COVID-19 Workforce Surge Planning Playbook for Patients in Long-Term Care

*Visit the NC AHEC Program website to assure that you have the most up-to-date document.

Executive Summary: Discharge of COVID-19 patients from hospitals will lead to an influx of post-acute patients. In addition, a push to clear hospital beds in preparation for a surge of COVID-19 patients needing acute or critical care, as well as the need to protect vulnerable hospitalized patients from COVID-19 by discharging them whenever possible, has increased the volume of post-acute patients. As post-acute patients often require rehabilitation and support that cannot be provided in the home, demand for post-acute care in long term care (LTC) facilities will increase. Preparing for the specific needs of post-acute COVID-19 patients and for the possibility of a surge of the LTC patient population is essential to assure patient and workforce safety.

This document provides suggestions for how to maximize the skillsets of potential health care workers on a LTC team in order to meet an increased workforce demand. Attention is given to "flexing" the skills of staff already in LTC, as well as incorporating new members into the team and alternate workflows where appropriate. State regulatory and scope of practice restrictions should always be consulted.

Additional planning for space and supplies may also be needed: many frequently asked questions regarding COVID-19 and post-acute and long-term care settings are addressed in a recent communication from the Society for Post-Acute and Long-Term Care Medicine (AMDA), and the NC AHEC Program has created a Preparedness Checklist for Acute and Long-term Care Populations.

Surging LTC skills to meet the need requires:

- Adopting a team-based care approach that includes a plan for ensuring staff safety and resilience.
- Re-distributing and training of skills of both internal and external health care workers.

I. Team-based care approach: Utilize a team-based approach for patient management that includes formal policy/procedures for alternative workflows. This approach should include:

   - A plan for the response and management of exposure to COVID-19 in the LTC setting.
   - A formal multi-team LTC architectural system.
   - Regularly scheduled team meetings.
   - Support for alternate workflows that reduce physical contact.
   - A strategy to train team members.
   - Assurance of team safety and resilience.

II. Skills Re-distribution: Identify skills needed for the patient population and inventory skills in the current workforce. Identify gaps and provide training to fill those gaps when necessary. Self-study resources on specific skills are provided in the narrative of the document.

   - Identify and train experienced LTC staff who can serve as team leads.
   - Identify and train alternative LTC staff who can manage the medical care of LTC patients.
   - Identify and train alternative LTC staff who can execute advanced patient care skills.
   - Identify and train alternative LTC staff who can execute fundamental patient care skills.
   - Identify and train staff who can execute other essential skills to protect patients and staff.

I. Team-Based Care:

Utilize a team-based approach for LTC patient management that is supported by a formal policies/protocols for alternate workflows. Deploying each team member to execute their unique skill sets in a collaborative approach will provide force multiplication and allow for efficient care management teams.

The advantage to utilizing a team-based approach, focusing on maximizing the skills sets of each team member and virtual care alternatives, is that staff can minimize face-to-face encounters, increasing the capacity for patient volume and the safety of patients, families, and staff.

Staff who assist in surge skills are not expected to independently take a full patient load but should arrive ready to share the skills they do offer with the team leads.

The team-based approach in LTC during the COVID-19 pandemic should include/address the following:

1. **A plan for the response and management of exposure to COVID-19 in the LTC setting.** Resources include:
   a. CDC Preparing Nursing Homes and Assisted Living Facilities for COVID-19. Video. *Time to complete*: 31 minutes
   b. Readings:
      - Preparing for COVID-19: Long-term Care Facilities, Nursing Homes.
      - Centers for Medicare and Medicaid Services (CMS) Long Term Care and Infection Control Worksheet: LTC Facility Self-Assessment Tool
      - American Health Care Association/National Center for Assisted Living Guidance on Accepting Admission from Hospitals During COVID-19 Pandemic
      - What to Expect: Response to New COVID-19 Cases or Outbreaks in Long Term Care Settings
      - Statewide Program for Infection Control and Epidemiology's Infection Control Tools: Policy, Risk Assessment, Competency, and More
      - Utilize additional established resources through the US Department of Health and Human Services Assistant Secretary of Preparedness Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) at https://asprtracie.hhs.gov/.
        - The COVID-19 Heathcare Workforce Toolkit is a collection of various resources on federal regulatory funding flexibilities, workforce training, state/territorial/local resources, and an information exchange that can be accessed if you register.

   c. Facility signage:
      - Enhanced Droplet Precautions (English/Spanish)
      - Visitor Screening
      - Visitor Restriction
      - Visitor Instructions

2. **A formal multi-team LTC architectural system** following AHRQ guidelines, which includes:
   a. Administrative team: Responsible for the overall function and management of the nursing home.
      - Composed of executive leadership.

b. Coordinating team: Responsible for operational management and resource management for core teams. Provides policy-level guidance.
   - Composed of managers, nursing supervisors, and department heads.

c. Core team: Responsible for the development of care plans and regular direct medical care of patients.
   - Composed of physicians, RNs, LPNs, NPs, PAs, and unlicensed assistive personnel.

   *The patient and their families are considered part of the core team and should be consulted with all changes in the care plan.

d. Ancillary Services teams: Perform direct, task-specific, and time-limited care. The team functions independently at the direction of the core team.
   - Examples include laboratory, x-ray, pharmacy, recreation, social services, and rehab.

e. Support team: Responsible for creating an efficient, safe, comfortable, and clean healthcare environment.
   - Examples include environmental services, supply, human resources, laundry, dietary, staff development, volunteers.

f. Contingency team: Formed for emergent or specific time-limited events. Respond to immediate direct patient care during situations that require more resources than those available to the core team (i.e. code team). Also, respond to broader situations (i.e. COVID-19 safety team).
   - Composed of members drawn from various other teams and staffing sources.

3. **Regularly scheduled team meetings**:
   a. Team huddles at the start of each shift will enhance communication, optimize patient care activities, and allow each team member to discuss their clinical strengths and address any concerns.

      Goals:
      - Orient new team members to plans of care
      - Synchronize team goals and accomplishments
      - Discuss assignments, with attention given to reducing the risk of spreading COVID-19 from affected patients to unaffected patients and to reducing potential exposures for both patients and team members who are at high risk of complications. Coordinate between team members to delegate tasks requiring physical presence to lessen the number of health care workers and visits as much as possible.
      - Discuss patient care goals.
      - Provide opportunity to answer questions and concerns.
      - Address accountability and responsibility of each team members.
      - Address red flags - these should be reported immediately to the LTC team leads

   b. Weekly lead huddles: team leads from each team should meet weekly with the resource team to share the status of their team and perform a global assessment of the need for additional resources, including skills and equipment gaps.

   c. Daily updates to patients and staff regarding COVID-19, including education on self-monitoring, infection prevention and control, visitor policies, and other changes in policy that affect daily activities. These updates should be done without assembling in a physical group, either virtually, by overhead announcements, and distribution of fliers.

4. **Support for alternate workflows that reduce physical contact.**

a. Virtual alternatives:
   - When possible, use telehealth to provide telehealth visits, virtual check-ins, and e-visits. The Centers for Medicare and Medicaid Services (CMS) defines telehealth as interactive audio and video telecommunications system that permits real-time communication between the distant site practitioner and the patient. Keep up to date with frequent check-ins to the COVID-19 response from Centers for Medicare and Medicaid Services (CMS) and NC Medicaid .
   - Utilize virtual means of communication between members of the team whenever possible.
   - Utilize teleconsulting to provide onsite support for health care workers less experienced in LTC. For example, a less experienced nurse should have audiovisual access to a lead, experienced nurse at all times.
   - LTC team architecture with telehealth alternatives example:
     - Whenever possible, the physician/APP visit should be complete telehealth visits. In the case that the physician/APP needs to do an in-home physical assessment, a Registered Nurse (RN) can perform the assessment with the physician/APP via an audiovisual connection.
       - ✓ Consider partnering with local acute care organizations for medical consultation on patient care management needs outside the traditional needs of a LTC patient.
     - Whenever possible, allied health visits should be completed via two-way, audiovisual, real time, interactive connections. Team members who must be present to perform face-to-face skills can assist remote team members with connection, assessment, and intervention via an audiovisual connection. In-person team members who have patients requiring this level of care on their assignment should be responsible for fewer patients to account for more time needed for patient care.

   - Resources:
     - The Long-Term Care Nursing Homes Telehealth and Telemedicine Took Kit from CMS

     - AMA Telehealth Implementation Playbook: Provides the full AMA guidelines on use, implementation, and management of telehealth workflows.
       - ✓ Reimbursement: see page 15
       - ✓ Telehealth Workflow Design: see page 50

     - Mayo Clinic: Professional Webside Manner Video: Details techniques and tips for communicating with patients in two telehealth situations: video appointment and secure messaging. *Time to complete:* 11 minutes

     - ACP guide to incorporating telemedicine into a practice: An introduction to telemedicine and practical guidelines for implementing a telemedicine system, including legal, financial, and ethical guidelines. Includes information on use of telemedicine in pandemics, public health crises, and natural disasters. *Time to complete:* 30 minutes to 2 hours. *2.0 AMA PRA Category 1 Credits for full completion of module*.

- Mid-Atlantic Telehealth Resource Center is a website with an abundance of support and resources for telehealth in North Carolina.

- DHHS guidelines for use of telehealth during COVID pandemic: Includes important information about HIPAA compliant video communication platforms. *Time to complete:* 20 minutes.

- AHEC Bill Coding and Telehealth Resources: A collection of coding, billing, and legal resources regarding implementation of a telehealth capabilities *Time to complete:* variable, based on engagement.

- How to Conduct a Physical Exam Via Telemedicine Video: Describes how to conduct a physical exam using telemedicine utilizing both visual observation and common vital signs. Focuses on head, neck, and throat, including a respiratory exam. *Time to complete: 5.5 minutes*

b. Regular Rounding and Care Clustering:
   - With guidance from team leads, staff should work together to execute regular rounding routines and clustering care that requires physical contact in order to reduce the risk of spread and minimize Personal Protective Equipment (PPE) usage.
     - Resources:
       - ✓ Stop going in circles! Break the barriers to hourly rounding
       - ✓ Time Management Strategies: Purposeful Rounding and Clustering Care

   - Pharmacists can manage medication schedules and doses to protect staff and patients.
     - Using a patient-centered approach, dose schedules and modes of medication delivery may need to be altered to limit the risk of viral transmission and to reduce interactions between staff and patients to reduce the spread of respiratory droplets. Consideration should also be given to altering medications that may mask or exacerbate symptoms of COVID-19. Medication changes should be signed off by a physician, PA or NP.
     - Resources:
       - ✓ Optimizing medication management during the COVID-19 pandemic for healthcare professionals. Create a free account to view the full 26 pg document. Specific helpful tables from the document include Medications that can be Discontinued, Reduced, or Changed, Changes to how Medications are Administered and Monitored, Changes to how Medications are Administered and Monitored, Appropriate Alignment of Medication Times, Medication Issues Specific to COVID-19 and Infection Prevention

5. **A strategy to train team members**
   a. In the event of a patient surge leading to a workforce skills surge with staff less experienced in LTC, the more experienced team members should be available as a resource for less experienced team members as team leads, either by creating a “buddy system” or by designating an experienced on-call physician, RN, LPN, etc. to be contacted should questions arise.
   b. New team members without prior LTC experience should be supervised by an experienced team member via audiovisual connection or in-person when necessary. Consider including at least one 8-12 hour precepted shift during onboarding.

*Note that it is beyond the scope of practice for an LPN to supervise the nursing activities of an RN.

- Resources:
  - CDC Nursing Homes and Assisted Living (Long-term Care Facilities [LTCFs]) houses resources for infection prevention in LTC settings. *Time to complete*: varies dependent on engagement
  - AHRQ's Falls Management Program: A Quality Improvement Initiative for Nursing Facilities has falls prevention information and training for staff and patients and their families.

c. LTC team architecture with new team members examples:
   - The physician team lead is an experienced LTC physician who supervises other physicians/APPs with less LTC experience and organizes the medical care of patients in LTC for multiple patient caseloads through coordination with team leads from other disciplines. A physician team lead should always be available for audiovisual consultation.
   - The nursing team lead is an experienced LTC nurse who coordinates execution of patient care skills among less experienced LTC nurses and other flexing health professionals for multiple patient caseloads. A nursing team lead should always be available for audiovisual consultation.
   - Consider utilizing new staff members or health professions students to virtually connect patients and families and/or help with discharge planning.

6. **Assurance of team safety and resilience**
   a. Prepare policies and protocols for the preparation of LTC professionals participating in the care of patients with COVID-19+ or Patients Under Investigation (PUI).
      - Assess the risk of LTC staff for complications related to COVID-19 and consider alternate assignments to reduce their exposure risk.
      - Familiarize staff with the agency's guidelines related to monitoring current patients for COVID-19 as well as for admission of COVID-19+ patients or PUI.
      - All LTC staff should complete COVID-19 orientation materials:
        - COVID-19: An ACP Physician's Guide + Resources : This guide and its collected national resources support health care professionals as they respond to the Covid-19 pandemic. Use the menu to jump to specific chapters or read through for a comprehensive overview of care.
        - Coronavirus e-Learning Program from eIntegrity: Create an account and navigate to the course. Registration is a bit cumbersome. You will need to create a free account, wait for a confirmation email, and complete the required information. Registration takes about 10 minutes but the content is valuable. Prioritize Resources for staff working in a critical care setting, resources for staff working in an acute hospital setting, and infection prevention and control. *Time to complete:* 3 hours
        - NC DHHS COVID-19 Long-Term Care Facilities contains information on managing COVID-19 in LTC facilities. *Time to complete: variable, based on engagement.*
        - Infection Prevention Education for Long-Term Care Facilities contains multiple links to infection prevention basics, hand hygiene, appropriate use of PPE, and coronavirus-specific resources.

   b. Use existing psychiatrists, chaplains, therapists, and social work staff to help with counseling and support.

i. Develop a plan to cycle at-risk staff from the front line and communicate expectations for return to service. Nursing homes may see up to 20% fatalities during this crisis and consideration should be given to the toll this will take on everyone in the facility.
   - Utilize Washington State Medical Association guidance for supporting staff.
   - Conduct a periodic, brief burnout assessment, to identify at-risk staff. Burnout assessment tools:
     - Burnout self-assessment
     - Valid and Reliable Survey Instruments to Measure Burnout, Well-Being, and Other Work-Related Dimensions
     - Resource: 59 Mental Health Resources for Health Care Providers https://nursinglicensemap.com/resources/mental-health-resources/

ii. Regular assessment of team coping skills should be scheduled with a plan for team debriefing.
   - Establish an action plan for teams in crisis, e.g. how do team leads and team members elevate concerns and ask for help.
   - Prepare to execute team debriefings more frequently as caseload, morbidity, death or other critical incidents escalate.

iii. Prepare and support patients and families for the changes in policies related to COVID-19.

II. Skills Redistribution and Training Resources

In the event of a patient surge, the workforce may also need to be increased. Identify the skills needed for the patient population in your facility and inventory skills in the current workforce. Identify gaps and provide training to fill those gaps when necessary. Changes in role and workflow may be needed to capitalize on existing skills and supervise any new team members.

This section identifies potential sources for workforce skills needed to meet the needs of the LTC patient population, along with optional training resources.

All staff can benefit from the following training resources:

- UpToDate has a list of freely available clinical effectiveness resources on COVID-19.
- All staff caring for COVID-19 patients would also benefit from a review of Dynamed's open-source resource on COVID-19, the NIH COVID-19 Treatment Guidelines, and Week in Review COVID-19 Scientific News.
- The American Heart Association, with support of AACN and other organizations, released interim guidelines for basic life support, pediatric advanced life support and advanced cardiovascular life support to treat patients with COVID-19.

1. **Identify and train experienced LTC staff who can serve as team leads for the core team management of LTC patients.** This role should be assumed by current staff members with expert knowledge of the facility and patients to lead incoming surge staff members.
   a. Relevant skills include leadership, delegation, and teaming.
   b. Potential sources for staff:
      i. Physicians and advanced practice clinicians (Nurse Practitioners, Physician Assistants) who currently practice in LTC and can lead a team of less experienced, alternate, flexing clinicians in the medical management of the LTC patient.

ii. LTC registered nurses, preferably certified, who can lead a team of nurses and allied health professionals with minimal LTC experience, or alternate, flexing nurses.
*Note that it is beyond the scope of practice for an LPN to supervise the nursing activities of an RN.

iii. Experienced team members who can lead the incoming surge ancillary and support team members.

c. Responsibilities include:
- Assign roles to other core team members.
- Coordinate the execution of specific patient care skills such as vital sign monitoring, medication administration, documentation, wound care, and intravenous management, among team members with those skills by following North Carolina Medical Board (NCMB) and North Carolina Board of Nursing (NCBON) guidelines for delegation.
- Coordinate non-medical roles such as patient activities of daily living and mobility to the support services team.
- Lead core team check-ins and hand-offs at shift changes.
- Review the day's events and recognize any changes that should occur before the next shift report.
- Designate a resource monitor and report any gaps in resource availability to coordinating team and facility management.
- Schedule shift debriefings with a focus on regularly assessing team coping skills, especially as cases, morbidity, death, or other critical incidents escalate.
    - An action plan should be established for teams in crisis, i.e. how do team leads and team members elevate concerns and ask for help.

d. **Training** should include self-studying concepts as well as orientation to the agency's incident command structure.

Self-study resource:
- Team STEPPS (Video modules): *Review module 4 (leading teams training videos):* Huddle, Brief, Debrief, Team Success. *Total time to complete:* ~15 minutes
- NC Medical Board Delegating medical tasks to unlicensed personnel
- NC Board of Nursing Delegation and Assignment of Nursing Activities
- Two Principles for Leading Your Organization Through the COVID-19 Crisis
- Video: How to Turn a Group of Strangers into a Team (13 minutes)

2. **Identify and train alternative LTC staff who can manage the medical care of LTC patients.** Consider both internal and external resources.
a. Relevant skills include ability to:
- Create and manage a medical plan of care.
- Prescribe and manage medications.

b. Potential sources for staff:
- Clinicians in primary care with chronic disease management experience.
- Clinicians with geriatric, disability, physical medicine and rehabilitation experience.
- Clinicians who have been out of the workforce for less than 5 years but have prior experience in LTC, chronic disease management, geriatrics, disability, or physical medicine and rehabilitation.

- Health care professionals licensed in another state, are retired, or have inactive licenses; persons who are skilled but not licensed; and students at an appropriately advanced stage of professional study are potential sources. Consult the relevant professional health care licensure board for training requirements.

c. **Training** should include self-study of pertinent clinical topics in the LTC setting that require both medical and technical intervention, in addition to at least 2-3 shifts with a team lead. Clinicians should discuss with the team lead to determine which patients they are most prepared to manage.

i. The precepted shifts should include an inventory, validation, and comfort level of each team members' skills; introduction to team-based care; and orientation to the LTC setting.

ii. Self-Study Resources:

- Stanford 25 physical exam videos: Consider watching pulmonary videos (2), cardiac videos (7), and any other videos that seem relevant to your patient's symptoms. *Videos range between 3 and 10 minutes.*

- American Geriatrics Society (AGS) Policy Brief on COVID-19: Provides a roadmap for the care of patients in nursing homes.

- Recently published literature on clinical management in LTC setting: Caring for the Ages: free publications from the Society for Post Acute and Long Term Care.

- ACP's COVID-19 Clinician's Guide*: Time to complete:* Dependent on which modules are most useful for the care setting; most modules are brief. Recommend completing chapters 14, 15, 18, 20-25 for the resources/links section.

- SCCM discussion board about COVID-19: This discussion board provides a way for clinicians to communicate between institutions.

- ASHA Sig 13 Coordinating Committee and COVID-19 Updates and Resources : A resource from the American Speech-Language-Hearing Association that includes information and resources on the management of post-intubation dysphagia.

- LitCovid from NCBI: Scientific literature hub for tracking information about SARS-CoV-2. Updated daily with most recent developments.

- Review Care Plans for patients with dementia:
  - Full recommendations for dementia care in an emergency response from the Alzheimer's Association.
  - Self-study for healthcare professionals working with patients with dementia:
    - ✓ Effective Communication Strategies: 4 min intro video. Create a free account to enroll in the course and watch the 30 min lecture.
    - ✓ Understanding and Responding to Dementia-Related Behaviors: 4 min intro video. Create a free account to enroll in the course and watch the 30 min lecture.

3. **Identify and train alternative LTC staff who can execute advanced patient care skills.** Consider both internal and external staffing resources.
   a. Relevant skills include:
   Licensed nursing skills:
   - Holistic patient assessment
   - Central line care

- Respiratory support: nebulizer treatments and post-intubation therapy
- Medication preparation and administration, including PO, SQ and IV medications, and including administration and monitoring of controlled substances
- Sterile dressing changes for wounds less than 48 hours old
- NGT and OGT placement verification
- Oxygen set-up and monitoring
- End of life care support

Potential skills of unlicensed assistive personnel **with supervision from licensed staff***:

- Participating in the assessment of the patient's physical and mental health
- Assistance with patient medication self-administration: Refer to the NC BON Position Statement on Assisting Clients with Self-Administration of Medications.
- Oxygen therapy, including room set up and monitoring flow rate
- Fecal impaction
- Sterile dressing changes for wounds over 48 hours old
- Wound irrigation
- IV fluid assistive activities, such as site care and dressing change (peripheral)
- Nutrition activities, such as oropharyngeal and nasopharyngeal (OG/NG) infusions and gastrostomy feedings**
- OG/NG suctioning**
- Established tracheostomy care
- Established ostomy care
- Urinary catheter care

b. Potential sources for staff who can execute advanced patient care skills*:
    - Licensed nurses with primary care, general medicine and general surgery experience, geriatric, disability, or physical medicine and rehabilitation experience in the management of chronic illness in the past 3 years.
    - Licensed nurses from ambulatory, outpatient, urgent care, infusion and specialty settings that are currently low on patients, such as dermatology and surgical settings.
    - Health care professionals licensed in another state, are retired, or have inactive licenses; persons who are skilled but not licensed; and students at an appropriately advanced stage of professional study are potential sources. Consult the relevant professional health care licensure board for training requirements.
    - Travel or agency staff.
    - Some allied health professionals can perform advanced home care skills, such as valve and trach care (respiratory and speech), oxygen set up and monitoring (respiratory). Consult the relevant professional health care licensure board for training requirements and scope of practice.
    - With proper training, delegation and supervision from a Registered Nurse, Licensed Practical Nurses can perform many advanced patient care skills. See the Licensed Practical Nurse Law.
    - Unlicensed assistive personnel (including Certified Medical Assistants) with proper training, delegation, and supervision from a licensed nurse can perform many LTC nursing skills. See NC Board of Nursing NAII tasks.

*Licensed staff maintains accountability and responsibility for the delivery of safe and competent care and must verify competency of any delegated tasks. Refer to the NC Board of Nursing Decision Tree for Delegation to UAP.
**OG/NG tube placement must be verified by the licensed nurse prior to each feeding. See NC Board of Nursing NAII tasks.

c. Training should include self-study resources focused on advanced skills, in addition to at least one 8-12 shift with a LTC team lead or supervising professional.
   i. The precepted shifts should include an inventory, validation, and comfort level of each team members' skills; introduction to team-based care; and orientation to the LTC setting.
   ii. Self-Study Resources:

- American Speech-Language-Hearing Association's Adult Dysphagia provides information on the screening and assessment of swallowing, relevant for assessment of the post-intubated patient. *Time to complete:* varies depending on engagement

- Nurseslab cheat sheets provide quick information on a complete head to toe physical assessment, generic drug name stems cheat sheet, ultimate guide to head-to-toe physical assessment, and IV fluids and solutions quick reference. *Time to complete*: varies depending on engagement

- Nurseslabs procedures and skills is a collection of guides on how to perform common nursing procedures, including nasogastric intubation and tracheostomy care. *Time to complete*: varies depending on engagement

- Medication Administration Teaching Modules: The NC BON has short modules and competency checklists for 17 different medication administration routes that may be delegated to an NAII with proper training and supervision. *Time to complete*: varies depending on engagement

- Teaching Module for Nurse Aide II : The NC BON has an 11 very short modules which each include a competency checklist for the role of the NAII, oxygen therapy, sterile technique, wound care, suctioning, trach care, peripheral IV fluids, urinary catheters, G-tube feeding, elimination procedures, and fecal impaction. *Time to complete*: varies depending on engagement

- Statewide Program for Infection Control and Epidemiology has a LTC-dedicated page that includes 6 training modules on antibiotic resistant bacteria, isolation precautions, environmental cleaning, injection safety, C. difficile, and UTIs.

- Oxygen Patient Education Tool : This 2-page document provides information on safety tips, oxygen concentrators, and humidification therapy. *Time to complete:* varies dependent on engagement

  The following resources are printable or mobile friendly pocket reference tools:
  - Complications of Central Vascular Access Devices includes information on infiltration/extravasation, occlusion, infection, venous air embolism, catheter damage/rupture, and thrombosis.

- Ostomy Management includes information on each type of ostomy as well as pouch placement, pouch care, and complications.
- Urinary Incontinence includes information on assessment and management of various types of urinary incontinence.
- Pressure Injury Assessment and Management includes information on risk assessment, classification, and basic wound care.
- Assessing Fall Risk and Reducing Falls includes information on intrinsic and extrinsic risk factors as well as prevention strategies.

4. **Identify and train alternative LTC staff who can execute fundamental patient care skills.** Consider both internal and external sources.
   a. Relevant skills include:
      - Environmental assessment and intervention, including infection control activities
      - Personal care (activities of daily living)
      - Body mechanics, such as range of motion exercise, turning, positioning
      - Nutrition, such as feeding patients, setting up meals, restricting fluids
      - Elimination activities, including catheter care, rectal tubes, and gastric suction
      - Vital sign monitoring
      - Clean dressing changes
      - Cough/deep breathing activities

   b. Potential sources for staff who can execute fundamental patient care skills:
      i. Licensed nurses who have been out of practice for more than 3 years, or who are uncomfortable with the more advanced skills.
      ii. Unlicensed assistive personnel from ambulatory, outpatient, infusion, or specialty care settings that are currently low on patients, such as dermatology and surgical settings. See the NC Board of Nursing Nurse Aide I tasks.
      iii. Health care professionals licensed in another state, are retired, or have inactive licenses; persons who are skilled but not licensed; and students at an appropriately advanced stage of professional study are potential sources. Consult the relevant professional health care licensure board for training requirements.
      iv. Allied health professionals - such as speech, occupational, physical, and recreational therapy, social work and nutrition/dietetics - who need physical contact with the patient for specialized activities and have proper training. For example, occupational therapists can assist with ADLs as well as falls assessment and environmental modifications. Consult the relevant professional health care licensure board for training requirements and scope of practice.

   c. **Training** should include self-study resources focused on fundamental patient care skills, in addition to at least one 8-12 hour shift with a LTC supervising professional.
      i. The precepted shifts should include an inventory, validation, and comfort level of each team members' skills; introduction to team-based care; and orientation to the LTC setting.
      ii. Self-Study Resources:

      - Johns Hopkins Medicine: Vital Signs Management: Webpage with a summary of how to obtain basic vital signs. It can be useful to share with the patient to monitor their vitals when a surge professional is unavailable.

- Nurseslab fundamentals of nursing is a collection of study guides for basic concepts of nursing, including patient education, hand hygiene and handwashing, guide to promoting safety measures throughout the lifespan, comfort and hygienic measures for dependent clients, patient positioning, hair care and combing, providing back care and massage, moving patients from bed to chair or wheelchair, and cleaning bedpans and urinals. *Time to complete*: varies depending on engagement.

- Statewide Program for Infection Control and Epidemiology has a LTC-dedicated page that includes 6 training modules on antibiotic resistant bacteria, isolation precautions, environmental cleaning, injection safety, C. difficile, and UTIs.

The following resources are printable or mobile friendly pocket reference tools:

- Assessing Fall Risk and Reducing Falls includes information on intrinsic and extrinsic risk factors as well as prevention strategies.

5. **Identify and train staff who can execute other essential skills to protect patients and staff:**
   a. Infection control focal point: Each LTC facility should have a designated infection prevention and control (IPC) focal point. If dedicating one person to IPC is not possible, the NC DHHS has an IP Staffing Worksheet for LTCFs During COVID-19 that can help delegate task for infection prevention and control to various staff members.
      - Responsibilities: Ensure the facility is complying with all CMS and CDC guidance related to infection control.
      - Potential sources for staff include RNs, LPNs, nurse managers, physicians, PAs, NPs, administrators, retired health professionals.
      - Resources:
        - CDC infection control guidelines
        - Statewide Program for Infection Control and Epidemiology Long-Term Care Infection Control Webinars
        - Cohorting Residents to Prevent the Spread of COVID-19
        - NC DHHS Long-Term Care Infection Prevention Assessment Tool for COVID-19
        - World Health Organization's Infection Prevention and Control Guidance for Long-Term Care Facilities in the Context of COVID-19
        - Isolation Discontinuation

   b. Screeners: Rework the traffic flow in the facility and assign staff to screen every person as they enter through limited access points.
      - Responsibilities: Screen every individual entering a LTC facility (refer to updated CDC guidelines), outside healthcare workers, vendors, etc. An exception can be made for Emergency Medical Service workers responding to an urgent medical need. Screen every patient at least once per day and follow facility guidelines for reporting, isolating, escalating.
      - Potential sources for staff include unlicensed assistive personnel, LPNs, RNs, health professions students+, retired health professionals.
      - Resources:
        - The facility's system of surveillance, including who/when/where to report positive or suspected positive cases, is a vital resource.
        - Criteria for return to work

c. Updaters: The COVID-19 situation is rapidly changing, as are guidelines, regulations, and trainings. Facilities need to keep up-to-date with the most current evidence-based information.
   - Responsibilities: Ensure that decision-makers and staff members have the most up-to-date information that they need to deliver safe, efficient, and effective care. Keep open and fluid communication with the local health department.
   - Potential sources for staff include unlicensed assistive personnel, LPNs, RNs, health professions students+, retired health professionals, activity professionals, staff in administration, current health care staff who are at high risk for COVID-19 complications (this role can be completed virtually in many case).
   - Resources: Sign up for updates from NC DHHS, CMS, various other professional organizations who offer resources (see resources in previous sections), and the NC AHEC Program.

d. Communicators: With limitations on visitors, staff must make concerted efforts to keep families informed of the patient's care plan as well as keep families and patients in touch.
   - Responsibilities*: Assure that each patient has a designated family member/caretaker for communication, make daily contact with the designee, assure that the patient has regular, frequent contact with the family and vice versa. May require virtual assistance with technical support, such as iPads, iPhones, computers, etcetera.
   - Potential sources for staff include unlicensed assistive personnel, LPNs, RNs, health professions students+, retired health professionals, activity professionals, staff in administration, current health care staff who are at high risk for COVID-19 complications (this role can be completed virtually in many case).
     **As much as possible, the family member/caretaker should have a consistent communicator at a consistent time of day from the facility.*
   - Resources:
     - Virtual/Digital/Telehealth Patient and Family Engagement Overview
     - Vital Talk COVID Ready Communication Playbook
     - Full module on family communication from AHRQ (30min to complete)
     - Strategies for engaging families in patient care (2 min video)
     - Strategies to communicate care plans with patients and families (4 min video)

e. Advanced care planning and discharge planning support: The facility should prioritize establishing advanced care plans with all patients. For patients who are sick, advanced care plans should be established before they become critically ill. Consider completion of the Medical Orders for Scope of Treatment (MOST) form for all patients.
   - Responsibilities: Assure that each patient has a plan for discharge and potential emergencies. Discharge planning includes assessment of social determinants of health and resources/support in the home.
   - Potential sources for staff to assist in advanced care and discharge planning include social workers, physical/occupational/speech therapists, public health professionals, RNs, LPNs, health professions students*+, retired health professionals, and current health care staff who are at high risk for COVID-19 complications (this role can be completed virtually in many case). Evaluation of social determinants of health can also be done by unlicensed assistive personnel.
     * Note that any staff member can initiate Advance Care Planning conversations, but the MOST form must be signed by a physician, PA, or NP.
   - Resources:

- Advanced Care Planning During Crisis
  - Best Practices for End-Of-Life Care Discussions
- Medical Orders for Scope of Treatment (MOST) Form
- Medical Orders for Scope of Treatment (MOST) Form administration training
- Social determinants of health screening tool and instructions for use : 2-page questionnaire developed by the EveryOne Project and the American Academy of Family Physicians can be used to assess the social needs of a LTC care patient. The instructions for use (8 pages) provide guidance for how to administer and interpret the questionnaire. Free training and other screening tools on social determinants of health is offered by the American Medical Association.

f. PPE monitors: Safety officers who can monitor current inventory of PPE, ensure appropriate PPE usage, and source additional supply.
   - Responsibilities: Assure adequate supply and usage of PPE.
   - Potential sources for staff include unlicensed assistive personnel, allied health professionals, RNs, LPNs, health professions students[+], retired health professionals, or other identified individuals who are trained in PPE utilization.
   - Resources*:
     - PPE resources
     - Trained Donning and Doffing Observers

     *It is important to remember the highest risk of contamination occurs during doffing

[+]Local universities, colleges, and technical schools can implement a COVID-19 Student Service Corps as a means to connect students with the needs of health care workers and systems:
- UNC-Chapel Hill's Office of Interprofessional Education and Practice has an active NC based student service task force, the Carolina COVID-19 Student Services Coalition.

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- 05.08 Added Week in Review COVID-19 Scientific News to Section II intro
- *07.23: Removed link to 5 minute consult d/t subscription ending*