

## February 17, 2022 Local Partners Update Webinar Q&A

<p>Does that mean we don't have to worry about international travel any longer?</p>	<p>For the purposes of Kansas quarantine, we will no longer recommend travel related quarantine. People should pay attention to the CDC travel website <a href="https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html">https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html</a> so that they travel safe.</p>
<p>Are there any new recommendations for isolation timing for hospital inpatients?</p>	<p>The guidance for isolation and quarantine is found here: <a href="https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html">https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html</a>. See the section: Ending isolation for people who were severely ill with COVID-19 or have a weakened immune system (immunocompromised). People who are severely ill with COVID-19 (including those who were hospitalized or required intensive care or ventilation support) and people with compromised immune systems might need to isolate at home longer. They may also require testing with a viral test to determine when they can be around others. CDC recommends an isolation period of at least 10 and up to 20 days for people who were severely ill with COVID-19 and for people with weakened immune systems. Consult with your healthcare provider about when you can resume being around other people.</p>
<p>Am I understanding the Updated Clinical Guidance correctly, to be fully vaccinated there has to be three mRNA vaccines?</p>	<p>The information I was sharing is specific to Moderately and Severely Immune Compromised. For all others, fully vaccinated is completion of primary series and up to date is completion of the series plus booster when eligible.</p>
<p>If a home kit is used for employment purposes, are these results reportable to KDHE?</p>	<p>If at OTC is truly being used as an OTC, meaning it is not being administered or observed by a healthcare professional, then no, the results are not reportable to KDHE. If someone is observing/administering the test, they need to 1) make sure the EUA allows for administration/observation (meaning it can be used as a Waived test), 2) have the test added to their CLIA Certificate of Waiver and then 3) report results to KDHE.</p>
<p>I'm curious as to the change on receiving the booster shot following the monoclonal antibodies. My mother had major health decline immediately after receiving the booster, following one month from the monoclonal antibodies. How can this all of the sudden be an okay thing?</p>	<p>The data showed it was safe and would provide the best protection.</p>
<p>Is there a way to assign a user id and password into HPOP for reporting purposes other than the pharmacy contact?</p>	<p>Facility primary point of contact can add users as they like. It is through the facility tab and adding a user at the bottom. A valid email and name is required.</p>
<p>Molnupiravir was sent to my location without notice or request. How can this be redistributed to a location who wants/needs it?</p>	<p>Please email Michael McNulty directly at <a href="mailto:Mike.McNulty@ks.gov">Mike.McNulty@ks.gov</a> and we'll work through a specific solution.</p>
<p>TeleTracking-- What if our person is out with COVID that does the reporting, but we are open daily except weekends?</p>	<p>I would recommend getting a backup person. TeleTracking reporting is a federal requirement with follow up being conducted by HHS for non-reporting facilities. HHS usually provides some time to get caught up but the facility may receive a letter from CMS if delays in reporting are noticed.</p>

	Facilities can also work with HHS when HHS reaches out to them to 1) update date or 2) be placed on a remedial work plan.
Can you please describe the process for outpatient meds for hospitals without a retail pharmacy license?	We are hoping to get some additional information, possibly this week, to help facilities. When it becomes available, we will make sure and share it.
How do we verify that our facility is using HPOP?	Please email Michael McNulty directly at <a href="mailto:Mike.McNulty@ks.gov">Mike.McNulty@ks.gov</a> to discuss the specific situation so we can work on a resolution.
Is there a recommendation from KDHE as to when to wear goggles vaccinated or not? Meaning whether you are in low or High community transmission rate. With all patient care or just with suspected and or confirmed positive?	Guidance from CDC continues to be wear goggles for vaccinating against COVID. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>  <a href="https://apic.org/wp-content/uploads/2020/12/Factsheet_EyeProtect3.pdf">https://apic.org/wp-content/uploads/2020/12/Factsheet_EyeProtect3.pdf</a>
What was the link for the recommendations for early childhood care / daycare centers?	<a href="https://www.coronavirus.kdheks.gov/DocumentCenter/View/144/Guidance-for-Child-Care-Facilities-Licensed-by-KDHE-PDF---01312022">https://www.coronavirus.kdheks.gov/DocumentCenter/View/144/Guidance-for-Child-Care-Facilities-Licensed-by-KDHE-PDF---01312022</a>
Can we continue to use the KDHE graphic ( <a href="https://www.coronavirus.kdheks.gov/DocumentCenter/View/1086/Isolation-Quarantine-Release-Graphic-KS-PDF---11922">https://www.coronavirus.kdheks.gov/DocumentCenter/View/1086/Isolation-Quarantine-Release-Graphic-KS-PDF---11922</a> ) for isolation guidance for hospitalized and others?	Yes.
Where are you getting numbers for high transmission rates? Is there a certain section on the website that we can follow? It says that our country is high transmission rate, we have 1 active case.	On the KDHE COVID-19 dashboard, <a href="https://coronavirus.kdheks.gov/160/COVID-19-in-Kansas">https://coronavirus.kdheks.gov/160/COVID-19-in-Kansas</a> , under Metrics, there is a link to the CDC Community Transmission Map.
Please clarify—there is no waiting period to get boosted after receiving monoclonal antibodies? This recommendation is not just for immunocompromised?	That is correct. It applies to all.
Are mask mandates changing in healthcare settings? Anyone no longer requiring them for employees or visitor?	At this time and to our knowledge the CMS/CDC guidance related to mask wearing is not changing. Link: <a href="https://www.cdc.gov/infection-control/2022/02/22-infection-control-severe-acute-respiratory-syndrome-coronavirus-2-sars-cov-2/">CDC Guidance Update 2/2/22 Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)   CDC</a>
Is there any guidance regarding a 2nd booster?	No second booster recommended at this time
Are there updates on screening requirements for staff and patients/visitors in the hospital/clinic? We heard from a nearby hospital that visitor an employee screening was going to be stopping soon? is this correct?	Based on QSO-21-08-NLTC released on 12/30/2020 and revised 02/04/2022, there no longer is a need to continue the required use of the special Focused Infection Control (FIC) survey tool for Acute and Continuing Care (ACC) facility types. Health Facility Surveyors (HFS) will continue to evaluate infection prevention and control elements related to COVID-19 through the standard survey process, as applicable to the provider/supplier type. For example, most ACC providers have requirements to develop and maintain approved policies and procedures for minimizing transmission of infectious disease that are established based on nationally recognized standards of practice. KDHE HFSs will assess whether those policies are developed appropriately and followed.

According to the revised QSO-21-08-NLTC, continued federal guidance regarding visitation restrictions for ACC facilities are no longer necessary. Facilities should continue to adhere to basic COVID-19 infection prevention principles consistent with national standards of practice. [See link to CDC guidance below.]

There may be more prescriptive state requirements that necessitate continued visitation restrictions or additional steps such as screening of employees, visitors, patients, clients, and residents during the Public Health Emergency (PHE). Facilities should continue to consult with KDHE and local public health officials to determine if modifications to visitation and screening are appropriate on a case by case basis. According to the revised QSO-21-08-NLTC, pursuant to regulations such as 42 CFR 482.13(h), §483.420(a)(9) and §418.110(e) patients have a federal right to receive visitors at any time, subject to minimal restrictions.

Please note, located in QSO-21-08-NLTC, revised 02/04/2022 is a reference to a CDC website updated 02/02/2022: [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#) This updated guidance is applicable in all settings where healthcare is delivered and says there must be a process for routine infection prevention and control (IPC) practices during the COVID-19 pandemic.

HFSs will focus on the regulatory requirements for each provider and supplier type and whether the facility consistently follows processes that are based on national standards of practice. Guidelines produced by the CDC are an example of a source for national standards. Any COVID-19 infection prevention policy that is developed by a healthcare facility to meet the Medicare conditions should be approved by the facility's governing body, or equivalent group as defined by regulation, before implementation.

In the CMS guidance it says *there may be more prescriptive state requirements that necessitate continued visitation restrictions or additional steps such as screening of employees, visitors, patients, clients, and residents during the Public Health Emergency (PHE)*. At this time (February 10, 2022), Kansas does not have State standard infection policies and procedures that are more prescriptive than CMS. Facilities should continue to consult with KDHE and local public health officials to determine if modifications to visitation and screening are appropriate on a case by case basis. For these types of questions, please contact Marilyn St Peter at [Marilyn.St.Peter@ks.gov](mailto:Marilyn.St.Peter@ks.gov) or 785-506-7860.

	<p>The verbiage on our response is taken directly from the QSO-21-08-NLTC revised 2/4/2022 directive. Health facility providers are always welcome to contact the State Survey Agency (SSA) as needed when there are questions or concerns about CMS regulatory matters to obtain clarification or additional information. And we can refer them to the appropriate resource if needed as well. This verbiage states facilities should continue to consult with KDHE and local public health officials to determine if modifications to visitation and screening are appropriate on a case by case basis not that they are mandated too. We are always willing to assist our providers in any way we can to ensure good working relationships.</p>
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