

CORONAVIRUS: QUESTIONS FROM THE MEMBERSHIP; **REPLIES FROM CYNDY GRANGER, RN, SUPERVISOR ALF UNIT**

QUESTIONS:

- 1) Define communal dining
- 2) If residents are kept 6-10 feet away in the dining room, is it still considered communal dining?
- 3) Would ADPH put on letterhead and have an authority sign that states they are using CMS guidelines as the standard right now.

RESPONSE:

- 1) Communal- shared by all members of a community; for common use
- 2) According to the above definition, yes.
- 3) No, we are letting facilities know through the ADPH press conferences and our website that the department is directing facilities to follow CDC and CMS guidelines.

QUESTION:

If its time for a facility to have a fire alarm / sprinkler system checked, what do they need to do to satisfy ADPH?

RESPONSE:

I would suggest the facility holding off on semi-annual inspections for a couple of weeks to see how things go. I would still expect the facility to continue its routine safety checks including but not limited to extinguisher checks, emergency lighting checks and fire drills.

QUESTION:

What if a resident tests positive for COVID 19?

I am trying to find out if someone tests positive who is a resident but they are not meeting inpatient hospital admission criteria are we able to keep them and confine them to their room? Is there any option for there care? I know we have no cases in our area but am not sure what to do if we are faced with this. Some residents have families but some do not.

RESPONSE:

We are discussing this right now. The problem is the care exceeds the level of care our facilities are able to provide. They are not equipped with Personal Protective Equipment (PPE) therefore, they would not be able to follow CDC guidelines. PPE is limited and even hospitals and nursing homes are having a very difficult time obtaining PPE. The question also remains, even if the facility had access to PPE, who would train staff on properly donning and removing PPE? As well as all other necessary training. The facts is this type of care exceeds the training and level of care for ALFs and SCALFS.

Here is a link to the CDC guidelines. If a facility suspects a resident may have COVID-19 the facility should immediately notify the resident's physician and the health department for direction. The link below offers guidance on what the facility needs to do until the resident can be transported to a higher level of care.

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

QUESTION:

How does a facility need to handle a resident who goes to dialysis 3 times per week?

RESPONSE:

Of course a resident can't be stopped from going to dialysis! However, the facility should be diligent in monitoring the resident for signs and symptoms of infection. Fever, cough, fatigue. Some facilities have set up a triage area right inside the front door to immediately assess residents upon return. Staff should be directed and monitored in carrying out the facility's infection control policy and reporting any signs of infection.

QUESTION:

Can you please advise us Administrator's on whether we should be accepting new admissions to our facilities at this time?

RESPONSE:

You can accept new residents provided the resident meets admission criteria including a recent medical exam that states the resident is free from signs and symptoms of contagious disease. I would make sure the resident was examined by the physician within the last two weeks. I am afraid 30 days out would be too far out to ensure the resident isn't infected. You will also need to conduct a thorough interview with the resident and the sponsor to ask pertinent questions regarding recent travel, family illness in the home and whether or not the resident has participated in large group activities recently. This is not an all inclusive list of questions. You may have additional questions that arise during the interview.

Also, if the facility accepts a new resident, the facility will need to assess the resident for signs and symptoms of infection, including the resident's temperature, upon admission prior to the resident having contact with other residents.

Neither movers nor families are allowed in AL/MC. The only option is for family to unload furniture outside of the community and have staff disinfect items wearing PPE and then staff will have to move the belongings in and unpack.

QUESTION:

If a resident has an ANNUAL PHYSICAL due now, how do we need to proceed?

RESPONSE:

Make sure the resident has enough medications on hand and access to refills. Contact the Dr and ask if it is necessary for the resident to come in or if it can be rescheduled. Whatever the response from the Dr, document and put in the resident's file.

QUESTION:

How does it work when we have a resident in the hospital or at rehab and they are ready for discharge? We have one who is in rehab now and they are wanting to discharge her.

RESPONSE:

Residents should be thoroughly assessed for eligibility to return to the facility. The facility should ensure the resident has been cleared by the physician to be free of signs and symptoms of contagious and/or infectious disease. The facility should conduct its own screening for signs and symptoms of infection upon re-entry into the building and continue diligent health observation of the resident.

ALFs and SCALFs are long term care facilities and should be following the guidelines and recommendations set forth by the ADPH and the CDC for protecting residents and staff from infection and spread of COVID-19. I have included links to those websites. In addition, you will also find a link to the state wide mandatory health orders issued by Dr. Harris, State Health Officer. Please be sure to review those orders.

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

<http://www.alabamapublichealth.gov/>

<http://alabamapublichealth.gov/news/2020/index.html>

In regards to admitting residents, the facility would not be in violation of State Board of Health (SBOH) rules if it chose not to admit residents at this time. However, if a facility chooses to admit a resident, the resident must meet all admission criteria found in the rules including a statement from the physician that the resident is free from contagious or infectious disease. A problem I see with admitting a new resident is the coming and going of the resident's family while moving the resident into the facility. These "visitors" would violate the state mandatory health order and the CDC guidelines that only essential healthcare personnel can visit the facility.

Regarding the coming and going of staff, the facility is responsible for screening employees for signs and symptoms of infection at the beginning of the employee's shift. I have included the link to the CDC website that provides recommendations for screening and assessing staff.

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

The department is instructing facilities to follow the CDC and ADPH guidelines and to comply with mandatory health orders .

I realize the CDC guidelines and recommendations are geared toward nursing homes and there will be guidelines that won't exactly fit ALFs and SCALFs. It is up to the facility to consider the guidelines that pertain to them and include those guidelines when implementing their own infection control policies and procedures.

There have been questions regarding communal dining and restricting residents to their rooms. The guidelines recommend discontinuing communal dining and restricting residents to their rooms (**to the extent possible**). Although the best practice would be to completely stop communal dining, there may be safety reasons for a facility to continue communal dining for some residents, particularly residents of a SCALF. In that case, the next best practice, still in line with guidelines and recommendations, would be social distancing and limiting the number of residents dining together in the dining room.

In regards to the State Board of Health (SBOH) rules for ALFs and SCALFs that require all staff to receive initial training prior to resident contact, the rule stands. All new hires will need to complete initial training.

Facilities should monitor the ADPH website, their local news (for ADPH press conferences) and the CDC website for changes to guidelines, recommendations and mandatory health orders.