



REVISED LETTER OF DIRECTION FOR NURSING HOMES AND ASSISTED LIVING FACILITIES

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New Mexico and the Centers for Medicaid/Medicare recognize the right to familial association and the struggles families have endured during the pandemic due to visitation restrictions which were put in place to protect residents of congregate settings. Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home and assisted living facilities (ALF) populations are at high risk of being affected by respiratory pathogens like SARS-CoV-2 and other pathogens, including multidrug-resistant organisms (e.g., carbapenemase-producing organisms, *Candida auris*). As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP) as defined by the CDC. Even as nursing homes and assisted living facilities resume more normal practices and begin relaxing restrictions, facilities must sustain core IPC practices and remain vigilant for SARS-CoV-2 infection among residents and HCP in order to prevent spread and protect residents and HCP from severe infections, hospitalizations, and death.

The following letter of direction for all long-term care settings should be used in conjunction with facility policies, relevant CMS guidance and requirements as well as CDC recommendations. Please see the following updated directive and [Public Health Order issued January 29, 2021](#). Failure to follow this directive 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 ALF.

QUARANTINE

- New Residents and Residents who leave the facility:
 - For all new admissions and readmissions, residents should be placed in a 14-day quarantine, even if they have a negative test upon admission, **except** when
 - Residents who are being admitted to a post-acute care facility are fully vaccinated* and have not had prolonged close contact with someone with COVID-19 infection in the prior 14 days; or
 - Residents are recovered within 3 months of a SARS-CoV-2 infection.
 - Quarantine is not recommended for residents who leave the facility for less than 24 hours (e.g., for medical appointments, community outings with family or friends) and do not have close contact with someone with SARS-CoV-2 infection.
 - Residents that leave for medical appointments should share the resident's COVID-19 status with the transportation service and entity with whom the resident has the medical appointment.
 - Residents should follow [IPC practices](#), including face masks or respirators, hand hygiene, and physical distancing when leaving the facility.

- Facilities might consider quarantining residents who leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended IPC measures. The facility is responsible for assessing the risk of infection any time a resident leaves the facility and returns. The risk assessment should include, at a minimum, the following: county positivity rate, vaccination status of the facility/community, resident adherence to IPC practices, purpose of outing and risk of exposure. If the facility does quarantine a resident upon return, the justification for quarantine should be documented and available for review.
- Residents who leave the facility for 24 hours or longer should be placed in a 14-day quarantine unless they meet the exceptions listed above for admission and readmission
 - Residents who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine for 14 days after their exposure.
 - Residents with confirmed COVID-19 infection must quarantine, whether vaccinated or unvaccinated until they have met the criteria to discontinue Transmission-Based Precaution.
 - Residents in quarantine, whether vaccinated or unvaccinated, should remain in quarantine until they have met criteria for release from quarantine.

**Fully vaccinated refers to a person who is ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.*

ADMISSION, 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).
- 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.

TESTING

- All [testing](#) and infection control requirements remain in place. All outbreak/hotspot testing requirements remain in place.
- Facilities are required to follow all [LTC Facility Testing Guidance](#) issued by the State of New Mexico
- Facilities must timely administer and submit all test results to the appropriate laboratory.
- Facilities are required to comply with electronic submission requirements outlined by the laboratory vendor.
- Facilities should only be testing those individuals outlined in the testing guidance.

- If a facility utilizes tests beyond the prescribed testing frequency, the facility shall be responsible for those costs.
- If facilities have received any communication from the laboratory vendor, ALTSD, or DOH regarding billing issues, they must be resolved.
- [OSO-20-37](#) outlines that all CLIA-certified laboratories that perform or analyze any test that is intended to detect SARS- CoV-2 or to diagnose a possible case of COVID-19 (e.g., molecular, antigen, antibody) are required to report, regardless of the type of laboratory (type of CLIA certificate) performing the testing. All negative and positive SARS-CoV-2 results must be reported irrespective of the method. **Note that health care facilities using Point of Care COVID-19 testing devices under a CLIA Certificate of Waiver, including nursing homes, pharmacies, or other settings will be required to report test results under this regulation.**
- All CLIA-certified laboratories that perform or analyze any test that is intended to detect SARS- CoV-2 or to diagnose a possible case of COVID-19 must report to 1. Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network; or 2. Electronic HL7 messaging to DOH; or 3. [Simple Report](#)

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.

INFECTION CONTROL

This positivity rate table is updated every two weeks on the [long-term care guidance DOH webpage](#).

	Red County	Hot Spot/ Outbreak Status	Yellow County	Green County
KN95 or Fit Tested N95 Masks Required	X	X	X	
Face Shield or Eye Protection in resident areas, common or shared spaces	X	X	X	X
Medical Grade Masks				X

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. 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 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:
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.

- 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.
- 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.
- 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.