



OPERATIONAL MEMO

TITLE:	TEMPORARY TRAINING AND CERTIFICATION OF NURSE AIDES
SUPERSEDES NUMBER:	N/A
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APPROVED BY: BONNIE SILVA	

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Purpose and Audience:

The purpose of this Operational Memo is to inform Nursing Facilities of instructions for temporarily waiving certain training and certification requirements for nurse aides in nursing facilities.

Information:

To facilitate the safe delivery of health care services to members throughout the state of emergency declared in response to the COVID-19 illness, the Department of Health Care Policy and Financing (HCPF), in collaboration with the Colorado Department of Public Health and Environment (CDPHE), is authorizing temporary changes in the training and certification for nurse aides in nursing facilities per the [COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers](#), with a retroactive effective date of March 1, 2020 through the end of the emergency declaration:

“CMS is waiving the requirements at 42 CFR 483.35(d) (with the exception of 42 CFR 483.35(d)(1)(i)), which require that a SNF and NF may not employ anyone for longer than four months unless they met the training and certification requirements under §

483.35(d). CMS is waiving these requirements to assist in potential staffing shortages seen with the COVID-19 pandemic. To ensure the health and safety of nursing home residents, CMS is not waiving 42 CFR § 483.35(d)(1)(i), which requires facilities to not use any individual working as a nurse aide for more than four months, on a full-time basis, unless that individual is competent to provide nursing and nursing related services. We further note that we are not waiving § 483.35(c), which requires facilities to ensure that nurse aides are able to demonstrate competency in skills and techniques necessary to care for residents' needs, as identified through resident assessments, and described in the plan of care."

Nursing facilities must ensure that uncertified staff working as nurse aides under this provision are adequately trained and competent to perform tasks assigned to them.

Temporary Changes for the MED-13:

Through the duration of the COVID-19 public health emergency, nursing facilities may allocate uncertified staff who perform direct health care tasks under the parameters described above in the same manner licensed staff are allocated under 10 CCR 2505-10 section 8.443.7.A.1. Costs allocated to direct health care must be for the period of time limited to the COVID-19 emergency. Additionally, expenses reported in this manner must be reported in a separate working trial balance account titled 'Unlicensed Health Care Salaries - COVID 19'.

GENERAL FINDINGS

Background on COVID-19: COVID-19 is the name for the illness caused by the novel Coronavirus 2019 that first emerged in Wuhan, Hubei Province, China. COVID-19 is a respiratory illness that can spread from person to person through respiratory droplets.

The situation with this outbreak is evolving rapidly with new information being learned daily. The CDC is working closely with federal, state, and local health departments. We will issue additional guidance as it is available. The document is current with CDC guidance as of 3/12/20. Visit the CDC website for the latest updates:

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

How it Spreads: The coronavirus is thought to spread mainly from person to person, between people who are in close contact with each other (defined as within about six feet), and through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. [Learn more about how COVID-19 spreads.](#)

Symptoms: The main symptoms are fever, coughing, and shortness of breath, just like the flu. Currently, CDC believes that symptoms may appear in as few as two days or as long as 14 days after exposure. There is no reliable way to distinguish coronavirus symptoms from symptoms caused by the common flu, as both diseases can cause fever, coughs, and pneumonia in severe cases. A doctor may consider a flu test first, unless the person has been in close contact with someone who tested positive for COVID-19. Close contact is within six feet of someone for a prolonged period, such as through caring for, visiting, or sharing a room with someone who has the virus and being coughed on.

Treatment: Currently, there are no vaccines or antiviral medications to prevent or cure COVID-19, however scientists are currently working on both. Comfort measures should be provided to help relieve symptoms.

Steps to Prevent COVID-19 Include:

- **Handwashing:** Reinforce with your participants, staff, and visitors best practices for handwashing:
 - Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use a hand sanitizer that contains *at least* 60% alcohol.
 - Always wash your hands with soap and water if your hands are visibly dirty.
 - Remind your staff to be extra vigilant when cleaning, performing housekeeping, and preparing food
- **Follow cough, sneeze and distance etiquette:** Avoid touching your eyes, nose, and mouth. This makes it more difficult for the virus to get from a surface to you. Cover coughs and sneezes with a tissue, then dispose of it immediately in a trash can, preferably one with a touchless lid opener.
- **Cleaning:** Frequently clean commonly touched surfaces and objects daily, like tables, countertops, light switches, doorknobs, elevator buttons, phones, handrails, cabinet handles and other surfaces using cleaning products according

to the manufacturer's instructions. Residents in their own apartments or homes can use the same cleaners or wipes in their residences as they usually do. [The EPA has posted a list of antimicrobial products registered for use against the virus.](#)

- **Add more cleaning stations.** Station hand wipes or alcohol-based hand sanitizer in common assembly areas, such as living areas, exercise areas, game rooms, lobby, and living areas. Consider putting a bottle on all the dining room tables. Provide visual alerts providing instruction on hand hygiene, respiratory hygiene and cough etiquette. Provide a cleaning station with alcohol-based hand sanitizer, tissues, and a trash can for persons entering your building. Step up your infection control. These preventive measures may help avert an outbreak or spread of COVID-19 as well as other illnesses. [Review these important steps.](#)
- **Implement strategies to limit visitors.** Because of the ease of spread in a setting and the severity of illness that occurs in residents with COVID-19, consider discouraging visitation and begin screening visitors even before COVID-19 is identified in your community. Send letters or emails to families advising them to consider postponing or using alternative methods for visitation, and assist with (e.g., phone calls and video chats on cell phones or tablets), and have policies addressing when and how visitors might still be allowed to enter the facility (e.g., end of life situations). Limit visits to the resident's room.
- **Post signs at entrances instructing visitors not to visit** if they have (1) fever or symptoms of a respiratory infection (e.g., cough, sore throat, or shortness of breath). (2) International travel within the last 14 days, or (3) contact with an individual with COVID-19. Consider having visitors sign visitor logs in case contact tracing becomes necessary.
- **Long-term care facilities should immediately implement symptom screening for all.**
 - In accordance with previous CMS guidance, every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. An exception to this is Emergency Medical Service (EMS) workers responding to an urgent medical need. They do not have to be screened, as they are typically screened separately.

- Facilities should limit access points and ensure that all accessible entrances have a screening station.
- In accordance with previous CDC guidance, every resident should be assessed for symptoms and have their temperature checked every day. • Patients and residents who enter facilities should be screened for COVID-19 through testing, if available.
- **Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE.**
 - For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility.
 - Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on conservation of PPE.
 - If COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 diagnosis or symptoms.
 - Patients and residents who must regularly leave the facility for care (e.g., hemodialysis patients) should wear facemasks when outside of their rooms.
 - When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available.
 - Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive.
- To avoid transmission within long-term care facilities, facilities should use separate staffing teams for COVID-19-positive residents to the best of their ability, and work to designate separate units within a facility to separate COVID-19 negative residents from COVID-19 positive residents and individuals with unknown COVID-19 status.
 - Long-term care facilities should exercise as best as possible consistent assignment (meaning the assignment of staff to certain patients and residents) for all patients and residents regardless of symptoms or COVID-19 status. This practice can enhance staff's familiarity with their assigned patients and residents, helping them detect emerging condition changes

that unfamiliar staff may not notice. The goal is to decrease the number of different staff interacting with each patient and resident as well as the number of times those staff interact with the patient and resident. Also, staff as much as possible should not work across units or floors.

- Long-term care facilities should redeploy existing training related to consistent assignment, and ensure staff are familiar with the signs and symptoms of COVID-19.
- Long-term care facilities should separate patients and residents who have COVID-19 from patients and residents who do not or have an unknown status.
- COVID-19-positive units and facilities must be capable of maintaining strict infection control practices and testing protocols, as required by regulation.
- When possible, facilities should exercise consistent assignment, or have separate staffing teams for COVID-19-positive and COVID-19-negative patients.
- If possible, isolate all admitted residents (including readmissions) in their room in the COVID-19-positive facility for 14 days if their COVID-19 status is unknown.
- Long-term care facilities should, to the fullest extent possible, inform residents and their families of limitations of their access to and ability to leave and re-enter the facility, as well as any requirements and procedures for placement in alternative facilities for COVID-19-positive or unknown status.

Consider active monitoring of participants and restriction of group field trips and group activities within centers per CDC guidance.

- [Monitor your staff and manage health care workers with symptoms of respiratory illness.](#) Implement sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill Health Care Professional (HCP) to stay home. As part of routine practice, ask your staff (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection. Remind HCP to stay home when they are ill. If HCP develop fever or symptoms of respiratory infection while at work, they should immediately put on a facemask, inform their supervisor, and leave the workplace.

Communicate and Stay Informed: Communicating with your participants and participant's families, staff and visitors is critical. The more you communicate, the less likely they are to be stressed and speculate. Participants, families, and staff may still

come to you with concerns based on misinformation. Rumors can spread like wildfire and incorrect information can do a lot of damage. Refer them to credible information such as the CDC website or the [CDPHE website](#).

- 1. Reassure participants.** If participants express concern, listening and validating concerns before offering advice or tips on precautions can help people through this process. If participants ask about face masks, explain the CDC does not advise people to use face masks unless they are advised to do so by their health care provider or public health official.
- 2. Reassure families.** Let families know that you have a plan and inform them of precautions being taken in the center to protect their loved ones (and them), including visitor restrictions and actions participants and families can take to protect themselves in the center.
- 3. Educate** participants, family members and visitors about prevention practices, response, and precautions implemented within the community to protect them and their loved ones, and actions they can take to protect themselves in the residence. [Share the latest information about COVID-2019](#).
- 4. Post educational materials** about COVID-19 that explain why infection control precautions are necessary.
- 5. Train.** Hold staff training on sources of exposure, prevention, recognizing symptoms, response when an outbreak has been identified, and communication protocols. Make sure staff get the message to monitor and report any symptoms they or the participants have, and that all managers on duty know how to contact your local or state public health department if concerns arise.
- 6. Communicate with your staff.** Review policies on sick leave and time off. Tell staff to speak up and stay home if they are not feeling well. You may want to check in at the beginning of work shifts to ask how staff are feeling. This applies to any temporary, on-call employment services and third-party health care providers as well. Review policies with the agency and in person when any other worker arrives. Keeping an infectious disease out of the community is worth the time.

If you suspect someone in your community may have COVID-19

[If a participant exhibits symptoms associated with the coronavirus](#), take the following steps:

Place the person in a private room with a closed door. Wait for guidance from the health department. Minimize the number of people who enter the room; ideally ONE healthcare person should be assigned or dedicated to working with that participant. This minimizes the risk of transmission to other participants

and staff.

- **Notify your local public health department or contact your state health department.** To contact the Colorado Department of Public Health and Environment Call Center at 303-692-2700.
- **Follow HIPAA guidelines** and protect the confidentiality of the individual wherever possible.
- **Wear appropriate Personal Protective Equipment** during close contact with someone in your community that may have COVID-19. Follow health department guidance and [check this CDC page to prepare. Currently, the CDC recommends standard, contact and droplet precautions, and using \(1\) facemasks \(2\) gowns; \(3\) gloves, and; \(4\) eye protection. If you do not have this equipment, check with neighboring health facilities or contact your local health department if you are experiencing shortages. The CDC has a plan in place to mitigate shortages](#)
- **If a physician recommends transport to a hospital** or treatment center, notify the hospital in advance that the person you're bringing may be suspect of having COVID-19 so they can get their infection prevention plan into action. Similarly, notify EMS or an ambulance service in advance that the person they are transporting may be suspect of having COVID-19 so EMS personnel can be prepared.
- **Clean the room, disinfect surfaces and any equipment** you used on the suspected participant before using it again.

Be Prepared:

Update emergency and outbreak plans, and practice or reinforce uncertain areas.

Learn more about how healthcare facilities can [Prepare for Community Transmission.](#)

Review security practices: Go over or create new visitor policies for changing circumstances. You may need to ask participants, staff, and family about travel or exposure to persons with COVID-19. Establish a single entrance to the community. Travel advisories are changing, but generally, you'll want to ask about any travel in the past 30 days as well as any planned travel by participants. The CDC has [travel advisory guidelines that list the changing levels of restrictions.](#)

Talk with suppliers & vendors asking if they have any COVID-19 plans in place. If this is not already part of your emergency plan, sketch out a scenario of what you'd do if they couldn't enter your community and act as needed to prevent that outcome.

Routinely review and follow the guidance of your local and state health departments. This is the communication most critical to health. Viruses appear in clusters, so they're best fought on the local level. Follow protocols given for state and local jurisdictions.

Check supplies of tissues, touchless trash cans, hand sanitizer, soap, gloves, food, linens, and personal protective equipment.

Keep working on the basics of infection prevention.

Check your staff's level of cross training and develop plans for staffing shortages. This may occur when transmission in the community is identified.

Review and update your communication plans. Identify who on your staff will be a spokesperson for your center if you are contacted by a member of the media. Ensure that all staff are aware of who this is and how to reach them.

Protect your employees. As you work to protect participants and employees, staying in compliance with employment law is important. Consult the [CDC Guidance for Business and Employers](#) and [OSHA guidance for preventing workplace exposure](#).

- Review The U.S. Equal Employment Opportunity Commission's [Americans with Disabilities Act Pandemic Preparedness Guidance](#), and the [OSHA pandemic factsheet](#).
 - An outbreak could also trigger policies around the Fair Labor Standards Act and the Family Medical Leave Act. The [Society for Human Resources Management, SHRM, has a coronavirus FAQ page that can help](#).
2. Explore alternatives to face-to-face triage and physician visits.
 3. Designate an area at the facility (e.g., an ancillary building or temporary structure) or identify a location in the area to be a "respiratory virus evaluation center" where participants with fever or respiratory symptoms can seek evaluation and care.

Review best practices for social distancing.

- Prepare for possible changes in dining service. Dining areas may need to be closed and participants eat in their private space.
- Group activities would need to stop.

- Ensure your kitchen is prepared. Ensure you have a supply of disposable cups, plates, napkins and utensils that can be thrown away. Don't go through the kitchen after being in contact with a sick person.
- Practice social distance by keeping about three feet between yourself and anyone coughing or sneezing.

Follow the guidance issued by state and local health departments.

Review medication management processes for emergencies. Follow policy for medications in a congregate care environment as you would for the flu.

Have a plan for suspending prospective participant tours and limiting new admissions in the event of an outbreak in your community.

Additional References for this document & Resource Links

- [Recommendations for Long-Term Care Facilities \(CDC\)](#)
- [Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 \(COVID-19\) \(CDC\)](#)
- [FAQS for Healthcare Providers Regarding Medicare Billing and Payment \(CMS\)](#)
- [Coronavirus Preparation and Response Toolkit \(Argentum\)](#)
- [Interim Health Care Infection Prevention and Control Recommendations for Patients Under Investigation for Coronavirus Disease 2019 \(COVID-19\) \(CDC\)](#)
- [Handwashing Video \(Ecolob\)](#)
- [Information Regarding COVID-19 AHCA/NCAL \(American Health Care Association / National Center for Assisted Living\)](#)
- [Handwashing 101 \(ServSafe\)](#)
- [COVID-19 Long-Term Care Facility Guidance April 2 2020 \(CMS\)](#)

Attachment:

None

Department Contact:

HCPF_HCBS_Questions@state.co.us

Department COVID-19 Webpage:

<https://www.colorado.gov/pacific/hcpf/COVID>