MEMBER WEBINAR: COVID-19 Preparation and Response

CO-HOSTED BY:

AMERICAN SENIORS HOUSING ASSOCIATION
Living Longer Better

ARGENTUM
EXPANDING SENIOR LIVING
WELCOME

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AGENDA

• Latest Updates: Infection Mitigation and Containment Strategies
• Latest Updates: Staff Management Strategies
• Addressing the Mind/Spirit Factor in Uncertain Times
• Additional Resources
• Audience Q&A
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LATEST UPDATES: INFECTION MITIGATION AND CONTAINMENT STRATEGIES
INFECTION MITIGATION STRATEGIES
Based on March 20th CDC guidance:

• Limit foot traffic:
  – Establish **one access/exit point** for your community
  – **Cancel all group activities** and events (this includes communal dining)
  – **Stop non-essential visitors**
  – **Suspend prospect tours**

• **Screen all essential visitors** (“essential” is described as: “necessary to the community or the resident”):
  – repair and maintenance
  – 3rd party providers who are providing essential services
  – compassionate visits
  – volunteers

• **Take respiratory precautions**: wash hands, use tissue for sneeze/cough
• **Use personal protective measures**: surgical masks, gloves
• **Clean and disinfect all high touch areas** and shared facilities
• Help residents **establish a “buddy” system** to ensure they stay connected and compliant

*Follow your organization’s Communicable Disease procedures.*

INFECTION MITIGATION STRATEGIES
Applications for Senior Living Environment:

• **Implement Telehealth:** HHS has eased sanctions and penalties related to:
  – reducing or waiving cost-sharing obligations owed by Medicare or Medicaid program beneficiaries
  – HIPAA violations for communications apps “when used in good faith for any telehealth treatment or diagnostic purpose,” regardless of if directly related to COVID-19

• **Screen Residents:** Screen residents for symptoms of respiratory infection upon admission and implement appropriate infection prevention practices for symptomatic residents

• **Test Residents:** The [CDC has provided new criteria for testing priorities](https://www.cdc.gov/coronavirus/2019-ncov/patient/testing.html) (as of 3/24)

*Follow your organization’s Communicable Disease procedures.*

[https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf](https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf) (Telehealth and HIPAA FAQs)
Healthcare Personnel (HCP) Monitoring and Restrictions:
• Implement universal use of facemask for HCP while in the facility.
• Consider having HCP wear all recommended PPE (gown, gloves, eye protection, N95 respirator or, if not available, a facemask) for the care of all residents, regardless of presence of symptoms. Implement protocols for extended use of eye protection and facemasks.

Resident Monitoring and Restrictions:
• Encourage residents to remain in their room. If there are cases in the facility, restrict residents (to the extent possible) to their rooms except for medically necessary purposes.
  – If they leave their room, residents should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).
• Implement protocols for cohorting ill residents with dedicated HCP.

Follow your organization’s Communicable Disease procedures.

VIRUS CONTAINMENT STRATEGIES
Quarantine and Isolation Guidance:

• **Rapidly identify and manage ill residents:**
  – Screen residents daily
  – Consult resident's medical provider (physician, NP, PA) when symptomatic
  – Test the resident using the [CDC Persons Under Investigation (PUI) guidelines](https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html).
  – Report to your local health department
  – Place the resident in isolation - a single room with a closed door while waiting for guidance from the health department
  – Quarantine residents who were exposed to the resident if COVID 19 is confirmed

• **Supplies and resources:**
  – Masks (surgical, respirator masks)
  – Eye protection
  – Gowns for direct care activities

• **Consult CDC guidelines** for isolating residents

*Follow your organization’s Communicable Disease procedures.*


VIRUS CONTAINMENT STRATEGIES
Guidelines into Practice:

- Collaborate with your MD's, hospitals, local SNFs and determine collaborative plans for resident management and placement when they exceed your ability to provide care and service.
- Educate team members on signs and symptoms to watch for in themselves and residents. Have open and honest dialogue, create an environment of transparency and problem solving.
- Post clear signage regarding visitors and entry points at any entrance.
- Establish visitor, resident, team member symptom tracker process.
- Secure community and limit entries, preferably to one and have screening at any entry. **ANYONE who enters the community should be screened before entry.**
- **Medically necessary visitors only:** consider home health, physical therapy that can not be provided by the community and is ordered by the health care provider. Consider if any visits can be via telehealth.

Follow your organization’s Communicable Disease procedures.
VIRUS CONTAINMENT STRATEGIES
Guidelines into Practice:

• Consider, do you deem companions or private duty aides as essential?
• Can't stress screening enough.
• Based on what we are learning about the virus today, consider adding GI symptoms (nausea/vomiting/diarrhea) and rash to the symptom screen.
• Consistent team assignments whenever possible. Limit team members crossing floors, units or neighborhoods.
• Evaluate breaks/lunch/dinner to mitigate team member crossover in the break room.
• Require handwashing before leaving and prior to entry of another floor, unit or neighborhood.

Follow your organization’s Communicable Disease procedures.
VIRUS CONTAINMENT STRATEGIES
Guidelines into Practice:

• Send team members home as soon as symptoms **develop**. Encourage team members not to report to work if sick.
• Develop **contingency plan for 50% of workforce call outs**.
• Evaluate coverage and **anticipate replacement need**.
• **Make tough decisions:**
  – limit move-ins
  – self-quarantine ALL residents
  – In-room dining only unless risk stratified

*Follow your organization’s Communicable Disease procedures.*
VIRUS CONTAINMENT STRATEGIES
Guidelines into Practice:

• Determine **risk stratification process for residents** who can not self-isolate prior to symptoms or a positive COVID-19 test. Those residents will need to be managed by exception.

• **Evaluate memory impaired residents for safety:**
  – Maintain focus on social distancing in small groups as staffing allows
  – Consider wearing masks when caring for higher risk residents such as chronic coughers

• Consider requiring team members to **wear masks for any resident who requires feeding**.

• Consider professional **cleaning service to complete terminal cleaning**.

• If there is conflict between DOH/CDC guidance and company guidance, **communicate, discuss and resolve**.

*Follow your organization’s Communicable Disease procedures.*
Remember:

1. **Implement suspected COVID management strategies immediately** once a resident is identified to have symptoms:
   - Follow company's notification process
   - Re-evaluate team member assignments
   - Implement quarantine for the community - (team members, essential visitor, etc.)

2. **Implement risk stratification plans** for residents and staff.

3. **Consult with MD for testing, treatment and isolation orders** for any resident with symptoms.

*Follow your organization’s Communicable Disease procedures.*
Any resident able to self-isolate should have already been in self-isolation. Re-evaluate to ensure in place.

Symptom management requires collaboration with the family, physician/medical provider.

When implementing communication remember to include the team member, resident, family, and referral relationships.

Evaluate notification of essential visitors who have been in direct contact with suspected COVID-19 positive resident in past 14 days.

Regarding testing:

- In the event testing is not completed or while awaiting test results, manage as suspected.
- Residents are currently testing negative, stabilize and then 5-6 days later after destabilization in certain cases testing positive. Recommend working closely with physicians and treat as suspected whenever possible.

Follow your organization’s Communicable Disease procedures.
STAFF MANAGEMENT STRATEGIES
Additional Communications Tools:

ESSENTIAL WORKER

To Whom It May Concern:

The undersigned declare that I am an Essential Worker at [Company Name].
I am outside of my residence because I work at one of the locations listed below. I am either going to or returning from providing services at my workplace.

Employee Name: ____________________________
Employee Signature: ________________________

Wallet Card

ESSENTIAL WORKER IDENTIFICATION CARD

Employee Name: ____________________________
Essential Business: _________________________
Corporate Address: _________________________
Telephone: _________________________________
Date Issued: _______________________________
Issued By: _________________________________

STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.
Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

Clean and disinfect frequently touched objects and surfaces.

Avoid touching your eyes, nose, and mouth.

Stay home when you are sick, except to get medical care.

Wash your hands often with soap and water for at least 20 seconds.

Essential Worker Source: Member of Argentum HR Executives Roundtable
AUDIENCE Q&A

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LATEST UPDATES:
STAFF MANAGEMENT STRATEGIES
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Screening and Spread Mitigation:

Employers may, provided all information about an individual’s symptoms remain confidential:

• **ask employees about their health conditions** (usually protected under the ADA) because COVID-19 poses a direct threat to the health and safety of others [per EEOC updated guidelines]

• **screen employees and volunteers** who will be interacting with residents for COVID-19 signs and symptoms, to include taking each person’s temperature using a no-touch thermometer

• **inquire about travel** to an area where COVID-19 is present before an employee’s return to workplace, and **require self-quarantining** per local, state or federal public health guidelines

• advise employees that if they have any symptoms of respiratory infection at work, to put on a facemask, inform their supervisor, and leave the workplace

• encourage sick employees to stay at home

Note: the ADA does not interfere with employers following recommendations of the CDC or public health authorities.

STAFF MANAGEMENT STRATEGIES
Response to a Confirmed/Suspected Case:

Employers may, provided all information about an individual’s symptoms remain confidential:

• **require self-isolation** of infected person until:
  – fever resolves without medication, and
  – no respiratory symptoms are present, and
  – infected person secures a negative COVID-19 test

• **inform local public health agency, licensing, and physician**

• **conduct or assist with contact tracing**

• in coordination with local public health officials, **inform residents, staff, and visitors about possible exposure** including by posting notices

• **ask residents to self-monitor, limit contact with others, and seek medical advice by telephone**

Note: the ADA does not interfere with employers following recommendations of the CDC or public health authorities.
STAFF MANAGEMENT STRATEGIES
Hiring / ADA Compliance during a Pandemic:

HIRING: Employers may:

• make post-offer medical inquiries if made of all equally and health-related information is kept confidential;

• continue to conduct background checks; however background checks may be liberalized by state licensing agencies. Endeavor to keep unscreened new hires away from residents

REFUSAL TO WORK: Employers must still provide employees with a safe workplace, therefore:

• employees may seek ADA protection if they have an underlying medical condition

• workplace must present an “imminent threat” to justify refusal to work

Note: the ADA does not interfere with employers following recommendations of the CDC or public health authorities.
ADDRESSING THE “MIND/SPRIT” FACTOR IN UNCERTAIN TIMES
Signs and Impacts of Stress:

- Depression
- Sleep Issues
- Anxiety
- Work Mistakes
- Poor Concentration
- Apathy
Stress and Anxiety BASIC Antidotes:

• **Sleep** (7-9 hours per day)
• **Hydration** (10 8oz glasses a day for a 150lb person)
• **Exercise** (20-30 minutes, at least 2 hours before bedtime)
• Eating **the right foods** (less sugar, caffeine and saturated fats)
• **Don't drown your sorrows** in alcohol
• **Delegation of the basics** when you can (food purchases and prep, arranging childcare, access to health professionals)
ADDRESSING THE “MIND/SPRIT” FACTOR

In uncertain times, consider:

• **All stakeholders**: residents, families, team members

• **Educating** to the signs and symptoms of distress and anxiety; like some mental illness, this is an invisible scourge

• Including a wide range of programs/benefits to **provide support during crises**; given shortage of resources consider programs that can be used across all stakeholders

• That **team members’ lives extend outside the community** which can add to concerns
PROGRAMS FOR ALL STAKEHOLDERS:

- Virtual Entertainment options
- Telemedicine for urgent care consultation
Specific Team Support:

- **Virtual facilitated support groups** (for example on Zoom or internal Facebook groups)
- **Extend and curate EAP benefits**
- **Food** for work and food for home
- **Refresh, Mindful Moments**
- **Ensure PPE supplies and training** on proper use
- **Confirm and communicate policies** such as PTO; coordinate unemployment and workers comp programs
- **Consider Appreciation Bonuses and Compensation**
- **Arrange childcare and transportation**
- **Prepare for "Shelter at Work"**
- **Do fun things** like the Great Corona Challenge!
ADDITIONAL RESOURCES

- Web Links to Cited Resources
- Online FAQs and Resources
STAFF MANAGEMENT STRATEGIES
Additional Resources:

CDC has issued an 8-page Preparedness Checklist for Nursing Homes and Other Long-Term Care Settings

Argentum’s Quality Improvement Task Force has published a 6-page recommendation for Community Access and Infection Control Guidance

Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings

Nursing homes and other long-term care facilities can take steps to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19). Each facility will need to adapt this checklist to meet its needs and circumstances based on differences among facilities (e.g., patient/resident characteristics, facility size, etc.).

SAMPLE SCREENING CHECKLIST FOR COVID-19

NAME: ___________________ DATE: ________________
ADDRESS: ___________________ PHONE NUMBER: ___________________
EMAIL ADDRESS: ___________________

1. Are you feeling generally well today? (Y/N) __________
2. Have you visited any other healthcare facilities within the past 14 days? (Y/N) __________
3. Have you traveled internationally within the past 14 days? (Y/N) __________
4. Have you traveled to any areas with known outbreaks within the past 14 days? (Y/N) __________
5. Have you traveled by plane or cruise ship within the last 14 days? (Y/N) __________
6. To the best of your knowledge, have you come into contact with anyone who has tested positive for COVID-19 or has symptoms of COVID-19? (Y/N) __________
7. Have you exhibited any symptoms within the past 24 hours, including fever, sore throat, cough, chills or shortness of breath? (Y/N) __________

Record temperature taken:
Recorded by:

*Please follow HIPAA guidelines for recording confidential information and store in a secure location.
CITED RESOURCES

- CDC COVID-19
- CDC Guidance on PPE Conservation Strategies
- CMS Guidance for Infection Control and Prevention of COVID-19 in Nursing Homes
- EEOC Pandemic Preparedness in the Workplace and the ADA
- HHS Office for Civil Rights FAQs on Telehealth and HIPAA
- NACCHO’s Directory of Local Health Departments
- Argentum.org/coronavirustoolkit/
- seniorshousing.org
- Coronavirus Preparedness and Response for Senior Living Communities (Hanson Bridgett, LLP)
- Juniper Communities COVID-19 Response
- Sunrise Senior Living COVID-19 Updates
- Employee Assistance and Wellness Programs
  Check out: Coronavirus U.S. Digital Toolkit
- Willistowerswatson.com
ONLINE FAQs and RESOURCES

AHCA-NCAL Updates
Administration for Community Living (ACL)
Argentum Member PPE Supply Needs Tracker
CMS Updates on Healthcare Facility Inspections (3/23)
National Restaurant Association (NRA)
Occupational Safety & Health Administration (OSHA)
US Food and Drug Administration
WHO COVID-19
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