

Senior Options is committed to keeping you prepared and is offering some things to consider as we enter into our altered world. Let's take a look at things you may want to keep in mind as you develop a plan that supports your staff and patients' needs.

How do I prepare my current remote staff for re-entering the workplace?

New workplace etiquette and protocols for staff will need to be developed. Many of your team members that have been working remotely do not have a clinical background, and basic infection control competence will need to be established. Cohorts of staff that have been working remotely during the stay at home order, may have different education needs. Outreach staff, office staff, and potentially even some of your aide staff will need specific education to remain safe as office and campuses re-open.

Education of safety measures would be best introduced to all of these team members before their actual return, including at minimum:

- Basic properties of COVID-19 and transmission prevention
- Signs and symptoms of COVID-19
- Expectations of social/physical distancing
- Use of cloth face coverings
- Hand hygiene for both handwashing and alcohol based hand rubs
- Employee daily screening requirements

Outreach staff will need to understand how they can safely enter healthcare facilities and interview patients. For those without any clinical training, and even for those that do, an intense review of measures to be taken to protect themselves and a clear understanding of transmission precautions will need to be reviewed. They will also need to represent themselves well as they enter these facilities to foster trust in your agency's ability to care for their patients.

Team members that are working in the office will need to understand what is expected of them to support a safe workplace. Leaders may want to consider, that some of your office staff, as well as aide staff, may themselves be particularly vulnerable. Often times the median age of these team members is higher and due to other social determinants of health, they may be at a higher risk for unhealthy outcomes for themselves or their communities if they have been exposed to COVID-19. Leaders will want to assure that staff receive comprehensive and rigorous training to support a safe workplace.

Any staff member's circumstances could place them at higher risk. Leaders need to work with your local Human Resource departments to accommodate the needs of at risk team members. Remote working may be an ongoing option for certain roles and staff.

Once these team members have returned to the workplace, in person competency reviews can be implemented and measured. Signage and written protocols for

expected behaviors and expectations could be useful in managing the changes needed.

What are the recommendations for our offices when we begin to reopen?

How and when to reopen your workplace should be based on local data and information regarding the prevalence of COVID-19 in your locale. Continuing your focus on evolving public health information in your area will remain imperative. The data is likely to continue to evolve and change as the science, availability, and accessibility for testing and treatment continues to develop. It is advisable to create a well thought through plan for your staff's re-entrance. The actual configuration of your space will likely need to change. Every precaution will need to be taken to minimize your team's risk of exposure to infection. Consider these items in your new office plan:

- Desks will need to be arranged a minimum of six feet apart- taking into consideration traffic flow of people through your office. If necessary, you may want to consider installing physical barriers, such as clear plastic sneeze guards, in particularly high traffic areas that can't be avoided.
- Consider how you plan to address common areas for all staff, such as bathrooms, breakrooms and conference rooms. Disposable toilet seat covers, hand sanitizer stations or individual ongoing access to hand sanitizers, no-touch trash receptacles and masks will likely need to be made available. Other noteworthy issues on return may be the safe use of elevators, common hallways and stairwells.
- Team members that work in individual offices may be able to work without a face covering, but you will want to consider the traffic you will get into your office. If you have frequent visitors and 6 feet of distance can't be maintained, face covering would be a reasonable practice.
- Consider alternative options to congregating in your offices. Video meetings may need to continue, even with staff that are in your office space, to better manage exposure.

Your plan may also include scheduling changes for your office team. Leaders will want to reconsider who is coming into the office and when, after you look more closely at your ability to configure the office space. Consider minimizing traffic flow and stagger start and stop times, lunch schedules, etc. You may also want to stagger staff working remotely and staff working in the office if the space can't be safely or comfortably configured.

What do my patients and families need to know regarding care as COVID continues?

There has been a pent up need for health care as many people have been avoiding needed services during this stay at home order. More elective surgeries are expected to be scheduled and an increase in censuses across the continuum will likely follow suit. As long as COVID-19 continues to linger, we need to

carefully assert what our patients and families need to know to protect themselves and your team.

People are still fearful of accessing healthcare, and we need to critically look at how our message is being carried to allow your staff into their home. Often times, the difference between providing critically needed services and patients' refusals is how we manage our message.

According to the Advisory Board, there are 4 successful tactics for communicating your agency's safety protocols.

- Include a compelling statement to patients and their family about the negative impact delays can have on health outcomes, and the actions you are taking to mitigate infection risk. Consider incorporating supporting data regarding the proportion of patients declining home health or hospice and indicating that delaying needed care can result in a greater likelihood of hospitalization.
- When possible, provide direct access to nurses by phone to answer any questions related to patient fear about potential exposure to COVID-19 during in-home visits.

Real-world example: Select organizations are offering a nurse call line for patients hesitant to accept home health. Patient refusal to receive in-home care, triggers an immediate call back from the nurse, who speaks with the patient about their concerns and reassures them about the precautions they have in place to ensure safety during the home health visit.

- **Communicate with upstream referral sources about the safety precautions in place and your HHA's willingness to accept new patients.**
- **Feature images or videos of the safety precautions your organization has put into place.**

While PPE shortages remain relevant, agencies should provide family and caregivers with masks when needed. All household members should be made aware that cloth face coverings would not only protect their loved one, but will protect your staff as well. Agencies should support households that don't have the resources to obtain such equipment, and facilitate the needed supply.

As clinicians are co-creating plans of care, agencies should reinforce planning for telehealth or telephone support. We now know that people can be asymptomatic and can transmit the virus. Preparing patients and family for these types of care measures will remain relevant in the months to come.

Emergency planning for patients will need to evolve as we enter into the spring and summer months. Tropical storms and flooding are happening across the country, and sheltering options in the COVID-19 world will need to be addressed.

In Conclusion

We are all experiencing how our lives are being affected with COVID-19. New virus surges are expected to happen, and we need to remain vigilant to the needs of our local communities. Agencies need to remain prepared to pivot to remote operations if the surge in your area warrants. The need for PPE remains high, and leaders need to keep a constant eye on inventory as they project changing needs for equipment. There is unfortunately no room to become complacent. Pandemic fatigue is real- and any lapses in practice could prove to be very costly. Supervision of staff and accountability will need to advance to assure that staff are maintaining safe practices.