



To: All Nursing Homes and Assisted Living Facilities
From: New Mexico Department of Health
Date: December 9, 2020
Updated: February 4, 2021
Re: REVISED Letter of Direction

All 2/4/2021 updates are in red.

Please see the following updated 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.

Public Health Order issued January 29, 2021: https://cv.nmhealth.org/wp-content/uploads/2021/01/GovernorsOffice@state.nm.us_20210129_161613.pdf

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 a person is COVID-19 recovered within the last 90 days there is no need to quarantine upon return from an appointment, hospital stay, or are newly admitted to an LTC.
- 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.
- In order to facilitate resolution of outstanding billing issues with TriCore, facilities must download their Curative staff and resident list in .CSV format and send to their DHI surveyor no later than Monday, February 1, 2021.
- If facilities have received any communication from TriCore, ALTSD, or DOH/DHI regarding billing issues, they must be resolved.

INFECTION CONTROL

	Red County	Hot Spot	Yellow County	Green County
Disposable serving products	X	X		
Staff must change clothes upon arrival	X	X		
KN95 or Fit Tested N95 Masks Required*	X	X	X	
Face Shield/Eye Protection in resident areas, common or shared spaces	X	X	X	
Medical Grade Masks				X

- Any facility located in a red county or a facility considered a hot spot, must use disposable serving products.
- Any facility located in a red county or a facility considered a hot spot, 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.
- **Who needs to change clothes?** Direct care staff (e.g those who provide direct care to residents)

- Nothing should be worn under the N95 or KN95 as this will prevent a tight seal, which is necessary for them to work. However, you can wear a surgical mask over (on top) of the N95 to decrease contamination of the outer surface of the N95.
- 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.

GOWNS

Who needs to wear gowns?

- Direct care staff should wear a gown when providing direct resident care specific to the task and location.
- Gowns are necessary for a variety of care tasks regardless of COVID status or county, additionally enhanced use of PPE may be required when caring for confirmed or suspected COVID patients, those in quarantine due to exposure or new admission status, or in facilities experiencing an outbreak.
- Gowns are single use only items, gowns should never be hung for reuse or used by multiple staff members. Gowns can be disposable, or cloth gowns meant to be laundered and reused.

Implement administrative and engineering controls such as bundling care (one caregiver enters resident room and completes all care tasks, rather than multiple caregivers entering room) and limiting the number of people entering resident care areas.

Consider reusable washable isolation gowns. These should be dedicated to single resident use, immediately doffed and laundered before being used again.

Laundry operations and personnel may need to be augmented to facilitate additional washing loads and cycles. Ensure systems are established to:

- routinely inspect, maintain (e.g., mend a small hole in a gown, replace missing fastening ties)
- replace reusable gowns when needed (e.g., when they are thin or ripped)
- store laundered gowns in a manner such that they remain clean until use.

Prioritize disposable gowns over washable gowns for the following activities:

- During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures

- During the following high-contact patient care activities that provide opportunities for transfer of pathogens to other patients and staff via the soiled clothing of healthcare providers, such as:
 - Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care

Gowns should be worn in quarantine or observation locations

All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown.

Gowns are resident specific and must be changed before moving onto the next resident, extended use (wearing one gown for multiple resident encounters) is not permitted.

Gowns in facilities experiencing outbreaks

Because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or HCP is newly identified in the facility; this could also be considered when there is sustained transmission in the community.

Gowns are resident specific and must be changed before moving onto the next resident, extended use (wearing one gown for multiple resident encounters) is not permitted. Bundling care, use of washable gowns, and limiting staff on the unit to only those necessary may be necessary to conserve supplies.

If facility is experiencing a critical shortage of gowns, gown use should be prioritized for use while caring for confirmed COVID residents, those in observation or quarantine, and during activities that involve close and prolonged contact with the patient or their immediate environment (e.g., dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, and wound care).

Only if COVID positive residents are cohorted in one location (i.e a dedicated COVID-only unit):

Extended use of isolation gowns is permissible. Consideration can be made to extend the use of isolation gowns (disposable or reusable) such that the same gown is worn by the same HCP when interacting with more than one patient housed in the same location and known to be infected with the same infectious disease (i.e., COVID-19 patients residing in an isolation cohort). However, this can be considered only if there are no additional co-infectious diagnoses transmitted by contact (such as *C. difficile*) among patients. If the gown becomes visibly soiled, it must be removed and discarded or changed.

- * Use of gowns should be zone and task specific in accordance with CDC infection control guidance for long-term care <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

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.



Christopher Burmeister, Director
Division of Health Improvement
Department of Health

Updated 2.4.2021