

September 22, 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](mailto: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 9/21/22	GSFH	GSVE	Chase
<b>Year To Date + residents</b>			
SNF	24	9	9
ACF	18	7	n\`a
IL	1	44	n\`a
<b>Year To Date + Staff</b>			
SNF	69	30	38
ACF	22	22	n\`a
IL	n\`a	18	n\`a
<b>Year To Date Deaths</b>			
SNF	1	0	0
ACF	0	0	n\`a
IL	0	0	n\`a
<b>Residents Cases (in-house or hospitalized)</b>			
SNF	1	0	8
ACF	0	0	n\`a
IL	0	1	n\`a
<b>Staff Furloughed</b>			
SNF	2	1	3
ACF	0	0	n\`a
IL	n\`a	0	n\`a

### COMMUNITY LEVELS FOR BROOME AND CHENANGO COUNTIES

Broome County, New York

[State Health Department](#) 

**COVID-19 Community Level**

 High

Chenango County, New York

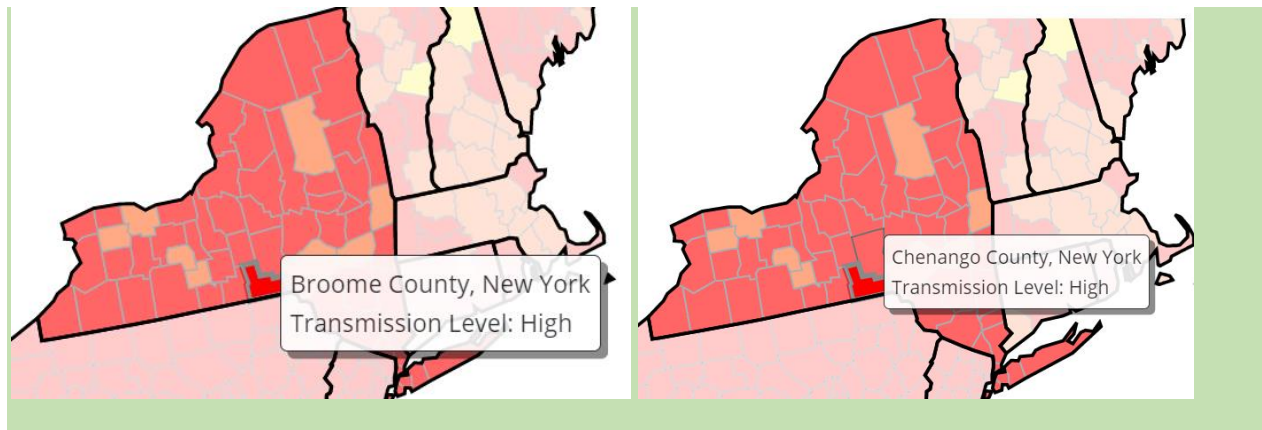
[State Health Department](#) 

**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.

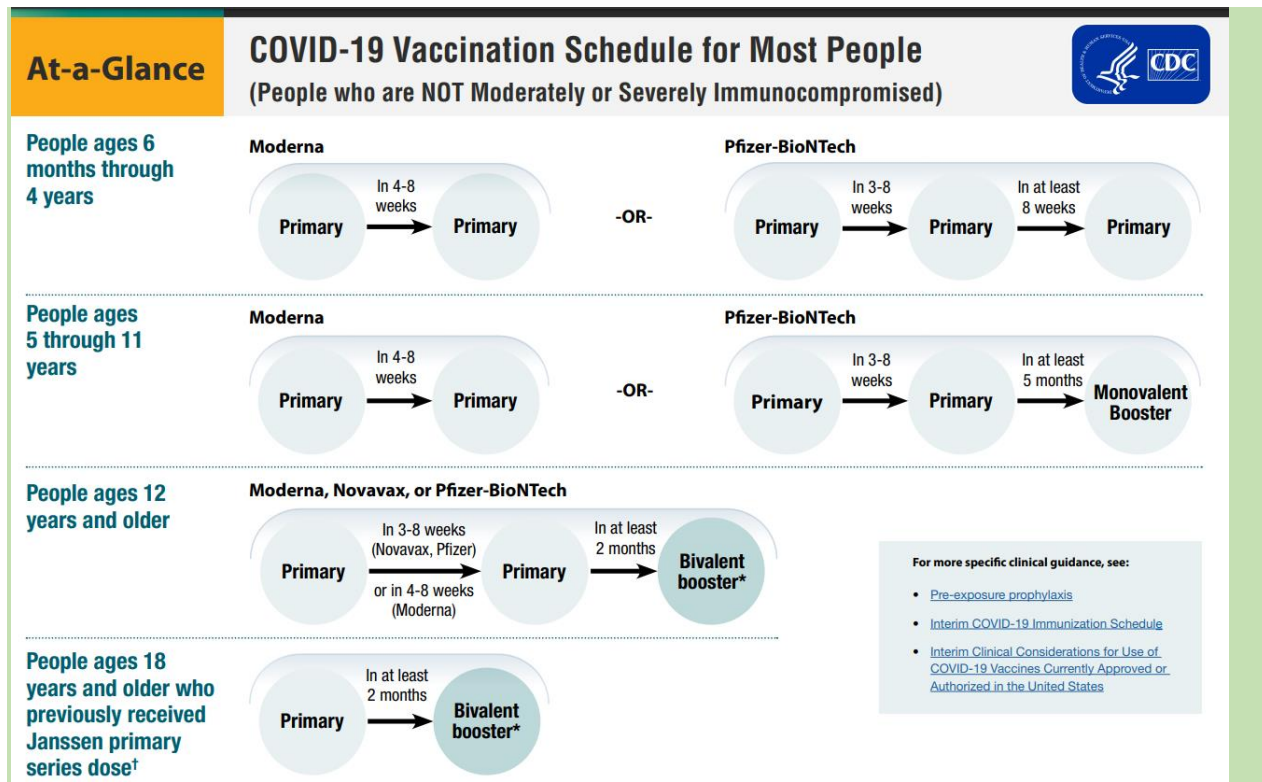
### TRANSMISSION RATES FOR BROOME AND CHENANGO COUNTIES



**CDC RECOMMENDS ADDITIONAL **BIVALENT** BOOSTER FOR CERTAIN INDIVIDUALS**

Summary of recent changes (source CDC website last updated September 2, 2022):

New booster recommendation for people ages 12 years and older to receive 1 bivalent mRNA booster after completion of a monovalent primary series; it replaces all prior booster recommendations for this age group



**CMS GUIDANCE ON EMPLOYEE TESTING: STAFF NOT FULLY UP TO DATE INCLUDING UN-BOOSTED STAFF SUBJECT TO ROUTINE TESTING**

CMS testing guidance references the term “up-to-date with all recommended COVID-19 vaccine doses.” Staff are considered up to date with COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible.

**These requirements apply to SNFs only.** IL and ACF\ALR staff are not covered by this requirement, and based on the recommendations from our Infection Control Preventionists, including them in the testing requirement would not increase the effectiveness of our Infection Control program. The vaccines and boosters better protect staff from infection, serious illness, hospitalization and death but is not an effective way to eliminate the risk of transmission to others if the staff member is infected with COVID-19. We will best protect our staff and residents if the focus and use of our resources are used for IC prevention and early detection of symptomatic staff. Routine testing of asymptomatic staff solely based on vaccination status is not an effective strategy for preventing COVID from entering our facilities.

**Table 2: Routine Testing Intervals by County COVID-19 Level of Community Transmission**

Level of COVID-19 Community Transmission	Minimum Testing Frequency of Staff <i>who are not up-to-date</i> <sup>+</sup>
Low (blue)	Not recommended
Moderate (yellow)	Once a week*
Substantial (orange)	Twice a week*
High (red)	Twice a week*

<sup>+</sup>Staff *who are up-to-date* do not need to be routinely tested.

\*This frequency presumes availability of Point of Care testing on-site at the nursing home or where off-site testing turnaround time is <48 hours.

Good Shepherd will be following this guidance, and will be testing SNF employees are not up to date including those who have not received the booster with frequency based on the new guidance.

Broome County shows a **high** level of transmission, necessitating **twice a week** testing for SNF staff not up to date with all eligible COVID vaccines.

Chenango County show a **high** level of transmission, necessitating **twice a week** testing for SNF staff not up to date with all eligible COVID vaccines.

### DOH Delays Enforcement of New "Up-to-Date" COVID-19 Booster Definition Until Oct. 16<sup>th</sup>

The Department of Health (DOH) has notified nursing homes and adult care facilities (ACFs) that facilities may continue to treat staff and residents who are eligible for a bivalent COVID-19 booster as up-to-date under the prior definition **through Oct. 15, 2022**. The change in the "up-to-date" definition affects quarantine requirements, work exclusion for health care personnel who are exposed to the virus, and routine screening testing of personnel in nursing homes.

Last week, DOH notified providers that it would not enforce the new definition of "up-to-date" in relation to various infection prevention measures through Oct. 15<sup>th</sup>. **After Oct. 15<sup>th</sup>, the new definition of "up-to-date" will be enforced in connection with routine testing, quarantine, and work exclusion as applicable.**

Providers should be aware of the following implications of the new up-to-date definition effective on Oct. 16<sup>th</sup> for staff:

- In nursing homes, staff who are *not* "up-to-date" (under the new definition) with their COVID-19 vaccines remain subject to routine screening testing.
- In ACFs and nursing homes, health care personnel who are exposed to COVID-19 must be excluded from work if they are *not* up-to-date with their COVID-19 vaccines, unless the health care provider has activated contingency or crisis workforce capacity strategies.
- Health care personnel are not *required* to receive the bivalent booster in order to work in regulated health care settings. They are required to receive only the primary vaccination series (unless they have a medical exemption). However, if they have not received the recommended booster when eligible, they are subject to the additional requirements and restrictions set forth above.

Providers should be aware of the following implications of the new up-to-date definition effective on Oct. 16<sup>th</sup> for residents:

- In nursing homes, newly admitted residents must be quarantined if they are not up-to-date with their COVID-19 vaccines, unless they have recovered from COVID-19 in the past 90 days. DOH recommends the same for ACFs.
- In ACFs and nursing homes, residents who have been exposed to COVID-19 must be quarantined if they are not up-to-date with their COVID-19 vaccines, unless they have recovered from COVID-19 in the past 90 days.

### NYS Mask Mandate

On 9/7/22, Governor Hochul announced that masking will now be optional in multiple settings where they were previously required, including on public transportation, in for-hire vehicles, at airports, homeless shelters, correctional facilities, and detention centers. Masks will continue to be required at Skilled Nursing, Adult Care and health care facilities regulated by the state Department of Health, and in clinical settings regulated by the Office of Mental Health, Office of Addiction Services and Supports, and Office for People With Developmental Disabilities.

**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 when in public areas other than when seated for drinks or a meal. We will re-evaluate this policy on a regular basis.**

Thank you

Patti Mackey

GSC COO