CAHF Disaster Preparedness Program presents:

Sustainable Screening Strategies for Staff, Visitors, and Contractors: Regulatory Requirements

Tuesday, Nov. 16th, 4:10 – 5:00 Jason Belden, Director of Emergency Preparedness





Quiz Time

 On a scale from one to ten –
 How comfortable are you in your ability to manage visitor/vendor entry into your building?

Course Objectives	Understand regulatory requirements for staff, visitors, and vendors entering SNFs	Understand tools available to assist providers minimize time spent managing entry management.
	Understand best practices currently being used to safely accomplish visitor screening.	To identify resources available to assist you in the implementation of entry management

<u>Entry</u>	
Management	

Any visitor, regardless of vaccination must:

Be screened for fever, symptoms, and exposure within last 14 days

- Must wear a well-fitting face mask
- Facility provides appropriate PPE to visitor based on status of resident and shown how to donn and doff.
 Visitors must remain physically distanced from
- Visitors must remain physically distanced from others
- Visitor movement within the facility is limited to the resident room or designated visiting area

Entry Management

AFL 20-22 (ca.gov) and AFL 21-14 (ca.gov)

Visitor restrictions consistent with health order

 Revision requires SNFs to develop and implement processes for verifying the vaccination status of all visitors, and for obtaining and tracking documentation of SARS-CoV-2 diagnostic test of all visitors who are unvaccinated and incompletely vaccinated to have an <u>indoor visit</u>

Methods to verify vaccination

CDC/WHO card which includes name of person vaccinated, type of vaccine provided and date last dose administered; OR

Digital record that includes a OR code that when scanned by a SMART Health Card reader displays to the reader client name, date of birth, vaccine dates and vaccine type. The OR code must also confirm the vaccine record as an official record of the state of California, OR Documentation of vaccination from or other contracted employees who follow these vaccination records guidelines and standards. In the absence of knowledge to the contrary, a facility may accept the presented as valid

Differences for Indoor In-room

Indoor - Verify vaccination status or doc. neg. test within 72 hrs.
PCR/Antigen ok; if antigen should be drawn within 24 hrs.
Everyone wears a well-fitting face mask at all times
If both are fully vaccinated then physical distancing not required
If either resident or visitor is not fully vaccinated then 6ft physical distancing needs to be followed
If both fully vaccinated then resident/visitor can remove

Outdoor, Re-Admit, Contractors

mask to eat

Fully vaccinated may be conducted w/o masks
Not fully vaccinated then masks and distancing even outside

Return to facility –

- Fully vaccinated do not need to quarantine or tested upon return
 Not fully vaccinated needs to test 5-7 days after return for less than 24 hrs
 Over 24 hrs, quarantine for 14 days, tested prior to return
 Should do symptom check and question about exposure while out

- Non-essential Personnel/Contractors

 Treated like visitors; screening, vaccination/test, mask, 6ft distance

Exempt from visitor restrictions: realitizes worker, including those from LHDs, consultants, contractors, voluntees – those are subject to the health order requiring vaccination, evention wy testing Surveyon – Surveyon subject to same vaccine or testing requirement handled by CDPH Ombudsman – Ombudsman have similar requirements from the Department of Aging Surveyon – Mubudsman have similar requirements from the Department of Aging Conductors, obstance and the conductive signal of an approved nurse substant, socialized nurse, registered nurse, humaney, social work or other healthcare training contained in vision, registered nurse, planmacy, social work or other healthcare training contained in vision, registered nurse, planmacy, social work or other healthcare training contained in vision, registered nurse, planmacy, social work or other healthcare training contained in vision registered nurse, planmacy, social work or other healthcare training contained in vision registered nurse, planmacy, social work or other healthcare training contained in vision registered nurse, planmacy, social work or other healthcare training contained in vision registered nurse, planmacy, social work or other healthcare training protections. Legal Representatives – Subject to symptom screening and exposure questions PBA Programs – Subject to symptom screening and exposure questions

ndividuals authorized by federal disability rights laws

An persons exempt from visitor restrictions are still subject to screening for fever and COVI 19 symptoms, must wear a well-fitting face mask, perform hand hygiene when in the facilit and comply with core principles of infertion control and prevention



MBA, BPT, LNHA HORIZON HEALTH AND SUBACUTE

Facility Situation

Horizon Health and Subacute is a 180 bed facility that has 145 SNF and 35 Subacute beds.

- Trach and vent dependent patients
- Predisposed and susceptible to air borne infections, high priority for both CDPH, Fresno County Public Health and HAI.
- Important to establish a vigorous COVID-19/ infection prevention protocols with everchanging guidance and policies.
- Facility has over 200 employees, 20-25% of those work in multiple facilities.

Immediate Response

Shift the entrance -one entrance and exit.

Need to divert traffic from Subacute Unit and Extensive education and training with Subacute staff to establish their own bubble inside facility itself

Created 2.5 FTE position as screener from 6 AM through 11 PM with screening, supplies and PPE station.

Establish Mitigation plan and staff education on those protocols.

Screening

Screening strategy evolved over the past year as the visitation guidelines changed from "No Visitors" to "Visitation by Appointment" to "Open Visitation". Active vs passive screening question during mitigation survey.

Screening Process

Manual screening for all residents (dialysis and appointments), staff, physicians and visitors. $^\circ$ Rapid tests at screening desk as needed for residents and staff.

Screening tool/log provided by CDPH that evolved a few times • Vaccination status and the card etc.

Vaccination status and the card etc.

Visitors and staff receive a screening badge upon screening to put on their clothing/ name badge to show that they were screened at the entry point. The color of the screening badge is changed daily to ensure compliance.

Screening Process

Screening desk staff trained to educate visitors

- facility orientation,
 the route to avoid engaging with other residents or entering other resident areas
- screening log asks about exposure to COVID in last 10 days. Activities department

- communicated to screener a daily list
 communicated to screener a daily list
 designated visitation areas, vecative exposure (facility had 3 courtyards that helped with creating outdoor visitation areas, weather permitting).

Contact Tracing

Facility's Infection Preventionist and Staffing Coordinators worked hand in hand along with other staff to ensure valid contact tracing to convert green zones to yellow upon exposure and communicate exposure to staff and residents to establish quarantine timelines.

Facility's IP and DON spent hours to establish Patient Zero in facility's first outbreak and creating a contact map to avoid transmission and spread.

Contact Tracing

Staff were encouraged to report any exposures at home or from friends and family, educated to maintain social distancing at and outside of work.

Facility's sick leave policy was modified to accommodate COVID protocols and exposure related quarantine.

Manual screening process does have its limitations in terms of record keeping, analyzing and the contact tracing becoming more and more time consuming.











Smart Entry

Your first line of defense against the spread of infectious disease and managing employee and visitor access to your facility.







 Present QR Code
 Personalized QR codes are assigned to staff throug
 care.ai mobile app. When they arrive for their shif
 employee shows their personalized QR code to the

ig Questions e acts as the user's attestation token, for th ked on screen. The QR code is mapped to higueID, and automatically captures and all compliance. mperature CiteCx Mo-T2 device measures the employed's surface skin harature. All information is sent to the care al eard, and allows for configuration of workflows, as s documentation for compliance.













