



FOCUS POINT NEWSLETTER – MARCH 19, 2020 SPECIAL COVID-19 UPDATE

Clarification of Resident Monitoring [Vital Signs]

We realize that you may not have sufficient supplies to take vital signs on each resident every shift as recommended in our earlier newsletter. At a minimum, we encourage you to follow CDC guidelines for frequency [watch CDC for change in guidelines as the pandemic evolves].

- CDC guidelines per 3/18/2020 webinar – Take a set of full vitals, including pulse oximetry, at a minimum of one time per day, if resident shows any symptoms of respiratory infection increase to a minimum of BID.



NEW / UPDATED CDC GUIDANCE FOR CONTINGENCY AND CRISIS CAPACITY OF PPE

The CDC has updated their guidance on the use PPE due to the demand on supply. They have developed guidelines to address the use of:

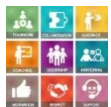
- Eyewear
- Isolation Gowns
- Face Masks
- N95 Respirators

These guidelines offer a variety of categories based on severity of your supply and include specific guidelines for:

- Conventional capacity
- Contingency capacity
- Crisis capacity

The contingency and crisis strategies are based upon these assumptions:

- Facilities understand their protection inventory and supply chain
- Facilities understand their protection utilization rate
- Facilities are in communication with local healthcare coalitions, federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) regarding identification of additional supplies
- Facilities have already implemented other engineering and administrative control measures including:
 - Reducing the number of patients going to the hospital or outpatient settings
 - Excluding HCP not essential for patient care from entering resident care areas
 - Reducing face-to-face HCP encounters with patients
 - Excluding visitors to patients with confirmed or suspected COVID-19
 - Cohorting patients and HCP
 - Maximizing use of telemedicine
- Facilities have provided HCP with required education and training, including having them demonstrate competency with donning and doffing, with any PPE ensemble that is used to perform job responsibilities, such as provision of patient care. The guidelines may be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>



CHC Resources

Revised EID – novel infection Policy 3/19/20 – We realized that our EID policy did not clearly address “novel infections / virus” and leaned more heavily toward Ebola. Effective 3/19/20, we have revised our EID – Novel Infection policy; this policy is not specific to any known infection / virus but will serve as a guideline for any new novel infection / virus. We have e-mailed the most current version to all that obtained it from us this month; if you did not receive an update, please contact Mary at mary@chileshealthcare.com. We apologize for any inconvenience, but hope that everyone will understand the need for revision/update during this everchanging time in our world.

While not critical when thinking about dealing with the day-to-day challenges that you are facing, we do realize that at some point, you will be asked to demonstrate what actions / steps you took during this pandemic to protect your residents and staff and how you communicated your actions to residents, staff, and others. We have created a **COVID-19 Implementation Timeline** form to assist in capturing the implementation and modification of strategies to limit exposure / transmission of COVID and how to best protect and care for residents and staff. Our strategies are changing daily and sometimes by the hour and it hard to capture and give yourself credit for all that you are doing. The form is designed in Word and includes key areas of action including: screening, communication, management of supplies and PPE, education / training, resident care, etc. If you are interested in this form, please contact Mary at mary@chileshealthcare.com; cost is \$50.