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## **COVID Resident and Staff Reporting Requirements**

**POLICY**

It is the Facility’s policy to ensure that COVID-19 positive (COVID+), probable and suspected cases are reported to appropriate facility personnel, the Centers for Disease Control (CDC), state and local health department, and to residents and families, in accordance with CMS requirements applicable state guidance.

**DEFINITIONS**

**Symptomatic**. The resident has exhibited some or all of the following COVID‑19 symptoms:

* New/worsening cough
* Shortness of breath
* Sore throat
* Fever – temperature over 100° F
* Chills
* Muscle pain
* New loss of taste or smell
* Headache
* New GI symptoms – nausea, vomiting, diarrhea or GI bleeding

**Respiratory Symptoms**. Defined by CMS as:

* Shortness of breath
* Difficulty breathing
* New or change in cough
* Sore throat
* New loss of taste or smell

**Confirmed COVID-19**. Defined by the CDC as meeting confirmatory laboratory evidence for COVID-19.

**Suspected COVID-19**. Defined by the CDC as residents and Staff who are Symptomatic, but do not have a laboratory positive COVID-19 test result. This may include residents and Staff who have not been tested for COVID-19 or those with pending test results.

**Probable COVID-19**. According to the CDC, a probable case or death is defined by:

a) meeting clinical criteria and epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19; or

b) meeting presumptive laboratory evidence and either clinical criteria or epidemiologic evidence; or

c) meeting vital records criteria with no confirmatory laboratory testing performed for COVID-19.

The determination as to whether a resident or Staff member has a Probable COVID-19 diagnosis should be made by the CDC, or state or local health departments.

**COVID-19 Death**. For purposes of this Policy, a COVID-19 Death is a death of a resident or Staff member who has known to have tested positive for COVID-19 or to have been determined to have Suspected COVID-19. It does not mean that COVID-19 is the cause of death. Only the coroner or the resident’s/Staff member’s treating physician is authorized to make a determination as to cause of death.

**Staff**. For purposes of this Policy, Staff is defined as anyone working or volunteering in the Facility. This may include, but is not limited to, full-time, part-time and as needed staff (PRN), contractors, temporary staff, shared staff, personal resident caregivers (including nurse aides that may still be in nurse aide training programs), etc.

**Staffing Shortage**. A shortage of Staff that is occurring on the day that responses are being reported to the National Healthcare Safety Network (NHSN) in accordance with this Policy.[[1]](#footnote-1)

**Personal Protective Equipment (PPE)**. Gloves, gowns, face masks (surgical), N95 respirators, eye protection (goggles or face shields).

**PROCEDURE**

**A. RESIDENTS**

* 1. **Symptomatic**. When a resident is Symptomatic, the following should be notified:
     + 1. The resident’s physician
       2. Local public health department, if required by the jurisdiction, if Respiratory Symptoms are present, or if needed to obtain testing approval
       3. Resident’s family/responsible party
       4. Infection Preventionist
  2. **Confirmed or Probable COVID-19**. When a resident is Confirmed or Probable COVID-19, the following should be notified:
     + 1. The resident’s physician
       2. Local public health department, if the department was not the entity who notified the Facility of the positive result
       3. Resident’s family/responsible party
       4. Infection Preventionist

1. **STAFF** 
   1. **Symptomatic**. When a Staff member is Symptomatic, the following should be notified:
      * 1. [Identify the facility person who should be notified by title – *e.g.*, DON]
        2. Local public health department, if required by the jurisdiction, if Respiratory Symptoms are present, or if needed to obtain testing approval
        3. Infection Preventionist
   2. **Confirmed or Probable COVID-19**. When a Staff member is Confirmed COVID-19, the following should be notified:
      * 1. [Identify the facility person who should be notified by title]
        2. Local public health department, if the department was not the entity who notified the Facility of the positive result
        3. Infection Preventionist
2. **RESIDENT/REPRESENTATIVE/FAMILY REQUIRED NOTIFICATIONS**

The Facility will notify residents and representatives/families of any new Confirmed COVID-19 infections for residents or Staff and any new onset of Respiratory Symptoms experienced by three or more residents or Staff in accordance with the following:

* 1. **Confirmed/Probable COVID-19 Infection**.
     + 1. Initial Notification. All residents and the residents’ representatives/family must be notified by 5 p.m. the next calendar day of the first Confirmed or Probable COVID-19 case in the Facility by a resident or Staff member.
          - The information must not include any personal identifying information of the resident/Staff member.
          - The information does not need to specify whether it is a resident or Staff member.
          - Information must include what mitigating actions are being implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered.
          - Notification may be made by any reasonable method, including email listservs, website postings, and/or recorded phone messages, etc. If the system is dependent on the resident or representative to obtain the information themselves (*e.g.*, website), residents and representatives/families must be notified how to obtain updates.[[2]](#footnote-2)
       2. Ongoing Notification. Residents and representatives/families must be notified at least weekly or by 5 p.m. the next calendar day[[3]](#footnote-3) anytime there is a new ***Confirmed COVID-19*** case in the Facility by a resident or Staff member.
          - The ongoing reporting does *not* apply to Suspected COVID-19 cases, unless there are three or more individuals identified with Respiratory Symptoms within 72 hours as described in Section C.2 below.
          - Ongoing reporting *does* apply to any residents admitted to the facility from the hospital, another nursing home, assisted living facility, home in the community, etc., with a confirmed diagnosis of COVID-19.
          - The ongoing reporting requirement is cumulative (total Confirmed COVID-19 cases only – new cases versus total do not need to be distinguished).[[4]](#footnote-4)
          - Notification may be made by any reasonable method, including email listservs, website postings, and/or recorded phone messages, etc.
  2. **New Onset of Respiratory Symptoms**
     + 1. Initial Notification. All residents and the residents’ representatives/family must be notified by 5 p.m. the next calendar day any time 3 or more residents or Staff (separately or in combination) have a new onset of ***Respiratory Symptoms*** occurring within 72 hours of each other.
          - The information must not include any personal identifying information of the resident or Staff member.
          - The information does not need to specify whether it is a resident or Staff member.
          - Information must include what mitigating actions are being implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered.
          - Notification may be made by any reasonable method, including email listservs, website postings, and/or recorded phone messages, etc. If the system is dependent on the resident or representative to obtain the information themselves (*e.g.*, website), residents and representatives/families must be notified how to obtain updates.
       2. Ongoing notification. Residents and representatives/families must be notified at least weekly or by 5 p.m. the next calendar day any time there any are new occurrences of 3 or more residents or Staff developing new onset of Respiratory Symptoms within 72 hours of each other.
          - The information must not include any personal identifying information of the resident or Staff member.
          - The information does not need to specify whether it is a resident or Staff member.
          - Information must include what mitigating actions are being implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered.
          - Notification may be made by any reasonable method, including email listservs, website postings, and/or recorded phone messages, etc.

1. **CMS REQUIRED REPORTING**

The following information must be reported **weekly** to the Centers for Disease Control via the Prevention’s (CDC) National Healthcare Safety Network (NHSN):

* 1. Suspected COVID-19 and Confirmed COVID-19 infections among residents and Staff, including residents previously treated for COVID-19;
  2. Total facility deaths;
  3. COVID-19 Deaths among residents and Staff (only include new deaths since the last time counts were entered);
  4. Personal protective equipment and hygiene supplies (e.g., hand sanitizer) in the facility;
  5. Ventilator capacity and supplies in the facility;
  6. Resident beds and census;
  7. Access to COVID-19 testing while the resident is in the facility;
  8. Staffing Shortages; and
  9. Any other information required by CMS.

***DISCLAIMER*** *(REMOVE BEFORE USING):*

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1. Per correspondence with the CDC Q&A, they expect that the definition for 'staff shortage' will be facility specific based on the facility’s resources and needs.  They indicated that they generally ask facilities to identify their own standard levels of staffing and know when they will be 'short'.  [↑](#footnote-ref-1)
2. This is contained in CMS’s updated Guidance on infection control survey process. [↑](#footnote-ref-2)
3. The regulation provides that facilities should “[i]nclude any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day,” leaving it somewhat unclear as to whether the facility may choose to update on new cases as they occur or weekly. At this time, CMS has not issued Guidance or addressed this issue in a Q & A. The Commentary under the rule states: “Cumulative updates to residents, their representatives, and families must be provided at least weekly by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified; or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other.” [↑](#footnote-ref-3)
4. At this point, CMS has not clarified in Guidance or in Q&A whether recovered cases or individuals who are no longer residing in the facility may be removed from weekly cumulative totals. [↑](#footnote-ref-4)