

Recovery and Reentry Resources

For Long-Term Care Ombudsman Programs



Safety Considerations for Visits During COVID-19

State Long-Term Care Ombudsmen

Introduction

In-person visits and complaint investigations are a core part of Ombudsman program outreach and advocacy. However, during the Coronavirus Disease 2019 (COVID-19) pandemic, visits have been restricted. This resource includes frequently asked questions to assist State Ombudsmen in developing safety procedures that align with program policies and procedures and guidance about visits. Your commitment to each representative's safety is to maintain a safe work environment with a focus on prevention. The workforce consists of staff and volunteers whose work environment may be an office setting, home office, or in the field.

Note: In this resource the term "representative" means "representative of the Office of State Long-Term Care Ombudsman" defined as "... the employees or volunteers designated by the Ombudsman to fulfill the duties set forth in § 1324.19(a), whether personnel supervision is provided by the Ombudsman or his or her designees or by an agency hosting a local Ombudsman entity designated by the Ombudsman pursuant to section 712(a)(5) of the Act" (State Long-Term Care Ombudsman Program Final Rule, Section 1324.1 Definitions)

Prevention and Infection Control Practices

Prevention includes taking continuous steps to keep workplaces (including home and office settings) and vehicles cleaned and disinfected.

Q1 – What prevention efforts should we incorporate for our offices and vehicles?

A – Preventive measures to promote good infection control practices include:

- Regular office cleaning and disinfecting.
- Reminders of hand washing protocols and ensure adequate supplies for hand hygiene (e.g., access to hand washing stations and/or hand sanitizer).
- Reminders to practice physical distancing of six feet.
- Wearing a cloth face covering or mask.

- Limiting the number of staff in the office each day. Follow office protocol for physical distancing and face coverings.
- Regular cleaning and disinfecting of home and home office. The Centers for Disease Control and Prevention (CDC) provides information for [cleaning and disinfecting your home](#).¹
- Cleaning and disinfecting of vehicles.
- When using public transportation, wear a face covering (e.g., facemask, cloth face covering), avoid touching surfaces, and wash or sanitize your hands before and after the trip.

Resources

For additional information refer to guidance from the Centers for Disease Control and Prevention (CDC) and Health and Human Services (HHS) Occupational Safety and Health Administration (OSHA) for preparing workplaces and resuming business available on the [CDC website](#).² Highlights from the guidance include:

- Promote frequent and thorough hand washing, including by providing workers, customers, and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% alcohol.
- Actively encourage or require workers to stay home if they are sick.
- Encourage respiratory etiquette, wear a face covering and cover coughs and sneezes.
- Provide customers and the public with tissues and trash receptacles.
- Employers should explore establishing policies and practices to assist with physical distancing, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts).
- Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible.
- Remind staff to follow CDC guidance and wear a cloth face covering in public spaces and maintain physical distance.

Q2 – When speaking with a complainant prior to visiting the facility, what information about COVID-19 would be helpful to obtain during the call to help prepare for the visit?

A – Ask the caller if they know of any recent COVID-19 outbreaks in the facility. If the caller believes there are recent COVID-19 related illnesses and exposures, indicate this information in the complaint documentation as “suspected but unconfirmed.”

Prior to visiting confirm with licensing and certification and/or public health staff as to their knowledge of COVID-19 illnesses in the facility. While program procedures and complaint intake forms/software may vary, the purpose of inquiring about COVID-19 is to determine if a specific complaint is related to COVID-19 and ensure program policies and procedures are followed for complaint investigation and visits.

¹ Centers for Disease Control and Prevention (CDC). Cleaning and Disinfecting Your Home. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>

² CDC. Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019. <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

Provide guidance to representatives regarding protocols for visits to facilities with suspected or known infectious disease outbreaks. Review NORC's [Ombudsman Program Management Considerations for Policies and Procedures Regarding In-Person Visits](#) and [Tips for Facility Visits During an Infectious Disease Outbreak](#).

To increase documentation consistency and ease, review unused fields or other unused sections of your program's software that can be repurposed to track COVID-19 in facilities or consider discussing options with technology staff or vendor for adding a question and response field for complaint intake for information related to an infection disease outbreak, such as COVID-19. Consider adding a field or checkbox that asks whether the information was confirmed by licensing and certification and/or public health entities. Or if the software allows, note in the facility section if there are COVID-19 outbreaks.

Q3 – What are some basic considerations to protect the health and safety of representatives?

A – As State Ombudsmen develop guidance for representatives of the Office regarding COVID-19 testing consider the following questions:

- What is my agency guidance? What is the guidance or requirements of the host agency for the local Ombudsman entity, where applicable?
- Can the Ombudsman or host agency (where applicable) require that representatives are tested for COVID-19?
 - If yes, who will incur the costs of the test?
- Would it be optional for representatives to be tested?
 - If yes, who will incur the costs of the test?
- If someone refuses to be tested how does that impact their job?
- If the policy is to test, then how frequently should representatives be tested? As of July 2020, testing supplies are limited, and the CDC guidance states that individuals with potential COVID-19 symptoms should be tested.

If a representative has [symptoms of COVID-19](#) they should call their health provider or local public health office to seek advice about testing. Current CDC guidance states that individuals with potential COVID-19 symptoms should be tested. A representative must never visit a facility while sick.

In-person visits and complaint investigation are a fundamental part of Ombudsman program advocacy and outreach and an essential job requirement for representatives. A representative needs to [take extra precautions](#) if they are more susceptible to contracting infectious diseases. They should discuss potential risks of conducting in-person visits with their health care provider and share their concerns with their supervisor.

Preventive measures during in-person visits are necessary even if a representative does not have symptoms of infection.

Resources

The CDC [Testing for COVID-19](#) guidance describes the types of tests and who should be tested. The CDC [webpage](#) directs you to state specific links for guidance from state public health departments. The availability of tests for COVID-19 varies widely by state and territory.

CDC guidance regarding test results includes:

- If you test positive for COVID-19 by a [viral test](#), know what protective steps to take [if you are sick or caring for someone](#).
- If you test negative for COVID-19 by a viral test, you probably were not infected at the time your sample was collected. However, that does not mean you will not get sick. The test result only means that you did not have COVID-19 at the time of testing.
- If you test positive or negative for COVID-19, no matter the type of test, you still should take preventive measures to [protect yourself and others](#).

The [U.S. Equal Opportunity Employment Commission](#) says the following regarding requiring COVID-19 testing:

A.6. May an employer administer a COVID-19 test (a test to detect the presence of the COVID-19 virus) before permitting employees to enter the workplace? (4/23/20)

The ADA requires that any mandatory medical test of employees be “job related and consistent with business necessity.” Applying this standard to the current circumstances of the COVID-19 pandemic, employers may take steps to determine if [employees entering the workplace have COVID-19 because an individual with the virus will pose a direct threat](#) to the health of others. Therefore, an employer may choose to administer COVID-19 testing to employees before they enter the workplace to determine if they have the virus.

Consistent with the ADA standard, employers should ensure that the tests are accurate and reliable. For example, employers may review [guidance](#) from the U.S. Food and Drug Administration about what may or may not be considered safe and accurate testing, as well as guidance from CDC or other public health authorities, and check for updates. Employers may wish to consider the incidence of false-positives or false-negatives associated with a particular test. Finally, note that accurate testing only reveals if the virus is currently present; a negative test does not mean the employee will not acquire the virus later.

Based on guidance from medical and public health authorities, employers should still require – to the greatest extent possible – that employees observe infection control practices (such as physical distancing, regular handwashing, and other measures) in the workplace to prevent transmission of COVID-19.

Refer to NORC’s *Coronavirus Prevention in Long-Term Care Facilities: Information for State Long-Term Care Ombudsmen* [page](#) for [examples of program policies and procedures](#) regarding COVID-19.

Field Safety

Ask representatives to provide the following information when traveling for visits and to assist public health for COVID-19 contact tracing (if needed):

- Complete and submit the [COVID-19 Symptom Self-Assessment Form](#) to supervisor prior to conducting visits;

- Daily notification to supervisor of beginning and end of workday when conducting in-person visits;
- Notification to supervisor of schedule changes;
- Itinerary for the day including facility addresses; and
- Method of transportation – personal or agency vehicle or public transportation.

Q4 – What infection control supplies and work items should a representative carry with them or keep in their vehicles?

A –

- Bring only items necessary for the visit such as an ID badge, laptop, and required paperwork.
- Store personal items such as purse or backpack securely in your vehicle, if possible.
- Bring a **Sanitary Kit** in a sealable bag that includes: hand soap, hand sanitizer (at least 60% alcohol), paper towels (entire roll may not be necessary), disinfectant wipes (do not take disinfectant spray into facility), and a plastic bag to discard disposable items.
- Masks or cloth face coverings. Recommend that face coverings be in a separate bag from the Sanitary Kit.
- Review NORC’s [Tips for Facility Visits During an Infectious Disease Outbreak](#) for additional information.

Resource

Review the CDC’s [Handwashing: Clean Hands Save Lives](#) materials for more information about handwashing and using hand sanitizer.

Q5 – What is included in the Healthcare Personal Protective Equipment (PPE)?

A – According to the CDC, PPE recommendations for *healthcare personnel working in direct physical contact with a person with COVID-19* include gowns, gloves, and respirators. For individuals that are not healthcare personnel it is recommended that a face covering, i.e., mask, be worn indoors and outside when individuals are not able to maintain a physical distance of six feet.

Resources

Review the CDC information regarding [Personal Protective Equipment: Questions and Answers](#) and the U.S. Department of Labor Occupational Safety and Health Administration (OSHA) information on [Personal Protective Equipment \(PPE\)](#) and needed training for additional information.

Q6 – Should representatives wear PPE recommended for healthcare personnel when visiting with residents with COVID-19?

A – This is a decision to be made by the Office of State Long Term-Care Ombudsman program. Considerations may include (not all inclusive): guidance from state authorities, employee human

resources, liability insurance coverage, workers' compensation insurance, and the health of a representative who may be more at risk for contracting an infectious disease.

Representatives are not healthcare personnel providing direct care, according to CDC guidance for a non-healthcare personnel, representatives are required to wear a face covering (e.g., surgical mask or cloth face covering) and maintain a physical distance of at least six feet when speaking with residents and others. Representatives are not to provide direct care or assistance such as pushing a wheelchair or handing a resident a glass of water. Other examples of having "no direct contact" includes no hugs, hand shaking, or contact with a resident's personal items.

Resources

Refer to CDC guidance for additional information about cloth face coverings, [Considerations for Wearing Cloth Face Coverings – Help Slow the Spread of COVID-19](#).

Q7 – Does a cloth face covering work as well as a surgical mask? What about “accessible, deaf-friendly” masks with a clear plastic window around your mouth to improve communication with residents that are deaf or hard of hearing?

A – According to the CDC:

- Cloth face coverings are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. They are not PPE and it is uncertain whether cloth face coverings protect the wearer.
- Surgical masks are PPE and are also referred to as procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. Surgical masks cleared by the U.S. Food and Drug Administration (FDA) are designed to protect against splashes and sprays. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.
- Any visitors that are permitted inside long-term care facilities must wear a cloth face covering while in the building and restrict their visit to the resident's room or other location designated by the facility.

Seek guidance from public health officials about what type of face coverings may be needed when visiting facilities that have residents with positive COVID-19 diagnoses or other communicable diseases.

“Accessible, deaf-friendly” masks that show the user's lips to accommodate people who lip-read have been promoted recently and some advocacy organizations for individuals with dementia or deaf/hard of hearing suggest these masks may be less confusing for people.³ At this time, CDC does not provide any guidance on this type of mask.

³ Hearing, Speech, and Deaf Center. *How to Make an Accessible, Deaf-Friendly Face Mask*. <https://www.hsd.org/accessible-deaf-friendly-face-mask/>

Resources

Refer to the following CDC resources for additional guidance about visiting long-term care facilities, [Preparing for COVID-19 in Nursing Homes](#) and [Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities](#).

Q8 - We plan to order some PPE recommended for healthcare personnel that will only be used when specific criteria are met and after training in the proper use of the equipment. How should we determine how many sets of healthcare personnel PPE is adequate?

A – Seek guidance from public health officials about what PPE may be needed when visiting facilities that have residents with positive COVID-19 diagnoses or other communicable diseases. Consider the following:

- cost of equipment;
- centralized or decentralized program;
- number of program offices;
- number of representatives; and
- state geography (urban, rural, or frontier).
- Respirators and face shields, when cleaned properly after each use, are reusable. Gowns and gloves are not reusable.

Resources

The [CDC](#) provides a downloadable [PPE burn rate calculator for healthcare facilities](#) and [instructions](#) that programs could adapt and use to determine the amount of PPE to purchase.

NORC's [Supply Purchasing template](#) can assist in projecting number of face coverings, healthcare PPE, and sanitizing kits needed.

Q9 – Are there best practices for purchasing masks and other related items?

A – If possible, coordinate with other entities such as the state emergency management agency, public health department, state survey agency, adult or child protective services, or the state unit on aging, or host agency to purchase items in bulk. Bulk purchasing may reduce the costs of the items, ensure a ready supply, and possibly allow for storage or order-on-demand. The following information may be helpful in your decision making.

- All states have requested and received an emergency declaration FEMA, along with the state emergency management authority are the leaders. The greatest influencers within the state will likely be the governor, public health director, emergency manager, and National Guard commander. Contact one or more of these leaders to discuss bulk purchasing of masks and other PPE. FEMA funds may be used by the state to purchase personal protective equipment (PPE). Prioritization of PPE is given to hospitals, health care facilities, and nursing homes.

- The June 19, 2020 [letter](#) to Governors from U.S. Department of Health and Human Services Deputy Secretary Eric Hargan may assist you in seeking PPE as the letter states that Ombudsman programs, and other aging and disability service providers, are essential workers and recommends classification of Level 1 emergency responders for PPE.
- Before purchasing PPE such as surgical masks or respirators make sure that the vendor meets the U.S. Food and Drug Administration (FDA) approval.

Resources

- [DHS FEMA](#) list of state COVID-19 disaster declarations.
- Information from ACL regarding [CARES Act](#) grants to support older adults and people with disabilities.
- The [FDA](#) regulates personal protective equipment such as masks and respirators.

NORC's [Supply Purchasing template](#) can assist in projecting number of face coverings, healthcare PPE, and sanitizing kits needed.

Q10 – Where can I find training for representatives regarding the proper use, donning and doffing, cleaning, and/or disposing of items worn or used during a visit?

A – If the Office of the State Long-Term Care Ombudsman requires representatives to use healthcare personnel PPE in specific situations, then representatives need training from an individual that is a certified PPE trainer. Ask public health staff if they have time and staff available to provide PPE training. If public health staff are not available, then ask for references for health care practitioners who are certified in PPE use and infection control practices. Other resources for referrals may include, Quality Improvement Organizations ([QIN-QIOs](#)), hospitals and long-term care facilities. If local resources are not available, refer to online training provided by the CDC, such as:

- Centers for Disease Control and Prevention (CDC) video: [How to Wear a Cloth Face Covering](#)
- [Using Personal Protective Equipment](#). As part of the [Infection Control Guidance for Healthcare Professionals about Coronavirus \(COVID-19\)](#), the CDC provides step-by-step instructions, illustrations, and brief videos for putting on (donning) and taking off (doffing) PPE gear.
 - *Demonstration of Donning (Putting On) Personal Protective Equipment (PPE)* [video](#)
 - *Demonstration of Doffing (Taking Off) Personal Protective Equipment (PPE)* [video](#)
- [STRIVE Infection Control Training](#). The CDC/STRIVE curriculum was developed by national infection prevention experts led by the Health Research & Educational Trust (HRET) for CDC. See the American Hospital Association's HRET STRIVE page [Getting Hospitals to Zero](#). Courses address both the technical and foundational elements of healthcare-associated infection (HAI) prevention. Recommended audience: all staff, infection preventionists, infection prevention and control team/committee, hospital leaders, clinical educators, nurse managers, physician managers, environmental services (EVS) managers, and patient and family advisors.

Q 1 1 – What should representatives wear, at a minimum, when visiting long-term care facilities?

A - The CDC and the Centers for Medicare & Medicaid Services (CMS) guidance requires all individuals visiting long-term care facilities, including representatives, to wear a cloth face covering or facemask. The state Office ensures that representatives do not visit until completion of training on infection control and use of a face covering (facemasks or cloth face covering). Similar to PPE training, contact the public health agency, hospital corporations, or other reputable sources to ask for referrals or assistance in locating a trainer.

In response to a question about how Ombudsman programs can use CARES Act funding, the Administration for Community Living (ACL) [states](#), “training costs related to COVID-19 including additional costs associated with advertising, recruiting, certifying or providing continuing education (both remote and in-person) to current and prospective representatives of the Office.” Therefore, infection control training, including the use of PPE and face coverings, is an allowable CARE Act funding expense.

Seek guidance from public health officials about what type of face coverings may be needed when visiting facilities that have residents with positive COVID-19 diagnoses or other communicable diseases.

Resources

CDC guidance states that healthcare facilities must, “ensure that *health care personnel* are educated, trained, and have practiced the appropriate use of personal protective equipment prior to caring for a patient, including attention to correct use of PPE and prevention of contamination of clothing, skin, and the environment during the process of removing such equipment.”

CDC Training:

- [Using Personal Protective Equipment](#). As part of the [Infection Control Guidance for Healthcare Professionals about Coronavirus \(COVID-19\)](#), the CDC provides step-by-step instructions, illustrations, and brief videos for putting on (donning) and taking off (doffing) PPE gear. The page also explains who needs PPE stating, “Patients with confirmed or possible SARS-CoV-2 (COVID-19) infection should wear a facemask when being evaluated medically and healthcare personnel should adhere to Standard and Transmission-based Precautions when caring for patients with SARS-CoV-2 infection. Recommended PPE is described in the [Infection Control Guidance](#).”
 - [Demonstration of Donning \(Putting On\) Personal Protective Equipment \(PPE\) video](#)
 - [Demonstration of Doffing \(Taking Off\) Personal Protective Equipment \(PPE\) video](#)
- [STRIVE Infection Control Training](#). The CDC/STRIVE curriculum was developed by national infection prevention experts led by the Health Research & Educational Trust (HRET) for CDC. See the American Hospital Association’s HRET STRIVE page [Getting Hospitals to Zero](#). Courses address both the technical and foundational elements of healthcare-associated infection (HAI) prevention. Recommended audience: all staff, infection preventionists, infection prevention and control team/committee, hospital leaders, clinical educators, nurse managers, physician managers, environmental services (EVS) managers, and patient and family advisors.

Q12 – How do I determine how many disposable surgical masks, gloves, sanitizing wipes, hand sanitizers, and plastic storage bags to purchase?

A – The considerations below assume that one representative would wear one mask (at a minimum) per facility and place it in a plastic storage bag for disposal. Consider the following variable when purchasing items:

- Number of representatives who will be visiting facilities
- Number of all types of facilities,
- Will representatives travel from room to room, which may require more donning and doffing,
- Full- or part-time employment status (average of 20 working days a month)
- Number of months supplies are needed,
- Determine the number of items in each box or container,
- Shipping (multiple locations or one), and
- Storage or on-demand ordering.

Resources

The [CDC](#) provides a downloadable [PPE burn rate calculator for healthcare facilities](#) and [instructions](#) that programs could adapt and use to determine the amount of PPE to purchase. NORC's [Supply Purchasing template](#) can assist in projecting number of face coverings, healthcare PPE, and sanitizing kits needed.

Outreach and Support to Representatives

Representatives, paid and volunteer, are the mainstay of the Long-Term Care Ombudsman program. The COVID-19 pandemic has made us more aware of the potential harm to our well-being. Many people have pre-existing health conditions which may make them more susceptible to infectious diseases. In addition, representatives visiting long-term care facilities may put residents at risk of exposure.

Q13 – Our program has many volunteer representatives. We are beginning to hear from volunteers that they no longer want to visit residents in facilities because of their underlying health conditions. Other volunteers are eager and ready to go back into facilities. What options might we have and what questions should we consider?

A – There are options for engaging volunteers during the pandemic to help balance the need to provide access to your program and minimizing risk of exposure for at risk volunteers. Use the following program management considerations and questions to develop plans for volunteer responsibilities.

- Ensure transparency and open communication about program activities during COVID-19 and plans to resume in-person visits. Involve volunteers in the discussion and decision-making process, as appropriate and possible.
- Provide the same level of guidance and training regarding PPE supplies, infection control, and program policies and procedures to paid and volunteer representatives.

- As your program resumes in-person visits (whether outside or inside the facilities), consider only allowing paid representatives to visit first so you can closely monitor and adapt your reopening process as needed and limit exposure for representatives and residents.
 - If your state program operations are dependent almost solely on volunteers, you may need to plan for continued use of phone/video outreach and develop a mitigation plan for visitations later in the recovery and reentry phases.
 - Once paid representatives resume visits screen and train interested volunteer representatives, who are not at risk and want to resume visiting
- If a volunteer has underlying health conditions and does not want to visit with residents, consider other volunteer activities they can perform. Options may include phone calls/video chats with residents, community education events, data entry, etc.
- Consider allowing volunteers to take a temporary leave of absence until they feel it is safe for them to resume their responsibilities.
- If a volunteer resigns, thank them for their service and ask permission to contact them next year to see if they will reconsider volunteering.

Resources

For additional examples of volunteer engagement review the [General Tips for Prevention, Communication, and Self-Care](#) on NORC's [COVID-19 webpage](#) and webinar regarding [Ombudsman Program Communication and Advocacy During COVID-19](#).

Q14 – What if a paid representative has underlying health conditions and asks to do other program responsibilities other than in-person visits?

A – State Ombudsmen may want to consider the following when developing program guidance and determine how to accomplish visits typically assigned to this representative.

Review [What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws](#) (U.S. Equal Opportunity Employment Commission)

- If a representative is an employee of the state Office, do the following:
 - Consult with Human Resources for guidance.
 - Determine if you can shift visit responsibilities to other representatives, if applicable.
 - Review job description.
 - Hire temporary staff (e.g. a volunteer representative).
 - Consider other agency staff that you can screen, train, and designate.
- If a representative is an employee of a host agency that houses a local Ombudsman entity, do the following:
 - Review contract language for Ombudsman program required job duties.
 - If needed, consider amending contract language to specify required job duties for representatives.
 - Discuss options to address the representative's request for accommodations with the host agency leadership.
 - Consider if existing representatives who may be volunteer or part-time can take on extra duties.
 - Consider screening, training, and designating existing agency staff, if host agency agrees.

- Consider recommending the host agency coordinate with a neighboring local entity to see if a mutual agreement can be made, whereby the duties can be shared between the two host agencies to ensure adequate facility coverage.
- Redeploy state Office staff, if appropriate.
- Consider the Ombudsman program coverage needs for the entire state when thinking of adequate coverage for routine access visits to nursing facilities and residential care communities.
- Additional points to keep in mind:
 - Visiting long-term care facilities is an essential job function for designated representatives of the Office. Long-term care facilities are susceptible to having various types of infectious disease, not just COVID-19, e.g., flu, MRSA, norovirus, etc. Providing residents with in-person access to the Ombudsman program is an essential service and exposure to potential infectious disease is possible; thus, representatives must follow infection control procedures to maximize protection.
 - Consider the impact on the program if an accommodation is given to one individual and the potential that others may expect the same accommodation.
 - Specify a time limit for any exception to in-person visits.

Resources

To assist with your decisions, review applicable laws, including the references below, and consult with human resources personnel and legal counsel, as appropriate.

- [What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws](#) (U.S. Equal Opportunity Employment Commission) states:

D.1. If a job may only be performed at the workplace, are there [reasonable accommodations](#) for individuals with disabilities, absent [undue hardship](#), that could offer protection to an employee who, due to a preexisting disability, is at higher risk from COVID-19? (4/9/20)

There may be reasonable accommodations that could offer protection to an individual whose disability puts him at greater risk from COVID-19 and who therefore requests such actions to eliminate possible exposure. Even with the constraints imposed by a pandemic, some accommodations may meet an employee's needs on a temporary basis without causing undue hardship on the employer.

Low-cost solutions achieved with materials already on hand or easily obtained may be effective. If not already implemented for all employees, accommodations for those who request reduced contact with others due to a disability may include changes to the work environment such as designating one-way aisles; using Plexiglas, tables, or other barriers to ensure minimum distances between customers and coworkers whenever feasible per [CDC guidance](#) or other accommodations that reduce chances of exposure.

Flexibility by employers and employees is important in determining if some accommodation is possible in the circumstances. Temporary job restructuring of marginal job duties, temporary transfers to a different position, or modifying a work schedule or shift assignment may also permit an individual with a disability to perform safely the essential

functions of the job while reducing exposure to others in the workplace or while commuting.

- [Pandemic Preparedness in the Workplace and the Americans with Disabilities Act \(ADA\)](#) contains information relevant to the ADA, Rehabilitation Act, and other Equal Employment Opportunities.

Q15 – How can I support the emotional well-being of representatives during the pandemic as many may experience grief, anxiety, guilt about not visiting during the in-person visit restrictions, or more?

A – We encourage state Ombudsmen and other program leaders (i.e., representatives that manage local Ombudsman entities) to maintain regular communication with all representatives, both staff and volunteer. Some ideas to stay in contact include:

- Keep regularly scheduled meetings as even a conference call can be of great support. It may be important to increase the number of regularly scheduled meetings due to changes in routine visits to facilities and the increase in calls to the Ombudsman program. Use these meetings to do problem solving together and allow time for representatives to discuss coping strategies and stress relievers.
- Use of video chat technology for individual or team meetings. “Seeing” each other rather than just talking may be reassuring to some. Provide instructions each meeting to explain how to work the video, audio, chat, and Q&A features.
- Share self-care resources and encourage representatives to participate in self-care activities. Ask them to take a self-care assessment and/or to create a self-care plan as mentioned above. Suggest that all representatives attend training regarding wellness and self-care such as the Red Cross Mental Health First Aid online course (currently offered for free in response to COVID-19).
- Hold brief morning “coffee chats” for regular communications.
- Set a regular time once a week for "open office hours" and let representatives know when and how they can reach you with questions and/or for support.
- Text or email individuals or an established group with positive messages and encouragement.
- When communicating with your program acknowledge representatives' creative ideas and solutions and address rumors with facts.
- Send hand-written notes in the mail.
- Check-in with staff and volunteers often. Ask how they are feeling and coping, if they need help, and remind them of available supports.

If Ombudsman program staff and/or volunteers show signs of stress, compassion fatigue, burnout, and/or trauma offer to speak with them privately.

- Ask how they feel. Listen attentively and be sensitive to their feelings.
- Share resources for self-care and assessments such as those provided in this document or other resources that your employer may provide.
- Set aside time to check-in with them on a regular basis.
- Ascertain whether the representative needs time away from their work or volunteer activities with the program.
- Encourage them to seek professional help.

- Keep in regular contact with them and develop a joint plan for their return to work or volunteer activities.

Resources

The program management considerations above are from NORC’s *Taking Care of You* [fact sheet](#). Consider sharing this fact sheet with representatives to start the conversation about self-care and how you can support them.

Additionally, refer to the webinar recordings and materials from NORC’s [four-part webinar series](#), *COVID-19 and Ombudsman Programs: Understanding How Trauma Impacts You, Residents, and Your Advocacy*. The webinar series highlights important themes related to trauma-informed care, person-centered care, compassion fatigue, and vicarious trauma. The series includes self-reflection activities and resources for attendees.

Other Management Considerations

Q 16 – What liabilities does the state Office or local Ombudsman entities have if a representative contracts COVID-19 after conducting in-person visits? What liabilities does the state Office or local Ombudsman entities have if a representative is asymptomatic of COVID-19 and unknowingly spreads the disease in a facility?

A – The Older Americans Act includes the following requirement: “the State shall ensure that no representative of the Office will be liable under State law for the good faith performance of official duties” [Section 712 (i)]. Therefore, representatives need to follow all infection control protocols, program policies and procedures, and act in good faith in performance of official duties. The State Long-Term Care Ombudsman Programs Final Rule does not address liability, but it does require: “legal representation, arranged by or with the approval of the Ombudsman, is provided to the Ombudsman or any representative of the Office against whom suit or other legal action is brought or threatened to be brought in connection with the performance of the official duties” [(1324.15 (l) (B) (iii)].

Additionally, employers such as state and local governments and non-profits typically have some form of liability insurance or are self-insured. The policies, coverage, exceptions, and minimum and maximum payouts for claims vary. Some policies may consider pandemics a non-allowable coverage event. In addition, the liability coverage may or may not address volunteers. It is best to learn more about your employer’s liability insurance by consulting human resources and your legal counsel.

Resources

- [Volunteer Protection Act of 1997 \(VPA\)](#).
The Volunteer Protection Act of 1997 (VPA) provides volunteers of nonprofit organizations or governmental entities some liability protections for economic damages resulting from activities relating to the work of the organizations. It does not cover gross negligence, willful misconduct, recklessness, or acts committed by the volunteer while intoxicated or operating a motor vehicle.

Volunteers must be licensed or certified, as required to fulfill their assigned duties. Civil actions against volunteers by the organization they work for are not precluded. It does not cover organizational entities of any type, or persons volunteering at private businesses. A declared emergency is not necessary for volunteers to receive protections under this Act. States may opt out of the Volunteer Protection Act.

- [U.S. Department of Treasury Federal Insurance Office](#)

Q17 – If a paid representative contracts COVID-19 and suspects that it was work related from visiting a long-term care facility are their medical expenses covered by workers’ compensation insurance?

A – Employers such as state and local governments and non-profits have workers’ compensation insurance. The policies, coverage, exceptions, and minimum and maximum payouts for claims vary. Some policies may consider pandemics a non-allowable coverage event. In addition, the coverage may or may not address volunteers. It is best to learn more about your employer’s workers’ compensation insurance by consulting human resources and your legal counsel.

Resources

- Use this U.S. Department of Labor [map](#) to locate your State Workers’ Compensation Officials.
- [U.S. Department of Labor – Office of Workers’ Compensation Programs \(OWCP\)](#)
- [U.S. Department of Interior Workers’ Compensation Program](#)