Michigan Department of Health and Human Services (MDHHS) AFC / HFA COVID-19 Emergency Response Tool

GUIDANCE FOR USERS December 23, 2020

This document is intended to accompany the AFC/HFA COVID-19 Emergency Response Tool. Its purpose is to provide further information and explanation to AFC/HFA homes when an emergency develops due to COVID-19 infection and related circumstances.

The emergency response tool addresses these four situations:

- 1. COVID-positive residents An AFC/HFA resident tests positive or is diagnosed with COVID-19
- 2. **Staff exposure or COVID-positive test** An AFC/HFA staff member is exposed to someone with COVID-19 or tests positive for COVID-19
- 3. **PPE Shortage** When personal protective equipment (PPE) is required, and the home's supplies run low or run out and normal sources for replenishment are not available
- 4. **Staffing Shortage** due to COVID When staff are ill or unable to work and all regular means to staff the home have been exhausted

IMPORTANT DEFINITIONS when someone in the home is sick or exposed to COVID-19:

• <u>Isolation</u> – for individuals who have been diagnosed with COVID. The individual should stay at home except to get medical care, and to the extent possible, stay separate from other home residents, and try to avoid common areas in the home.

Home care should include rest, staying hydrated, and following medical instructions. Stay in touch with the individual's medical professional. Be sure to seek care if the person's symptoms change (i.e., if they have difficulty breathing or have any other emergency warning signs such as persistent pain or pressure in the chest; new confusion; inability to wake or stay awake; bluish lips or face; or other possible symptoms of concern). If the resident needs immediate medical attention because of their symptoms, the facility should call 911. For more information about COVID-19 symptoms, consult the MDHHS COVID-19 Frequently Asked Questions.

If the resident has symptoms but does not need immediate medical attention, the facility should contact the resident's medical professional for guidance and to determine whether transfer to the hospital is necessary. The medical professional can also advise if a COVID-19 test is necessary.

 <u>Quarantine</u> – for individuals who might have been exposed to COVID. Individuals who might have been exposed to the virus should be quarantined, which means kept away from others. Exposure is defined as being within six feet of a COVID-positive person for a cumulative total of 15 minutes or more in a 24-hour period. The exposed individual should try to avoid common areas and should not leave home or visit public places.

Treat in Place

"Treat in place" is the process to be followed when it is determined that a person is **not** experiencing a medical emergency and will not likely benefit from transport by EMS to the hospital. This determination must be made with consultation from the person's medical professional or in collaboration with hospital medical control if EMS has been called to the scene.

The following links provide additional information about managing COVID-positive individuals at home.

- Emergency System Protocol: <u>Stationary Treatment</u>. This link provides guidance to paramedics when an authorized medical professional determines that the individual is not experiencing an emergency that requires transport to a hospital.
- <u>Managing COVID-19 at Home</u>. Use this link when a person's medical professional has determined that the person may recover at home while assuring delivery of appropriate healthcare services
- When is it safe to leave home? Use this link when a person has:
 - had symptoms of COVID-19 and has been isolated for COVID-19 or
 - lives with someone (is a close contact of someone) diagnosed with COVID-19 and has been in quarantine.

Rapid Response Surge Staffing

On October 30, 2020, MDHHS issued <u>Rapid Response Staffing in Long-Term Care Facilities</u>, a document that describes the Rapid Response surge staffing option, allows you to apply for surge staffing, and provides answers to your Frequently Asked Questions. Here are the highlights:

- MDHHS will be offering Rapid Response Staffing statewide to assist long-term care facilities who
 may be experiencing a staffing shortage. Long-term care facilities eligible to participate include
 nursing homes, assisted living centers, homes for the aged, and adult foster care homes. While
 staffing resources are available statewide, please note that MDHHS cannot guarantee that every
 facility that meets criteria and requests staffing resources will receive staffing support due to
 the high demand for supplemental staffing.
- Rapid Response Staffing Availability: MDHHS intends to provide short term (120 hours or less) of consecutive staffing assistance to facilities facing staffing shortages when rapid response staff is available. Currently, staffing services will be supplied by 22nd Century Technologies, Inc. (TSCTI), ATC Healthcare, and P.I.E. Management.

Emergency Planning

The following links may be helpful to AFCs/HFAs in creating an emergency plan to address the COVID-19 pandemic and other infectious disease emergencies:

- MIOSHA COVID-19 Workplace Safety Guidance
- MIOSHA Emergency Rules
 - o MIOSHA Emergency Rules FAQ
- MIOSHA COVID-19 Preparedness & Response Plan Template
- MDHHS Long-Term Care COVID-19 Plan

Regional Healthcare Coalitions

Michigan has eight Regional Healthcare Coalitions. These coalitions provide a coordinated healthcare response to disasters for all hazards including the COVID-19 pandemic. Healthcare Coalitions work with local partners such as local public health, emergency management, community mental health, and more within each region to prepare hospitals, emergency medical services, and other healthcare organizations (including skilled nursing facilities, adult foster care, assisted living, and homes for the aged) to deliver coordinated and effective care during public health/healthcare emergencies, such as pandemics, school shootings or acts of terrorism.

Each coalition maintains one full-time regional coordinator, one full-time assistant coordinator and one part-time medical director. To find contact information for the Regional Healthcare Coalition in your area, visit this <u>directory</u>.

Contact your Regional Healthcare Coalition if:

- You are unable to isolate a COVID-positive resident or treat them in place
- You are running short on PPE (Personal Protective Equipment) needed to manage a COVID-19 emergency and have exhausted all local PPE contracts or supply chain options
- You are experiencing a staffing shortage due to the COVID-19 response and all other options are exhausted

Licensing & Regulatory Affairs (LARA)

The AFC/HFA decision tool refers to informing your Licensing Consultant. These professionals, employed by Licensing and Regulatory Affairs (LARA), provide consultation and make evaluations of new and existing facilities and recommend the issuance or non-issuance of licenses based on adult foster care statute, administrative rules, and departmental policies. Some areas of the state also provide the same enforcement activities for homes for the aged.

The following links provide information, details and Frequently Asked Questions about the licensing and regulation of adult foster care homes, homes for the aged and specialized programs for developmentally disabled and/or mentally ill individuals who reside in AFCs.

- LARA Adult Foster Care / Homes for the Aged
- LARA COVID-19 FAQs

OTHER IMPORTANT INFORMATION

This section contains links to other sources of information that may help guide AFCs and HFAs in COVID-19-related decision-making.

Care & Recovery Centers

MDHHS Care and Recovery Centers (CRCs) are designated facilities or units within existing nursing facilities to care for: 1) COVID-positive patients discharging from a hospital, or 2) residents from long-term care facilities unable to care for residents with confirmed COVID-19 who have not met criteria for discontinuation of Transmission-Based Precautions, but do not require acute care provided in a hospital.

CRCs have designated units to care for COVID-positive residents and have prioritized access to available Personal Protective Equipment (PPE) and COVID-19 testing kits and assistance as well as infection control training and technical assistance

To find the CRC nearest you, consult this chart.

Executive Orders & Directives

For the latest COVID-19 Executive Orders and directives relevant to the operation of AFCs/HFAs, <u>visit</u> this web page. Included in the list are:

Testing requirements for AFCs and HFAs (Effective October 28, 2020)

- The requirements are summed up in this Memorandum from MDHHS.
- Note that Adult Foster Care facilities licensed to care for 13 individuals or more must begin testing in compliance with this order.

Requirements for residential care facilities (Effective December 8, 2020)

The newest order includes the following requirements for **resident and employee protections** at residential care facilities:

(1) Limit communal dining and internal and external group activities consistent with the Center for Medicare and Medicaid Services guidance included in <u>QSO-20-39-NH</u> (issued on September 17, 2020);

(2) Inform employees and residents of the presence of a confirmed COVID-19 positive employee or resident as soon as reasonably possible, but no later than 12 hours after identification;

(3) As soon as reasonably possible, but no later than 24 hours after identification of a confirmed COVID-19 positive employee or resident:

- A. Inform legal guardians or healthcare proxies for all residents within the facility of the presence of a confirmed COVID-19 positive employee or resident;
- B. Post a notice in a visible and obvious place near the main entrance of the facility indicating the presence of a confirmed COVID-19 positive employee or resident. The notice must continue to be displayed until 14 days after the last positive COVID-19 test result for an employee or resident in the facility;
- C. Adopt a protocol to inform prospective residents and staff of the presence of a confirmed COVID-19 positive employee or resident. Such notification must continue until 14 days after the last positive COVID-19 test result for an employee or resident in the facility. The protocol must specify how guardians and health care proxies will be informed of the positive COVID-19 test result;
- D. Contact the local health department in the facility's jurisdiction to report the presence of a confirmed COVID-19 positive employee or resident;
- E. Support and comply with contact tracing efforts as requested.

(4) Timely notify employees of any changes in CDC recommendations related to COVID-19;

(5) Keep accurate and current data regarding the quantity of each type of Appropriate PPE available onsite, and report such data to EMResource upon MDHHS's request or in a manner consistent with MDHHS guidance; and

(6) Report to this Department all presumed positive COVID-19 cases in the facility together with any additional data when required under MDHHS guidance.

The order also updates requirements for **Visitation** and **Visitor Testing**, which are explained in these infographics:



This order provides a safe plan for visitation, and continues necessary protections for residents and staff in facilities across the state

County Risk Level (Based on the <u>MI Safe Start Map</u>)	Outdoor	Indoor	Compassionate Care	
Low, A, B		Yes, if no recent cases in the facility	Yes	
C or D	Yes, if no recent cases in the facility	Yes, with visitor testing,* and if no recent cases in the facility	Yes, with visitor testing required for indoor visits.* End of life visits are exempt from testing.	
E		Not allowed		

Different rules apply to special categories of visitors, such as medical providers and those providing assistance with activities of daily living. See the <u>Residential Care Special Cases Guidance</u> for more information.

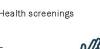
Visitation Precautions:



Limited number of visitors/ appointments only







Six feet of physical distancing

Hand hygiene and other cleaning/ disinfecting protocols

*Visitor testing is required in Nursing Homes, Homes for the Aged (HFAs), and Adult Foster Care homes (AFCs) licensed to serve 13 or more individuals. Visitor testing is not required in AFCs licensed to serve 12 or fewer individuals, unlicensed Assisted Living facilities, Hospice facilities, and Substance Use Disorder (SUD) Residential facilities. Compassionate Care visits are those for residents in serious/critical condition, or in hospice care, including end of life visits.

For types of visits requiring testing, facilities must require visitors to be tested within 72 hours before visiting and show proof of negative test

results upon entry. Contact the facility for more information about on-site and community testing options.

To read the complete MDHHS Dec. 8, 2020, Visitation Order, visit <u>Michigan.gov/Coronavirus</u>. Questions or concerns can be emailed to COVID19@michigan.gov.





VISITATION ORDER SPECIAL CASES



Special category of visitors	Visits allowed during facility outbreaks?	Social distancing required?	Testing required for visitors?
Window visits when a barrier is maintained between the resident and visitor.	Yes	Yes	No
A parent, foster parent, or guardian of a resident who is 21 years of age or under.	Yes	Yes	Yes, in C, D, and E counties if indoors
Visits that support ADLs or visits that are necessary to ensure effective communication with individuals with hearing, vision or speech impairments.	Yes	No	Yes, in C, D, and E counties if indoors
End-of-life visits.	Yes	No, if contact is limited to under 15 minutes with appropriate PPE	No
Visits that occur when a resident is in serious or critical condition or in hospice care.	Yes	Yes	Yes, in C, D, and E counties if indoors
Medical service providers such as hospice providers, podiatrists, dentists, durable medical equipment providers, social workers and other behavioral health providers, speech pathologists, occupational therapists, physical therapists, and other health care providers, including resident physicians and clinical students.	Yes	No	Yes, in all counties
Non-medical service providers, such as hairdressers, nail salon technicians, cosmetologists, and providers of religious or spiritual services.	No	No	Yes, in all counties
Volunteers who have been trained in infection control measures and are supporting visitation.	No	Yes	Yes, in all counties

All special categories of visitors are permitted to conduct indoor visits when the county risk level is E.

To read the complete MDHHS Dec. 8, 2020, Visitation Order, visit <u>Michigan.gov/Coronavirus</u>. Questions or concerns can be emailed to COVID19@michigan.gov.



Personal Protective Equipment (PPE)

The CDC has published an extensive guide on the <u>proper use of PPE</u>. This link explains who should wear PPE; contains a video showing how to wear it properly, and offers downloadable illustrated posters you can put in your facility.

COVID-19 Infection Control Training

Updated Infection Control Training is being developed for direct care workers specific to COVID-19. This press release explains how the IMPART Alliance at Michigan State University's College of Osteopathic Medicine is developing the training with COVID Relief Funding from MDHHS. The training will be free and widely available soon for direct care workers providing home and community-based services. More information will be provided.

COVID-19 Vaccine Information

The State of Michigan's COVID-19 website contains helpful, up-to-date information on its <u>vaccine web</u> <u>page</u>. Clicking the "Provider Guidance and Education" tab takes you to the <u>provider web page</u>. This page is updated regularly and will include links to future webinars.

Other helpful information for healthcare providers can be found on the <u>Health Professionals Resources</u> page.

QUESTIONS? Please send your questions to this shared email address:

MDHHS-COVID-AFC-HFA-Response@michigan.gov