



October 20, 2022



To All Families and Residents:

PLEASE READ THE **ENTIRE** NEWSLETTER FOR IMPORTANT INFORMATION ON COVID. THIS IS THE PRIMARY MEANS OF COMMUNICATION ON THIS TOPIC.

“WELCOME” TO OUR NEW FAMILY CONTACTS

We are required to notify all residents, families and staff of a facility whenever we have a positive COVID test result for any staff member or resident. Two points of contact are required.

To help us meet these requirements, we have utilized a broadcast tool (School Messenger) to send emails and automated phone calls to up to two email addresses and two phone numbers per resident or resident contact, which is usually the first Health Care Proxy. The system then broadcasts to all the contact phone numbers and emails in this database. We also use this system to send out this update letter to our resident family contacts.

You will also receive a broadcast when we have a staff member or resident test positive for COVID-19. This includes an email *and a phone call*. We understand these phone calls can come at inconvenient times and would like to offer you the option to opt out of the phone calls for one or both of the numbers on file *so long as we have an email address on file to receive the alert*. This opt out will only effect the notification databases used by School Messenger. All contact info will remain on file in our Electronic Health Record, PointClickCare.

If you wish to opt out of alerts for one or both phone numbers we have file, please email me at pm@goodshepherdcommunities.org with the specifics. Please note it will take time to make the changes to the databases, so dependent on volume, there may be a delay from the time you make the request and the time the database revisions are completed. Thank you in advance for your patience.

Changes to the information provided below are highlighted in green.

GSC STATISTICS

as of 10/19/22	GSFH	GSVE	Chase
Year To Date + Residents			
SNF	26	9	10
ACF	21	7	n/a
IL	2	47	n/a
Year To Date + Staff			
SNF	80	33	40
ACF	23	24	n/a
IL	0	19	n/a
Year To Date Deaths			
SNF	1	0	0
ACF	1	0	n/a
IL	0	0	n/a
Active Residents Cases (in-house or hospitalized)			
SNF	2	0	1
ACF	0	0	n/a
IL	1	2	n/a
Staff Furloughed			
SNF	4	0	3
ACF	0	2	n/a
IL	0	0	n/a

COMMUNITY LEVELS FOR BROOME AND CHENANGO COUNTIES

Broome County, New York

[State Health Department](#)

COVID-19 Community Level ● Medium

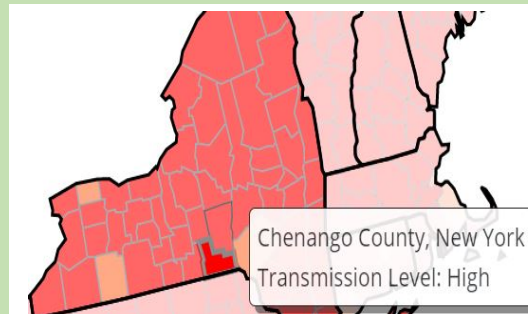
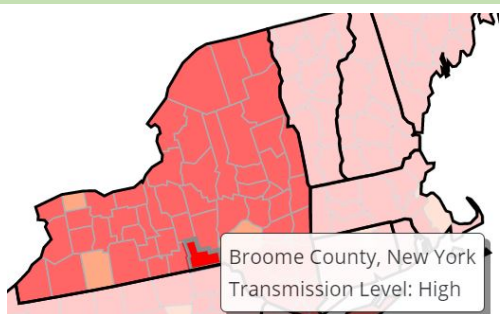
Chenango County, New York

[State Health Department](#)

COVID-19 Community Level ● Low

Masking recommendations are based on three factors — Covid hospitalizations, hospital capacity and new Covid cases — focusing more on preventing hospitals from getting overwhelmed and less on positive tests, which spiked during the omicron wave in December and January.

TRANSMISSION RATES FOR BROOME AND CHENANGO COUNTIES



CDC UPDATES COVID-19 RECOMMENDATIONS FOR HEALTH CARE SETTINGS:

NYS RESPONDS

On Sept. 23, 2022, the Centers for Disease Control and Prevention (CDC) issued updates to its COVID-19 infection prevention guidance for health care personnel and guidance for managing exposed and infected health care personnel. It also retired its nursing home-specific infection prevention guidance and incorporated guidance for nursing homes into the more general guidance. In addition, the Centers for Medicare and Medicaid Services (CMS) updated its nursing home visitation guidance and its testing guidance to align with the CDC guidance.

The NYS Department of Health (DOH) released updated guidance for nursing homes on Oct. 13, 2022 that aligned with many of the updates issued by the CDC and CMS. Most notably, DOH followed the lead of the CDC and CMS by eliminating the requirement that nursing homes routinely test asymptomatic staff for COVID-19. The new DOH guidance also addressed testing in other contexts, masking in health care settings, visitation, and cohorting. Although it generally aligned with the recent federal guidance, it also included several state-specific requirements and emphases.

Masking in Health Care Settings

The DOH guidance continues masking requirements for all personnel in Skilled Nursing Facilities and Adult Care Facilities. In addition, it states that all visitors age 2 and older and able to medically tolerate a face mask must wear masks in health care settings. It is unclear whether DOH is following the CDC guidance that would allow personnel to unmask in "well-defined areas that are restricted from patient access (e.g., staff meeting rooms)" under certain circumstances.

Testing in Nursing Homes

- **Routine Screening Testing of Staff: The guidance no longer recommends routine screening testing of asymptomatic staff. Accordingly, nursing homes do not have to routinely test asymptomatic staff, even if they are not up-to-date with COVID-19 vaccinations.** However, facilities may conduct routine testing if they choose. For example, although this is not specified in the DOH guidance, a facility might choose to conduct routine testing as an additional precaution for staff who are exempt from vaccination. The DOH guidance specifies that staff should be instructed to report to the appropriate facility contact any positive COVID-19 test, symptoms of COVID-19, or a higher-risk exposure to COVID-19.
- **Testing of Symptomatic and Exposed Residents and Staff:** The DOH guidance instructs nursing homes to test symptomatic individuals and those with close contacts to a person with a COVID-19 infection.
- **Outbreak Testing:** DOH directs facilities that when a single new case of COVID-19 occurs among residents or staff. It notes that outbreak testing should begin immediately, but not earlier than 24 hours after an exposure. Facilities may continue to use either a contact tracing approach or a broad-based (i.e., unit-wide or facility-wide) approach to outbreak testing.

Screening at Entry

Unlike the CDC and CMS guidance, the **NYS DOH guidance continues active screening of visitors and staff upon entry into nursing homes.** Active screening entails completion of a screening tool or questionnaire that elicits information related to current symptoms, exposures, and positive tests. In addition, signage should be placed throughout the facility and visitors and staff should be educated on COVID-19 signs and symptoms and infection prevention measures.

Visitation and Visitor Testing

The NYS DOH guidance takes a strong stance against restrictions on visitation. The guidance provides that a failure to facilitate visitation consistent with federal regulations, which provide a right to receive visitors "at the time of [the resident's] choosing and in a manner that does not impose on the rights of another resident," would constitute a violation. Any temporary visitation pause must be based on the "express direction of DOH.

However, DOH also requires nursing homes to "continue to make every effort to verify that visitors have received a negative SARS-CoV-2 test result within one day prior to visitation for antigen tests and within two days prior to visitation for PCR tests."

The testing requirement does not apply to compassionate caregiving visitors and emergency medical services (EMS) personnel. Representatives of the Office of the Long Term Care Ombudsman were explicitly exempt under the prior guidance and likely remain exempt under the new guidance, although they are not mentioned.

Masking in Independent Living

Given the Broome County statistics reported above, we are still concerned that the Community Transmission Level is at **High**, and given our vulnerable population, we will continue to require masks for both staff and residents in Independent Living at both GSFH and GSVE when in public areas other than when seated for drinks or a meal. We will re-evaluate this policy on a regular basis.

Patti Mackey