

In This COVID-19 Update:

- [CDC Return to Work Guidance: Contingency & Crisis Strategies](#)
- [Steps to Limit COVID-19 Spread and Outbreaks in Long Term Care](#)
- [Resource for Staff to Embrace Social Distancing](#)
- [Happy Careers in Aging Week!](#)

CDC Return to Work Guidance: Contingency & Crisis Strategies

Per CDC [Return to Work Criteria guidance](#), health care facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate them, including considerations for permitting health care providers (HCP) to return to work without meeting all return to work criteria outlined.

CDC refers to the [Strategies to Mitigate Healthcare Personnel Staffing Shortages document](#) for information which provides both contingency and crisis strategies. Contingency strategies apply when staffing shortages are anticipated and crisis strategies apply when staffing shortages are happening.

Facilities can activate these strategies based on their staffing situation and should document when they are activating these strategies with the reason why they were activated. Also, notify the local or state health departments of these actions.

For both scenarios below, a facemask instead of a cloth face covering should be used by all people in the building for source control during this time period while in the facility. After this time period, these staff should revert to their facility policy regarding [universal source control](#) during the pandemic.

- A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including for the care of patients with suspected or confirmed COVID-19. Of note, N95 or other respirators with an exhaust valve might not provide source control.

Health Care Provider Asymptomatic with Unprotected Exposure to COVID-19

If not already done, allow asymptomatic HCP who have had an unprotected exposure to the virus that causes COVID-19 to continue to work.

- These HCP should still be screened and also report temperature and absence of symptoms before starting each shift.
- These HCP should wear a facemask (for source control) all the time while at work for 14 days after the exposure event.
- If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing.

Health Care Provider with Suspected or Confirmed COVID-19

If staffing shortages continue despite other mitigation strategies, consider implementing criteria to allow HCP with suspected or confirmed COVID-19 who are well enough to work but have not met all [Return to Work Criteria](#) to work.

- If HCP are allowed to work before meeting all criteria, they should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) and facilities should consider prioritizing their duties in the following order:
 1. If not already done, allow HCP with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other HCP), such as in telemedicine services.
 2. Allow HCP with **confirmed** COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.
 3. Allow HCP with confirmed COVID-19 to provide direct care for patients with **suspected** COVID-19.
 4. As a last resort, allow HCP with confirmed COVID-19 to provide direct care for patients **without** suspected or confirmed COVID-19.

If HCP are permitted to return to work before meeting all [Return to Work Criteria](#), they should still adhere to all Return to Work Practices and Work Restrictions recommendations described in that guidance. These include:

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer.
- **They should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.**
 - Facemasks should be worn even when they are in non-patient care areas such as breakrooms, laundry, and kitchen. They should adhere to social distancing as much as possible including during breaks outside the facility.
 - If they must remove their facemask, for example, in order to eat or drink, they should separate themselves from others (e.g. follow social distancing guidelines as much as possible).

Self-monitoring for symptoms and seeking re-evaluation from occupational health if respiratory symptoms recur or worsen.

Updated: Steps to Limit COVID-19 Spread and Outbreaks in Long Term Care

COVID-19 spreads principally person-to-person, and often is spread by asymptomatic individuals who do not realize they are sick. Every interaction between people increases the risk of spread. This includes staff to staff, staff to resident and resident to resident. It's a simple formula for how spread happens – the more interactions that happen with a variety of people, the greater the likelihood of spread.

AHCA/NCAL has updated our [resource on action steps](#) to take and continually reinforce to limit the spread of COVID-19 with all staff and residents.

Resource for Staff to Embrace Social Distancing

The actions of frontline staff in and outside long term care facilities can make an impact in mitigating the spread of COVID-19. Staff can also be strong ambassadors for best practices when in the surrounding community. It is important to arm your staff with knowledge they can implement at work and home as well as share with their own family and friends.

AHCA/NCAL has drafted a [template message for frontline staff](#) on social distancing both while in and outside the facility. This document is intended to be distributed to or posted for frontline staff, to empower and encourage them to maintain social distancing and good hygiene. Tailor this message as needed, including any specific program(s) you are offering to staff members to make social distancing easier, such as assistance with acquiring groceries, offering transportation, etc.

Long Term Care Professionals Honored During Careers in Aging Week

AHCA/NCAL has partnered with the Gerontological Society of America, LeadingAge, and Argentum to celebrate [Careers in Aging Week](#), April 19-25. AHCA/NCAL is taking this week to highlight the honorable work being done in the long term care profession during the COVID-19 pandemic.

“There has never been a time like this,” said AHCA/NCAL President & CEO Mark Parkinson. “Millions of people living in America’s skilled nursing centers and assisted living communities depend on our providers every day for vital care. There are so many amazing stories of dedication, sacrifice, and compassion by long term care professionals who are going above and beyond to ensure the safety, health, and happiness of our residents during this unprecedented time. These individuals are saving lives; they are heroes.”

[Watch Mark's video to frontline caregivers](#) and [read the full press release here](#).

Contribute to the conversation on social media throughout this week using **#CareersInAging** and tell us how you're celebrating. And don't forget to follow AHCA/NCAL on [Twitter](#) and [Facebook](#) to find resources, stories, and more.

Please email COVID19@ahca.org for additional questions, or visit ahcancal.org/coronavirus for more information.

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