

COVID-19



The National Long-Term Care
Ombudsman Resource Center

Recovery and Reentry Resources

For Long-Term Care Ombudsman Programs



Program Management Considerations for Policies and Procedures Regarding In-Person Visits

State Long-Term Care Ombudsmen

In-person complaint investigations and visits are a core part of Ombudsman program outreach and advocacy. However, during the Coronavirus Disease 2019 (COVID-19) pandemic, visits have been restricted. As states begin to issue reopening phases, it is anticipated that state governments will follow guidance from the Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) for resuming visitation in long-term care facilities. This resource provides considerations, based on guidance from CMS and CDC, for the State Long-Term Care Ombudsman (Ombudsman) when developing policies and procedures for resuming in-person visits with residents.¹

The following list includes program management considerations for Ombudsmen to use when developing policies and procedures to resume in-person visits by representatives.²

When drafting policies and procedures you may want to have the following documents readily available:

- Your program policies and procedures.
- Any specific policies and procedures related to emergency preparation and response.

Although this focus is specific to addressing the COVID-19 pandemic, you may want to consider writing these policies so that they can be applicable to address similar circumstances where visitation is curtailed.

This document provides an outline and ordered approach that you can adapt and covers the following areas: Training; Safety & Preparation; Visiting; and Debrief.

¹ Ombudsman programs are not healthcare personnel and are not designated as “essential” in CMS or CDC guidance. Program considerations in this resource are based on in-person visit guidance for “visitors” from CMS. State Ombudsmen may advocate with their state licensing and certification agency and public health department to be defined differently than as a visitor to facilities.

² In this resource the term “representative” means “representative of the Office of State Long-Term Care Ombudsman” as defined in the State Long-Term Care Ombudsman Program Final Rule, Section 1324.1 Definitions.

Training

Consider a requirement that representatives complete training on the following before conducting any visits:

- Expectations/Protocols
 - Communication with facility staff, residents, and their family
 - Communication with supervisor and Office of LTCO
 - Any revisions to complaint handling policies and procedures
 - Additional documentation
 - Relevant laws, regulations, existing policies, and procedures
- Personal protective equipment (PPE), masks/face covering, infection control
 - What to use when
 - Donning & Doffing competencies
 - Testing, if applicable

Policies and Procedures: Training

Policies and procedures include the provision of training and technical assistance (e.g., scripted role plays, tips sheets, case scenarios) for representatives to address situations they may encounter when resuming visits, such as:

- Communicating with residents while wearing a face covering;
- Use of portable voice and/or hearing amplifier if representatives plan to use them³;
- Tips for maintaining a physical distance of 6 feet (e.g., deflecting hugs, no touching); and
- Ideas for visits with residents with dementia or behavioral health issues.

Safety and Preparation

When writing the policies and procedures review and consider incorporating the [NORC Recovery and Reentry Resources](#) and adapting them for your state. Consider individual concerns of representatives and how policies and procedures may address the concerns. Examples: visits and provision of healthcare PPE for representatives; provision of face covering and sanitizer kit only; work coverage while representatives are in self-quarantine and/or ill; and employee testing, if applicable.

Policies and Procedures: Safety and Preparation

Write your policies and procedures from the viewpoint that each representative is asymptomatic, and each long-term care facility has positive cases of COVID-19. Policies should address what supplies all representatives should carry on their visits.

- Develop a COVID-19 self-screening form for representatives to complete, sign, and send to their supervisor the day of their visit. Examples of common COVID-19 screening questions are available in the [CDC General Business FAQs](#) (visit this page and enter “screening” in the “What are you looking for?”

³ To maintain physical distance, representatives using a hearing amplifier for residents may need to ask facility staff to help the resident put on and remove the amplifier. After one resident uses the amplifier dispose of the single-use earphone covers and clean the entire amplifier.

search bar to read the complete FAQ and examples of screening questions). View NORC's [COVID-19 Symptom Self-Assessment Form template](#).

- Create an acknowledgement form for performance of duties during the COVID-19 pandemic for representatives to review and sign to verify that they understand and will adhere to all policies and procedures, will respond to COVID-19 screening questions truthfully (if applicable), and completed required training. View NORC's [Ombudsman Program Requirements Regarding COVID-19 Acknowledgment Form template](#).
- Refer to NORC's [Checklist for Visits During the COVID-19 Pandemic](#), [Tips for Facility Visits](#), [Tips for Communicating while Wearing a Mask](#), resources for additional information in preparation for resuming visits and the [COVID-19 page for Ombudsmen](#) for examples of [Ombudsman program policies and procedures](#) regarding visits, safety, and training (e.g., window visit policies, COVID-19 screening questionnaires, safety and visit protocols).

Visiting

Develop visiting policies in accordance with CMS and state guidance. Work with provider associations and coordinate with individual long-term care facilities who have latitude in developing visitation requirements. If your state has adopted a phased-in reopening process for long-term care facilities, consider Ombudsman program visit guidance to mirror the state's phased-in approach. Consider including a set of questions that representatives inquire about, and follow, for each visit to the long-term care facilities they serve.

Communication, preparation for visit, COVID status of the building, and other considerations

- Communication and preparation
- Window visits
- Outdoor visits
- Indoor visits
- Multiple residents in one facility
- Visiting multiple facilities

Treat each long-term care facility (facility) distinctly. Some facilities may have protocols to treat each area or hall distinctly. Continuing Care Communities with a large campus may treat each building separately.

- Follow guidance from the CDC, CMS, and local health authorities regarding face coverings and personal protective equipment (PPE) for visits. Develop guidance for use of face coverings or PPE during visits (e.g., the type of PPE, disposal of PPE between visits in different buildings/facilities and/or between residents/units depending on the situation).
- Due to the high potential of unknowingly spreading COVID-19 between facilities consider a policy of each representative only visiting one facility a day. If representatives need to visit more than one facility a day due to travel time and costs, consider options and guidance for multiple visits in a day.
 - Options – limit number of visits with individual residents in more than one facility; limit number of visits with individual residents who have tested COVID-19+; conduct visits outside only
 - Guidance – change face coverings or PPE between visits in different facilities; consider changing face coverings or PPE between visits with more than one resident; wash hands after each

individual visit; after outside visits with residents do not enter the facility to wash hands instead use hand sanitizing products from your personal kit

- Communities and facilities with a high number of COVID-19 positive cases are considered “hot spots” or “outbreaks.” If state program guidance allows for representatives to conduct visits inside facilities with outbreaks, then the representative and program needs to be prepared to follow appropriate infection control procedures that may include self-quarantine for 14 days after the visit, taking a COVID-19 test, and/or other actions.

Policies and Procedures: Visiting

Provide specific guidance for conducting window visits and outdoor visits, as there are some different considerations for those visits compared to visiting with residents inside the facility, such as:

- Determining adequate preventative measures (e.g., face covering, physically distancing, hand hygiene) for window and outdoor visits.
- Coordinating with the facility and residents/family members to schedule visits (window visits or outdoors).
- Confirming the resident can communicate by phone or other technology during a window visit.
- Scheduling and promoting when representatives are available outside the facility to speak with residents and/or families (e.g., set up a small table with consumer education materials and space to speak with individuals).
 - Policies and procedures include the provision of training and technical assistance (e.g., scripted role plays, tips sheets, case scenarios) for representatives to address situations they may encounter when resuming visit.
- Communicating with residents while wearing a face covering. View the NORC tip sheet for [communicating with others while wearing a mask](#).
- Use of portable voice and/or hearing amplifier if representatives plan to use them.
 - To maintain physical distance, representatives using a hearing amplifier for residents may need to ask facility staff to help the resident put on and remove the amplifier. After one resident uses the amplifier dispose of the single-use earphone covers and clean the entire amplifier.
- Tips for maintaining a physical distance of 6 feet (e.g., deflecting hugs, no touching).
- Ideas for visits with residents with dementia or behavioral health issues.

Debrief

“Debriefs” or “After Action Reports” are discussions of what happened, what went well, what did not go well, and how to improve the program’s response. Consider the following documentation:

- Incident overview,
- Analysis,
- Recommendations,
- Action plan and improvements, and
- Conclusion.

Hypothetical example: A representative learns that a facility she visited last week now has at least one staff member that tested positive for COVID-19. The representative wore a surgical mask during the visit. During the debrief with her supervisor the representative shares that she lowered her mask below the nose because the mask was fogging her glasses. She kept the mask lowered while in the facility for the duration so that she could see well. An action plan would include: re-training on the appropriate wearing of PPE; solutions for a better fitting mask that decreases or eliminates fogging of eyewear; any other learnings for this representative; and overall learnings applicable for all representatives. Conclude by documenting all actions.

Policies and Procedures: Debrief

Review current policies and procedures pertaining to employees and volunteer representatives. If needed, amend policies and procedures to include COVID-19 specific action steps for debriefs, resolutions, action plans, and documentation. Consider any improvements to your state's data reporting systems to collect COVID-19 specific information and training of representatives regarding any updates.

Consider how representatives may document the following:

- Current list of facilities with known positive COVID-19 cases (residents or staff).
- Suggestions for successful visits with residents that may be a resource for others.
- Successful practices that representatives have seen in facilities for communications, activities, engagement of family and resident councils, and infection control practices.
- Ideas for broader Ombudsman advocacy efforts for residents of facilities.

Federal Regulations and Guidance

As the coronavirus disease 2019 (COVID-19) outbreak continues to evolve, so does guidance and information from the Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC). Refer to the links below to find the most recent CMS and CDC guidance specific to COVID-19 and long-term care facilities to help inform your policies, procedures, and training.

Centers for Disease Control and Prevention (CDC) – www.cdc.gov

- COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Preparing for COVID-19 in Nursing Homes <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>
- Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities <https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html>

Centers for Medicare and Medicaid Services (CMS) – www.cms.gov

- Coronavirus (COVID-19) Partner Toolkit <https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit>

Additional Resources

Administration for Community Living - <https://acl.gov/COVID-19>

National Long-Term Care Ombudsman Resource Center (NORC)

- Coronavirus Prevention in Long-Term Care Facilities: information for State Long-Term Care Ombudsmen https://ltcombudsman.org/state_home/state_support/COVID-19
- Coronavirus Prevention in Long-Term Care Facilities: Information for Long-Term Care Ombudsman Programs https://ltcombudsman.org/omb_support/COVID-19

National Consumer Voice for Quality Long-Term Care (Consumer Voice)

- Coronavirus in Long-Term Care Facilities: Information for Advocates <https://theconsumervoice.org/issues/other-issues-and-resources/covid-19>
- Coronavirus in Long-Term Care Facilities: Information for Residents and Families <https://theconsumervoice.org/issues/other-issues-and-resources/covid-19/residentsfamilies>

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