

State	Responsible Party	Email Update	Additional Information
White House		5/11/2020	The White House is recommending that all states test nursing home residents and staff members for the novel coronavirus over the next two weeks. https://www.mcknights.com/news/white-house-test-all-nursing-home-residents-staff-for-covid-19-over-next-2-weeks/?mpweb=1326-9202-547163
CDC + Federal Agencies		4/6/2020	<ul style="list-style-type: none"> DIY Cloth masks Q&A: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-faq.html?deliveryName=USCDC_2067-DM25135 Updates to strategies for optimizing N-95 supply https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?deliveryName=USCDC_2067-DM25135 Edits to AIIR and added language to FDA's Emergency Use Authorization (EUA) for use of certain NIOSH-approved masks Temporary suspension of annual fit testing – updated guidance from OSHA + additional details to extended use Crisis capacity – added language re use of respirators approved under international standards Combined sections on limited re-use of N95 respirators for TB and COVID-19 patients <p>CDC launches new weekly COVID-19 surveillance report https://www.cdc.gov/media/releases/2020/s0404-covid19-surveillance-report.html?deliveryName=USCDC_2067-DM25135</p>
		4/9/2020	New guidance from CDC for implementing safe practices for critical infrastructure workers that may have been exposed - permitted to continue work provided they remain asymptomatic and implement additional precautions - pre-screening (temperature checks), monitoring, wear mask, social distance; disinfect. Send home immediately if become sick; disinfect work space https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html?deliveryName=USCDC_2067-DM25522 Released Social Media Toolkit
		4/13/2020	Also released interim guidance for obstetric care, cruise ships and handling of test specimens Updated strategies for optimizing supply of N95 respirators https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?deliveryName=USCDC_2067-DM25771
		4/17/2020	<p>Updated infection prevention and control recommendations for patients with suspected or confirmed covid-19 Dx:</p> <ul style="list-style-type: none"> * Implement source control for everyone entering facility, regardless of symptoms. * Actively screen everyone for fever/symptoms before entering facility * Consider forgoing contact tracing for universal source control in areas of intensified community transmission <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html?deliveryName=USCDC_2067-DM26034</p> <p>Updated FAQ's: (I think they've updated their guidance for pregnant staff; they don't give any indication of what was updated, but I think this language is new: Information on COVID-19 in pregnancy is very limited; facilities may want to consider limiting exposure of pregnant HCP to patients with confirmed or suspected COVID-19, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible based on staffing availability.) https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html</p> <p>The CDC has indicated COVID-19 cases have been reported in all 50 states and the District of Columbia, many having wide-spread community transmission. As of April 15, 2020, the CDC has significantly updated the COVID-19 Long-Term Care and Nursing Home guidance web page.</p> <p>A summary of changes to the guidance includes direction for facilities to act now to implement all COVID-19 recommendations, even before cases are identified within their community. The web page breaks down steps facilities should implement now by the following categories:</p> <ul style="list-style-type: none"> Educate Residents, Healthcare Personnel, and Visitors about COVID-19, Current Precautions Being Taken in the Facility, and Actions They Can Take to Protect Themselves Evaluate and Manage Healthcare Personnel with Symptoms Consistent with COVID-19 Address asymptomatic and pre-symptomatic transmission, implement source control for everyone entering a healthcare facility (e.g., healthcare personnel, patients, visitors), regardless of symptoms. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Facemasks, if available, should be reserved for HCP. For visitors and residents, a cloth face covering may be appropriate. If a visitor or resident arrives to the facility without a cloth face covering, a facemask may be used for source control if supplies are available. Enforce Policies and Procedures for Visitors Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices Dedicate Space in the Facility to Monitor and Care for Residents with COVID-19 Dedicate an area of the facility to care for residents with suspected or confirmed COVID-19; consider creating a staffing plan for that specific location. <p>Evaluate and Manage Residents with Symptoms of COVID-19</p>
		4/20/2020	Released "Helping to Get and Keep America Open" guidelines, consistent with CMS (below) and Whitehouse initiatives https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/index.html?deliveryName=USCDC_2067-DM26308 Updated Infection Prevention and Control FAQ to align with revised interim infection control recommendations for patients with suspected or confirmed covid-19 in HC settings - to address symptomatic and pre-symptomatic transmission - implement source control for everyone entering building - cloth face coverings, active screening, universal source control (these were updated 4/13/20) https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html?deliveryName=USCDC_2067-DM26308
		4/21/2020	Updated guidance for LTC facilities - strategies for keeping Covid-19 out of facilities, early identification, prevent spread, PPE supplies & management of severe illness (Not sure this is really new!) https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html?deliveryName=USCDC_425-DM26319 https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?deliveryName=USCDC_425-DM26319
		4/24/2020	Contact Tracing as part of multi-pronged approach https://t.emailupdates.cdc.gov/r/?id=h148ae1e6,112ac659,112d31a7 COVID-19Surge is a spreadsheet-based tool that hospital administrators and public health officials can use to estimate the surge in demand for hospital-based services during the COVID-19 pandemic. https://www.cdc.gov/coronavirus/2019-ncov/hcp/COVIDSurge.html?deliveryName=USCDC_2067-DM26555
		5/1/2020	Yesterday (4/30), the CDC changed their guidelines on Returning to Work for healthcare workers, including therapists. The only difference between this guideline and the previous one is the new timeframe and this change needs to be communicated to everyone managing your staff – especially HR. Instead of seven (7) days after the onset of symptoms, the new timeframe is ten (10) days. And this fits more in line with the timeframe the CDC previously gave for asymptomatic workers, which is also included on the link. https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html
		5/4/2020	<p>CDC continues to focus efforts on supporting long-term care facilities. This guidance has been updated to include a Webinar Series section. These new webinars are intended to be a training tool/resource for frontline long-term care staff members. Includes staff training videos. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html?deliveryName=USCDC_425-DM27363</p> <p>New Frequently Asked Question – If a long-term care facility has a resident or staff member with suspected or confirmed COVID-19, how and to whom should this be communicated? – Facilities should follow the reporting requirements of their state or jurisdiction. Those regulated by the Centers for Medicare and Medicaid Services (CMS) (e.g., nursing homes) should also follow all CMS requirements, which are being updated to include new requirements for reporting to CDC and to residents and their representatives. To learn more, please read: Healthcare Infection Prevention and Control FAQs for COVID-19 https://t.emailupdates.cdc.gov/r/?id=h1670f84b,1153e46d,11546f84</p> <p>Updated Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 – Decisions about return to work for Healthcare Personnel (HCP) with confirmed or suspected COVID-19 should be made in the context of local circumstances. https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html?deliveryName=USCDC_425-DM27363</p>
			CDC's COVID-19 Infection Control Assessment and Response (ICAR) tool was developed to help nursing homes prepare for coronavirus disease 2019 (COVID-19). Nursing homes and other long-term care facilities can take steps to assess and improve their preparedness for responding to COVID-19. This ICAR tool should be used as one tool to develop a comprehensive COVID-19 response plan. This tool may also contain content relevant for assisted living facilities. Health departments can use this tool to assess infection prevention practices and guide quality improvement activities

Diane

6/26/2020	<p>The CDC Updates Risk Factors: After analyzing cases across the country, the CDC announced updates to the characteristics that seem to leave people vulnerable to the worst COVID-19 outcomes: hospital stays, intensive care, and death. For starters, it got rid of the age category “65 and older.” The page now explains that risk from a COVID-19 infection increases with advancing age. In general, people in their 50s are at a higher risk than people in their 40s. Likewise, people in their 60s and 70s are at a higher risk than those who are in their 50s. The CDC has also updated the list of health conditions that make a person more likely to have severe outcomes from COVID-19. Conditions in which there’s strong evidence of increased risk include:</p> <ul style="list-style-type: none"> • Chronic kidney disease • Chronic obstructive pulmonary disease (COPD), like emphysema • People with lower immune health because of a solid organ transplant • Obesity – those with a BMI greater than 30 (the older guidelines had this at a BMI of 40) • Serious heart conditions like heart failure and coronary artery disease • Sickle cell disease • Type 2 diabetes <p>Conditions that might place a person at a greater risk for a severe outcome from COVID-19 are:</p> <ul style="list-style-type: none"> • Asthma • Dementia • Cerebrovascular diseases, such as stroke • Cystic fibrosis • High blood pressure • Lower immune health • Pregnancy • Liver disease • Scarring in the lungs (pulmonary fibrosis) • Smoking • Type 1 diabetes • Thalassemia (a blood disorder) <p>https://protect-us.mimecast.com/s/meK0C9rO45CjQ8hPruWB?domain=cdc.gov</p>
7/6/2020	<p>From Dr. Avery 7/1/20: CDC Recommends an On-Site Infectionists: According to the CDC, nursing facilities with 100 or more residents should have at least one infection preventionist on-site to manage COVID-19 care. This should be a full-time role for at least one person in facilities that have more than 100 residents or that provide on-site ventilator or hemodialysis services. Smaller facilities should consider staffing the IPC program based on the resident population and facility needs. CDC has created an online training course (see the link below) that can be used to orient individuals to this role in nursing homes. These dedicated positions will cover all needed aspects of COVID-19 infection control including developing policies and procedures, providing surveillance, offering competency-based staff training, and auditing protocol adherence.</p> <p>https://protect-us.mimecast.com/s/o1Z9C682Z5iSVQTPdY09?domain=train.org</p> <p>https://protect-us.mimecast.com/s/OWfmC73O45TDE3SWx8DU?domain=cdc.gov</p> <p>Oximetry Readings Predict Severe Disease: There was an important study in the medical journal, Academy of Emergency Medicine (June 17, 2020) entitled, “Pulse Oximetry in Outpatients with COVID-19.” Hypoxemia out of proportion to respiratory effort — “silent hypoxemia” — has been reported repeatedly in patients with COVID-19. Given our lack of understanding of reliable predictors of severity in patients with COVID-19, this study suggests that pulse oximetry can help identify decompensating patients. This study reported the results from 77 outpatients who tested positive for COVID-19 and were given pulse oximeters for home use when discharged from an emergency room. They were told to record their oximeter readings at least three times a day. Of those who returned to the ED because of low O2 saturations, 10% were admitted to the ICU and 2.6% died at follow-up. Therefore, pulse oximetry is an invaluable low-risk monitor which seems to help identify decompensating outpatients with COVID-19. For therapists, any significant drops in O2 saturation (<90 or 92%) should be reported to facility staff and physicians. Read the full article at the link below:</p> <p>https://protect-us.mimecast.com/s/VdPIC82O45ioOnu23P11?domain=onlinelibrary.wiley.com</p>
7/13/2020	<p>Friday, the CDC changed guidance and is now recommending eye protection for all healthcare personnel in addition to universal masking in healthcare facilities within communities with “moderate to substantial community transmission” — even when the facilities themselves have had no positive cases. In other words, all HCP, including therapists, should now use eye protection in addition to following Standard Precautions (and Transmission-Based Precautions - if required based on the suspected diagnosis) in communities with moderate to substantial community transmission. It used to be that eyewear was only required when taking care of confirmed or suspected cases. But, as we have discussed many times before in these updates, COVID-19 can be transmitted through the mucus membranes of the eyes by small respiratory droplets and recent studies suggest this may be happening more often than initially thought. The definitions used by CDC to define the terms regarding transmission are below, but unfortunately these do not provide a specific threshold leaving interpretation up to individual states and facilities.</p> <ul style="list-style-type: none"> • Substantial community transmission: Large scale community transmission, including communal settings (e.g., schools, workplaces) • Minimal to moderate community transmission: Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases • No to minimal community transmission: Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting <p>https://protect-us.mimecast.com/s/ivRqCwpZWBIG1RWTVVp09?domain=cdc.gov</p>
7/21/2020	<p>On July 17, the Centers for Disease Control and Prevention (CDC) posted substantial changes to the transmission-based precautions. As the CDC continues to learn more about the COVID-19 virus, they continue to revise prior guidance. * The CDC updated the discontinuation of transmission-based precautions and disposition of patients with COVID-19 in healthcare settings. The guidance removes the test-based strategy and replaces it with a time-based strategy. * CDC revised Duration of Isolation and Precautions for Adults with COVID-19. * CDC provided recommendations for PCR testing to discontinue isolation precautions when time-based strategy is not used and CDC provided recommendations for the role of the PCR testing after a person’s COVID case has resolved and the discontinuation of isolation or precautions. * CDC revised the Criteria for Return to Work for Healthcare Personnel with COVID-19 Infection (Interim Guidance).</p> <p>http://www.longtermcareleader.com/2020/07/cdc-updates-transmission-based.html?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+blogspot%2FfraahN+%28LONG+TERM+CARE+LEADER%29Fwd_Your+COVID-19+Update+-+Dr.+Avery+-+New+CDC+Guidelines+7-21-20.pdf</p>

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7/10/2020	<p>The Centers for Medicare & Medicaid Services (CMS) announced the agency's targeted approach to provide additional resources to nursing homes in coronavirus disease 2019 (COVID-19) hotspot areas. Specifically, CMS plans to deploy Quality Improvement Organizations (QIOs) across the country to provide immediate assistance to nursing homes in the hotspot areas as identified by the White House Coronavirus Task Force. QIOs are CMS contractors who work with healthcare providers to help them improve the quality of healthcare they provide to Medicare Beneficiaries. In addition, the agency is implementing an enhanced survey process tailored to meet the specific concerns of hotspot areas and will coordinate federal, state and local efforts to leverage all available resources to these facilities. The purpose of these efforts is to target facilities with known infection control issues by providing resources and support that will help them improve quality and safety and protect vulnerable Americans. (Link provided in CMS news release goes to QIO website that contains no new updated!! I also don't see any further details elsewhere on CMS websites yet, beyond this press release)</p> <p>https://www.cms.gov/index.php/newsroom/press-releases/cms-directs-additional-resources-nursing-homes-covid-19-hotspot-areas</p>
7/14/2020	<p>The Centers for Medicare and Medicaid Services (CMS) recently updated their COVID-19 Provider Burden Relief Frequently Asked Questions (FAQs) related to claim audit waivers for multiple services. On March 30 CMS suspended most Medicare Fee-For-Service (FFS) medical review because of the COVID-19 pandemic. This included pre-payment medical reviews conducted by Medicare Administrative Contractors (MACs) under the Targeted Probe and Educate program, and postpayment reviews conducted by the MACs, Supplemental Medical Review Contractor (SMRC) reviews and Recovery Audit Contractor (RAC). CMS expects to resume these audit activities beginning on August 3, 2020, regardless of the status of the public health emergency.</p> <p>CMS - Provider Burden FAQs 07.06.20.pdf</p>
7/15/2020	<p>Earlier this year, CMS placed PEPPER report distribution on hold due to the COVID-19 pandemic. CMS has now directed the PEPPER contractor to resume PEPPER distribution and SNF reports will be issued on July 29, 2020 (originally scheduled release date: April 6, 2020). While many of the PEPPER data elements in the report include legacy RUG-IV data, the PEPPER team has added a new target area "3- to 5-Day Readmissions" which identifies the percent of readmissions that occurred shortly after a 3-day gap of non-coverage. This data may be useful to establish a baseline for analyzing any changes in SNF discharge/readmission practices with the implementation of PDPM on October 1, 2019. As you are aware, CMS indicated that they were going to monitor the impacts of the new SNF PPS PDPM interrupted stay policy on SNF discharge/readmission patterns.</p> <p>http://www.longtermcareleader.com/2020/07/cms-resumes-release-of-snf-pepper.html?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+blogspot%2FfraahN+%28LONG+TERM+CARE+LEADER%29</p> <p>https://pepper.cbpepper.org/</p> <p>(I have not found anything about this one CMS or HHS websites) The federal government on Tuesday announced that it would send point-of-care testing supplies for COVID-19 to all skilled nursing facilities in the country, starting next week, according to Admiral Brett Giroir, Assistant Secretary for Health at the U.S. Department of Health and Human Services (HHS) and a member of the White House Coronavirus Task Force. "In order to protect them, we recommend that staff be tested once a week in order to make sure that they don't bring unintentionally ... the virus into the nursing homes," Giroir said at a press conference in Baton Rouge, La., on Tuesday. Each nursing home will receive one diagnostic test instrument and associated tests, and can directly procure additional tests from the respective manufacturers, according to the press release. Nursing homes must have the ability to screen and test residents, while testing staff on a weekly basis or according to state and local health department guidance; the procurement could also allow for testing of nursing home visitors, HHS indicated.</p> <p>https://skillednursingnews.com/2020/07/federal-government-will-send-point-of-care-covid-19-testing-units-kits-to-all-nursing-homes-in-u-s/</p>
7/16/2020	<p>Update to the above: The federal government on Tuesday announced an ambitious plan to send point-of-care tests directly to every nursing facility in the country. But unless the building has a specific waiver allowing staffers to perform tests, the facility will not receive the tests, SNH has learned.</p> <p>Operators must secure a Clinical Laboratory Improvement Amendments (CLIA) waiver in order to receive one of the free units from the federal government, a Department of Health and Human Services (HHS) spokesperson confirmed.</p> <p>https://skillednursingnews.com/2020/07/without-a-waiver-nursing-homes-wont-receive-point-of-care-testing-kits-under-new-federal-push/</p> <p>And another update to the above: The federal government on Wednesday revealed more details about its ambitious effort to send point-of-care COVID-19 testing units and kits to every nursing home in the country, indicating that each facility will receive 400 tests to start with — and thereafter be able to secure subsequent tests for under \$25 apiece through a "special concierge service." Production capacity for the tests and associated supplies will likely not be fully up and running until October, Department of Health and Human Services (HHS) assistant health secretary Dr. Brett Giroir said on a late afternoon phone call with nursing home leaders.</p> <p>https://skillednursingnews.com/2020/07/hhs-to-provide-400-tests-as-part-of-initial-nursing-home-round-with-25-test-cost-afterwards/</p>
7/17/2020	<p>Summary of CMS Call on Point-of-Care COVID-19 Testing for Nursing Homes</p> <p>http://www.longtermcareleader.com/2020/07/summary-of-cms-call-on-point-of-care.html?utm_source=feedburner&utm_medium=email&utm_campaign=Feed%3A+blogspot%2FfraahN+%28LONG+TERM+CARE+LEADER%29</p> <p>MLN Matters - Updates to CDC Nursing home patients testing. Also clarifying language to SNF Benefit Period Waiver</p> <p>https://protect-us.mimecast.com/s/AHrCIYDGNho3rqcNDy7o?domain=lnks.gd</p>
7/23/2020	<p>Several new Centers for Medicare & Medicaid Services (CMS) initiatives designed to protect nursing home residents from coronavirus disease 2019 (COVID-19):</p> <ol style="list-style-type: none"> 1. New Funding - Department of Health and Human Services (HHS) will devote \$5 billion of the Provider Relief to Medicare-certified long term care facilities and state veterans' homes ("nursing homes"), to build nursing home skills and enhance nursing homes' response to COVID-19, including enhanced infection control. This funding could be used to address critical needs in nursing homes including hiring additional staff, implementing infection control "mentorship" programs with subject matter experts, increasing testing, and providing additional services, such as technology so residents can connect with their families if they are not able to visit. Nursing homes must participate in the Nursing Home COVID-19 Training (described in press release below) to be qualified to receive this funding. (I've searched for this 23 module training program - can't find it or any links to it yet - maybe still in development. There are numerous trainings with similar titles, but none seem to meet this description.) 2. Enhanced Testing - rapid point-of-care diagnostic testing devices will be distributed to nursing homes, and the new funding from the Provider Relief Fund, CMS will begin requiring, rather than recommending, that all nursing homes in states with a 5% positivity rate or greater test all nursing home staff each week. This new staff testing requirement will enhance efforts to keep the virus from entering and spreading through nursing homes by identifying asymptomatic carriers. 3. Additional Technical Assistance & Support - recently deployed federal Task Force Strike Teams to provide onsite technical assistance and education to nursing homes experiencing outbreaks in an effort to help reduce transmission and the risk of COVID-19 spread among residents. 4. Weekly Data on High-risk Nursing Homes - the White House and CMS will release a list of nursing homes with an increase in cases that will be sent to states each week as part of the weekly Governor's report to ensure states have the information needed to target their support to the highest risk nursing homes. <p>https://www.cms.gov/newsroom/press-releases/trump-administration-announces-new-resources-protect-nursing-home-residents-against-covid-19</p>
7/24/2020	<p>CMS released a list of facilities and FAQ's regarding SNF Point-of Care Testing (POC) rapid response testing. This initiative is a one-time procurement of devices and tests targeted to facilitate on-site testing among nursing home residents and staff. Through this crucial action, nursing homes will be able to augment their current capacity for coronavirus testing, bolstering their response and helping to prevent the spread of SARS-CoV-2, the virus that causes COVID-19. Each nursing home will receive one diagnostic test instrument and associated tests. Following initial distribution, nursing homes can procure additional tests directly from the respective manufacturers. Nursing homes must have the capability to screen and test residents, and test staff on a weekly basis or according to specific guidance by the state and local health departments. This procurement will also enable testing of visitors if appropriate for that facility. (I have identified our partners on this list - saved in DoH Regulations Box folder)</p> <p>https://data.cms.gov/download/bvf-tb74/application%2Fzip</p> <p>https://www.ahcancal.org/Documents/FINAL_20NH_20FREQUENTLY_20ASKED_20QUESTIONS%20(2).pdf</p>
7/30/2020	<p>The Centers for Medicare and Medicaid Services (CMS) recently issued a 4-page SNF COVID-19 PHE Tip Sheet. This tip sheet is designed to assist Skill Nursing Facility (SNF) providers in understanding the status of the SNF Quality Reporting Program (QRP) during the COVID-19 Public Health Emergency (PHE). Also provided is practical guidance to address SNF quality data submission requirements starting July 1, 2020, now that the temporary SNF QRP exemptions from the COVID-19 PHE have ended.</p> <p>https://www.cms.gov/files/document/snfqrp-covid19pheetipsheet-july2020.pdf</p> <p>Covid FAQ's on Medicare fee-for-service billing was updated again. See Pg 132-133 r/t OP Therapy billing -</p> <p>https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf</p>
8/5/2020	<p>CMS has released a checklist to help providers counsel patients who are self-isolating after they are tested for COVID-19 and prior to the onset of symptoms, CMS said in a news alert. This checklist was released as part of an announcement from CMS and the Centers for Disease Control and Prevention (CDC) stating that payment is available to providers under E/M codes to counsel patients at the time of COVID-19 testing. The ability to bill for teaching and education for home health would include this counseling and has always been billable</p> <p>https://www.cdc.gov/coronavirus/2019-nCoV/index.html</p> <p>https://www.cms.gov/files/document/counseling-checklist.pdf</p>
	<p>The Centers for Medicare & Medicaid Services (CMS) announced on Monday that routine inspections for all Medicare- and Medicaid-certified providers and suppliers will resume, after suspending them as part of its response to the COVID-19 pandemic in March. The agency directed the resumption of onsite revisit surveys, non-immediate jeopardy complaint surveys and annual recertification surveys as soon as resources are available in guidance released on Monday.</p> <p>https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfo/policy-and-memos-states-and-enforcement-cases-held-during-prioritization-period-and-revised-survey-prioritization</p>

8/17/2020	<p>https://www.cms.gov/files/document/qso-20-35-all.pdf</p> <p>The Centers for Medicare & Medicaid Services announced Friday afternoon that it has levied more than \$15 million in fines and tripled the most severe type of citations to nursing homes during the six months of the COVID-19 pandemic. The announcements come a day after CMS Administrator Seema Verma held a special conference call with nursing home stakeholders noting an alarming rise in COVID-19 nationally in facilities. In Friday's broadly disseminated announcement, Verma said the administration is "taking aggressive enforcement action against Medicare and Medicaid certified nursing homes that fail to implement proper infection control practices. Now more than ever, nursing homes must be vigilant in adhering to federal guidelines related to infection control to prevent the spread of infectious disease, including COVID-19. We will continue to hold nursing homes accountable and work with state and local leaders to protect the vulnerable population residing in America's nursing homes."</p> <p>https://www.mcknights.com/news/breaking-federal-regulators-tout-15m-in-fines-tripling-of-immediate-jeopardy-citations-against-nursing-homes-during-pandemic/?mpweb=1326-11145-538611</p> <p>https://www.cms.gov/newsroom/press-releases/trump-administration-has-issued-more-15-million-fines-nursing-homes-during-covid-19-pandemic</p>
8/25/2020	<p>the Centers for Medicare & Medicaid Services (CMS) is implementing an unprecedented national nursing home training program for frontline nursing home staff and nursing home management. The training is designed to equip both frontline caregivers and their management with the knowledge they need to stop the spread of coronavirus disease 2019 (COVID-19) in their nursing homes. The training announced today will be available immediately to staff of America's 15,400 Medicare and Medicaid certified nursing homes and focuses on critical topics like infection control and prevention, appropriate screening of visitors, effective cohorting of residents, safe admission and transfer of residents, and the proper use of personal protective equipment (PPE) – all critical elements of stopping the spread of COVID-19.</p> <p>"CMS Targeted COVID-19 Training for Frontline Nursing Home Staff" covers five topics separated into five modules.</p> <p>Module 1: Hand Hygiene and PPE Module 2: Screening and Surveillance Module 3: Cleaning the Nursing Home Module 4: Cohorting Module 5: Caring for Residents with Dementia in a Pandemic</p> <p>"CMS Targeted COVID-19 Training for Nursing Home Management" covers 10 topics separated into 10 modules.</p> <p>Module 1: Hand Hygiene and PPE Module 2: Screening and Surveillance Module 3: Cleaning the Nursing Home Module 4: Cohorting Module 5: Caring for Residents with Dementia in a Pandemic Module 6: Basic Infection Control Module 7: Emergency Preparedness and Surge Capacity Module 8: Addressing Emotional Health of Residents and Staff Module 9: Telehealth for Nursing Homes Module 10: Getting Your Vaccine Delivery System Ready</p> <p>https://www.cms.gov/newsroom/press-releases/trump-administration-launches-national-training-program-strengthen-nursing-home-infection-control</p> <p>https://qsep.cms.gov/welcome.aspx</p> <p>Today, the Centers for Medicare & Medicaid Services (CMS) announced sweeping regulatory changes that require nursing homes to test staff and offer testing to residents for coronavirus disease 2019 (COVID-19). CMS is again acting to safeguard nursing home residents from the ongoing threat of COVID-19 by revising its infection-control regulations for long-term care facilities to require nursing homes to test their staff for COVID-19. The emergency regulations will also require hospitals and critical access hospitals to report daily important data critical to support the fight against COVID-19, including, but not limited to elements such as the number of confirmed or suspected COVID-19 positive patients, ICU beds occupied, and availability of essential supplies and equipment such as ventilators and PPE.</p> <p>https://www.cms.gov/newsroom/press-releases/trump-administration-strengthens-covid-19-surveillance-new-reporting-and-testing-requirements</p>
8/26/2020	<p>The Centers for Medicare & Medicaid Services (CMS) announced a new, third interim final rule which includes regulatory changes that require nursing homes to test staff and offer testing to residents for coronavirus disease 2019 (COVID-19). Baseline testing of all residents and staff, and routine testing of staff is now a requirement for participation in the Medicare and Medicaid programs. That recommendation for testing staff routinely is now a requirement for participation in the Medicare and Medicaid programs under CMS' authority through the Social Security Act to adequately protect the health, safety, welfare, and rights of residents. CMS recommendations for the frequency of staff testing will be based on the degree of community spread, to be announced shortly through guidance, that indicate the facility may be at increased risk for COVID-19 transmission. CMS now requires that nursing homes will offer tests to residents when there is an outbreak or residents show symptoms. This is part of CMS' continued efforts to help nursing homes to control the spread of the virus. The Administration is holding nursing homes accountable for the testing requirement by directing surveyors to inspect nursing homes for adherence to the new testing requirements. Facilities that do not comply with the new requirements will be cited for non-compliance and may face enforcement sanctions based on the severity of the noncompliance, such as civil money penalties. The Administration is helping facilities offset the cost of testing through new funding from the Provider Relief Fund, authorized under the CARES Act.</p> <p>Also new reporting requirements for Hospitals, CAH's and labs.</p> <p>CMS is also revising its previous policy that covered repeated COVID-19 testing for Medicare beneficiaries without practitioner orders during the PHE. The revised policy specifies that each beneficiary may receive one COVID-19 test without the order of a physician or other health practitioner, but Medicare will require such an order for all further COVID-19 tests. To help ensure that beneficiaries have broad access to testing, CMS is also paying for tests when ordered by a pharmacist or other healthcare professional authorized under applicable state law to order diagnostic laboratory tests.</p> <p>Guidance Documents also posted below.</p> <p>https://www.cms.gov/newsroom/press-releases/trump-administration-strengthens-covid-19-surveillance-new-reporting-and-testing-requirements</p> <p>https://www.cms.gov/files/document/qso-20-38-nh.pdf</p> <p>https://www.cms.gov/files/document/qso-20-37-clianh.pdf</p> <p>https://protect-us.mimecast.com/s/9ngaCOYq4rhZRmlt8QfuB?domain=connect.hornellip.com</p> <p>Additionally, CMS updated Nursing Home Toolkit</p> <p>https://www.cms.gov/files/document/covid-toolkit-states-mitigate-covid-19-nursing-homes.pdf</p>
8/27/2020	<p>Summary of CMS Interim Final Rule published yesterday - biggest implication to us</p> <p>FW_Second Update - Testing of Staff.pdf</p> <p>REGULATORY COMMITTEE\August 2020\Summary Interim Final Rule 8-25-20.docx</p>
9/4/2020	<p>How to obtain CLIA certification</p> <p>Testing\how-obtain-CLIA-certificate-waiver-brochure (002).pdf</p> <p>Medicare Billing for Tests</p> <p>Testing\Billing for Tests (002).pdf</p> <p>COVID-19 FAQs - Updated</p> <p>https://go.cms.gov/31AJFZC</p>

		<p>The federal government on Thursday issued a new set of nursing home visitation guidelines, laying out a roadmap for resuming indoor visits based on community COVID-19 spread and emphasizing the importance of meeting residents' psychosocial needs.</p> <p>Survey considerations:</p> <ul style="list-style-type: none"> • For concerns related to resident communication with and access to persons and services inside and outside the facility, surveyors should investigate for non-compliance at 42 CFR 483.10(b), F550. • For concerns related to a facility limiting visitors without a reasonable clinical and safety cause, surveyors should investigate for non-compliance at 42 CFR 483.10(f)(4), F563. • For concerns related to ombudsman access to the resident and the resident's medical record, surveyors should investigate for non-compliance at 42 CFR 483.10(f)(4)(i)(C), F562 and 483.10(h)(3)(ii), F583. • For concerns related to lack of adherence to infection control practices, surveyors should investigate for non-compliance at 42 CFR 483.80(a), F880. <p>And use of CMP funds to aid visitation:</p> <p>Additionally, facilities may apply to use CMP funds to help facilitate in-person visits. CMS will now approve the use of CMP funds to purchase tents for outdoor visitation and/or clear dividers (e.g., Plexiglas or similar product) to create a physical barrier to reduce the risk of transmission during in-person visits. Funding for tents and clear dividers is also limited to a maximum of \$3,000 per facility. NOTE: When installing tents, facilities need to ensure appropriate life safety code requirements found at 42 CFR 483.90 are met, unless waived under the PHE declaration.</p> <p>Facilities may not restrict visitation without a reasonable clinical or safety cause, consistent with §483.10(f)(4)(v). For example, if a facility has had no COVID-19 cases in the last 14 days and its county positivity rate is low or medium, a nursing home must facilitate in-person visitation consistent with the regulations, which can be done by applying the guidance stated above. Failure to facilitate visitation, without adequate reason related to clinical necessity or resident safety, would constitute a potential violation of 42 CFR 483.10(f)(4), and the facility would be subject to citation and enforcement actions.</p> <p>https://www.cms.gov/files/document/qso-20-39-nh.pdf</p>
		<p>The Centers for Medicare & Medicaid Services (CMS) announced amended terms for payments issued under the Accelerated and Advance Payment (AAP) Program as required by recent action by President Trump and Congress. This Medicare loan program allows CMS to make advance payments to providers and are typically used in emergency situations. Under the Continuing Appropriations Act, 2021 and Other Extensions Act repayment will now begin one year from the issuance date of each provider or supplier's accelerated or advance payment. CMS issued \$106 billion in payments to providers and suppliers in order to alleviate the financial burden healthcare providers faced while experiencing cash flow issues in the early stages of combating the coronavirus disease 2019 (COVID-19) Public Health Emergency (PHE).</p> <p>https://www.cms.gov/newsroom/press-releases/cms-announces-new-repayment-terms-medicare-loans-made-providers-during-covid-19</p>
		<p>On November 18, 2020, the Centers for Medicare and Medicaid Services (CMS) issued an alert to providers, residents, and their families or representatives on how they should manage residents and workers who may want to visit loved ones during the Thanksgiving holiday.</p> <p>https://protect-us.mimecast.com/s/BUV3COYq4rhR0M7uvWZlb7domain=r20.rs6.net</p>
Alabama		<p>4/8/2020 Stay-at-home order issued 4/3/2020</p> <p>https://www.alabamapublichealth.gov/news/2020/04/03.html</p>
		<p>4/15/2020 Drive-thru testing now available in several cities: Jacksonville, Roanoke, Russell & Chambers County Health Dept</p>
		<p>4/16/2020 Emergency amendment effective 4/16/20: Relaxed supervision regulations for assistant SLP's</p> <p>https://alabamapublichealth.gov/legal/assets/speech-supervision-041620.pdf</p> <p>Also implemented change to SLP clinical fellowship to expedite licensure - notary waiver; allowance made for supervision via telehealth</p> <p>https://alabamapublichealth.gov/legal/assets/speech-fellowship-041620.pdf</p> <p>Relaxed out-of-state SLP licensure requirements</p> <p>https://alabamapublichealth.gov/legal/assets/speech-exemption-041620.pdf</p>
		<p>4/22/2020 Healthcare providers who suspect a patient may have Covid-19 must complete the Novel Coronavirus PUI Form. If you suspect your patient may have COVID-19 you MUST complete this form regardless of where the specimen will be sent for testing per the March 6, 2020 Emergency Rule re: Notifiable Diseases.</p> <p>https://www.alabamapublichealth.gov/covid19/healthcare.html</p>
		<p>5/8/2020 EO suspending certain public gatherings ; liability protections for businesses and healthcare providers</p> <p>https://alabamapublichealth.gov/legal/assets/order-adph-cov-gatherings-050820.pdf</p> <p>https://alabamapublichealth.gov/legal/assets/soe-covid19-liability-protection-050820.pdf</p>
		<p>6/3/2020 The Alabama Nursing Home Association and the Alabama Hospital Association have agreed to a hospital discharge protocol. prior to discharging a previously positive COVID-19 patient back to a nursing home, all hospitals should comply with the CDC-recommended testing strategy of two negative tests separated by 24 hours and within 72 hours of discharge. For hospitalized patients with non-COVID-19 conditions, one negative test within 72 hours of discharge should be completed before discharging the patient to a nursing home. once the testing strategy outlined above is satisfied, nursing facilities should accept qualifying admissions from their respective referring hospitals and, to the extent possible, quarantine those admissions for 14 days. This has not yet been updated on the website which still contains the prior (April 2) information related to discharges and transfers.</p>
		<p>7/6/2020 Governor Kay Ivey issued an amended Safer at Home Order to be applied statewide. The current order, which took effect on May 22, was previously set to expire on Friday, July 3, 2020 at 5:00 p.m. but has been extended to expire on July 31, 2020 at 5:00 p.m.</p> <p>https://governor.alabama.gov/assets/2020/06/2020-06-30-Safer-at-Home-Order.pdf</p>
		<p>7/15/2020 Updates to Safer at Home order: Effective July 16, 2020 at 5:00 P.M., each person shall wear a mask or other facial covering that covers his or her nostrils and mouth at all times when within six feet of a person from another household in any of the following places: an indoor space open to the general public, a vehicle operated by a transportation service, or an outdoor public space where ten or more people are gathered. But this facial-covering requirement is subject to some exceptions.</p> <p>Effective immediately, any person who has tested positive for COVID-19—other than institutionalized persons—shall be quarantined to their place of residence for a period of 14 days, or other period of time as directed by the State Health Officer, or his designee, after receiving positive test results.</p> <p>Effective July 16, 2020 at 5:00 P.M., and unless otherwise specified by this order, all employers shall take reasonable steps, where practicable as work duties permit, to protect their employees. Effective July 16, 2020 at 5:00 P.M., and unless otherwise specified by this order, the operator of any business, government office, or other establishment open to the public shall take reasonable steps, where practicable, to protect their customers, constituents, or other guests. Emergency maximum occupancy rate. Occupancy shall be limited to no more than 50 percent of the normal occupancy load as determined by the fire marshal.</p> <p>Hospitals and similar institutions. Effective July 3, 2020, all Hospitals and Nursing Home/Long Term Care Facilities (including Assisted Living and Specialty Care Assisted Living Facilities) shall limit the entrance of visitors, as defined by the facility, and non-essential health care personnel, except for certain compassionate care situations such as maternity, end-of-life, and support for persons with disabilities, as well as any other situations where the presence of a caregiver would facilitate appropriate care.</p> <p>Effective through 5:00PM on July 31, 2020 unless extended, rescinded or modified in writing prior to that time.</p> <p>Alabama - order-adph-cov-gatherings-071520.pdf</p> <p>Alabama - soe-covid19-071520.pdf</p>
		<p>7/20/2020 Expedited license for physicians to practice medicine in Alabama</p> <p>Alabama - order-phsianlicensure-071720.pdf</p>
		<p>7/29/2020 Updated Safer at Home EO: extended to 8/31/20 and suspending certain gatherings</p> <p>https://www.alabamapublichealth.gov/legal/assets/order-adph-cov-gatherings-072920.pdf</p> <p>https://www.alabamapublichealth.gov/legal/assets/soe-extendingsaferathome-072920.pdf</p>
		<p>8/26/2020 Despite an increase in testing availability within Alabama and the nation, resources remain insufficient to test every person who desires testing. Consequently, ADPH recommends first prioritizing testing of hospitalized individuals with signs or symptoms of COVID-19 infection followed by testing of other symptomatic individuals and higher risk asymptomatic individuals and then other asymptomatic individuals when certain conditions exist. This guidance should be used for prioritization of patient populations as well as for the purposes of guiding laboratories in managing specimen processing.</p> <p>https://www.alabamapublichealth.gov/bcd/assets/adph_han_covid-19_update_testing_20.08.21.pdf</p>

		9/1/2020	EO amended on 8/27/20 - extension of Safer at Home order be implemented statewide - This Order shall remain in full force and effect until 5:00 P.M. on October 2, 2020, unless extended, rescinded, or modified in writing before that time. Prior to 5:00 P.M. on October 2, 2020, a determination shall be made whether to extend this Order—or, if circumstances permit, to change this Order. https://www.alabamapublichealth.gov/legal/assets/order-adph-cov-gatherings-082720.pdf
		11/13/2020	Emergency order suspending certain public gatherings; "Safer at Home" extension https://www.alabamapublichealth.gov/legal/assets/order-adph-cov-gatherings-110520.pdf https://www.alabamapublichealth.gov/legal/assets/soe-saferathome-110520.pdf Covid Vaccine plan https://www.alabamapublichealth.gov/news/2020/11/06c.html
		12/1/2020	To receive, administer, and report COVID-19 vaccine, healthcare providers must enroll in the Alabama Department of Public Health's ImmPRINT COVID-19 Vaccination Program. Follow the steps in the ImmPRINT Registration Roadmap to enroll. https://www.alabamapublichealth.gov/immunization/covid-vaccine-administration.html Vaccine Distribution Plan https://www.alabamapublichealth.gov/covid19/assets/adph-covid19-vaccination-plan.pdf All Americans can receive their initial vaccine treatment without any charge, including people with no health insurance. Gen. Perna and State Health Officer Dr. Scott Harris emphasized that the goal is for all people to have access to the free vaccine regardless of their financial status or location. Distribution of the vaccine will be made equitably to those most at risk, the chronically ill and seniors in all 67 Alabama counties. https://www.alabamapublichealth.gov/news/2020/11/16.html
		12/11/2020	EO Suspending public gatherings https://www.alabamapublichealth.gov/legal/assets/order-adph-cov-gatherings-120920.pdf Shortens Home Quarantine for some COVID-19 contacts https://www.alabamapublichealth.gov/news/2020/12/11.html
Arizona		3/27/2020	Per WHO, lack of evidence for airborne transmission, new PPE recommendations for HC providers; no need for AIIR room; all links still direct to CDC
		4/7/2020	Executive Order to protect vulnerable residents of nursing homes, residential care facilities, ICF-IIDs and DD medical group homes. Includes the implementation of symptom checks, including temperature checks, for all patients and staff (with the exception of EMS workers); all staff where appropriate PPE per CDC guidance, adherence to appropriate hand hygiene protocols per CDC guidance. Ensure separate, consistent staffing for various cohorts
		4/7/2020	EO for enhanced surveillance, to track COVID-19 cases, PPE, ventilators, etc
		4/7/2020	Travel restrictions - travelers from NY Tri-state area - 14 day self-quarantine; does not apply to employees in essential services, but follow CDC guidance for wearing masks
		4/10/2020	Governor Doug Ducey today issued an Executive Order enhancing and reinforcing health protection in Arizona residential care institutions, nursing care institutions and related health care facilities. The order requires all staff to use appropriate personal protective equipment (PPE), implement symptom checks for those entering the facility, and offer electronic communication if visitation is restricted and more. The measures outlined in the order align with new recommendations issued by the Centers for Medicare and Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC). Implementing symptom checks for every individual regardless of reason for entering a long-term care facility, including temperature checks. This does not apply to Emergency Medical Service (EMS) workers responding to an urgent or emergent need; Ensuring all staff uses appropriate personal protective equipment (PPE) when interacting with residents, to the extent that PPE is available and per CDC guidance on conservation of PPE; and Ensuring adherence to appropriate hand hygiene protocols as per CDC guidelines. Additionally, facilities should separate COVID-19 positive residents and COVID-19 unknown residents from COVID-19 negative residents to avoid transmission of the virus. Under this order, the facilities: Should ensure that separate, consistent staffing teams are utilized for each of these different cohorts; Must be capable of maintaining strict infection control practices and testing protocols for COVID-19 positives units and facilities; and Must develop policies and procedures to facilitate the admission and readmission of residents who are ready for safe discharge from an acute care hospital without the requirement of a negative COVID-19 test result. https://azgovernor.gov/governor/news/2020/04/governor-ducey-issues-executive-order-strengthening-protection-residential-and
			Also new EO providing "Good Samaritan" protections to Frontline Workers https://azgovernor.gov/governor/news/2020/04/new-order-provides-good-samaritan-protections-frontline-workers-responding
		4/15/2020	3 EO's signed 4/14/2020 -- * Enhanced Surveillance advisory - regarding reporting/disclosure of covid-19+ cases for emergency responders https://azgovernor.gov/file/34549/download?token=aM2qDsJ4 * Increased Telemedicine access for workers comp https://azgovernor.gov/file/34548/download?token=Dtp0kZdf * On-the-job training for caregivers in Assisted Living Facilities https://azgovernor.gov/file/34547/download?token=SpOpuLin
		4/17/2020	- Order for persons who desire to be caregivers at an assisted living facility complete training and competency requirements, an individual can be certified to be a caregiver if they complete 62 hours of on the job training under the supervision of a licensed healthcare professional (defined as licensed physician, licensed RN, LPN, or nurse practitioner, PA, certified ALF facility manager with at least 5 years experience), and must pass the required examination of a score of at least 75% within 6 months of training/ fingerprint rule still applies, in place until further notice C:\Users\rehab\Downloads\eo_2020-28_on_the_job_training.pdf Telemedicine allowed for worker's compensation – including OTs, PTs, and SLPs in order C:\Users\rehab\Downloads\eo_2020-29_increased_telemedicine-workers_comp.pdf OT licensure updates - no automatic extension; extension would need to be requested and granted via a letter from the board; COTA's may perform telehealth services. Licensure renewal information on the OT board website may be out of date as it conflicts with the EO that was signed 3/27 granting an extension for all license renewals. https://ot.az.gov/
		4/23/2020	EO issued 4/22/20 - authorizing hospitals and outpatient surgical centers who can demonstrate adequate capacity, to resume elective surgery beginning May 1st. https://azgovernor.gov/file/34643/download?token=3F5d6Px4
		4/30/2020	Amended Stay-at-home order - extended to May 15th https://azgovernor.gov/file/34712/download?token=aWa7jw6L
		5/4/2020	Businesses and entities that remain open shall implement rules and procedures that facilitate physical distancing and spacing of individuals of at least 6 feet. Arizona schools state-wide are closed through the end of the school year. All restaurants are required to provide dine-out options only. Effective Monday, May 4, 2020, retail businesses which are not classified as essential under Executive Order 2020-12, will be allowed to sell goods through delivery service, window service, walk-up service, drive-through service, drive-up service or curbside delivery, provided they establish and implement sanitation and physical distancing measures. Effective Friday, May 8, 2020, retail businesses which are not classified as essential under Executive Order 2020-12, will be allowed to sell goods to customers in their stores, provided they establish and implement sanitation and physical distancing measures. https://www.azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/index.php#novel-coronavirus-home
		5/6/2020	EO - nursing homes to report current residents, next of kin/guardians the number of diagnosed cases and deaths due to covid. Also report to potential residents and transfers - to be used for the purposes of individual decision-making. Arizona-Covid-reporting-in-nursing-homes-5-4-20.pdf
		5/14/2020	New EO - stay healthy, return stronger - continues to promote physical distancing while gradually allowing businesses to reopen Arizona-executive-order-2020-36-return-stronger-011.pdf

	5/15/2020	(This information has been provided to Berenice who works with HR to ensure these updates are managed) Arizona PT – big update, although the governor's order did list PT for 6 month extension, it seems the board is still anticipating all licenses to be renewed 8/31/2020. They issues a statement about this in the May 2020 newsletter below. Upon reviewing the order again it states "may grant waivers for certain licensing requirements." I'm thinking that means it is up to the board to ultimately decide and it appears they have. • Arizona OT – still can request an extension from the board, but must go online and request a letter. We would get a letter from the clinician indicating that their license was extended https://ptboard.az.gov/sites/default/files/Newsletter_May_2020.pdf
	5/21/2020	Skilled Nursing Home Resident and Staff testing algorithm. Local health department will help assess the situation and provide guidance for further actions, if a resident meets exposure and symptom criteria https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/healthcare-providers/resident-and-staff-covid-19-testing-algorithm.pdf
	6/24/2020	EO: Implement a consistent, Statewide system for case investigations and contact tracing; call upon national guard to assist as determined necessary; Arizona - eo 2020-40 contain the spread 0.pdf
	7/6/2020	In accordance with Executive Order 2020-44, schools shall delay the first day of school for in-person learning until August 17, 2020. Schools will be able to conduct distance learning should they choose before then. In accordance with Executive Order 2020-43, the following covers requirements for businesses: Mass gatherings and organized events of more than 50 people are prohibited, even if appropriate physical distancing is possible. The Arizona Department of Liquor Licenses and Control shall cease issuing special event licenses for the period between June 29, 2020 and July 27, 2020. The following establishments shall pause operations until July 27, 2020: Bars with a series 6 or 7 liquor license from the Department of Liquor Licenses and Control; Indoor gyms and fitness centers; Indoor movie theaters; Water parks and tubing operations. https://azgovernor.gov/file/35148/download?token=IFLDklga https://azgovernor.gov/file/35147/download?token=4zgksq5W
	7/10/2020	On 7/9/20 Governor signed an Enhanced Surveillance Advisory - Requires increased hospital reporting of covid cases, operating strategy (conventional vs. contingency vs crisis); reporting of non-essential surgeries; enhances reporting for PAC settings - SNF, AL, HH - covid + cases, ability to accept new covid + cases, available beds; hospital staffing levels; beds - med surg and ICU; # additional beds identified; PAC settings including SNF, LTC, AL must updated Post Acute Care Capacity Tracker; create protocols to complete bed placement within 30 minutes; electronically update bed and ventilator status; Department of health to develop admission and transfer criteria between care settings Arizona - Enhanced Surveillance 7-2020.pdf
	7/15/2020	Executive order temporarily waives some Arizona ALF regulations related to CPR training requirements Arizona - administrative-order-CPR waiver 2020-07-covid-19.pdf
	7/24/2020	7/23/20 - new EO - slow the spread - extended for two weeks from 7/27/20 Arizona - eo 2020-52 continuation of eo 2020-43 07-23-20.pdf
	11/13/2020	Draft vaccination plan https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/draft-covid19-vaccine-plan.pdf
	12/1/2020	Be vaccine ready - Covid vaccinators will need to enroll in order to be able to bill the vaccine administration fee https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/vaccine/covid19-be-vaccine-ready.pdf Pandemic vaccine onboarding tool https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/vaccine/covid19-pandemic-vaccine-provider-onboarding-tool.pdf
Arkansas	3/27/2020	Released guidance on 3/23/20 which recommends contact & droplet precautions – directs to CDC as well as other state websites. https://governor.arkansas.gov/images/uploads/executiveOrders/EO_20-19_.pdf
	4/14/2020	Suspend workers compensation qualifications for first responders and front-line healthcare workers https://governor.arkansas.gov/images/uploads/executiveOrders/EO_20-18_.pdf Extension of emergency declaration for purposes of equipping HC professionals with the tools they need. Suspension on working hours limitations (Physicians, PA's, Nurses); immunity from liability https://governor.arkansas.gov/images/uploads/executiveOrders/EO_20-17_.pdf Establishment of governor's medical advisory committee for post-peak covid-19 response preparation
	4/15/2020	ST license renewal extended to 9/20/20
	4/17/2020	EO for Emergency Responder Activities - approved management functions of emergency responders, including triage, responses to personnel shortages, cancel or postpone elective procedures, cross-training staff; enacting crisis standards as needed - modifying bed numbers, PPE preservation, reducing recordkeeping requirements https://www.healthy.arkansas.gov/images/uploads/pdf/Directive_Emergency_Responders.pdf
	4/20/2020	New Economic Recovery Task Force https://governor.arkansas.gov/news-media/press-releases/governor-hutchinson-announces-new-economic-recovery-task-force
	4/24/2020	Resumption of elective procedures https://www.healthy.arkansas.gov/images/uploads/pdf/ResumeElectiveSurgeryDirectiveFINAL4.23.20.pdf
	5/4/2020	Effective May 4th - resume gym/fitness center operations Effective May 6th - massage therapy clinics/spas, medical spas, etc may resume Effective May 11 - Resume restaurant dine-in, with certain requirements
	6/15/2020	Multiple directives for opening up - bars, restaurants, gyms, large venues, etc.
Diane	7/20/2020	The Secretary of Health requires every person in Arkansas to wear a face covering completely over the mouth and nose in all indoor environments, excluding private residences, where they are exposed to non-household members and distancing of six (6) feet or more cannot be assured and in all outdoor settings, excluding private residences, where there is exposure to non-household members, unless there exists ample space of six (6) feet or more to practice physical distancing. Arkansas - face covering directive.pdf
	7/31/2020	Effective August 1, 2020 based on data showing very low positivity rates in pre-procedure testing to date, the requirement for a negative COVID-19 test prior to elective procedures is rescinded. However, due to the level of spread within many Arkansas communities and to limit introduction of COVID-19 into hospitals and surgery centers, ADH still strongly encourages pre-procedure testing for COVID-19. Nothing in this revision is to be construed as restricting a facility from requiring a negative pre-procedure test for COVID-19. https://www.healthy.arkansas.gov/images/uploads/pdf/elective_surgery_phase_4.pdf
	8/3/2020	Effective August 1, 2020 based on data showing very low positivity rates in pre-procedure testing to date, the requirement for a negative COVID-19 test prior to elective procedures is rescinded. However, due to the level of spread within many Arkansas communities and to limit introduction of COVID-19 into hospitals and surgery centers, ADH still strongly encourages pre-procedure testing for COVID-19 https://www.healthy.arkansas.gov/images/uploads/pdf/elective_surgery_phase_4.pdf
	10/14/2020	Revised visitation, screening, staffing directives/ guidelines for LTC facilities. A long-term care facility may expand visitation and other activities beyond the minimum visitation described above only as provided by this directive: The facility has not had a newly positive COVID-19 case in the fourteen (14) calendar days; The facility has adequate PPE; The facility screens every visitor, activity participant, and staff prior to entry; The facility will restrict access to the facility to all persons who meet any screening criteria for restricted access. https://www.healthy.arkansas.gov/images/uploads/pdf/ADH_LTC_Visitation_Directive_amended_10.6.pdf
	11/13/2020	CDC Covid vaccination provider agreement https://www.healthy.arkansas.gov/programs-services/topics/covid-19-vaccine-provider-forms

			Vaccination plan - draft https://www.healthy.arkansas.gov/programs-services/topics/covid-19-vaccine-plan
	12/1/2020		The Arkansas Department of Health submitted its interim draft COVID-19 vaccination plan to the Centers for Disease Control and Prevention on Oct. 16. Read the plan at the link above and then use the form below to submit your comments or suggestions as the plan is further developed. Link below to draft plan, FAQ's, Provider agreement and vaccine safety info https://www.healthy.arkansas.gov/programs-services/topics/covid-19-vaccination-plan
California			
	4/1/2020		March 30 release All facilities letter temporary waiver of specified regulatory requirements due to state of emergency due to COVID-19. 1) Most this is waivers making it easier for facilities and SNFs especially to increase capacity of beds and seems to be preparing for surge, change to nursing staffing ratio hourly requirements, 2) Allows for application fee for change will be waived for licenses to for initial licensure, change of service, or apply to increase bed capacity 3) Allows facilities to have more patients or bed set up for use than the number it is licensed for in case of emergency when temporary permission is granted by director or designees https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-32.aspx
	4/6/2020		Looks like similar update to state law as has occurred with federal for HIPAA Governor order 4-3-20 suspending requirements in Business and professions code section to obtain verbal or written consent before use of telehealth and suspends administrative penalties for health care providers related to safeguards of health in 4-3-20 order to allow access to child care for essential workers (maybe this will help some staffing)
	4/8/2020		https://www.gov.ca.gov/2020/04/06/governor-newsom-announces-progress-in-expanding-hospital-capacity-to-fight-coming-surge-in-covid-19-cases/ Setting up alternate care sites to add 4613 additional beds for care in a surge https://www.gov.ca.gov/wp-content/uploads/2020/04/4.7.20-EO-N-46-20.pdf Order to not collect tax on PPE
	4/13/2020		Release of \$100 million to support child care services and child care providers stepping up to serve essential workers during this time https://www.gov.ca.gov/2020/04/10/governor-newsom-announces-release-of-100-million-to-support-child-care-services-for-essential-workers-and-vulnerable-populations/ outlines steps to protect nursing home and residential care facilities https://www.gov.ca.gov/2020/04/10/governor-newsom-outlines-steps-to-protect-residents-and-employees-of-california-nursing-home-residential-care-facilities/ State stall calls each facility daily to understand needs and get early warning of symptoms Prioritized testing for residents and staff of nursing facilities and PPE prioritizing Limited visitors to nursing facilities Retrained 600 nurses to support facility compliance with COVID19 guidances and assist facilities with positive cases
	4/16/2020		California OSHA transmissible diseases compliance: Based on my research and communications with Cal/OSHA, Intergro is considered an Outpatient Medical Specialty Practice and therefore, classified as Conditionally Exempt. This means Intergro is not covered either under the Full-Standard Employer or Referring Employer ATD standard; however, the following requirements must still be met: 1. Establish written Screening and Referral procedures to refer all known or suspect ATD patients 2. Incorporate Screening and Referral procedures into the facility's Injury and Illness Prevention Program (IIPP); using a Patient Screening Questionnaire. 3. Train employees on the Screening/Referral procedures; using Screening Training Sign-In Form. The attached ATD Draft incorporates items 1-3 above for Intergro's full compliance. Keep in mind this draft assumes that Intergro staff does not treat patients exhibiting ATDs and refers known cases to local management. California - Intergro - ATP Draft 04.10.2020 - OSHA.pdf
	4/17/2020		Stay at home order roadmap – 6 indicators for modifying the stay at home order released Testing prep Prevent infection for those who are more at risk (includes a plan for outbreaks in facilities and housing for older citizens) Hospital and health systems surge prep – including staff, and PPE Ability to develop therapeutics to meet demand (treatment for COVID19) Ability for business, school and child care to support physical distancing Data tracking and communicating quickly https://www.gov.ca.gov/wp-content/uploads/2020/04/California-Roadmap-to-Modify-the-Stay-at-Home-Order.pdf Western states pact – California, Oregon Washington agree upon approach to reopen
	4/20/2020		4/16/20 executive order - Suspends requirement that a health care profession must review COVID19 test results before those test results may be disclosed to a patient via the internet or other electronic means and implements 60 day suspension of criminal background checks can be based on other identifying information other than fingerprints for individuals performing tasks that require licensure or providing services to California community care facilities – basically waiving 60 day requirement for fingerprint background checks for healthcare workers (still must have background check – just don't need the fingerprint part of 60 days) https://www.gov.ca.gov/wp-content/uploads/2020/04/4.16.20-EO-N-52-20-text.pdf
	4/24/2020		Plan released to resume delayed health care that was deferred so hospitals could prepare for surge - such as heart valve replacements, angioplasty and tumor removals, and key preventive care services, such as colonoscopies – which were deferred as the state's health care delivery systems prepared for a surge of COVID-19 patients. The decision was based on progress toward preparing California hospitals and health systems for a surge in COVID-19 patients https://www.gov.ca.gov/2020/04/22/governor-newsom-announces-plan-to-resume-delayed-health-care-that-was-deferred-as-hospitals-prepared-for-covid-19-surge/
	4/27/2020		Initiatives to support older Californians: Meal delivery program, Social bridging – one to one communication with older Californians having callers proactively reach out to seniors isolating at home, Friendship line – to support lonely and isolated seniors in California https://www.gov.ca.gov/2020/04/24/governor-newsom-announces-initiatives-to-support-older-californians-during-covid-19-pandemic/
	4/28/2020		Colorado and Nevada joined California, Oregon and Washington to form western states pact for strategic management of covid
	4/30/2020		City of San Francisco - emergency ordinance issued 4/17/20 requires businesses with 500 or more employees worldwide must provide up to 80 hours of paid Public Health Emergency Leave to each employee who performs work in San Francisco. Employees may use this leave when they are unable to work (or telework) due to specified reasons related to COVID-19. The leave is in effect only during the local emergency. https://sfgov.org/olse/
	5/1/2020		New portal for essential workers that need childcare https://www.gov.ca.gov/2020/04/30/governor-newsom-announces-new-online-portal-to-help-parents-find-local-and-convenient-child-care-options/
	5/8/2020		Industry guidance for retail that is opening. California will move into Stage 2 of modifying the state's stay at home order on May 8, 2020. https://www.gov.ca.gov/2020/05/07/governor-newsom-releases-updated-industry-guidance/ Any COVID-19-related illness of an employee shall be presumed to arise out of and in the course of the employment for purposes of awarding workers' compensation benefits if all of the following requirements are satisfied - affects Workers Comp California - Employees diagnosed with Covid - 5.6.20.pdf https://www.gov.ca.gov/2020/05/06/governor-newsom-announces-workers-compensation-benefits-for-workers-who-contract-covid-19-during-stay-at-home-order/
	6/1/2020		California skilled nursing providers are now required to conduct universal testing for COVID-19 at all facilities under the latest directive from state health officials. Providers must test all residents and staff at least once, and if a facility has no positive cases, it then must still test 25% of residents and workers every seven days; documents specify SNF; ALF not mentioned https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-53.aspx
	6/9/2020		Executive order 6.5.20 to allow temporary manufacture of over the counter drugs and medical devices by firms not currently licensed by the California dept of public health, the firms must apply for temp registration and self certify they are compliant with guidance by FDA o Goal to increase availability of hand sanitizer, medical devices such as respirators, ventilators and masks https://www.gov.ca.gov/wp-content/uploads/2020/06/6.5.20-EO-N-68-20.pdf
Becca	6/22/2020		Face coverings required in high risk situations (indoor public space, healthcare, public transit, at workplace) https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH Document Library/COVID-19/Guidance-for-Face-Coverings_06-18-2020.pdf

	7/14/2020	July 13 New guidance for 80%, 29 counties (county list could change) - o Counties that currently appear on CDPH's County Monitoring List and have been on the list for three consecutive days, and counties that subsequently appear for three consecutive days or more while this order remains effective, must close all indoor operations of the following types of businesses/events/activities: bars, pubs brewpubs and breweries, can offer outdoor dine in meals and follow dine in restaurant guidance, closes indoor seating for dining, closes entertainment centers and movie theaters, closes indoor operations gyms and fitness centers, places of worship, non critical infrastructure offices, personal care services, hair salons, malls. California - Order Dimming Entire State 7-13-2020.pdf https://www.cdph.ca.gov/Programs/OPA/Pages/NR20-158.aspx
	7/23/2020	- CA entered contract with BYD to stockpile PPE n95 masks, surgical masks, etc https://www.gov.ca.gov/2020/07/22/governor-newsom-announces-enhanced-state-stockpile-purchase-of-420-million-new-protective-masks/
	7/30/2020	July 27 - regulation that requires more info when lab reports/communicable diseases are reported - now collects data on race, ethnicity, gender, sexual orientation, etc with goal to help state understand how covid19 is impacting diverse communities https://www.cdph.ca.gov/Programs/OLS/CDPH Document Library/DPH-20-021-Text.pdf
	9/1/2020	EO on 8/28 to help increase state's testing capacity - o Allows the state department of health arrange/acquire use of 3 sites for labs/testing to improve turn around time https://www.gov.ca.gov/wp-content/uploads/2020/08/8.28.20-EO-N-77-20.pdf
	9/16/2020	<ul style="list-style-type: none"> 9/11 survey priorities during COVID19 pandemic - things California will prioritize with state surveys o Focused infection control surveys o Complaint and facility reported incident (FRI) investigations o Revisits associated with immediate jeopardy (IJ) o Licensing surveys o Skilled nursing facility (SNF) COVID-19 mitigation plan visits o SNF high risk visits o Hospital surge monitoring visits
	9/24/2020	9/23 Extension of Halting state evictions of commercial renters impacted by COVID19 https://www.gov.ca.gov/wp-content/uploads/2020/09/9.23.20-EO-N-80-20-COVID-19-text.pdf As of 9/18/20 - Governor Newsom signed two bills to increase worker protections, due to the coronavirus pandemic.
	9/28/2020	SB 1159 (Hill) which takes effect immediately, expands access to workers' compensation by creating a rebuttable presumption for health care workers and other front line workers by presuming these employees got infected with COVID-19 at work. Additionally, the bill establishes a rebuttable presumption when there is a workplace outbreak over a 14-day time frame. CAHF and a large coalition of business organizations opposed SB 1159 due to increased costs to workers' compensation and because there is no evidence that there are problems accessing the system. Further, CAHF opposed the timeline in SB 1159 that reduces the time from 90 days to 30 days for employers to contest claims. AB 685 (Reyes) requires employers to report COVID-19 outbreaks to local public health officials. Employers must also report known cases to employees who may have been exposed to COVID-19 within one business day. Health facilities are exempted from notifying local public health under AB 685 as they are already reporting and are only required to report if the exposure was an employee. CAHF opposed AB 685 because it increases Cal/OSHA's enforcement authority to close a worksite due to a COVID-19 hazard without any due process. This action could negatively impact frail and vulnerable residents and there is no requirement that CDPH or any other regulatory entity be involved with a possible closure. Clean up legislation on the bill is expected in January and CAHF will be working with the author's office and stakeholders to seek modifications to Cal/OSHA's increased authority.
	10/5/2020	New federal civil money grant opportunity to purchase materials for SNFs that aid with in person visitation. Up to \$3,000 is available for tents, clear partitions, and installation costs. https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-77.aspx
	10/13/2020	Health Department - all facilities letter about influenza and flu vaccine <ul style="list-style-type: none"> it is essential for SNFs to optimize all available effective influenza prevention and outbreak control interventions, including influenza vaccination of SNF residents and healthcare personnel (HCP) and prompt initiation of antiviral therapy and chemoprophylaxis when influenza is identified. https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-80.aspx
	11/13/2020	<ul style="list-style-type: none"> All SNFs must have a full time infection preventionist, a plan for infection prevention quality control, and annual training in infection prevention and control for all health care personnel All snfs must report communicable disease data during a declared emergency, including data on each disease related death within 24 hours and to notify residents and reps/family members within the facility https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-85.aspx
	11/17/2020	<ul style="list-style-type: none"> o Effective 11/17 face mask requirement more stringent (must wear anytime outside home) o 94% of counties moving back to Tier 1 o Tier 1 outdoor gatherings only with max 3 household - chart attached with specifics https://www.gov.ca.gov/2020/11/16/governor-newsom-announces-new-immediate-actions-to-curb-covid-19-transmission/ https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH Document Library/COVID-19/Dimmer-Framework-September_2020.pdf <ul style="list-style-type: none"> o Outdoor only gyms, reduced capacity limits, most restrictive tier https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH Document Library/COVID-19/Dimmer-Framework-September_2020.pdf
	12/2/2020	<ul style="list-style-type: none"> Movement of Patients/Residents in the Healthcare Continuum During Seasonal Surges and the Coronavirus Disease 2019 (COVID-19) pandemic https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-87.aspx <ul style="list-style-type: none"> Holiday celebration Guidance for SNF https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-86.aspx <ul style="list-style-type: none"> CA Vaccine planning 11/30/2020: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19Vaccine.aspx
	12/9/2020	<ul style="list-style-type: none"> Phase 1A Vaccination plan: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CDPH-Allocation-Guidelines-for-COVID-19-Vaccine-During-Phase-1A-Recommendations.aspx <ul style="list-style-type: none"> CA guidance on outings for all residential housing for seniors: https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/ASC/PIN-20-43-ASC-CCR.pdf
	1/6/2021	<ul style="list-style-type: none"> Hospital Surge order https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Hospital-Surge_1-5-2021.aspx
Colorado	4/10/2020	<ul style="list-style-type: none"> they also look like they have updated their FAQ's - face masks while out in public https://covid19.colorado.gov/frequently-asked-questions-faq
	4/24/2020	<ul style="list-style-type: none"> Amended notice - restricting visitors to all SNF, ALF and intermediate facilities; must follow CMS guidelines for screening, restricting visitors, screen personnel, HCW must wear mask/face covering when in public. Ammednded order references need for LTC facilities to follow rapid response checklist on on Colorado department of public health website https://drive.google.com/file/d/1hQfllMaUOov3YdJYCMw5CaFucB5Ea6V6/view https://drive.google.com/file/d/1LwbbRRx-ZEgIvGHJYTVzRxmMMV5ndUS/view https://drive.google.com/file/d/1M0QbMYmfbty40H0jQ3i72NwocitU6W4/view
	5/5/2020	<ul style="list-style-type: none"> Coloradans are no longer ordered to stay home, but are strongly advised to stay at home. Critical businesses are open and non-critical businesses are operating with restrictions. https://covid19.colorado.gov/safer-at-home https://covid19.colorado.gov/safer-at-home/safer-at-home-nursing-homes-and-congregate-care-facilities

Nicole	5/21/2020	As part of the state's plan to expand testing in long-term care facilities, scientists from Colorado State University (CSU) will conduct COVID-19 testing of workers and residents in up to 30 skilled nursing facilities in Colorado. Each facility will receive eight consecutive weeks of testing. The tests will provide an early warning system for public health officials and managers at long-term care facilities. This will help prevent outbreaks, monitor the risk of exposure for residents, and help recovered workers return to work. CSU will receive \$4.2 million as part of this agreement. A majority of the funding will go to the testing of asymptomatic workers, with their consent, using nasopharyngeal swabs. CSU will work with state officials to identify the facilities with highest priority for surveillance testing. https://covid19.colorado.gov/press-release/colorado-state-university-to-lead-covid-19-testing-for-asymptomatic-health-care
	7/22/2020	Now requires masks as of 7/16. The order requires people in Colorado who are 11 years and older to wear a covering over their noses and mouths: • When entering or moving within any public indoor space. • While using or waiting to use public (buses, light-rail) or non-personal (taxis, car services, ride-shares) transportation services. https://drive.google.com/file/d/1ngmJ4SWVDG7JunCTsBh3X246mz9Vsm9/view
	11/13/2020	just extend the mask wearing executive order Monday https://drive.google.com/file/d/1nQ6PAHIpHjmN5hXl_gxcudO550IGxx6h/view
	12/1/2020	Looks like this was updated 11/20 however it appears to follow CDC guidelines. Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm
Connecticut	3/27/2020	Physical therapy clinics included on list of essential services
	3/30/2020	Implementing COVID-10 specific nursing home designations – no information as of yet as to which sites will be assigned or how staff will be assigned/impacted
	4/1/2020	Waiving license renewal requirements for licenses provided by the department of health – Department of Public Health (DPH) Commissioner Renée D. Coleman-Mitchell today issued an order suspending the need for all DPH licensees to renew their licenses throughout the duration of the declared COVID-19 emergency. This applies to all licenses the agency administers, including those for health care facilities and practitioners. Licensees will not be required to pay the fees associated with the renewals during this time but will be required to pay such fees retroactively when the period of license renewal suspension is over. All active licenses will remain active throughout the duration of the declared emergency Healthcare ID badges – allowed to wear badges with name and title even if it is for a different facility (in case of needing to move around staff) References a letter that will go out to all nursing home residents from the department of public health about making some facilities all COVID-19, references a https://www.courant.com/news/connecticut/hc-news-coronavirus-covid-nursing-homes-20200330-4msw4
	4/6/2020	2 part new order issues 4-5-2020 Protection from civil liability for actions or omissions in support of state's COVID-19 response – HCP immune from suit for civil liability for any injury or death alleged to have been sustained because of individuals or health care facility's acts or omission undertaken in good faith while providing services in support of state's COVID-19 response Financial protections for uninsured – no hospital shall bill any individual not otherwise covered by any public or private health plan for services received for treatment and management of COVID-19 unless and until clarified by further executive order regarding distribution of any federal function that may be made available to cover such services
	4/8/2020	Any person coming into Connecticut by any mode of transportation for any reason is strongly urged to self-quarantine for 14 days https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7V.pdf?fa=en o Safe Workplaces in essential business – every workplace must take additional protective measures to reduce risk of transmission of covid19. Additional legally binding statewide rules prescribing this to be issued no later than 5 pm April 7th o LOTS of license updates in this order § Temporary permits for certain health care providers extended and fees waived – waive application fees for temporary permits and extend the duration of temporary permits for health care professions for the duration of the PHE (Athletic Trainer, Respiratory Care Practitioner, Physician Assistant, Occupational, Therapist/Assistants, Master Social Worker), § Practice before licensure for certain health care profession applicants and graduates (PT, PTA included) For Connecticut - most of this is things we already have implemented - https://portal.ct.gov/DECD/Content/Coronavirus-Business-Recovery/Safe-Workplace-Rules-for-Essential-Employers • Safe workplace rules for essential employees • For employees who have traveled internationally in a region where COVID-19 is active, or have returned from a cruise, it is recommended to stay home and self-monitor for fourteen days, subsequent to returning. • Hand sanitizer at point of entry to the facility • Eliminate in person meetings • Develop and implement practices for social distances • Provide masks wherever close personal contact is unavoidable • Strategic scheduling to spread out work schedules • When possible restrict break rooms and cafeterias • Handwashing signs • States sick employees should stay home, notify supervisor and follow CDC recommended steps • If an employee is confirmed to have COVID-19 infection, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). The fellow employees should then self-monitor for symptoms (i.e., fever, cough, or shortness of breath).
	4/13/2020	- All previous orders on closures, distancing and safety measures extended until at least May 20th Landlords cannot give notice or begin eviction proceedings before July 1 except for serious nuisance https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2020/04-2020/Governor-Lamont-Signs-Executive-Order-Providing-Residential-Rent-Protections
	4/14/2020	• Nursing home surge plan including o Requirement to reserve bed is suspended – nursing home shall not reserve the bed of a hospitalized self pay resident or hospitalized resident who is a recipient of medical assistance upon notification by hospital that resident will be placed post hospitalization into a COVID recovery facility o Any such nursing home shall only be required to permit return of resident when a bed is available after it has been determined by 2 separate lab tests at least 24 hours apart that resident is negative • Designation of COVID Recovery Facilities. Section 19a-535(b) of the Connecticut General Statutes is modified to authorize Sharon SNF CT, LLC, d/b/a Sharon Health Care Center, in Sharon, Connecticut and Northbridge Healthcare Center, Inc. of Bridgeport, CT, d/b/a Northbridge Healthcare Center, in Bridgeport, Connecticut, or such other nursing facility designated by the Commissioner of Public Health as a COVID Recovery Facility to transfer residents not previously diagnosed with COVID-19 and who have been determined by a laboratory test to be COVID-19 negative, to another nursing home facility where, upon arrival, such residents shall be quarantined for a period of 14 days. • Notice of Discharge and Discharge Plan Not Required for COVID-19 Recovered Discharges. Section 19a-535 of the Connecticut General Statutes is further modified to not require a COVID Recovery Facility or an Alternate COVID Recovery Facility to provide a notice of discharge or discharge plan to a resident who is no longer infected with COVID-19 (COVID-19 Recovered) and who is being discharged to a non-institutional setting (hereinafter COVID-19 Recovered Discharge). The COVID Recovery Facility or Alternate COVID Recovery Facility shall comply with the discharge planning requirements in Section 19a-504c1 of the Regulations of Connecticut State Agencies for all COVID-19 Recovered Discharges. In addition, the stay provisions in subsection (h) of Section 19a-535 shall not apply to a COVID-19 Recovered Discharge. Except as provided herein, no other provision of Section 19a-535 is modified by this order. • No Hearing or Court Order Required for Transfer to Recovery Facility of Patients Under Conservatorship. Section 45a-656b of the Connecticut General Statutes is modified to provide that (i) the transfer of a hospital patient to a COVID Recovery Facility or an Alternate COVID Recovery Facility, (ii) a COVID-19 transfer or (iii) a COVID-19 Recovered Discharge where such person is under conservatorship shall not require a hearing or an order by the Probate Court. Connecticut - Nursing home surge plan 4-11-20.pdf
	4/17/2020	Temporary additional nursing home beds – allowing temporary certification of nursing home beds in response to COVID19 to serve as COVID recovery facilities

	https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7AA.pdf?la=en
4/20/2020	Cloth coverings or higher level required in public wherever close contact is unavoidable effective Monday April 20 th at 8 pm https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7BB.pdf?la=en
4/24/2020	Mandatory reporting by nursing homes, managed residential communities in the daily LTC MAP some Medicaid prior auths requirement waived, https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7EE.pdf?la=en Cloth face coverings or higher required in public wherever close contact is unavoidable https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7BB.pdf?la=en
4/27/2020	Order to allow audio-only telehealth for Medicaid new or established patients for enrolled Medicaid providers https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7FF.pdf?la=en Email from Jessica Kelly: The CT DPH Survey teams appear to be targeting the sites that are refusing to take patients without 2 negative COVID tests but these surveys not limited to this group. Ryders non-COVID centers have had 2 inspections in the last week. Focus of survey is PPE availability, PPE donning/doffing, IFC and hand washing. Additionally one of the Ryders sites was tagged for their policy on cleaning of equipment/devices. The policy stated wipes but facility no longer had wipes and was using spray disinfectant and paper towels. The survey team stated the policy needed to be updated to include this change.
4/28/2020	Department of Public Health (DPH) Commissioner Renée D. Coleman-Mitchell today issued an order suspending the need for all DPH licensees to renew their licenses throughout the duration of the declared COVID-19 emergency. This applies to all licenses the agency administers, including those for health care facilities and practitioners. Licensees will not be required to pay the fees associated with the renewals during this time but will be required to pay such fees retroactively when the period of license renewal suspension is over. All active licenses will remain active throughout the duration of the declared emergency. http://clicks.memberclicks-mail.net/ls/click?upn=9A0IGX0IRsNR5iCToZc2VooBSaUmuzx4H-2FT1cGO5oPeZRDQ96jx93PHiCxaXoUkSVLfnfhacQniZlgoT6krOmuTlZSwq3wkJdyf-d-28wE1ORVsJNlug47oWOWOs2Lqow3ir_geKOx-28MCDhPWT-2FQH-2FICFcoJQc-28cHR2y1h5ak56Qh60PY1Vz9D2-2BS1okwBP
4/29/2020	All previously enacted orders closures, distances and safety measures have been extended through at least May 20
5/1/2020	New Executive order: Extension of payment time for sealed ticket revenue due to the state; Waiver of notarization requirement for embalmer's affidavit accompanying death certificates; Temporary suspension of controlled substance registration; Modification of state contracting statutes to facilitate the emergency procurement of essential services; Modification of state contracting authorities to facilitate the emergency procurement of essential services; Modification of state construction requirements to facilitate the emergency provision of construction and construction-related services; Extension of existing contracts to prevent gaps in necessary services https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7GG.pdf?la=en
5/5/2020	Fax-blast to facilities regarding the use of coveralls (a strategy for optimizing PPE due to a shortage of gowns) and use of KN-95 Respirators (not to be used during patient care activities of confirmed or suspected patients where droplets can be aerosolized), as they are not certified Connecticut - Use of Coveralls and Use of KN95 Respirators.pdf Updated guidance to providers for online reporting of Covid+ cases Connecticut - Guidance for Providers on COVID-19 Reporting 5-5-2020.pdf
5/7/2020	Extends visitor restrictions to LTC facilities until 9/9/20 Connecticut - Order limiting LTC visitation until September 042120.pdf
5/8/2020	Schools closed rest of year; pharmacists can order Covid-19 test
5/15/2020	more money to caregivers to provide for respite care (increased limit) and some financial assistance to COVID19 recovery facilities and nursing home facilities specifically. Financial help for COVID recovery facilities. Authorization for OPM to Direct DSS to Provide Coronavirus Relief Fund (CRF) Distributions to COVID Recovery Facilities and Alternate COVID Recovery Facilities. Subsection (a) of Section 17b-11 of the Connecticut General Statutes is hereby modified to add a new subdivision (2) as follows: The Office of Policy and Management shall authorize the Commissioner of Social Services to distribute COVID-specific grants equivalent to \$600 per bed per day from CRF funds received by the State of Connecticut under the CARES Act to COVID Recovery Facilities and Alternate COVID Recovery Facilities, as identified and defined pursuant to Executive Order 7Y, issued April 11, 2020, to cover necessary expenditures incurred due to the COVID-19 public health emergency. Using a mutually agreed upon format, the Commissioner of Social Services, acting under the direction of the Office of Policy and Management, shall complete a monthly cost and expense review of each COVID Recovery Facility and Alternate COVID Recovery Facility receiving the COVID-specific grant, for consideration of expenses that exceed the reimbursement received by the facility from all available federal, state and private sources. The Commissioner of Social Services shall require COVID Recovery Facilities and Alternate COVID Recovery Facilities to submit reports, in a form and manner prescribed by the Commissioner, to demonstrate that such CRF funds were utilized on eligible expenditures incurred for actions taken to respond to COVID-19 in accordance with the CRF and associated federal requirements and guidance. 7. Authorization for Additional COVID-19 Related Hardship Relief Funding Under the Coronavirus Relief Fund (CRF) to Nursing Home Facilities. Subsection (a) of Section 17b-11 of the Connecticut General Statutes is hereby modified to add a new subdivision (3) as follows: The Commissioner of Social Services, under the direction of the Office of Policy and Management, may, in the Commissioner's discretion, distribute additional CRF funds received by the State of Connecticut under the CARES Act to nursing home facilities that request additional CRF hardship relief funding to avoid substantial deterioration of the facility's financial condition that may be expected to adversely affect resident care and the continued operation of the facility as a result of COVID-19 related expenditures. In reviewing requests for additional COVID-19 hardship relief funding under the CRF, the Commissioner of Social Services, in consultation with the Office of Policy and Management, shall, at a minimum, consider: 1) existing chronic and convalescent nursing homes or rest homes with nursing supervision utilization in the area and projected bed need; 2) physical plant long-term viability and the ability of the owner or purchaser to implement any necessary property improvements; 3) licensure and certification compliance history; 4) reasonableness of actual and projected expenses as related to COVID-19; 5) the ability of the facility to meet wage and benefit costs; 6) compliance with Department of Public Health guidance disseminated to nursing home facilities in response to COVID-19, including, but not limited to, compliance with infection control measures, appropriate utilization of personal protective equipment, and required staffing configurations, to reduce the transmission of COVID-19; and 7) whether facilities have explored other federal funding opportunities to address COVID-19 related expenditures prior to seeking additional CRF hardship relief. The Commissioner of Social Services may require nursing home facilities, in a form and manner prescribed by the Commissioner, to demonstrate that such CRF funds were utilized on eligible expenditures incurred for actions taken to respond to COVID-19 in accordance with the CRF and associated federal requirements and guidance.
5/19/2020	https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7NN.pdf?la=en Phase 1 extension to June 20 https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7PP.pdf?la=en
6/1/2020	Executive order May 27 – creation of temporary nurse aide. o Temporary Nurse Aide Defined. Section 20-102aa of the Connecticut General Statutes is modified to include a definition of “temporary nurse aide,” which shall mean an individual providing nursing or nursing-related services to residents in a chronic and convalescent nursing home or rest home with nursing supervision, having eight hours of on-line training without enhanced infection control skills and ineligible to work with COVID-19 positive patients, in accordance with and under the direction of a licensed nurse, but does not include an individual who is a health professional otherwise licensed or certified by the Department of Public Health, or who volunteers to provide such services without monetary compensation https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7SS.pdf?la=en
6/2/2020	Mandatory Covid-19 testing all staff of private, municipal nursing home facilities (beginning no later than week of June 14th), managed residential communities (beginning no later than week of June 28th) and assisted living facilities (beginning no later than week of June 28th). Testing will continue weekly for duration of PHE Connecticut - Executive Order-PAC Staff Testing - 6-1-20.pdf Health Department has hired Infection Control Support Nurses to assist in conducting enhanced monitoring in Covid+ SNF's and ALF's. They will evaluate compliance with infection control practices, standards and guidelines - intended to reinforce infection prevention. They will offer facility support, but will NOT be writing deficiencies or violations. Significant deficiencies will be referred Connecticut - Infection+Control+Support+Nurses.pdf
6/3/2020	• Testing center locations in link below, looks like some of these sites will test essential workers, some sites need an appointment, and not all sites list essential workers as eligible (looks like the Physician One will do tests for essential employees) – still not real details about where, how to test and specifics about the new requirement. • Press conference is at 4 pm today and then I will see if there are any other updates from that https://www.211ct.org/search?terms=COVID-19%20Diagnostic%20Tests&page=1&location=Connecticut&taxonomy_code=11048&service_area=connecticut
6/8/2020	Governor Ned Lamont today announced that he is ordering an independent, third-party review to be conducted of the preparation and response to the COVID-19 pandemic inside of Connecticut's nursing homes and assisted living facilities. The review will incorporate a top-to-bottom analysis of all elements of the pandemic and how it was addressed in these facilities, which were disproportionately impacted by the virus. The governor said he wants the analysis completed before the start of autumn in order to prepare for a potential second wave of the virus. https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2020/06-2020/Governor-Lamont-Orders-Independent-Analysis-of-COVID19-in-Nursing-Homes?utm_medium=email&utm_campaign=Governor%20Lamont%20Orders%20Independent%20Analysis%20of%20COVID-19%20in%20

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6/9/2020	Suspension of the Involuntary Discharge of Nursing Facility Residents Who May Be Discharged to Homeless Shelters, Except in Emergency Situations or With Respect to COVID-19 Recovered Discharges o The involuntary discharge of residents from residential care homes pursuant to Section 19a-535a of the Connecticut General Statutes, where the notice of intent to discharge identifies one or more homeless shelters as the location to which the discharge is intended is hereby suspended, effective immediately https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7XX.pdf
6/12/2020	Phase 2 June 17th o Allows reopening under guidelines personal services, sports and fitness facilities, indoor rec, museums, zoos, aquariums, restaurants, hotels, amusement parks https://portal.ct.gov/DECD/Content/Coronavirus-Business-Recovery/Sector-Rules-and-Certification-for-Reopen
6/17/2020	Phase 2 begins and executive order to lift some restrictions including - reopening of gyms, fitness and recreation facilities, among other things https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7ZZ.pdf
6/22/2020	Phase 2 began June 17:- • Repeals original order to test nursing staff and replaces with this order (below). o Mandatory testing weekly starting June 14th for all nursing homes, weekly testing must continue through duration of PHE, or until testing identifies no new cases of COVID19 among residents or staff for at least 14 days since the most recent positive, whichever occurs first/ testing must restart if a new case in a resident or staff is identified; Same guidelines for AL and managed residential community staff Connecticut - Executive-Order-No-7AAA.pdf
6/23/2020	COVID-19 Infection Control Guidance for Nursing Homes [Updated Guidance – June 22, 2020]. Quarantining STR patients for 14 days after admission in accordance with the guidance above can potentially interfere with rehabilitation plans. Every effort should be made to conduct rehabilitation in the room of the quarantined STR patient. Should a patient require use of the rehabilitation gym equipment before meeting criteria to lift transmission-based precautions, DPH offers the following infection control considerations: - Schedule quarantined residents for the last rehab session(s) of the day. - Full transmission-based PPE must be worn by the therapist(s); these staff should be trained in PPE use. - If multiple residents are allowed in the gym at the same time, they should be appropriately physically distanced, and any equipment used is adequately disinfected between uses. - Thorough disinfection of all gym equipment should be conducted after each use. Connecticut - Inf Ctr Covid19 Guidance CT DPH 6-22-2020.pdf
6/24/2020	CT, NY, NJ have added quarantine for 14 days for any person entering the state arriving from Alabama, Arkansas, Arizona, FL, NC, SC. • Begins today June 24 at midnight https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2020/06-2020/Governor-Lamont-Governor-Cuomo-and-Governor-Murphy-Announce-Joint-Incoming-Travel-Advisory
7/7/2020	Keeps updating travel advisory and 14 day quarantine for travel to a list of states (as of today has 19 states), adding any states with over 10% positive testing rate. Alabama, Arkansas, Arizona, California, Delaware, Florida, Georgia, Iowa Idaho, Kansas, Louisiana, Mississippi, North Carolina, Nevada, Oklahoma, South Carolina, Tennessee, Texas, Utah https://portal.ct.gov/Coronavirus/Covid-19-Knowledge-Base/Travel-In-or-Out-of-CT
7/14/2020	Authorization for temporary rental housing program and temporary mortgage relief program • Extension of order to allow providers from other states to work in CT more than 60 day limit (includes OT, PT, SLP and social workers) • Extended 6 months from 7/14/2020 • Authorization for Continued Temporary Suspension of the Requirements for Licensure, Certification or Registration of Out-of State Providers • allow persons who are appropriately licensed, certified or registered in another state or territory of the United States or the District of Columbia, to render temporary assistance in Connecticut within the scope of the profession for which a provider is licensed, certified or registered.
7/23/2020	• 7/21 – repeal of advisory self-quarantine to mandatory self quarantine when traveling from states with high COVID19 levels • Changes prior order to recommend self quarantine to now require it when traveling from any state that has higher than 10% positive rate over a rolling 7 day average, an “affected traveler” is someone who has spent 24 hours or longer in the affected state within 14 days but does not include an individual remaining in CT for less than 24 hours https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7III.pdf
7/31/2020	– rebuttal of presumption of eligibility for worker’s compensation if employees initiates a claim for benefits due to diagnosis of covid19 https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7III.pdf
8/18/2020	This updated Nursing Home guidance supplements prior guidance provided by the Connecticut Department of Public Health (DPH) and incorporates updates from the Centers for Disease Control and Prevention (CDC). Connecticut - Updated COVID-19 Guidance for Healthcare Providers August 12 2020.pdf
8/21/2020	executive order https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7OOO.pdf - Extension of expanded outdoor dining through November 12, 2020 (basically extending any previously approved outdoor dining expansion for use of a right of way owned or controlled by the state) – sounds like restaurants that had approval to expand outdoor seating into sidewalks/streets can now do this through November 12.
8/27/2020	Zoom Trainings on donning/doffing PPE: • 8/26 and 8/27 at 6:45 AM, 9 am, 2:00, 2:45 pm, and 3:30 PM. https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing-Investigations/Blast-Faxes/2020-55-and-up/Blast-Fax-202088-Zoom-Training-for-PPE.pdf
9/1/2020	Travel advisory continues with 14 day quarantine, 25 states on this list. List is updated every Tuesday here https://portal.ct.gov/Coronavirus/travel
9/9/2020	Governor Ned Lamont today announced that he has signed orders extending to February 9, 2021, Connecticut’s states of civil preparedness and public health emergency in response to the COVID-19 pandemic https://protect-us.mimecast.com/s/qPCPCxk9Dc9QmxAqAJU?domain=officeofthegovernor.cmail20.com/
9/9/2020	Extension of orders in effect currently until November 9th https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-9A.pdf
9/16/2020	• Mandtory testing – has state funding support until end of October https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7UII.pdf
9/29/2020	Dept of health removes visitor restrictions for nursing home; 9/25/20 https://portal.ct.gov/-/media/Coronavirus/20200925-DPH-Order-rescinding-restrictions-on-visitors-in-nursing-homes-residential-care-homes-and-c.pdf - Must meet these requirements; Nursing homes may open for indoor visitation under certain conditions, including that there has been no new onset of COVID-19 cases in the last 14 days and the facility is not currently conducting outbreak testing. Indoor visitation will be suspended if there is a positive COVID case among staff or residents.
10/5/2020	COVID19 alert for resident of Norwich, urged to stay home if not feeling well, limit trips outside the home and avoid indoor gatherings with those you don’t live with, more testing available – recent spike in new cases – free testing dates and locations announced first 2 weeks of October - https://portal.ct.gov/DPH/Press-Room/Press-Releases--2020/DPH-Issues-COVID-19-Alert-for-Norwich-After-Significant-Spike-in-New-Cases
10/13/2020	• all Chronic and Convalescent Homes and Rest Homes with Nursing Supervision (SNFs) requirement to stockpile PPE to manage outbreak of 20% of the average daily census for 30 days o Must log in and attest by 10/16 https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing-Investigations/Blast-Faxes/2020-55-and-up/Blast-Fax-2020-98-Personal-Protective-Equipment-Inventory-Attestation.pdf
10/23/2020	Resumption of weekly staff testing in NH, ALF due to rise in Covid-19 cases throughout the nation and state Connecticut - Fax+2020-101+Testing+Equency 10-23-20.pdf Municipal Authority to Revert to the More Restrictive Pre-October 8, 2020 Size and Capacity Limitations and Rules for Certain Businesses and Gatherings. • Basically reverses the 10/8 order that allowed higher capacity for groups/events https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-9G.pdf
11/5/2020	Basically changes past order with restrictions on gatherings to a conditional order depending on elevated case rate of a municipality • 25% of capacity of the indoor space or a maximum of 100 people, whichever is smaller, and 150 people for outdoor gatherings if weekly report on DPH website shows the average over a 14 day period shows a municipality with an average number of 10 or more new cases per day (“elevated case rate”)

			https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-9J.pdf
	11/6/2020	looks like they are moving back to phase 2 11/5 • Limits on indoor gatherings to 50% capacity or 100 people whichever is lower • Must wear mask at outdoor events and maintain 6 feet • Outdoor dining expanded for restaurants • Extension of not allowing purchase of alcohol if you don't buy food	
	11/13/2020	https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-9K.pdf • Extended all current executive orders through February 9 2021 https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-9L.pdf All facilities letter are new streamlined approval process for approving funds in order to purchase visitation equipment (glass dividers etc to allow visitors in SNF) https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing-Investigations/Blast-Faxes/2020-100/Blast-Fax-2020-103-NH-Visitation-and-Request-for-CMP-Funds.pdf • Testing – required weekly as of Nov. 1. This went out October 23 – I think we already have this update https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/facility_licensing_and_investigations/Blast-Fax-2020-101-Testing-Frequency-003.pdf	
	11/17/2020	• Vaccine plans, survey to complete regarding identified as healthcare sector, critical workforce or at risk population (looks like they are preparing to determine who will get vaccine first – maybe want to make sure facilities count our staff in these numbers, anything we need to do for direct bill in CT to prep that our HC workers are included? – this is the dialysis survey, can't tell if there are other specific HC line surveys – this would be sent by blast FAX to facilities that met requirements) https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing-Investigations/Blast-Faxes/2020-100/Blast-Fax-2020-105-Mass-Vaccination-Survey-Dialysis-Centers.pdf • COVID19 reporting requirements for LTC facility: o Clarifies daily reporting requirements – separates out positive tests from point of care antigen machines and lab tests https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing-Investigations/Blast-Faxes/2020-100/Blast-Fax-2020-107-LTC-COVID-19-Daily-Reporting-System.pdf	
	11/24/2020	• Hospital DC guide 11/17 eblast/fax: o DC covid19 testing can be requested by received PAC agency/facilities for patients whose COVID status is not known – recommends to test before hospital DC, but does not require o A PAC provider may refused admission of a patient with COVID19 who does not meet criteria for discontinuation of isolation precautions o Transfer to a covid recovery facility can be considered for those clinically ready for nursing home level of care(if nursing home resident should try to send to their nursing home first, then CRF if their home won't accept admit)	
	12/2/2020	https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing-Investigations/Blast-Faxes/2020-100/Blast-Fax-2020-108-Hospital-Discharges-Guidance.pdf o 12/1 executive order o Allows flexibility in hiring short term substitute teachers o Allow the sale of alcoholic liquor at virtual events o Resumption of certain Judicial Branch requirements and deadline https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-9O.pdf o Increased enforcement and penalty for violating the size and capacity restrictions (now can get a fine of 10,000.00 per violation) o Includes all gatherings, private at residential properties, religious, spiritual, graduations, etc https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-9N.pdf o Vaccine o Have vaccine advisory group o Draft plan was last updated in October – just a draft, not finalized but does have long term care facilities prioritized first INITIAL POPULATIONS OF FOCUS AND ANTICIPATED VACCINE ADMINISTRATION SITES Healthcare personnel – public health, closed point of dispensing (POD), temporary/off-site vaccination clinics + potential for mobile clinics Other essential workers – public health, closed POD, temporary/off-site vaccination clinics + potential for mobile clinics People at higher risk of severe COVID-19 illness – potential for mobile clinics to long-term care facilities (LTCFs) https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Communications/COVID-19-Vaccine-Advisory-Group/PHERP_Mass-Vaccination-Plan_FINAL-DRAFT_10152020_CDC.pdf o All facilities letter – Survey monkey for HH agencies in CT https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing-Investigations/Blast-Faxes/2020-100/Blast-Fax-2020-112-Survey-on-Mass-Vaccination-for-Home-Health-Agencies.pdf All facilities letter – Nursing homes must do a point prevalence testing of all residents once between Dec 1 and Dec 15 if not already completing outbreak testing https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing-Investigations/Blast-Faxes/2020-100/Blast-Fax-2020-114-Point-Prevalence-Testing.pdf	
	12/14/2020	From Benchmark customer: FDA has released vaccine information for caregivers and recipients. Please print this information and begin distributing to all staff who are currently tested weekly on SAR for covid; they are all eligible to receive the vaccine. I am listening to the FDA conference call right now and it seems the more I learn, the safer I believe this is. Please remember this is a one time opportunity to receive it; you cannot change your mind on 12/22 after they have left and get it again! We have to be ready to go and need to know by mid to end of next week exactly who wants this vaccine and will be present to receive it on 12/21! I haven't even read the attachment yet, but wanted to get it out quickly. We have been waiting for release of this to be able to move forward with planning. If I forgot to copy anyone on this email, please forward it. We are awaiting receipt of consent forms and more information from CVS which we expect early in the week. Have a good weekend; I think this is a huge turning point in this battle if we get enough staff to take it. All our long term residents have given consent except 2 who are still reviewing it. We are waiting for further guidance from CVS regarding our short termers and how they will get their 2nd dose. Connecticut Pfizer-BioNTech COVID-19 Vaccine EUA Fact Sheet for Recipients.pdf Fact sheet is from Pfizer: https://www.cvdvaccine.com/ o Licensed Pharmacists can administer COVID19 vaccine o All providers out of network must accept the amount that would be paid under medicare for administering the covid19 vaccine by the insurance company o Same as what CDC has changed recently – at least 24 hours passed since recovery with resolution of fever without meds and at least 10 days since symptoms appeared o Exposed employees may return to work in contingency strategy for workers under guidelines Case by case with active monitoring https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Facility-Licensing-Investigations/Blast-Faxes/2020-100/Blast-Fax-2020113-RTW-Guidance-Healthcare-Workers-First-Responders.pdf	
	12/22/2020	• Amendments on self-quarantine after travel – must quarantine for 10 days or have testing alternative, exempt if traveler has a negative test for covid19 in the 72 hours prior to arrival in CT or at any time following arrival in CT (traveler must be able to show written proof of this negative test) https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-9S.pdf	
	12/23/2020	Updated guidance re: visitation Connecticut - NursingHomeVisitationandRequestforCivilMoneyPenalties(CMPs)CTDPH.pdf Lateral transfers from NH to Covid Recovery Facility Connecticut - LateraltransfersfromaNursingHometoCOVIDRecoveryFacilityCTDPH.pdf	

Delaware		3/30/2020	As of 3/29/20 - all out-of-state visitors or residents that have traveled out-of-state, going forward and within the past 14 days, must self-quarantine for 14 days – but does not apply to essential services or healthcare workers
		3/31/2020	Directed childcare centers to remain open only for children of essential workforce; non-emergency childcare centers to close by April 6th; All hospitals, nursing and residential facilities, and ambulatory health care services in Delaware, as categorized by the Division of Small Business, shall comply with the Public Health Authority's guidance for the use of Personal Protective Equipment. (No updates since 3/20/20 – appears cut and pasted from CDC recommendations, but does not reference CDC). The Public Health Authority is authorized to make, amend and rescind orders, rules and regulations under Title 16 necessary for emergency management purposes. The Public Health Authority is authorized to: i. Suspend all state-required deadlines and timetables for performance of facility and agency licensure activities as the Public Health Authority deems necessary; and ii. Suspend any regulatory requirement found in Title 16 of the Delaware Administrative Code that the Public Health Authority deems an impediment to staffing facilities and agencies during the pendency of the emergency; and iii. Suspend any regulatory requirements related to the provision of in-home medical care and personal services under Title 16 of the Delaware Administrative Code as the Public Health Authority deems necessary. The requirement that long term care facilities provide documentation to the Division of Health Care Quality as to the of the amount of direct care time that was provided in an emergency by a Director of Nursing, Assistant Director of Nursing, or registered nurse assessment coordinator as required in 16 Del. C. § 1161(e) is hereby suspended. Long term care facilities must continue to provide 3.28 hours of direct care per resident per day. However, the staffing ratios required in 16 Del. C. § 1162 are hereby suspended. The training requirements found in Section 3215 of Title 16 of the Delaware Administrative Code are hereby suspended. Previously untrained feeding assistants may undergo on-site training for the pendency of the state of emergency.
		4/1/2020	Updated 3/31/20 – Updated Essential Employee Screening requirements – send employees with temperature greater than 99.5 degrees home; screen each employee with basic questionnaire upon entering, to include symptoms of respiratory infection (fever, cough, SOB, severe sore throat, muscle aches)
		4/14/2020	Announced 4/13/2020 a Multi-state Council for return to work and restore economy - DE, NY, NJ, CT, PA, RI https://news.delaware.gov/2020/04/13/governor-carney-and-five-governors-announce-multi-state-council-to-get-people-back-to-work-and-restore-the-economy/
		4/15/2020	updated emergency order requires nursing facilities to immediately ensure they are in full compliance with the Public Health Authority guidance related to COVID-19. Nursing facilities must check Division of Public Health (DPH) guidance at least daily to ensure they are complying with the most current guidance and adjust their policies, procedures, and protocols accordingly. Governor Carney's order requires all nursing facilities in Delaware to immediately: * Establish a cohort of staff who are assigned to care for known or suspected COVID-19 residents. * Designate a room, unit, or floor of the nursing facility as a separate observation area where newly-admitted and re-admitted residents are kept for 14 days on, while being observed every shift for signs and symptoms of COVID-19. * Designate a room, unit, or floor of the nursing facility to care for residents with known or suspected COVID-19. Additionally, Governor Bacon Health Center (GBHC) will serve as a non-acute alternate care site for patients who are discharged from the hospital, have some Activities of Daily Living needs, and are unable to return to their homes in the community or in a long-term care facility due to caregiver or staffing challenges. As previously announced, GBHC is one of the tools the state will use to ensure that critical care beds are available to people who need hospitalization and intensive treatment for COVID-19 infections. https://news.delaware.gov/2020/04/15/governor-carney-requires-strict-measures-in-long-term-care-facilities-to-fight-covid-19/ https://governor.delaware.gov/wp-content/uploads/sites/24/2020/04/Eleventh-Modification-to-State-of-Emergency-04152020.pdf
		4/23/2020	Delaware Department of Health released infection control and prevention training resource for LTC facilities - detailed information consistent with CDC https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/04/DPH-covid-training-04222020.pdf
		4/24/2020	Removed restrictions on out-of-state healthcare workers to assist in Covid response https://news.delaware.gov/2020/04/23/governor-carney-removes-restrictions-on-out-of-state-health-care-workers-to-assist-in-covid-19-response/ Closed schools the rest of the school year
		4/27/2020	EO on 4/25/20 requires wearing face coverings in public. All businesses are required to do the following no later than May 1, 2020 at 8:00 a.m.: provide employees with a face covering to wear while working in areas open to the general public and areas in which coming within 6 feet of other staff are likely. Businesses must provide, at their expense, such face coverings as well as hand sanitizer for their employees. All employees are strongly encouraged to fashion personal face coverings per the CDC guidelines referenced in paragraph 8, below, until their employer provides a face covering pursuant to this paragraph. Businesses shall take steps to remind customers to wear face coverings by (a) posting the requirement at the entrance of the business, and (b) posting clearly visible signs inside the store to remind customers of the requirement to wear the face covering at all times when in the business. https://governor.delaware.gov/health-soe/thirteenth-state-of-emergency/
		5/6/2020	Interim steps allowing small businesses to resume. Also announced plans to test all residents and staff of long term care facilities. DPH will provide facilities with tests, testing supplies, training, and support for the universal testing program to protect the most vulnerable Delawareans. Expanding COVID-19 testing capacity for vulnerable populations is a requirement of federal guidance for economic reopening. Public health experts at the Division of Public Health (DPH) will support clinicians at long-term care facilities with the new testing program. DPH will provide guidance on testing of symptomatic and asymptomatic persons and the interpretation of results. DPH will also provide recommendations to protect residents and staff based on results, including transmission-based precautions, isolation, and patient and staff management strategies. https://news.delaware.gov/2020/05/05/governor-carney-announces-interim-steps-allowing-small-businesses-universal-testing-in-nursing-homes/
		5/12/2020	Statewide plan for contact tracing https://news.delaware.gov/2020/05/12/governor-carney-announces-statewide-contact-tracing-plan-for-covid-19/
		6/5/2020	Phase 2 economic recovery begins 6/15/20 - no healthcare specific information OT License renewals will be required by 7/31/20; no in-person renewals - additional time for CEU's will be granted if needed during renewal process - 60 days beyond end of emergency declaration
		6/8/2020	New Guidance: COVID-19 Testing of Symptomatic Individuals at Post-Acute Care (PAC) Facilities - To establish a process for post-acute care (PAC) facilities to have patients / residents tested for COVID-19 using a Public Health Laboratory. This process will apply to all PAC facilities in Delaware, including long-term care, assisted living, intermediate care, and other residential facilities. Procedure: 1. PAC facility will identify a patient / resident that is exhibiting symptoms; 2. PAC facility will contact patient / resident's physician or facility medical director to determine recommendation for COVID-19 testing and obtain an order. * For assisted living facilities only: if the patient's primary care provider or any other of the patient's healthcare providers is not available after multiple documented attempts to reach, facility will contact DPH Call Center at 1-866-408-1899; 3. PAC Licensed Nursing staff on duty will complete lab requisition form and perform nasopharyngeal swab. 4. PAC facility will choose 1 of 2 options to have specimen transported to Public Health Laboratory 5. PAC facility will submit a Resource Request Form to shoc_ops@delaware.gov to replenish any testing kits that were used for testing. Delaware - COVID-19-Testing-of-Symptomatic-Individuals-at-Post-Acute-Care-PAC-Facilities 6.5.20.pdf Also found updates to prior emergency orders, related to nursing homes and ALF's: Because asymptomatic or presymptomatic residents and staff might play an important role in transmission in facilities, additional prevention measures merit consideration, including using testing to guide the use of transmission-based precautions, isolation, and cohorting strategies. The ability to test large numbers of residents and staff may significantly decrease transmission of COVID-19 within facilities. It is hereby ordered, that 16 Del. Admin. C. § 3201: Skilled and Intermediate Care Nursing Facilities, specifically, lines 2.21, 5.5.9, 8.3.1 and Section 6.11, which expand definitions, documentation, emergency preparedness, and testing requirements, is temporarily modified as shown by underline as follows: - all residents should be tested upon identification of another resident or staff with symptoms or positive covid. All testing and test results must be reported to Health Dept. All staff and vendors who have not been previously tested, must receive baseline testing by June 14th; new staff and vendors that cannot produce proof or prior testing must be tested; all residents and staff that test negatively shall be retested per dept of health guidance; outlines some amended facility policy requirements, staff shortages, etc. Delaware - 3201-Skilled-and-Intermediate-Care-Nursing-Facilities 6.1.20.pdf Delaware - 3225-Assisted-Living-Facilities 6.1.20.pdf Several other guidance documents: Delaware - LTC-Surveillance-FAQ 6.3.20.pdf Delaware - Copy-of-Mandatory-Staff-Testing-Tracking-Log 6.3.20.pdf Delaware - Mandatory-Recurring-Testing-by-Curative-presentation-DHSS 6.3.20.pdf Governor John Carney on Saturday formally extended the State of Emergency declaration in place to limit the spread of COVID-19. Under Delaware law, State of Emergency declarations must be renewed every 30 days. https://governor.delaware.gov/health-soe/third-extension-declaration-of-a-state-of-emergency/
	Diane	6/10/2020	Mandatory Reoccurring COVID-19 Testing for Long Term Care (LTC) Vendors. The regulatory definition of vendor is "any individual who is not employed by the facility but provides direct services to one or more facility residents." 3201 Skilled and Intermediate Care Nursing Facilities, 3225 Assisted Living Facilities and 3230 Rest (Residential) Home Regulations require vendors who have not previously tested positive for COVID-19 receive a baseline COVID-19 test within two weeks of the effective date of this regulation. In addition, vendors must be retested consistent with Division of Public Health (DPH) guidance for the duration of the public health emergency. At this time, the DPH is requiring weekly (once every seven days) testing of LTC vendors. LTC vendors must develop policies and procedures to address the various aspects of mandatory reoccurring COVID-19 testing. Delaware - Mandatory-vendor-testing 6.8.20.pdf

	6/15/2020	DHSS Division of Health Care Quality Emergency Regulations 3201 Skilled and Intermediate Care Nursing Facilities, 3225 Assisted Living Facilities, and 3230 Rest (Residential) Home Regulations contain the following regulations regarding long-term care (LTC) resident testing. All other resident testing should be consistent with Division of Public Health (DPH) guidance for the duration of the public health emergency. At this time the DPH is requiring LTC facilities to offer COVID-19 testing on a monthly basis to residents who have not previously tested positive to COVID-19. Residents who have previously tested positive for COVID-19 do not need to be included in the monthly testing plan. LTC facilities must develop policies and procedures to address the various aspects of resident COVID-19 testing. For example, policies and procedures must address aspects such as which PCR testing method will be used to complete the testing, resident consent/refusal, documentation of resident consent/refusal, and address COVID-19 positive test results. Delaware - Monthly-Testing-for-LTC-Residents 6-12-20.pdf
	6/26/2020	At this time the DPH is requiring LTC facilities to offer COVID-19 testing on a monthly basis to residents who have not previously tested positive to COVID-19. Residents who have previously tested positive for COVID-19 do not need to be included in the monthly testing plan. LTC facilities must develop policies and procedures to address the various aspects of resident COVID-19 testing. For example, policies and procedures must address aspects such as which PCR testing method will be used to complete the testing, resident consent/refusal, documentation of resident consent/refusal, and address COVID-19 positive test results. Delaware - Monthly-Testing-for-LTC-Residents 6-24-20.pdf
	7/6/2020	Governor John Carney on Monday formally extended the State of Emergency declaration another 30 days to confront community spread of COVID-19. https://news.delaware.gov/2020/07/06/governor-carney-formally-extends-state-of-emergency-2/
	7/10/2020	Updates to monthly LTC resident testing: This process applies to Skilled Nursing Facilities (SNFs) and Assisted Living Facilities (ALs). The State of Delaware will support long-term care (LTC) facilities by offering nasopharyngeal (NP), oropharyngeal (OP), or anterior nares test kits and specimen processing at the Division of Public Health Laboratory (DPHL). LTC facilities may choose to utilize other resources as determined appropriate. LTC facility shall develop and implement an in-house plan to offer testing to all asymptomatic residents who have not previously tested positive for COVID-19. https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/07/COVID-19-Monthly-Resident-Testing-7.7.20.pdf
	7/16/2020	Expanded testing through partnership with Walgreens. The Delaware Division of Public Health (DPH) on Tuesday released an update to its coordinated statewide plan to ensure all Delawareans continue to have access to safe and efficient coronavirus disease 2019 (COVID-19) testing. Delaware's updated COVID-19 testing plan strives to address key considerations such as access, equity and cost. The plan is structured to provide specific strategies for key populations defined in its original testing framework released in May, with a particular focus on vulnerable populations, including elderly Delawareans, members of low-income and minority communities, and certain front-line essential workers. https://news.delaware.gov/2020/07/15/public-health-announces-update-to-statewide-covid-19-testing-plan/
	7/28/2020	New guidance for the Discontinuation of transmission-based precautions for patients with COVID-19: The decision to discontinue Transmission-Based Precautions should be made using a symptom-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy). A test-based strategy is no longer recommended for most cases because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious. Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge. https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/07/7.21.20-Discontinuation-of-COVID-19-Precautions-for-Long-Term-Care-Facilities.pdf
	8/5/2020	Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 to Long-Term Care or Assisted Living Facilities. The decision to discontinue Transmission-Based Precautions should be made using a symptom-based strategy (i.e., time-since-illness-onset and time-since-recovery strategy). https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/08/Discontinuation-of-COVID-19-Precautions-for-Long-Term-Care-Facilities_8.5.20-2.pdf
	8/26/2020	Modification to SOM declaration - formalizing new face covering requirements for children. The modification also requires Delaware schools to notify families if they become aware of positive cases of COVID-19 in their schools. https://governor.delaware.gov/health-soe/twenty-fifth-state-of-emergency/
	9/2/2020	LTC Reopening Plan https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/09/LTC-Order-and-Reopening-Plan-090220.pdf
	10/14/2020	Missed this earlier - LTC Executive Order and Reopening Plan: All staff at nursing facilities, assisted living facilities, rest residential facilities, and intermediate care facilities for persons with intellectual disabilities must complete trainings developed by the Department of Health and Social Services by October 15, 2020. Future trainings developed by the Department of Health and Social Services must be completed within 2-weeks of issuance and distribution to facilities or as otherwise noted. https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/10/LTC-Education-Order-10.1.20.pdf 10/12/20 - DDHS Covid Training referenced above, published on Monday https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/10/DPH-covid-training-10.12.20.pdf https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/10/DHCO-Training-Signature-Attestation.pdf Also released new testing guidance: DPH is updating COVID-19 testing guidance for all Skilled and Intermediate Nursing Facilities (SNFs), Assisted Living Facilities (ALFs), and Rest Residential Facilities, given the recent guidance from the Centers for Medicare & Medicaid Services (CMS) surrounding testing frequency in light of community prevalence (county positivity rate), revised definitions of outbreak in the facility, and the recent availability of point of care testing for facilities to consider. https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/10/DPH-LTC-COVID-19-Testing-Guidance-10.12.20-1.pdf Testing Protocols for use of rapid antigen tests. Only rapid antigen tests that have received an Emergency Use Authorization (EUA) from the FDA OR that have been independently verified by a CLIA certified laboratory may be used. Testing may only be performed under the direction and order of an independently licensed medical practitioner (MD/DO, DMD/DDS, PA, or APRN). Delaware - Rapid-Antigen-Testing-Protocols -10.07.20.pdf
	11/13/2020	Extends state of emergency order https://news.delaware.gov/2020/10/30/governor-carney-formally-extends-state-of-emergency-5/
	11/24/2020	Testing Guidance for LT Care Facilities https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/11/DPH-LTC-COVID-19-Testing-Guidance-11.16.20.pdf
	12/1/2020	In anticipation of federal approval of a safe and effective COVID-19 vaccine, the Delaware Division of Public Health is working with federal, state and local stakeholders to plan for an efficient and equitable distribution of a vaccine to all Delaware communities. In anticipation of a phased roll-out of the vaccine, it is the goal of DPH to make safe and effective COVID-19 vaccination available to health care workers, including those who care for vulnerable populations, and other first responders first, followed closely by vulnerable populations and then work to include all who live, work or go to school in Delaware. https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/11/COVID-19-Vaccination-Playbook-DE-V7-102620-102920_webready.pdf https://coronavirus.delaware.gov/wp-content/uploads/sites/177/2020/11/Delaware-COVID-19-Vaccination-Plan-Executive-Summary_Final-10.26.20.pdf
	12/11/2020	Most establishments limited to 30 percent capacity; larger retail limited to 20 percent to reduce crowds; 10 p.m. curfew instituted at restaurants and bars; additional enforcement measures announced; Stay-at-Home advisory in effect December 14-January 11 http://de.gov/27soe Phase 1A of the state's distribution plan, as approved by the Ethics Advisory Group and finalized by DPH, include residents of long-term care facilities and high-risk workers with routine exposure to infected individuals or materials in health or patient care settings. This includes the following: • Hospital staff • Emergency Medical Service providers who have direct patient contact • Public Health staff who have direct patient contact • Health care providers in outpatient settings • Pharmacy staff • Staff of long-term care facilities https://news.delaware.gov/2020/12/09/covid-19-vaccine-update-dph-receives-ultra-cold-storage-unit-finalizes-recommendations-on-initial-allocation/
District of Columbia	4/10/2020	Stay-at-home order, masks in public, limit the number of shoppers https://dchealth.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/COVID19-Situational-Update-Presentation-040920.pdf

Nicole	4/20/2020	Interim guidance for out-patient pediatric providers. Same guidance as for all HC providers, regarding PPE, testing, and return-to-work. Encouraging telemedicine - nothing specific to therapy https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/DC_Health_COVID-19_Interim_Guidance_for_Outpatient_Pediatric_Providers_1.pdf Extended Home School/distance learning through rest of school year https://coronavirus.dc.gov/release/mayor
	5/15/2020	Stay-at-home extended to 6/8/20 Priority Groups for Testing The District has identified these priority groups for testing effective May 7, 2020: High Priority Hospitalized patients with symptoms Healthcare facility workers, workers in congregate living settings, and first responders with symptoms or history of close contact exposure* Residents in long-term care facilities or other congregate living settings, including jails/detention centers and shelters, with symptoms or history of close contact exposure* Priority Persons with symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat. Asymptomatic patients who are greater than 65 years of age, have underlying conditions, or are critical infrastructure workers (includes grocery store workers, essential government employees, and other workers who continue to report to work in the District), and household contacts of laboratory-confirmed COVID-19 patients Non-Priority Individuals without symptoms and who do not meet the testing criteria. https://coronavirus.dc.gov/testing
	5/21/2020	Guidance for universal masking and healthcare personnel monitoring, restriction and return to work: https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/May%2013%2C%202020%20Univ_Masking_and_Hlthcre_Personnel_Monitor_Restriction_and_Return_to_Work_2020.05.pdf - adding to spreadsheet - document already saved in folder.
	5/26/2020	Stay at home order lifted - Phase 1 of reopening; Healthcare providers may continue to offer, or resume offering, services, including outpatient or other surgical procedures in the District that will not unduly burden hospital capacity or COVID-19 related resources. Order in effect until July 24th. District Of Columbia - Phase 1 Reopening 5-27-20.pdf Interim Guidance on Discontinuation of Transmission-Based Precautions for Patients with Confirmed or Suspected COVID-19 in Healthcare Settings. Patients with COVID-19 may be discharged/transferred to home or a facility prior to discontinuation of Transmission-Based Precautions. Discharging facilities should notify the receiving facility/caregiver whether precautions are still required District of Columbia - COVID19 Transmission Based Precautions 05262020 Final.pdf
	6/5/2020	Masks now required in public https://coronavirus.dc.gov/maskorder
	7/22/2020	extension of the PHE and Delegations of Authority Authorized during COVID-19 – 7/22/20 https://coronavirus.dc.gov/page/mayor%2E%80%99s-order-2020-079-extensions-public-emergency-and-public-health-emergency-and-delegations
	8/7/2020	Mayor Muriel Bowser issued Mayor's Order 2020-119 to modify the District's Phase Two requirements regarding outdoor and private indoor gatherings; capacity restrictions for restaurants and houses of worship; and various fitness activities. The Order also strongly encourages continued telework https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/Mayor%27s_Order_2020-119_11-23-2020.pdf
	12/1/2020	
Florida	3/30/2020	More stringent guidelines (related to temperature checks throughout the day and masks.) I believe this was previously reported. Document has no date on it.
	4/1/2020	4/1/2020 – stay-at-home order except for essential services as designated by US Department of Homeland Security, which does include PT/OT/ST new Florida Mandate came out regarding COVID-19 testing at the SNF and AL sites in Florida on 5/10/2020 Florida - Emergency Rule Requiring Staff COVID-19 Testing at Long-term Care Facilities.pdf Florida - Mandatory Entry and Testing for Assisted Living Facilities (1).pdf Florida - Mandatory Entry for Testing and Infection Control for Nursing Homes.pdf
	5/13/2020	Emergency rule issued yesterday for nursinghome staff to be tested every 2 weeks. I've asked Rebecca to elaborate and provide source documents as I can't find this on their website.
	6/18/2020	– The FL OT association posted this article from the Tampa newspaper to their facebook yesterday. All I see from orders yesterday is one about elections and polling. It does look like Florida has done some testing with national guard strike teams that show up and test all staff and residents of nursing homes. If a strike team shows up, the facility cannot refuse testing. I'm wondering if they will use this method to get to all nursing homes – I'll keep an eye on it and see if I can find anything else. https://www.naplesnews.com/story/news/local/florida/2020/06/12/florida-nears-goal-testing-all-nursing-homes-coronavirus/5346531002/
	6/22/2020	(I BELIEVE THIS IS THE SAME INFORMATION AS 5/13/20 ABOVE, BUT INCLUDING BECUASE THE ABOVE LINKS NO LONGER WORK) (a) Beginning July 7, 2020, nursing homes and ALF's shall not admit into the facility any staff who has not been tested for COVID-19. (b) Nursing homes shall require all staff be tested every two (2) weeks thereafter with testing resources provided by the state. (4) EXEMPTION FROM TESTING. Staff who have already been infected and recovered from COVID-19 do not need to be tested if they can provide medical documentation to the nursing home. https://ahca.myflorida.com/docs/59AER20-5_Mandatory_Testing_for_Nursing_Home_Staff.pdf https://ahca.myflorida.com/docs/59AER20-4_Mandatory_Testing_for_Assisted_Living_Facility_Staff.pdf https://ahca.myflorida.com/COVID-19_Facilities.shtml
	6/23/2020	Florida – July 7 extended state of emergency x 60 days. Testing in nursing homes. Effective on June 15th, AHCA's Emergency Rule 59AER20-5 states that nursing homes shall require all staff to be tested every two (2) weeks with testing resources provided by the state. For FAQ's regarding this emergency rule, visit 59AER20-5 Questions & Answers. Cancel all group activities still. Florida July 7 EO 20-166 extended x 60 days.pdf
	7/14/2020	On Tuesday, September 1, 2020 at Governor DeSantis' direction, Florida Division of Emergency Management Director and State Coordinating Officer Jared Moskowitz issued Emergency Order 20-009 that lifts restrictions for visitation to nursing homes, assisted living facilities (ALFs), adult family-care homes, adult group homes and other long-term care facilities. Requires all visitors to wear PPE pursuant to the most recent CDC guidelines, and those not making physical contact still must wear a mask. Per the Emergency Order, to accept general visitors, the facility must meet the following: No new facility-onset of resident COVID-19 cases within 14 days other than in a dedicated wing or unit that accepts COVID-19 cases from the community; If a staff member tests positive for COVID-19, the facility must immediately cease all indoor and outdoor visitation in the event that staff person was in the facility in the 10 days prior to the positive test; Sufficient staff to support management of visitors; Adequate PPE for facility staff; Adequate cleaning and disinfecting supplies; and Adequate capacity at referral hospitals for the facility. https://www.floridadisaster.org/globalassets/covid19/dem-order-20-009-signed.pdf
	9/18/2020	I was just listening to the Florida COVID weekly call to see if there were any further updates. The June order for testing expired on Sept. 13. There is no longer a state regulation. Testing requirements for Florida SNF staff are based on new CMS Rule Aug. 26 2020. Testing must continue according to the positivity county rates CMS revised 9.4.20 (attached). I have attached the counties that are affected with regard to hot spots. I have also attached the provider POC testing (Florida). Regarding assisted Living communities it does not specify in the CMS regulation. Some Florida assisted living facilities will be receiving tests for continued testing (per county) for those registered with CMS. Florida - HCP_provider_reporting_POC_testing_09.08.2020_(002)_.pdf
Ruth		

			<p>Florida Department of Health • Provides daily data updates for number of positive cases, tests performed, deaths, number of long term care facilities with positive cases, number of persons of interest, and other information</p> <p>• Implemented emergency rules to require hospitals test all residents before discharge to a nursing home, and to require nursing homes to test all staff when arranged by the Department of Health</p> <p>https://floridahealthcovid19.gov/</p>
		12/2/2020	<p>Vaccination plans still in draft: The Department is using seasonal influenza vaccination activities to test plans for administration of the COVID-19 vaccine. Florida's 67 county health departments (CHDs) will conduct a vaccine administration exercise by December 1, 2020. The exercises will focus on increasing daily vaccinations, implementing social distancing and COVID-19 mitigation measures into logistical planning for mass vaccination clinics, and expand use of personal protective equipment. Each CHD will report to the Department's State Health Office using a standardized after-action reporting template to identify successes and areas for improvement.</p> <p>Florida vaccination plan latest.pdf</p>
Georgia		3/31/2020	3/27/20 – stay-at-home order – mirrors CDC policy re screening healthcare workers prior to entry to ALF/SNF
		4/3/2020	<p>Here's the link to an updated Georgia State executive order outlining scenarios/required timeframes for isolation and quarantine. Appears consistent with current CDC guidelines but wanted to share since they officially published this today.</p> <p>file:///C:/Users/rehab/Downloads/second_amended_ao_i_q_4.1.201.pdf No other changes to PPE guidance or essential services.</p>
		4/16/2020	<p>GA published a new document outlining locations/contact information for COVID-19 testing by county/district</p> <p>C:/Users/rehab/Downloads/covid-19_testing_-_direct_patient_lines.pdf</p> <p>GA also published an UPDATED Interim Guidance for Clinicians Evaluating, Reporting, and Requesting Diagnostic Testing for Possible COVID-19 Cases:</p> <p>C:/Users/rehab/Downloads/covid-19_healthcare_guidance_04_16.pdf</p> <p>UPDATED Interim Guidance for Clinicians Evaluating, Reporting, and Requesting</p> <p>Diagnostic Testing for Possible COVID-19 Cases. GUIDANCE SUBJECT TO CHANGE. Please read this guidance in its entirety. Summary • The expanding global outbreak of respiratory infections due to a novel coronavirus (COVID19) has been declared a pandemic and is being closely monitored by the WHO, CDC, and state public health officials. For the most up-to-date information about the outbreak, visit • COVID-19 clinical presentation varies in severity from asymptomatic infection or mild illness to severe or fatal illness. Symptoms include fever and signs of respiratory illness (e.g., cough, shortness of breath); case-patients can also develop pneumonia and some reports suggest the potential for clinical deterioration during the second week of illness, although the full spectrum of clinical illness remains unknown. • All novel respiratory virus infections (including COVID-19) have now been added to the list of diseases that are immediately notifiable by law in Georgia.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/index.html</p> <p>https://dph.georgia.gov/</p>
		4/20/2020	<p>Updated Executive Order extending State of Emergency until 5/13/20 (attached). Also maps out definitions of isolation vs quarantine</p> <p>Georgia - EO Extension to May 13 4.15.20 .pdf</p>
		4/21/2020	<p>Governor announces partial re-opening - includes utilization of a telemedicine app as part of comprehensive plan for screening, testing and treating. Also allows gyms, fitness centers, bowling alleys, body art studios, barbers, cosmetologists, hair designers, nail care centers, estheticians and their respective schools and massage therapists to open back up, subject to specific restrictions = minimum basic operations guidelines (screening employees, enhanced sanitation, wearing masks & gloves as appropriate, separating work spaces to at least 6 feet, teleworking as possible & staggering shifts), social distancing, regular sanitation. Subject to social distancing and sanitation mandates, theaters, private social clubs, restaurant dine-in services may open April 27th.</p> <p>https://gov.georgia.gov/press-releases/2020-04-20/gov-kemp-updates-georgians-covid-19</p>
		4/23/2020	<p>Department of health posted a new link to search for testing sites</p> <p>https://dph.georgia.gov/locations/covid-19-testing-site</p>
		4/30/2020	<p>GA website added a specific link on their COVID-19 page re: Georgia Specimen Point of Collection sites (SPOC). You can Search for a site by city, county or zip code here. Outlines that people should not arrive unannounced or without a scheduled appointment at a DPH specimen collection site. Only individuals who have been evaluated by a healthcare provider or local health department and assigned a PUI # number will be seen at these testing drive-thru sites.</p> <p>https://dph.georgia.gov/locations/covid-19-testing-site</p>
		5/4/2020	<p>1. GA governor issued guidance to public re: use of face coverings, given that the state has begun the re-opening and the emergency orders re stay-at home have expired. A cloth face covering should be worn whenever people are in a community setting where social distancing may be difficult such as in the grocery store or picking up food at a restaurant or riding public transportation, and especially in areas of widespread community transmission of COVID-19. Cloth face coverings help slow the spread of the virus and help people who may be infected and not know it from transmitting it to others. The Centers for Disease Control and Prevention (CDC) has easy to follow instructions on how to make a low-cost cloth face covering.</p> <p>2. Updated Healthcare Worker Return to Work guidance (see attached): this looks to have been updated to match the new CDC guidance of 10 days</p> <ul style="list-style-type: none"> • Symptomatic HCPs with confirmed COVID-19 or suspected COVID-19 can use the symptom-based strategy and return to work after: At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications AND improvement in respiratory symptoms (e.g., cough, shortness of breath); AND, At least 10 days have passed since symptoms first appeared • Asymptomatic HCPs with confirmed COVID-19 can use the time-based strategy and return to work after: At least 10 days have passed since the positive laboratory test and the HCP remains asymptomatic. Note, asymptomatic HCPs who test positive and later develop symptoms should follow the guidance for symptomatic HCPs above <p>Georgia - covid-19 healthcare worker return to work guidance 5.1.2020.pdf</p>
		5/13/2020	<p>Public health emergency extended through 6/12/20 with additional direction for Isolation, Quarantine (14 days following exposure with self-monitoring/screening of symptoms)</p> <p>C:/Users/rehab/Downloads/5_fifth_amended_ao_i_q_5.12.20.2.pdf</p>
Justin		5/20/2020	<p>Along with the additional contact tracers, DPH is introducing a new online monitoring tool developed by Google/MTX to make contact tracing more efficient. Once a COVID-19 case is identified, public health staff work with that individual to help them recall everyone they have had close contact with and where they went while they may have been infectious. Contacts identified during this interview will be called by trained DPH staff indicating that they have been exposed to COVID-19 and asking them to enroll in DPH symptom monitoring and informing them that they must self-quarantine for 14 days after the exposure. The web-based portal allows identified contacts to easily answer questions about their health and their symptoms related to COVID-19. If the contact reports symptoms, the system will prompt the individual to call 911 if they are in a medical emergency or to consult with their healthcare provider if they are sick and need medical care. Individuals with mild symptoms who do not need medical care will then be provided information on how to schedule COVID-19 testing. Contacts will receive a daily text message for 14 days reminding them to report if they have symptoms through the monitoring tool, and they will also receive information about what to do if they are or become sick. Individuals who do not report daily will be contacted by DPH.</p> <p>https://dph.georgia.gov/press-releases/2020-05-12/atlanta-georgia-department-publ</p>
		6/4/2020	<p>updated Executive Order extending the State of Emergency re: COVID-19 to 7/12/2020.</p> <p>Georgia - Ammended EO extending State of Emergency 6.2.20.pdf</p>
		7/12/2020	<p>Only GA Dept of Health update is an extension of the GA Executive Order declaring state of emergency re: COVID-19 until 8/11/20. Was previously set to expire at midnight on 7/12/20. No other updates on requirements re: testing, healthcare return-to-work, etc.</p> <p>Georgia - 06.29.20.01 GA Executive Order - extends state of emergency.pdf</p>
		7/27/2020	<p>UPDATED Interim Guidance for Clinicians Evaluating, Reporting, and Requesting Diagnostic Testing for Possible COVID-19 Cases (see CDC link)</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html</p>
		8/3/2020	<p>Renewing the Public Health State of Emergency last renewed on June 29, 2020 in response to COVID-19</p> <p>https://gov.georgia.gov/executive-action/executive-orders/2020-executive-orders</p>
		8/14/2020	<p>Atlanta – The Georgia Department of Public Health (DPH) in partnership with Governor Kemp, U.S. Surgeon General Jerome Adams, the Georgia Emergency Management and Homeland Security Agency (GEMA/HS) and Hartsfield Jackson Atlanta International Airport announces the opening of a COVID-19 mega-testing site.</p> <p>https://dph.georgia.gov/press-releases/2020-08-07/covid-19-mega-testing-site-opening-near-atlanta-airport</p>
		9/30/2020	Administrative order 9/21/20 - testing requirements re-opening strategies for SNF and AL
		10/19/2020	COVID-19 PCR Test Positivity Rates and Classification

			C:\Users\rehab\Downloads\DPH LTCF Test Positivity Classification - 20201026.pdf
	11/5/2020		COVID-19 PCR Test positivity rates and classification updates C:\Users\rehab\Downloads\LTCF GA Phases - 20201102.pdf
	11/11/2020		COVID PCR Positivity Rates C:\Users\rehab\Downloads\LTCF GA Phases - 20201109.pdf Considerations with Case Investigation and Contact Tracing in healthcare facilities. References strategies for staff shortages if workers need to return after close contact with COVID + individuals. No new executive orders, no changes in site restrictions or testing requirements. • Screen for symptoms before each shift • Practice universal masking and appropriate hand hygiene • Restrict from contact with severely immunocompromised patients • Prioritize performing duties that limit interaction with others • NOTE: As a last resort, if staffing shortages occur despite all other mitigation strategies, a HCW who tests positive for COVID-19 and remains asymptomatic can return to work earlier than stated in the guidance following the guidelines above. HCWs with confirmed COVID-19 should limit their direct patient care to: • Patients with confirmed COVID-19 • If not possible, then patients with suspected COVID-19 • As an absolute last recourse, patients without COVID-19 Georgia covid19 case investigation and contact tracing in healthcare facilities 11-6-20 GA.pdf Georgia Department of Public Health: COVID-19 PCR Test Positivity Rates and Classification, Georgia C:\Users\rehab\Downloads\LTCF GA Phases - 20201116_final.pdf PCR Test Positivity Rates and Classification Updated C:\Users\rehab\Downloads\LTCF GA Phases - 20201123.pdf
	11/24/2020		PCR Test Positivity Rates Update C:\Users\rehab\Downloads\LTCF GA Phases - 20201130.pdf
	12/1/2020		PCR Positivity Rates and Classification Update C:\Users\rehab\Downloads\LTCF GA Phases - 20201207.pdf
	12/10/2020		The Georgia Department of Public Health (DPH) today received the first shipments of COVID-19 vaccine for administration in Georgia. Shipments of the Pfizer vaccine arrived in Coastal Georgia at two public health locations with ultracold freezers required for storage and temperature control of the vaccine. Additional shipments of vaccine are expected later this week at facilities in other parts of the state, including metro Atlanta. https://dph.georgia.gov/press-releases/2020-12-14/first-doses-covid-vaccine-arrive-georgia
	12/22/2020		
Illinois	4/1/2020		3/31/20 – Universal masking policy for HCP in congregate facilities: Until further notice, IDPH recommends that congregate living facilities (sent to group homes, homeless shelters and correctional facilities, but similar language is used on their website for LTC facilities) serving vulnerable populations1 implement a universal-masking policy requiring all staff to wear a mask when working. This includes staff responsible for direct interaction or care involving residents as well as staff who do not normally interact directly with patients and residents, such as administrative, dietary, environmental services, and facility maintenance staff. Universal masking will reduce the risk of transmission from staff who may be carrying SARS-CoV2 but are asymptomatic. In addition, face masks are widely used as an important part of droplet precautions when caring for patients with respiratory infections. CDC has issued guidance regarding optimizing the supply of facemasks, including extended use and reuse strategies: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html
	4/3/2020		guidance for updated recommendations for PPE requests related to the COVID-19 response Illinois COVID-19 Guidance Resource - PPE Requests 4-02-2020.pdf (open link)
	4/6/2020		4/6/20 – Issued new guidance pertaining to use of face masks – reflects CDC updates published 4/6/20
	4/7/2020		4/7/20 – Issued guidance for transfer of patients from hospital to skilled and intermediate long-term facilities – references CMS and CDC guidance Illinois - 20200407 Guidance Regarding Hospital to SNF Transfers.pdf (open link)
	4/17/2020		Updated the State LONG-TERM CARE ASSISTANTS AND AIDES TRAINING PROGRAMS CODE to allow military personnel to serve as CAN's to address staff shortages; also suspended licensure requirements for out-of-state CAN's in good standing http://www.dph.illinois.gov/sites/default/files/COVID19/Part 395 Emergency amendment.pdf HH RN Supervisory Visit can be electronic or telephone during emergency status http://www.dph.illinois.gov/sites/default/files/COVID19/Part 245 Emergency amendment.pdf Background Check extension for employment http://www.dph.illinois.gov/sites/default/files/COVID19/7-955RG-E.pdf
	5/8/2020		Changes to Isolation Period for COVID-19 Cases. Minimum of 10-Day Isolation Period for all COVID-19 confirmed or probable cases • Includes both health care workers (HCWs) and non-health care workers • 14-Day Quarantine Period remains unchanged for close contacts to COVID-19 cases. When symptom-based strategies are used, 10 days is now consistent for return to work criteria for both HCWs and non-HCWs. For those individuals who are asymptomatic, a time-based strategy is used and remains 10 days from the first positive COVID-19 diagnostic test. A test-based strategy is also an option, but could prolong release from isolation. All time-based strategies for individuals with symptoms continue to include the additional requirement that 72 hours have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath). Additionally, CDC is no longer preferring a test-based strategy for HCWs. These updates were made based on evidence that suggests a longer duration of viral shedding and may be revised as additional evidence becomes available. Illinois - Changes to Isolation Period 5-7-20.pdf
	5/12/2020		Releases FAQ for businesses concerning use of face coverings Illinois - 20200511 IDHR FAQ for Businesses Con.pdf
Berenice	6/2/2020		5/28/20 Guidance: The Nursing Home Care Act requires each LTC facility to designate a person or persons as Infection Prevention and Control Professionals to develop and to implement policies governing the control of infections and communicable diseases. This policy must be written, clear, unambiguous and made available to the public. This guidance outlines how each LTC facility must develop an infection and communicable disease control policy that includes a facility assessment, a testing plan, and a response strategy for COVID-19. Each LTC facility must complete the Illinois Long-Term Care Facility Assessment for COVID-19, available at: https://redcap.dph.illinois.gov/surveys/?s=L3HPFNXEJD . Each LTC facility must develop a written COVID-19 testing plan and response strategy within 14 days of the issuance of this guidance and be made available upon request by IDPH. Each LTC facility must account for scenarios when the facility is not experiencing an outbreak and scenarios when the facility has a COVID-19 outbreak. The response strategy must include a policy on personal protective equipment (PPE) that specifies the types and quantity of PPE required to properly care for the facility's residents. The testing plan must identify the ordering physician, method of obtaining consents for the tests, and the criteria and frequency for testing residents and staff. For a facility experiencing a COVID-19 outbreak (one lab positive case and one case with COVID-19-like symptoms) or that has identified its first case, the facility must promptly report the occurrence to its LHD. The facility and LHD, in consultation with the IDPH Regional Infection Control Consultant, will arrange for testing of residents and staff. Testing is most informative to the outbreak response when implemented at the onset of the outbreak and when it includes both staff and residents. For a facility with no identified cases in the last 28 days, testing must occur in residents and staff as outlined in the facility's testing plan. Testing only required if there is an outbreak. Applies to SNF and intermediate care facilities. Illinois - 06.2.20 20200528 COVID-19 LTC Testing Final.pdf Illinois - 05.29.20-IDPH-LTCF QAwesinar 5.29.20 v3.pdf
	6/5/2020		Stay at home mandate suspended; face covering still required in public; gatherings of more than 10 still prohibited; dine-in service still prohibited; limited gym and spa service. http://www.dph.illinois.gov/restore/restore-faqs

		6/19/2020	Updated guidance for LTC facility visitation: Long-Term Care Facilities (LTCF) may allow outdoor visitation for residents when certain conditions are met. Visitations must be limited to two visitors at a time per resident. The maximum number of residents and visitors in the outdoors space at one time is predicated on the size of the outdoor space. Illinois - 20200619 IDPH LTC Visitation Guidanc.pdf
		7/6/2020	Effective 7/6/20: Chicago Department of Public Health Commissioner Issues Emergency Travel Order Directing Travelers from States Seeing a Surge in COVID-19 Cases to Quarantine Upon Arrival in Chicago - Alabama, Arkansas, Arizona, California, Florida, Georgia, Idaho, Louisiana, Mississippi, North Carolina, Nevada, South Carolina, Tennessee, Texas, Utah https://www.chicago.gov/city/en/depts/cdph/provdrs/health_protection_and_response/news/2020/july/chicago-department-of-public-health-commissioner-issues-emergenc.html
		8/10/2020	Illinois: Updated Interim Guidance for Nursing Homes and Other Long-Term Care Facilities and Programs: Phased Reopening C:\Users\rehab\Downloads\LTC_Reopening_FINAL.pdf
		10/29/2020	: new executive order limiting # of individuals during gatherings https://www2.illinois.gov/Documents/ExecOrders/2020/ExecutiveOrder-2020-63.pdf
		12/9/2020	Therefore, the IDPH has adopted an emergency rule requiring all frontline clinical staff and management at Long-Term Care (LTC) facilities to complete the free training provided by CMS. By December 31, 2020, all LTC facilities, as defined under the Nursing Home Care Act, shall have achieved at least 50% completion of the CMS training frontline clinical staff and management. By January 31, 2021, all frontline clinical staff and management shall have completed the CMS training. A copy of the emergency rulemaking has been attached. Illinois - CMS Targeted COVID-19 Training Mandated Letter 12-4-20.pdf Illinois - PART 300 Skilled Nursing and Intermediate Care Facilities Code 12032020.pdf
Indiana		3/30/2020	Updated mask information on their website, but still links to CDC
		4/7/2020	4/6/20 – EO expanding and extending stay-at-home order; offered guidance to healthcare providers expanding immunity and civil liability Looks like a form to request skilled or non-skilled personnel https://coronavirus.in.gov/2516.htm Hospital to post-acute transfer form: https://coronavirus.in.gov/files/Post Acute Transfer Communication Form_FINAL.PDF
		4/10/2020	Executive order for reporting: LTC facilities required to report positive COVID-19 test results and deaths within 24 hours for residents and employees https://coronavirus.in.gov/files/IN_COVID-19_Reporting_Order_4.8.20.pdf Found this fact sheet about PPE but looks like it follows CDC guidelines: https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf
		4/21/2020	Updated instructions for home caregivers - consistent with CDC. Also extended stay-at-home order through May 1st https://www.in.gov/gov/3232.htm Indiana COVID-19 Home Care 4.20.20.pdf
		4/30/2020	COVID-19 testing guidelines for healthcare providers. Providers who are using private or commercial labs for COVID-19 testing should test patients when they feel it is clinically indicated. Testing patients with symptoms compatible with COVID-19 helps in the detection of cases and allows for appropriate recommendations to be made regarding self-isolation of infectious individuals and self-quarantine for their close contacts. https://www.coronavirus.in.gov/files/IN_COVID-19_test_guidelines%204.29.20.pdf LTC Communication guide for informing family members during Covid-19. Indiana State Department of Health (ISDH) is requiring long-term care facilities (nursing facilities, skilled nursing facilities, residential facilities and assisted-living facilities) to provide to residents and their designated representatives the following - briefings on how facility is handling issues, general info about covid-19, the number of positive cases, the number of residents who have died due to covid and facility mitigation practices https://www.coronavirus.in.gov/files/IN_COVID-19_comm_guidelines_4.29.20.pdf
		5/5/2020	Governor released "back on track" guidelines for re-opening https://backontrack.in.gov/ Released updates to strategies for dealing with patients in Memory Care and LTC. Effective May 4, facilities must send daily (at minimum Monday through Friday) group emails, automated voicemails, or automated electronic communications (text, email) to residents and their designated representatives, informing them of the total number (including residents and staff) of COVID-19 cases, number of new cases in the last 24 hours, and if there are three or more new cases of respiratory illness that have occurred in the last 72-hours in residents and/or staff within the facility. Complete the Facility Emergency Transfer Form weekly with your facility's COVID-19 information and email it to your local *Ombudsman every Friday. https://www.coronavirus.in.gov/files/IN_COVID-19_comm_guidelines_5.3.20.pdf When a person in a memory care unit is suspected of having COVID-19 we recommend the following: Follow Indiana State Department of Health's (ISDH's) the infection control practices outlined in the ISDH long-term care checklist. Test all the residents and staff in the memory care unit for COVID-19 as soon as possible. To facilitate rapid testing, requests for an ISDH Strike teams can be made at strike-teamrequest@isdh.in.gov . While test results are pending residents are to be kept in the same unit but confined, if possible, to their rooms. https://www.coronavirus.in.gov/files/IN_COVID-19_mem_care_guidelines_5.2.20.pdf
		5/18/2020	Also updated Strategies for dealing with COVID-19 in memory care units: (can't tell what was updated - seems same direction) https://www.coronavirus.in.gov/files/IN_COVID-19_mem_care_guidelines_5.16.20.pdf
		5/21/2020	Gives some updates and conditions for visitors in Hospitals. Basically they are allowing visitors in non-COVID-19 units under special circumstances. All visitors must wear PPE and be screened prior to entry. https://www.ihconnect.org/patientsafety/PublishingImages/Pages/Corona_Virus/COVID_19_Visitation_Guidance_05052020_Final.pdf Moving to Stage 3 in most counties tomorrow. Still some restrictions but the biggest change seems to be the allowance of gatherings of 100 or less. https://backontrack.in.gov/files/BackOnTrack-IN_WhatsOpen-Closed-stage3.pdf
		5/26/2020	FAQs added to folder
		6/4/2020	Outdoor Family Visitation at LTC facilities: Outlines some guidelines regarding visitation outdoors https://www.coronavirus.in.gov/files/IN_COVID-19_outdoor_visit_6.3.20.pdf ISDH has a team available to come into facilities to rapidly test residents and staff who are suspected of having covid-19. If your facilities have patients or providers who are symptomatic and need to be tested, send email to strike-teamrequest@isdh.in.gov Indiana COVID-19 IP Toolkit ISDH updated 6.3.2020.pdf
		7/22/2020	Updated LTC visitation guidelines: https://www.coronavirus.in.gov/files/IN_COVID-19_Back_On_Track_Guidelines_6.29.20.pdf Guidance for person services in LTC – reopened the ability to provide personal services under certain circumstances. https://www.coronavirus.in.gov/files/IN_COVID-19_Personal_Services_6.29.20.pdf Continuation of Stage 4.5 executive order from 7/17, until 7/31/20 - all EO's extended https://www.in.gov/gov/files/Executive_Order_20-36_(Continuation_Stage_4.5).pdf When making a home visit, identify clients at risk for having COVID-19 before or immediately upon arrival to the home. The client and any other person who will be in the home during the appointment (e.g., visitor, family member) should be carefully screened for the following: a) Fever or respiratory symptoms (cough, shortness of breath or sore throat) b) Close contact with a suspect or confirmed person with COVID-19 c) Travel from a COVID-19 affected community or geographic area within 14 days d) Residing in a community where community-based spread of COVID-19 is occurring If any one of these criteria is present, a home visit should only be conducted by essential personnel and assistance should be provided to the client in notifying their health care provider as needed. The following are suggestions for determining essential personnel: https://www.coronavirus.in.gov/files/IN_COVID19_HomeCareInfectionControl_07.20.20.pdf https://www.coronavirus.in.gov/files/IN_COVID-19_HomeVisiting_07.22.20.pdf
		7/31/2020	5th renewal of the public Health Emergency Declaration

			https://www.in.gov/files/Executive Order 20-38 (5th Extension of the Public Health Emergency).pdf
	8/5/2020		COVID-19 Screening Decision Tree https://www.coronavirus.in.gov/files/20_School_Screening_tool_flyer_8-5-20.pdf
	8/18/2020		Updates to Covid-19 information for Long-term Care Facilities document: Summary of Recent Changes as of August 10, 2020 to more closely align guidance with Decision Memo: • For patients with severe to critical illness or who are severely immunocompromised ¹ , the recommended duration for Transmission-Based Precautions was changed to at least 10 days and up to 20 days after symptom onset. • Recommendation to consider consultation with infection control experts. • Added example applying disease severity in determining duration of isolation using Transmission-Based Precautions. • Added hematopoietic stem cell or solid organ transplant to severely immunocompromised conditions. Indiana - COVID-19 LTC 08.17.20.pdf https://www.coronavirus.in.gov/files/IN_COVID-19_LTCtransfer 8.17.20.pdf
	9/10/2020		sixth renewal of the public Health Emergency Declaration https://www.in.gov/files/Executive Order 20-41 (Sixth Renewal of Emergency Declaration).pdf Third continuation of stage 4.5 and first extension of face covering requirement https://www.in.gov/files/Executive Order 20-42 (30 day extension of 4_5 and Mask Mandate).pdf Point of Care testing Reporting https://www.coronavirus.in.gov/files/IN_COVID-19_POC_test_reporting 9.7.2020.pdf Updates to Infection Control Guidance – last updated 8/18 and not sure I found this before. https://www.coronavirus.in.gov/files/IN_COVID-19 LTC checklist 08.18.20.pdf
	11/13/2020		Indiana updated their Reporting for COVID19 requirements on Monday: https://www.coronavirus.in.gov/files/IN_COVID-19 LTC Data Submission Guidelines 10.29.20.pdf Statewide standing order for the administration of Vaccines: this permits pharmacists to administer or dispense vaccines to any individual 3-18 subject to certain requirements. . https://www.coronavirus.in.gov/files/Dr_Box - Standing Order for Administration of Vaccines - Pharmacists October 1 2020.pdf
	11/17/2020		Indiana made some updates to their COVID-19 Tool kit (Updates say 11/13 but they weren't posted until yesterday for some reason. Nothing that I can see is too significant. All updates are highlighted in yellow. I'm thinking that there were some updates to language in each of those passages and they point to updated CDC guidelines.) https://www.coronavirus.in.gov/files/IN_COVID-19 IP Toolkit ISDH 10.30.2020.pdf
Iowa			
	4/14/2020		Requirement that all HCW in LTC wear a face mask and eye protection (4/1/20) https://idph.iowa.gov/Portals/1/userfiles/7/LTC%20PPE%20Recs%20Doc.pdf PPE Shortage order (appears to follow CDC) (4/9/20) https://idph.iowa.gov/Portals/1/userfiles/7/Signed%20PPE%20Shortage%20Order%20Final.pdf
	4/15/2020		Interim Guidance for Admissions to LTC facilities - implemented daily survey for all LTC facilities regarding census, positive cases, staffing, PPE resources, ability to accept and place isolated patients; resident isolation and staff assignment; cohorting, etc - reference Leading Age Iowa, CMS and AHCA https://idph.iowa.gov/Portals/1/userfiles/7/LTC%20Guidance%20with%20041320%20FINAL.pdf
	4/16/2020		Today, Gov. Reynolds signed a new proclamation continuing the State Public Health Emergency Declaration and implementing additional measures to protect residents, workers, and the public in RMCC Region 6. The proclamation limits social, community, recreational, leisure, and sporting gatherings in RMCC Region 6 to only people who live together in the same household. And it continues to limit weddings, funerals, and other spiritual or religious gatherings to no more than 10 people. The proclamation also requires people to remain six feet away from people outside their household whenever possible, and requires employers to take reasonable steps to increase telework and adopt reasonable precautions to protect the health of employees and the public at any in-person operations. RMCC Region 6 includes Allamakee, Benton, Black Hawk, Bremer, Buchanan, Clayton, Delaware, Dubuque, Fayette, Grundy, Howard, Jones, Linn, and Winnebago counties. https://governor.iowa.gov/sites/default/files/documents/Public%20Health%20Proclamation%20-%202020.04.16%20-%20Region%206.pdf?utm_medium=email&utm_source=govdelivery
	6/1/2020		Released a testing framework that outlines only testing criteria based on symptoms. No universal LTC testing. Iowa - COVID 19 Testing Framework 05 27 20 (1).pdf
	6/5/2020		Released nursing home reopening guidance for LTC facilities on 6/4/20 - based on CMS recommendations: Iowa's guidance maintains a three-phased approach, consistent with the CMS guidance. However, the Iowa guidance provides for a different approach related to testing of residents and staff during phase 2 and phase 3. In addition, the Iowa guidance provides details for the various phases to help strike a balance between the need to maintain mitigation efforts that minimize exposure to COVID-19 and the need to maintain the quality of life and dignity necessary for the psychosocial well-being of residents. The guidance below is specifically targeted at long-term care facilities (e.g., nursing homes). Other facilities or congregate care settings, such as assisted living or residential care facilities, may choose to follow an independently developed framework for easing restrictions. PHASE 1 = vigilant infection control - prohibited visitation; restricted entry essential vs. non-essential personnel; telemedicine to replace transportation and trips for healthcare; limited communal dining; daily screening of resident and staff; etc. Also references TESTING - Facility shall report progress towards completion of baseline testing for staff and residents, as described in Appendix A. Staff and residents shall be tested if any symptoms are detected or if a positive case of COVID-19 has been identified, as described in Appendix A. The state agrees that it is important for all facilities to participate in baseline testing for all residents and staff prior to consideration of lifting restrictions. Baseline testing is critical to understand how the virus may exist in facilities especially among those without symptoms, so that informed decisions can be made and appropriate steps are taken for containment. Comprehensive testing of all staff and residents is encouraged as a baseline regardless of whether a case has been identified or not. At minimum facilities should meet the following testing metrics prior to moving to Phase 2 and also follow this guidance any time a single positive case is identified in a facility: • If there were one or more positive cases previously in residents, at a minimum, all residents with shared hallways/unit or staff should have been tested. Offering testing to all residents when a positive case is recognized is advised. • All staff, including administrative, should be offered testing regardless of contact with residents that have tested positive for COVID-19. • Staff declining testing should be treated as having a positive or unknown COVID-19 status and appropriate PPE should be used. Iowa - LTC Reopening Phases and Testing_FINAL 06 04 20.pdf
	6/10/2020		Updated Guidance on Phased Easing of Restrictions for LTC Iowa - LTC Reopening Phases and Testing_Updated 6092020.pdf Re-opening for LTC - FAQ Iowa - LTC Reopening Guidance Frequently Asked Questions_FINAL 06092020.pdf
	7/8/2020		Updated LTC Re-opening guidance Iowa - LTC Reopening Phases and Testing_Updated 6302020.pdf
	7/27/2020		IA Mask initiative. MASK UP https://idph.iowa.gov/News/ArtMid/646/ArticleID/158370
	8/14/2020		Updated phased restrictions for LTC https://idph.iowa.gov/Portals/1/userfiles/6/covid19/LTC/LTC Reopening Phases and Testing_08_10_2020.pdf
	9/2/2020		Interim Guidance for New Admissions or Return of Residents to Long-term Care Facilities https://idph.iowa.gov/Portals/1/userfiles/6/covid19/LTC/Discharge to LTC Guidance 08_24_2020.pdf Long Term Care Antigen Testing Guidance: https://idph.iowa.gov/Portals/1/userfiles/6/covid19/LTC/LTC Antigen Testing Guidance 08_24_2020.pdf
			Updated Guidance resources r/t false-positive results from antigen testing (see pg 13)

	10/14/2020	https://idph.iowa.gov/Portals/1/userfiles/61/covid19/Coronavirus Procedures 10_6_2020.pdf New visiting guidelines https://idph.iowa.gov/Portals/1/userfiles/61/covid19/LTC/09_16_2020 CMS Testing Requirements for LTCFs.pdf
	11/13/2020	IOWA: LTC staffing update 11/3/2020: https://idph.iowa.gov/Portals/1/userfiles/61/covid19/LTC/LTC Staffing 11032020.pdf Checklist for LTC outbreak: https://idph.iowa.gov/Portals/1/userfiles/61/covid19/LTC/LTC Outbreak Document 10_29_20.pdf Memory Care Mitigation Strategy: https://idph.iowa.gov/Portals/1/userfiles/61/covid19/LTC/LTC Outbreak Document 10_29_20.pdf
	12/2/2020	12/1/2020: Vaccine Info Brief https://idph.iowa.gov/Portals/1/userfiles/36/12_01_20 COVID-19 Vaccine Information Brief.pdf Vaccine for HCP https://idph.iowa.gov/Portals/1/userfiles/61/covid19/vaccine/11_20_20 HCP COVID-19 Vaccine FAQ.pdf Vaccine FAQ Document https://idph.iowa.gov/Portals/1/userfiles/61/covid19/vaccine/11_20_20 Public COVID-19 Vaccine FAQ.pdf
	12/14/2020	Iowa will begin receiving shipments of Pfizer doses the week of December 13, based on population size and target populations. Shipments will continue to arrive weekly throughout Iowa. Following the guidance issued by the Advisory Council on Immunization Practices (ACIP), Iowa's initial phase of the COVID-19 vaccination program (Phase 1a) will be offered to: * Healthcare personnel (HCP) and, * Residents of long-term care facilities (LTCs) https://idph.iowa.gov/News/ArtMid/646/ArticleID/158385/Pfizer-COVID-19-Vaccine-Receives-Emergency-Use-Authorization
	1/6/2021	IA Enhanced Public Health Measures https://idph.iowa.gov/Portals/1/userfiles/61/covid19/resources/Summary of Enhanced Public Health Measures Effective 12172020 %281%29.pdf IA LTC Antigen Testing https://idph.iowa.gov/Portals/1/userfiles/61/covid19/LTC/LTC Antigen Testing Guidance 12_28_2020 %28final%29.pdf
Kansas	3/27/2020	Strict Quarantine guidance; links go to CDC
	3/30/2020	Updates to travel-quarantine restrictions : If a Kansan resident travels to any of these states they must quarantine for 14 days. This includes Louisiana, Colorado after March 27; New York, California, Florida, Washington state after March 15; Illinois, New Jersey after March 23; Cruise ship or river cruise after March 15; Internationally after march 15
	4/8/2020	Added Connecticut to travel quarantine list https://khan2.kdhe.state.ks.us/NewsRelease/PDFs/4-6-20 travel.pdf
	4/20/2020	Stay-at-home order extended to May 3rd, 2020 https://www.coronavirus.kdheks.gov/DocumentCenter/View/132/Executive-Order-20-24-Statewide-Stay-Home-Order-PDF---4-16-20
	4/24/2020	Guide on Handling Outbreaks of COVID-19 in Long-term care facilities (LTCF) and Other Residential Facilities - Mostly follows CDC guidelines, screening staff before each shift, screen residents at least daily https://www.coronavirus.kdheks.gov/DocumentCenter/View/895/LTCFs-Guide-for-COVID-19-Outbreak-Response-PDF---4-17-20
	4/27/2020	Order that allows some medical services to be provided without supervision – applies to nursing and PA practitioners, no notation of therapy supervision specifically, however does allow PT's to volunteer or work within the facility as "respiratory therapist extenders" under the supervision of physician/respiratory therapist/advanced practice RN; allows out-of-state licensed professionals to practice in Kansas https://governor.kansas.gov/wp-content/uploads/2020/04/EO-20-26-Executed.pdf
	4/29/2020	Found this looking at the board of SLP a guidance published by the agency on aging/disability of Kansas – follows CDC guidelines for home visits except defines fever as 100 not 100.4. Kansas covid-19-home-workers .pdf
	5/1/2020	Allowing OT/PT/SLP to provide telehealth https://www.kdads.ks.gov/docs/default-source/covid-19/ad-csp/covid-19-hcbs-services-with-telemedicine.pdf?sfvrsn=c9b202ee_2 Home visit measures (This has apparently been updated, but unclear what was updated) - doesn't appear to have changed https://www.kdads.ks.gov/docs/default-source/covid-19/ad-csp/covid-19-home-visit-measures.pdf?sfvrsn=ccb202ee_2
	5/12/2020	Adult day services may reopen with phase III (no sooner than June 1) https://www.kdads.ks.gov/docs/default-source/covid-19/ad-csp/covid-19-hcbs-congregate-settings-closure.pdf?sfvrsn=8e8f02ee_2
	5/18/2020	Re-opening plan for Home & Community based services (HCBS) including congregate settings, adult day care - offers guidelines including covid-prevention, work with local health department to determine opening practices, cleaning practices, social distancing practices, etc. Kansas - Re-opening - covid-19-hcbs-congregate-settings.pdf
	5/22/2020	Moves to phase 2 May 22, 2020 - o Key changes to Phase 2: Mass gatherings of more than 15 individuals will be prohibited; All businesses and activities slated to open during Phase 2 will be allowed, with the exception of bars, night clubs and swimming pools. These will be moved to Phase 3; Businesses and activities that will be allowed to open in Phase 2 include: Recreational organized sports facilities, tournaments and practices will be allowed to begin on Friday, May 22, and must adhere to social distancing requirements and follow Parks and Recs guidelines, which can be found on covid.ks.gov; Community Centers will be allowed to open, except for indoor and outdoor swimming pools; Indoor leisure spaces such as arcades, trampoline parks, theaters, museums and bowling allies will be allowed to open on May 22; State-owned-and-operated casinos will be allowed to open once their re-opening plan has been approved by the Kansas Department of Health and Environment; In-person group exercise classes will be allowed to begin with groups of no more than 15 at a time. Locker rooms remain closed except for restroom facilities; Everything opened in Phase 1 and Phase 1.5 remains open pursuant to the restrictions outlined in Executive Order 20-34. Phase 2 will last until Sunday, June 7, assuming the current trends continue. Phase 3 is expected to begin on Monday, June 8, with mass gatherings of more than 45 individuals prohibited. Palliative care guide – really just urges HCP to consider palliative care to reduce ER visits, ensure quality of life, thinking surveys may eventually look at what facilities did to reduce risk of re hospitalizations right now https://www.coronavirus.kdheks.gov/DocumentCenter/View/151/Palliative-Care-During-COVID-19-Guidance-PDF---4-30-20 Healthcare facilities cleaning guide Appears to be in guidance with CDC and even has CDC as the main reference for the paper, DOES reference European CDC for environment cleaning recommendations as well. That guidance is appears similar to CDC and is here - https://www.ecdc.europa.eu/sites/default/files/documents/coronavirus-SARS-CoV-2-guidance-environmental-cleaning-non-healthcare-facilities.pdf https://www.coronavirus.kdheks.gov/DocumentCenter/View/1195/Healthcare_Facilities_Cleaning_Guide-05-19-20
	5/26/2020	Extends PASRR pre-admission suspension for another 30 days - https://www.kdads.ks.gov/docs/default-source/covid-19/ad-csp/covid-19-care-guidance.pdf?sfvrsn=468002ee_2
	5/29/2020	Documents on website appear incomplete and still in draft mode, but doesn't appear to have therapy implications. This is for the older Americans act and senior care act, but seems like it is just being extended into September, suspends in person home visits from Kansas dept for aging and disability QA staff, - will do phone interviews instead, and seems like annual area agency on aging will do remote meetings

		https://www.kdads.ks.gov/docs/default-source/covid-19/ad-csp/covid-19-oaa-sca-care-ga.pdf?sfvrsn=d69e02ee_2
	6/3/2020	<ul style="list-style-type: none"> o Household contacts – must be quarantined for 14 days after the case has been afebrile and feeling well (exposure is considered ongoing within the house) o Non household contacts – quarantined 14 days from date of last contact with the case o Cases – must be isolated a minimum of 10 days after onset, can be released after afebrile and feeling well without fever reducing meds for at least 72 hours <p>§ Note that lingering cough should not prevent a case from being released from isolation</p> <p>https://www.coronavirus.kdheks.gov/DocumentCenter/View/1086/Isolation-Quarantine-Release-Graphic-KS-PDF---5-27-20</p>
	7/7/2020	<p>Statewide EO to require mask use while in public spaces where 6 feet distances cannot be maintained</p> <p>https://governor.kansas.gov/wp-content/uploads/2020/07/20200702093130003.pdf</p>
Becca	7/16/2020	<ul style="list-style-type: none"> • Had press conference July 15 stating: o "If our state's actions continue and the numbers continue to climb, we will break our hospital system and there is no way schools or businesses will be able to return to normal this fall." Key takeaways from the July 15 press conference include: <ul style="list-style-type: none"> o The White House has categorized Kansas as a Red Zone o Since Monday, we've increased by 875 cases & 11 deaths o This isn't the flu, where you just recover. Some have long term effects o We need healthy Kansans to ensure a healthy economy o We MUST wear masks & physically distance; • Updated FAQ on states travel and quarantine recommendations; o 14-day mandatory home quarantine for people in Kansas who have traveled to Arizona on or after June 17, FL on or after June 29, cruise ship after March 15, Bahrain or French Guiana on or after July 14, traveled internationally on or after July 14 to any CDC level 3 travel health notice • People working in critical infrastructure sectors may be allowed modified quarantine to allow working with PPE, (decision must be made by local health officer)
	7/17/2020	<p>https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation-Quarantine-Guidance-and-FAQs-PDF---7-14-20</p> <p>Published 2 new guidances on July 17, 2020 – basically requiring SNFs and ALFs to have a plan to handle outbreaks, plan for testing, plan for allowing visitors etc. I imagine this will be looped into survey so places without a plan would be at risk of a survey deficiency - See links below. For SNF: o Similar to previous plans o Must have cohorting plan for positive cases, must have plan for testing, visitors collaborating with local Health dept. For Adult Care Homes (includes ALFs and any non-SNF adult home) o Similar to previous one published for SNF, must have plan to test all residents/staff – don't have to do testing yet just need plan o Plan with phases to allow visitors back</p> <p>https://www.kdads.ks.gov/docs/default-source/covid-19/hoc/nf-reopening-guidance-6-12-2020.pdf?sfvrsn=5e0500ee_2</p> <p>https://www.kdads.ks.gov/docs/default-source/covid-19/hoc/ach-reopening-guidance-6-17-2020.pdf?sfvrsn=5d0500ee_2</p>
	9/29/2020	<p>9/22 new toolkit that shows symptoms of COVID19 vs flu vs allergies vs cold (just a nice presentation of viewing different symptoms) - https://www.coronavirus.kdheks.gov/DocumentCenter/View/113/Cold-vs-Flu-vs-Allergies-vs-Coronavirus-Adult-PDF---9-22-20</p> <p>Quarantine or isolation shelters available for people exposed</p> <p>https://kansastag.gov/press_release_detail.asp?PRid=18656&fbclid=IwAR1TS9yx-GIWdPH1sJmOETN90J9gGwtTECOAbcOJ84R3LhlsVCMuCeXp3Ts</p>
	11/17/2020	<p>Travel Quarantine List updated: o Include required 14 day quarantine anyone traveling/attending a 500 person mass gathering out of state event of 500 people or greater where masks are not worn/6 ft social distancing</p> <p>o Other states taken off list – uses formula that if cases in a state are 3x that of Kansas they are on quarantine list...but as Kansas cases rising this has made states come off (not that states have reduced rates)</p> <p>https://www.coronavirus.kdheks.gov/175/Travel-Exposure-Related-Isolation-Quaran</p>
	12/2/2020	<ul style="list-style-type: none"> o Vaccines administered with a phased approach <ul style="list-style-type: none"> □ Tightly focus vaccine administration, administer vaccines in closed settings to reach initial critical populations • Phase 1A – healthcare settings who have the potential for direct or indirect exposure to patients and are unable to work from home • Phase 1B – other essential workers, please at higher risk of covid19 including those over 65 • Phase 2 – when it expands here will use more commercial sector (retail pharmacy), public health venues and mobile clinics to distribute to general population <p>https://www.coronavirus.kdheks.gov/DocumentCenter/View/1533/COVID-19-Vaccination-Plan-for-Kansas-Version12-11420207bidid</p>
	12/18/2020	<p>Long term care providers were directly contacts in partnership with CVS/Walgreens to administer vaccine</p> <p>https://www.kdads.ks.gov/docs/default-source/covid-19/ach-data/pharmacy-partnership/walgreens-facility-tip-sheet.pdf?sfvrsn=44e001ee_2</p> <p>updated quarantine timeframes</p> <p>o Doesn't apply to residents of long term care and assisted living homes or offender populations in Dept of Corrections prisons</p> <p>o In line with CDC guidances (7 days with no symptoms and negative test, 10 days no test, no symptoms)</p> <p>https://www.coronavirus.kdheks.gov/DocumentCenter/View/1640/Shortened-Quarantine-Guidance-PDF--12-8-20</p> <ul style="list-style-type: none"> • Kansas received first vaccines does Dec 14-15 from Pfizer, will send these to LTC providers and healthcare workers • Next shipment will be 28,000 more Pfizer doses dec 21, then allocated 49000 moderna vaccines additionally once approved <p>https://www.coronavirus.kdheks.gov/DocumentCenter/View/1677/Vaccine-Update-12-16-20</p>
	1/4/2021	<p>It basically says, if you think you have covid or were exposed, stay home until you get your test results.</p> <p>o States to stay home if you were exposed or if you have symptoms of COVID19 within the last 14 days. If not symptoms and if a healthcare worker or first responder, request guidance from your supervisor about restrictions while pending results.</p> <p>o If tests are positive, stay home.</p> <p>o If you test negative, still carry out your quarantine period as you could become positive later</p> <p>https://www.coronavirus.kdheks.gov/DocumentCenter/View/1712/Awaiting-COVID-19-Test-Results-FAQs---12-28-20</p> <p>12/24 travel quarantine – still in effect for cruise ship travelers after march 15, 2020 and domestic travel if you attended a mass gathering of 500 or more people, specific areas are subject to change and must check website for updated list</p> <p>o See shortened quarantine guidance (this is in line with CDC, if no symptoms, can quarantine after travel 7 days with negative test or 10 days and no test, however, Kansas states residents of long term care and ALFs and offender populations in dept. of corrections are not eligible for shortened quarantine)</p> <p>https://www.coronavirus.kdheks.gov/DocumentCenter/View/135/Travel-Related-Quarantine-Table-PDF---Updated-12-1-207bidid</p>
Kentucky	3/30/2020	Board of OT has relaxed supervision requirements by suspending need for in-person supervision to allow for more indirect means, including text, email, phone, face time, skype
	4/22/2020	Schools closed rest of school year
	5/1/2020	<p>Allows for re-opening of physical therapy clinics</p> <p>https://chfs.ky.gov/agencies/dph/covid19/phaserollback.pdf</p>

Sheri	5/12/2020	Each facility must maintain a 14-day supply of all necessary PPE based upon a projected 14-day burn rate for the entire facility. All providers must eliminate traditional waiting/common seating areas and utilize non-traditional alternatives (e.g., call ahead registration, waiting in car until called); Social Distancing requirements must be strictly maintained in all settings where people must wait in order to minimize direct contact between individuals within the healthcare setting; ALL healthcare workers, patients and others must be screened for temperature and COVID-19 symptoms upon arrival for shift or visit. STAFF MUST STAY HOME IF SICK; All providers must plan for and ensure enhanced workplace sanitizing and disinfecting; All providers must plan for and ensure enhanced hand hygiene compliance (e.g., regular handwashing schedule, use of sanitizer before and after patient contact, hand sanitizer stations throughout facility/office); All healthcare providers and staff must wear surgical/procedural masks while in healthcare office/facility when in contact with patients and/or staff. https://chfs.ky.gov/agencies/dph/covid19/healthcarefinalsteps.pdf
	6/15/2020	For Kentucky Out-patient PT: May begin treating more than one patient at a time, with all patients being physically separated by at least six (6) feet, and with the therapist continuing to observe all previous requirements https://pt.ky.gov/Documents/KBPT Letter.06.11.20.pdf
	6/26/2020	Found this on the PT board website...think I may have already sent this but not sure. 1. Maximize telehealth rather than in-person services; 2. Prohibit visitors allowed except when necessary for end-of-life, vulnerable population, minors, etc. and then only to minimum essential extent; 3. Eliminate traditional waiting/common seating arenas and use non-traditional alternative (e.g., parking lot lobby); 4. Maintain social distancing greater than six feet in all settings where people must wait and employ other steps to minimize direct contact between individuals within the health care setting; 5. Screen all health care workers, patients, and others for temperature and COVID-19 symptoms upon arrival for shift or visit. Require staff to stay home if sick; 6. Plan for and ensure enhanced workplace sanitizing; 7. Plan for and ensure enhanced hand hygiene (washing and sanitizing) compliance; 8. Provide easily accessible hand sanitizer throughout the office/building; 9. Procure necessary PPE via normal supply chains; 10. All health care providers, support technicians/personnel who are responsible for cleaning/sanitizing patient treatment areas, and other office staff within the health care office/facility must wear a surgical/procedural mask if they will be within six feet of a patient; 11. All patients and other persons in health care office/facility must wear a surgical/procedural mask while in the acute care hospital or ambulatory surgical center; and 12. Patients in all other health care settings may wear either a surgical/procedural mask or cloth mask/face covering. https://pt.ky.gov/Documents/KBPT Letter.06.11.20.pdf
	7/22/2020	That a licensed clinician's order shall not be required within the Commonwealth of Kentucky for a laboratory services provider to perform and bill for a SARS-CoV-2 molecular diagnostic test; health insurers shall not require an order for Covid testing Kentucky - Blanket Test Order 7-9-20 FINAL.pdf
	7/23/2020	Provider Guidance: Surveillance COVID-19 Testing for Long-Term Care Facilities. Effective immediately, the CHFS will continue its financial support of ongoing COVID-19 surveillance testing for residents and staff of LTC providers. The guidelines are based on what is currently known about the transmission and severity of COVID-19. Kentucky - LTCGuidanceSurveillanceTesting 7-23-20.pdf
	7/24/2020	... KY July 20 Mass gathering reduced to 20 or less; also new travel advisory from Alabama, Arizona, Florida, Georgia, Idaho, Nevada, South Carolina and Texas https://governor.ky.gov/attachments/20200720_Order_Mass-Gatherings.pdf https://kentucky.gov/Pages/Activity-stream.aspx?n=CHFS&prid=281
	11/13/2020	The Kentucky Department for Public Health, an agency of the Cabinet for Health and Family Services, announced an initial, comprehensive draft plan for distributing the COVID-19 vaccine to local health departments and health care organizations. https://chfs.ky.gov/agencies/dph/covid19/initialDraftKentuckyVaccinationPlan.pdf
	12/1/2020	Since final decisions are being made about use of initially available supplies of COVID-19 vaccines, decisions will be partially informed by the demonstrated efficacy of the vaccines coming out of Phase 3 trials. Populations of focus for initial COVID-19 vaccination are: · Healthcare personnel and First Responders likely to be exposed to or treat people with COVID-19; · Essential workers and Workers in high public contact jobs (e.g. social service support workers, grocery workers, transportation workers); and · People at increased risk for severe illness from COVID-19, including those with underlying medical conditions and people 65 years of age and older. https://chfs.ky.gov/agencies/dph/covid19/DraftKentuckyVaccinationPlan.pdf
	12/10/2020	Any healthcare provider (HCP) who undergoes testing for COVID-19 should self-isolate at home and not work while awaiting testing results. Communicate with your Employer • Immediately notify all of your employers if you are having symptoms and/or if you are being tested for COVID-19. • Identify any times that you were at work during the 2 days before you began feeling ill and any days you worked while ill. Isolate Yourself • You should strictly isolate yourself at home until o At least 24 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms and, o At least 10 days have passed since symptoms first appeared • If you are asymptomatic, you should self-isolate and not work until for at least 10 days after testing was conducted (assuming that you do not develop symptoms during this time). When You Return to Work • Wear a face mask until your symptoms have completely resolved or until 14 days after symptoms onset (whichever is longer). • Avoid caring for severely immunocompromised patients (transplant, hematology-oncology) symptoms have completely resolved or until 14 days after symptoms onset https://www.tn.gov/content/dam/tn/health/documents/cdeph/novel-coronavirus/HCWCaseGuidance.pdf
Louisiana	4/8/2020	The Louisiana Department of Health has extended its Emergency Order to align with the Governor's Executive Order that has been extended to April 30. The LDH extension applies to all previously issued LDH Notices and Orders and shall remain in effect until 11:59 p.m. on April 30, 2020, but may be further extended by subsequent order of the State Health Officer. Click here to see the order. http://ldh.la.gov/assets/oph/Coronavirus/resources/providers/LDH-Order-extend-previous.pdf
	4/21/2020	Revised order for allowance of Medical and Surgical procedures - goes into effect April 27th - allows procedures to treat emergency medical conditions, to avoid further harm from underlying conditions and for time-sensitive conditions. Continue to delay procedures that would not adversely affect the patient https://gov.louisiana.gov/index.cfm/newsroom/detail/2468
	4/24/2020	The Louisiana Department of Health on Wednesday has launched a pilot in Baton Rouge, in response to COVID-19 to help facilities with acute healthcare staffing shortages fill those vacancies with qualified candidates who are otherwise out of work. How does it work? Interested healthcare workers submit their information and qualifications using this form. Participating healthcare facilities regularly update the Department on their staffing needs. The Department provides a list of candidates to facilities tailored to their staffing needs. A participating facility then contacts a healthcare worker to begin the hiring process. http://ldh.la.gov/index.cfm/newsroom/detail/5560
	4/29/2020	EO: Continue all previous orders until May 15th http://ldh.la.gov/assets/oph/Rulemaking/er/LDHOrderextendpreviousissued.pdf
	5/7/2020	Changes to Strategies and Precautions for the Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance): Two Negative Tests Required: The 2-negative test strategy should be maintained in Louisiana for patients who are returning to congregate settings such as a nursing home or correctional facility. http://ldh.la.gov/assets/oph/Center-CP/HANs/HAN-20-30InterimGuidanceChanges-StrategiesandPrecautionsforDispositionCOVID19Patient.pdf
	5/11/2020	Plan to hire hundreds as Contact Tracers http://ldh.la.gov/index.cfm/newsroom/category/227
	5/12/2020	Moving to Phase 1 of White House Covid-19 guidance , lifting Stay Home order and allowing additional businesses to open under strict occupancy, protection and social distancing guidelines. https://gov.louisiana.gov/index.cfm/newsroom/detail/2488
	5/21/2020	The Department is working with each individual facility to increase testing of residents with and without symptoms; to minimize infection; http://ldh.la.gov/index.cfm/page/3965

Diane

5/28/2020	Louisiana department of health published a nursing home toolkit - guidance for PPE, infection control, staffing, testing. Regarding testing, the toolkit notes: LDH issued formal guidance on May 8, 2020 encouraging comprehensive testing of residents and staff in congregate settings, including nursing homes. Read the full HAN here. Testing resources are being allocated to each region to ensure access to sufficient collection kits and lab capacity to test nursing residents and staff. Should a facility have questions or concerns, it should contact its Regional Medical Director. Louisiana_NursingHomesToolkit 5-28-20.pdf
6/1/2020	The Louisiana Department of Health has contracted with 11 partners as part of its comprehensive testing plan that will be submitted on May 30 to the U.S. Department of Health and Human Services, which outlines how the state how and will increase testing across the state and especially in congregate settings where the risk of spread is high. The state plans to test all nursing home residents and staff. Test collection will be conducted using several models: (1) nursing homes collecting specimens using the healthcare worker staff employed by the nursing homes; (2) the use of testing strike teams assembled by the Office of Public Health; and (3) the use of contracted testing teams directed by the Office of Public Health. Once the initial canvass of all nursing homes is complete, subsequent testing will follow on a weekly basis for all negative residents and staff for the month of June. Positive staff will quarantine for two weeks and will return to work utilizing CDC recommended essential healthcare worker precautions. From July through December, all negative staff will be tested weekly. Same protocols apply for incarceration, group homes and adult care residential facilities. http://ldh.la.gov/index.cfm/newsroom/detail/5615 Louisiana - StatewideTestingPlan.pdf
6/8/2020	To prevent the spread of COVID-19, the State of Louisiana, Department of Health, is DIRECTING AND REQUIRING that all licensed healthcare facilities in Louisiana and all healthcare professionals licensed, certified, authorized, or permitted by any board, authority, or commission that is under LDH, adhere to the following provisions, restrictions, and limitations, EFFECTIVE at 12:01 a.m. on June 5, 2020, and shall remain in effect through July 5, 2020, unless otherwise continued, modified or suspended by the State Health Officer. Medical and surgical procedures are allowable based on specific patient need, but must implement certain requirements including pre-operative clinical evaluation, including Covid-19 test; must have adequate PPE, education on appropriate measures - face covering, social distancing, etc. The decision to proceed with any medical or surgical procedure will be up to the professional medical judgment of the medical professional; The Department hereby encourages maximum use of all telehealth modalities. Providers shall make a determination about the appropriateness of telehealth on a case-by-case basis. The Department recommends that any in-person healthcare service be postponed when patient outcomes would not be compromised; however, the Department recognizes that many in-person healthcare services are important, vital and essential, including chronic disease care/management and preventative/primary care. The Department encourages preventative/primary care visits to detect health conditions that cannot be diagnosed by telehealth. Providers shall use their best medical judgment Louisiana - UPDATEMEMO6420Surgical.pdf
6/24/2020	Today, Gov. John Bel Edwards announced that Louisiana will stay in Phase Two of reopening, as the number of COVID-19 cases and related hospitalizations have started to rise in several regions across the state. The Governor will extend his Phase Two order for another 28 days, keeping in place occupancy limits and other restrictions. https://gov.louisiana.gov/index.cfm/newsroom/detail/2561
7/6/2020	7/2/20 - Issued a continuance order until further notice of 6/5/20 order (outlined in 6/8/20 above) - Louisiana continues under a state of public health emergency resulting from the outbreak of "coronavirus disease 2019" (COVID-19). The measures in this extension of the Emergency Order/Notice are necessary to protect the health and safety of the public, to preserve Personal Protective Equipment (PPE), and to utilize hospital staff and capacity to address potential medical surge, while at the same time ensuring that patients with ongoing healthcare needs receive care and treatment. http://ldh.la.gov/assets/oph/Rulemaking/er/SHO-Order-Extending-Med-Surg-Dental-Memo70220.pdf
7/13/2020	Governor issued state-wide mask mandate: Today, Gov. John Bel Edwards announced a mandatory mask requirement for Louisiana and ordered bars in the state closed to on-premises consumption, as the state experiences increasing spread of COVID-19. The Governor also limited indoor social gatherings like wedding receptions, class reunions and parties to 50 total people. With these additional restrictions, Louisiana remains in Phase Two of the Roadmap for a Resilient Louisiana. The statewide mask mandate, which will allow for parishes without high COVID-19 incidence to opt out if they choose, and bar closures go into effect Monday, July 13 at 12:01 a.m., per a revised Phase Two proclamation signed today. The order will also limit the size of gatherings to 50. The new order is set to expire July 24, 2020, but could be extended. https://gov.louisiana.gov/index.cfm/newsroom/detail/2591
7/24/2020	Gov. Edwards Signs Orders Extending Phase Two and the Statewide Mask Mandate as Louisiana Surpasses 100,000 Known COVID-19 Cases https://gov.louisiana.gov/index.cfm/newsroom/detail/2609
7/29/2020	Discontinuation of Transmission-Based Precautions, Disposition of Patients with COVID-19 in Healthcare Settings, and Updated Return to Work Guidance for Healthcare Workers (Interim Guidance) http://ldh.la.gov/assets/oph/Center-CP/HANS/HANS20-40-Discontinuation-Transmission-Based-Protocols-Disposition-RTWCOVID-19.pdf
8/5/2020	Established Interstate Compact for acquiring antigen testing - Maryland, North Carolina, Massachusetts, Louisiana, Ohio, Michigan, Virginia with The Rockefeller Foundation to expand the use of rapid point-of-care antigen tests to slow the spread of COVID-19 and continue safely reopening the states. Gov. John Bel Edwards announced today that he will extend his Phase Two order, including the statewide mask mandate, closure of bars to on-site consumption and crowd size limits of no more than 50 people for at least another 21 days. https://gov.louisiana.gov/index.cfm/newsroom/detail/2621
9/22/2020	Directed to follow CMS guidelines for visitation in congregate care setting https://ldh.la.gov/assets/oph/Coronavirus/NursingHomes/NH-ARCP-ICF-SHO-Order-9182020.pdf https://gov.louisiana.gov/index.cfm/newsroom/detail/2694
10/14/2020	EO: Reopening procedures for Adult Day care, Adult Day Healthcare and PACE providers https://ldh.la.gov/assets/oph/Coronavirus/SHO/SHO-OrderSIGNED-Attachments.pdf
10/23/2020	provides an update to June 17, 2020 Louisiana Department of Health (LDH) guidance regarding SARS-CoV-2 PCR testing requirements at Nursing Facilities (NF) in Louisiana: Baseline/initial testing of all NF residents and staff/HCP. 2. Weekly repeat testing for all prior negative and untested residents and staff/HCP. 3. When two negative rounds among residents and staff/HCP collected at least seven (7) days apart in a 14-day period are achieved, resident testing may cease. 4. Continue to conduct repeat testing of staff/HCP who have tested negative previously or who have not yet been tested. 5. If either a positive staff/HCP member or a symptomatic resident are identified, then reinstitute serial testing of all prior negative and untested residents at step #2. https://ldh.la.gov/assets/oph/Coronavirus/SHO/NFTesting-10162020.pdf
11/13/2020	Louisiana will stay in Phase 3 and keep its current COVID-19 mitigation measures in place for another 28 days, Gov. John Bel Edwards announced Thursday. The Governor's Phase 3 order was set to expire Friday, and he has extended it until Friday, December 4, 2020. https://gov.louisiana.gov/index.cfm/newsroom/detail/2783
11/24/2020	regarding Visitation in Nursing Homes . https://ldh.la.gov/index.cfm/newsroom/detail/5882
12/1/2020	Step back to Phase 2: The Governor's updated Phase 2 proclamation, which is slightly modified from the summer, takes effect on Wednesday, November 25. It calls for reducing occupancy at some businesses, decreasing gathering sizes, limiting indoor consumption at many bars and urges everyone in Louisiana to avoid gatherings with people outside of their everyday households https://gov.louisiana.gov/index.cfm/newsroom/detail/2830
12/11/2020	The Louisiana Department of Health (LDH) today adopts the Centers for Disease Control and Prevention's (CDC) recently updated guidance that allows people who may have been exposed to COVID-19 to shorten their quarantine period from 14 days to 10 days, or as few as 7 days with a negative test. https://ldh.la.gov/index.cfm/newsroom/detail/5905
12/22/2020	The draft Louisiana COVID-19 Vaccination Playbook; Louisiana is preparing to receive 39,000 doses of the Pfizer vaccine the week of December 13, which will be shipped directly to the 5 largest hospital systems in Louisiana; the Louisiana Department of Health will distribute other vaccines to smaller hospitals through our longtime medical logistics partner. The first round of vaccines will be given to frontline healthcare personnel as well as nursinghome/long-term-care-facility residents and staff. This includes anyone who works in a healthcare setting, including food service workers and janitorial staff. All Louisiana nursing homes have signed onto a partnership between the federal government, CVS and Walgreens that calls for pharmacy workers to administer the vaccine in long-term care facilities. For logistical considerations, the Moderna vaccine will be used in that partnership. https://ldh.la.gov/assets/oph/Center-PHCH/Center-PH/immunizations/Louisiana_COVID-19_Vaccination_Playbook_V1_10_16_20.pdf

			https://idh.la.gov/assets/oph/Coronavirus/resources/Vaccine/COVID-19-Vaccine-12132020.pdf FAQ's: https://idh.la.gov/index.cfm/faq/category/138
Maine		4/1/2020	3/31/20 – Stay-at-Home mandate
		4/7/2020	4/7/20 – new EO expands access to Healthcare – expansion of telehealth – PT/OT/ST included, suspend enforcement of professional licensure requirements – reinstatement of licenses expired within past 3 years (if in good standing) for 60 days after conclusion of emergency; temporary licensure for out-of-state practitioners; will renew licenses without CEU condition through March 2021; licenses set to expire during the national emergency shall be extended by 30 days beyond the conclusion of the state civil emergency. Licensing agencies directed to issue guidance. Executive Order (PDF) https://www.maine.gov/tools/whatsnew/index.php?topic=Portal+News&id=2343277&v=article-2017 This Executive Order allows: All health care providers licensed by the Office of Professional and Occupational Regulation (OPOR), such as psychologists, social workers, and physical therapists to: provide their services via telehealth have their license expiration dates extended until 30 days following the end of the declared state of emergency, if the license was scheduled for renewal during the state of emergency not have to complete continuing education requirements for license renewals that occur through March 20, 2021.
		4/14/2020	Extends State of Emergency until May 15, 2020 https://www.maine.gov/governor/mills/sites/maine.gov/governor.mills/files/inline-files/Proclamation%20to%20Renew%20the%20State%20of%20Civil%20Emergency.pdf
		4/15/2020	All licenses set to expire in March were extended to April 30th
		4/21/2020	Launched a volunteer phone support service for Maine Healthcare workers and first responders to manage stress while serving on the front lines. https://www.maineresponds.org/
		4/22/2020	Governor outlined plan for safe re-opening, guided by 4 principles - protect public health, maintain healthcare readiness, build reliable & accessible testing; prioritize public-private collaboration https://www.maine.gov/governor/mills/news/governor-mills-outlines-vision-gradual-safe-reopening-maines-economy-2020-04-23
		4/29/2020	Governor Janet Mills today presented her Administration's plan to gradually and safely restart Maine's economy. The plan, which comes as the State appears to be successfully flattening the curve, establishes four gradual stages of reopening, the first of which begins May 1st. Also announced today she will extend the State's stay-at-home order in the form of a new "Stay Safer at Home" Executive Order. The new Order, which she will issue by Thursday, will continue to have Maine people stay at home with limited exceptions for already permitted activities, such as grocery shopping or exercising. However, the new Stay Safer at Home Order will also allow Maine people to visit businesses or participate in activities that are deemed safe to open under Stage 1 https://www.maine.gov/governor/mills/news/governor-mills-presents-safe-gradual-plan-restart-maines-economy-2020-04-28 Maine DHHS Issues Emergency Rule to Protect the Health and Safety of Maine Nursing Home Residents and Staff. This emergency rule ensures that nursing facilities take measures to prevent and are prepared to effectively respond to COVID-19. It also makes sure residents and their loved ones are informed and supported. This includes being among the first states in the nation to conduct universal testing at nursing facilities when an outbreak of COVID-19 is confirmed. The State provides an emergency cache of PPE to facilities with outbreaks and provides same-day support and guidance. DHHS is also conducting similar outreach to group living facilities about infection control policies, completing this week communication to 107 assisted living facilities and adult family care homes, which will be followed by residential care homes for older persons and agencies that provide homes for adults with intellectual disability or behavioral health needs. As with the nursing facility outreach, this work will inform DHHS about the needs of organizations operating group living settings. https://www.maine.gov/tools/whatsnew/index.php?topic=Portal+News&id=2460746&v=article-2017
		4/30/2020	Stay-at-home order extended to May 31st
		5/7/2020	Governor Janet Mills announced today that her Administration has secured a major expansion of COVID-19 testing for the State of Maine. The breakthrough will also allow the State to more fully implement universal testing in congregate care settings, such as nursing facilities and shelters, and enable the State to work with providers to conduct voluntary sentinel testing, or "spot checks", on patients in different parts of the health care system. https://www.maine.gov/governor/mills/news/mills-administration-secures-major-covid-19-testing-expansion-maine-2020-05-07 Convened an Economic Recovery Committee Maine - Order Establishing the Economic Recovery Committee 5-6-20.pdf
		5/15/2020	Released presentation on 5/14/20 of Public Health Considerations, in which increased testing is advocated for - but no details as to whether this will be mandatory, plans, etc. Widespread testing—especially in congregate settings—allows highrisk settings to prevent and manage outbreaks. Part of Re-open Strategy. https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/documents/PublicHealthConsiderationsForRe-OpeningMaine-05-14-2020.pdf
		5/18/2020	Maine Eliminates Testing Prioritization; Expands Testing to Anyone Suspected of Having COVID-19. This does NOT include congregate care facilities that choose to conduct universal testing of staff and residents if that recommendations was not approved by Maine CDC. Testing will now be conducted for persons that have one or more symptoms of covid; asymptomatic persons who are at risk of transmission to others due to potential contact with covid+ individuals Maine - Increased COVID-19 Testing 5-18-20.pdf
		5/27/2020	Maine Department of Health and Human Services (DHHS) is significantly expanding contact tracing by increasing the number of skilled staff and volunteers, harnessing innovative technology, and securing social services to help people with COVID-19 maintain self-isolation. Three Components: 1. Increase Personnel to contact tracing and investigation team 2. Deploy Sara Alert System - a new tool called Sara Alert to support monitoring and reporting of COVID-19 in Maine. The Sara Alert system, which is also used by several other states, allows individuals who have been diagnosed or potentially exposed to COVID-19 to report daily symptoms through web, text, email, or calls. 3. Expand Social Support https://www.maine.gov/governor/mills/news/maine-expands-contact-tracing-limit-spread-covid-19-2020-05-26
		6/1/2020	website down
	Diane	6/8/2020	The Mills Administration announced today that it will quadruple COVID-19 testing capacity at the State lab, develop testing sites throughout Maine, and allow more people in Maine with elevated risk of exposure to get tested for the virus. This dramatically expanded testing capacity, which will come online in July, is critical to protecting the health of Maine people as well as visitors this summer. Today, DHHS is issuing a standing order allowing most people in Maine with elevated risk to get a COVID-19 test without the need for a separate order from a health care provider. This means individuals can seek testing even if they don't have a primary care provider or a written order from a clinician if they face a higher risk of exposure, with or without experiencing symptoms. This could include: health care workers and first responders, seasonal and migrant farm workers, people experiencing homelessness, visitors from other states with a higher prevalence of the virus, and employees of congregate living facilities such as nursing homes, lodging establishments, grocery stores and other businesses who have direct, daily contact with the public.
		6/10/2020	Governor Mills Renews State of Civil Emergency For 30 Days As Maine Reopens, Continues to Combat COVID-19 Maine - Proclamation to Renew the State of Civil Emergency June 10, 2020 .pdf
		6/23/2020	COVID-19 Billing and Coding Guidance. MaineCare is covering COVID-19 testing, diagnosis, and treatment services for MaineCare members and testing and diagnosis services for uninsured Maine residents. Maine - COVID-19-Coding-Billing-Guidance-06182020.pdf
		7/6/2020	On July 1, The Mills Administration announced today that it is exempting visitors from the States of Connecticut, New York, and New Jersey from the 14-day quarantine requirement or negative COVID-19 testing alternative, effective this Friday, July 3, 2020. States Exempted From Quarantine or Testing Requirements: Connecticut (Effective July 3, 2020), New Hampshire (Effective June 26, 2020), New Jersey (Effective July 3, 2020), New York (Effective July 3, 2020), Vermont (Effective June 26, 2020) https://www.maine.gov/governor/mills/news/improving-public-health-metrics-mills-administration-exempts-connecticut-new-york-and-new-jersey
		8/5/2020	Governor Mills today extended the State of Civil Emergency (PDF) for thirty days through September 3, 2020. The Governor's decision to extend the emergency is in line with nearly every other state in the nation, which also have ongoing emergency declarations, according to the National Governors Association. https://www.maine.gov/governor/mills/news/maine-seeks-maintain-relatively-low-virus-spread-governor-mills-renews-state-civil-emergency
		9/2/2020	The Maine Department of Health and Human Services (DHHS) issued guidance today to nursing facilities to assist them in meeting new federal requirements for routine COVID-19 testing, which is supported by the federal government's release of more than \$10 million in funding and its distribution of point-of-care testing devices to Maine's nursing facilities. DHHS also announced that it is helping nursing facilities address staffing challenges by launching a new online tool to connect them with qualified job applicants. The U.S. Centers for Medicare and Medicaid Services (CMS) released new rules last week that require nursing facilities to test all staff for COVID-19 at set frequencies based on the prevalence of the virus in the facility's county. CMS requires that residents continue to be tested based on a physician's order, in concert with the Maine Center for Disease Control and Prevention (CDC) as the result of a COVID-positive staff or resident, or if they show symptoms.

		https://www.maine.gov/tools/whatsnew/index.php?topic=Portal+News&id=3224231&v=article-2017 Governor Mills today extended the State of Civil Emergency (PDF) for thirty days through October 1, 2020. The Governor's decision to extend the emergency is in line with nearly every other state in the nation which have ongoing emergency declarations, according to the National Governors Association.
	9/22/2020	https://www.maine.gov/governor/mills/sites/maine.gov/governor.mills/files/inline-files/Proclamation%20to%20Renew%20the%20State%20of%20Civil%20Emergency%20September%202%202020.pdf Sept. 22: Due to Maine's robust testing capacity, anyone over the age of 12 months who feels they require a test for COVID-19 may now get one without a separate order from their health care provider. https://www.maine.gov/governor/mills/news/mills-administration-broadens-standing-order-allow-anyone-maine-get-tested-covid-19-2020-09-22
	9/30/2020	Governor Mills Continues State of Civil Emergency as Maine Fights COVID-19 Governor Mills 9/30/20 extended the State of Civil Emergency (PDF) for thirty days through October 29, 2020. The Governor's decision to extend the emergency is in line with nearly every other state in the nation which have ongoing emergency declarations, according to the National Governors Association. For example, the states of Vermont and New Hampshire (PDF) recently extended their States of Emergency. "As Maine enters the colder months and more activities move indoors, it is more important than ever to maintain the critical public health measures that have kept us all safe," said Governor Mills. "We know how to mitigate the spread of the virus. In order to protect our health, keep schools safely open for as many students as possible, and ensure our economy can continue on the road to recovery, we must wear our face coverings, maintain physical distancing, and wash our hands often." A State of Civil Emergency allows Maine to draw down critical Federal resources and to deploy all available tools to respond to and contain COVID-19. This is Governor Mills' seventh extension of the State of Civil Emergency. Under Maine law, Proclamations of Civil Emergencies may be issued in thirty day increments. As of September 22, 2020, Maine, adjusted for population, ranks 2nd lowest in the nation in terms of positive cases; 5th lowest in the nation in terms of deaths; the lowest in terms of patients ever-hospitalized out of the 36 states reporting; and 10th highest in the percentage of people who have recovered out of the 45 states reporting.
	10/8/2020	The Maine Department of Health and Human Services (DHHS) announced today that it has proposed a rule change to make the seasonal influenza vaccine part of the immunizations required for health care workers, to protect public health during the COVID-19 pandemic and further reduce the spread of vaccine-preventable diseases. https://www.maine.gov/tools/whatsnew/index.php?topic=Portal+News&id=3431206&v=article-2017
	11/5/2020	Governor Mills Continues State of Civil Emergency as Maine Fights COVID-19. Governor Janet Mills today extended the State of Civil Emergency (PDF) for thirty days through November 27, 2020. https://www.maine.gov/governor/mills/news/governor-mills-continues-state-civil-emergency-maine-fights-covid-19-2020-10-29 With Cases Rising in Maine & Nationwide, Mills Administration Announces Measures to Prevent Spread of the Deadly COVID-19 Virus: Extends Keep Maine Healthy Program; Resets Indoor Gathering Limits; Postpones Reopening of Bars; Amends Travel Protocols https://www.maine.gov/governor/mills/news/cases-rising-maine-nationwide-mills-administration-announces-measures-prevent-spread-deadly Governor Janet Mills announced an Executive Order requiring Maine people to wear face coverings in public settings, regardless of the ability to maintain physical distance. The new order strengthens an earlier one stating that face coverings must be worn only when physical distancing is difficult to maintain. https://www.maine.gov/governor/mills/sites/maine.gov/governor.mills/files/inline-files/An%20Order%20to%20Revise%20Indoor%20Gathering%20Limits%20C%20to%20Strengthen%20Face%20Covering%20Requirements%20and%20Delegate%20Certain%20Authority.pdf
	12/1/2020	Continued State of Civil Emergency through 12/23/20 https://www.maine.gov/governor/mills/news/governor-mills-continues-state-civil-emergency-maine-fights-covid-19-2020-11-24
Maryland	3/30/2020	New Stay-at-Home order signed 3-30-2020; effective 8:00pm. Essential services, including healthcare, are exempt
	4/1/2020	4/01/20 – 2 new executive orders – 1. Declares personnel providing disability services as essential; 2. Expands telehealth services beyond audio-only methods, to include email
	4/6/2020	4/5/20 – Aggressive Action to protect nursing home residents – all nursing home staff to wear PPE including face mask, eye protection, gloves & gown to be worn at all times during patient care; Nursing homes to establish designated unit and staff assigned C:\Users\yehab\Box\Department of Health Regulations\Maryland - 04.05.2020-MDH-ORDER-NURSING-HOME-MATTERS.pdf Also includes ALF, Hospice, Residential treatment facilities. Home health agencies and any related institutions
	4/9/2020	STRIKE TEAMS FOR NURSING HOMES: Governor Hogan announced the formation of statewide strike teams, the first such effort in the nation, to provide support to nursing home facilities. The teams will be composed of members of the National Guard, representatives of local and state health departments, and EMS clinicians, as well as doctors and nurses from local hospital systems. These strike teams will be activated in response to requests from nursing homes, local health departments, and Maryland Department of Health (MDH) infectious disease experts. There will be three types of teams: * Testing teams, to identify those in close contact with a confirmed case, and collect and send out specimens for the fastest test available. * Assistance teams, to quickly assess the situation on-site, determine equipment and supply needs, and triage residents. * Clinical teams, which will include doctors, nurse practitioners, and registered nurses from major hospital systems, tasked with providing on-site medical triage and stabilizing residents. SHUTTING DOWN UNSAFE FACILITIES: Governor Hogan has issued a new executive order empowering local health departments to take action against any businesses, establishments, and construction sites they deem unsafe. The local health department, working with local law enforcement, can modify operations, limit movements to and from the facilities, or shut them down altogether https://governor.maryland.gov/wp-content/uploads/2020/04/Delegation-to-County-Health-Officials-4.5.20.pdf
	4/16/2020	Expanded use of masks in public; public retail establishments use to tape markings to facilitate physical distancing https://governor.maryland.gov/wp-content/uploads/2020/04/Masks-and-Physical-Distancing-4.15.20.pdf
	4/20/2020	School closure extended through May 15th https://youtu.be/uggKD0z-sOM Unveiled Roadmap to Recovery - expanded testing; increasing hospital surge capacity; ramping up PPE supply; building robust contact tracing https://governor.maryland.gov/2020/04/17/governor-hogan-to-unveil-maryland-strong-roadmap-to-recovery-next-week/
	4/21/2020	EO establishing alternative care sites for isolation, quarantine and treatment. Contractors to be selected. Healthcare workers immune from civil or criminal liability Maryland - Alternate-Care-Sites-4.20.20.pdf
	4/27/2020	Introduced "Maryland Strong: Roadmap to Recovery" - Three stages - Stage 1 = lifting restrictions, which can't begin until the "building blocks" are in place - expanded testing, increased hospital surge capacity, ramping up PPE supply, robust contact tracing https://governor.maryland.gov/2020/04/24/governor-hogan-introduces-safe-gradual-and-effective-maryland-strong-roadmap-to-recovery/
	4/29/2020	Governor Hogan Directs Maryland Department of Health to Release Nursing Home Data on COVID-19 Cases https://governor.maryland.gov/2020/04/27/governor-hogan-directs-maryland-department-of-health-to-release-nursing-home-data-on-covid-19-cases/
	4/30/2020	Expanding Actions to address outbreak in nursing home - increased testing strategy, universal testing requiring that all residents and staff members at Maryland nursing homes be tested for the coronavirus, regardless of whether they show symptoms. Marland - Nursing-Homes-Amended-4.29.20.pdf https://governor.maryland.gov/2020/04/29/governor-hogan-announces-new-actions-to-address-covid-19-outbreaks-in-poultry-processing-plants-and-nursing-homes/
	5/7/2020	Resumption of elective procedures on 5/7/20: Governor Hogan has directed the Maryland Department of Health (MDH) to issue guidance that allows hospitals and licensed health care providers to resume elective and non-urgent medical procedures. Providers must exercise their independent professional judgment in determining what procedures are appropriate to perform, which appointments should occur, and which patients to see in light of widespread COVID-19 community transmission. All health care workers, patients, and others must be screened for COVID-19 symptoms, and physical distancing requirements must be strictly maintained in all settings where people must wait in order to minimize direct contact between individuals. Testing Priority 1. symptomatic hospitalized 2. symptomatic patients and staff of nursing homes/LTC facilities; 3. symptomatic emergency personnel, healthcare workers, law enforcement 4. symptomatic high-risk and unstable patients 5. persons identified through public health cluster and contact tracing; 6. asymptomatic persons prioritized by health department. https://governor.maryland.gov/wp-content/uploads/2020/05/05.06.2020-MDH-Sec-Order-Amended-Various-Healthcare-Matters.pdf
	5/14/2020	Maryland Will Move From Stay At Home Order to Safer At Home Public Health Advisory County effective 5/15/20: Leaders Empowered to Make Decisions on Timing of Stage One Reopenings Retail Stores May Reopen at 50 Percent Capacity, All Manufacturing May Resume Operations in a Safe Manner

		https://governor.maryland.gov/2020/05/13/stage-one-governor-hogan-announces-gradual-reopenings-with-flexible-community-based-approach/ MAryland - Transition to Phase 1 -5.13.20.pdf
	5/15/2020	Additional information on nursing home testing: Col. Allely is leading a response team effort to implement universal testing of all residents and staff at all Maryland nursing homes, regardless of whether they are symptomatic. Col. Allely's team has initiated a general survey of all facilities to assess their needs, and training for additional personnel on testing and infection control procedures. Nursing homes will be prioritized based on an imminent outbreak or a current rising threat risk, and any staff who test positive will be immediately discharged into isolation. No further information published on this initiative.
	5/18/2020	Governor Larry Hogan today announced the launch of the Caregiver Services Corps, a program to support Maryland seniors who have been affected by the COVID-19 pandemic. The Caregiver Services Corps is able to quickly deploy volunteers and other resources to the homes of seniors who need urgent assistance with everyday tasks when their typical caregiver becomes unable to help them due to COVID-19 exposure, illness, or other challenges. https://governor.maryland.gov/2020/05/18/governor-hogan-announces-caregiver-services-corps-to-help-marylands-seniors/
	6/5/2020	Stage 2 or Reopening begins Friday, 6/5/20 - no healthcare-specific directions https://governor.maryland.gov/2020/06/03/governor-hogan-announces-beginning-of-stage-two-of-marylands-covid-19-recovery-safe-and-gradual-reopening-of-workplaces-and-businesses/
	6/22/2020	Governor Hogan Announces New Guidance to Allow Limited Outdoor Visitation to Nursing Home Facilities. Limited Communal Dining and Small Group Activities Can Also Resume With Proper Precautions In Place Facilities Must Meet Prerequisites for Beginning Safe and Phased Reopening, Keep Restrictions In Place For Foreseeable Future. Health Officials Will Commence Weekly Retesting of All Nursing Home Staff, Residents Will Be Retested at Facilities With Active Cases https://governor.maryland.gov/2020/06/19/governor-hogan-announces-new-guidance-to-allow-limited-outdoor-visitation-to-nursing-home-facilities/
	6/23/2020	Maryland Department of Health Guidance for Relaxation of Restrictions Implemented During the COVID-19 Pandemic @ Nursing Homes. The purpose of this document is to outline the requirements that must be met by Maryland nursing homes to begin relaxing restrictions. This document also outlines three progressive phases of relaxation with details about specific restrictions that can be relaxed during each phase and requirements that must be met before moving to the next phase. Certain restrictions that have been enacted at Maryland nursing homes will need to remain in place for the foreseeable future and will not be relaxed at any phase of the reopening process - screen all persons who enter the facility; screen all staff at beginning of shifts; screen all residents daily; require face coverings for all who enter the facility; cohorting; quarantine new admissions; appropriate PPE utilization. Maryland - NH Relaxation of Restrictions 6.18.2020 FINAL.docx (1).pdf Frequently Asked Questions (FAQs) on Managing New Admissions and Readmissions for Maryland Nursing Homes Maryland - Frequently Asked Questions on Managing New Admissions and Readmissions.docx.pdf Guidance for Outdoor Visitation as Assisted Living Facilities Maryland - Outdoor Visits at ALFs 6.12.20 FINAL.pdf
	6/26/2020	Governor Larry Hogan today announced a safe and phased reopening plan for Maryland's assisted living facilities as part of the state's commitment to protect vulnerable populations during the COVID-19 pandemic. This plan requires universal screenings and face coverings for staff and visitors, mandates widespread testing, and allows for limited visitation. Assisted living facilities must meet a series of prerequisites to begin relaxing any restrictions, including: The facility must not be experiencing an ongoing outbreak of COVID-19, defined as one or more confirmed cases of COVID-19 in a resident or staff member. Absence of any facility-onset COVID-19 cases within the last 14 days. Universal source control must be in place, requiring anyone else entering the facility to wear a face mask or cloth face covering at all times while in the facility. Staff must have access to adequate personal protective equipment (PPE). Maryland - Executive Order - Assisted Living Program Matters 6-26-20.pdf Maryland - Assisted Living Program Reopening and Relaxing Restrictions 6-26-20.pdf
	7/24/2020	Guidance for outdoor visitation to nursing homes MAryland - Outdoor Visitation 7-21-20.pdf
	7/31/2020	Governor Larry Hogan today announced, based on the state's data-driven approach, the expansion of the statewide masking order and a public health advisory for all out-of-state travel. The governor also unveiled contact tracing data showing that family gatherings are the most common high-risk gathering and working outside the home is the most common high-risk location for COVID-19. A recent increase in hospitalizations has triggered a 'stop sign' in the 'Maryland Strong: Roadmap to Recovery,' calling for a pause in further reopening plans. - Under this order, which takes effect Friday, July 31 at 5:00 p.m., all Marylanders over the age of five are required to wear face coverings in the public spaces of all businesses across the state. Face coverings will also be required in outdoor public areas, whenever it is not possible to maintain physical distancing. The expanded order continues to provide certain exceptions, including for medical conditions. - Marylanders are strongly advised against traveling to states with positivity rates of 10% or higher. Anyone traveling from these states should get tested and self-quarantine while awaiting results. https://governor.maryland.gov/wp-content/uploads/2020/07/Gatherings-10th-AMENDED-7.29.20.pdf
	8/5/2020	Established Interstate Compact for acquiring antigen testing - Maryland, North Carolina, Massachusetts, Louisiana, Ohio, Michigan, Virginia with The Rockefeller Foundation to expand the use of rapid point-of-care antigen tests to slow the spread of COVID-19 and continue safely reopening the states. https://governor.maryland.gov/2020/08/04/governors-of-maryland-louisiana-massachusetts-michigan-ohio-and-virginia-announce-major-bipartisan-interstate-compact-for-three-million-rapid-antigen-tests/
	8/14/2020	Maryland Governor Larry Hogan, Arkansas Governor Asa Hutchinson, and Rhode Island Governor Gina M. Raimondo today announced that Arkansas and Rhode Island have joined the bipartisan interstate testing compact for rapid point-of-care antigen testing—the first interstate testing compact of its kind during the COVID-19 pandemic. Today's announcement expands the compact to ten governors—five Republicans, five Democrats—who will work together in partnership with the Rockefeller Foundation to acquire and deploy five million antigen tests. The states are already in active discussions with Becton Dickinson and Quidel—the U.S. manufacturers of antigen tests that have been authorized by the FDA—to purchase 500,000 tests per state. The Rockefeller Foundation will work with the states to set policies and protocols for the use and deployment of these antigen tests. Members of the Bipartisan Interstate Testing Compact: Maryland Governor Larry Hogan (R) Arkansas Governor Asa Hutchinson (R) Louisiana Governor John Bel Edwards (D) Massachusetts Governor Charlie Baker (R) Michigan Governor Gretchen Whitmer (D) North Carolina Governor Roy Cooper (D) Rhode Island Governor Gina Raimondo (D) Ohio Governor Mike DeWine (R) Utah Governor Gary Herbert (R) Virginia Governor Ralph Northam (D) https://governor.maryland.gov/2020/08/13/arkansas-and-rhode-island-join-bipartisan-interstate-testing-compact-expanding-agreement-to-ten-states/
	8/18/2020	Arkansas and Rhode Island have joined the bipartisan interstate testing compact for rapid point-of-care antigen testing—the first interstate testing compact of its kind during the COVID-19 pandemic. https://governor.maryland.gov/2020/08/13/arkansas-and-rhode-island-join-bipartisan-interstate-testing-compact-expanding-agreement-to-ten-states/
	8/28/2020	1 resident and 1 therapist in the gym at a time as of 8/25/2020. https://phpa.health.maryland.gov/IDEHSharedDocuments/Preparing-for-and-Responding-to-COVID-19-in-LTC_final.pdf
	10/1/2020	Indoor Visitation may resume at nursing homes

			https://governor.maryland.gov/2020/10/01/governor-hogan-announces-indoor-visitation-can-resume-at-nursing-home-facilities-state-superintendent-of-schools-expands-child-care-ratios/
	10/23/2020		Governor Larry Hogan today announced the release of the State of Maryland's initial draft COVID-19 mass vaccination plan, which was submitted to the Centers for Disease Control and Prevention (CDC) last week https://phpa.health.maryland.gov/Documents/10.19.2020_Maryland_COVID-19_Vaccination_Plan_CDCwm.pdf
	11/13/2020		Covid state of emergency extended https://governor.maryland.gov/2020/10/30/governor-hogan-renews-covid-19-state-of-emergency-in-maryland/ New Directives Reduce Indoor Dining Capacity to 50%, Restore Mandatory Teleworking for Government Employees; Public Health Advisories Limit Indoor Gatherings to 25 or Less, Expand Warnings on Out-of-State Travel Emergency Health Order Expands Hospital Surge Capacity; New Guidance for Nursing Homes and Assisted Living Facilities https://governor.maryland.gov/2020/11/10/governor-hogan-announces-series-of-actions-to-slow-the-spread-of-covid-19/ New Guidance for Nursing Homes and Assisted Living Facilities: Nursing home and assisted living program staff should minimize their contact with large gatherings and work with their management on communicating early and often about infection control issues; Nursing homes and assisted living programs are reminded that indoor visitation is not permitted if the facility is currently conducting outbreak testing https://phpa.health.maryland.gov/Documents/2020.11.10.03_MDH_Advisory_Large_Gatherings_Travel_Long_Term_Care_Visitation.pdf
	11/24/2020		Governor Larry Hogan today announced immediate actions to prevent overburdening the state's healthcare system and to keep more Marylanders from dying. The governor has issued an emergency order that takes the following actions—effective Friday, November 20 at 5 p.m.: https://governor.maryland.gov/wp-content/uploads/2020/11/Order-20-11-17-01.pdf
	12/1/2020		State of Emergency Renewed 11/25/20 https://governor.maryland.gov/wp-content/uploads/2020/11/2328_001.pdf
	12/11/2020		As COVID-19 vaccination preparation moves forward across the country, Governor Larry Hogan today provided an update on Maryland's plans to safely deliver and distribute effective vaccines. PHASE 1A OF VACCINATION TO FOCUS ON CRITICAL HEALTH CARE WORKERS, LONG-TERM CARE FACILITIES, FIRST RESPONDERS. The State of Maryland will receive 155,000 initial first doses of two-dose COVID-19 vaccines. Distribution could begin the week of December 14 for the Pfizer vaccine, and the week of December 21 for the Moderna vaccine. State health officials issued an emergency order that expands the scope of practice so that any licensed healthcare provider—including doctors, nurses, paramedics, and pharmacists—can administer the COVID-19 vaccine with appropriate training and supervision. https://governor.maryland.gov/2020/12/08/state-of-maryland-to-focus-on-health-care-workers-long-term-care-facilities-first-responders-in-initial-covid-19-vaccine-allocation/ https://phpa.health.maryland.gov/Documents/MDH%202020-12-08-01-%20Vaccination%20Matters.pdf
	12/22/2020		REACTIVATION OF NATIONAL GUARD FOR VACCINE DISTRIBUTION: The governor announced that he has activated the Maryland National Guard to provide support to state and local health officials in the distribution of COVID-19 vaccines: - During the initial distribution phase, special field teams will be deployed to provide logistical support with vaccination planning and operations to points of distribution across the state. - As more vaccines become available, the guard will provide additional coordination and logistical support for the set-up of mobile vaccination clinics as well as address outbreaks at nursing homes and long-term care facilities. https://governor.maryland.gov/2020/12/15/as-state-of-maryland-begins-vaccination-phase-1a-governor-hogan-reactivates-national-guard/ Moderna COVID-19 vaccine, which was granted emergency use authorization by the FDA on Friday, has begun shipping to recipients in Maryland. Maryland's total allotment now includes more than 191,000 total doses of the Pfizer and Moderna vaccines. Phase 1A of Maryland's COVID-19 vaccination plan focuses on front line healthcare workers, staff and residents of long-term care facilities, as well as first responders. https://governor.maryland.gov/2020/12/21/moderna-covid-19-vaccine-arrives-in-maryland-this-week/
Massachusetts	3/31/2020		The MA National Guard is now going into SNF's to test rest home and SNF residents for COVID. (Per email from Jessica Kelly)
	4/20/2020		4/17/20 Memo Call for action to protect NH Staff and residents; updated CDC criteria for return to work (4/13/20), (Liability) protections for HC facilities and workers https://malegislature.gov/Bills/191/S2640
	5/11/2020		5/8/20 webinar - Understanding the Cohorting and PPE requirements of Mass Nursing Facility Infection Control Competency Checklist - references CDC guidelines Massachusetts - Infection Control - Don & Doffing PPE - May 8 2020.pdf Massachusetts - Infection Control - Optimizing Facemask supply - May 8 2020.pdf Massachusetts - Infection Control - Optimizing Gowns - May 8 2020.pdf Massachusetts - Understanding Cohorting & PPE Requirements PP - May 8 2020.pdf Massachusetts - Understanding Cohorting & PPE Requirements Resources - May 8 2020.pdf.docx
	5/12/2020		4/27/20: Facilities must test all staff and residents, and report results to the state. Facilities are also encouraged to identify and pursue testing avenues with area hospitals, EMS or other providers. The state's mobile testing program is available for those facilities unable to set up testing. https://www.mass.gov/news/baker-polito-administration-announces-further-support-resources-and-accountability-measures
	6/5/2020	Berenice	DPH has adopted a universal facemask use policy for all HCP. All HCP should wear a facemask when they are in a clinical care area at all times. Facemasks are defined as surgical or procedure masks worn to protect the mouth/nose against infectious materials. DPH recommends that a N95 filtering facepiece respirator or higher, eye protection, isolation gown and gloves be used when caring for an individual who is presumed or confirmed to be infected with COVID-19. Massachusetts - Comprehensive-PPE-Guidance-5.21.2020 (1).docx Notice of Dedicated Care Capacity at Nursing Facilities for Patients who are Not Suspected or Confirmed to be Infected with COVID-19. This notice is intended only to offer guidance and serve as a reference, and does not contain any requirements for providers, issue updates to current MassHealth service rates, or endorse specific institutions or referral relationships. Massachusetts - COVID 19 Notice Negative Residents 06 03 2020 v2.docx Notice of Dedicated Care Capacity at Nursing Facilities for COVID-19 Patients Massachusetts - COVID-19-NF-Notice-06-03-20 v2.docx Long-term care facilities may allow visits with residents to occur, provided that the physical distancing and protection requirements described in detail below are followed. As much as possible, long-term care facilities should continue to use alternative electronic methods for communication between residents and visitors. may allow in-person visitation in a designated outdoor visitation space - does not apply to suspected or positive residents; visitors must be screened; limited to 2 visitors. Dining and Group activities still suspended. Massachusetts - LTCF-Memo-Visitation-Guidance 5 31 20.docx
	7/27/2020		Travel order starting Aug 1. All visitors and returning residents entering Massachusetts must follow new travel orders. https://www.mass.gov/info-details/covid-19-travel-order
	8/5/2020		Established Interstate Compact for acquiring antigen testing - Maryland, North Carolina, Massachusetts, Louisiana, Ohio, Michigan, Virginia with The Rockefeller Foundation to expand the use of rapid point-of-care antigen tests to slow the spread of COVID-19 and continue safely reopening the states.
	8/25/2020		a listing of Nursing Facilities with Dedicated COVID-19 Isolation Spaces and Nursing Facilities with Dedicated Spaces Accepting Patients who are not Suspected or Confirmed to be Infected with COVID-19. Massachusetts - COVID 19 Notice Negative Residents 08 18 2020 v1.docx Massachusetts - COVID-19-NF-Positive-Notice-08-18-20 v1.docx
Michigan	4/17/2020		Created a Discharge guide created for healthcare providers (tie to Medicare Regulations) for patients going to other locations; references CDC guidance https://www.michigan.gov/documents/coronavirus/Guidance_for_Health_Care_Facilities_for_Discharge_of_COVID_FINAL_684358_7.pdf

Berenice	5/21/2020	Governor Gretchen Whitmer today signed Executive Order 2020-95, which extends and further enhances protections for the health and safety of residents and employees of long-term care facilities. The order expands on protections provided in Executive Order 2020-50 and provides clear procedures for facilities and hospitals to follow when residents test positive for or experience symptoms of COVID-19. The order takes effect immediately and continues through June 17. https://content.govdelivery.com/attachments/MIEOG/2020/05/20/file_attachments/1456437/EO%202020-95.pdf
	6/18/2020	The State of Michigan will provide testing support for nursing homes, as capacity allows, and assist facilities in identifying other sources of testing capacity as needed. Consistent with MDHHS Skilled Nursing Facility Testing guidance issued on June 15, 2020, all nursing homes must conduct COVID-19 diagnostic testing as follows (obtaining consent of the individual or other person legally authorized to make medical care decisions for the individual): Initial testing of all residents and staff; Testing of all new or returning residents during intake unless tested in the last 72 hours; iii. Testing any resident or staff member with symptoms or suspected exposure; iv. Weekly testing of all residents and staff in facilities with any positive cases among residents or staff, until 14 days after the last new positive; v. Testing of all staff in Regions 1 through 5 and 7, at least once between the date of this order and July 3, 2020; vi. Weekly testing of all staff in regions of medium or higher risk on the MI Safe Start Map. As soon as practicable and no later June 22, 2020, nursing homes must complete a plan for conducting testing consistent with section 3(a) of this order. Nursing homes must begin executing on their plans as soon as practicable and no later than June 29, 2020 Michigan Epidemic Order - NF Final 6 15 20 693837 7 (1).pdf
	7/23/2020	Extended face covering order Michigan - EO 2020-153 Emerg order - Masks - re-issue 7-17-20.pdf State of Emergency extended through 8/11/20 https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-534176--,00.html Can't find a date on this order: 1. Any law or regulation is temporarily suspended to the extent that it requires, as a condition of licensure, certification, registration for any health care professional, or the renewal of a license, certification, or registration for any health care professional: Continuing education. https://www.michigan.gov/whitmer/0,9309,7-387-90499_90705-534173--,00.html
	8/5/2020	Established Interstate Compact for acquiring antigen testing - Maryland, North Carolina, Massachusetts, Louisiana, Ohio, Michigan, Virginia with The Rockefeller Foundation to expand the use of rapid point-of-care antigen tests to slow the spread of COVID-19 and continue safely reopening the states.
	11/13/2020	Michigan: Remote work policies https://www.michigan.gov/coronavirus/0,9753,7-406-98158-544922--,00.html
	12/10/2020	Pre-position providers will be the very first sites to receive vaccine – they will be shipped vaccine to be in position for vaccination once an Emergency Use Authorization (EUA) is approved and while awaiting final recommendations from the Advisory Committee on Immunization Practices (ACIP). https://www.michigan.gov/documents/coronavirus/CDC_COVID-19_Vaccination_Program_FAQ_708199_7.pdf https://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4914-545768--,00.html
Minnesota	4/1/2020	3/31/20 published a resource guide for pre-screening visitors to facility - Visitors and essential health care providers should be actively screened prior to any visit. Essential health care workers include, but are not limited to, facility staff, therapists, home health, hospice providers, dialysis staff, physicians, necessary lab/X-ray staff, clergy, mobility drivers for transport to essential appointments, local public health, the ombudsman, state agency survey staff, and Minnesota Department of Human Services (DHS) staff. Links in document go to CDC
	4/24/2020	Interim guidance documents for monitoring Covid-19 exposures in Health Care setting - source control (universal masking) in tiered, riskbased approach; eye protection during all patient encounters (as PPE supplies allow), active symptom monitoring, social distancing policies, hand hygiene, dedicated staff, N95 for aerosol-generating procedures, investigate recognized exposures https://www.health.state.mn.us/diseases/coronavirus/hcp/response.pdf
	5/11/2020	All residents and staff in a LTC facility should be promptly tested if symptomatic. Testing may be used to discontinue Transmission-based Precautions for residents who have tested COVID-19 positive. Facility-wide resident and staff testing can be used to support prevention efforts but should not be used as an isolated strategy. Minnesota - Updated Testing Guidance for LTC facilities - 5-8-20.pdf
	7/17/2020	Minnesota: Essential Caregiver Guidance for Long-term Care Facilities (Note: this resource not applicable much to us, but we do interact with caregivers.) https://www.health.state.mn.us/diseases/coronavirus/hcp/lccaregiver.pdf
	7/31/2020	Update Report on their SNF/LTC plan to help decrease the number of outbreaks. https://www.health.state.mn.us/diseases/coronavirus/hcp/lccplanupdate.pdf
	8/10/2020	Recommendations for Long-term Care Visitation and Activities: How and When to Safely Transition to the Next Level Throughout the COVID-19 Pandemic https://www.health.state.mn.us/diseases/coronavirus/hcp/lccvisit.pdf
	9/11/2020	Minnesota: Changes to HVAC systems can help reduce COVID-19 transmission risk in LTC. https://www.health.state.mn.us/diseases/coronavirus/hcp/hvac.pdf
	10/2/2020	Centers for Medicare & Medicaid Services, Quality, Safety & Oversight Group (CMS QSO) provided notice that civil money penalty (CMP) funds have been set aside to help nursing homes make in-person visits possible. These funds may be used to buy tents for outdoor visits and/or clear dividers to create a physical barrier to lower the risk of transmission during in-person visits (indoors or outdoors). https://www.health.state.mn.us/diseases/coronavirus/hcp/lccvisittent.pdf
	10/29/2020	Visitation modifications in AL/IL/HH/LTC https://www.health.state.mn.us/diseases/coronavirus/hcp/nhvisit.pdf https://www.health.state.mn.us/diseases/coronavirus/hcp/lccvisitsum.pdf https://www.health.state.mn.us/diseases/coronavirus/hcp/lccvisit.pdf
	11/13/2020	Minnesota: Selecting In-building Visitation Areas in Long-term Care Facilities and Long-term Care COVID-19 Response: November 2020 Update https://www.health.state.mn.us/diseases/coronavirus/hcp/inbuildingvisit.pdf https://www.health.state.mn.us/diseases/coronavirus/hcp/lccplanupdatenov.pdf
Berenice	12/10/2020	Minnesota Department of Health (MDH) announced updated quarantine guidance on Dec. 7, 2020. This guidance is on Close Contacts and Tracing. We are working to update other areas of the website, documents, and other materials as quickly as possible. These updates are based on Centers for Disease Control and Prevention (CDC) guidance that shortens quarantine in certain situations https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html
Mississippi	4/7/2020	"Given the rising number of cases of COVID-19 in Mississippi, and the increased risk of exposure to healthcare professionals and patients, the Mississippi State Department of Health (MSDH) recommends that healthcare workers wear masks throughout the workday." https://msdh.ms.gov/msdhsite/_static/14,0,420,694.html
	4/21/2020	Given the rising number of cases of COVID-19 in Mississippi, and the increased risk of exposure to healthcare professionals and patients, the Mississippi State Department of Health (MSDH) recommends that healthcare workers wear masks throughout the workday. N95 or KN95 masks should not be used routinely but preserved for those caring directly for patients with COVID-19 or those suspected of having COVID-19. This recommendation applies to healthcare professionals working in patient care areas, even when they are not in a patient-facing role. Healthcare professionals included in this recommendation are all paid and unpaid persons serving in healthcare settings with the potential for either direct or indirect exposure to patients or infectious materials, contaminated medical supplies or contaminated environmental surfaces. https://msdh.ms.gov/msdhsite/_static/14,0,420,694.html
	7/6/2020	SLP License renewal extended to 8/31/20

		7/14/2020	New mask and social distancing requirements for selected counties. Based on the Governor's executive order 1507, the following counties must adhere to the use of a mask or face covering in public, practice enhanced safety protocols, and observe additional limitations on social gatherings beginning July 13, 2020. Claiborne, De Soto, Grenada, Harrison, Hinds, Jackson, Jefferson, Madison, Quitman, Rankin, Sunflower, Washington, Wayne Mississippi - EO 7-2020 - masks and social distancing for counties.pdf Also - Statewide postponement of non-urgent surgeries and procedures Mississippi - postpone non-urgent procedures - 7-10-20.pdf Discharge guidance for suspected or confirmed covid patients Mississippi - Discharge guidance - 7-2020.pdf
	Jason	7/17/2020	(From Rebecca - Mississippi out-patient and in-patient medical services) Services must be completed with precautions and guidance including: o Patient screening for covid19 symptoms prior to visit, immediately upon arrival and isolated as needed (patients with symptoms must be tested prior to receiving non emergent care) o Sterilization of n95 masks is available through MSDH and MEMA to support clinical needs o Outpatients ▣ Minimum 6 feet between patients ▣ Lower patients volumes to support social distancing (doesn't specific further) ▣ One caregiver max may attend ▣ Hand hygiene available ▣ Masks in waiting rooms ▣ Medical and office staff must wear mask, eye protection now recommended in line with CDC • Face coverings required for all home health visits https://protect-us.mimecast.com/s/fWnYC4x475JnKttx4hn1?domain=msdh.ms.gov
		7/23/2020	Please see the link for a Health Alert Message requesting Mississippi Physicians and Healthcare Providers recommend immediate isolation of symptomatic individuals tested for COVID-19, 14-day isolation for individuals who test positive for COVID-19, and 14-day quarantine and testing of contacts. MSDH instructions to provide patients are included: * Recommend immediate isolation for all symptomatic individuals waiting for COVID-19 test results. * Recommend immediate isolation (if not already isolated) for all COVID-19 positive cases until 14 days from date of onset if symptomatic, or 14 days from date of collection if asymptomatic, and fever free for at least 24* hours. * Recommend testing and 14-day quarantine for all close contacts to the case (should remain in quarantine for full 14 days even if initial test is negative). https://msdh.ms.gov/msdhsite/_static/resources/9912.pdf New mask and social distancing requirements for selected counties. Based on the Governor's executive order 1507, the following counties must practice enhanced safety protocols, including the use of a mask or face covering in public and additional limits on social gathering sizes, beginning July 20, 2020. Bolivar, Claiborne, Covington, De Soto, Forrest, Grenada, Harrison, Hinds, Humphreys, Jackson, Jefferson, Madison, Panola, Quitman, Rankin, Sharkey, Simpson, Sunflower, Tallahatchie, Tate, Walthall, Washington, and Wayne. In businesses: All employees are required to keep at least 6 feet from other employees, or wear a face mask. All employees must be screened at the beginning of their shift. https://msdh.ms.gov/msdhsite/_static/14,21866,420.html#EO1507 Mississippi - County-specific order for mask & social distance 7-10-20.pdf Mississippi - County-specific order for mask & social distance 7-19-20.pdf
		8/4/2020	A statewide Order for Isolation of Individuals Diagnosed with COVID-19, issued by State Health Officer Dr. Thomas Dobbs. All persons residing in Mississippi must immediately home-isolated on first knowledge of infection with COVID-19. Mississippi - Statewide Isolation order 8-4-20.pdf
		9/7/2020	When caring for patients with possible COVID-19 symptoms, MSDH still recommends a minimum complement of a surgical mask, eye protection and gloves. When caring for patients with known COVID-19 we strongly recommend strict compliance with CDC infection control guidance. If you have tested positive and not in the hospital, there is a mandatory stay at home isolation period of 14 days and 10 days for approving employers: https://msdh.ms.gov/msdhsite/_static/resources/10134.pdf
		10/2/2020	Updates made via alert based on mask mandate expiration - see document uploaded in folder: physicians should continue telemedicine as much as appropriate, suspected COVID patients should be assessed in private location with appropriate PPE, outpatient services should be conducted to accommodate social distancing recommendations including: minimum separation of at least 6 feet between patients, lower patient volumes, hand hygiene resources should be readily available, all patients and caregivers in waiting rooms should wear a surgical mask or cloth mask, all employees should wear a mask at all times when not eating or drinking, employees should maintain a minimum of 6 feet from one another when eating or drinking, eye protection is recommended for all clinical encounters consistent with CDC guidance.
Missouri	Jason	4/21/2020	State employees working in direct care facilities. The testing strategy remains at two negative tests, 24 hours apart before returning to work. A test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. Individuals with laboratory-confirmed COVID-19 who have not had any symptoms may discontinue home isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness. Return to Work Criteria for HCP with Confirmed or Suspected COVID-19. Two recommended options are listed below for healthcare facilities that have employees returning to work after COVID-19 illness. 1) Non-test-based strategy. Exclude from work until: a. At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and b. At least 7 days have passed since symptoms first appeared. 2) Test-based strategy. Exclude from work until: a. Resolution of fever without the use of fever-reducing medications; and b. Improvement in respiratory symptoms (e.g., cough, shortness of breath); and c. Negative results of an FDA Emergency Use Authorized molecular assay for COVID19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens). S Stay-at-home order extended to May 3rd. Schools closed remainder of school year. Missouri - stay-at-home-order-extended 4-17-20.pdf Missouri - guidance for clinical personnel Direct Care41720.pdf
		9/7/2020	TLC Re-opening Guidance https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/pdf/missouri-guidance-on-reopening-of-long-term-care-facilities.pdf
		12/22/2020	All congregate living facilities in this State that have a positive polymerase chain reaction (PCR) test or antigen test, on one or more residents or one or more staff members, who physically worked at such facility within fourteen days prior to testing positive, shall within 24 hours of learning of such positive test result, submit the required information found at https://health.mo.gov/covid/facilityreporting to the Department of Health and Senior Services and any information required by the local health authority serving the facility. https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/pdf/so-congregate-living-covid-reporting-order.pdf
Montana	Jason	4/21/2020	Actively screen everyone for fever and symptoms of COVID-19 before they enter the healthcare facility. As community transmission intensifies within a region, healthcare facilities could consider foregoing contact tracing for exposures in a healthcare setting in favor of universal source control for HCP and screening for fever and symptoms before every shift. Links to CDC infection control recommendations of 4/13/20
		5/20/2020	Yesterday, Montana posted about CDC recommendation about nationwide testing for LTC, but I don't see anything about them making it mandatory yet. (See CDC updates above) https://dphhs.mt.gov/publichealth/cdepi/diseases/coronavirusmt#9247810307-information-for-long-term-care-facilities

Nebraska	Sarah		
New Hampshire	Ruth	3/30/2020	Deferred finger-printing as part of criminal background check for licensure, only for duration of emergency
		3/31/2020	Stay at Home order effective 3/27/20 with clarification re: essential services, to include PT/OT/ST
		4/15/2020	New EO highlighting new rules on when to test if symptomatic New Hampshire covid-19-update12 4-15-20.pdf
		4/16/2020 - I will try to find mor einformation on this	(Email from Jessica) A Town Hall call was held today: Provider must be a Medicaid provider. (Are we a provider for any sites in NH for DB?) LTC frontline worker is anyone who physically has to be in the facility to do their job. A portal will be established this afternoon in the NH GOV websiteà LTC support à information on program with contain FAQ. In the portal you will find a simple application. You would fill out the application. Health and human services will see if the employer qualifies. Applications should be done weekly. Qualified if FT or PT. They are still working on what hours are considered full time or part time but thinking full time at 37.5 hours (just like unemployment). The check will go to the employer.
		5/12/2020	From 5/7/20 Presentation: Goal is to offer serial nursing home staff testing every 7-10 days at each nursing home. I can't find any directives specifically requiring patient and staff testing in LTC facilities; it is mentioned only in news reports E.G. The state will begin "sentinel surveillance testing," or more regular spot testing of selected facilities, to ensure that asymptomatic nursing home staff and residents are noted earlier. State officials had previously planned to only test residents at facilities where an infection had already been reported. https://www.nhpr.org/post/state-plans-expanded-testing-nh-nursing-home-deaths-mount#stream/0 New Hampshire - ltc-presentation - 5-7-20.pdf
		5/27/2020	All continuing education requirements for professional licensure renewal between March and December 2020 have been waived. New Hampshire - EO - Waiving CEU requirements - 5-19-20.pdf
		6/25/2020	Visitation guide for LT care facilities. updates the State's prior recommendations regarding visitor prohibition issued on March 15, 2020 for long-term care facilities (LTCFs). LTCFs may allow visits with residents to occur, provided that the physical distancing and protection requirements described in detail below are followed. This updated visitation guidance does NOT apply to facilities that are experiencing COVID-19 outbreaks, which should continue to restrict all non-essential visitors (indoors or outdoors) until the facility's outbreak has been determined by NH DPHS to be over. New Hampshire - ltc-visitation-06132020.pdf
		7/14/2020	New Hampshire- extended declared emergency 21 days from June 26 (through July 17) so we should hear something more soon. New Hampshire extension orders through July 16 2020 2020-14.pdf
		12/2/2020	Plans still in draft: SECTION 3: PHASED APPROACH TO COVID-19 VACCINATION: NH's vaccination program is structured around the concept of a phased response, whereby vaccine may initially be limited. A Vaccine Allocation Strategy Branch will inform strategies related to equitable dose distribution. The current distribution plan includes starting each phase of vaccination in geographic areas with the highest COVID-19 disease case count. Ensuring equitable access to COVID-19 is central to NH's vaccine planning efforts. NH's initial plan includes vaccination of the following groups under Phase 1a: Highrisk workers in health care facilities, first responders, and older adults in residential care settings New Hampshire covid19-vac-plan-draft.pdf
New Jersey	Sarah	4/1/2020	New Jersey has published guidance for health care workers, it's about what to do if you have been exposed. References link to CDC This guidance is provided to assist healthcare facilities, healthcare providers and local public health officials in determining when to discontinue isolation for persons with confirmed COVID-19. New Jersey - Discontinuation of Transmission-based precautions.pdf
		5/11/2020	Given the widespread transmission of COVID-19 in New Jersey and the likelihood of asymptomatic and pre-symptomatic transmission, the feasibility and benefits of formal contact tracing in healthcare settings are likely limited. Facilities should emphasize routine precautions, which include asking all healthcare personnel (HCP1) to report recognized exposures, regularly monitor themselves for fever and symptoms of COVID-19, use facemasks for source control, and not report to work when ill. New Jersey - Guidance for diagnosed and/or exposed HCP.pdf
		5/15/2020	Requiring that all facility residents and staff be tested no later than May 26 with additional follow-up testing required no more than one week later. No elaboration on the plan for this. https://covid19.nj.gov/search.html?query=nursing+home+information
		5/18/2020	Found the EO: COVID-19 TESTING AT LICENSED LONG-TERM CARE FACILITIES, ASSISTED LIVING RESIDENCES, COMPREHENSIVE PERSONAL CARE HOMES, RESIDENTIAL HEALTH CARE FACILITIES, AND DEMENTIA CARE HOMES. No later than May 19, 2020, all long-term care facilities as defined in N.J.S.A. 26:2H-12.871 shall supplement or amend their current disease outbreak plan to include a COVID-19 testing plan (Plan) for all staff and patients/residents. "Staff" to be tested pursuant to this Directive include all direct care workers and nondirect care workers within the LTC.
		6/24/2020	CT, NY, NJ have added quarantine for 14 days for any person entering the state arriving from Alabama, Arkansas, Arizona, FL, NC, SC. • Begins today June 24 at midnight https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2020/06-2020/Governor-Lamont-Governor-Cuomo-and-Governor-Murphy-Announce-Joint-Incoming-Travel-Advisory
		7/31/2020	Waiver of On-Site Supervision Requirements: Waives on-site direct, face-to-face evaluations of audiologist and/or speech-language pathologist temporary licensees, on location face-to-face contact with and observation of occupational therapy assistants, and on-site supervision of physical therapist assistants. Supervision may instead be provided via electronic means. https://www.njconsumeraffairs.gov/COVID19/Documents/DCA-AO-2020-14_DCA-W-2020-13.pdf https://www.njconsumeraffairs.gov/COVID19/Pages/C19-Waivers-of-Licensing-Rules.aspx
New Mexico	Sarah	3/27/2020	SNF and HH staff are considered essential (don't list out by discipline; but no reference to OP services; requirement to notify Health Dept)
		5/15/2020	weekly testing for all staff and residents for buildings with 1 or more + COVID, for sites with no cases 15% of staff and residents must be tested weekly
New York		3/31/2020	3/25/20 – issued new directions for hospital discharge and transfer to SNF Guidance for Resident and Family Communication in LTC - released 4/19/20 - offers ideas and best practices for maintaining QOL of nursing home/institutionalized residents New York - Guidance for Resident and Family Communication in ACFs and Nursing Homes 4-19-20.pdf
		4/21/2020	It is NYC Health + Hospital policy that all PAC nursing homes to test all personnel including all employees, contract staff, medical staff, operators and administrators for COVID-19 virus, or SARS-COV-2, twice a week.
		5/18/2020	the state is expanding diagnostic testing criteria to include more frontline New York workers - a direct result of rapidly increasing diagnostic testing capacity. The expanded criteria will now allow all first responders, health care workers and essential employees to be tested for COVID-19 even if they aren't symptomatic. The state will continue to expand testing criteria as testing capacity increases. Published May 15th: The NYC Health Department recommends the following individuals be tested: Congregate residential setting staff: Any person, with or without symptoms, who works in a congregate residential setting (such as a nursing home, shelter, or adult care facility). New York City - covid-19-provider-id-testing 5-15-20.pdf
		6/17/2018	Updated Guidance for Resumption of Non-Essential Elective Surgeries and Non-Urgent Procedures in Hospitals, Ambulatory Surgery Centers, Office Based Surgery Practices and Diagnostic and Treatment Centers https://coronavirus.health.ny.gov/system/files/documents/2020/06/doh_covid19_electivesurgery_update_061420.pdf

Diane	6/24/2020	CT, NY, NJ have added quarantine for 14 days for any person entering the state arriving from Alabama, Arkansas, Arizona, FL, NC, SC. • Begins today June 24 at midnight https://portal.ct.gov/Office-of-the-Governor/News/Press-Releases/2020/06-2020/Governor-Lamont-Governor-Cuomo-and-Governor-Murphy-Announce-Joint-Incoming-Travel-Advisory
	6/29/2020	Individuals traveling to NY from states with significant community spread of COVID-19 will be required to quarantine for 14 days.
	7/16/2020	Facilities in Phase 3 regions may resume visitation under certain conditions. https://coronavirus.health.ny.gov/system/files/documents/2020/07/health-advisory_adult-care-facilities-visitation_final-v8.pdf
	7/20/2020	Governor Cuomo has partnered with New Jersey Governor Murphy and Connecticut Governor Lamont to create a joint travel advisory for individuals traveling from states with significant community spread of COVID-19, requiring a quarantine for 14 days when visiting their states. New York City has been cleared by global health experts to enter Phase Four of reopening without any additional indoor activity, such as malls and cultural institutions, beginning Monday, July 20th. New regulations for bars and restaurants in New York City will ensure compliance with social distancing and face covering orders. https://coronavirus.health.ny.gov/home
	8/3/2020	Revised Protocols for Personnel in Healthcare and Other Direct Care Settings to Return to Work Following COVID-19 Exposure or Infection https://coronavirus.health.ny.gov/system/files/documents/2020/07/health_advisory_rtn_to_work_7-24.pdf
	8/14/2020	State of emergency continued via EO to September 11th https://www.governor.ny.gov/news/no-20256-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency
	9/1/2020	The New York State Department of Health today announced that confirmatory COVID-19 and Influenza testing will be required whenever a hospital patient or nursing home resident has a known exposure or symptoms consistent with either disease. Testing must also be performed on any hospital patient or nursing home resident where the person is suspected of having died of such disease, within 48 hours after death, if that individual had not previously received a COVID-19 and influenza test in the 14 days prior to death. This emergency regulation also applies to funeral directors and medical examiners for individuals suspected of having died from either disease, but were not in the care of a hospital or nursing home. This process will ensure integrity in data reporting as the State continues its COVID-19 pandemic response and as we prepare for another flu season. Any facility or local health department that lacks the ability to perform testing within the required timeframe can request that the New York State Health Department perform the test. https://regs.health.ny.gov/regulations/emergency
	9/18/2020	(September 15, 2020) - State Department of Health Commissioner Dr. Howard Zucker today announced nursing homes in New York will be allowed to resume limited visitations for facilities that have been without COVID-19 for at least 14 days, a revision to the 28 day guidelines previously set by the federal Centers for Medicare & Medicaid Services. This updated guidance will allow eligible visitation in approximately 500 of the state's 613 nursing homes. https://health.ny.gov/facilities/nursing/docs/2020-09-15_nursing_facility_visitation.pdf
	9/22/2020	indicating resumption of limited visitation and activities in nursing homes. This directive detailed specific criteria NHs must follow for reducing such restrictions, while mitigating the risk of resurgence of COVID-19. Nothing in this directive absolved a NH's responsibility to ensure that resident and family communication is ongoing and supported by virtual visits, whenever possible, nor did it change the guidance previously issued relative to visitation for medically necessary or end-of life services. https://coronavirus.health.ny.gov/health-advisory-skilled-nursing-facility-visitation
	11/13/2020	Effective November 13 at 10 p.m., bars, restaurants and gyms, as well as any State Liquor Authority-licensed establishment, must close in-person service from 10 p.m. to 5 a.m. daily. Effective November 13 at 10 p.m., indoor and outdoor gatherings at private residences will be limited to no more than 10 people. All nursing homes in red, orange or yellow zones to test or make arrangements to test all personnel twice a week. https://coronavirus.health.ny.gov/system/files/documents/2020/11/dal_nh_20-16_testingandvisitationrequirementsinredorangeandyellowzones004.pdf
	12/1/2020	Vaccine Administration Program (DRAFT): The NYS Department of Health has released a draft COVID-19 Vaccination Administration Program that serves as an initial framework for ensuring the safe and effective distribution of a COVID-19 vaccine in New York. https://forward.ny.gov/new-york-state-covid-19-vaccine-program https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/NYS_COVID_Vaccination_Program_Book_10.16.20_FINAL.pdf
	12/11/2020	Vaccination Plan: As outlined in New York's vaccination program, high-risk healthcare workers, nursing home residents and staff are prioritized first to receive the vaccine, followed by other long-term and congregate care staff and residents and EMS and other health care workers. Essential workers and the general population, starting with those who are at highest risk, will be vaccinated after these initial priority groups. https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/NYS_COVID_Vaccination_Program_Book_10.16.20_FINAL.pdf
	12/22/2020	Health Care Providers Should Prepare to Order COVID-19 Vaccine: 1) Healthcare providers are strongly recommended to register in NYSIS for providers in NYS, outside of NYC, and with CIR for providers located in NYC. This is because all COVID-19 Vaccination Program providers (each location submitting a profile) will need a NYSIS account (for providers outside of NYC) or CIR account (for providers located in NYC). Your organization may currently have a NYSIS or CIR account, but it is important to ensure that the appropriate staff have access. 2) Enroll in the COVID-19 Vaccination Program 3) Ordering, Receiving and Administering Vaccine https://coronavirus.health.ny.gov/covid-19-vaccine-information-providers
North Carolina	4/6/2020	A collection of North Carolina experts today released a composite modeling forecast looking at how COVID-19 could affect North Carolina in the coming months. https://www.ncdhhs.gov/news/press-releases/north-carolina-covid-19-modeling-shows-social-distanc
	4/9/2020	Governor Roy Cooper took action to provide more access to health care beds and get more medical workers to respond to the rising demand due the COVID-19 pandemic. North Carolina has received approval from FEMA to provide housing alternatives, such as hotels, motels, and dormitories, for North Carolinians with unstable housing who may need to quarantine in response to or are at high-risk for severe illness from COVID-19. https://governor.nc.gov/news/press-releases
	4/10/2020	NC: Update 4/9 5 PM LOWERING RISK IN LONG TERM CARE FACILITIES The Order sets public health and safety requirements for nursing homes during the public health emergency. The Order encourages other long-term care facilities to follow the same guidance. Some of the directives include: Canceling communal activities, including group meals Taking the temperature of employees and essential personnel when they enter the facility Requiring specific personal protective equipment in the facility Requiring close monitoring of residents for COVID-19 health indicators like body temperature The Order states these requirements will last until this order is repealed. https://files.nc.gov/governor/documents/files/EO131-Retail-Long-Term-Care-Unemployment-Insurance.pdf
	4/15/2020	N.C. Emergency Management Director Mike Sprayberry provided an update on supplies: surgical masks and gloves are being provided to hospitals, first responders and long-term care homes. All other forms of personal protective equipment remain in short supply, and the state is fulfilling requests in small quantities to meet the most critical needs.
	4/16/2020	Gov. Roy Cooper charted a path forward for eventually easing certain COVID-19 restrictions while still protecting North Carolinians from a dangerous second wave of the virus. To ease restrictions, the state needs to make more progress in three areas: testing, tracing and trends. Expert modeling shows it would be dangerous to lift restrictions all at once because it would increase the chances that hospitals become overwhelmed and unable to care for severely ill patients. Changes in restrictions, Cooper said, must protect public health, especially those who are most vulnerable to severe illness, including people over age 65, those with underlying health conditions and people living in congregate settings. https://www.nc.gov/covid-19/covid-19-updates
	4/27/2020	Vendors of personal protective equipment as well as industry representatives can now fill out an online form with offers for North Carolina to buy necessary supplies to successfully respond to the COVID-19 pandemic https://www.nc.gov/covid-19/covid-19-updates
	4/29/2020	Carolina Community Tracing Collaborative, a new partnership with Community Care of North Carolina and the North Carolina Area Health Education Centers is part of Gov. Roy Cooper's initiative to slowly lift restrictions by focusing on testing, tracing and trends. Through this collaborative, up to 250 additional local staff will be hired and trained initially to support contact tracing efforts with the potential to add more. Recruitment will start immediately; interested applicants should visit the collaborative's website. The U.S. Centers for Disease Control and Prevention has expanded the list of symptoms that might be associated with COVID-19. In addition to fever, cough and shortness of breath, other symptoms might include chills, repeated shaking with chills, muscle pain, headache, sore throat and new loss of taste or smell. https://www.nc.gov/covid-19/covid-19-updates
	5/4/2020	Governor Roy Cooper and NC DHHS Secretary Dr. Mandy Cohen today shared an update on where North Carolina stands in the fight against COVID-19 and urged North Carolinians not to let their guard down. Hoping trends remain stable to move into Phase 1 for re-opening plan.

	https://governor.nc.gov/news/cooper-urges-north-carolinians-stay-vigilant
5/7/2020	Phase 1 Re-opening takes effect 5/8/20 at 5:00pm: Modify the Stay At Home order allow travel not currently defined as essential allowing people to leave home for commercial activity at any business that is allowed to be open, such as clothing stores, sporting goods stores, book shops, houseware stores and other retailers. Ensure that any open stores implement appropriate employee and consumer social distancing, enhanced hygiene and cleaning protocols, symptom screening of employees, accommodations for vulnerable workers, and provide education to employees and workers to combat misinformation. Continue to limit gatherings to no more than 10 people. Reopen parks that have been closed subject to the same gathering limitation. Outdoor exercise will continue to be encouraged. Continue to recommend face coverings in public spaces when 6 feet of distancing isn't possible. Encourage employers to continue teleworking policies. Continue rigorous restrictions on nursing homes and other congregant care settings. Local emergency orders with more restrictive measures may remain in place. https://governor.nc.gov/news/governor-cooper-announces-modified-stay-home-order-and-transition-phase-1-easing-restrictions
5/12/2020	NC working with local manufacturers to make critical supplies/PPE. https://governor.nc.gov/news/north-carolina-working-local-manufacturers-make-critical-supplies
5/14/2020	Gov. Cooper issued Executive Order 139, which provides additional regulatory flexibility to help ensure capacity in the state's health care system and improve its ability to effectively respond to the COVID-19 pandemic. North Carolina is working with local manufacturers to shift their production to make critical medical supplies. The state's Task Force for Emergency Repurposing of Manufacturing has partnered with the N.C. Manufacturing Extension Partnership, Carolina Textile District and the Economic Development Partnership of North Carolina to identify and collaborate with manufacturers statewide who are able to pivot their operations to produce critical personal protective equipment. https://www.nc.gov/covid-19/covid-19-updates#may-10-16,-2020
5/18/2020	New testing guidance - does not require LTC testing for patients and staff. https://www.nc.gov/covid-19/covid-19-updates#may-15-20-2020
5/20/2020	North Carolina continues its comprehensive push to distribute personal protective equipment to more than 3,800 licensed care facilities across the state, including nursing homes, adult care homes and more. Equipment includes a two-week supply of face shields, procedure masks, gloves, shoe covers and hand sanitizer. In the past seven days, an average of about 7,500 people have been tested per day. https://www.nc.gov/covid-19/covid-19-updates#may-17-23,-2020
5/21/2020	Expanded measures to prevent and respond to COVID-19 in LTC Facilities. All long-term care facilities in the state will receive personal protective equipment (PPE) packs of needed supplies, and facilities will receive a limited increased rate for some Medicaid services to support infection prevention and management. The increase will also apply to personal care assistance and home health services to help providers who support people being able to stay at home where there is less risk to exposure. NCDHHS also released updated testing guidance to clinicians that recommends testing people who live in or have regular contact with high-risk settings such as long-term care facilities. No mandated testing yet. https://www.ncdhhs.gov/news/press-releases/ncdhhs-expands-measures-prevent-and-respond-covid-19-long-term-care-facilities
5/21/2020	North Carolina will move into Safer At Home Phase 2 of lifting COVID-19 restrictions at 5 p.m. Friday, May 22 and runs through at least Friday, June 26 unless changed or canceled. Although the state's overall key indicators remain stable, the continued increases in daily case counts signals a need to take a more modest step forward in Phase 2 than originally envisioned. https://www.nc.gov/covid-19/covid-19-updates#may-17-23,-2020
5/27/2020	All health care providers should: Follow directions related to elective and non-urgent and procedures and surgeries. Review policies and procedures for infection prevention and mitigation and make sure all visitors and employees follow the appropriate steps. Limit visitors to the facility to only those essential for the patient's physical or emotional well-being and care, for example, care partners. It is important providers consider patient rights under the American with Disabilities Act and the Rehabilitation Act when considering caregiver visitation. Consider using telemedicine, nurse triage lines and other options to prevent people with mild illnesses from coming to clinics and emergency rooms. Ask about travel history for patients presenting with respiratory illnesses and continue working closely with your local health department, NCDHHS and the CDC and follow their guidance. https://covid19.ncdhhs.gov/information/health-care/providers-hospitals-and-labs
6/3/2020	North Carolina continues to increase testing for COVID-19 with an average of more than 10,000 tests completed daily over the past week. There are now 400 verified COVID-19 testing sites and 32 labs analyzing testing samples. https://www.nc.gov/covid-19/covid-19-updates
6/8/2020	North Carolina Department of Health and Human Services (NCDHHS) launches new initiatives to expand COVID-19 testing and contact tracing across the state and help North Carolinians protect their families and neighbors. Testing and tracing are core public health measures and key components of North Carolina's strategy to responsibly ease restrictions, while continuing to slow the spread of the virus. North Carolinians can now access new online tools to determine if they should consider being tested for COVID-19 and find a nearby testing place. https://www.ncdhhs.gov/news/press-releases/ncdhhs-launches-testing-and-contact-tracing-resources-help-slow-spread-covid-19
6/24/2020	NC will enforce a mask mandate (seen on today's press conference) nothing on website just yet.
6/29/2020	Gov. Roy Cooper issued an executive order requiring people to wear face coverings while out in public where physical distancing of 6 feet from other people who are not members of the same household or residence is not possible. There are some exceptions. North Carolina will also remain under Safer At Home Phase 2 of lifting COVID-19 restrictions until at least Friday, July 17. https://www.nc.gov/covid-19/covid-19-updates
7/6/2020	The N.C. Department of Health and Human Services is partnering with Omnicare, a CVS Health company, to make facility-wide testing available to approximately 36,000 residents and 30,000 staff in more than 400 nursing homes in the state. Testing begins in July. NCDHHS already recommends that nursing homes with one or more cases test all staff and residents. This initiative further makes testing available to all nursing homes to conduct a baseline test of all residents and staff. CVS Health will bill insurance as possible, and NCDHHS will cover any additional costs for testing. NCDHHS already recommends that nursing homes with one or more cases test all staff and residents. This initiative further makes testing available to all nursing homes to conduct a baseline test of all residents and staff. https://www.ncdhhs.gov/news/press-releases/ncdhhs-launches-testing-initiative-nursing-homes
7/7/2020	Under Gov. Roy Cooper's latest executive order, people are required to wear face coverings while out in public when physical distancing of 6 feet from other people who are not members of the same household or residence is not possible. There are some exceptions. North Carolina will also remain under Safer At Home Phase 2 of lifting COVID-19 restrictions until at least Friday, July 17. https://www.nc.gov/covid-19/covid-19-updates
7/7/2020	The North Carolina Department of Health and Human Services (NCDHHS) today took action to decrease barriers to COVID-19 testing by issuing a Statewide Standing Order for COVID-19 Diagnostic Testing, as well as a State Health Director Temporary Order on COVID-19 Diagnostic Test Reporting. These actions will help to increase access to testing across the state, especially for members of historically marginalized populations, and increase reporting of North Carolina test results, both positive and negative, to the state. https://www.ncdhhs.gov/news/press-releases/north-carolina-announces-statewide-covid-19-test-standing-order-requires
7/10/2020	Thursday, July 9 marked the highest day of COVID-19 hospitalizations (1,034) in North Carolina and the second highest day of new cases (2,039) reported. The N.C. Department of Health and Human Services is beginning an initiative to send up to 250 community health workers to historically underserved areas with high COVID-19 caseloads to work with local health departments and help connect North Carolinians to medical and social support resources. https://www.nc.gov/covid-19/covid-19-updates
7/14/2020	Updated 7/9/20: Due to the large impact COVID-19 is having on Skilled Nursing Facilities, facilities should conduct a Point-Prevalence Survey (PPS) per CDC guidance. A PPS entails testing individuals in the facility, including residents and staff, regardless of symptoms on one day. The results inform facility administrators about the extent and distribution of possible infection with the virus that causes COVID-19 on that specific day. Skilled nursing facilities are considered high priority for point-prevalence testing if there are one or more cases of COVID-19 within the facility. These facilities will be contacted first to schedule a date for PPS testing. At this time, other types of long-term care facilities with one or more cases are recommended to test all their residents and staff and should coordinate with local health departments when one or more cases are identified and identify a private lab or community partner to conduct testing. https://files.nc.gov/covid/documents/guidance/healthcare/Skilled-Nursing-Facility-Testing-Guidance.pdf
7/16/2020	Governor released plan B for schools across the state. Return with social distancing, infection control measures, and mask wear. Remote is option. Announced at press conference - nothing on website yet. North Carolina will continue to stay paused in Safer at Home Phase 2 when the governor's current executive order expires on Friday, July 17. The order will be extended for three weeks until Friday, Aug. 7. https://www.nc.gov/covid-19/covid-19-updates
7/21/2020	The N.C. Department of Health and Human Services unveiled an updated COVID-19 Dashboard that includes more granular information about hospital capacity and hospitalization trends, both regional and statewide This new data will provide additional insight into North Carolina's hospital capacity in the COVID-19 pandemic. NCDHHS has approved a third vendor to expand free COVID-19 testing to historically marginalized communities that currently have limited testing sites. https://www.nc.gov/covid-19/covid-19-updates

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7/23/2020	<p>The N.C. Department of Health and Human Services' work to increase COVID-19 testing access, including its innovative universal testing strategy within skilled nursing facilities, has been cited as a national model in the Rockefeller Foundation's newly released National COVID-19 Testing & Tracing Action Plan. NCDHHS is delivering more than 900,000 masks and other infection control supplies to North Carolina Cooperative Extension county centers across the state for distribution to farms and agricultural operations. July 20, 2020</p> <p>https://www.nc.gov/covid-19/covid-19-updates</p> <p>https://www.ncdhhs.gov/news/press-releases/rockefeller-foundation-report-ncdhhs-covid-19-testing-policies-set-national</p>
7/27/2020	<p>Gov. Roy Cooper has issued Executive Order 152, returning regulatory authority for skilled-nursing facilities to the secretary of the N.C. Department of Health and Human Services. Under Secretarial Order 1, current restrictions remain in place, as NCDHHS collaborates with industry and advocacy organizations, monitors progress and evaluates options to best protect the health and well-being of staff, residents and their loved ones. Gov. Roy Cooper, Health and Human Services Secretary Dr. Mandy Cohen and officials representing Mexico and Guatemala are urgently calling on Latinx/Hispanic communities to take prevention measures against COVID-19, which has notably increased in these communities.</p> <p>https://www.nc.gov/covid-19/covid-19-updates</p>
7/31/2020	<p>North Carolina counties this week received an additional \$150 million in COVID-19 relief to help pay for medical and public health needs as well as payroll expenses for public safety and health care employees and expenses to help protect public health.</p> <p>https://www.nc.gov/covid-19/covid-19-updates</p>
8/5/2020	<p>Established Interstate Compact for acquiring antigen testing - Maryland, North Carolina, Massachusetts, Louisiana, Ohio, Michigan, Virginia with The Rockefeller Foundation to expand the use of rapid point-of-care antigen tests to slow the spread of COVID-19 and continue safely reopening the states.</p>
8/7/2020	<p>The state has distributed approximately 3.5 million cloth face coverings, 4.5 million procedure masks and significant amounts of additional personal protective equipment to targeted settings across the state. The ongoing shipments support operations including schools, nursing homes, first responders, agricultural facilities, child care facilities and courthouses.</p> <p>Gov. Roy Cooper has signed Executive Order 155, extending North Carolina's Safer at Home Phase 2 restrictions for an additional five weeks until Friday, Sept. 11. "Other states that lifted restrictions quickly have had to go backward as their hospital capacity ran dangerously low and their cases jumped higher. We will not make that mistake in North Carolina."</p> <p>https://www.nc.gov/covid-19/covid-19-updates</p>
8/8/2020	<p>State officials on Friday ordered all staff of North Carolina nursing homes to be tested every two weeks for coronavirus. The order issued by Dr. Mandy Cohen, secretary of the state Department of Health and Human Services, also provides for funding for the tests through the end of November from Federal CARES Act money the state has received. Cohen said DHHS also will deploy 10 infection control support teams to help long-term care facilities prevent and manage viral outbreaks.</p> <p>https://www.ncdhhs.gov/news/press-releases/ncdhhs-pay-ongoing-testing-nursing-home-staff-codifies-requirement-biweekly</p>
8/11/2020	<p>The N.C. Department of Health and Human Services has issued a secretarial order requiring bi-weekly staff testing at North Carolina nursing homes. NCDHHS also announced continued state funding for staff testing through November. NCDHHS announced its selection of seven vendors to hire and manage more than 250 community health workers, who will be deployed in 50 targeted counties to connect North Carolinians affected by COVID-19 with needed services and support. The N.C. Division of Emergency Management and the N.C. Department of Health and Human Services announced a new, expedited reimbursement program to increase community non-congregate shelter options during COVID-19. The program allows local jurisdictions, agencies and community organizations to receive expedited reimbursements from the Division of Emergency Management for all eligible costs for non-congregate sheltering operations and associated wrap-around services.</p> <p>https://www.nc.gov/covid-19/covid-19-updates#aug-2-8-2020</p>
8/25/2020	<p>The N.C. Department of Health and Human Services has 55 upcoming community testing events scheduled in 11 counties to increase access to no-cost COVID-19 testing, particularly for African-American, LatinX/Hispanic and American Indian communities that currently have limited testing sites.</p> <p>https://www.nc.gov/covid-19/covid-19-updates#aug-16-22-2020</p> <p>The N.C. Department of Health and Human Services has selected StarMed Urgent and Family Care, P.A. to continue surging COVID-19 testing capacity in North Carolina. The new sites will be located in Forsyth, Guilford, Iredell, Mecklenburg, Onslow, Orange and Randolph counties. NCDHHS selected locations for the additional testing sites based on epidemiological trends and reports from local health departments.</p> <p>https://www.nc.gov/covid-19/covid-19-updates</p>
8/26/2020	<p>The N.C. Department of Health and Human Services released a Partner COVID-19 Testing Toolkit for organizations seeking to host community testing events. The comprehensive toolkit comes in response to widespread interest among North Carolina organizations, such as community-based organizations, churches and nonprofits. The toolkit is available in English and Spanish. NCDHHS awarded four contracts to regional organizations to administer its new COVID-19 Support Services program. The program will support North Carolinians in 20 targeted counties who are asked to isolate or quarantine due to COVID-19 and need assistance such as food, relief payments or access to primary medical care.</p> <p>https://www.nc.gov/covid-19/covid-19-updates</p> <p>Gov. Roy Cooper announced a careful step forward, moving North Carolina into "Safer At Home Phase 2.5" beginning 5 p.m. Friday, Sept. 4. (View FAQs.) Under Executive Order 163: Mass gatherings will increase to 25 people indoors and 50 people outdoors. Playgrounds will be allowed to open. Museums and aquariums may open at 50% capacity. Gyms and other indoor exercise facilities may open at 30% capacity. The age requirement for mask wearing will include children down to age 5. Capacity limits at restaurants and personal care businesses, such as hair and nail salons, will stay the same. Some places will remain closed, including bars, nightclubs, movie theaters, indoor entertainment and amusement parks. Large venues will still be subject to the mass gathering limits.</p> <p>https://www.nc.gov/covid-19/covid-19-updates</p>
9/7/2020	<p>North Carolina entered "Safer At Home Phase 2.5" restrictions, at 5 p.m. Ahead of Labor Day, Gov. Roy Cooper urged North Carolinians and visitors to remain cautious and practice COVID-19 prevention measures over the weekend.</p> <p>https://www.nc.gov/covid-19/covid-19-updates</p>
9/22/2020	<p>The N.C. Department of Health and Human Services has launched a COVID-19 exposure notification app called 'SlowCOVIDNC' to alert North Carolinians when they might have been exposed to someone who has tested positive for COVID-19.</p> <p>https://www.nc.gov/covid-19/covid-19-updates</p>
9/25/2020	<p>9/25/20 - The N.C. Department of Health and Human Services has updated guidance to allow indoor visitation at nursing homes that have gone 14 days without a COVID-19 case and in counties with a percent positive testing rate of 10% or less. The N.C. Department of Health and Human Services is adding information about antigen testing to the COVID-19 NC Dashboard, including positive COVID-19 cases and deaths diagnosed with an antigen test as well as the number of antigen tests completed daily.</p>
10/2/2020	<p>Under Executive Order 169, North Carolina will enter Phase 3 of lifting COVID-19 restrictions, effective 5 p.m. Friday, Oct. 2. https://www.nc.gov/covid-19/covid-19-updates</p>
10/8/2020	<p>The North Carolina Institute of Medicine is convening a NC COVID-19 Vaccine Advisory Committee to provide feedback to NCDHHS on its COVID-19 Vaccination Plan. The Advisory Committee is comprised of stakeholders including public health experts, health care providers, advocacy organization leaders, and representatives of essential workers and at-risk populations.</p> <p>https://covid19.ncdhhs.gov/latest-updates#september-27-october-3</p>

		10/21/2020	North Carolina submitted to the Centers for Disease Control and Prevention its COVID-19 Vaccination Plan. North Carolina's vaccine plan reflects five principles that guide the planning for and distribution of one or more COVID-19 vaccines in the state. The principles include: All North Carolinians have equitable access to vaccines. Vaccine planning and distribution is inclusive; actively engages state and local government, public and private partners; and draws upon the experience and expertise of leaders from historically marginalized populations. Transparent, accurate and frequent public communications is essential to building trust. Data is used to promote equity, track progress and guide decision-making. Appropriate stewardship of resources and continuous evaluation and improvement drive successful implementation. https://covid19.ncdhhs.gov/latest-updates#october-11-17
		10/26/2020	Governor Roy Cooper announced that North Carolina will remain paused in Phase 3 for three more weeks as health officials continue to monitor North Carolina's viral trends. North Carolina has seen increased hospitalizations and trajectory of cases in recent weeks. Governor Cooper underscored the importance of wearing masks, social distancing, and using good judgment despite fatigue or frustration with the pandemic. With North Carolina's COVID-19 trends moving in the wrong direction, the North Carolina Department of Health and Human Services and the NC Department of Public Safety sent a letter to local leaders asking them to help slow the spread of the virus by promoting the 3 Ws and considering local actions to improve compliance with executive orders. Read the press release. In the past two weeks, North Carolina has seen an increase in COVID-19 clusters from social events and other gatherings such as parties, family gatherings, weddings and funerals according to a new weekly report the North Carolina Department of Health and Human Services added to the NC COVID-19 Dashboard. The department has also released new guidance for private gatherings. The North Carolina Department of Health and Human Services Division of Health Benefits (NC Medicaid) is extending temporary provider rate increases related to COVID-19 through the end of the federal COVID-19 public health emergency, which goes through Jan. 21, 2021 https://covid19.ncdhhs.gov/latest-updates
		11/11/2020	Governor Roy Cooper announced that North Carolina's indoor mass gathering limit will be lowered to 10 people in an effort to drive down North Carolina's key COVID-19 metrics. Executive Order 176 will go into effect on Friday, November 13 and will be in place through Friday, December 4. The Order does not change the reduced capacity limits for certain businesses that have already been laid out. Governor Roy Cooper and NCDHHS Secretary Mandy Cohen announced a new COVID-19 County Alert System report to pinpoint counties with the highest levels of viral spread and offer specific recommendations to bring numbers down. This system will help give local leaders another tool to understand how their county is faring and to make decisions about actions to slow viral spread. The map will be updated every four weeks. https://files.nc.gov/covid/documents/dashboard/COVID-19-County-Alert-System-Report.pdf
		11/24/2020	Governor Roy Cooper issued additional COVID-19 safety measures to tighten mask requirements and enforcement as cases continue to rise rapidly in North Carolina and across the country. Executive Order 180 goes into effect on Wednesday, November 25 and runs through Friday, December 11. The order tightens the existing statewide mask requirement – making it clear that everyone needs to wear a mask whenever they are with someone who is not from the same household. The Order also adds the mask requirement to several additional settings including any public indoor space even when maintaining 6 feet of distance; gyms even when exercising; all schools public and private; and all public or private transportation when travelling with people outside of the household. The Order also requires large retail businesses with more than 15,000 square feet to have an employee stationed near entrances ensuring mask wearing and implementing occupancy limits for patrons who enter. https://covid19.ncdhhs.gov/latest-updates#november-15-november-21
		12/1/2020	COVID County Alert System https://files.nc.gov/covid/documents/dashboard/COVID-19-County-Alert-System-Report.pdf
		12/10/2020	Governor Roy Cooper and North Carolina Department of Health and Human Services Secretary Dr. Mandy Cohen today announced that North Carolina will begin a Modified Stay at Home Order after a rapid increase in North Carolina's key COVID-19 trends. The Order requires people to stay at home between 10 pm and 5 am and takes effect Friday, December 11 and will be in place until at least January 8, 2021. https://governor.nc.gov/news/key-metrics-increasing-rapidly-north-carolina-begin-modified-stay-home-order-slow-covid-19
Ohio		4/9/2020	save N95 masks and send to Battelle for sterilization so that they can be reused https://coronavirus.ohio.gov/wps/portal/gov/covid-19/resources/news-releases/news-you-can-use/continue-staying-home
		4/15/2020	As part of source control efforts, HCP should wear a facemask at all times while they are in the healthcare facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. If there are anticipated shortages of facemasks, facemasks should be prioritized for HCP and then for patients with symptoms of COVID-19 (as supply allows). Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.
		4/22/2020	Governor DeWine announced today that K-12 schools in Ohio will remain closed for the rest of the 2019-2020 academic year.
		4/27/2020	Per Shari Wahl: Lucas county in Ohio has asked all nursing homes to participate in a county wide COVID test. The county will be providing testing to all residents and employees by Friday
		5/1/2020	Extended stay-at-home order to May 29th although business are gradually allowed to open, beginning today
		5/12/2020	Potentially Exposed Essential Workers Checklist: The employer should: Require employees to perform a daily symptom assessment, including taking temperature with thermometer and monitoring for fever, coughing, and trouble breathing; Increase cleaning and disinfecting of workspaces, offices, bathrooms, common areas, and shared electronic equipment; Send the employee home immediately if symptoms develop during the workday; Clean and disinfect surfaces in the employee's workspace and shutdown the shop/floor for deep sanitation if possible; Contact the local health district to report the suspected case and exposures; Work with facility maintenance staff to increase air exchanges; Consider pilot testing the use of face masks to ensure they do not interfere with work assignments. The employee should: If there is no temperature or symptoms, continue to self-monitor; Wear a face covering while in the workplace, unless an exception exists. Exceptions can be found here. Employers can issue facemasks or can approve employees' supplied cloth face coverings; Maintain 6 feet from others; Refrain from sharing headsets or other work materials. https://coronavirus.ohio.gov/wps/portal/gov/covid-19/checklists/english-checklists/potentially-exposed-essential-workers-covid-19-checklist
		5/4/20	Testing Priorities released: Priority #1 = Ohioans with symptoms who are: • Hospitalized. • Healthcare workers Priority #2 = Ohioans with symptoms who are: • Residents of long-term care/congregate living settings. Ohio - testing priority update 5.4.2020.pdf
		5/22/2020	State to Roll Out Mandatory Testing in SNFs: Pete Van Runkle - In a video conference last night, State Medicaid Director Maureen Corcoran explained to stakeholders and agency leaders that per Governor Mike DeWine's direction, the state will begin mandatory COVID-19 testing in SNFs early next week. The National Guard will take the swabs and transport the samples to labs. The program will focus first on the roughly 350 SNFs that have had COVID-19 positives, beginning with those most severely affected and centers that volunteer to participate. The testing will be mandatory for staff (no opt out) to identify asymptomatic positive staff members who could infect patients and other staff. Patients will be subject to cohort testing, under which only the patients most likely to have been exposed to people positive for COVID-19 will be tested. Ohio explicitly is not following the Centers for Medicare and Medicaid Services (CMS) recommendation to conduct weekly testing (see story below). Director Corcoran said there likely will be some schedule for repeated testing.
	Sheri	6/9/2020	Covid testing priorities: Priority 1 - Ohioans with symptoms: Individuals who are hospitalized and healthcare personnel Priority 2: People at highest risk of complications from COVID-19 and those who provide essential public services. •With Symptoms: •Residents of LTC/congregate living settings •65 and older •People with underlying conditions, including consideration for racial & ethnic minorities •First responders/public health workers/critical infrastructure workers •Without symptoms who are residents or staff directly exposed, LTC/Congregate care living setting •Other Ohioans who are designated by public health officials to manage community outbreak Priority 3 - Ohioans with and without symptoms who are receiving essential surgeries/procedures and other medically necessary procedures. Priority 4 - Individuals in the community to decrease community spread, including those with symptoms who do not meet criteria above. Priority 5 - Asymptomatic individuals not mentioned above. https://coronavirus.ohio.gov/static/nursinghomes/NFTesting-Webinar-6-2-20.pdf

		6/18/2020	Not new information - just more concise: The Director's Order for the Testing of the Residents and Staff of all Nursing Homes was signed by Amy Acton, M.D., MPH to protect nursing homes residents and staff during this COVID-19 pandemic. a. Each nursing home facility licensed by the Ohio Department of Health (ODH) or certified by the U.S. Department of Health and Human Services, the Centers for Medicare and Medicaid Services (CMS), or the Ohio Department of Medicaid shall cooperate with COVID-19 testing for residents and staff. This includes, but is not limited to, positive exposure testing of residents as required by ODH. b. Staff at each facility will be required to be tested. Beginning the week of May 24, two parallel paths for testing will start in nursing home facilities—those facilities that have confirmed cases and staff in all nursing home facilities. Local medical professionals from the Ohio National Guard have been requested to support onsite sample collection at these facilities beginning the week of May 24. Ohio - Testing-Nursing-Homes.pdf
		7/15/2020	. Don't think it's a change for our staff, but Governor did mandate wearing masks everywhere, including healthcare settings. But basically everywhere for next month. https://governor.ky.gov/attachments/20200709_Executive-Order_State-of-Emergency.pdf
		7/24/2020	STATEWIDE MASK ORDER & Travel Advisory Governor DeWine announced that beginning on Thursday, July 23, at 6:00 p.m., a statewide mask mandate will go into effect for citizens living in all 88 Ohio counties. "Our preliminary data indicate that the rate of increase in new cases has slowed in the high-risk counties where masks are already mandated, so we are cautiously optimistic that things are heading in the right direction," said Governor DeWine. "We believe that requiring masks statewide will make a significant difference and will be key to making sure other counties do not progress to a higher level of increased spread." https://governor.ohio.gov/wps/portal/gov/governor/media/news-and-media/covid19-update-07222020
		7/27/2020	The three associations serving nursing home providers had a late afternoon call yesterday (Friday, 7/24) with the Ohio Department of Health (ODH) and learned that the resident testing initiative that had been planned to begin in early August is now being replaced by a program that will conduct repeat testing of all nursing home staff. The cadence for this testing, beginning the week of August 3, will be every 14 days. Facilities participating in the state-supported process will start the cadence over the first few weeks in August, and will need to test again 14 days after their first testing date. (Department of health website is not updated with this information yet) https://associationdatabase.com/awslAO/ebulletin/view_mail/167451/1630219
		8/5/2020	Established Interstate Compact for acquiring antigen testing - Maryland, North Carolina, Massachusetts, Louisiana, Ohio, Michigan, Virginia with The Rockefeller Foundation to expand the use of rapid point-of-care antigen tests to slow the spread of COVID-19 and continue safely reopening the states.
		12/1/2020	Per the National Academies of Sciences, Engineering and Medicine's Committee on Equitable Allocation of Vaccine - Ohio is preparing to deploy the COVID-19 vaccine to the following groups as critical populations, organized in the Phase groupings provided: Phase Group Phase 1A - High-risk healthcare workers - First responders Phase 1B - Older adults living in congregate or overcrowded settings - People at significantly higher risk due to comorbid or underlying conditions Phase 2 - Critical risk workers essential to society (e.g., healthcare and public health operations and human services operations) and at high risk of exposure - Teachers and school staff - People of all ages with comorbid and underlying conditions3 - All older adults not included in Phase 1 - People in homeless shelters 3 As minority populations have higher prevalence of comorbidities, minority populations and health equity will be integrated into planning for this phase 17 - People in group homes for individuals with physical or mental disabilities or in recovery - People and staff in prisons, jails, detention centers Phase 3 - Young adults - Children - Workers in industries and occupations important to the functioning of society and at increased risk of exposure and not included in phases 1 and 2 Phase 4 - Everyone else residing in Ohio who did not have access to the vaccine in previous phases. https://coronavirus.ohio.gov/static/docs/Interim-Draft-COVID-Vaccination-Plan-10-16-20.pdf
Oklahoma		6/5/2020	In light of increased contact tracing efforts in the state, the Oklahoma State Department of Health (OSDH) released today a Contact Tracing Overview document to inform the public on what to expect when contacted by a health department contact tracer. https://coronavirus.health.ok.gov/articles/osdh-provides-contact-tracing-guidance-increases-tracers
		6/23/2020	Phased Reopening in Long-Term Care Facilities. Based on this information, and various guidance being issued by the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services, the State believes that long-term care facilities can move into a new normal which would allow for visitation, outings and third-party vendors to enter the facility. The Plan that follows offers recommendations for the spectrum of long term care providers, which includes residential care and assisted living facilities (RCFs and ALFs), adult day care (ADC), nursing and skill nursing facilities (NFs and SNFs), and intermediate care facilities for individuals with developmental or intellectual disabilities (ICF/IIDs). The plan provides a phased approach for nursing facilities that may be used as a template for other long term care providers while they incorporate CDC guidance for their unique communities. The phases below are specifically targeted at nursing homes. Other facilities or congregate care settings, such as adult day care centers, assisted living or residential care facilities, and homes for the individuals with intellectual disabilities may choose to have their infection preventionist follow an independently developed framework for easing restrictions using this plan as a template and the Centers for Disease Control (CDC) COVID-19 mitigation strategies Oklahoma_reopening_in_long_term_care_facilities_final_20200610.pdf
		7/21/2020	: Reopen LTC plan revised Summary of changes: Appendix B, Testing Guidance, is updated to revise language related to COVID-19 case rates and movement between phases. This revised plan for Phased Reopening in Long-Term Care Facilities incorporates the Oklahoma COVID-19 Alert System; a four-tiered risk measurement tool with corresponding color categories that identify the current COVID-19 risk level found here: https://coronavirus.health.ok.gov/covid-19-alert-system . • Corresponding updates are made related to COVID-19 case rates in the community within each Phase discussed in this document. • Visitation and communal activities guidance are revised to clarify varying limitations in phases 2 and 3 and provides a link to CMS' Frequently Asked Questions (FAQs) on Nursing Home Visitation, which offers and promotes creative and flexible options for providers when balancing resident health and safety needs versus social isolation. • Revises reporting requirements on facility Phase status to require reporting only when a facility's Phase does not align with the County alert status for the facility. We emphasize that visitation restrictions will vary by facility and will depend on staffing levels, supply of PPE, local hospital ability to accept referrals/transfers, the facility's ability to cohort residents with dedicated staff in the case of suspected or positive cases, suspected COVID-19 exposure among resident or staff with pending testing, and COVID-19 exposure (a resident or staff member testing positive for COVID-19). https://coronavirus.health.ok.gov/sites/g/files/gmc786/ff/oklahoma_reopening_in_long_term_care_facilities_final_20200610.pdf https://coronavirus.health.ok.gov/covid-19-alert-system https://coronavirus.health.ok.gov/sites/g/files/gmc786/ff/oklahoma_reopening_in_long_term_care_facilities_final_20200610.pdf
		7/27/2020	Expanded contact tracing to include text messages https://www.ok.gov/triton/modules/newsroom/newsroom_article.php?id=150&article_id=60226
		7/31/2020	3rd updated state of emergency declared https://www.sos.ok.gov/documents/executive/1953.pdf
		8/5/2020	The Oklahoma State Department of Health (OSDH) announced today a one-month extension for long-term care facilities and nursing homes to apply for a CARES Act grant from the State to mitigate the presence of COVID-19 in facilities. https://www.ok.gov/triton/modules/newsroom/newsroom_article.php?id=150&article_id=60841
		8/7/2020	Updated Hospital Surge plan https://www.ok.gov/triton/modules/newsroom/newsroom_article.php?id=150&article_id=61041
		8/14/2020	State-wide health advisory: The "Safer in Oklahoma" Health Advisory reinforces public health precautions and includes the following recommendations: increased public and private testing capacity and more tests with a turnaround time of 48 hours or less; an enhanced data collection system; mask recommendations for people 11 and older, for populations in communal living facilities; mask and table distancing guidelines for restaurants when the county is in elevated (red or orange) alert levels; mask policy for travelers entering Oklahoma from areas with high levels of community spread; a limit to indoor gatherings; and recommended weekly testing for all staff at long-term care facilities. https://coronavirus.health.ok.gov/articles/commissioner-frye-issues-%E2%80%98safer-oklahoma%E2%80%99-health-advisory
		10/8/2020	Following passage of the CARES Act, The US Department of Health and Human Services made mandatory the reporting of all testing related to COVID-19 through one of several approved electronic submission methods. (See guidance at: https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf) To achieve compliance with this mandate, the OSDH has collaborated with system designers at SpringML, a Google company, to create a reporting system for all testing of Oklahoma citizens for COVID-19. The system is nearly complete and will be launched by the end of October. At that time, ALL COVID-19 testing results will be reported ONLY via the SpringML system. Because COVID-19 is a mandatorily reportable disease, all providers that perform any form of testing for COVID-19 MUST be capable of submitting ALL test results through the new system. Oklahoma -HAN 327 -- COVID Reporting Requirement Changes.pdf
		10/14/2020	Mandatory changes in how COVID-19 cases are reported to OSDH: Test results should be submitted ONLY BY FACILITIES ACTUALLY PERFORMING TESTS. If your facility collects a sample but sends that sample to a separate facility to perform the test, do NOT report results of testing to OSDH. Oklahoma -HAN 330 -- Changes in COVID-19 Reporting 10-14-20.pdf https://www.ok.gov/health/Prevention_and_Preparedness/Acute_Disease_Service/Disease_Reporting/How_to_Report/index.html

		11/24/2020	Updated Hospital Discharge to Long Term Care Facilities Guidance. On September 28th, OK HAN-325 was issued to provide guidance to hospitals and long term care facilities on appropriate procedures for transfer or discharge of patients. It should be understood that OK HAN 325 supersedes previous communications on this topic, specifically HAN 318 issued on April 23, 2020. Due to receipt of continued questions on the matter, we are again sending this information. Note there are no changes in policy or guidance; this is a re-issuance of the same information. Oklahoma -- Updated Hospital Discharge to Long Term Care Facilities Guidance.pdf
		12/2/2020	: Vaccination plan https://coronavirus.health.ok.gov/sites/g/files/gmc786/ff/state_of_oklahoma_covid-19_vaccination_plan.pdf
		12/9/2020	COVID Vaccine doses start 12/11/2020 https://oklahoma.gov/covid19/newsroom/2020/december/oklahoma-to-receive-first-doses-of-covid-19-vaccine-next-week.html Quarantine guidelines https://oklahoma.gov/covid19/newsroom/2020/december/cdc-releases-new-guidelines-for-covid-19-quarantine.html
		12/14/2020	Updated vaccine plan https://oklahoma.gov/content/dam/ok/en/covid19/documents/vaccine/COVID-19_Vaccine_Priority_Population_Framework_for_Oklahoma_-_12-8-20.pdf
		1/6/2021	
Oregon		4/15/2020	PT/PA/OT/OTA licenses were automatically extended with new expiration of 5/31/2020
		6/8/2020	OHA does not recommend routine screening of asymptomatic people for COVID-19, including health care and other essential workers. In general, testing people without COVID-19 symptoms is not useful because the sensitivity of molecular testing in asymptomatic people is low. Therefore, a negative result does not significantly increase confidence that a person is not infected. Exceptions are noted in section 3 below. OHA recommends that any person with symptoms consistent with COVID-19 be tested for COVID-19. If resources are limited, people with symptoms in the groups listed below should be prioritized. 1. Healthcare workers 2. residents & staff of congregate settings; 3. direct care service workers 4. essential front-line workers 5. people older than 65 years. Oregon - Testing Guidance - 6-2-20.pdf
		6/9/2020	REVISED COVID-19 Guidance on Screening and Visitation at Acute Health Care Facilities: June 8, 2020 - continue screening; limit visitor movement within facility; close common areas, continue with some restrictions. Oregon - Revised Guidance for screening and Visitation to Acute Care Facilities 6-8-20.pdf
		6/17/2020	Nursing, residential care, and assisted living facilities, collectively referred to as long-term care facilities (LTCF). By September 30th, 2020, ensure that all residents and staff at all 685 nursing, residential care, and assisted living facilities licensed by the Aging and People with Disabilities (APD) program in the Oregon Department of Human Services have been offered testing for the COVID-19 virus at least once. Within 30 days of completion of baseline testing outlined in Plan Objective 1, initiate an on-going testing strategy that includes mandatory testing of 25% of staff every seven days so that 100% are tested each month. https://sharedsystems.dhsosha.state.or.us/DHSForms/Served/le2721.pdf
		7/15/2020	Effective July 15, face coverings to be required outdoors, social get-togethers indoors over 10 prohibited https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=36940 Updated Guidance on use of PPE in resource-constrained settings Oregon - Updated PPE Guidance in Resource-constrained settings - 7-8-20.pdf
		7/20/2020	New State-wide requirement for face coverings in- and outdoor public spaces when social distancing is not possible. https://govstatus.egov.com/OR-OHA-COVID-19
		7/22/2020	OR Starting July 24: Children age 5 and up are required to wear a mask, face shield or face covering. Face coverings are now required when exercising indoors, plus outdoors when you can't physically distance https://www.oregon.gov/oha/ERD/Pages/OHA-Announces-New-Mask-Requirements-Website.aspx
	Val G.	7/24/2020	July 22, 2020 Salem, OR— The Oregon Department of Human Services (DHS) and Oregon Health Authority (OHA) are putting the call out for organizations interested in helping the state implement its statewide plan to test all staff and residents of long-term care facilities. The plan is being implemented in two phases. In the first phase, every facility will test all staff and offer testing to all residents. This phase, which began in late June and concludes by Sept. 30, covers more than 680 large long-term care facilities statewide, which combined provide care for an estimated 31,000 residents and employ 29,000 staff. Facilities may begin testing whenever they are ready to do so. In addition, any resident or staff member who can be documented as having been tested on, or after June 1, 2020, will count toward the goal of having all staff and residents tested at least once by Sept. 30, 2020. https://www.oregon.gov/oha/ERD/Pages/Contractors-sought-to-support-COVID-19-testing-at-long-term-care-facilities.aspx
		7/29/2020	Updated LTC to include CDC guide for universal PPE including eyewear https://sharedsystems.dhsosha.state.or.us/DHSForms/Served/le2744.pdf
		10/14/2020	Updated PPE response https://sharedsystems.dhsosha.state.or.us/DHSForms/Served/le2288t.pdf COVID testing for HCP https://sharedsystems.dhsosha.state.or.us/DHSForms/Served/le2267.pdf Antigen testing in LTC https://sharedsystems.dhsosha.state.or.us/DHSForms/Served/le3249.pdf
		11/13/2020	OR: Mask Update in Healthcare offices https://sharedsystems.dhsosha.state.or.us/DHSForms/Served/le2351m.pdf Testing of Healthcare workers in LTC setting including AL https://sharedsystems.dhsosha.state.or.us/DHSForms/Served/le3447.pdf https://sharedsystems.dhsosha.state.or.us/DHSForms/Served/le3448.pdf
		11/24/2020	Updated Clinical Care and Infection Control for HCP https://sharedsystems.dhsosha.state.or.us/DHSForms/Served/le22881.pdf Travel advisory https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=37700 Effective 11/18: Two week freeze https://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=37702
		12/14/2020	Interim Vaccine Plan https://www.oregon.gov/oha/covid19/Documents/COVID-19-Vaccination-Plan-Oregon.pdf
Pennsylvania		4/14/2020	Pennsylvania state practice act just released that supervisory visits have changed due to COVID for PT, OT, and ST. This is a temporary suspension for the duration of COVID. To increase patient and practitioner safety and decrease exposure to the virus, the Department of State requested, and the Governor approved, temporary suspension of all statutory and regulatory requirements for licensees of the previously named Boards that call for direct supervision, or require contact/interaction that is "in-person," "face-to-face," "on-site," "on the premises" or the like. • Where direct supervision or in-person contact is called for, practitioners can utilize indirect supervision, including electronic means such as phone, video, text, email, etc. • Where a statute or regulation calls for indirect supervision, practitioners may act without supervision but are strongly encouraged to at least have access to a supervisor via electronic means in the event supervision is needed. • These temporary suspensions shall last for the duration of the COVID-19 emergency unless rescinded sooner or extended by the Governor or the Department, and shall apply to: 1. licensed occupational therapists, occupational therapist assistants and holders of temporary licenses; 2. licensed physical therapists, physical therapist assistants and holders of temporary licenses; and 3. licensed speech-language pathologists, audiologists, assistants and holders of temporary licenses.
		4/15/2020	Extended ST renewals to 10/29/20

	5/22/2020	Universal testing of residents and staff is one strategy to help inform infection prevention and control in skilled nursing facilities. Testing conducted at nursing homes should be implemented in addition to existing infection prevention and control measures recommended by the DOH, including visitor restriction, cessation of communal dining and group activities, monitoring all HCP and residents for signs and symptoms of COVID-19, and universal masking as source control.
	6/3/2020	<p>Provided updated Testing Guidance for LTC residents and staff. (LTC includes nursing home and ALF). All facilities performing universal testing according to this guidance must have a plan for testing (including access to testing with a rapid-turnaround-time) and responding to results (including a cohorting and staffing plan) that addresses all applicable items below. Other facilities types with more limited nursing and medical support, such as assisted living facilities may need to make adjustments to these best practices to meet the needs of the facility and residents. Skilled nursing facilities should follow the guidance below as closely as possible to prevent transmission. Outlines testing guidance including the use of testing to lead to a specific infection prevention & control action. They point to CDC website that outlines LTC testing strategy - does not appear to be universal or mandatory unless in cases where there is a new confirmed case of Covid-19.</p> <p>Pennsylvania - LTC Testing Strategy Update - 6-1-20.pdf</p>
	6/8/2020	<p>This is old information that I stumbled upon today on their website (from 5/19/20): Universal Testing in Long-Term Care Facilities During the COVID-19 Response FAQ. Universal testing is not mandated. IT is a testing strategy. If you have already completed universal testing, then re-testing is not necessary, unless resident or staff develop symptoms.</p> <p>Pennsylvania - Universal Testing FAQ 5-19-20.pdf</p>
	6/9/2020	<p>Department of Health Orders Further COVID-19 Protections for Hospital Staff. The Order addresses several concerns raised by nurses and other frontline workers. It requires hospitals to develop, implement and adhere to the following policies and procedures that provide for the safety of the hospital staff and patients by: Notifying hospital staff members who have been in close-contact with a confirmed or probable COVID-19 case within 24 hours of the known contact and provide instruction for quarantine and work exclusion.</p> <ul style="list-style-type: none"> Testing symptomatic and asymptomatic hospital staff members who have received notice of a close contact with a confirmed or probable COVID-19 case upon request. Procuring and distributing nationally approved respirators to the hospital staff member when the staff member determines the mask is soiled, damaged or otherwise ineffective. Requiring universal masking for all individuals entering the hospital facility except for people for whom wearing a mask would create a further health risk or individuals under age 2. <p>Pennsylvania - Order of the Secretary Hospital Staff Protection 6-9-20.pdf</p> <p>Health Care Emergency Preparedness Vendor to Assist in Preparations for Fall Resurgence of COVID-19: The Wolf Administration today announced it has selected Public Health Management Corporation (PHMC) of Philadelphia as its health care emergency preparedness vendor, effective July 8, 2020. Health care coalitions (HCC) are a formal collaboration among health care organizations and public and private partners that are organized to prepare for, respond to and recover from an emergency, mass casualty or catastrophic event.</p> <p>https://www.media.pa.gov/Pages/Health-Details.aspx?newsid=852</p> <p>Wolf Administration Issues Universal Testing Order for Nursing Homes, Updates Testing Guidance for Long-Term Care Facilities - EO requiring all nursing homes to complete initial baseline testing no later than July 24. Additionally, the department issued updated testing guidance to all long-term care facilities (LTCFs) through the Health Alert Network (HAN). The updated testing guidance the department issued to all long-term care facilities brings a renewed focus on: Keeping COVID-19 out of the facility by testing all staff and residents; Detecting cases quickly with facility-wide testing when a new case in a resident or health care professional is found; and Stopping the spread by continuing weekly testing of all residents and staff through at least 14 days since the most recent positive result.</p> <p>For the purposes of the updated testing guidance, long term care facilities include, but is not limited to, skilled nursing facilities, personal care homes, assisted living residences, community residential rehabilitation services, long-term structured residence, residential treatment facility for adults and intermediate care facilities.</p> <p>The Wolf Administration's strategy to protect residents of LTCFs focuses on ensuring resident safety through education, resources and testing; preventing and mitigating outbreaks; and working in partnership with other state agencies, municipal and county health departments and LTCFs.</p> <p>Pennsylvania - Order of SOH Universal Testing in SNF 6-8-20.pdf</p> <p>Pennsylvania - Overview of Long-Term Care Strategy 6-8-20.pdf</p>
Val G.	7/8/2020	<p>Interim Guidance for Skilled Nursing Facilities During COVID-19. To protect the residents and staff of SNFs during the COVID-19 pandemic, restrictions were put in place. To safely lift those restrictions, the Commonwealth has developed this reopening guidance (beginning in Section 6) that will occur in a three-step process.</p> <p>https://www.health.pa.gov/topics/disease/coronavirus/Pages/Guidance/SNF-Guidance.aspx</p>
	7/21/2020	<p>UPDATE: Interim Guidance on Discontinuing Non-Healthcare Isolation for Persons with COVID-19. Updated per CDC guidelines https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-518-07-20-UPD%20-Interim%20Gu.pdf</p> <p>https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-518-07-20-UPD-Interim Gu.pdf</p>
	8/12/2020	<p>Updated Infection Control guidance to facilities</p> <p>https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-520-08-07-UPD_Infection.pdf</p>
	8/24/2020	<p>new outbreak of Candida Auris: https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-522-08-18-ALT-Candida%20aur.pdf</p>
	9/17/2020	<p>Guidance on quarantined patients after COVID exposure</p> <p>https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-525-09-14-ALT-Guidance.pdf</p> <p>Infection control Update:</p> <p>https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-524-09-10-UPD-Infection.pdf</p>
	10/14/2020	<p>Long-term Care Facility Guidance for Testing and Cohorting: Response to an Outbreak and Residents with Exposure to COVID-19. The Department is providing guidance for long-term care facilities on how to use testing and cohorting as tools to reduce transmission in the event of an outbreak in the facility or an exposure to residents. This guidance applies to a wide range of settings and is not limited to skilled nursing facilities.</p> <p>https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-530-10-7-ADV-TESTING UPDA.pdf</p> <p>ADVISORY: Point of Care Antigen Test Use and Interpretation</p> <p>https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-532-10-8-ADV-POC_use_inte.pdf</p> <p>PA: LTC testing and cohorting</p> <p>https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-530-10-7-ADV-TESTING UPDA.pdf</p>
	11/13/2020	<p>Reporting POC COVID results</p> <p>https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-534-10-30-ADV-COVID_labr.pdf</p>
	11/24/2020	<p>Additional guidance for pts w known exposure:</p> <p>https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-536-11-17-ADV-Additional.pdf</p>
		<p>PA Travel alert: Eff 11/20/2020. Latest Guidance at A Glance</p> <p>The Secretary of Health issued an order requiring anyone who visits from another state to have a negative COVID-19 test within 72 hours prior to entering the commonwealth. If someone cannot get a test or chooses not to, they must quarantine for 14 days upon arrival in Pennsylvania. Pennsylvanians visiting other states are required to have a negative COVID-19 test within 72 hours prior to their return to the commonwealth, or to quarantine for 14 days upon return to Pennsylvania. This does NOT apply to people who commute to and from another state for work or medical treatment. This order takes effect at 12:01 a.m. Friday, November 20.</p>
	12/2/2020	<p>Testing and management updates for SNF</p> <p>https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-537-11-30-ADV-FLU LTCF fl.pdf</p> <p>Updated travel guide</p> <p>https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx</p> <p>Updated quarantine recommendations</p> <p>https://www.health.pa.gov/topics/Documents/HAN/2020-PAHAN-538-12-4-ALT-Updated Quarantine Recommendations for Persons Exposed to COVID-19.pdf</p>

		12/9/2020	<p>Vaccine Plan: The department will work to get the vaccine out to Pennsylvanians in three phases, following the CDC guidelines regarding supply, demand and risk of the vaccine.</p> <p>Phase 1: There may be limited supply of COVID-19 vaccine doses available in the first phase. Initial efforts will focus on reaching the following populations:</p> <ul style="list-style-type: none"> Healthcare personnel; Emergency Medical Services first responders; and Residents and staff of congregate care settings. <p>Phase 2: We anticipate a large number of vaccine doses available. Efforts will focus on ensuring access to vaccine for:</p> <ul style="list-style-type: none"> Phase 1 critical populations who were not yet vaccinated; and General population. <p>Phase 3: In this phase, there should be a sufficient supply of vaccine doses for entire population. Efforts will focus on ensuring the entire population will have access to the vaccine.</p>
		12/14/2020	<p>https://www.health.pa.gov/topics/disease/coronavirus/Pages/Vaccine.aspx</p> <p>Updated Vaccine Plan:</p> <p>https://www.health.pa.gov/topics/Documents/Programs/Immunizations/VaccinePlanV3FINAL.pdf</p>
Rhode Island		4/15/2020	<p>EO - wearing masks at any business</p> <p>Rhode Island Executive Order-20-24 4-14-20.pdf</p>
		4/21/2020	<p>EO 4/10/20 - Suspends statutes and rules, including NF bed moratorium, certificate of need to expand capacity. Creation of hospital surge sites; patient transfers, cohorting. Includes immunity of healthcare workers</p> <p>Rhode Island HealthCare Association - establishment of strike forces to assist with staffing; rapid testing, challenges with PPE distribution - refer to state portal for ordering;</p>
		5/20/2020	<p>article states can use on line ordering system for tests; not universally mandated yet, but have a system in place for requesting and obtaining tests</p> <p>https://health.ri.gov/diseases/ncov2019/for/providers/testforyourpatients/</p>
	Ruth	6/9/2020	<p>Coronavirus Disease 2019 (COVID-19) Guidance for Nursing Homes and Assisted Living: Visitation Information—Many have been asking when we will be able to allow visitors into our homes. The Governor has made it clear this will not begin until Phase 3, tentatively set for July 1. However, you should have received general guidelines today to help you come up with a plan for visitation in your own facilities. The state realizes that each home is different and each is at a different stage of experiencing the virus. Therefore, how these visits take place will be left up to you. The state does ask that you present a plan to them prior to beginning the visits. In case you missed the memo, it is attached to this email. Issued details guidance regarding social distancing, sanitation, screening, PPE, etc.</p> <p>Rhode Island - Guidance-Nursing Home and Assisted Living Visitation FINAL.docx</p> <p>Rhode Island - RIHCA-Friday review 6-5-20.docx</p>
		7/14/2020	<p>Rhode Island -have extended their declared state of emergency. Along with Alerts & Guidance, RI has opened phase III (June 30) without pulling that back-and notes telemedicine to continue</p> <p>Rhode Island July 14 2020 Alerts and Latest guidance.docx</p> <p>Rhode Island Executive Order-20-52 July 3 extension through Aug. 3.pdf</p>
South Carolina		3/31/2020	<p>Medicaid Updates to telehealth options https://www.scdhhs.gov/press-release/coronavirus-disease-2019-covid-19-temporary-telephonic-and-telehealth-services-updat-4</p>
		4/1/2020	<p>The South Carolina Department of Health and Human Services (SCDHHS) is hosting a webinar where it will update Healthy Connections Medicaid providers on the agency's response to coronavirus disease 2019 (COVID-19). The webinar will be held at 2 p.m. on Monday, April 6, 2020. https://www.scdhhs.gov/pro-alert/scdhhs-hosting-medicaid-coronavirus-disease-19-covid-19-update-webinar</p>
		4/3/2020	<p>Update 4/2 updates regarding CNA certification & training https://www.scdhhs.gov/press-release/coronavirus-disease-2019-covid-19-temporary-policy-updates-nurse-aide-training-and</p>
		4/9/2020	<p>Telehealth update- nothing OT, PT, ST related though</p> <p>https://www.scdhhs.gov/press-release/coronavirus-disease-2019-covid-19-temporary-telephonic-and-telehealth-services-updat-5</p>
		4/17/2020	<p>Telehealth Coverage for Services Provided by Physical, Occupational and Speech Therapy Assistants. As described in bulletin 20-008, SCDHHS has extended telehealth flexibilities to physical, occupational and speech therapists for the provision of specific services. To ensure continued access to care for South Carolina Health Connections Medicaid members, SCDHHS is extending those flexibilities. SCDHHS will reimburse for the services described in bulletin 20-008 when care is provided by physical therapy assistants, occupational therapy assistants, speech pathology interns or speech pathology assistants. Services must be provided in a manner that is consistent with relevant practice acts, supervision requirements and standards of care. Authorization requirements, service limits and standards for medical necessity continue to apply.</p> <p>https://www.scdhhs.gov/press-release/coronavirus-disease-2019-covid-19-update-temporary-telehealth-coverage-changes-1</p>
		4/22/2020	<p>Medicaid Waiver - As a part of the state's response to COVID-19, the South Carolina Department of Health and Human Services (SCDHHS) is delaying the provider revalidation process for Group 2, previously scheduled to begin on April 27, 2020, until further notice.</p> <p>https://www.scdhhs.gov/pro-alert/2020-provider-revalidation-group-2-temporarily-delayed-due-covid-19</p>
		5/6/2020	<p>Possibly requiring mandatory testing of all LTC staff - not yet verified.</p>
		5/8/2020	<p>DHEC has been working closely with nursing home associations in developing a universal COVID-19 testing plan for nursing homes and has determined that the plan will be conducted in three phases. These phases were finalized by considering both the number of COVID-19 cases in nursing home facilities across the state and their individual risks based on the burden of disease in each county. They've published this now.</p> <p>https://www.scdhec.gov/news-releases/south-carolina-test-all-residents-staff-nursing-homes-covid-19</p> <p>South Carolina - Nursing Homes Master List-DHEC Testing Plan.pdf</p>
	Justin	5/12/2020	<p>All businesses to reopen Monday 4/18 (hair salons, tanning salons, nail salons, gyms, etc.)</p>
		5/22/2020	<p>Governor McMaster recently lifted additional COVID-19 restrictions in South Carolina. Several attraction facilities can reopen today, May 22nd. This includes: zoos, museums, aquariums, planetariums, historic sites, waterparks, amusement parks, bingo facilities, miniature golf facilities, go-kart tracks. The Governor also announced that youth and adult sports leagues can begin practicing on May 30th and play competitively starting June 15th. This is all great news. I know South Carolinians have been eager to get out in their communities again to safely interact with one another, support our small businesses, and enjoy more of the outdoors!</p>
		6/17/2020	<p>The South Carolina Department of Health and Human Services (SCDHHS) has published the fee schedule for coronavirus disease 2019 (COVID-19) testing. The fee schedule is available below and here on SCDHHS' COVID-19 website</p> <p>https://www.scdhhs.gov/pro-alert/covid-19-testing-fee-schedule-provider-faq-page-updated</p>
		6/29/2020	<p>Gov. Henry McMaster said he will not enact a face mask mandate saying it would not be enforceable throughout South Carolina. "It is ineffective, it is impractical to have a mandate to have everyone wear a mask, because it is not enforceable," McMaster said during Friday afternoon's press conference. The governor said issuing a mandate to wear a mask and not be able to enforce it gives a false sense of security for those who believe that everybody is following the rules.</p> <p>https://www.live5news.com/2020/06/26/gov-mcmaster-hold-friday-afternoon-briefing-covid-19/</p>
		7/7/2020	<p>The South Carolina Department of Health and Human Services (SCDHHS) announced it will immediately begin accepting applications for a new limited-benefit Medicaid coverage group to provide reimbursement for coronavirus disease 2019 (COVID-19) testing for those without healthcare coverage. SCDHHS' COVID-19 Limited Benefit Program was authorized by the Families First Coronavirus Response Act (FFCRA) and will provide additional financial support to increase access to testing, a critical component of the state's response to addressing the pandemic, for South Carolinians without other sources of healthcare coverage.</p> <p>https://www.scdhhs.gov/press-release/medicaid-coverage-covid-19-testing-south-carolinians-without-healthcare-coverage</p>
		8/7/2020	<p>PROVIDER ALERT: The South Carolina Department of Health and Human Services (SCDHHS) has published an updated fee schedule for coronavirus disease 2019 (COVID-19) testing. The fee schedule is available below and here on SCDHHS' COVID-19 website.</p> <p>https://www.scdhhs.gov/pro-alert/updated-covid-19-testing-fee-schedule</p>
		9/10/2020	<p>Update on COVID-19 Regulatory and Reimbursement Flexibilities for Nursing Facilities</p> <p>https://www.scdhhs.gov/pro-alert/update-covid-19-regulatory-and-reimbursement-flexibilities-nursing-facilities</p>

The information contained in this daily update is provided for informational purposes only, and should not be construed as legal advice on any subject matter. You should not act or refrain from acting based on any content included in this daily update without seeking legal or other professional advice.

			Dallas County Order - LTC with positive covid 4.18.2020.pdf
	4/28/2020		Released protocols for re-opening the state - includes a checklist of minimum standard health protocol that encompasses cleaning and disinfection training, employee screens, handwashinf, 6 feet separation. https://www.dshs.texas.gov/coronavirus/opentexas.aspx https://www.dshs.texas.gov/coronavirus/docs/opentx/MinimumStandardHealthProtocols.pdf
	5/12/2020		Assuming the facilities would need to track this for all employees, including ours- it's a log for tracking symptoms of all employees https://dshs.texas.gov/coronavirus/docs/LTCF-COVID19SymptomMonitoringLog.xlsx
	7/21/2020		1. On July 9, 2020, Gov. Abbott issued a Proclamation suspending elective surgeries and procedures in hospitals in all counties located within 11 Trauma Service Areas (TSAs) in Texas. This proclamation amends the Governor's previous Executive Order that included Cameron, Hidalgo, Nueces, Webb, Bexar, Dallas, Harris, and Travis counties. For a full listing of all the affected counties, please view the new Proclamation. Texas - DISASTER amending GA-27 - elective Sx suspension adding more counties.pdf Texas - DISASTER amending GA-27 adding more counties (1).pdf
	7/22/2020		HCSSA must conduct screening activities for staff, clients, household members of clients, and people entering a hospice inpatient unit. A HCSSA also must document that all required screenings occurred. Screening documentation for household members is also incorporated into the client's record and should be identified by the member's relationship to the client (e.g., spouse, daughter, son #1, or roommate #2) and not by the member's name. Therapsync has been updated to test, to accommodate household member screening requirement. Need to consider Health at Home (On Campus) home health in Texas - using a variety of EMR's. Will need to follow agency/facility screening process; this would be a agency responsibility, but our staff would be asked to maintain tracking/screening logs of this information. Rebecca is following up. Texas HH - Household Member Screening Requirement - 7-20-20.pdf 7/14/20 - Covid Response for assisted living facilities Texas - covid-response-plan-alf.pdf
	8/18/2020		This guidance is intended for healthcare workers and others who make home visits or provide health-related services in a home or community setting. This general safety guidance relates to the 2019 novel coronavirus disease (COVID-19) and encompasses: Client Assessment Prior to Visit; Recommended Action; Recommended PPE for a Home Where You Suspect COVID-19; Guidance for PPE Use in the Home; Concern about Exposure after Entering a Home without PPE https://dshs.texas.gov/coronavirus/healthprof.aspx https://www.dshs.texas.gov/coronavirus/
	11/13/2020		Vaccination plan https://www.dshs.texas.gov/news/updates/Texas-Vaccine-Plan-10-16-2020-DRAFT-CDC-Submission.pdf
	12/1/2020		Final decisions are being made about use of initially available supplies of COVID-19 vaccines. These decisions will be partially informed by the proven efficacy of the vaccines coming out of Phase 3 trials, but populations of focus for initial COVID-19 vaccination may include: · Healthcare personnel likely to be exposed to or treat people with COVID-19. · People at increased risk for severe illness from COVID-19, including those with underlying medical conditions and people 65 years of age and older · Other vulnerable, frontline workers https://www.dshs.texas.gov/news/updates/Texas-Vaccine-Plan-10-16-2020-DRAFT-CDC-Submission.pdf
Virginia	3/30/2020		3/30/20 – issued stay-at-home order
	4/16/2020		Strategies by type in case of PPE shortages (Appears to follow CDC guidance) http://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPE-shortage-in-LTCFs-final.pdf
	4/20/2020		Virginia Department of Health has updated their testing guidance, as well as case reporting guidance to LTC http://www.vdh.virginia.gov/coronavirus/health-professionals/vdh-updated-guidance-on-testing-for-covid-19/ They have also implemented a PPE survey to gather information about PPE status for ALFs, in order to improve distribution. Has Your Assisted Living Completed the PPE Survey? The Virginia Department of Health (VDH) is conducting a survey to gather information about the current status of personal protective equipment (PPE) in your assisted living so the Department of Social Services, in partnership with VDH, can better understand how to distribute supplies in the event of an outbreak or multiple outbreaks of COVID-19 in assisted living facilities. Please complete the survey by April 24. https://redcap.vdh.virginia.gov/redcap/surveys/?s=CXTP4DYEAE7
	5/4/2020		VDH Point Prevalence Survey Guidance for Long-Term Care Facilities. Due to the large impact COVID-19 is having on Long-Term Care Facilities (LTCF) and other congregated settings, Governor Northam and the COVID-19 LTCF Task Force have initiated the VDH Point Prevalence Survey project. A Point Prevalence Survey (PPS) is a data collection tool to identify the number of people with a disease or condition at a specific point in time. A PPS entails testing all individuals in a designated area of a facility, whether or not they have symptoms, on one day and indicates the number and percent positive for the virus that causes COVID-19 on that specific day. https://www.vdh.virginia.gov/content/uploads/sites/182/2020/04/PPS-Guidance-for-LTCF_Congregated-Settings-FINAL-4-28-2020.pdf
	5/7/2020		Emergency Use Authorization (EUA) for emergency use of remdesivir for the treatment of hospitalized 2019 coronavirus disease (COVID-19) patients, as described in the Scope of Authorization (section II) of this letter, pursuant to Section 564 of the Federal Food, Drug and Cosmetic Act (the Act) (21 U.S.C. 360bbb-3). https://www.vdh.virginia.gov/coronavirus/health-professionals/ New guidance for LTC facilities in VA - follows CDC and CMS guidance https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_5-6-2020-Final.pdf
	5/14/2020		Governor Ralph Northam today issued Executive Order Sixty-Two, allowing specific localities in Northern Virginia to delay entering Phase One of the "Forward Virginia" plan to ease restrictions on certain business operations that were put in place in response to the novel coronavirus, or COVID-19. Governor Northam has said that Virginia as a whole may enter Phase One on Friday, May 15, as outlined in Executive Order Sixty-One, based on achieving certain health metrics. Executive Order Sixty-Two allows the Northern Virginia localities to delay implementation of Phase One until midnight on Thursday, May 28, to allow those localities more time to meet the health metrics. https://www.governor.virginia.gov/newsroom/all-releases/2020/may/headline-856741-en.html
	5/18/2020		Initiated a Point-Prevalence Survey (PPS) project for LTC facilities which entails testing all individuals in a designated area of a facility, whether or not they have symptoms, on one day. The results will inform administrators about the extend and distribution of the infection.
	6/1/2020		New testing algorithm for HC providers. Not specific to LTC and not mandating testing in LTC Virginia - COVID-19-Testing-Algorithm 5-29-20.pdf
	6/3/2020		Executive Order Sixty-Five modifies public health guidance in Executive Order Sixty-One and Sixty-Two and establishes guidelines for Phase Two. Northern Virginia and the City of Richmond entered Phase One on Friday, May 29, and will remain in Phase One to allow for additional monitoring of health data. Accomack County delayed reopening due to outbreaks in poultry plants, which have largely been controlled through rigorous testing. Accomack County will move to Phase Two with the rest of the Commonwealth, on Friday, June 5. Under Phase Two, the Commonwealth will maintain a Safer at Home strategy with continued recommendations for social distancing, teleworking, and requiring individuals to wear face coverings in indoor public settings. The maximum number of individuals permitted in a social gathering will increase from 10 to 50 people. All businesses should still adhere to physical distancing guidelines, frequently clean and sanitize high contact surfaces, and continue enhanced workplace safety measures. https://www.governor.virginia.gov/newsroom/all-releases/2020/june/headline-857141-en.html
	6/4/2020		Reopening Virginia's Nursing Homes Could Hinge on Sweeping New Testing Requirements. The key to reopening Virginia's 287 nursing homes lies in dramatically expanded testing for residents and staff, based on recent recommendations from the federal Centers for Medicare & Medicaid Services. The lingering question is who's on the hook for the cost. In the roughly two weeks since CMS released its guidelines on May 18, the Virginia Department of Health — responsible for adapting the federal recommendations and handing them down to the state's nursing facilities — is still "working through the guidance and trying to turn it into something more useable" said Sarah Lineberger, director of the agency's health care-associated infections program. Virginia - Leading Age update 6-4-20.pdf

Justin

6/23/2020	Governor Ralph Northam today announced new guidelines and testing requirements for reopening long-term care facilities, and outlined how the Commonwealth will direct \$246 million, primarily from federal Coronavirus Aid, Relief, and Economic Security (CARES) Act funding, to support long-term care facilities in their response to COVID-19. In addition, the Governor is directing the Virginia Department of Health (VDH) to make public facility-specific data regarding COVID-19 cases and deaths associated with long-term care facilities. "The lockdowns of long-term care facilities to protect residents and staff from the spread of COVID-19 have been hard on residents and their families," said Governor Northam. "These actions will help support long-term care facilities as they ease those restrictions, while keeping their residents safe and ensuring that the public gets accurate information on the spread of this virus in these facilities." On May 18, the Centers for Medicare and Medicaid Services (CMS) outlined reopening criteria for nursing facilities. These criteria include a recommendation that all facilities conduct a baseline testing survey, and that facilities with outbreaks test residents and staff weekly. VDH's state-specific guidelines for nursing home reopening require licensed nursing homes, certified skilled nursing facilities (SNFs), and certified nursing facilities (CNFs) to conduct baseline and ongoing testing of all facility staff and residents while those facilities are in the first phase of the reopening process. Testing recommendations for latter phases of the reopening process are under development and will be informed by what is learned in the initial part of reopening. https://www.governor.virginia.gov/newsroom/all-releases/2020/june/headline-858302-en.html
6/24/2020	New VDH guidelines for LTCF: Governor Northam and the Virginia Department of Health (VDH) have released Nursing Home Guidance for Phased Reopening. This document has been updated to reflect those expectations for nursing homes. Because the pandemic has an impact on all of Virginia's long-term care facilities (LTCFs), directors of other LTCFs that are not nursing homes are encouraged to assess their ability to implement these best practices and follow as many recommendations included in this guidance as possible as well as any reopening plans issued by their licensing agency. https://www.vdh.virginia.gov/content/uploads/sites/182/2020/05/VDH_COVID_19_LTC_Facility_Guidance_Update_05012020.pdf
6/29/2020	Released min-webinar series - Covid-prevention training for LTC staff Virginia - Flyer-for-Mini-Webinar-Series-COVID-19-Prevention-Training-for-Long-Term-Care-Staff.pdf
7/7/2020	Long-Term Care Facility Playbook to Access Resources to Support COVID-19 Outbreak Responses. This document is intended to serve as a playbook on how to access various staffing, supplies, infection control, and other resources to support responses to COVID-19 cases and outbreaks in long-term care facilities (LTCFs) and in some circumstances, other residential facilities. Virginia - LongTermCareFacilityTaskForceCOVIDPlaybook 7-6-20 (3).pdf Updated: Nursing Home Guidance for Phased Reopening - changes include Reopening for ALF, triggers for regression, PPE Optimization, clarifications to Phase 1 testing - See Pg 2. Virginia - Nursing-Home-Guidance-for-Phased-Reopening-7.2.2020.pdf
7/13/2020	VA LTC Facility Task Force COVID Playbook updates - This document is intended to serve as a playbook on how to access various staffing, supplies, infection control, and other resources to support responses to COVID-19 cases and outbreaks in long-term care facilities (LTCFs) and in some circumstances, other residential facilities. Virginia - LongTermCareFacilityTaskForceCOVIDPlaybook 7-10-20.pdf
7/16/2020	Nursing Home Guidance for Phased Reopening Virginia - Nursing-Home-Guidance-for-Phased-Reopening-7.13.2020 (1).pdf Above document references guidelines for ALF's - attached below. Virginia - alf_recommendations_for_reopening 6.23.20.pdf
7/20/2020	Updates for Nursing Home Phased Reopening https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf
8/5/2020	Established Interstate Compact for acquiring antigen testing - Maryland, North Carolina, Massachusetts, Louisiana, Ohio, Michigan, Virginia with The Rockefeller Foundation to expand the use of rapid point-of-care antigen tests to slow the spread of COVID-19 and continue safely reopening the states.
8/7/2020	The U.S. Department of Health and Human Services is distributing point-of-care (POC) testing devices. (Quidel Sofia 2 instrument or the BD Veritor Plus system) to selected nursing homes in COVID-19 hotspot areas of the United States. Both of these machines test for the presence of SARS-CoV-2 antigens. Distribution will begin with nursing homes prioritized by CMS. VDH has developed these interim recommendations for nursing homes receiving these machines. https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDH-Interim-Point-of-Care-Antigen-Testing-Recommendations-for-Nursing-Homes.pdf
8/11/2020	Updates to VDH Interim Point-of-Care Antigen Testing Recommendations for Nursing Homes https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDH-Interim-Point-of-Care-Antigen-Testing-Recommendations-for-Nursing-Homes.pdf
8/25/2020	VDH Guidance for Public Health Prioritization of COVID-19 Point Prevalence Surveys https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDH_PPS_Priorization_DCM-H1.pdf
8/26/2020	New Recommendations for hospitalized patients being discharged to LTC Facilities during COVID-19 Pandemic https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/VDHTransferGuidance_8.24.2020.pdf
8/31/2020	New Considerations for Interpreting Antigen Test Results in Nursing Homes https://www.vdh.virginia.gov/content/uploads/sites/182/2020/08/nursing-home-testing-algorithm-508.pdf
9/10/2020	The Centers for Disease Control (CDC) and the Virginia Department of Health encourage residents to get an annual influenza (flu) vaccination to reduce the chance of getting the flu and spreading it to others. Widespread community vaccination helps prevent the spread of flu within communities, so do your part to help your community and get vaccinated! https://www.vdh.virginia.gov/news/2020-regional-news-releases/flu-shots-are-recommended-now-during-the-covid-19-pandemic/ https://www.cms.gov/files/document/gso-20-38-nh.pdf VDH Nursing Home Guidance for Phased Reopening https://www.vdh.virginia.gov/content/uploads/sites/182/2020/06/VDH-Nursing-Home-Guidance-for-Phased-Reopening-6.18.2020.pdf
9/18/2020	(NEW) VDH Portal for Reporting Point-of-Care COVID-19 Lab Results (9/16/20) Instructions: This portal will assist testing sites in meeting the requirement of the CARES Act to report every diagnostic and screening test performed to detect SARS-CoV-2 or to diagnose a possible case of COVID-19. This portal allows the rapid entry of person-level test results for positive and negative point-of-care results, and provides the ability to enter aggregate negative results as necessary for high-volume testing sites. All COVID-19 test results should be reported to VDH within 24 hours. Testing sites that are not conducting POC tests, should report results per standard protocols. (NEW) Nursing Home Notification Form to Health Department Regarding Inability to Perform Routine Staff Testing (9/16/20) Instructions: Nursing homes can use this form to notify the local health department that your facility is unable to perform routine staff testing according to CMS requirements (i.e., access to point-of-care testing or a private/commercial lab with a turnaround time < 48 hours) https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/
9/22/2020	New Nursing Home Visitation Guidelines https://www.vdh.virginia.gov/content/uploads/sites/182/2020/09/Nursing-Home-Visitation-COVID-19.pdf
9/29/2020	CMS Visitation Guidance for Nursing Homes Updates https://www.vdh.virginia.gov/content/uploads/sites/182/2020/09/Nursing-Home-Visitation-COVID-19.pdf
10/2/2020	Management of Hemodialysis Patients Residing in Long Term Care facilities - https://www.vdh.virginia.gov/content/uploads/sites/182/2020/10/Management-of-hemodialysis-patients-reside-in-long-term-care-facilities.pdf
10/29/2020	In response to increasing cases of COVID-19 in Virginia's long-term care facilities, Governor Northam established the Virginia COVID-19 Long-Term Care Task Force on April 10 to: Ensure long-term care facilities have the resources they need to combat the virus; Strengthen staffing, testing and infection control measures at long-term care facilities; and Keep stakeholders informed about the impact of COVID-19 on long-term care facilities. Issue areas being reviewed by the Task Force include facility staffing and financing, infection control, personal protective equipment and supplies, COVID-19 testing, communications, and discharge planning. https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/ COVID-19 Guidance for Nursing Homes

			COVID-19 Guidance for Nursing Homes
		11/5/2020	Antigen Testing Recommendations https://www.vdh.virginia.gov/coronavirus/antigen-testing-recommendations/
		11/13/2020	Holiday Considerations for Long-Term Care Facility Residents and their Families https://www.vdh.virginia.gov/content/uploads/sites/182/2020/11/Copy-of-Considerations_LTC-Residents-Leaving-for-Holiday_FINAL.pdf Checklist for indoor COVID-19 Testing https://www.vdh.virginia.gov/content/uploads/sites/182/2020/09/LHD-Indoor-Testing-Checklists.pdf
		11/24/2020	Updated LTC Guidance for Holidays: During the holidays, facilities, residents, and visitors should continue to follow the guidelines for visitation and adhere to the core principles of infection prevention, such as remaining six feet or more apart, wearing a face covering, and limiting the number of visitors in the nursing home at any one time. We also recommend that facilities find innovative ways of celebrating the holidays without having parties or gatherings that could increase the risk of COVID-19 transmission (e.g., virtual parties or visits, provide seasonal music, movies, decorations, etc.). https://www.cms.gov/files/document/covid-facility-holiday-recommendations.pdf
		12/1/2020	Stay Safe from COVID-19 Before and After the Holidays https://www.vdh.virginia.gov/news/2020-regional-news-releases/stay-safe-from-covid-19-before-and-after-the-holidays/
		12/10/2020	Virginia Department of Health (VDH) Guidelines for the Prevention and Control of Influenza and COVID-19 in Nursing Homes and Long-Term Care Facilities https://www.vdh.virginia.gov/content/uploads/sites/3/2020/12/Influenza_COVID-Prevention-Guidelines-for-Long-Term-Care-2020-21_12072020.pdf
		12/22/2020	Infection Prevention & Control Guidance FAQ for Nursing Homes https://www.vdh.virginia.gov/coronavirus/health-professionals/virginia-long-term-care-task-force/infection-prevention-control-guidance-faq-for-nursing-homes/
Washington		3/27/2020	3/25/20 EO clarification – essential workforce includes PT, OT ST staff; nothing new for PPE
		4/3/2020	Washington state extended Stay at Home order until May 4th: https://www.governor.wa.gov/news-media/inslee-extends-stay-home-stay-healthy-through-may-4 ; No changes to PPE recommendations, no changes to essential services (still includes PT/OT/ST)
		4/6/2020	Washington State Dept of Health website has new link providing general public with guidance on making cloth face coverings: https://medium.com/wadepthealth/recommendations-on-cloth-face-coverings-da36cb5a2de9
		4/8/2020	WA state school closures now extended to include the entire 2019-2020 calendar year. Prohibiting in-person instruction through June 19 th (only exception for students with disabilities or English language learners) https://www.governor.wa.gov/news-media/inslee-extends-school-closures-rest-2019-20-school-year
		4/9/2020	Washington State Dept of Health created a webpage for resources involving those ages 60 and older: https://coronavirus.wa.gov/you-and-your-family/adults-60-and-over Also created a Visitor and Healthcare Facility COVID-19 status webpage: https://www.dshs.wa.gov/altsa/famhelp-facility-status-and-information https://www.dshs.wa.gov/altsa/famhelp-facility-status-and-information Published guidance on creating home-made cloth masks: https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/ClothFacemasks.pdf https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/ClothFacemasks.pdf Published links to CDC COVID-19 resources targeting older adults: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html
		4/14/2020	Yesterday, Washington State passed proclamation on employment protections for high-risk workers. It provides older workers and those with underlying health conditions a series of rights and protections, including: • The choice of an alternative work assignment, including telework, alternative or remote work locations if feasible, and social distancing measures. • The ability to use any accrued leave or unemployment benefits if an alternative work assignment is not feasible and the employee is unable to safely work. Employers must maintain health insurance benefits while high risk employees are off the job. • Employers are prohibited from permanently replacing high-risk employees. https://www.governor.wa.gov/news-media/inslee-issues-protection-high-risk-workers https://links.gd/eyJhbGciOiJIUzI1NiJ9.eyJldWxzZXRpbl9saW5lIjoiX2lkjiojMjAyMDA0MTMuMjAwODc5MjE1CmwiOiJodHRwczovL3d3dy5nb3Zlcm5vci53YS5nb3Y3Y2l0ZXMuZGVmYXVsdC9maWxlcj8yMCO0NiUyMCO1MjB0TzIjRCXOSUyMEhpZ2g2MjB5 Washington State also joined Oregon and California in the Western States Pact, to organize thoughts and strategies on how and when to loosen restrictions and re-open economy. Goals include: • Protecting vulnerable populations at risk for severe disease if infected. This includes a concerted effort to prevent and fight outbreaks in nursing homes and other long-term care facilities. • Ensuring an ability to care for those who may become sick with COVID-19 and other conditions. This will require adequate hospital surge capacity and supplies of personal protective equipment. • Mitigating the non-direct COVID-19 health impacts, particularly on disadvantaged communities. • Protecting the general public by ensuring any successful lifting of interventions includes the development of a system for testing, tracking and isolating. The states will work together to share best practices https://www.governor.wa.gov/news-media/washington-oregon-and-california-announce-western-states-pact
		4/16/2020	WA state has published a "Business and Workers Weekly Update" section. This is the first of a weekly newsletter that will be reported as part of the Economic Resiliency Team. This one tackles Unemployment Insurance Resources, including an eligibility checker, application checklist, Employment Agency COVID-19 action alerts, etc. It also includes information on the Business Response Center https://www.coronavirus.wa.gov/news/business-and-workers-weekly-update-april-14-2020
		4/22/2020	Washington State also posted information related to Battelle Critical Care Decontamination System (CCDS) for cleaning PPE. It's currently operational in these geographies: Current Operational Sites: Central Ohio New York (Stony Brook) Washington (Seattle/Tacoma) Boston Coming Soon: Brooklyn, NY Chicago New Jersey (Edison) California (Burbank). Providers can apply for N95 decontamination services via their website https://www.battelle.org/inb/battelle-ccds-for-covid19-satellite-locations Governor announced state recovery plan - no current changes, but provides detailed information regarding testing thresholds, PPE needs for public, etc. https://medium.com/wagovernor/inslee-announces-washingtons-covid-19-recovery-plan-4daa8aaf022a
		4/30/2020	WA state published new Interim Testing Guidelines for Healthcare Providers updated 4/28/20. Also published updated patients resources on what to do if you have confirmed/suspected COVID-19 cases. https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020COVID19/HealthcareProviders Healthcare professionals licensed in other states may work in Washington after registering developed a COVID-19 risk assessment dashboard. They've also published guidance to determine criteria-readiness for elective surgeries-procedures (see attached). There is a general reference to outpatient clinic visits there, but nothing referenced other than continued practice of social distancing guidelines and use of PPE. https://coronavirus.wa.gov/what-you-need-know/covid-19-risk-assessment-dashboard
		5/4/2020	Stay-home order extended to 6/3/20. Also, insurers must allow a 1-time early prescription refill; prior authorization requirements for covid treatment and testing suspended. Washington State - extension-emergency-order-number-20-01_0 WA state 050120.pdf Also announced new proclamations regarding driver's licence renewals, expansion of hand sanitizer production for LTC facilities and expansion of nursing home beds to accommodate increased needs. https://www.coronavirus.wa.gov/news/gov-inslee-extends-six-proclamations-relating-covid-19
		5/5/2020	WA state governor signed new COVID-19 order for phased re-opening. Smaller counties with specific criteria can apply to be shifted to Phase 2 given limited impact d/t COVID-19 https://medium.com/wagovernor/inslee-signs-new-covid-19-order-for-phased-re-opening-of-washingtons-economy-ad5ea919ab56
		5/7/2020	Washington State - Phased Reopen SafeStartWA. 4May20_1pm WA state.pdf is WA State governor extended 12 proclamations related to COVID-19 until May 31st, including statutory waivers for telemedicine, and utilization of State/National guard to supplement HCP https://www.governor.wa.gov/news-media/inslee-extends-12-proclamations-relating-covid-19

	5/12/2020	WA state announced limited county re-opening following state application approval process https://coronavirus.wa.gov/news/three-additional-washington-counties-approved-early-move-next-phase-reopening
	5/13/2020	Gov. Jay Inslee announced the launch of a statewide contact tracing plan today that will allow more businesses to open and more people to be active in public while helping to slow and prevent the spread of COVID-19. https://medium.com/wagovernor/inslee-announces-contact-tracing-initiative-e8cc76da1e8c
	5/20/2020	WA governor announced proclamation to restart all medical services. Gov. Jay Inslee today announced the state's plan for all elective procedures to resume. Each medical or dental practice will assess their own readiness and their communities' COVID-19 activity to determine whether, and to what degree, they will reopen. Requires that providers have adequate PPE supply https://www.governor.wa.gov/news-media/inslee-announces-restart-all-medical-services-washington Not seeing specific testing requirements but they have published a COVID-19 Risk Assessment Dashboard re: re-opening readiness, calling the program "Safe Start" https://coronavirus.wa.gov/what-you-need-know/covid-19-risk-assessment-dashboard
	5/29/2020	WA State late yesterday released a proclamation with COVID-19 testing requirements for SNFs and for ALFs with a memory care unit facilities: Except for those facilities that completed a COVID-19 point prevalence survey of residents and staff on or after April 1, 2020, every nursing home by June 12, 2020, and every assisted living facility with a memory care unit by June 26, 2020, must: (Page 2): * Offer COVID-19 tests to all residents and administer tests to all consenting residents; *Require all staff to be tested for COVID-19 and administer tests to all staff, except those who provide medical justification for declining testing from a licensed health care provider; Washington - LTC Testing Proclamation 5-28-20.pdf
	6/4/2020	Supply shipments start today as part of Washington state's effort to test thousands of staffers and residents at long term care facilities across the state in two weeks' time. Supplies include test kits, personal protective equipment and return shipment materials, to be sent in waves every three days to ensure labs have the capacity to process all of the samples. On May 29, the Washington State Department of Health (DOH) issued an order that requires widespread testing within long term care facilities. Residents and staff in nursing homes will be tested within approximately two weeks, with a completion goal date of June 12. All residents and staff in assisted living facilities with a memory care unit will be tested within four weeks, with a completion goal date of June 26. Further information about 5/28/2020 Executive Order: Except for those facilities that completed a COVID-19 point prevalence survey of residents and staff on or after April 1, 2020, every nursing home by June 12, 2020, and every assisted living facility with a memory care unit by June 26, 2020, must: Offer COVID-19 tests to all residents and administer tests to all consenting residents; • Require all staff to be tested for COVID-19 and administer tests to all staff, except those who provide medical justification for declining testing from a licensed health care provider;
	6/12/2020	WA state has extended a proclamation protecting high-risk workers, including those 65 years of age and older, to August 1, 2020. WHEREAS, to protect our public and private sector workers in these high-risk categories from the significant life, health and safety risks of the COVID-19 disease, it is necessary that employers seek any and all options for alternative work arrangements and that these workers are protected from job displacement, loss of employment benefits, and any requirement that they use personal accrued leave before applying for any available unemployment benefits; NOW, THEREFORE, I, Jay Inslee, Governor of the state of Washington, as a result of the abovenoted situation, and under Chapters 38.08, 38.52 and 43.06 RCW, do hereby proclaim: that a State of Emergency continues to exist in all counties of Washington State; that Proclamation 20-05 and all amendments thereto remain in effect; and, that Proclamations 20-05 and 20-46 are amended, through the exercise of my prohibitory powers under RCW 43.06.220(1)(h), to continue to prevent all employers, public or private, from failing to provide accommodation to high-risk workers, as defined by the Centers for Disease Control and Prevention, that protects them from risk of exposure to the COVID-19 disease on the job. If an employer determines that alternative work arrangements are not feasible, the employer is prohibited from failing to permit an employee to utilize all available accrued leave options free from risk of adverse employment action. Washington - COVID-19 High Risk Ext (tmp).pdf
	7/22/2020	7/1/20 updated guidance to all healthcare providers to test all symptomatic patients and those with whom they've had contact Washington - 2019NovelCoronavirusQuicksheetProviders.pdf 7/9/20 Memo: FAQ Covid Testing of Residents and Staff of Nursing Homes and Assisted Living Facilities with Memory Care Units Washington - COVID-19-SNFMemoryCareTestingFAQ 7-9-20.pdf
	11/13/2020	On WA state website: no new executive orders, no changes in restrictions. Attached updated resource on Antigen Testing requirements that was updated 11/5 and published. Mirrors CDC guidelines on testing as well as mirrors the chart that Dr Avery shared in a recent update. Washington -AntigenNH-Final WA-State.pdf This literally just came through re: travel advisory issued by the Washington State governor: The incidence of COVID-19 is increasing in many states and countries. Persons arriving in Washington from other states or Washingtonians returning from other states or countries could increase the risk of COVID-19 spread. To learn more about the risk that travel itself poses for COVID-19 exposure, please visit the CDC page on travel risks. Travel Advisory for Non-Essential Travel 1. Persons arriving in Washington from other states or countries, including returning Washington residents, should practice self-quarantine for 14 days after arrival. These persons should limit their interactions to their immediate household. This recommendation does not apply to individuals who cross state or country borders for essential travel. 2. Washingtonians are encouraged to stay home or in their region and avoid non-essential travel to other states or countries. Avoiding travel can reduce the risk of virus transmission and bringing the virus back to Washington.
	11/16/2020	Gov. Jay Inslee today announced a four-week statewide set of restrictions in response to the recent rapid spread of the COVID-19 virus in Washington and across the country. https://protect-us.mimecast.com/s/CzskCM8o4pIW7ryTNNgrQ?domain=links.gd WA state governor just released updated restrictions today. Biggest impact for us are only outside visitation in long-term care facilities.. https://medium.com/wagovernor/inslee-announces-statewide-restrictions-for-four-weeks-c0b7da87d34e
West Virginia	4/8/2020	Governor Jim Justice held press conference and confirmed one positive case at Eastbrook Center Nursing Home in Charleston- city, state county personnel dispatched to test all staff and residents on Monday Only order was to allow some local authorities to enforce the stay at home order more strictly for residents
	4/20/2020	Executive order: All individuals who reside or work in nursing homes will be tested whether or not they have been previously, coordinated with national guard and department of public health https://governor.wv.gov/Documents/2020 Executive Orders/Executive-Order-April-17-2020-Nursing-Home-Testing.pdf
	4/22/2020	Order outlining how to begin elective procedures: Surgical centers and hospitals have to apply and be approved by OHFLAC: must have 14 day supply of PPE, supplies, and medicine https://governor.wv.gov/Documents/2020 Executive Orders/Executive-Order-April-20-2020-Elective-Surgeries.pdf
	4/27/2020	Executive order regarding reopening plan, Include resuming elective procedures (must have 14 day supply of PPE to do this at hospital) https://governor.wv.gov/Documents/2020 Executive Orders/Executive-Order-April-20-2020-Elective-Surgeries.pdf
	4/28/2020	Announced reopen plan to allow business in certain sectors to reopen in phases over the next 6 weeks is rate of positive cases in the state remains low; Reopen is a choice not requirements. Begins April 30 o Week 1 hospitals can resume elective procedures- must follow all CDC guidelines o Week 2 – business that reopen must operate with physical distancing and increase sanitation/use of face coverings, any business with fewer than 10 employees can reopen – all professional services (hair salon, nail, pet grooming) – must have appointments and not waiting rooms o Week 3-6 opening scheduled will be based on data at this time and will be announced by governor's office o No timeline in plan to reopen visitation at nursing homes, movie theaters, sporting events, or concerts https://governor.wv.gov/News/press-releases/2020/Pages/COVID-19-UPDATE-Gov.-Justice-unveils-plan-to-reopen-state-%E2%80%9CWest-Virginia-Strong-%E2%80%93-The-Comeback%E2%80%9D.aspx
	5/1/2020	Modified stay at home order to safer at home order; Non-essential – business and operations must generally continue to temporarily cease but certain small business may resume with appropriate precautions https://governor.wv.gov/Documents/2020 Executive Orders/Executive-Order-April-30-2020-Safer-At-Home-Order.pdf
	5/4/2020	Week 2 reopening - This phase includes the reopening of small businesses with 10 or fewer employees, restaurants with takeaway service or outdoor dining options, as well as religious entities and funeral homes. https://governor.wv.gov/News/press-releases/2020/Pages/COVID-19-UPDATE-Gov.-Justice-provides-more-details-on-The-Comeback-plan-ahead-of-next-round-of-reopenings.aspx

Becca	5/8/2020	Executive Order - directing the West Virginia Department of Health and Human Resources and the West Virginia National Guard to test all daycare employees, as well as all residents and staff members at assisted living facilities and residential care communities throughout the state for COVID-19. West Virginia EO - Testing ALF 5-7-20.pdf https://governor.wv.gov/News/press-releases/2020/Pages/COVID-19-UPDATE-Gov-Justice-orders-testing-at-all-daycares-assisted-living-facilities-and-residential-care-communities.aspx
	5/12/2020	Reopening of indoor dining 50%, some state park campgrounds for in state residents, but also lifts the requirement of out of state travelers to self quarantine during Week 4 May 21 https://governor.wv.gov/News/press-releases/2020/Pages/COVID-19-UPDATE-Gov-Justice-announces-schedule-for-additional-reopenings.aspx
	5/18/2020	More openings may 18th for Fitness centers, gymnasium, rec centers, cheerleading, martial arts with social distancing measures - specific guidelines for fitness centers, pools, group classes, etc.
	5/21/2020	Posted guidance's for LTC and senior center – these documents are not different than the general CDC guidance West Virginia LTC guidance 5-2020.pdf
	6/12/2020	• June 10 – if on June 17, a nursing home has had no active covid19 cases for the past 14 consecutive days – visitation will be permitted to resume, with certain restrictions in place. o Appts will be required, additional rules facility by facility basis including age restrictions, restrictions in number, time and contact limits, etc https://governor.wv.gov/News/press-releases/2020/Pages/COVID-19-UPDATE-Gov-Justice-announces-nursing-home-visitation-graduation-ceremonies-to-be-allowed-with-limitations.aspx
	6/23/2020	Nursing Home COVID-19 Reopening Plan. visitation at nursing homes may resume at facilities that have had no cases of COVID-19 for the fourteen consecutive day period immediately preceding June 17, 2020 (i.e., since June 3, 2020), provided that the general framework outlined below is followed by such qualifying facilities. Testing: Following the completion of facility-wide baseline testing, facilities should consider testing residents and/or staff under the following circumstances: There is substantial community spread; or Two or more residents are symptomatic. West Virginia - Nursing Home COVID19 Reopening Plan.pdf
	7/7/2020	• Face coverings required in indoor public spaces where you cannot maintain 6 feet social distancing executive order as of 7/6/2020 https://governor.wv.gov/Documents/2020 Executive Orders/EO 50-20.pdf
	7/14/2020	• Order July 13 o Reduces gatherings size from 100 to 25 o Closes amusement parks, carnivals, fairs, concert and music halls, adult entertainment venues, https://governor.wv.gov/News/press-releases/2020/Pages/COVID-19-UPDATE-Gov-Justice-reduces-social-gathering-limit-closes-fairs-festivals-and-concerts-closes-Mon-County-bars.aspx
	7/31/2020	Order issued to allow colleges and universities to reopen https://governor.wv.gov/Documents/2020 Executive Orders/EO-56-20-July-24-2020.pdf
	8/5/2020	• As a precautionary measure, Thomas Health, parent company of Saint Francis Hospital will be set up as a COVID-19 surge hospital. • Test run to be used if hospital surge occurs and is needed https://governor.wv.gov/News/press-releases/2020/Pages/COVID-19-UPDATE-At-Gov-Justice's-direction-St-Francis-Hospital-to-be-stood-up-as-COVID-19-surge-facility.aspx
	8/22/2020	Gov. Justice updates county alert system for school status, nursing home visitation https://governor.wv.gov/News/weekly-reviews/2020/Pages/West-Virginia-Week-in-Review--August-22,-2020.aspx - Thresholds based on 7 day rolling average: Green: 3 and fewer cases per 100,000; Yellow: 3.1-9.9 cases per 100,000; Orange: 10-24.9 cases per 100,000; Red: 25+ cases per 100,000
	8/22/2020	Requirements based on county color of schools/nursing homes: Green: Require face coverings for grades 3 and above on buses and in congregant settings (outside of core groups) where social distancing cannot be maintained.; Yellow: Require face coverings for grades 3-5 on buses and in congregant settings (outside of core groups) where social distancing cannot be maintained. Require face coverings for grades 6 and above at all times.; Orange: Require face coverings for grades 3 and above at all times.; Red: /a (In-person instruction will be canceled if a county reaches red status).
	9/16/2020	• 9/15 updated color mapping system for counties (addition of gold) – this was driven to better guide schools (virtual vs in person) with an attempt to reopen for students with special needs • The updated thresholds are as follows: GREEN: 3 and fewer cases per 100,000 OR 3% or less positivity rate YELLOW: 3.1 – 9.9 cases per 100,000 OR 4% or less positivity rate GOLD: 10 – 14.9 cases per 100,000 OR 5% or less positivity rate ORANGE: 15 – 24.9 cases per 100,000 RED: 25+ cases per 100,000
	9/24/2020	9/21 Governor activates “aggressive testing” efforts in red and orange counties - Basically free community events with free community testing events (updated list weekly) https://dhr.wv.gov/COVID-19/pages/testing.aspx
	10/13/2020	• continues to promote free testing days and special events for counties with higher prevalence https://governor.wv.gov/News/press-releases/2020/Pages/COVID-19-UPDATE-Gov-Justice-reports-West-Virginia-transmission-rate-remains-among-nation%E2%80%99s-best.aspx
	11/5/2020	• No new orders, but big push by Governor to provide more free testing sites in every county and encouragement for all residents to get tested for COVID19. • Free testing sites will be available in nearly every West Virginia county before the holiday season begins, with events scheduled within 45 counties between now and Friday, Nov. 20, 2020. https://governor.wv.gov/News/press-releases/2020/Pages/COVID-19-UPDATE-Gov-Justice-continues-to-encourage-all-West-Virginians-to-be-tested.aspx
	11/17/2020	• Mandatory face mask requirement now in effect as of 11/14 https://governor.wv.gov/Documents/2020 Executive Orders/EO 77-20 Face Covering Amendment.pdf
	12/2/2020	no actual order, but some updates and urging with statement an order will come next week o Governor stated he expects vaccine deliver mid December o States will issue an executive order next week (12/7 week) to stand up the task force that will be responsible to coordinate vaccine distribution o Announced Wednesday that nursing homes would be initial focus https://governor.wv.gov/News/press-releases/2020/Pages/COVID-19-UPDATE-Gov-Justice-announces-first-batch-of-COVID-19-vaccine-expected-to-arrive-in-mid-December.aspx o Asked hospitals to reevaluated their surge plans as numbers were increasing, to consider to temporarily reduce elective procedures o No actual order, just a request to look at their plans and consider and look at procedures and surgeries being completed over the next 45 days https://governor.wv.gov/News/press-releases/2020/Pages/COVID-19-UPDATE-Gov-Justice-Hospitals-and-hospital-systems-asked-to-update-surge-plans.aspx
Wisconsin	4/3/2020	Executive Order 4/2/20 from Wisconsin regarding minimum contact recommendations for peds services. https://www.dhs.wisconsin.gov/dltc/memos/2020-04.pdf Providing guidance on reporting requirements for positive cases and testing criteria based on test availability https://content.govdelivery.com/accounts/WIDHS/bulletins/28569e9 Highlights are: Critical to the outbreak response having is accurate COVID-19 related morbidity and mortality data. The Department of Health Services (DHS) issued a memo on April 6, 2020 making COVID-19 related hospitalizations and deaths reportable in Wisconsin and reiterating the need to report all cases of COVID-19, including for patients who will not be tested. This decision was made due to a significant gap in availability of hospitalization and death data and a recognition that many patients will not be tested given the current limitations. Hospitalization status now must be reported along with COVID-19 test results, including whether patients are hospitalized at the time of diagnosis, and incident hospitalizations among patients previously diagnosed in the outpatient setting.
	4/8/2020	Deaths due to COVID-19 must be reported within 24 hours of the time of death. COVID-19-related deaths should be reported to local health departments by telephone, fax, or WEDSS web report, similar to notification for other reportable conditions.

		<p>Recognizing the reporting burden created by COVID-19, DHS is no longer requiring that COVID-19 cases be reported to public health by telephone, which is the standard expected for other Category I Reportable Conditions. During this public health emergency, acceptable methods for reporting cases and hospitalizations include:</p> <p>Entering a new case in WEDSS at the time the patient is tested for or diagnosed (without testing) with COVID-19.</p> <p>Entering a new case in WEDSS when a patient who previously was reported with COVID-19 as an outpatient becomes admitted to an inpatient facility.</p> <p>Faxing a completed Patient Information Form at the time a patient is tested for COVID-19 to the patient's local health department.</p> <p>Faxing a completed Patient Information Form at the time a patient is diagnosed with COVID-19 to the patient's local health department, even if the patient will not be tested.</p> <p>Faxing information about cases using an Acute and Communicable Disease Case Report (F44151) to the patient's local health department.</p>
	4/9/2020	<p>Wisconsin website made an update to link directly to News Releases. These were published 4/6 but are EO as of 4/3/20. Mostly related to licensure renewal extensions. EO 21 includes hospice waivers for telehealth. Governor Tony Evers and Secretary-designee Andrea Palm have issued two emergency orders suspending some administrative rules for the Wisconsin Department of Health Services to help maximize our state's health care workforce while ensuring patients continue to get the care they need during the COVID-19 pandemic. Emergency Order #21 allows health care facilities, providers, and emergency medical services flexibility to address staffing needs, yet still provide needed care. The order adjusts training and license renewal deadlines, as well as paramedic-level ambulance staffing levels for emergency medical services. It suspends staff orientations at home health agencies and hospices, adjusts nurse aide training hours, relaxes criteria for resident care staff at community-based residential facilities and adult family homes, and ensures nursing homes cannot discharge patients who are unable to pay. The order also modifies requirements at opiate addiction treatment services so Emergency Order #20, which expands Emergency Order #16 issued on March 27. It allows health care provider licenses that would have expired during the public health emergency to remain valid until 30 days after the emergency is over. It also gives providers who are licensed in other states but assisting here additional time to apply for a Wisconsin license, and gives facilities where those providers are working additional time to notify the state.</p> <p>https://evers.wi.gov/Pages/Newsroom/Executive-Orders.aspx</p> <p>Wisconsin - 4-3-20 - DHSRuleSuspension - adjusts license renewal deadlines.pdf</p> <p>Wisconsin - 4-3-20 - DHSRuleSuspension - validates licenses for 30 days.pdf</p>
	4/20/2020	<p>Wisconsin's Safer at Home order extended to 8:00 AM 5/26/20. Attached is the Executive Order as well as a FAQ document that was published.</p> <p>Wisconsin - EMO28-SaferAtHome extension order 4-20-20.pdf</p> <p>Wisconsin - 2020-04-16 Safer at Home extension FAQ.pdf</p> <p>COVID-19 Health Alert: DHS now recommends Health Care Providers test all patients with acute respiratory illness:</p> <p>https://content.govdelivery.com/accounts/WIDHS/bulletins/286efb3</p> <p>Here are the highlights on priority levels as well as reminders for reportable conditions to the electronic reporting process for cases: When local resource limitations necessitate prioritization of testing decisions, providers should refer to CDC Priorities for Testing Patients with Suspected COVID-19 Infection, which are summarized below. However, when adequate testing is locally available, all symptomatic patients should be tested.</p> <p>Highest Priority: To ensure optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system</p> <p>Hospitalized patients</p> <p>Health care facility workers with symptoms</p> <p>Second-Highest Priority: To ensure those at highest risk of complication of infection are rapidly identified and appropriately triaged</p> <p>Patients in long-term care facilities with symptoms</p> <p>Patients 65 years of age and older with symptoms</p> <p>Patients with underlying conditions with symptoms</p> <p>First responders with symptoms</p> <p>Third-Highest Priority: To test individuals necessary for minimizing community spread, and ensure the health of essential workers</p> <p>Critical infrastructure workers with symptoms</p> <p>Individuals with symptoms who do not meet any of the above categories</p> <p>Testing individuals without symptoms is not a priority in routine clinical settings. Testing of other individuals, including asymptomatic individuals identified in health care settings, congregate living settings, and workplaces may occur in limited settings as part of public health investigations and infection control interventions. As a reminder, all suspected, probable, and laboratory-confirmed cases of COVID-19 are reportable conditions in Wisconsin. Electronic reporting via WEDSS is the preferred mechanism for reporting cases to local public health departments. Reporting this information via WEDSS is crucial to coordinating an effective response statewide. The Patient Information Form should be used to report all suspected cases at the time of testing AND should also be used to report probable cases who are diagnosed based on symptoms and exposure to other confirmed cases. This form contains information about which specimens are eligible for fee-exempt testing at the Wisconsin State Laboratory of Hygiene and the Milwaukee Health Department Laboratory.</p>
	4/21/2020	<p>Badger Bounce Back: comprehensive plan for re-opening mapped out in phases, including testing, tracing, and tracking thresholds</p> <p>https://www.dhs.wisconsin.gov/publications/p02653a.pdf</p> <p>https://www.dhs.wisconsin.gov/publications/p02653.pdf</p> <p>We will procure personal protective equipment and other necessary supplies to support health care and public safety agencies.</p> <p>While PPE is in short supply, we will acquire systems for decontaminating N95 masks for healthcare providers in the state who request this service.</p> <p>We will support the surge capacity of our healthcare system.</p> <p>We will work with employers to guide them in steps to take, including physical distancing and cleaning practices to create safe workplaces.</p> <p>We will work with long-term care facilities to protect the health and safety of our most vulnerable neighbors.</p> <p>We will advise residents regarding protocols for physical distancing, hygiene practices, and cloth face coverings.</p> <p>We will monitor conditions and immediately take steps to respond to any COVID-19 disease resurgence or outbreaks by restarting a phase or returning to an earlier phase, depending on severity.</p>
	4/23/2020	<p>Wisconsin posted a new Health Alert outlining how Health Care Providers can request access to COVID-19 testing</p> <p>https://content.govdelivery.com/accounts/WIDHS/bulletins/287d95e</p> <p>https://covid19supplies.wi.gov/Testing</p>
	4/30/2020	<p>Wisconsin published more information specific to the 1135 Home Health waiver. References suspension of orientation requirements, virtual supervisory visits etc</p> <p>Wisconsin HH Waiver 042420.pdf</p>
	5/4/2020	<p>Only update was related to memo outlining processes for setting up temporary SNF expansion units, including options related to transferring to approved SNFs and communities without SNF certification (see attached). Also has guidance on created COVID-19 units within the SNF. Transfer Option One: Two or more certified long term care facilities transfer residents between facilities to create a COVID-19 and non-COVID-19 facility. Allowed under Blanket Transfer Waiver without additional CMS approval. Each certified facility bills Medicare for the residents in their facility.</p> <p>Transfer Option Two: Transfer residents from one or more certified Long Term Care facilities to a non-certified location (on or off campus) that is state approved and where residents must be cared for by Long Term Care facility staff. Medicare reimbursement remains with the Long Term Care facility caring for residents in the new location. The location could be used by multiple Long Term Care facilities providing care with their own staff.</p> <p>Create a COVID-19 designated unit within a licensed nursing home building for the use of current facility residents and/or newly admitted hospital residents with COVID-19. (If the unit will be utilized by temporary COVID-19 positive residents from other nursing homes see "Transfer Option One" below.) Approval by DQA is not required for a nursing home to create or begin using a designated unit for current residents and/or newly admitted hospital residents. No additional state licensure is required unless there is a need for a temporary increase in licensed beds. Requests to temporarily increase the number of licensed beds in the facility must be approved by the Division of Medicaid Services (DMS). No additional life safety code inspection or survey is required for this option. The physical environment is part of the nursing home and is regulated under the Life Safety Code requirements and Wis. Admin. Code ch. DHS 132, subchapter VIII. However, where the contemplated expansion is not anticipated to substantially comply with the requirements of the NFPA 101 2012 edition of the Life Safety Code or Wis. Admin. Code ch. DHS 132, subchapter VIII, the nursing home should submit an interim life safety plan</p>
	5/5/2020	<p>Wisconsin Governor issued executive order #35, which allows for OTs to complete supervision electronically when it's required as "close", removing the "on premises" requirement</p> <p>Wisconsin-DHSandDSPs Executive Order Electronic Supervision for OTs.pdf</p>
Tony		<p>Evolving Testing Criteria for Asymptomatic Patients/Staff</p> <p>High Priority</p>

		<p>Hospitalized patients with symptoms</p> <p>Healthcare facility workers, workers in congregate living settings, and first responders with symptoms</p> <p>Residents in long-term care facilities or other congregate living settings, including prisons and shelters, with symptoms</p> <p>Priority</p> <p>Persons with symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat.</p> <p>Persons without symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.</p> <p>In Wisconsin, DHS recommends COVID-19 testing for asymptomatic individuals in the following situations:</p> <ol style="list-style-type: none"> 1. As part of public health investigations, such as an outbreak involving multiple cases in a workplace. 2. For individuals in congregate living situations such as nursing homes or assisted living facilities 3. In health care settings, when needed to inform infection control interventions, such as before aerosol-generating procedures. 4. In community settings, when testing of close contacts of confirmed cases would inform local public health interventions, such as contact tracing investigations, or decisions about location of quarantine* or isolation. <p>Also includes Revised Recommendations for Discontinuation of Isolation (including an Optional Test option) which seem to mirror CDC guidance:</p> <p>Symptomatic individuals with suspected or confirmed COVID-19 should remain in isolation until:</p> <p>At least 10 days* have passed since symptoms first appeared, AND</p> <p>At least 3 days (72 hours) have passed since recovery. Recovery is defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath)</p> <p>Asymptomatic individuals with lab-confirmed COVID-19 should remain in isolation until:</p> <p>At least 10 days* have passed since the collection date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms. NOTE: patients who develop COVID-19 symptoms during this period should extend isolation precautions for at least 10 days from the date of symptom onset (see above).</p> <p>Optional test-based strategy: DHS recommends the above strategies for discontinuation of isolation for most individuals; however CDC also provides guidance for a “test-based strategy” that may be considered in some circumstances, including immunocompromised persons. The decision to use a test-based strategy should take into consideration the availability of sufficient testing supplies and laboratory capacity, and is likely to result in longer time-periods for isolation.</p> <p>*The recommended isolation period has been extended from a minimum of 7 days to a minimum of 10 days for both symptomatic and asymptomatic individuals with laboratory-confirmed COVID-19. This update is consistent with new CDC guidance and is based on new epidemiologic and laboratory evidence indicating a longer duration of viral shedding than previously believed.</p> <p>https://content.govdelivery.com/accounts/WIDHS/bulletins/28aaf76</p>
	5/12/2020	
	5/13/2020	<p>no specific requirement mapped out yet on the Wisconsin website re: required testing for healthcare workers.</p> <p>Testing, isolation and quarantine for healthcare workers</p> <p>Health care workers who are ill</p> <p>HCWs should not report to work when ill. This includes illnesses with only mild symptoms that would not normally cause them to miss work. Employers should reinforce this message and should explore available resources for back-up coverage. Employers should evaluate existing sick leave policies to ensure they do not pose unnecessary burdens on essential staff who must miss work due to illness. Any HCW reporting COVID-19 like symptoms, regardless of severity, should be prioritized for testing.</p> <p>HCWs with suspected or confirmed** COVID-19 should be excluded from work and should follow the same self-isolation and self-monitoring guidelines as others diagnosed with COVID-19 to avoid transmission COVID-19 to household or community members and to identify any new or worsening symptoms that may require medical attention.</p> <p>**Suspected COVID-19 refers to any individual with an illness consistent with COVID-19, with or without a known exposure. Confirmed COVID-19 refers to any individual with or without symptoms, who has a positive result of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from a clinical specimen.</p> <p>https://www.dhs.wisconsin.gov/covid-19/providers.htm</p>
	5/15/2020	<p>Not Mandatory, but strongly encouraged: Free COVID-19 tests are available for all residents and staff in Wisconsin’s nursing homes. Testing will occur by May 31. DHS will prioritize more urgent testing in facilities that have expressed readiness or have higher infection rates in their communities. Wisconsin is moving towards a plan to test every nursing home resident and staff member by the end of May. Department of Health will be calling every nursing home to work with them on a plan for testing</p> <p>https://covid19supplies.wi.gov/Testing</p> <p>COVID-19 testing is strongly recommended for all residents. People can have COVID-19 without any symptoms, so residents and staff should get tested even if they feel well. Every individual will receive information about COVID-19 and the test. However, testing is not mandatory.</p> <p>https://content.govdelivery.com/accounts/WIDHS/bulletins/28b3e00</p>
	5/20/2020	<p>Fee-exempt Testing at Public Health Laboratories</p> <p>Guidance about which patient specimens may be submitted for fee exempt testing to Wisconsin’s two public health laboratories, the Wisconsin State Laboratory of Hygiene (WSLH) and the Milwaukee Health Department Laboratory (MHDL) has been expanded to include underserved populations. Health care providers are encouraged to submit most specimens for testing using existing laboratory partnerships (i.e., clinical and commercial laboratories). Public health laboratories should be used preferentially for patients without access to timely testing in other laboratories. Patient specimens should be sent to public health laboratories in the following situations:</p> <p>Public Health Investigations as directed by state or local public health</p> <p>Hospitalized patients with COVID-19 symptoms</p> <p>Patients with COVID-19 symptoms for whom rapid diagnosis is needed to inform infection control practices (e.g. labor and delivery, dialysis, aerosol-generating procedures, etc.)</p> <p>Resident of a long-term care facility with COVID-19 symptoms</p> <p>Resident in a jail, prison, or other congregate setting with COVID-19 symptoms</p> <p>Health care worker or first responders (e.g. fire, EMS, police) with COVID-19 symptoms</p> <p>Essential staff in high consequence congregate settings (e.g. prisons or jails) with COVID-19 symptoms</p> <p>Utility workers (water, sewer, gas, electric, power, distribution of raw materials, oil and biofuel refining) with COVID-19 symptoms</p> <p>Underserved populations with poor access to testing in other settings (e.g., underinsured, patients at Federally Qualified Health Centers, homeless patients, migrant workers, etc.) with COVID-19 symptoms</p> <p>Post-mortem testing for a person with COVID-19 symptoms prior to death who died of unknown causes AND where results would influence infection control interventions at a facility or inform a public health response</p>
	6/4/2020	<p>No new information for Wisconsin website, including testing. However, they have put together a resource that outlines how healthcare worker testing is not mandatory but encouraged. Website also continues to map out CDC guidance on return-to-work guidelines for those with positive or suspected positive who have isolated/quarantined at home. DHS has developed a plan for facility-wide testing of all residents and staff in nursing homes and ICF/IIDs because growing evidence suggests that persons with COVID-19 become infectious days prior to developing symptoms and can be infectious even if they develop only mild symptoms or no symptoms at all. Facility-wide testing allows for the identification of silent (asymptomatic) infections early to limit the spread of COVID-19.</p> <p>Asymptomatic testing is voluntary but highly recommended. The decision to be tested is at the discretion of the individual staff member and resident (or resident’s representative). Staff and residents will be notified about the availability of testing and given information and the opportunity to ask questions. Those who are interested in participating must consent to be tested.</p> <p>Wisconsin COVID Testing Plan.pdf</p>
	6/12/2020	<p>Wisconsin released 3 memos with guidance/recommendations regarding (1) transfer of patients from acute care to post acute care and long term care facilities, (2) transfer of hospitalized patients infected with COVID-19 to post acute and long term care facilities, and (3) disposition of medically stable post acute and long term care residents with confirmed or clinically suspected COVID-19 infection. Appears like all of these are consistent with what we’ve seen from the other states and with CDC guidance, but Wisconsin took the time to spell them out (See Summary below)</p> <p>Wisconsin - Hospital Transfer Memo - 6-9-20.pdf</p> <p>Wisconsin - Hospital Transfer Memo 2 - 6-9-20.pdf</p> <p>Wisconsin - Medically Stable PAC and LTC residents Memo - 6-9-20.pdf</p> <p>Wisconsin - Summary of 6-9-20 Memo's.pdf</p>

		11/13/2020	<p>A couple of updates but not new information that changes testing, practice, site restrictions etc. Attached recent Executive Order encouraging residents to stay at home, but not a mandate. All recommendations on social distancing, mask usage, remote work, use of technology etc. Also included a standing prescription order for COVID-19 testing if needed and meeting requirements for testing. Other resources-notices on site mirrors CDC guidance on antigen testing. Also delineates same CDC guideline on visitors within communities</p> <p>wisconsin - standingorder-102020 Wisconsin.pdf</p> <p>Wisconsin - EO094-COVIDRecommendations Wisconsin Executive Order 94 110920.pdf</p>
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