

June 10, 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 6/9/22	GSFH	GSVE	Chase
<b>Year To Date + residents</b>			
SNF	18	5	17
ACF	17	6	n\a
IL	1	32	n\a
<b>Year To Date + Staff</b>			
SNF	48	18	31
ACF	22	21	n\a
IL	n\a	10	n\a
<b>Year To Date Deaths</b>			
SNF	0	0	0
ACF	0	0	n\a
IL	0	0	n\a
<b>Active Residents Cases (in-</b>			
SNF	11	0	0
ACF	0	0	n\a
IL	0	0	n\a
<b>Staff Furloughed</b>			
SNF	2	0	1
ACF	0	1	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

● Medium

Recommended actions based on current level

### Chenango County, New York

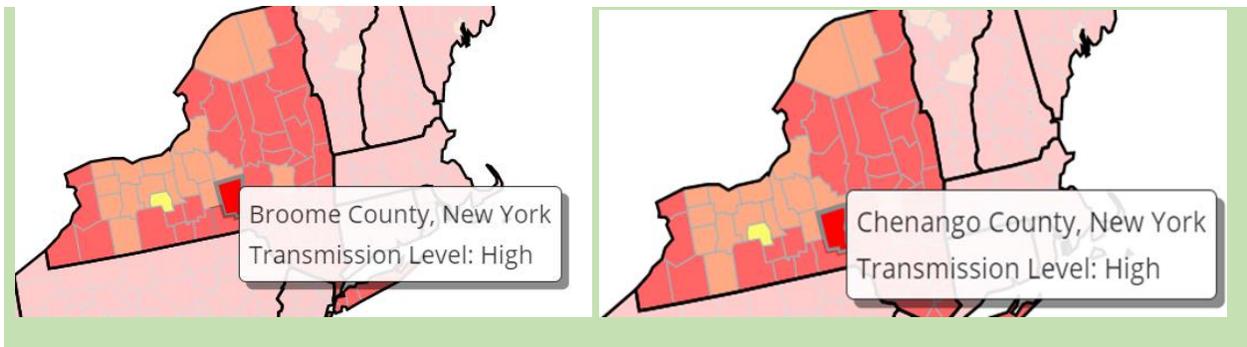
[State Health Department](#)

#### 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 BOOSTERS FOR CERTAIN INDIVIDUALS**

Source- CDC Website: “Data continue to show the importance of vaccination and booster doses to protect individuals both from infection and severe outcomes of COVID-19. For adults and adolescents eligible for a first booster dose, these shots are safe and provide substantial benefit. During the recent Omicron surge, those who were boosted were 21-times less likely to die from COVID-19 compared to those who were unvaccinated, and 7-times less likely to be hospitalized. CDC continues to recommend that all eligible adults, adolescents, and children 5 and older be up to date on their COVID-19 vaccines, which includes getting an initial booster when eligible.

Following FDA’s regulatory action, the CDC is updating its recommendations to allow certain immunocompromised individuals and people over the age of 50 who received an initial booster dose at least 4 months ago to be eligible for another mRNA booster to increase their protection against severe disease from COVID-19. Separately and in addition, based on newly published data, adults who received a primary vaccine and booster dose of Johnson & Johnson’s Janssen COVID-19 vaccine at least 4 months ago may now receive a second booster dose using an mRNA COVID-19 vaccine.

These updated recommendations acknowledge the increased risk of severe disease in certain populations including those who are elderly or over the age of 50 with multiple underlying conditions, along with the currently available data on vaccine and booster effectiveness.

*Good Shepherd will be offering clinics for staff every 2 weeks on-site, and will facilitate visits to outside clinics on the off-weeks.*

### **NYS Mask Mandate**

The Governor lifted the mask mandate for businesses, but noted Counties, Cities and businesses can choose to continue to require masks. The mask requirement remains in effect for the following:

- State regulated Health Care Settings
- State regulated Adult Care Facilities and Nursing Homes
- Correctional Facilities
- Schools and Child Care Centers
- Homeless Shelters
- Domestic Violence Shelters
- Buses and bus stations, trains and train stations, subways and subway stations, and planes and airports

**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.**

## **NYS COVID GUIDANCE for SNF VISITORS**

- **SNF Visitors Masking and Distancing:**
  - All visitors must wear a well-fitting non-surgical paper mask or a mask of higher quality (i.e., surgical mask, KN95, or N95) at all times during any visitation at the facility. If the visitor wishes, a cloth mask may be placed over the paper mask. The masks must cover both the nose and the mouth.
  - All visitors must physically distance from facility personnel and other patients/residents/visitors who are not directly associated with the specific resident(s) being visited by that individual.
- **SNF Visitor Testing**
  - All nursing homes “must verify that visitors have received a negative SARS-CoV-2 test result one day prior to visitation for antigen tests and two days prior to visitation for NAAT (e.g., PCR) tests.” This means, for example, that a test for a Sunday visit should be conducted no earlier than Saturday if it’s an antigen test or Friday if it’s a PCR test. We can accept lab results or the results of a home test.
  - Results should be presented at screening.
  - GS will provide rapid tests for those *unable to obtain them elsewhere*. These tests can be obtained from the receptionist screening the visitor, but must be administered outside of the facility independent of any assistance from our staff. Unfortunately, our staff will not be able to provide direction or physical assistance with the testing, so visitors who are unsure of their ability to self-administer the test should make alternate arrangements. For visitors who visit for multiple days, including a visitor who comes every day, proof of negative testing is required as often as feasible, at a minimum every third day (meaning at a minimum testing is required on day 1, day 4, day 7, and so on).
  - Please note that GS has a limited supply of these tests. We encourage all visitors to explore alternative sources for testing:
    - Every home in the U.S. is eligible to order 4 free at-home COVID-19 tests. The tests are completely free. Orders will usually ship in 7-12 days. The following link will allow you to order your free tests: <https://special.usps.com/testkits>
    - Pharmacies and other retail outlets.
    - Community based testing sites. To find one in your area, use the following link <https://www.hhs.gov/coronavirus/community-based-testing-sites/index.html>
  - Exemptions:
    - Ombudsman representatives. Under certain circumstances, the resident and ombudsman should be made aware of the potential risk of visiting, and the visit should take place in the resident’s room.
    - Compassionate care visitors who are visiting in anticipation of end of life or in the case of significant mental, physical, or social decline or crisis. Other compassionate care visits are not exempted- only those that are so urgent in nature that the requirement to provide test results would result in an unacceptable delay in visiting. The visitor must wear any additional PPE that the facility deems appropriate.
    - Emergency Medical Services personnel.

- **Protocol for SNF visitor testing:**
  - When visitors enter the building for screening they will be asked for their negative test results. Negative tests results could be: a test card (Antigen Rapid test), electronic results (shown from their phone or tablet), or a paper laboratory result (PCR.)
  - Receptionist/designee will confirm negative results on the visitor sign in log
  - If the visitor does not present negative test results they will be given an iHealth OTC COVID-19 Antigen Rapid Test.
  - The visitor should then return to their car and complete the test
  - All tests cards should be discarded in a red biohazard bag located in the lobby.
  - In the event a visitor refuses testing they will not be permitted in the facility. The receptionist should contact the HC Nurse immediately. The visitor may provide their contact information and the Nursing Home Administrator will contact them on the next business day.
  - Note: If a visitor enters the facility after normal reception hours, the House Charge Nurse will be responsible to confirm negative test results and document on the visitor sign in log.
  
- Positive Results and Infection within Prior 90 Days:
  - Visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine should not enter the facility until they meet the criteria used for residents to discontinue transmission-based precautions (quarantine), generally 10 days (revised to reflect new CMS guidance)
  - If a visitor has had COVID-19 in the past 90 days, they must still be tested. If they test positive, they must be excluded.

## CMS GUIDANCE ON VISITATION

CMS issued guidance on visitation as follows.

The visitation guidance replaces the term “vaccinated” with “up-to-date with all recommended COVID-19 vaccine doses” and deletes the term “unvaccinated.” In addition, it updates visitor screening and quarantine criteria. Specifically, the updated guidance:

- Clarifies that visitors who have a positive viral test for COVID-19, symptoms of COVID-19, or currently meet the criteria for quarantine should not enter the facility until they meet the criteria used for residents to discontinue transmission-based precautions (quarantine), generally 10 days.
- Provides that if a resident’s roommate is *not up-to-date* with all recommended COVID-19 vaccine doses, or immunocompromised (regardless of vaccination status), visits should not be conducted in the resident’s room, if possible.
- Reinforces the need for masks and physical distancing during indoor visits when around other residents or HCP regardless of vaccination status, and:
  - If the nursing home’s county COVID-19 community level of transmission is **substantial to high**, all residents and visitors, regardless of vaccination status, should wear face coverings or masks and physically distance, at all times.
  - In areas of low to moderate transmission, the safest practice is for residents and visitors to wear face coverings or masks and physically distance, particularly if either of them is at

increased risk for severe disease or is *not up-to-date with all recommended COVID-19 vaccine doses*.

- Residents, regardless of vaccination status, can choose *not to wear face coverings or masks when other residents are not present and have close contact (including touch) with their visitor*.
- Residents (or their representative) and their visitors *who are not up-to-date with all recommended COVID-19 vaccine doses* should be advised of the risks of physical contact prior to the visit.
- Modifies provisions related to residents who leave the nursing home and return to recommend quarantine and testing for those who are not up-to-date with vaccinations.

### **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.

#### Recommended Boosters

1<sup>st</sup> booster, preferably of either Pfizer-BioNTech or Moderna COVID-19 vaccine:

- For most people at least 5 months after the final dose in the primary series

2<sup>nd</sup> booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine

- For adults ages 50 years and older at least 4 months after the 1<sup>st</sup> booster

As a result of this guidance, staff who are fully vaccinated and eligible for a 1<sup>st</sup> or 2<sup>nd</sup> booster, *but who are not boosted*, must be tested routinely based on the community transmission rates in your facility’s county, along with those who are not fully vaccinated and those who are unvaccinated (i.e., exempt).

**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.

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**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.

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Good Shepherd will be following this guidance, and will be testing 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 staff not up to date with all eligible COVID vaccines.**
- **Chenango County show a **high** level of transmission, necessitating twice a week testing for staff not up to date with all eligible COVID vaccines.**

Thank you

Patti Mackey

GSC COO