

COVID-19 REPORTING POSITIVE CASES AND LEADERSHIP COMMUNICATIONS

Information as of April 23, 2020

The following information has been compiled to assist with decision-making on issues related to reporting and communicating incidents of COVID-19 in senior living.

REPORTING POSITIVE CASES

Federal Guidance

On April 19, the Centers for Medicare and Medicaid Services (CMS) issued a [press release](#) to communicate its efforts to reinforce existing requirements for reporting communicable diseases.

The release also announced that CMS will undertake additional rulemaking that will require nursing homes to keep residents and their representatives up to date on conditions inside the facility, such as when new cases of COVID-19 occur. The following information was excerpted [from the CMS notice](#):

CMS is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the 2019 Novel Coronavirus (COVID-19) Public Health Emergency (PHE).

Communicable Disease Reporting Requirements: To ensure appropriate tracking, response, and mitigation of COVID-19 in nursing homes, CMS is reinforcing an existing requirement that nursing homes must report communicable diseases, healthcare-associated infections, and potential outbreaks to State and Local health departments. In rulemaking that will follow, CMS is requiring facilities to report this data to the Centers for Disease Control and Prevention (CDC) in a standardized format and frequency defined by CMS and CDC. Failure to report cases of residents or staff who have confirmed COVID -19 and Persons Under Investigation (PUI) could result in an enforcement action. This memorandum summarizes new requirements which will be put in place very soon.

Transparency: CMS will also be previewing a new requirement for facilities to notify residents' and their representatives to keep them up to date on the conditions inside the facility, such as when new cases of COVID-19 occur.

Reporting to Public Health Officials

While COVID-19 may or may not be specifically mentioned in state regulations at this time, it would be prudent to treat confirmed cases from among residents and/or staff as incidents that are reported to local and state public health officials. Be sure to reference internal reporting processes.

Reporting times and forms can vary by jurisdiction. Contact local and state officials to determine the preferred time frames and details required for reporting confirmed cases of COVID-19.

The U.S. Centers for Disease Control and Prevention (CDC) has issued guidance, [Preparing for COVID-19: Long-term Care Facilities, Nursing Homes](#), updated as of April 15, 2020. The following direction has been excerpted from that document:

“Long-term care facilities concerned that a resident, visitor, or employee may be a COVID-2019 patient under investigation should contact their local or state health department immediately for consultation and guidance.”

Evaluate and Manage Residents with Symptoms of COVID-19

The health department should be notified about residents or HCP [Health Care Personnel] with suspected or confirmed COVID-19, residents with severe respiratory infection resulting in hospitalization or death, or ≥ 3 residents or HCP with new-onset respiratory symptoms within 72 hours of each other.

Positive findings can be reported to the state health department using the form developed by CDC, [Human Infection with 2019 Novel Coronavirus – Person Under Investigation \(PUI\) and Case Report Form](#).

Use this [state health departments map](#) to identify the appropriate point of contact.

LEADERSHIP COMMUNICATIONS

In addition to ensuring good communications with public health officials, it is also important to keep residents, family members, third parties, and staff, informed of confirmed cases of COVID-19. These communications are essential in maintaining trust and confidence among key stakeholders.

The following excerpt from CDC guidance, [Preparing for COVID-19: Long-term Care Facilities, Nursing Homes](#), was issued earlier in the outbreak and addresses the need for stakeholder awareness:

Educate Residents, Healthcare Personnel, and Visitors about COVID-19, Current Precautions Being Taken in the Facility, and Actions They Can Take to Protect Themselves

- Educate both facility-based and consultant personnel (e.g., wound care, podiatry, barber) and volunteers who provide care or services in the facility. Inclusion of consultants is important since they commonly provide care in multiple facilities and can be exposed to or serve as a source of pathogen transmission.
- Educate residents and families including: information about COVID-19; actions the facility is taking to protect them and/or their loved ones, including visitor restrictions; and, actions they can take to protect themselves in the facility,

emphasizing the importance of social distancing, hand hygiene, respiratory hygiene and cough etiquette, and wearing a cloth face covering.

- Have a plan and mechanism to regularly communicate with residents, family members and HCP, including if cases of COVID-19 are identified among residents or HCP.

Communicate the following information to residents, family members, legal guardians, third parties, and staff:

- Inform stakeholders when there is a confirmed case of COVID-19 in the community, while maintaining the privacy of the individual(s).
- Be prepared to summarize measures taken by the community to reduce the risks associated with COVID-19, such as increased frequency of cleaning protocols, separation of community residents, use of personal protective equipment, use of testing and/or screening, and other measures.
- Note that community personnel continue to follow CDC recommendations and provide a link to the [CDC's COVID-19 site](#) for those who want additional information.
- List the community's options for enabling residents to remain connected during periods of social distancing and visitor restriction.

Post notices at entrances to inform those entering the community of the occurrence of COVID-19 on site.

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