

Recommendations for Protecting Residents and Staff of Long-Term Care Facilities (As of 4/28/20)

These recommendations are designed to guide advocates as they work to prevent the spread of COVID-19 that is resulting in the illness and deaths of both long-term care facility residents and staff. They should be directed toward state and/or federal government and legislators. The recommendations are drawn from the best and most current thinking and actions of advocates, including long-term care ombudsmen, and states around the country.

Establish a State-level Response Team to assess, plan, and coordinate state activities that impact residents of long-term care facilities. The Team must include such members as the Department of Health, CDC, the State LTC Ombudsman, and other critical stakeholders providing care and services in long-term care facilities. The team should:

- Require daily reporting by facilities of, at a minimum, the number of COVID-19 cases, fatalities (COVID and non-COVID related), staffing levels, and available supply of PPE. Facilities should also report immediate and long-term needs.
- Send in a “strike team” when necessary. The strike team could include the National Guard and help with infection control, assessing and stabilizing residents, hands-on care, staff training, disinfecting, and/or assistance with other needs.
- Work with appropriate entities to ensure PPE, testing kits, and other needed supplies are obtained and distributed as needed to facilities for residents and staff. Also ensure that surveyors, Ombudsmen, and others needing to enter a facility have adequate protective gear and testing.
- Implement an emergency state complaint intake system for infection-related complaints.
- Designate and establish criteria for COVID-19 only facilities or units.

Establish Distinct COVID-19 Only and Transitional Facilities/Units to separate those with varying COVID-19 status as a means of preventing the spread of the virus.

COVID-19 Only distinct facilities or units should have:

- Private rooms, when possible
- 24hr RN presence
- Staffing levels of at least 4.1 hours per resident per day
- Presence of an infection preventionist
- Adequate PPE and testing
- Training for staff
- Separate staffing for units

Transitional facilities or units should be established for individuals leaving the hospital whose COVID-19 status is unknown or who are awaiting test results. These facilities/units should meet as many of the criteria listed above as possible. Once individuals are determined to be COVID-19 negative, or 14 days have passed with no symptoms, they can return to their facility or room, if they are a current resident, or choose the facility where they would like to reside.

Require Transparency of Information to Residents, Families, and the Public.

Long-Term Care Facilities must:

- Notify residents, families, and staff, and the local health department, the State Survey Agency, the Long-Term Care Ombudsman Program, CMS, and CDC:
 - Within 12 hours of one or more confirmed or suspected cases of COVID-19 and any COVID-related death(s). The facility must also report the steps being taken to treat infected residents and protect other residents and staff.
 - On a daily basis, of the total number of confirmed or suspected COVID cases and the total number of COVID and non-COVID related deaths.
 - The amount of PPE and testing kits on hand.
- Post a notice at the entrance(s) to the facility indicating the presence of one or more COVID-19 cases.
- Post a notice of staffing levels at the beginning of each shift inside the facility and at the facility entrance.

The State must:

- Publish daily on its website:
 - A list of all long-term care facilities that have at least one resident or staff member with a positive test result, the cumulative number of confirmed COVID-19 cases among residents and staff, and the cumulative number of fatalities (COVID-19 related and non-COVID-19 related).
 - Staffing levels in all long-term care facilities.

Provide Adequate PPE and Testing.

- Prioritize long-term care facilities for distribution of PPE and testing kits. Ensure that federal dollars allocated for health care are used for long-term care facilities as well as hospitals.
- Mandate testing for all staff and residents in every long-term care facility, with priority to those who already have a resident or staff member with the virus.

Support Direct Caregivers and Other Essential Workers.

- Provide for at least two weeks of paid sick leave for each employee.
- Implement hazard pay if staff are caring for residents with COVID-19.
- Prohibit staff who have tested positive from working in the facility until they test negative.
- Find ways at the state and local levels to bring in additional workers to protect residents if staffing levels are inadequate.
- Ensure that any increased state or federal funding for facilities is first allocated to supporting direct care and support staff, and obtaining PPE, testing kits, and ventilators.

Require Regular Facility Communication with Residents and Families.

- Assign a staff person to assist residents in making at least weekly contact with families through phone calls, email, and/or video chat.
- Provide at least weekly updates to families/resident representatives on the status of their loved one and the facility's efforts to prevent or contain the spread of COVID-19 in the facility.
- Require facilities to share their containment and mitigation plans with residents and families, including plans for possible transfers within and between facilities.

Support and Protect Residents During Admission, Transfer, Discharge.

- Suspend involuntary discharges/transfers, except for the purpose of grouping/separating residents with and without COVID-19 until the end of the emergency.
- Prohibit facilities with no known or suspected COVID-19 outbreaks from admitting or readmitting anyone without testing negative for COVID-19 or having been isolated for 14 days with no signs or symptoms.
- Permit current long-term care facility residents being discharged from the hospital who have been tested and are still positive to return to their facility if it is a COVID-only facility or has a designated COVID unit.
- Require facilities to provide as much advance written notice of transfer as possible to the resident and to at least one family member or another representative. Equivalent notice must be provided to the long-term care ombudsman program. Transfer of residents should be decided upon collaboratively; facility staff, state surveyors, and Ombudsmen should have an advance conversation with a resident and his/her representative to discuss options and make plans.
- Mitigate transfer trauma by requiring:
 - The original facility to give the new facility copies of all important information regarding the resident, including the assessment, care plan, physician orders, and contact information for the family member/ resident representative; and ensure that medications, durable medical equipment, and personal items and clothing are moved simultaneously with the resident to the new facility.
 - The new facility to inform the resident's family as soon as possible of the new residence and take steps to set up a phone call and/or video conference.
 - The original and new facility to take steps throughout the transfer/discharge process to facilitate conversations between the resident and family.
- Allow residents to return to their original facility, if they choose, after the emergency period is over.
- The survey agency should impose a ban on admissions for any facility with an uncontrolled outbreak of COVID-19.

Ensure Appropriate Care for Residents.

- Require that each nursing facility have a full-time infection preventionist to establish, implement, and monitor an infection control plan. Require assisted living facilities to immediately consult with an infection control preventionist to develop and implement an infection control plan.
- Promote Advance Care Planning and ensure residents' wishes are up to date and followed.
- Require facilities to:
 - Stock up on oxygen concentrators, tanks, tubing, and masks to prepare for residents with respiratory failure who need oxygen.
 - Communicate with attending physicians to anticipate the need for opioid drugs to relieve "air hunger" often experienced by COVID-19 patients.

For more information on this issue, go to:

<https://theconsumervoicework.org/issues/other-issues-and-resources/covid-19>

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