

South Dakota Re-Opening Checklist for Long-Term Care

	Restrictions in Place Phase 1	Relaxed Restrictions Phase 2	Back to Normal / Re-Opening Phase 3
	Moderate or substantial community spread	Minimal community spread	No community spread
Case Status in County	No suspected or confirmed case	No new onset, 14 days since last positive or suspected case	No new onset, 28 days since last positive or suspected case
Case Status in Nursing Facility or Assisted Living Center	No suspected or confirmed case	No new onset, 14 days since last positive or suspected case	No new onset, 28 days since last positive or suspected case
STANDARD CRITERIA (does not change)			
Cohorting and Dedicated Staff	In place for positive COVID	In place for positive COVID	In place for positive COVID
Communal Dining	Limited	Limited	Limited
Local Hospital Capacity	Ability of local hospital to accept residents	Ability of local hospital to accept residents	Ability of local hospital to accept residents
Medically Necessary Trips	Allowed w/ cloth face mask & shared COVID status	Allowed w/ cloth face mask & shared COVID status	Allowed w/ cloth face mask & shared COVID status
New Admits	14 day quarantine	14 day quarantine	14 day quarantine
PPE & Essential Cleaning & Disinfecting Products	Adequate supply	Adequate supply	Adequate supply
PPE for Residents	Cloth mask when out of room or facility	Cloth mask when out of room or facility	Cloth mask when out of room or facility
PPE for Staff	Appropriate PPE, Worn when indicated	Appropriate PPE, Worn when indicated	Appropriate PPE, Worn when indicated
PPE for Visitors	Cloth mask while on property	Cloth mask while on property	Cloth mask while on property
Screening of Staff	Beginning of every shift	Beginning of every shift	Beginning of every shift
Screening (vitals) of Residents	100% of residents Minimum once/day	100% of residents Minimum once/day	100% of residents Minimum once/day
Screening of Visitors	100% for ALL persons entering the facility	100% for ALL persons entering the facility	100% for ALL persons entering the facility
Social distancing, hand hygiene	Mandatory	Mandatory	Mandatory
Staffing	Adequate staffing levels	Adequate staffing levels	Adequate staffing levels
Universal Source Control	For everyone in the facility	For everyone in the facility	For everyone in the facility
VISITATION			
Clergy	Allowed with screening and additional precautions	Allowed with screening and additional precautions	Allowed with screening and additional precautions
Compassionate Care & Psycho-Social Well-Being Visits	Allowed with restrictions	Allowed with restrictions	Allowed
Essential Personnel	Allowed with screening	Allowed with screening	Allowed with screening
Essential Caregiver	Allowed with screening and additional precautions	Allowed with screening and additional precautions	Allowed with screening and additional precautions
Non-Essential Personnel	Restricted entry	Allow entry of limited numbers with screening	Allowed with screening and additional precautions
Physician/Medical Provider	Allowed with screening and additional precautions	Allowed with screening	Allowed with screening
Visit Guidelines	Restricted entry	Scheduled, limit of 2 visitors per resident per day (over age of 12)	Allowed with screening and additional precautions
Visitation Inside	Generally prohibited	Limited - allowed with screening and additional precautions	Allowed with screening and additional precautions
Visitation Outside	Generally allowed with social distancing and masks	Generally allowed with social distancing and masks	Allowed with screening and additional precautions
Volunteers	Restricted entry	Limited number with screening	Allowed with screening and additional precautions
OTHER ACTIVITY			
Group Activities Inside	Restricted or limited	Limited	Allowed with social distancing
Group Activities Outside	Restricted or Limited	Limited	Allowed with social distancing
Non-Medically Necessary Trips	Should be avoided - encourage telemedicine	Should be avoided - encourage telemedicine	Allowed
Ombudsman Operations	Indoor and Outdoor visitation allowed; Telephonic and virtual visits will continue	Indoor and Outdoor visitation allowed; Telephonic and virtual visits will continue	Indoor and Outdoor visitation allowed; Telephonic and virtual visits will continue
Salon/Barber Services	Allowed with screening. Only 1 in facility at a time; PPE with face shield	Allowed with screening. Only 1 in facility at a time; PPE with face shield	Allowed with screening. Only 1 in facility at a time; PPE with face shield
Survey Operations	Investigations of complaints alleging either IJ or actual harm to residents; Revisit surveys to confirm removal of any IJ; Focused IC surveys; Initial survey to certify the provider has met the required conditions to participate in the Medicare Program; State-based priorities	Investigations of complaints alleging either IJ or actual harm to residents; Revisit surveys to confirm removal of any IJ; Focused IC surveys; Initial survey to certify the provider has met the required conditions to participate in the Medicare Program; State-based priorities	Normal survey operations; All complaint and revisit surveys required to identify and resolve any non-compliance with health and safety requirements; focused IC surveys; state-based priorities.
TESTING			
Point Prevalence Testing	If a positive case is identified in the facility	If a positive case is identified in the facility	If a positive case is identified in the facility
Testing of Residents	Baseline/mass testing completed	Weekly Random Surveillance Sentinel Testing	Random Surveillance Sentinel Testing weekly
Testing of Staff	Baseline/mass testing completed	Weekly Random Surveillance Sentinel Testing	Random Surveillance Sentinel Testing weekly
DEFINITIONS			
Adequate staffing	The ability to cover the needs of the facility and residents per state and federal guidelines.		
Compassionate care	End of life situations and documented psychosocial well-being needs. Members of the certified hospice provider team (RN, nurse aide, social worker, clergy) are allowed to care for the resident.		
Essential Healthcare Worker (HCW)	Includes beautician/barber, clergy, DOH ombudsman, SD DOH surveyors, physicians.		
Family	Any support person defined by the resident as family, including friends, neighbors and/or relatives.		
Healthcare Personnel (HCP)	HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).		
Limited communal dining	For CoVID-19 negative or asymptomatic residents only. Residents may use the same dining room with limited number of people at tables and social distancing spaced at least 6 feet apart.		
Non-essential personnel	Non-essential healthcare personnel, such as those providing elective consultations, personnel providing non-essential services, and volunteers from entering the building.		
Restricted group activities	For CoVID-19 negative or asymptomatic residents only. With social distancing, hand hygiene and use of cloth face covering or facemask.		
Screening for all residents	At a minimum: temperature checks, questions about and observation for other signs and symptoms of COVID-19.		
Screening for all visitors and all staff	Temperature checks, cloth face covering or facemask, questionnaire about symptoms and potential exposure, observation of any signs or symptoms.		
Universal source control	Cloth face covering or face mask. Social distancing of 6 feet and hand washing or sanitizing upon entry and exit.		
Visitor	Blood relative, the resident's personal representative, or significant other/friend.		
Prioritized Visits	For residents who require end of life care, a cognitive decline, feelings of loneliness or depression, spirituality, decreased mobility, or their overall well-being declined physically and mentally by not receiving the benefits of individualized care.		