

# MEMBER WEBINAR: COVID-19 Preparation and Response

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# 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**

# ABOUT US



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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.*

Source: <https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/guidance-retirement-response.html>

# 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](#) (as of 3/24)

*Follow your organization’s Communicable Disease procedures.*

Sources: <https://oig.hhs.gov/fraud/docs/alertsandbulletins/2020/policy-telehealth-2020.pdf> (Telehealth cost-sharing)  
<https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf> (Telehealth and HIPAA FAQs)

# VIRUS CONTAINMENT STRATEGIES

## CDC March 21<sup>st</sup> Guidance if you think a Resident has the virus:

### 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.*

Source: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

# 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](#).
  - 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.*

Source, CDC 3/21 Guidelines : [https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsummary.html](https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/summary.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fsummary.html)

Source, New PPE Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

# 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.*

# VIRUS CONTAINMENT STRATEGIES

## Guidelines into Practice:

### 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.*

# VIRUS CONTAINMENT STRATEGIES

## Guidelines into Practice:

- 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 declares that I am an Essential Worker at \_\_\_\_\_.

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.

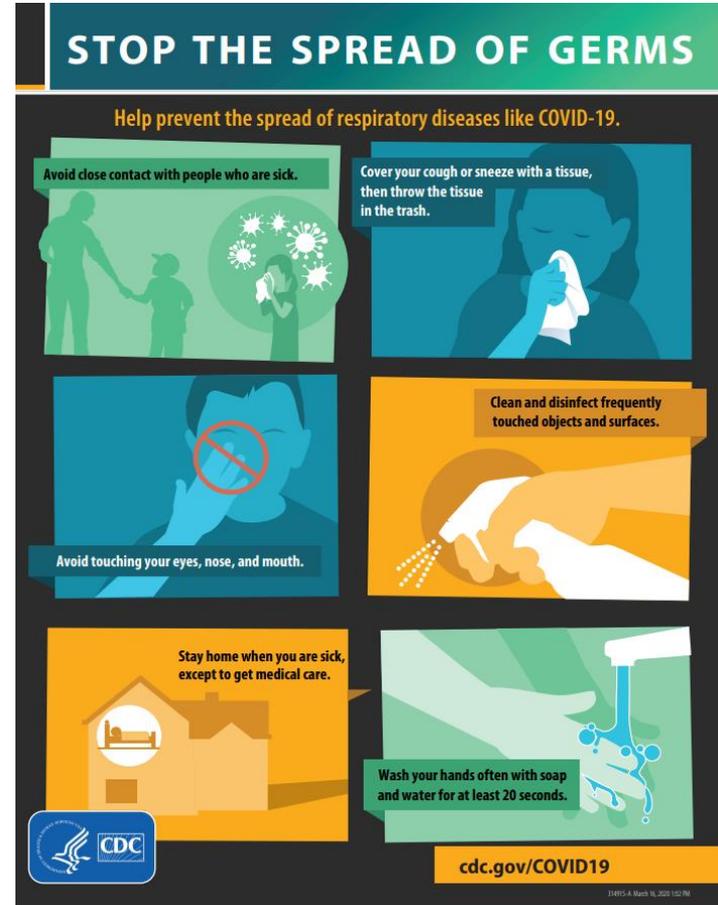
Employee Name \_\_\_\_\_ Employee signature \_\_\_\_\_

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Wallet Card

**ESSENTIAL WORKER IDENTIFICATION CARD**

Employee Name: \_\_\_\_\_  
Essential Business: \_\_\_\_\_  
Corporate Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Issued by: \_\_\_\_\_



Essential Worker Source: Member of Argentum HR Executives Roundtable

CDC Posters: <https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html>

# AUDIENCE Q&A



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# **LATEST UPDATES: STAFF MANAGEMENT STRATEGIES**

# STAFF MANAGEMENT STRATEGIES

## 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.

Source: [https://www.eeoc.gov/laws/guidance/upload/pandemic\\_flu.pdf](https://www.eeoc.gov/laws/guidance/upload/pandemic_flu.pdf)

# 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.

Source: [https://www.eeoc.gov/laws/guidance/upload/pandemic\\_flu.pdf](https://www.eeoc.gov/laws/guidance/upload/pandemic_flu.pdf)

# 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.

Source: [https://www.eeoc.gov/laws/guidance/upload/pandemic\\_flu.pdf](https://www.eeoc.gov/laws/guidance/upload/pandemic_flu.pdf)

# AUDIENCE Q&A



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**ADDRESSING THE  
“MIND/SPIRIT” FACTOR IN  
UNCERTAIN TIMES**

# ADDRESSING THE “MIND/SPIRIT” FACTOR

## Signs and Impacts of Stress:

- Depression
- Sleep Issues
- Anxiety
- **Work Mistakes**
- **Poor Concentration**
- Apathy

# ADDRESSING THE “MIND/SPIRIT” FACTOR

## 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/SPIRIT” 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

# ADDRESSING THE “MIND/SPIRIT” FACTOR

## Programs for all Stakeholders:

- Virtual Entertainment options
- Virtual Mindfulness options:  
<https://bit.ly/JuniperREfresh>
- Telemedicine for urgent care consultation

# ADDRESSING THE “MIND/SPIRIT” FACTOR

## 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,

#### 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](#)

# AUDIENCE Q&A



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