

HICS FORM 202: INCIDENT OBJECTIVES



<p>1. Incident Name: Long Term Care Facilities and Home Health Hospice RE: COVID-19</p>	<p>2. Operational Period: April 15, 2020 1300-1400</p>	<p>3. Incident Location: Teleconference</p>
<p>5. Attendees: Hospital Representatives and Clinic Representatives</p>		
<p>TOPIC</p>	<p>DISCUSSION</p>	
<p>Call to Order</p>	<p>Called to order by Aimee Wollman Nesseth, Program Coordinator</p>	
<p>PPE</p>	<ul style="list-style-type: none"> Going forward, there is a new requesting process. Must have at least 1 COVID positive patient/resident in order to request PPE from the County Emergency Manager. They will try to fill locally. If they cannot, they will place an emergent request to the SEOC for fulfillment. Aimee will attach the form needed to make the request in this email. QUESTION: Does that include a positive employee who may have been working in the facility for several days without knowing they were sick? Aimee will ask this question of the SEOC. A survey has gone out to hospitals asking for information regarding current or planned processes for disinfecting N95 masks. If this is something that could be available for LTC, will share when we have more information. Reminder: Only be wearing N95 masks when working with a confirmed or suspected case of COVID when doing aerosol-generating procedures. 	
<p>Challenges/Issues</p>	<p>Staffing</p> <ul style="list-style-type: none"> Notes from the Nurse Aide training call were shared yesterday. Aimee asked if any facilities were planning to hold training in their facilities. Some stated they don't anticipate doing this because they don't have anyone waiting to be trained. Others stated they plan to train some current non-clinical staff in the "temporary" program to build some depth within the staff. Discussed the fact that several local hospitals are furloughing staff due to their low census. Some hospital staff may be looking for casual work or be willing to be "leased" to Long Term Care Facilities in the event of an outbreak. Aimee has asked the SEOC for templates of agreements that may have already been created and implemented in other parts of the state. <p>EMResource:</p> <ul style="list-style-type: none"> Reminder that Aimee can get you set up in this system if you are interested. <p>Evaluating and Testing As of 4/14:</p> <ul style="list-style-type: none"> 24 labs in the State are currently testing. Only testing 32% of capacity. 	

- More guidance will be coming “by the end of the week” regarding testing.
- What are the barriers?? Some facilities spoke of the difficulty of getting some of their current residents or staff tested. This is very frustrating. Hopefully the new guidance will help this issue. Some hospitals are stating they still have limited supplies of the test swabs and viral medium.
- Increased testing will likely be a requirement to “return to normal”.

DQA Calls are being held:

1. Assisted Living: Tuesdays and Thursdays 1000-1100
2. Long Term Care Facilities: Thursdays 1100-1200

Question: Are the Friday 0700-0800 calls intended for Nursing Home Administrators? It is a Clinician Call. So, please forward to your Medical Directors and other Providers who may have an interest.

Visitation

- The Board of Aging and Long-Term Care issued a memo on April 13 recommending an end to “window” visitation. On April 14, they retracted that memo, but emphasized the “Safer at Home” rule. Discussion about this practice of window visitation. Several facilities state they are discouraging this practice because they don’t have the staff needed to “police” this and to be sure people aren’t opening windows. Also, there are some residents who just defy the rules and if family is brought to the facility, the residents don’t listen and follow the guidelines. Also, there are concerns about privacy and increased confusion and anxiety when people are walking past other residents’ windows to get to their loved one. It was agreed that Nursing Home have the ability to try to curtail these visits.

Return of Residents from Hospital Settings

- Aimee asked for clarification on this process.
- If the resident is from the facility and needs to return to the facility from the hospital, the facility is obligated to accept the resident, if they can meet the residents’ medical needs.
- Facilities have the ability to refuse any new admissions.
- Long discussion about this.
- Barriers to receiving COVID positive or suspected positive residents back to their home facility include: lack of PPE, lack of fit testing, lack of staffing to provide dedicate staff to just COVID position resident. There is also concern about how long residents may be shedding the virus even after symptoms have resolved. One recommendation is to wait up to 30 days.
- **Will need to continue to work with hospitals and public health to find alternative solutions to this problem.**

Reminder: This is Severe Weather Awareness Week in Wisconsin. We can’t forget that we are moving into a time with severe weather, flooding, and wild fire threats. Please include this in your social media messaging and discussions with staff this week.

Other:

	<p>Question: Are Home Health Agencies requiring their staff to wear masks and eye protection during their visits? No, not all are doing this. Some are providing home made masks to clients.</p> <p>Question: Have any other agencies done a “virtual” table top to discuss how they will handle a resident/client/or staff member with a positive COVID test result? This is a great idea!</p>
<p>Adjourn</p>	<p>Meeting adjourned at 1354</p>
<p>Next Meetings:</p>	<p>Tuesday, APRIL 22 ,2020, 1300-1400 teleconference NWWIHERC Conference Line</p> <p>Please join my meeting from your computer, tablet or smartphone. https://global.gotomeeting.com/join/822116637</p> <p>You can also dial in using your phone. United States: +1 (646) 749-3112</p> <p>Access Code: 822-116-637</p> <p>New to GoToMeeting? Get the app now and be ready when your first meeting starts: https://global.gotomeeting.com/install/822116637</p>
<p>5. Prepared by : Aimee Wollman Nesseth</p>	