



## RESPONSES TO 3/25/2020 WEBINAR QUESTIONS EXPERT PANELISTS: DAVID BARMAN AND SUSAN HARRIS

- 1) **SUSAN HARRIS:** What do we do if we run out of masks for staff?
- a. **When No Facemasks Are Available, the CDC indicates that other options include:**
- i. Exclude HCP at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients.
  - ii. Use a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask.
  - iii. HCP use of homemade masks:
    1. In settings where facemasks are not available, healthcare workers might use homemade masks (e.g., bandana, scarf) for care of patients with COVID-19 as a last resort.
    2. ***However, homemade masks are not considered PPE, since their capability to protect HCP is unknown.***
    3. Caution should be exercised when considering this option.
    4. Homemade masks should ideally be used in combination with a face shield that covers the entire front of the face (ii above)

For more information, go to CDC website at

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html>

- 2) **SUSAN HARRIS:** Activities- are they considered essential staff? Should we send them home?
- a. The National Certification Council for Activity Professionals (NCCAP) has issued a formal position statement stating that, based within the CMS requirements specifically found at F-Tags 679, 680 and 741 include formal requirements of daily practice with which Activity Professionals must comply in the delivery of the Social Model of Care thereby confirming that activities staff are to be considered as essential staff.
- 3) **SUSAN HARRIS:** Do I have to report a fever at a certain temperature?
- a. The CDC considers the temperature of **100.4** degrees to be a sign of potential COVID-19 infection. This would be reason enough to send a staff member home sick. The temperature is part of the total screening process for staff and residents. It should only be reported when it is apparent that a person may have the virus and require testing.
- 4) **DAVID BARMAN:** Do we need to have a policy on Facetime with families?
- a. You can help the resident use their own phone, iPhone, iPad, laptop, etc. If they don't have you can offer facility technology.
  - b. Keep the device clean
  - c. To keep within HIPAA guidelines, ensure the person's roommate cannot hear the discussion (if there is a roommate)



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- d. Or, advise the resident and their family not to discuss protected health information.
  - e. Also, be sure to document all the good and special things that staff was able to do for residents as well as the outcomes that occurred.
- 5) **SUSAN HARRIS:** Can the COVID-19 Preparedness Plan be as same as the Infection Control Plan?
- a. CMS has issued a memorandum QSO on March 13, 2020 which specifically outlines Guidance for Infection Control and Prevention of COVID-19
  - b. CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, including revised guidance for visitation.
  - c. A facility's Infection Control Plan must incorporate all of this additional guidance.
  - d. The QSO Memorandum can be found at:  
<https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>
- 6) **DAVID BARMAK:** My state seems to be putting out additional regulations from what CMS /Department of Health outlined, which do I follow?
- a. Federal law and regulation are a priority over state law if the federal law is more restrictive.
  - b. There are times where the state law may be more restrictive or if a governor has issued an executive order such as what has occurred in New York state.
  - c. Also be sure to check your individual state Department of Health, they may issue other restrictions that you must follow.
- 7) **SUSAN HARRIS:** How do we handle family visitations, where a resident on hospice is actively dying?
- a. The CMS Memo issued on Infection Control Guidance also contains guidance which states that:
    - i. for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only.
    - ii. For individuals that enter in compassionate situations facilities should
      - 1. require visitors to perform hand hygiene and use Personal Protective Equipment such as facemasks.
      - 2. Decisions about visitation during an end of life situation should be made on a case by case basis, include careful screening including clergy, bereavement counselors, etc.) for fever or respiratory symptoms.
      - 3. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations).
      - 4. Those visitors that are permitted, must wear a facemask and restrict their visit to the resident's room or other location designated by the facility.
      - 5. They should be reminded to frequently perform hand hygiene.
      - 6. **Hospice healthcare workers are an exception and should be permitted as long as they follow the CDC guidelines.**
- 8) **DAVID BARMAK:** Can staff be mandated to stay on?
- a. Yes. But it also depends upon state law.



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- b. But in times of a mandated situation, must find staff to work.
- c. The facility can ask staff to “volunteer to work”
- d. If they cannot not get any or enough “volunteers” then the facility can do a mandated staff schedule.
- e. Rotate your mandated staff schedule so that it is done fairly without any perceived discrimination.
- f. A healthcare disaster such as COVID-19 would be reason to cause the need for extra personnel.

9) **DAVID BARMAK:** HR- Who are non-essential staff, who cannot be working during this time?

- a. Everyone is considered essential.
- b. What about paying employees who are off because they are sick?
  - i. New federal law effective April 2, 2020 states that
    - 1. For a facility with less than 500 employees, they can be paid up to two weeks additional leave if they have become sick with COVID-19
    - 2. I want to point out a potential concern for organizations with multiple facilities. Depending on how they count their staff, they may incur issues down the road with staff count
    - 3. New York and New Jersey have mandates about staff that have sick family members at home or a child with no childcare to have the protected ability to stay home.
- c. What if staff don’t want to work because the building is quarantined?
  - i. Start by asking about their fears
  - ii. Try to accommodate them
  - iii. Try to confirm if they have a sick note, if family member is sick, etc.
  - iv. Know the federal law on this as well as your state law. Pay close attention because these laws keep changing right now.
  - v. Maybe you can consider resignation or state that you are not sure if we can keep your job open.
  - vi. Be careful about your documentation and make sure this is fully documented.
  - vii. I recommend that you don’t say, “you’re fired”. This could cause issues for you later on.

10) **SUSAN HARRIS:** Do we have to keep records for QAPI/Infection Control during this time?

- a. Yes, you must keep records of all QAPI audits and monitoring and any PIPS that have been started related to COVID-19.
- b. You must also track all infections including COVID-19 as indicated in our infection control policies and procedures and report them to the Infection control committee and to the QAPI committee per facility policy and CMS requirements
- c. For QAPI and IC, COVID-19 should be treated just like anything else that you would audit, monitor, track and trend and create PIPs for.

## QUESTIONS ANSWERED POST 3/25/2020 WEBINAR

1) Is there anything to add to our Emergency Preparedness manual? To this pandemic in particular?

- a. Yes, you will need to add your newly revised Infection Control Policies (these are all outlined in our PowerPoint.



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- b. You will also need to update your Pandemic Policy to include COVID-19
  - c. You will need COVID-19 policies that address items such as
    - i. Surge management
    - ii. Mitigation
    - iii. Reentry
- 2) Can we use agency staff?
- a. Yes, all newly revised CMS infection control guidance applies to agency staff the same as if they are facility staff.
- 3) Will there be a presentation or audio available for persons not able to attend? Thank you in advance for response. Link below:
- <https://barmed.sharepoint.com/:p:/g/EdCrhQxDgFRAjW7lg2xcsYsBPcMs-5fE3WGTN84qR1n78w?e=UqvFVo>
- 4) Can you please discuss staffing shortages, employees working simultaneously at other facilities and interventions to address this dilemma? (The concern: impact of infection transmission between facilities)

#### **Employees and others working at multiple facilities:**

CMS in their 3/13/2020 revised infection control memo states the following related to working at multiple facilities. This guidance lays out the interventions to be used.

- a. Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.
- b. Facilities should review and revise how they interact vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission.
- c. In lieu of visits, facilities should consider:
- d. a) Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
- e. Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

CMS's intent is to restrict entry of as many people as possible to reduce the risk of COVID-19 entering and/or spreading in the building. Anybody entering the building must comply with the most current federal and state COVID-19 guidelines, this includes physicians. Entering multiple buildings during the day should be discouraged, or increased attention to infection control processes should be applied in cases when it is essential as it may be



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in the case of physicians.

The link to the memo is:

<https://www.cms.gov/files/document/gso-20-14-nh-revised.pdf>

- 5) Do you think that NP's, doctors and consultants should be entering your building since they do go to other facilities that may have the coronavirus? (Also see question #4 above)
- a. The Centers for Medicare & Medicaid Services (CMS) broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President's emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.

The toolkit for telehealth can be found at:

<https://www.cms.gov/files/document/covid-19-nursing-home-telehealth-toolkit.pdf>

- 6) Will we be receiving a copy of the slide show? Link below:
- a. <https://barmed.sharepoint.com/:p:/g/EdCrhQxDgFRAjW7lg2xcsYsBPcMs-5fE3WGTN84qR1n78w?e=UqvFVo>
- 7) What is the best advice re: facility staff also working at other facilities at the same time, considering the opportunity for shared virus transmission?
- a. Please see response to question #4 above
- 8) What section do I go to on Med-Net to see recorded webinars? Link below:
- <https://barmed.sharepoint.com/:p:/g/EdCrhQxDgFRAjW7lg2xcsYsBPcMs-5fE3WGTN84qR1n78w?e=UqvFVo>