



# Frequently Asked Questions Related to the COVID-19 Pandemic

## Campus COVID-19 Taskforce

### Who makes up the Taskforce?

A taskforce was formed several weeks ago to monitor federal and state information and implement proper protocols for dealing with the COVID-19 pandemic. The taskforce consists of:

Campus Medical Director	Campus CEO
Nursing Home Administrator	Personal Care Home Administrator
Director of Nursing	Assistant Directors of Nursing

The taskforce formally meets numerous times per week via video conference and remains in contact around the clock as needed via phone and email. Other physicians and staff are included in meetings as needed. Protocols are updated as needed upon the receipt of new federal and state recommendations and regulations.

## Screening

### What protocols are currently in place for screening?

Staff Screening. Staff are required to enter only through the main entrances of the SNF and PCH. Before reporting to their designated workplace, a designated person screens incoming staff and records the following:

- Temperature

- Symptoms associated with COVID-19
- Other non-Campus employment and possible exposure to COVID patients
- Travel to NY within last 30 days

If any of the indicators are present, an employee will be sent home and asked to self-quarantine for 14 days and be symptom free before returning to work.

Admissions Screening. Family tours have been discontinued, but as a part of the long-term continuum of care, The Campus recognizes a moral obligation and will continue to accept appropriate admissions. Potential admissions are screened for the same criteria as staff and are further reviewed for any potential challenges in providing care.

## **Protocols and Precautions**

### **What protocols have been implemented to protect residents and staff?**

Handwashing. A primary tool in the prevention of the spread of the COVID-19 virus is handwashing. Staff are encouraged to regularly wash their hands and have been educated on proper handwashing techniques. When soap and water are not readily available, hand sanitizing is available at stations mounted throughout both buildings.

Masks and PPE. Direct care staff have been trained in the proper use of PPE. When appropriate, masks are required to be worn. We are conscious of balancing the need to wear a mask against the availability of supply. The current supply is monitored daily and potential sources of masks are researched. As an example of an ongoing review of protocols as federal and state regulations change, masks are now worn by any staff entering a resident area. Masks are available to all direct care staff as needed, and non-direct care staff are issued a mask during screening. Resident areas are currently defined as:

- SNF – any time staff pass through the double doors to enter either the North or South Wing.

- PCH – because residents routinely move throughout the entire building, any staff in a public area now is required to wear a mask.

Dining. Communal dining has been stopped. Most residents are receiving meals in their rooms or apartments. Those residents needing assistance are still eating in small groups while observing social distancing.

Deliveries. Any deliveries are left inside the back doors, outside or in the lobbies. Delivery personnel are not permitted in resident areas. Even for medical related visits, such as labs, Campus staff collects samples for pickup in the lobby.

Salon Services. While we understand the importance to residents to our beauty and barber services, the state has mandated that salons remain closed. We are receiving some offers from staff to perform some basic salon services for residents until such time as our professional salon staff can return.

Staff Education. Nursing and Administration continue to hold periodic meetings to explain protocols and to address any questions raised by staff.

Social Distancing. As much as possible, residents are kept at safe distances from each other and staff have reduced contact with residents. This has been difficult for staff of all departments who are accustomed to close interaction with residents. Even among staff, social distancing is practiced by using more video and teleconferencing. Activities and dining programs have been altered to properly observe social distancing.

Cleaning and Disinfecting. Many of our routine procedures have been updated and enhanced to ensure proper cleaning. Some examples include:

- Increased frequency of cleaning and disinfecting of touch points such as handrails, doorknobs and other commonly touched items;
- Reviewing and observing all new CDC and other guidelines and recommendations;
- Working with our infection control team on handwashing and sanitizing;
- Ensuring adequate supplies of cleaning and disinfecting supplies; and
- Reviewing new products for use in sanitizing.

## **Care Management**

### **How can a family member remain involved in a resident's care?**

Care Plans. Routine care plan meetings will continue by electronic means as needed.

Communication. Campus staff have been working diligently to make routine calls to families to keep them informed of resident conditions. Additional Nursing staff has been brought onboard to maintain and increase contact with families regarding resident care. We also have Activities staff conducting video and phone meetings between residents and families using Skype and other applications. Families will also be contacted should there be a significant change in condition of a resident.

Laundry. The Campus provides laundry service for most residents of the SNF. For those families who do laundry for a resident, we continue to facilitate drop off and pick up of resident laundry in the lobby. Due to the increased demands on staff during the pandemic, we do ask that families continue to provide 24 hour notice when scheduling a pick up or drop off.

## **Visitation**

### **Why are there visitation restrictions and how long will these restrictions continue?**

We realize this is frustrating and upsetting, both to family members and residents. The restrictions are in place for the protection of both residents and staff and are now mandated by the government for long term care. While we have no way of predicting the duration of the restrictions, we will work to provide means for family interactions during this difficult time.

## **What means are in place to connect with residents in lieu of in-person visits?**

Our staff in both buildings is prepared to assist in coordinating phone calls, Facetime and Skype visits with your loved one. Currently, to arrange an electronic visit, contact our Director of Therapeutic Recreation, Jessica Finkenbinder at [jfinkenbinder@jhgh.org](mailto:jfinkenbinder@jhgh.org) or call Jessica at 717-657-0700 ext. 8409.

## **Can I take my resident out of the building?**

To minimize risks, The Campus is restricting residents from going out for non-essential purposes. The Campus will continue to transport residents to medically necessary appointments and will arrange for onsite visits from providers when possible. Keeping contact to a minimum is critical in helping to shorten the timeframe of this pandemic.

## **Activities and Entertainment**

### **What is The Campus providing for activities and entertainment?**

Outside entertainers are no longer being allowed into our buildings until the pandemic is deemed to be over. Activities staff continue to provide small group activities and one to one visits. As was the practice to prevent the potential spread of flu, the skilled nursing facility continues to keep residents on either the North or South units and have eliminated large group gatherings.

As was mentioned previously, Activities staff is also providing opportunities for residents and families to visit via video.

## **COVID and the Future**

### **Would The Campus admit a COVID positive resident / patient?**

As a long-term care provider, The Campus has been notified that we would be required to admit COVID positive patients from hospitals if they meet the normal admission criteria for skilled nursing care. To prepare for that possibility, The Jewish Home has identified an area that can be properly isolated and has the following attributes:

- Rooms can be properly isolated from other long-term care residents;
- Will have separate bathing facilities;
- Will have its own Nursing station and supply storage capabilities;
- Will have designated / dedicated direct care staff that will not also serve other residents;
- All existing infection control and COVID-19 procedures would be followed during the care of those residents / patients; and
- Will have a separate entrance for that dedicated staff to enter and exit.

Our Director of Nursing has reported that numerous licensed and certified staff have already offered to be assigned to such a unit should that need arise.

### **What will happen if a current resident or staff member is diagnosed as COVID positive?**

Again, there are no cases of COVID-19 present on our Campus as of April 1. The goal of our existing protocols is to prevent the residents AND staff of our Campus from contracting the COVID-19 virus. Should that happen, The Campus does have protocols in place to prevent the spread of a virus.

**Resident.** If a positive case of COVID is identified in a resident, that resident would be moved to the isolation unit mentioned above. Infection Control protocols would be implemented. The resident room would be thoroughly cleaned and disinfected before being reused. There are also government reporting requirements that would be followed for resident positive cases.

**Staff.** Any staff person who would test positive would be mandated to stay at home for a minimum of 14 days and would only be allowed to return after being symptom free and fever free without the use of fever reducing medications.