### **Best Practices from Across Senior Care**

### **COVID-19** Preparations





**CONTEXT:** COVID-19 protocols are rapidly changing. Our **Great Place to Work** senior care providers are working tirelessly to protect and support their elders and team members.

#### **Best Practice Actions**

**CDC** and **CMS** are issuing new guidelines nearly daily on their websites. In addition, senior care providers are preparing with several to all of the following:

- Supporting employees' health
  - Paying for sick time if possibly exposed to COVID-19, even if the employee does not have time in the bank
  - Taking forehead temperatures of each employee as they arrive at work
- Supporting employees whose children whose school(s) have been canceled
  - Help paying for childcare (e.g. \$75/day stipend on a as-needed basis, \$10/hour stipend up to half of an employee's schedule capped at \$200/week)
  - Making bagged lunches and sending them home with employees so their children have meals
  - Enacting some flexible scheduling to meet personal needs and community staffing needs
- Ensuring community safety and wellness
  - At least one housekeeper is assigned on every shift to sanitize every surface constantly
  - Re-purposing sales, activities, front-of-thehouse dining staff, and Directors to create and help support in-room isolated activities and additional needs
- Creating contingency plans for if an elder and/or staff member gets or is suspected of COVID-19 infection

- Staffing up for in-room dining and other services, sometimes with high school student servers whose school was canceled and who now want to work more hours
  - With no visitors or no non-essential visitors, staff members help residents skype or facetime with family members.
  - With no congregate dining, staff members deliver meals to rooms
- Hiring more employees to fill open roles and increase the on-call staffing pool
  - Fast-tracking new hires (e.g. starting orientation and in-person training as background checks and references come back)
  - Actively recruiting from local hotels and hospitality organizations whose staff have been cut back or laid off
- An often-mentioned focus for many providers is how to keep spirits up among staff members while «social distancing»
  - Playing music at work
  - Singing at work
  - Dancing at work
  - Fun «surprises»







## The California SNF featured in our March 12th tips sheet shared that they communicated the following changes which started March 15th:

- No visitors.
- Certain visitor exceptions only on a case by case basis, such as people receiving hospice or comfort care at the (literal) end of their lives. Even for these exceptions, someone from the SNF has contacted you by phone or left you a voicemail to indicate if you can visit or not, as determined by the Interdisciplinary Team considering the risks and benefits of every «usual» visitor. Disagreements can be discussed with the Administrator.
- Taking resident temperatures daily, and those not within normal limits for that person will be checked again every shift (or more often as clinically indicated). Per usual protocols, any fever is reported to the attending physician and specific clinical interventions are implemented for each patient/resident.
- Taking all staff member temperatures at the start
  of their shift. If employees have worked elsewhere
  with a patient positive or suspicious for COVID-19,
  they may not come to work at this SNF (for at least
  14 days since their last exposure).
- If employees or others have a chronic cough or other condition (and have been screened to not meet the criteria for concern for COVID-19), they may be asked to wear a mask. The following CDC strategies will be used for personal protective equipment during shortages:
- Use masks for active symptoms ONLY (at this time) and not for everyone.

- The city and county public health officials are aware of the potential local shortages of masks and isolation gowns and potentially gloves. We are part of their emergency supply requisition process (though «at present we have adequate supplies and do not anticipate dramatic shortages»).
- If you have questions or concerns about your loved one's condition, please call the Charge Nurse. If he or she is not available or is unable to take your call, please leave a message or direct your questions to \_\_\_\_\_ or \_\_\_\_. Please be mindful that if everyone called the charge nurse to inquire, the nurse will not be available for nursing duties. Please limit your calls.
- Please arrange via email with \_\_\_\_ or \_\_\_ to contact your loved one through Skype or FaceTime. Staff are willing and able to assist with this process.
- No group activities or group dining. Residents/ patients will be served meals in their rooms with assistance as required as usual. Meal times may vary during this time as we attempt to respond so everyone has their needs met in the most pragmatic practical manner possible.
- Housekeeping is continuing the additional hourly cleaning of door knobs, hand rails and high touch surfaces, as well as the usual cleaning with approved chemical agents.v

# The multi-site CCRC featured in our March 12th tips sheet started the following changes the week of March 17th:

- Residents are encouraged to adhere to «social distancing» protocols, meaning no activities or social
  gatherings (even in apartments), no shaking hands/kissing, and «leaving about 6 feet of distance between
  you and others.»
- No non-essential visitors. The salon/gym are both closed.
- Dining changes include:
  - On Tues/March 17, Wed/March 18, and Thurs/March 19: residents pick up meals at the restaurant (given two choices for each meal as well as soup and salad).
  - Beginning on Friday, March 20, all meals are delivered to apartment units (breakfast, snacks, lunch, dinner). More details forthcoming to residents.