fax line for ONLY NEW COVID-19 positive test results and COVID-19 hospitalizations: 1-505-985-5550**
- **Please batch negative COVID-19 results** and send to NMDOH on a weekly-basis via fax to 1-505-827-0013.
- **For all other reportable conditions**, please continue to fax daily to 1-505-827-0013.
- **If a reporting facility would like to implement an automated or electronic reporting system**, please contact Carmela Smith at Carmela.Smith@state.nm.us (Phone: 575-639-2157) or Jordyn Dinwiddie at Jordyn.Dinwiddie@state.nm.us (Phone: 505-467-9319) for more information.

Additional Resources

- [NMDOH COVID-19 Webpage](#)
- [CDC COVID-19 Webpage](#)
- **New Mexico Health Alert Network:** To register for the New Mexico Health Alert Network, go to <https://member.everbridge.net/index/453003085613008#/login> and click "Sign Up" at the bottom of the page. Provide all information on each screen, click on "Save and Continue," and click on "Finish" at the end to begin receiving important health alerts and advisories.

EPIDEMIOLOGY AND RESPONSE

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VISITATION GUIDANCE FOR ASSISTED LIVING FACILITIES

December 23, 2020

Core Principles of COVID-19 Infection Prevention

1. Screening of all who enter the facility for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms.
2. Hand hygiene (use of alcohol-based hand rub is preferred).
3. Face covering or mask (covering mouth and nose).
4. Social distancing at least six feet between persons, 12 ft for those who cannot wear a mask due to medical condition.
5. Instructional signage throughout the facility and proper visitor education on COVID-19 signs and symptoms, infection control precautions, other applicable facility practices (e.g., use of face covering or mask, specified entries, exits and routes to designated areas, hand hygiene).
6. Cleaning and disinfecting high frequency touched surfaces in the facility often, and designated visitation areas after each visit.
7. Appropriate staff use of Personal Protective Equipment (PPE).
8. Effective cohorting of residents (e.g., separate areas dedicated COVID-19 care).
9. Resident and staff testing conducted as required by New Mexico State Guidance.

Visitation Process Requirements

- ✓ Facilities must establish and maintain a schedule of visitation.
- ✓ Facilities must have a process for screening all visitors for COVID-19 symptoms and risk factors for exposure prior to visitation.
- ✓ Locations for outdoor visitation must be designated beforehand, and these locations must allow for at least 6 feet of space consistently between all visitors, staff, and resident at all times.
- ✓ Facilities must have adequate staff present to allow for safe transit of residents to the designated visitation location, in-person monitoring of visitation, and environmental cleaning and disinfection after visitation.
- ✓ Safe transport means that the resident should wear a facemask to prevent viral shedding and cannot be transported through any space where residents with suspected or confirmed COVID-19 are present.
- ✓ Monitoring visits is required and should be performed by a staff member trained in patient safety and infection control measures. Staff should be close enough to ensure compliance with visitation policy but also allow for privacy.
- ✓ Facilities should develop a process to inform and educate residents and visitors about the necessary precautions and periodically monitor visits for compliance.
- ✓ Facilities must have adequate personal protective equipment (PPE) to provide residents, staff, and visitors (who do not arrive with a cloth face covering) with a surgical facemask during the visit and during transit to/from the visitation site.
- ✓ Facilities should demarcate spaces for people to sit in the visitation area and people may not move closer to each other while visiting. No physical contact is allowed. Mobile visitation (i.e., going on a walk or drive together) is not allowed.
- ✓ Staff must carry alcohol-based hand sanitizer with them to the visitation.

- ✓ Staff, resident, and visitor(s) must sanitize their hands before and after visitation, and after any touching of face or face covering/mask.
- ✓ Facilities must clean and disinfect all touched surfaces prior to and after each visit.
- ✓ Facilities must maintain a visitor log with contact information for all visitors to enable accurate public health contact tracing should there be a need.
- ✓ Facilities are also encouraged to inquire prior to visits if the visitor is coming from a red county with high positivity rate, and encourage visitation to occur when the visitors' county has a lower positivity rate.

After the Visitation

Instruct visitors to monitor for symptoms of COVID-19 after their visit. Any individual who enters the LTCF and develops signs and symptoms of COVID-19 (as outlined above) within 2 days after visiting must immediately notify the LTCF. The visitor should inform the facility of the date of their visit, the individuals (both residents and staff) they were in contact with, and the locations within the facility they visited. LTCF's should immediately screen the individuals who had contact with the visitor for the level of exposure.

Access to the Long-Term Care Ombudsman

Representatives of the Office of the State Long-Term Care Ombudsman must be provided with immediate access to any resident. During this public health emergency, in-person access may be limited due to infection control concerns; and/or transmission of COVID-19. However, in-person access may not be limited without reasonable cause. Residents have the right to private communications. Facilities must assist with alternative confidential resident communication with the ombudsman, such as by phone or through use of other technology.

VISITATION CHART

The county positivity rates are on the cv.nmhealth.org website.

	LOW (<5%)	MEDIUM (5% – 10%)	HIGH (>10%)
Visitation Outdoors	Yes, designated visitation space	Not allowed	Not allowed
Visitation Indoors	Not allowed	Not allowed	Not allowed
Closed Window Visits	Yes	Yes	Yes
Open Window Visits	Yes	Not allowed	Not allowed
Compassionate Care and End of Life Visits	Yes	Yes	Yes
Communal Dining	Not allowed	Not allowed	Not allowed
Outdoor Activities	Not allowed	Not allowed	Not allowed
Indoor Activities	Not allowed	Not allowed	Not allowed
Beauty Salon Services	Not allowed	Not allowed	Not allowed

UPDATED: BILLING GUIDANCE FOR COVID-19 TESTING IN LONG-TERM CARE FACILITIES

Applicable to both nursing homes and assisted living facilities.

December 23, 2020

On May 27, 2020, the New Mexico Department of Health's Division of Health Improvement ("DHI") mandated testing for SARS-CoV-2 ("COVID-19") in all long-term care facilities ("LTC") in New Mexico, which includes Nursing Homes and Assisted Living Facilities. That directive remains in place. This directive supplements the May 27, 2020 directive to provide additional instructions to ensure that long-term care facilities maximize available resources to pay for such testing.

New Mexico has transitioned to Curative Laboratory, which provides a testing option of:

- Use of either oral swabbing or nasal swabbing, making the testing significantly less invasive than the PCR tests we have been utilizing.
- Additionally, the tests can be self-administered, and the process to track is all automated.
- Testing does not require a licensed medical provider to administer or be present during testing.
- The testing turnaround times are up to 48 hours.
- The testing is picked up and shipped using UPS parcel services.

This should allow facilities to follow the testing guidance required by CMS and New Mexico. To the extent the federal government imposes additional requirements, facilities must comply with those and be subject to potential penalties and effects to licensure for noncompliance. The use of Curative Laboratory is required, and the state does not permit the use of a different laboratory.

Compiling Information to Facilitate Billing for Testing to Third-Party Payers

Effective December 14, 2020, DHI directed LTC facilities to provide insurance information. This directive provides supplemental direction to facilities regarding providing adequate insurance information and logging testing.

- Facilities must compile all information necessary -- to comply with state and federal reporting requirements regarding all COVID-19 testing conducted by them. Facilities must also provide sufficient information about each person receiving a test to allow Curative to bill third-party payers, including Medicare, Medicaid, private insurers, and employer-sponsored health plans.
- Facilities must track which residents and staff are tested each week and complete all required information on the Curative App. The app allows individuals to be registered with the following information: This information was compiled and sent to Curative.
 - Full Name (first, middle and last)
 - Date of Birth
 - Insurance Information, including:
 - name of insurer
 - member number
 - group number (if applicable).
 - For staff, if your organization is not the subscriber for the insurance, you must provide the subscriber name and ID number
 - State if the individual is uninsured. Do not write "N/A"; please write "uninsured."
 - Whether the individual is a resident or staff person

- Once a person is registered in the Curative App, you will always have access to their “account” in order to schedule testing.
- Testing results will be sent to the Administrator. The turnaround time for receiving test results is approximately 24-48 hours. Test results can be obtained from the Curative App. Please ensure you are able to access this portal. **If someone becomes symptomatic during this time frame follow the guidance for POC testing, and isolation precautions.**
- Any positive cases should be immediately reported to DHI, Epidemiology and Response Division, and if a positive staff to the New Mexico Environment Department.
- Each facility must ensure that any new staff or residents are immediately signed up in the Curative App and those individuals are incorporated into the testing schedule.

Facilitating Enrollment in Medicaid Program to Cover Testing Costs for the Uninsured for Residents or Staff who do not have Insurance.

The Medical Assistance Division of the New Mexico Human Services Department, which runs NM’s Medicaid Program (MAD), has established a program to cover the cost of COVID-19 diagnostic testing and testing-related services provided to uninsured individuals as authorized through the Families First Coronavirus Response Act (FFCRA). This coverage includes both the administration of testing and testing-related services and the associated medical visit at no cost to the patient. Uninsured individuals include those not otherwise Medicare or Medicaid-eligible and not covered by group or individual private insurance or another federal health program.

The Medical Assistance Division will assist in enrolling any uninsured residents or staff in the program. Facilities may assist staff and residents to enroll in this program and can find an application [here](#).

Penalties for Noncompliance

Failure to comply with the testing requirements stated in this correspondence may be considered neglect of a patient/client/resident and may be considered grounds for revocation or suspension of a license pursuant to NMAC 7.9.2.18.G. Additionally, a facility found to be in noncompliance may be assessed civil monetary penalties under 7.1.8 NMAC.

September 11, 2020

Re: Staff reporting to work with symptoms or sick

All Licensed Long-Term Care Facilities:

All long-term care facilities work with the most vulnerable population to the COVID-19 virus. Governor Michelle Lujan Grisham and Secretary Kathyleen Kunkel have repeatedly told New Mexicans if they are sick or have symptoms do not report to work. This mandate is also included in the COVID Safe Practice for Individuals and Employers issued by the Governor's Office on August 27th. The guide can be found [here](#).

Pursuant to the March 26, 2020 directive all long-term care facilities are required to screen staff prior to entering the facility. Any staff that fail the screening process should not be allowed in the facility and any **staff reporting signs and symptoms of illness cannot report to work.**

Staff that have had exposure to a known positive individual outside of the facility should not report to work.

For staff who are confirmed COVID-19 positive

Maintain isolation at home and do not report to work until:

1. At least 10 days have passed since symptoms first appeared; AND,
2. At least 1 day (24 hours) has passed with no fever; AND
3. Symptoms have improved

For COVID-19 positive staff without symptoms

Maintain isolation at home and do not report to work until:

1. At least 10 days have passed since the date of the first positive test

For staff who had close contact with a COVID-19 positive case

Maintain isolation at home and do not report to work until:

1. You have completed your quarantine period of at least 14 days since the date of the last exposure to the confirmed case.
2. Close contacts are encouraged to get tested. Testing should occur toward then of the quarantine period before returning to work. A negative test does not end the quarantine period, the full 14 days of quarantine must be observed.
3. If close contacts develop symptoms they should be tested as soon as possible
4. If test is positive, follow guidance above.

More information on isolation and quarantine can be found in the New Mexico Department of Health COVID containment policies found [here](#)

DIVISION OF HEALTH IMPROVEMENT

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Having symptomatic or sick staff come to work is a direct violation of the public health orders and DHI has deemed this is an immediate risk to the resident and places them in danger. Reports of LTC's requiring sick or symptomatic staff to report to work will be treated as abuse or neglect of residents and is grounds for sanctions or civil penalties pursuant to NMAC 7.9.2.18(G) and 7.8.2.13(C)(1).

Finally, facilities are required to track and report staff working at multiple facilities to the Aging and Long-Term Services Department. If staff work at multiple facilities and a facility becomes a "hot spot", that employee should only be permitted to work at the hot spot facility and no others.

Facilities should also be aware of their obligations pursuant to the Occupational Safety and Health Administration (OSHA) through the New Mexico Environment Department. Should you have questions please contact me at 505-252-4494.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Burmeister", with a horizontal line extending to the right.

Christopher Burmeister
Division of Health Improvement Director

ADMISSIONS GUIDANCE FOR LONG-TERM CARE FACILITIES

September 30, 2020

This guidance is issued pursuant to the Department of Health Guidance issued March 26, 2020.

TESTING REQUIREMENTS FOR ADMISSIONS/READMISSIONS

There are no testing requirements for admissions/readmissions to facilities. Facilities should not require 2 negative tests prior to admission. Facilities should follow the admissions guidance below.

NEW ADMISSIONS

Certain precautions should be taken when admitting new residents to a facility. Facilities should admit any individual that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Facilities should dedicate a unit/wing exclusively for new admissions or residents coming from the hospital. This can serve as a step-down unit where they remain in quarantine for 14 days and are monitored for signs or symptoms of illness. (instead of integrating as usual on short-term rehab floor or returning to long-stay to their original room). Residents can be transferred out of the admission quarantine area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. Anyone who develops symptoms should be immediately tested and isolated.

READMISSIONS AND RETURNS

A facility should readmit a resident after hospitalization. If the resident was diagnosed with COVID-19, they should be admitted under transmission-based precautions for COVID-19. If a facility is unable to comply with the requirements for transmission-based precautions, readmission must wait until these precautions are discontinued. Facilities are advised to avoid unnecessary discharges and transfers at this time to discourage and limit spread of illness between facilities. To the extent a discharge or transfer of a patient is necessary, facilities must ensure the patient can be discharged in a safe manner.

Compassionate Care and End of Life Visitation Guidance

This document encompasses both end of life care visits and compassionate care visits.

End of Life Visits are: one-time, with one visitor at a time, and allowed on a limited basis as an exception to visitor restrictions.

Compassionate Care Visits are: one-time, with one visitor, and allowed on a limited basis as an exception to visitor restrictions.

Visitation Area Criteria

Visitation area should be prioritized as follows:

- Conducted outdoors if the health of the resident and weather allows:
 - If possible, the outdoor visitation area should be accessible from the outdoors.
 - Outdoor visitation should occur only on days when there are no weather warnings that would put either visitors or residents at risk.
 - Visitation spaces must provide adequate protection from weather elements (e.g., shaded from the sun).
 - Visitation areas must be sanitized after every visitor.
- If outdoor visitation is not feasible or is not advisable for the health of the resident, visitation should be conducted in a designated room inside of the facility.
 - If possible, the room should be located close to the entrance of the facility, so the visitor has the least amount of contact with the rest of the facility.
- If the resident cannot be moved from their room, a compassionate care visit can be held in the resident's room.
 - It is preferred that residents receiving compassionate care visit have a private room. If this is not possible and the resident has a roommate, a partition should be in place between the living areas of the resident and their roommate. If the resident is in the room during the visit, they should also wear a face covering.

Resident Criteria

Before a visit takes place, the facility must document:

- Resident's status;
- Other interventions employed to improve the resident's status and the outcome;
- The need for a compassionate care visit to improve the resident's status; and
- Physician or designate's order for the compassionate care visit.

The following criteria must be met for a visit:

- The resident is not COVID-19 positive; or
- The resident was COVID-19 positive, but no longer requires transmission-based precautions as outlined by the CDC.
- Residents must wear a face covering or mask if medically feasible; and
- Residents must practice appropriate hand hygiene before and after the visit.
- **A compassionate care visit refers to any one of the following scenarios:**
 - A resident who is failing as defined by any or all of the following:
 - When a resident is newly enrolled in a hospice program;

- When a resident has a change in status to palliative care as determined by an order from the clinician;
- When a resident is determined to be in the dying process [terminal within 30 days]; or
- The emergence of a condition/disease in which a resident is declining in accordance with the care plan/service team and most recent assessment.
- Failure is often manifested by other functional parameters to include:
 - The emergence of unplanned weight loss problem;
 - The emergence of a new pressure injury, an unstageable pressure injury, a deep tissue injury, or a worsening in pressure injury status;
 - A fall that resulted in an injury or in which the resident was transferred to the hospital for an evaluation; or
 - A decrease in function as noted by a decline in Activities of Daily Living (ADL) or physical functioning.
- The ability or capacity of a resident's decision-making has worsened.
- **End of Life visits refers to the following scenario:**
 - The health care of a person with a terminal condition or dementia related disorder that has become advanced, progressive, and or incurable. The person needs to be in the active stages of dying (probable within thirty days).

Facility Criteria

- The compassionate care visit must be scheduled.
- Adequate staff must be present to facilitate the visitation, monitor visitation if necessary, and wipe down visitation areas after each visit.
- Residents must not go through a COVID-positive or quarantined area to get to the visitation area.
- The facility must screen visitors for signs and symptoms of COVID. (See Visitor Criteria Section)
- Areas, where visitors and residents sit must be wiped down between visitations using an approved antiviral disinfectant - <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>
- There must be adequate PPE to permit residents, if they can comply, to wear a face-covering or mask during visitation.
- Facilities must provide alcohol-based hand rub to families visiting residents and demonstrate how to use it appropriately if necessary.
- Facilities may establish additional reasonable guidelines as needed to protect patient health and safety.

Visitor Criteria

- Visitors must sign-in the visitors log with complete name, address, and phone number.
- Visitors must pass visitor screening criteria:
 - Must not be COVID-19 positive or have signs or symptoms of COVID-19.
 - If a visitor has had COVID-19, they must provide documentation (e.g., doctor's note) that they no longer meet CDC criteria for transmission-based precautions.
 - Must have their temperatures taken at the facility entrance, and logged.
 - Must have no fever (body temperature below 100 degrees Fahrenheit) and no sign of a respiratory infection, including coughing or shortness of breath.

- Visitors must agree to be escorted to and from the visitation area and must agree not to leave the designated visitation area.
- Visitors must wear a face covering or mask during the entire visitation.
- Visitors must perform appropriate hand hygiene immediately before and after the visitation.
- Visitors must meet any other reasonable condition of visitation that the facility deems necessary to protect patient health and safety.
- Those who cannot meet all the conditions of entry will not be permitted visitation.



Personal Protective Equipment Long-Term Care Facility Process and Instructions

- ✓ Facilities attempt to locate and procure PPE before running out
- ✓ Facilities should exhaust state resources for PPE before submitting a supply shortage in the NHSN portal

My facility is having trouble finding PPE and supply is low (7 days or less) – what do we do?

Step 1: Fill out the ICS 213 RR form

Step 2: Submit to your local emergency manager (EM) and cc Esperanza.Lucero@state.nm.us.

Step 3: The local EM requires each facility to submit their PPE request along with three (3) quotes from vendors identifying that the item(s) is on backorder or unavailable. Please include your specific Battelle Code and burn rate.

Step 4: After all necessary information is submitted, the EM will approve or deny the supply request



Processes for Utilizing COVID-19 Positive or Suspected Asymptomatic Staff When a Facility is Experiencing an Outbreak and a Staffing Crisis¹

Issued November 5, 2020

Updated: November 6, 2020

A staffing shortage or the need for crisis staffing are defined as when there are *no longer enough available staff to provide safe patient care*. This guidance is based on the Centers for Disease Control Strategies to Mitigate Healthcare Personnel Shortages.²

Facilities must receive approval from Aging and Long-Term Services (ALTSD) to implement crisis staffing. ALTSD staff will inquire about staffing on each call from an outbreak rapid response and throughout the outbreak, with approval for crisis staffing determined on a “case-by-case” basis.

Nursing homes are required to maintain adequate staffing levels pursuant to NMAC 7.9.2.50; 7.9.2.51; and 7.8.2.19. The obligation to maintain appropriate staffing lines is the responsibility of the facility. Facilities should also have a contingency contractor available for staffing purposes should the facility experience an outbreak and require additional staffing.

NOTE: [A memorandum](#) (page 17 of the PDF) was issued on September 11, 2020 from the Department of Health’s Division of Health Improvement directing facilities not to allow sick or symptomatic staff to work. Facilities will not be cited that follow all guidance and receive approval pursuant to this memorandum.

The facility must be experiencing a current outbreak and a staffing shortage and have completed the following measures to attempt to augment staff:

- ✓ Contacted related facilities or partners including sister facilities and hospital partners;
- ✓ Contacted supplemental nurse staffing agencies;
- ✓ Contacted other nearby health care facilities, partners, or local university/college health career centers;
- ✓ Contacted trade associations to assist in obtaining staff;
- ✓ Activated its contingency staffing plan and has exhausted all options to address staffing needs, triggering a crisis level of staffing;
- ✓ Exhausted all options to cohort COVID-19-positive residents internally or transfer positive residents to COVID-19 care sites; and

¹ This guidance was compiled by the New Mexico Department of Health, The Aging and Long-Term Services Department with consultation, direction, and review by the Long-Term Care Medical Advisory Team. Multiple states were surveyed and found to have implemented similar if not identical guidance including but not limited to: Minnesota, Illinois, Wisconsin, New York, and New Hampshire. See <https://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/long-term-care-guidance>, <https://www.dhs.wisconsin.gov/covid-19/nursing-homes.htm>, <https://www.health.state.mn.us/diseases/coronavirus/hcp/crisis.html>, <https://www.nh.gov/covid19/resources-guidance/long-term-care.htm>

² See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>

- ✓ The only remaining approach to ensure adequate resident care and safety would be to evacuate the facility.

Upon approval to implement crisis staffing procedures, the following processes must be followed:

1. Asymptomatic COVID-19 positive or suspected staff:
 - a. Should take on a non-direct patient care role (e.g., telemedicine, phone triage), when feasible.
 - b. Should monitor themselves closely for any new symptoms associated with COVID-19 (e.g., measured or subjective fever, cough, shortness of breath, chills, headache, muscle pain, sore throat, or loss of taste or smell), and measure their temperature daily before going to work.
 - c. Should remain at home and notify their supervisor if they develop any symptoms or have a measured body temperature of $\geq 100^{\circ}\text{f}$.
 - d. If at work when fever or any symptoms develop, staff should immediately notify their supervisor and go home.
 - e. Should provide direct care only for residents with confirmed COVID-19, preferably in a cohort/COVID-19 unit setting.
 - f. Should practice diligent hand hygiene and wear a face shield and surgical face mask for source control at all times, including in non-resident care areas, such as breakrooms. A facemask for source control does not replace the need to wear an N95 or equivalent (or other PPE) when indicated.
 - g. Should separate themselves from others if they need to remove their face mask.
 - h. Should not work in facilities that are not currently experiencing an outbreak.
2. Facilities providing care for COVID-19 positive residents or patients using COVID-19 positive or suspected staff:
 - a. Must know and document if the COVID-19 positive or suspected staff work in multiple locations.
 - b. Must have a protocol for approval/notification/communication regarding staff who work in other long-term care facilities.*
 - c. Must document the shifts worked by COVID-19 positive or suspected staff and the residents who received direct care from these staff members.
 - d. Must ensure staff wear a face shield and surgical face mask at all times and receive training in proper use.
 - e. Must actively screen all staff for symptoms and excluded from work if symptoms develop.
 - f. Must restrict interaction between COVID-19-positive staff and other staff to prevent transmission via designated separate break area, entrance, bathrooms, and other communal areas for COVID-19 positive staff.
 - g. Must continue to explore all avenues to obtain emergency staffing.
 - h. Must not allow staff with confirmed COVID-19 to work after the facility is no longer in a staffing crisis.

UPDATE NOVEMBER 6, 2020:

Facilities may also allow staff who are asymptomatic and tested negative but have had an exposure to continue to work and follow this guidance:

- i. These staff should still report temperature and absence of symptoms each day before starting work.
- j. These staff should wear a facemask (for source control) while at work for 14 days (this is the time period during which exposed staff might develop symptoms, i.e., the current incubation period for the virus) after the exposure event. A facemask instead of a cloth face covering should be used by these staff for source control during this time period while in the facility. After this time period, these staff should revert to their facility policy regarding universal source control during the pandemic.
- k. A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other PPE) when indicated, including for the care of patients with suspected or confirmed COVID-19.
- l. If testing is readily available, performing post-exposure testing during the 14-day post-exposure period can be considered to more quickly identify pre-symptomatic or asymptomatic staff who could contribute to SARS-CoV-2 transmission.
- m. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing.

NOTE

- Facilities should inform patients and staff when the facility is operating under crisis standards, the changes in practice that should be expected, and actions that will be taken to protect them from exposure to SARS-CoV-2 if staff with suspected or confirmed COVID-19 are allowed to work.
- Staff should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.
- Staff should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until the full Return to Work Criteria have been met.
- Facemasks should be worn even when they are in non-patient care areas such as breakrooms.
- If they must remove their facemask, for example, in order to eat or drink, they should separate themselves from others.

*This guidance does not apply to acute care hospitals.