



## REVISED LETTER OF DIRECTION FOR NURSING HOMES AND ASSISTED LIVING FACILITIES

Issued: December 9, 2020, Updated February 4, 2021, Updated March 31, 2021, updated July 9, 2021, [Updated December 7, 2021, updated December 14, 2021](#)

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New Mexico and the Centers for Medicaid/Medicare recognize the right to familial association and the struggles families have endured during the pandemic due to visitation restrictions which were put in place to protect residents of congregate settings. Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home and assisted living facilities (ALF) populations are at high risk of being affected by respiratory pathogens like SARS-CoV-2 and other pathogens, including multidrug-resistant organisms (e.g., carbapenemase-producing organisms, *Candida auris*). As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP) as defined by the CDC. Even as nursing homes and assisted living facilities resume more normal practices and begin relaxing restrictions, facilities must sustain [core Infection Prevention and Control \(IPC\) practices](#) and remain vigilant for SARS-CoV-2 infection among residents and HCP in order to prevent spread and protect residents and HCP from severe infections, hospitalizations, and death.

The following letter of direction for all long-term care settings should be used in conjunction with facility policies, relevant CMS guidance and requirements as well as CDC recommendations. Please see the following updated directives and [Public Health Order \(PHO\) issued December 2, 2021](#). Failure to follow this directive may result in citation, civil monetary penalty, or license revocation pursuant to the [New Mexico Administrative Code](#) and all applicable regulations to licensed nursing homes and ALFs.

All facilities must take any additional trainings related to infection control or visitation as directed by the Department of Health.

### VACCINATION RATES

1. All facilities must post the weekly staff vaccination rate in a visible place at the entrance.
2. Facilities must report their weekly vaccination totals every Monday (for the week prior) by 5:00 pm
3. Facilities must adhere to the [PHO](#) for staff COVID 19 vaccines and boosters. Staff identified in the [PHO](#) must receive their booster by January 17, 2022. Facilities are responsible for informing staff on how to schedule an appointment for boosters. Facilities that have not scheduled a booster clinic are encouraged to get staff to a clinic for vaccinations.

### HOSPITAL TRANSFERS

To alleviate unnecessary strain on the healthcare system throughout New Mexico, the DOH requests that facilities amend internal protocol and train staff on the “[INTERACT](#) change of condition” guidance. Staff are to contact a licensed medical professional prior to sending out residents short of a true emergency. The DOH/DHI may request to review such training and protocols. The DOH will monitor all transfers to the emergency room from skilled nursing facilities.



## QUARANTINE



➤ New Admissions and Residents who leave the facility:

- For all new admissions and readmissions, residents should be placed in a 14-day quarantine, even if they have a negative test upon admission, **except** when:
  - Residents who are being admitted to a post-acute care facility are fully vaccinated\* and have not had close contact with someone with COVID-19 infection in the prior 14 days; or
  - Residents are recovered within 3 months of a SARS-CoV-2 infection.
- During quarantine patients/residents who are either fully vaccinated or partially vaccinated should be placed in a private room if available; however, if necessary, these patients can be placed in a shared room together.
  - If patients are placed with a roommate, daily point-of-care antigen testing needs to be completed every day for at least the first five days.
  - Anyone who tests positive should immediately be placed in the dedicated COVID-19 care area.
- During quarantine, patients who are unvaccinated should originally be placed in a private room. If they remain negative with daily POCs for the five days, the residents who are unvaccinated may also be cohorted for the remainder of the 14-day quarantine.
- Quarantine is **not recommended nor required for residents who leave the facility for less than 24 hours** (e.g., for medical appointments, community outings with family or friends) and do not have close contact with someone with SARS-CoV-2 infection.
- Residents that leave for medical appointments should share the resident's COVID-19 status with the transportation service and entity with whom the resident has the medical appointment.
- If a person is COVID-19 recovered within the last 90 days there is no need to quarantine upon return from an appointment, hospital stay, or are newly admitted to an LTC.
- Residents should follow [IPC practices](#), including face masks or respirators, hand hygiene, and physical distancing when leaving the facility.
- Facilities might consider quarantining residents who leave the facility if, based on an assessment of risk, uncertainty exists about their adherence or the adherence of those around them to recommended IPC measures.
- The facility is responsible for assessing the risk of infection any time a resident leaves the facility and returns. The risk assessment should include, at a minimum, the following: county positivity rate, vaccination status of the facility/community, resident adherence to IPC practices, purpose of outing and risk of exposure.



- If the facility does quarantine a resident upon return, the justification for quarantine should be documented and made available for review.
- Residents who leave the facility for 24 hours or longer should be placed in a 14-day quarantine unless they meet the exceptions listed above for admission and readmission.
- Unvaccinated residents who have had close contact with someone with SARS-CoV-2 infection should be placed in quarantine for 14 days after their exposure, even if viral testing is negative. HCP caring for them should use full PPE (gowns, gloves, eye protection, and N95 or higher-level respirator).
- Fully vaccinated residents who have had close contact with someone with SARS-CoV-2 infection should wear source control and be tested as described in the testing guidance. Fully vaccinated residents and residents with SARS-CoV-2 infection in the last 90 days **do not need to be quarantined**, restricted to their room, or cared for by HCP using the full PPE recommended for the care of a resident with SARS-CoV-2 infection *unless they develop symptoms of COVID-19 or are diagnosed with SARS-CoV-2 infection*.
- Residents with confirmed COVID-19 infection **should be isolated by placing in a designated COVID-19 care area under transmission based precautions** whether vaccinated or unvaccinated until they have met the criteria to discontinue isolation.

*\*Fully vaccinated refers to a person who is ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine, per the CDC's Public Health Recommendations for Vaccinated Persons.*

#### BED AVAILABILITY, ADMISSION, TRANSFER, AND DISCHARGE

- Nursing homes (not assisted living facilities) are mandated to report daily the number of open beds at operational capacity. Each facility will be provided with an electronic reporting link which can be disseminated in your facility for staff responsible for reporting. These reporting links will be provided by the NMDOH and ALTSD staff and can be requested by your facility at any time for new staff responsible for reporting. Reporting by nursing homes is required daily and must be completed no later than 10:00 AM Mountain Standard Time. This daily, operational bed surveillance information will be used to facilitate hospital discharge planning.
- Nursing homes cannot refuse to admit patients from hospitals on the basis of payment alone pursuant to the Emergency Order requiring removal of prior authorization barriers to patient transfers from acute care facilities to skilled nursing and long-term care facilities issued by the New Mexico Office of the Superintendent of Insurance on December 6, 2021.
- Facilities cannot deny admissions of patients transported by non-medical means.
- If the hospital has completed ONE (1) rapid test on the potential resident/patient within 2 days of the transfer that is sufficient for admission, and the facility shall not require additional tests.
- You must notify residents or their representatives of your bed hold policy and this must happen prior to the transfer.



- Facilities must reserve a resident's bed and readmit that resident who is on leave (a brief home visit) or temporarily discharged (e.g., a hospital stay or transfer to a COVID-19 only facility for COVID-19 treatment).
- If you refuse to allow the return of a resident, you must comply with transfer and discharge requirements and inform the resident of their right to an appeal.

## TESTING

- All outbreak/hotspot testing requirements remain in place.
- Facilities are required to follow all [LTC Facility Testing Guidance](#) issued by the State of New Mexico.
- Facilities must timely administer and submit all test results to the appropriate laboratory.
- Facilities are required to comply with electronic submission requirements outlined by the laboratory vendor.
- Facilities should only be testing those individuals outlined in the testing guidance. If a facility utilizes tests beyond the prescribed testing frequency, the facility shall be responsible for those costs.
- If facilities have received any communication from the laboratory vendor, ALTSD, or DOH regarding billing issues, they must be resolved.
- [QSO-20-37](#) outlines that all CLIA-certified laboratories that perform or analyze any test that is intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19 (e.g., molecular, antigen, antibody) are required to report, regardless of the type of laboratory (type of CLIA certificate) performing the testing. All negative and positive SARS-CoV-2 results must be reported irrespective of the method. **Note that health care facilities using Point of Care COVID-19 testing devices under a CLIA Certificate of Waiver, including nursing homes, pharmacies, or other settings will be required to report test results under this regulation.**
- All CLIA-certified laboratories that perform or analyze any test that is intended to detect SARS-CoV-2 or to diagnose a possible case of COVID-19 must report to 1. Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network; or 2. Electronic HL7 messaging to DOH; or 3. [Simple Report](#)

## BILLING

- Facilities must provide accurate insurance information for all staff and residents receiving COVID-19 tests. This billing guidance is posted in both the nursing home guidance and the assisted living facility guidance posted on [long-term care guidance DOH webpage](#).
- If you do not submit correct insurance information your facility will be liable for the cost of the tests.



- Facilities are required to complete and routinely update profiles on all residents electronically in accordance with the vendor instructions.

## GOWNS

- Gowns, gloves, respirators and eye protection are still needed when caring for confirmed or suspected COVID patients, those in quarantine, when collecting specimens for COVID testing, and when indicated during other patient care per usual IPC practices not related to COVID.
- Implement administrative and engineering controls such as bundling care (one caregiver enters resident room and completes all care tasks, rather than multiple caregivers entering room) and limiting the number of people entering resident care areas.
- Consider reusable washable isolation gowns. These should be dedicated to single resident use, immediately doffed and laundered before being used again.
- Laundry operations and personnel may need to be augmented to facilitate additional washing loads and cycles.
- Ensure systems are established to:
  - routinely inspect, maintain (e.g., mend a small hole in a gown, replace missing fastening ties)
  - replace reusable gowns when needed (e.g., when they are thin or ripped)
  - store laundered gowns in a manner such that they remain clean until use.

### **Prioritize disposable gowns for the following activities:**

- During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures.
- During the following high-contact patient care activities that provide opportunities for transfer of pathogens to other patients and staff via the soiled clothing of healthcare providers, such as: Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care.

### **Gowns should be worn in quarantine or observation locations**

- All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown.
- Gowns are resident specific and must be changed before moving onto the next resident, extended use (wearing one gown for multiple resident encounters) is not permitted.



## Gowns in facilities experiencing outbreaks

- Because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even transmission among residents or HCP is newly identified in the facility; this could also be considered when there is sustained transmission in the community.
- Gowns are resident specific and must be changed before moving onto the next resident, extended use (wearing one gown for multiple resident encounters) is not permitted. Bundling care, use of washable gowns, and limiting staff on the unit to only those necessary may be necessary to conserve supplies.
- If facility is experiencing a critical shortage of gowns, gown use should be prioritized for use while caring for confirmed COVID residents, those in observation or quarantine, and during activities that involve close and prolonged contact with the patient or their immediate environment (e.g., dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, and wound care).

### **Only if COVID positive residents are cohorted in one location:**

Extended use of isolation gowns is permissible when there is a shortage.

Consideration can be made to extend the use of isolation gowns (disposable or reusable) such that the same gown is worn by the same HCP when interacting with more than one patient housed in the same location and known to be infected with the same infectious disease (i.e., COVID-19 patients residing in an isolation cohort). However, this can be considered only if there are no additional co-infectious diagnoses transmitted by contact (such as C. difficile) among patients. If the gown becomes visibly soiled, it must be removed and discarded or changed.

- Facilities must actively locate appropriate PPE for their staff. In the event the facility is unable to procure PPE, appropriate steps must be taken to request PPE through their local county Emergency Manager.
- Use of gowns should be zone and task specific in accordance with [CDC infection control guidance for long-term care.](#)

## CONTINGENCY PLANNING

- Facilities must have their disaster preparedness plans and contingency staffing plans ready prior to an outbreak.
- Each facility must designate an Infection Preventionist. Nursing homes are required by CMS to have a designated infection preventionist.
- The Department of Health has developed a COVID-19 training – titled “The COVID Rapid Control Certificate” specifically for long-term care facilities. Within ninety (90) days of this electronic training going live, facilities must complete the training and maintain the certificate in facility records for surveyors.



- Assisted living facilities must also designate an infection preventionist. The Department of Health has developed a COVID-19 training – titled “The COVID Rapid Control Certificate” specifically for long-term care facilities. Within ninety (90) days of this electronic training going live, facilities must complete the training and maintain the certificate in facility records for surveyors. Completion of this course will allow ALF staff who took the training to serve as the “infection preventionist.”

#### CRISIS STAFFING

- Facilities must follow the process for requesting crisis staffing.

#### RESIDENT APPOINTMENTS AND SERVICES

- Facilities must accommodate resident medical appointments outside of the facility.
- Facilities cannot refuse hospice care for residents.