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SPECIAL FOCUS POINT NEWSLETTER
MARCH 15, 2020 COVID-19 UPDATE / RESOURCES

As you implement the CMS guidelines for preventing exposure and transmission of COVID-19, many challenges will evolve. This is a time for us all to work together and share "best practices". Guidelines are one thing, putting them into place and maintaining them is quite another. There are many different ways to implement the guidelines and you must consider risks and potential impact for residents, families, and your teams – there is no "magic pill" or one-way of meeting these guidelines. CHC is committed to sharing recommendations with you as we learn about them from others – remember we are all in this together and we remain available to assist you as needed. We encourage you to keep in close contact with and monitor information available from:

- CMS
- CDC
- Your local trade associations
- Your state health department / survey agency

Think You Have It Covered – Think Again – The CDC has developed a comprehensive checklist that makes us think beyond routine resident care. Each facility will need to adapt this checklist to meet the needs and circumstances based on differences among facilities (e.g., patient/resident characteristics, facility size, scope of services, hospital affiliation, etc). This checklist should be used as one tool in developing a comprehensiveCOVID-19 response plan. Checklist can be downloaded at:
https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

Resident Plans of Care [Care Plan / ISP]
CHC has developed 2 sample plans of care [appropriate for healthcare care plans and/or assisted living ISPs] regarding:

- Preventing exposure / transmission of COVID-19
- Risk for increased anxiety, fear, and depression

These are "generic" care plans that may need to be modified based on unique resident characteristics and/or facility protocol. We will provide these samples to you in Word format so that you can copy or use them as a guide for developing a plan of care in your EMR system, at no cost. Please contact Mary at mary@chileshealthcare.com if you are interested or have questions.

Note from Judy Wilhide RN, BA, CPC, QCP, RAC-MT, DNS-CT
CMS is waiving the requirement for a 3-day prior hospitalization for coverage of a skilled nursing facility (SNF) stay to provide temporary emergency coverage of (SNF services without a qualifying hospital stay), for those people who need to be transferred as a result of the effect of a disaster or emergency. In addition, for certain beneficiaries who recently exhausted their SNF benefits, it authorizes renewed SNF coverage without first having to start a new benefit period. Second, CMS is waiving 42 CFR 483.20 to provides relief to SNFs on the timeframe requirements for Minimum Data Set assessments and transmission. This is known as a blanket waiver or a 1135 waiver. It's been used before for hurricanes, etc. Information on 1135 wavers can be found at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers
Fact sheet on blanket 1135 waivers can be found at:
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/Downloads/1135-Waivers-At-A-Glance.pdf. This fact sheet says: **While blanket authority for these modifications may be allowed, the provider should still notify the State Survey Agency and CMS Regional Office if operating under these modifications to ensure proper payment.**

Social Distancing
Wash Hands / Hand Hygiene
Clean Surfaces

Communal Dining Guidance – *The information below is offered for your consideration in implementing CMS memo of 3/13/20 to cancel communal dining and all group activities. This consideration is being offered by AHCA.*

Facilities should take all reasonably available steps to adhere, given the dire consequences of the spread of COVID-19 among our resident population. How this is implemented must be viewed on a facility-by-facility and day-to-day basis depending on physical plant, staff availability, and resident needs.

A key reason for the recommendation to cancel communal dining is linked to the concept of social distancing (e.g., limiting people being in close proximity to each other for periods of time; ideally people should keep about six [6] feet apart). Social distancing is recommended broadly across the public and recommended by CMS for facilities regarding resident interactions. Communal dinning is a common group activity that places residents in close proximity to each other. This can spread respiratory viruses.

The experience in the Seattle, Washington area suggests the spread may have been facilitated by group activities, including perhaps communal dinning.

This virus is now reported in 49 states. You should assume it is already in your surrounding community, whether or not it has been confirmed, due to lack of testing to-date.

Implement social distancing in your dining practices. Recommended approaches:

1. Provide in-room meal service for those that are assessed to be capable of feeding themselves without supervision or assistance.

2. Identify high-risk choking residents and those at-risk for aspiration who may cough, creating droplets. Meals for these residents should ideally be provided in their rooms; or the residents should remain at least six (6) feet or more from others if in a common area for meals, and with as few other residents in the common area as feasible during their mealtime. Staff should take appropriate precautions with eye protection and gowns given the risk for these residents to cough while eating.

3. If residents need to be brought to the common area for dining, do this in intervals to maintain social distancing.
a. Attempt to separate tables as far apart as possible; at least six (6) feet if practicable.
b. Increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time.
c. Ideally, have residents sit at tables by themselves to ensure that social distancing between residents can be maintained, or depending on table and room size.
d. If necessary, arrange for meal sittings with only two (2) residents per table, focusing on maintaining existing social relationships and/or pairing roommates and others that associate with each other outside of mealtimes.

4. Residents who need assistance with feeding should be spaced apart as much as possible, ideally six (6) feet or more or no more than one person per table (assuming a standard four [4] person table). Staff members who are providing assistance for more than one resident simultaneously must perform hand hygiene with at least hand sanitizer **each time** when switching assistance between residents.

5. The CMS memo also emphasizes no visitation of non-essential health care personnel, unless for compassionate care visits (end-of-life). Facilities may need to consider use of volunteers or other paid personnel to accomplish food service, which can be viewed as essential and not as visitors. Note: they must undergo screening upon entry and adhere to frequent handwashing or use of alcohol-based hand rub.

In general, facility life will have to adjust significantly during this viral breakout with a primary focus on:
(1) necessary medical treatment;
(2) hygiene;
(3) hydration; and
(4) meal service
as these will take more, if not all of your staff's time. **As with all other guidance during the COVID-19 pandemic, handwashing and hygiene before, during and after meals is imperative**

Use of Private Duty Sitters / Companions– The guidelines have not yet addressed if "private duty" sitters would be considered visitors or "healthcare workers". We encourage to stay tuned for additional guidance as our guidelines continue to evolve. In the meantime, consider if / how you are going to restrict use of the sitters / companions. We offer the following for your consideration:

- Were the sitters being used prior to implementation of the CMS / CDC guidelines?
- Are the sitters being used for a therapeutic reason by the resident [i.e. supervision to allow care to be provided / prevent falls; reduce anxiety, etc.]?
- Would restriction of the sitters pose a significant additional risk to the safety or well-being of the resident or others?

If the above answers are Yes and you decide to allow sitters to continue providing care / support to a resident, we would encourage you to:

- Apply the same guidelines for screening and monitoring of your staff to the private duty sitter/companion
- Ensure that all private duty sitters / companions have been educated on COVID-19 precautions within your facility and infection control for hand hygiene and cough etiquette
- Update / modify the resident's plan of care to reflect why the continued use the sitter / companion is addressing a risk related to the resident's safety or well-being.

What do I do if / when inspectors arrive in my facility? Be Proactive -- Follow your screening protocol; encourage hand-hygiene upon entrance and make hand hygiene products available. Provide them a copy of your current protocol for precautions within your facility.

CDC Call: Tuesday, March 17 at 2pm ET – focus Long Term Care

Due to the high demand for this COCA Call, you are encouraged participants to access it in a group format through computer audio, if possible.

- For the best quality audio, use your computer's audio.
- Webinar link: https://zoom.us/j/148725646
- If you cannot join through digital audio, you may join by phone in listen-only mode:
- US: 1 (646) 876-9923 or 1 (669) 900-6833
- Webinar ID: 148 725 646
- Watch the Facebook LIVE broadcast on COCA's Facebook page: www.facebook.com/CDCClinicianOutreachAndCommunicationActivity/

In a news report this morning . . . US Surgeon General spoke some very wise words regarding Corona virus, "keep it in perspective, be concerned, be educated, be cautious, but don't be afraid and don't panic***."***

We will prevail and we will learn from this.