

# UPDATE CORONAVIRUS (COVID-19)



Stay informed. Take precautions. Stay safe.

## COVID-19 Update: EOEAL Revised FAQs

Dear Mass-ALA Members:

See below for the *latest FAQs from EOEAL addressing questions regarding ALR operations during the state of emergency.*

Also, please *visit this link here, regarding an update from EOEAL on Reporting non-resident Incidents of COVID-19.*

Please email Mass-ALA with any immediate questions or concerns at [massala@mass-ala.org](mailto:massala@mass-ala.org).

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**TO:** ALR Executive Directors

**FROM:** Secretary Elizabeth Chen

**DATE:** March 24, 2020

**RE:** Revised FAQs

The following FAQs address the most pressing questions from ALR operators regarding visitors and congregate dining/activities. EOEAL will continue to issue responses to other outstanding questions in the days ahead. Changes from the previous release of FAQs on March 18 are shown in **red**.

In the days and weeks ahead, individual and location specific questions will continue to arise. EOEAL will not attempt to answer every single question in a published FAQ unless it is a common issue faced by a majority of ALRs. We urge you and your senior management teams to apply the following principles to your specific situations.

1. Your “front door” is the best barrier against the virus coming into the community.
2. Educate Residents and Staff about the importance of social distancing in reducing spread of the coronavirus.
3. Limit entry into the community while making sure Residents’ needs are met.
4. When entering the ALR, screen for risks to the rest of the ALR community, and limit movement by location, numbers of people, and amount of time. This applies to Residents returning from medical appointments, family, etc.
5. Isolate individuals suspected of, or confirmed to have COVID-19 infection in accordance with local Board of Public Health instructions; and inform Legal Representative or Family contact person.
6. Exercise frequent hand, cough/sneeze, and surface hygiene inside the facility.

### I. VISITORS/ACCESS

**Question:** The March 16, 2020 ALR guidance restricted access for all visitors except for compassionate care situations (e.g., end-of-life visits). ALR Residents frequently require access to personal health care workers, such as visiting nurses for services like wound care and injections, and family members for the provision of medication supplies and care

like insulin injections. Are these individuals considered to be visitors for the purpose of restricted access?

**Response:** The following are excepted from the general restriction on visitors: (1) health and home care workers (RNs, physical therapists, home care aides, etc.); (2) family members providing necessary medication to residents (e.g., insulin injections); (3) family members or pharmacy employees dropping off medication for LMA/SAMM; (4) United States Postal Service (USPS) employees and other package or parcel service delivery personnel. All those identified in the first two categories should be screened in accordance with established practices. These groups should have access limited to the Resident's unit and only for the time necessary to complete the service.

In the case of family members or pharmacy employees dropping off medication, access should be limited to ALR staff in the lobby. All medications should be logged and tracked with receipts from the pharmacy (other specific procedures regarding medications will be issued in the next day or two). USPS employees and other package or parcel service delivery personnel should not have direct contact with Residents, and should similarly be limited to contact with ALR staff in the lobby.

**Question:** Can contractors, repair experts, plumbers, etc., enter the ALR to make necessary repairs and/or renovations?

**Response:** Yes, provided that (1) they are screened for risk of COVID-19 in accordance with established procedures; (2) the work is deemed necessary to ensure operation of the ALR or provide for the health, safety and well-being of Residents; and, (3) access is limited only to the areas required for such work to be completed.

**Question:** Has there been any discussion about dog walkers that care for pets or should we be asking family to remove pets?

**Response:** When possible, dog walkers should meet the Resident outside the facility, or alternatively, Residents may transfer care of their pets to others outside the Residence.

## II. MOVE-IN/MOVE-OUT

**Question:** How can individuals helping Residents moving in or moving out of an ALR gain access?

**Response:** To the extent possible, move-ins should be limited to situations in which an elder faces an increased risk of harm if access to an ALR is not provided.

Access to the ALR for those assisting with a move-in or move-out should be limited to two persons and standard screening policies apply. Move-in and move-out should be scheduled during times when current Residents will not be in the areas accessed by those assisting (perhaps a designated day/time per week).

## III. ENTRY/RE-ENTRY

**Question:** Residents can leave for medical appointments (e.g., chemotherapy, radiation, etc.), to visit family, or go shopping, etc., and subsequently return to the Residence. How do we ensure that they are not exposed during their time away or return with symptoms?

**Response:** Residents cannot be forced to stay in their homes, nor can they be refused entry even if they fail to meet the screening criteria. Educate residents and families about the modes of virus transmission and the importance of reducing the risk of bringing the virus into the ALR community in accordance with CDC and DPH guidance by practicing: • Hand hygiene; • Cough/sneezing etiquette (into the elbow); • Surface hygiene (wipe down high touch surfaces frequently with 60%+ alcohol); • Social distancing (6 feet apart and as small a family/social group as possible).

**Question:** If a Resident was out of the country can we refuse to let them re-enter the ALR?

**Response:** No.

**Question:** Do ALRs have the right to refuse mail delivery service?

**Response:** No (see “Visitors/Access” section above). Access to mail and parcel delivery allows Residents to remain connected to the community and provides a means by which important information can be received.

*The following is an official statement released by the United States Postal Service: The Postal Service recognizes that some customers have expressed concerns about accepting mail, and a few have asked for unusual measures for deliveries. Our operational protocol does not require any Postal Service employee to follow requests outside of normal delivery methods. For customers who choose not to accept mail using established delivery practices, the Postal Service offers several options. Customers can arrange with their local Post Office to place a receptacle outside their office or home. Customers can also arrange to have their mail picked up at their local Post Office. In addition, customers can open a P.O. Box at the local Post Office. For those senior citizen homes, retirement communities, or similar places that would like to change their current drop location, they should contact their local postmaster’s office to make accommodations. The Postal Service continues to provide essential mail service and will work with customers to accommodate safe mail delivery.*

#### **IV. MEDICATION**

**Question:** Are family members permitted access to the resident’s unit for the purpose of filling medication cassettes when the medications are stored in the resident’s unit?

**Response:** Limiting access to the ALR is a way to limit the risk of virus transmission from outside the ALR to inside the ALR community. The reverse is also true – for example, each time a family member enters the ALR, we increase the risk of transmitting the virus from the ALR community to a broader group. It would be best for family members to drop off pre-filled cassettes which should be tracked and distributed by ALR staff to Residents. Insurers have relaxed reimbursement rules so family members should be able to order more medications for pick up or delivery to their own homes if the medication stock is currently stored in the Resident’s unit.

#### **V. MEALS**

**Question:** Is there an alternative to delivering meals to units given insufficient staffing?

**Response:** Residents who request or require delivery of meals to their units cannot be refused this service. In this time of a public health emergency, please consider waiving the meal delivery fee if existing contracts charge such a fee. Also, consider staggered meal time delivery to ease staffing schedules, and please remember that each delivery is also an opportunity to check on a Resident’s wellbeing. Communal dining is allowed for Residents who are not able to eat safely alone or who need cueing to eat. Follow surface hygiene, hand hygiene, and social distancing protocols between Residents. If the Resident Community prefers that the ALR maintain communal dining, then please follow surface hygiene, hand hygiene, and social distancing protocols between Residents. Residents exhibiting respiratory symptoms should be kept away from common areas and communal or group activities as much as possible until the symptoms and illness are fully resolved.

#### **VI. GROUP ACTIVITIES**

**Question:** How can we combat the negative physical and psychological consequences of extended periods of isolation?

**Response:** Allow small, limited group activities and follow surface hygiene, hand hygiene, and social distancing protocols. Residents exhibiting respiratory symptoms should be kept away from common areas and communal or group activities as much as possible until the symptoms and illness are fully resolved.

ALRs should use technology as creatively as possible to provide virtual activities within the community, if possible.

#### **VII. STAFF**

**Question:** What if an employee is not feeling well?

**Response:** Isolate the employee from others, send the employee home, have the employee call their physician for instructions.

## **VIII. RESIDENT CARE**

**Question:** Would EOEA allow exceptions for service plans based in consideration of limited staff availability - i.e., 7 showers a week for preference vs. going to 2 based on good hygiene?

**Response:** Yes, but such exceptions must comply with the following conditions: (1) exceptions must be implemented solely to address the issue of limited staff; (2) the Resident's service plan must be reviewed to determine whether any exceptions could create any negative consequences for the Resident; (3) the rationale for an exception must be documented; and, (4) the Resident, Legal Representative, or Resident Representative must be notified of the changes.

**Question:** What are the specific best practices and recommendations for how to respond to residents with possible COVID-19 symptoms?

**Response:** Isolate the resident from contact with other residents, seek resident's permission to contact physician for instructions. Call the Resident Representative, Health Care Proxy, or designated family member to inform them of the situation. Send an email to both ALRHelp@massmail.state.ma.us and Patricia.Marchetti@MassMail.State.MA.US as soon as possible so that we can get as close to real-time information as possible with the headline "Suspected COVID Case" and information about the suspected case as well as any other steps the ALR is taking - for example one resident with fever and [what kind of underlying illness], sent to xyz location for testing or two staff at home due to fever. Please copy and paste into the incident report so that we have a record that an incident report was filed.

**Question:** What steps should be taken when a resident tests positive for COVID-19?

**Response:** Resident/Representative should inform Wellness Nurse and ALR should follow instructions from your local Board of Health.

Send an email to both ALRHelp@massmail.state.ma.us and Patricia.Marchetti@MassMail.State.MA.US to inform EOEA with headline "Confirmed Case of COVID19" and information about the suspected case as well as any other steps the ALR is taking – for example "confirmed case of resident with xyz underlying conditions, resident returned to ALR for home monitoring [resident in hospital]" "ALR putting in place local public health guidance, which is to...." Please copy and paste into the incident report so that we have a record that an incident report was filed.

**Question:** Are we responsible for taking temperatures and monitoring health conditions of all residents after a positive test?

**Response:** Please contact your local Board of Health for specific instructions.

**Question:** Are there any suggestions regarding how we should deal with Residents living in the SCR with regard to how we are expected to maintain the requirements of quarantine with Residents who can't be isolated?

**Response:** During this State of Emergency, EOEA asks that ALR management and staff remain mindful of our role as caregivers to elders. Standard practices to prevent infection should apply to every situation and ALRs should strive to serve Residents in the most sensitive, compassionate – and safe – manner possible. Isolation protocols are meant to prevent spread between Residents.

**Question:** Are there any resources or additional guidance to assist in making the decision that a resident is in an active end of life circumstance for the purposes of permitting limited visitation?

**Response:** ALRs should make decisions on the basis of the best available information (from the Resident, Resident Representative, Legal Representative, PCP, and/or hospice provider) and follow screening protocols for these exempted visitors.

#### IX. EOEA OVERSIGHT

Question: Will EOEA continue to conduct compliance visits during the State of Emergency?

**Response:** EOEA will be instituting remote certification reviews; details as to expectations for ALRs will be forthcoming.

[Download the EOEA FAQ PDF Here](#)

*Mass-ALA will continue to keep you informed on Novel Coronavirus (COVID-19). Stay tuned for more updates*

*\*The information provided in this COVID 19 update is solely for general informational purposes to assist in understanding the evolving guidance regarding the current COVID 19 public health threat. It is not intended to be a primary public health or medical resource, but is provided as a clearinghouse for or compilation of various guidance issued by official and related sources.*

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