



COVID-19 OPERATIONAL GUIDANCE FOR CAADS MEMBERS

MARCH 22, 2020

Steps for centers to take during the week of March 23, if planning for alternative services

Current status of orders and CMS emergency request

1. Regular in-center operations must be suspended immediately - no congregated gatherings are allowed, per Executive Order, which means that participants cannot continue to attend the center to receive their regular services. There will be exceptions for essential services, such as providing showers, medications but these are not yet defined.
2. Approval from CMS for alternative "center without walls" ADHC/CBAS services is not granted as of March 22, but could come at any time. This waiver request, dated March 19, 2020 is on the CAADS website and DHCS website.
3. Licensing regulations for staffing ratios are being waived in order to enable the development of this alternative per Executive Order March 22, 2020 N-35-20

I. Communications Plan

1. Notify all participants of suspension of the regular in-center services provided directly at the center. Also, your MCPs, CDPH and CDA, through your normal channels.
2. Develop messaging for community to reassure that you are developing a plan and not shutting down your services, just delivering in a different way due to the public health emergency and Governor's orders.
3. Be sure incoming phone line is staffed at all times.
 - o Change your incoming phone message to reflect your operational status and please include both English and all primary languages.
4. Begin contacting vendors or contractors who will be affected.
5. Make plans for staffing arrangement and redeployment of personnel. Be aware of new emergency rules for unemployment if needed.
6. Begin to identify staff roles and discuss individually with each team member how much they want to participate.

II. Recommended Process steps to get started:

1. If you decide to continue to operate as a center without walls pending CMS approval, plan for what that looks like for your center and begin with basic steps:
 - Review the immediate status of each of your participants using triage criteria based on **safety**, first and foremost. Do a risk assessment of the participants' current conditions, living situation (eg, are they with reliable caregiver(s)); ability to shelter in place (cognition; IADLs such as obtaining food/meals). Prioritize for the necessary level of response that the participant and family will likely need, based on their differing levels of risk, and maintain documentation of your efforts.
 - Do a supply inventory. Gloves, masks, gowns for showers, thermal thermometers, etc. Hand sanitizer, soap, cleaning supplies,
 - Train staff for how to perform telephonic work. Work with staff teams to assign who will take the lead on regular check ins with each participant, ensuring that those at greatest risk (persons with dementia are automatically high risk) are assigned to the discipline (such as the RN, Social Worker, or Psychiatric Consultant) best equipped to be able to effectively assess and respond over the phone, with follow-up action as needed. Ensure that 100% of participants receive a regular check in, drawing upon the team's deep knowledge of the participant and their living situation and their IPC as the guide for best questions to ask to determine their safety and well-being.
 - Use these calls as an opportunity to educate and remind participants of the shelter in place order and what it means. Ensure that participants and their families have a way to reach the center during business hours and know who to call if they experience symptoms (high fever, dry cough, etc.)
 - Identify participant's current or emerging needs and document them. Use brief (i.e., time sensitive) action plans to prioritize and follow up on needs, including referral to local resources. Follow up to determine whether these have been effective, and needs have been met. Have other team members follow up as needed; for example, the social worker has RN follow-up to address a nursing issue that has been identified in the social worker's wellness call.
 - Use this as opportunity to do some over the phone training, as needed or make arrangements for appropriate staff to train caregivers (example: how to set up mediset.)

- Address the need to safely reunite medications on hand at the center with the participant using infection control processes. (drop off or come to center to give them back using a drive by approach in accordance with the shelter in place concerns of reducing the risk of the spread of infection.)
- Research local resources for food delivery; meal delivery; IHSS backup; and other urgent needs.
- Train all staff on the CDC and county health department recommendations for reducing exposure and responding to possible infection for high risk populations.
- Research, learn about, and share any emergency processes with staff for making referrals to APS, and be sure to confirm that your county APS has developed a means of emergency response.

III. Home Visits

1. **Home visits are not a requirement, at this time.** If the center wants to conduct some home visits for safety reasons, it is imperative that you provide expert training to your staff from a qualified home health or hospice provider that is on emergency footing and can teach staff heightened infection control techniques, personal protective equipment needed, etc. and that staff making home visits have been screened relative to possible exposure, current symptoms, or concerns related to their own age and/or health conditions.
2. Check with your insurance to see if you are presently covered for in home visits.
3. Do a supply inventory. Gloves, masks, gowns for showers, etc.
4. Consider alternative options for checking on people at home without entering the premises which enable staff to comply with 6 foot social distancing for emergency response activities, such as drop-off of food, meals, supplies such as TP, and/or activity goodie bags (Example: one center is dropping off activity bags and staples their contact info/phone# to the bag).
5. Understand that every contact made with participants and their families could expose them and ensure that all contacts deemed necessary are confirmed by the center team leader and documented.
