



Missouri Guidance on Reopening of Long-Term Care Facilities

Nursing homes in Missouri have seen severe consequences of COVID-19 epidemic which caused many facility-wide outbreaks in the state with accompanying high morbidity and mortality. The inherent vulnerability of the nursing home population living in congregate healthcare setting demands heightened and sustained efforts to limit COVID-19 exposure and to prevent spread of COVID-19 within facilities. Mitigation efforts remain critically important, but the quality of life and dignity of residents must also be considered. Based on recent guidance from CMS, the state has developed the following guidance on how to safely and carefully ease restrictions in long-term care facilities. This guidance is intended for all long-term care facilities, including residential care, assisted living, intermediate care and skilled nursing.

The Department is committed to assisting facilities as they move through the reopening phases and will be available to answer questions and provide guidance at each step. Facilities should also communicate with their local public officials for input as they move through the reopening process. In addition, any new developments in the COVID-19 epidemic in the state may result in changes to these guidelines.

Current and Phase 1

Phase 1 is designed for vigilant infection control during periods of heightened virus spread in the community and potential for healthcare system limitations, which may include factors such as staffing, hospital capacity, Personal Protective Equipment (PPE), and testing.

Table with 2 columns: Considerations and Strategies. Row 1: Visitation. Strategies include: Visits may occur in accordance with the Department's guidance at https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/professionals.php#collapseSix under the Information for Long Term Care Facilities heading. Other visitation generally restricted, except for compassionate care situations. Ensure proper infection control procedures are followed in these limited visiting situations. o provide instruction on hand hygiene o limit surfaces touched o Visitors must wear a cloth face covering or facemask for the duration of the visit; provide PPE according to current facility policy while in the resident's room

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	<p>o Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry.</p> <p>*Compassionate care situations are not strictly limited to end-of-life situations. Other situations that may be considered compassionate care situations include, but are not limited to:</p> <ul style="list-style-type: none"> • A resident who was living with their family before recently being admitted to a nursing home, the change in their environment and sudden lack of family can be a traumatic experience. Allowing a visit from a family member in this situation would be consistent with the intent of the term "compassionate care situations." • Allowing someone to visit a resident whose friend or family member recently passed away, would also be consistent with the intent of these situations. <p>While compassionate care situations may extend past end-of-life situations, these visits should not be routine, and allowed on a limited basis as an exception to restricting visitation.</p>
Essential/Non-Essential Healthcare Personnel	<p>Restricted entry of non-essential healthcare personnel. All healthcare personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE as determined by the task; and at a minimum wearing a face mask for the duration of their visit.</p>
Communal Dining	<p>Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet). See the Department's guidance at https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/professionals.php#collapseSix under the Information for Long Term Care Facilities heading.</p>
Non-Medically Necessary Trips	<p>Non-medically necessary trips outside the building should be avoided.</p>
Group Activities	<p>Restrict group activities, but some activities may be conducted (for COVID-19 negative or asymptomatic residents only) with social distancing, hand hygiene, and use of a cloth face covering or facemask. See the Department's guidance at https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/professionals.php#collapseSix under the Information for Long Term Care Facilities heading.</p>
Medically Necessary Trips	<p>For medically necessary trips away from of the facility:</p> <ul style="list-style-type: none"> o The resident must wear a cloth face covering or facemask; and o The facility must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment.

Screening	100% screening of all persons entering the facility and all staff at the beginning of each shift: o Temperature checks o Ensure all outside persons entering building have cloth face covering or facemask. o Questionnaire about symptoms and potential exposure o Observation of any signs or symptoms
Resident Screening	100% screening for all residents: o Temperature checks o Questions about and observation for other signs or symptoms of COVID-19 (at least daily)
Universal Source Control	Universal source control for everyone in the facility. Residents and visitors entering for compassionate care wear cloth face covering or facemask.
Personal Protective Equipment	All staff wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC guidance on optimization of PPE. Staff wear cloth face covering if facemask is not indicated.
Testing	Facility-wide testing in accordance with Missouri Interim Guidance for Long Term Care Facilities with Confirmed COVID-19 https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/lpcf.php
Cohorting	Dedicated space in facility for cohorting and managing care for residents with COVID-19; plan to manage new/readmissions with an unknown COVID-19 status and residents who develop symptoms.

Phase 2

A facility must meet the following criteria before entering Phase 2:

- The facility has not had any COVID-19 staff or resident cases, or
- It has been two incubation periods (28 days total) since the last facility acquired COVID-19 positive case.
 - o Facility acquired cases include all staff who test positive and residents who test positive while residing in the facility. Facility acquired does not include residents admitted to the facility with a known positive diagnosis or residents who test positive upon admission as part of the facility's admission criteria, as long as these residents have resided in a designated COVID-19 unit since admission.
- The facility completes baseline, facility-wide testing for all residents and staff. Facilities that have completed baseline, facility-wide testing for all residents and staff within 14 days of this guidance are not required to complete another round of baseline testing. If there were no positive test results in the entire facility, additional, on-going bi-monthly (twice a month or approximately every two weeks) testing of a minimum of ten percent of staff. The facility should make every attempt to randomize sampling of staff to be tested, i.e., the same staff should not be tested consecutively, to the extent possible. Considerations should be given for more expansive testing when conditions in the community indicate a need for increased testing. Positive test results must be reported to the department through the online reporting portal. Residents and staff who refuse should be treated as positive, although this does not prevent a facility from entering Phase 2.

- Baseline, facility-wide testing should have EUA status and should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity and greater than 90% specificity, with results obtained rapidly (e.g., within 48 hours). Antigen Point-of-Care testing with EUA status may be utilized for testing of staff for both baseline testing and bi-monthly testing.
- Highly sensitive test, such as PCR, is preferable for baseline testing of asymptomatic residents. When screening asymptomatic individuals, facilities should consider using a highly sensitive test, especially if rapid turnaround times are available. If highly sensitive tests are not feasible, or if turnaround times are prolonged, facilities may consider use of less sensitive point-of-care tests, even if they are not specifically authorized for this indication (commonly referred to as "off-label"). For congregate care settings, like nursing homes or similar settings, repeated use of rapid point-of-care testing may be superior for overall infection control compared to less frequent, highly sensitive tests with prolonged turnaround times. <https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/faqs-testing-sars-cov-2>.
- Following samples could be used for the PCR testing (the facility must ensure the lab can process the samples in the manner they are collected): <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>
If saliva PCR test with EUA is available, consider saliva as a specimen for PCR testing. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>.
- Antibody testing should not be used for diagnosis of someone with an active SARS-CoV-2 infection.
- Residents or staff who have previously tested positive and are either 14 days from positive test or have had two negative tests 24 hours apart do not need to be retested as part of the reopening testing process.
- If baseline testing or bi-monthly testing results in any positive results for residents or staff, the facility must follow the Missouri Interim Guidance for Long Term Care Facilities with Confirmed COVID-19 <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/ltaf.php> and the facility reverts back to Phase 1.
- The facility has adequate staffing levels. **
- The facility has adequate supply of PPE to adhere fully to CDC guidance for proper PPE use for infection control as described at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
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- There is a downward trend in the number of cases over the past 14 days in the county. For counties with 5 or less cases in the last two weeks, there is no growth in those two weeks. Facilities should consult with their local public health officials and the Department in making this determination.

The final decision to enter Phase 2 rests with each individual facility, which must have a policy in place and determine it can expand these activities without jeopardizing the health of the residents.

Considerations	Strategies
Visitation	Visits may occur in accordance with the Department's guidance at https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/professionals.php#collapseSix under the Information for Long Term Care Facilities heading.

	<p>In addition, limited indoor visits may occur in facility-designated visitor areas that are outside resident rooms and that are easily accessed without visitors traversing through the building. Visits in a private resident room may be permitted, upon request and at the facility’s discretion, for bedbound residents or those who, for health reasons, cannot leave their room. Guidelines for infection control procedures such as screening, hand hygiene, social distancing, use of facemasks, number of visitors and disinfection between visits should be in accordance with the Department’s guidance for outdoor visits listed above.</p> <p>Other visitation generally restricted, except for compassionate care situations*. Ensure proper infection control procedures are followed in these limited visiting situations.</p> <ul style="list-style-type: none"> o provide instruction on hand hygiene o limit surfaces touched o Visitors must wear a cloth face covering or facemask for the duration of the visit; provide PPE according to current facility policy while in the resident’s room o Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. <p>*Compassionate care situations are not strictly limited to end-of-life situations. Other situations that may be considered compassionate care situations include, but are not limited to:</p> <ul style="list-style-type: none"> • A resident who was living with their family before recently being admitted to a nursing home, the change in their environment and sudden lack of family can be a traumatic experience. Allowing a visit from a family member in this situation would be consistent with the intent of the term “compassionate care situations.” • Allowing someone to visit a resident whose friend or family member recently passed away, would also be consistent with the intent of these situations. <p>While compassionate care situations may extend past end-of-life situations, these visits should not be routine, and allowed on a limited basis as an exception to restricting visitation.</p>
Essential/Non-Essential Healthcare Personnel	Allow entry of limited numbers of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing,
Communal Dining	Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet). See the Department’s guidance at https://health.mo.gov/living/healthcondiseases/communicable/novel-

	coronavirus/professionals.php#collapseSix under the Information for Long Term Care Facilities heading.
Non-Medically Necessary Trips	Group activities, including outings, limited (for asymptomatic or COVID-19 negative residents only) with no more than 10 people and social distancing among residents, appropriate hand hygiene, and use of a cloth face covering or facemask.
Group Activities	Group activities, including outings, limited (for asymptomatic or COVID-19 negative residents only) with no more than 10 people and social distancing among residents, appropriate hand hygiene, and use of a cloth face covering or facemask. See the Department's guidance at https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/professionals.php#collapseSix under the Information for Long Term Care Facilities heading.
Medically Necessary Trips	For medically necessary trips away from of the facility: <ul style="list-style-type: none"> o The resident must wear a cloth face covering or facemask; and o The facility must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment
Staff Screening	100% screening of all persons entering the facility and all staff at the beginning of each shift: <ul style="list-style-type: none"> o Temperature checks o Ensure all staff wear a cloth face covering or facemask o Questionnaire about symptoms and potential exposure o Observation of any signs or symptoms Screening must be documented.
Resident Screening	100% screening for all residents: <ul style="list-style-type: none"> o Temperature checks o Questions about and observation for other signs or symptoms of COVID-19 (at least daily)
Universal Source Control	Universal source control for everyone in the facility. Residents and visitors entering for compassionate care wear cloth face covering or facemask.
Personal Protective Equipment	All staff wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC guidance on optimization of PPE. Staff wear cloth face covering if facemask is not indicated.
Testing	In addition to baseline testing, residents and staff are tested upon identification of an individual with symptoms consistent with COVID-19. <p>The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained rapidly (e.g., within 48 hours). Antigen Point-of-Care testing with EUA status may be utilized for staff for bi-monthly testing. Antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection.</p> <p>If a resident or staff tests positive, facility-wide testing in accordance with Missouri Interim Guidance for Long Term Care Facilities with Confirmed COVID-19</p>

	https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/lctf.php and the facility reverts back to Phase 1.
Cohorting	Dedicated space in facility for cohorting and managing care for residents with COVID-19; plan to manage new/readmissions with an unknown COVID-19 status and residents who develop symptoms.

Phase 3

A facility must meet the following criteria before entering Phase 3:

- The facility has spent a minimum of 14 days in Phase 2.
- The facility completes bi-monthly (twice a month or approximately every two weeks) testing for a minimum of ten percent of staff. The facility should make every attempt to randomize sampling of staff to be tested, i.e., the same staff should not be tested consecutively, to the extent possible. Considerations should be given for more expansive testing when conditions in the community indicate a need for increased testing. Positive test results must be reported to the department through the online reporting portal.
 - The test should have EUA status and should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity and greater than 90% specificity, with results obtained rapidly (e.g., within 48 hours). Following samples could be used for the PCR testing (the facility must ensure the lab can process the samples in the manner they are collected):
<https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>
 - Staff who have previously tested positive and are either 14 days from positive test or have had two negative tests 24 hours apart do not need to be retested as part of the reopening testing process.
- The facility has adequate staffing levels.**
- The facility has adequate supply of PPE to adhere fully to CDC guidance for proper PPE use for infection control as described at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>
**
- There continues to be a downward trend in the number of cases over the past 14 days in the county. For counties with 5 or less cases in the last two weeks, there is no growth in those two weeks. Facilities should consult with their local public health officials and the Department in making this determination.

The final decision to enter Phase 3 rests with each individual facility, which must have a policy in place and determine it can expand these activities without jeopardizing the health of the residents.

Considerations	Strategies
Visitation	Visitation, including volunteers, allowed with screening and additional precautions. Ensure proper infection control procedures are followed in these situations. <ul style="list-style-type: none"> ○ provide instruction on hand hygiene ○ limit surfaces touched ○ Visitors must wear a cloth face covering or facemask for the duration of the visit; provide PPE according to current facility policy while in the resident’s room

	<ul style="list-style-type: none"> o Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry.
Essential/Non-Essential Healthcare Personnel	Allow entry of non-essential healthcare personnel/contractors as determined necessary by the facility, with screening and additional precautions including social distancing, hand hygiene, appropriate PPE and cloth face covering or facemask.
Communal Dining	Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet). See the Department's guidance at https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/professionals.php#collapseSix under the Information for Long Term Care Facilities heading.
Non-Medically Necessary Trips	Group activities, including outings, allowed (for asymptomatic or COVID-19 negative residents only) with no more than the number of people where social distancing among residents can be maintained, appropriate hand hygiene, and use of a cloth face covering or facemask.
Group Activities	Group activities, including outings, allowed (for asymptomatic or COVID-19 negative residents only) with no more than the number of people where social distancing among residents can be maintained, appropriate hand hygiene, and use of a cloth face covering or facemask. See the Department's guidance at https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/professionals.php#collapseSix under the Information for Long Term Care Facilities heading.
Medically Necessary Trips	For medically necessary trips away from of the facility: <ul style="list-style-type: none"> o The resident must wear a cloth face covering or facemask; and o The facility must share the resident's COVID-19 status with the transportation service and entity with whom the resident has the appointment
Staff Screening	100% screening of all persons entering the facility and all staff at the beginning of each shift: <ul style="list-style-type: none"> o Temperature checks o Ensure all staff wear a cloth face covering or facemask o Questionnaire about symptoms and potential exposure o Observation of any signs or symptoms Screening must be documented.
Resident Screening	100% screening for all residents: <ul style="list-style-type: none"> o Temperature checks o Questions about and observation for other signs or symptoms of COVID-19 (at least daily)
Universal Source Control	Universal source control for everyone in the facility. Residents and visitors entering for compassionate care wear cloth face covering or facemask.
Personal Protective Equipment	All staff wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC guidance on

	<p>optimization of PPE. Staff wear cloth face covering if facemask is not indicated.</p>
<p>Testing</p>	<p>In addition to bi-monthly (twice a month or approximately every two weeks) testing of staff, residents and staff are tested upon identification of an individual with symptoms consistent with COVID-19.</p> <p>The test used should be able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)) with greater than 95% sensitivity, greater than 90% specificity, with results obtained rapidly (e.g., within 48 hours). Antigen Point-of-Care testing with EUA status may be utilized for staff for bi-monthly testing. Antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection.</p> <p>If a resident or staff tests positive at any point, facility-wide testing is initiated in accordance with Missouri Interim Guidance for Long Term Care Facilities with Confirmed COVID-19 https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/lctf.php and the facility reverts back to Phase 1.</p> <ul style="list-style-type: none"> ○ Facilities may be allowed to remain in Phase 3 if the facility meets the following requirements in addition to facility-wide testing: <ul style="list-style-type: none"> ● Immediately cohort positive and symptomatic residents in a designated unit or area. This area must be physically separate from the rest of the facility, i.e., separated by doors that can remain closed, and have a separate entrance for staff. ● Designate distinct and separate staff for the designated unit or area until the designated area is no longer required and maintain sufficient staff to care for residents in all areas of the facility. ● There are no new positive cases outside the designated unit or area. ● Restrict visitors and communal dining/group activities in the designated area. ● Adequate supply of PPE to adhere fully to CDC guidance for proper PPE use for infection control as described at https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html ○ The Department will evaluate each of these circumstances and will make a recommendation on a case by case basis.
<p>Cohorting</p>	<p>Dedicated space in facility for cohorting and managing care for residents with COVID-19; plan to manage new/readmissions with an unknown COVID-19 status and residents who develop symptoms.</p>

**For Medicare/Medicaid certified facilities, information needs to be consistent with data reported through NHSN.

