

**Office Hours: COVID-19 Focus Survey Preparedness Webinar**  
**April 15, 2020**  
**Questions & Answers**

**Q. When surveyors requested staffing sheets with dedicated staff to each hall, was this regardless of resident COVID status?**

- a. Hilltop Lodge: Yes, they wanted to see that facilities are doing this as a preventative measure. It will reduce the risk of spread during the incubation period of a staff member or if a staff member were asymptomatic.

**Q. What did you have to produce to show proof of Surveillance? Screening tools for employees?**

- a. American Health Care: We were able to show proof of surveillance through the screenings done at the entrance and daily temps and assessments of residents.

**Q. Could we get a copy of your policy that had been revised each time by color code?**

- a. American Health Care: At this time, we are unable to provide the actual policy. Our Compliance and Operations Team has to approve these types of request.

**Q. Was the policy built around the Framework from CMS?**

- a. American Health Care: Yes, the policy is built from all guidance from CMS and CDC; the policy is updated when new guidance is released.

**Q. Do you have staff that work in the area where you cohort residents for presumed (pending test results) or positive COVID-19 come in the same entrance as all the rest of the staff? We are looking at creating a separate area, to keep the dedicated COVID staff apart from the rest of the staff. Do you think that is something surveyors would require?**

- a. American Health Care: We did actually utilize a second entrance in our facility that had a positive contract employee with potential direct exposure. All entrance/exiting for that unit occurred through that door as it was on that unit.
- b. Hilltop Lodge: As part of the emergency planning and in infection control prevention we would have the dedicated staff come in other entrances. This is something they wanted to see in the plan but didn't say it was a must. It creates clock in/out, staff screening and delivery of supply issues, which also would need to be added to the plan.

**Q. Are your communities mandating wearing masks daily for all employees and are you using cloth or regular surgical masks? How are you managing those?**

- a. American Health Care: All of our employees wear masks at all times; appropriate PPE is used when indicated r/t resident isolation status.
- b. Hilltop: We are fortunate enough to have about 120 cloth masks made for us by the community. We are placing those at the front door where they screened, put on a mask and sanitize before heading in to work. We put a "dirty" basket by the time clock where they take them off at the end of the shift. Laundry washes them and puts them back on the basket at the front, with a clean towel over them. The surveyors were good with that because we don't have any suspected cases. We have surgical masks ready to go to if we do get a suspected case.

**Q. How often are facilities checking temp, O2 etc.**

- a. American Health Care: Residents QD and Staff begin/end of each shift.
- b. Hilltop Lodge: As long as the facility does not have any suspected cases, or any resident with increased monitoring d/t the symptoms checklist, it's ok to assess/monitor daily. Make sure you have the updated list of symptoms to monitor for. Current list: Fever with- chills, rigors, myalgia, malaise, headache, sore throat, lower respiratory illness (cough, shortness of breath, or difficulty breathing), or new olfactory and taste disorders without an alternate more likely diagnosis.

**Q. When asking for emergency staffing are the state surveyors asking for back up staffing in case of positive case?**

- a. American Health Care: The surveyors requested our Emergency Staffing Contingency Plan; we gave them the Emergency Preparedness/Emergency Staffing Contingency Plan we would use in any situation in which our ability to staff could be compromised.
- b. Hilltop Lodge: The surveyors asked who was the staff that would be dedicated to take care of a positive case.

**Q. Can you share for those that did fit testing, did employees go through the health questionnaire and if so, was that completed by a MD or NP or RN?**

- a. American Health Care: We utilized the materials from a contracted clinical consultant.
- b. Hilltop Lodge: The surveyors did not ask us specifically if we had any or if they were ready to use. Our emergency plan does state that in the event of a positive in house or a community outbreak, the RN at our local hospital has agreed to come do the fitting for our staff here. We will store in individual plastic bags. So maybe they saw that in the plan, and it was enough.

- c. HQIN: Per OSHA guidelines, medical clearance for wearing an N95 respirator requires review by a healthcare professional of the medical questionnaire completed by the employee. That medical professional who reviews the questionnaire may determine that the employee needs a physical examination.

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppC>

**Q. Can you share who did the fit testing, meaning was it completed by a practitioner or someone else?**

- a. American Health Care: We started by contacting our local health department. The health department came out to many of our locations and completed the fit test. Other facilities utilized contracted clinical consultant services.
- b. HQIN: OSHA training for fit testers:  
<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA>

**Q. What were the specific food service questions?**

- a. American Health Care: The only food service questions we were asked were during the survey for the facility with a positive contract employee. They asked how we were transporting trays to and from the unit we had designated for residents who had potential contact with that contract employee. We served on paper in that unit and trays were transported outside and around the facility to the entrance dedicated to that unit.
- b. Hilltop Lodge: The surveyors wanted to see the pantry and our emergency supply of food, which is on the checklist, but food supply was the immediate concern they came in on also, d/t an unsubstantiated staff complaint. I'm not sure what of that was the infection control survey or from the complaint.

**Q. Was fit testing for N95s waived for initial use at any time?**

- a. HQIN: No, initial use fit testing was not waived by CMS, however, CMS did temporarily suspend annual fit testing per interim OSHA guidance. CMS implemented "just-in-time" fit testing which is a plan in place to perform a qualitative fit test on employees when necessary during the pandemic. Fit tested N95 respirator use should be limited to those HCWs who need protection from airborne particles including aerosolizing procedures with a suspected or confirmed COVID-19 resident.

**Q. Our facility is struggling to get our staff fit tested due to limited resources here on site. Can we get the information from Mary?**

- a. HQIN: HQIN is unable to share or promote vendor resources. Publicly available resources can be found on the OSHA and CDC websites:
- OSHA fit testing education video that you can use for fit testing:  
<https://www.youtube.com/watch?v=D38BjgUdL5U&t=294s>

- OSHA User Seal test video: <https://www.youtube.com/watch?v=Tzpz5fko-fg>
- Current CDC guidance: [https://www.cdc.gov/coronavirus/2019-ncov/novel-coronavirus-2019-SupplyChecklist\\_of-N95-Respirators\\_COVID-19\\_4\\_6\\_20\\_num.pdf](https://www.cdc.gov/coronavirus/2019-ncov/novel-coronavirus-2019-SupplyChecklist_of-N95-Respirators_COVID-19_4_6_20_num.pdf)

**Q. Can you still use plastic or does it need to be paper for storage of N95 masks?**

- a. HQIN: Per CDC recommendations, masks and respirators that are re-used should be stored in a breathable paper bag: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>

**Q. Could you please tell me what Disaster regulations are listed under E0024? I am assuming it is the Policies for Pandemics?**

- a. HQIN: The Emergency Regulations are found at this link. E0024 is on page 15. <https://nursinghomehelp.org/wp-content/uploads/2018/09/SECT-3-Emergency-Preparedness.pdf>. The regulatory text states: "The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency. (6) The use of volunteers in an emergency and other emergency staffing strategies to address surge needs during an emergency. " The Interpretive Guidelines state: "The facility must have policies and procedures in place to facilitate this support. In order for volunteering healthcare professionals to be able to perform services within their scope of practice and training, facilities must include any necessary privileging and credentialing processes in its emergency preparedness plan policies and procedures. Non-medical volunteers would perform non-medical tasks. Facilities have flexibility in determining how best to utilize volunteers during an emergency as long as such utilization is in accordance with State law, State scope of practice rules, and facility policy." The CMS COVID-19 Focused Survey requests a P&P for ensuring staffing to meet the needs of the residents in an emergency such as COVID-19 outbreak and if currently in an emergency, did the facility implement the strategy plan?

**Q. I provided the surveyors with all the information that I have for their Covid-19 survey process except for Staffing contingencies. What should I have in place for this? It is hard enough getting people to apply and we do not use agency. Do you have any ideas in regard to this?**

- a. HQIN Suggestions:
- Utilize new 8-hour Temporary Nurse Aide Training Opportunity. AHCA has online training for Free at: [https://www.ahcancal.org/quality\\_improvement/howtobe/Pages/default.aspx](https://www.ahcancal.org/quality_improvement/howtobe/Pages/default.aspx)

- Consider having one or more agency contracts that become effective in the event their staffing levels drop. There may be more of a demand in the event of an emergency and you need to be able to execute if needed.
- Part of a corporation or health system? Talk with your leaders to discuss how the organization may help support staffing i.e. using staff from other facilities to staff the facility in need. Office Practices with furloughed staff (CMA's (can do VS), nurse, admin assists, EVS).
- Non-system NH reach out to local practices for options for temporary hires.
- If your state has "feeding assistant" program, train all your non-clinical staff to assist with feeding and consider hiring for just that purpose.
- Consider a plan to hire and onboard quickly non-clinical staff as supplement staffing to do tasks such as passing ice, making beds, passing trays, screening visitors/staff, answering lights, providing 1:1 activities, rounds on high fall risk residents etc.
- Contact your nursing home trade association and licensing boards as some have a listing of available staff.
- Check with local hotels for those EVS/dining staff furloughed.
- Check with local restaurants for dining staff, wait staff as "non-clinical" assistance.

**Q. When asking for emergency staffing, are they asking for back up staffing in case of positive case?**

- a. HQIN: Yes, plans utilizing some of the suggestions above to cover during an outbreak when units are isolated with dedicated staff and staff become ill. Also refer to the E0024 regulation.

**Q. In preparing my survey readiness book, on page 2 for Surveillance line listing for residents and staff, what would they be looking for?**

- a. HQIN: Surveillance line listing is where your facility is tracking signs and symptoms of possible infection, specifically respiratory. Typically, this is maintained daily by your Infection Preventionist. Most are now keeping a separate respiratory tracking form and keep one for staff and one for residents. Make sure you enter your investigation and actions (isolation, sending staff home, etc.) See page 3 of the CMS self-assessment tool for additional details:

[https://qsep.cms.gov/data/252/A\\_NursingHome\\_InfectionControl\\_Worksheet11-8-19508.pdf](https://qsep.cms.gov/data/252/A_NursingHome_InfectionControl_Worksheet11-8-19508.pdf)

**Q. On Page 2 of the HQIN Survey Readiness Book, what is the Documentation of Health Notification? Is that something we fax over to the Department of Health that we are in survey process or if not, what are is the documentation needed?**

- a. HQIN: Documentation of Health Notifications would be all contact with your State Department of Health for reporting of signs and symptoms of illness or other questions. Many facilities are keeping timelines of each contact, question and advice the Health Department provides. Print emails if you received them or organize them in your email for quick access. Note that D6 of the CMS Self-Assessment/Infection Control Worksheet addresses this.