

Supporting Loved Ones in a Facility When You Can't Be There

JAMES L. WEST CENTER FOR DEMENTIA CARE
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NORTH CENTRAL TEXAS AREA AGENCY ON AGING



James L. West is a faith inspired, not-for-profit organization serving persons impacted by dementia. As a trusted expert, we provide personalized, innovative care and support for families, as well as specialized education for caregivers, healthcare professionals and the community at large.

Residential & Respite Care

West Center Day Program

Dementia & Caregiver Education

www.jameslwest.org | 817-877-1199

***Sign up for our Education
Newsletter at
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Supporting Loved Ones - Coping

- These current state of affairs have brought feelings of insecurity, both physically or psychologically, which can trigger strong emotions like fear and anxiety.
 - Fear and anxiety manifest in many ways/behaviors
 - Not being able to see loved ones brings feelings of helplessness and possibly hopelessness
- 2 Ways to best support your Loved One when you can't be there
 - Stick to a healthy routine
 - Must take care of your whole self before you can really care for and support your loved one & their careers
- As a caregiver of someone with dementia or a chronic illness you have a lot of resiliency – take pride in this skill/gift.

Supporting Loved Ones – Coping Healthy Routine

- Seek reliable sources of information and *limit your exposure* to media outlets
 - COVID free conversations, free time, free thoughts
 - More exposure can cause more anxiety
- Have a daily schedule: make time for work, leisure, rest/restoration, practice good sleep hygiene, schedule time for laughter
- Daily exercise – move throughout the day
 - Get outside and get your vitamin D – being outside can help fight depression
- Good nutrition is essential for whole person wellness
 - Add more fiber and drink more water
 - Certain foods can help fight depression, anxiety, and fatigue

Supporting Loved Ones – Coping Healthy Routine

- Be active in mind body and spirit
- Practice relaxation techniques DAILY
 - Deep breathing, Journaling, muscle relaxation, meditate, exercise
- Accept that you will have good and bad days.
- Reach out to someone you trust and make a connection.
- Connecting to others DAILY will help relieve stress.
 - JOIN A SUPPORT GROUP(S)
- ASK FOR HELP
 - You might be managing okay now, but how long can you sustain your current energy, patience, hours ?

Supporting Loved Ones – Coping Take Care of Your Whole Self

Name your feelings: angry, fearful, mad, disappointed, scared, frustrated, insecure, weak, bored, stressed, tired, etc.

- May find yourself swinging between optimism & pessimism, this is normal

OWN your feelings: share them with people you trust and/or write them down

Feel your feelings: It is okay to have feelings that aren't normal to you. This is not a normal time.

Supporting Loved Ones – Coping Take Care of Your Whole Self

- This situation as created a sense of grief for everyone. We need to bestow grace and understanding for our family, friends, neighbors, and YOURSELF!
- Identify what it is that you NEED, then find a way to get it.
- SMILE
- Be nice to yourself. Don't say things to yourself that you wouldn't say to someone else.
- If you slip up forgive yourself and start again

Supporting Loved Ones – Coping Take Care of Your Whole Self

- You are in control of how much time you spend worrying.
- Show compassion toward others to decrease anxiety in yourself.
- Realize this is NOT your new normal. This is temporary.
- This is not your fault. Not seeing or being there with your loved one is not your fault nor the communities fault.

Hard questions – What if my loved one doesn't recognize me when I can finally see him/her again?

Supporting the Staff in Caring for your Loved One

- We are all in the same storm, but not the same boat
 - Each community is different – Units/areas in each community are different
 - Each persons experiences and perspectives are different
 - *Persons with dementia may not understand a virtual visit, but can talk on the phone and look at pictures. Staff can send short recording and pictures to family of loved one.*
- Schedule times to talk with nurse - it is about quality not quantity. Could you talk to someone in management about your loved one?
- Trust the facility/community and the staff
 - Work with your community's Ombudsman

Supporting the Staff in Caring for your Loved One

- Notes of appreciation, thank yous, words of encouragement
 - What the care staff gets “fed” they will feed to those around them (subconsciously)
 - Staffing in all communities is challenging
- Can you help with PPE, Food, sanitation & other supplies (what are the needs of the facility)
 - Activities for your loved one – help staff do 1:1 engagements
 - “Life story” of loved one – memory book
 - Pets & children!! – pictures and include in skype calls or record them

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An ombudsman advocates for people who live in long-term care and assisted living facilities.

Many people who live in long-term care have no visitors other than an ombudsman. We are trained to know nursing home rules and be a voice for older Texans. Ombudsmen listen and bring the resident's concern to management. We follow-up with management until the problem is solved. For someone living in a nursing home, making a complaint can be intimidating, and ombudsmen are there to protect their rights.

THE GOVERNOR'S REPORT TO OPEN TEXAS - APRIL 27, 2020

“Recent reports highlight the rapid increase of confirmed COVID-19 cases in nursing homes and assisted living communities in Texas. According to the Health and Human Services Commission (HHSC), approximately 19 percent of nursing homes and three percent of assisted living communities have reported positive cases.”

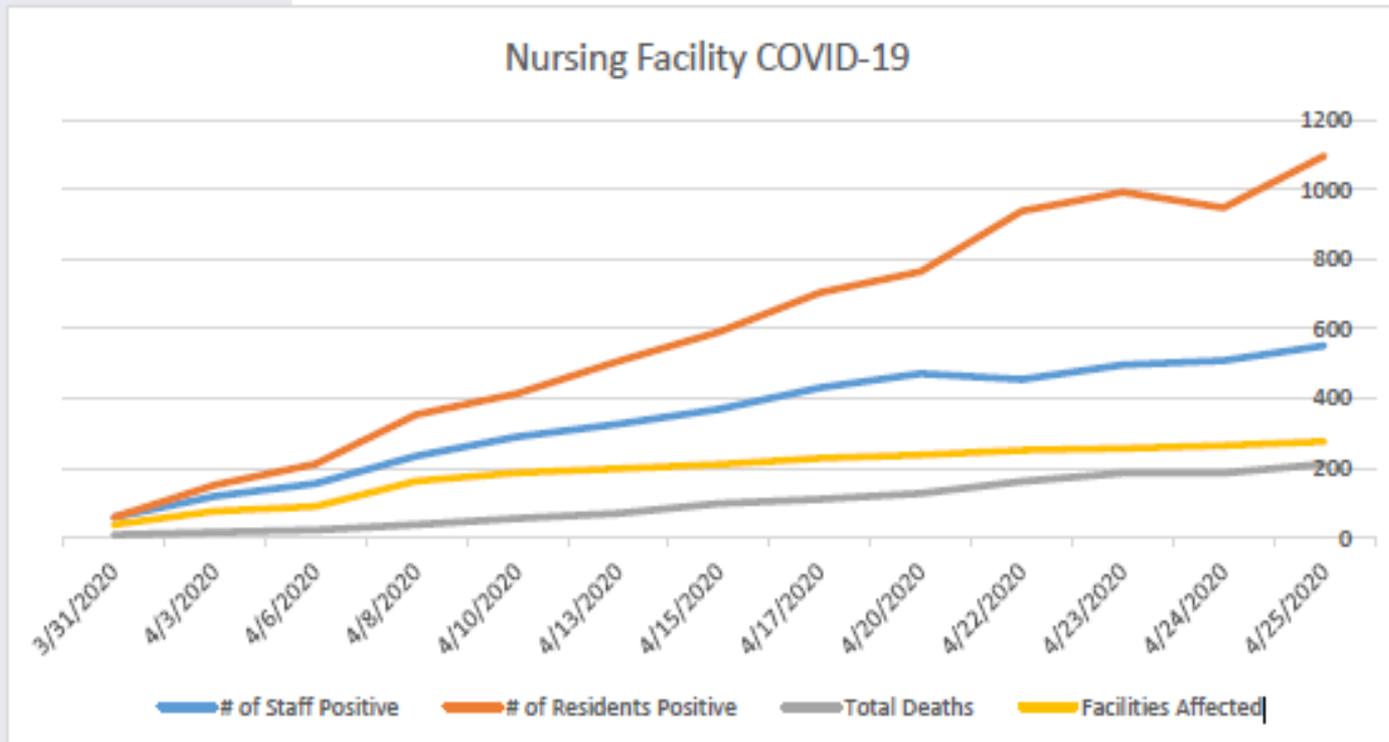
“There are 1,220 nursing facilities in Texas as of April 25, 2020. As of that date, Texas has 90,689 residents in nursing facilities across the state. The Texas Health Care Association estimates 150,000 staff work in these facilities across Texas, such as healthcare workers, auxiliary, and other staff.”

According to the OpenTexas-Report.pdf from Governor Abbott
4-27-2020:

- TX Health and Human Services (HHSC) has developed this comprehensive mitigation plan, including recommendations to help prevent the spread of COVID-19 cases in long-term care facilities.
- The recommendations set forth in this plan are strategies to help mitigate the further spread of COVID-19.
- These recommendations are designed to further decrease the risk for spread of infection of COVID-19 in nursing facilities.
- These recommendations are based on observation of effective and ineffective control methods in the field as this crisis has progressed.”

COVID-19 in Nursing Facilities

COVID-19 in Nursing Facilities



Recommendation 5: Implement enhanced access controls to the facility:

- The mitigation plan shall manage and control access to the facility by the healthcare partners who frequent the facility and any other individuals providing critical services in the facility.
- The plan should keep individuals from interacting with both positive and non-positive patients.
- This should include complete limitations on any unnecessary visitations, enhanced screening and decontamination techniques, and limited access to the facility through special entrances to control infection.

According to CMS

DATE: March 13, 2020

For ALL facilities nationwide:

Facilities should **restrict** visitation of **all** visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only.

Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.).

Note: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a governor's executive order, a facility would not be out of compliance with CMS' requirements.

○ **Exceptions to restrictions:**

- **Health care workers:** Facilities should follow CDC guidelines for restricting access to health care workers found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>.
- This also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians, that provide care to residents. They should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers.
- **Surveyors:** CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever.

Additional guidance:

1. Cancel communal dining and all group activities, such as internal and external group activities.
2. Implement active screening of residents and staff for fever and respiratory symptoms.
3. Remind residents to practice social distancing and perform frequent hand hygiene.
4. Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home.

Additional guidance Continued:

5. For individuals allowed in the facility (e.g., in end-of-life situations), provide instruction, before visitors enter the facility and residents' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room.

Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry.

Facilities should communicate through multiple means to inform individuals and non-essential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.

6. Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.

Additional guidance Continued:

7. Facilities should review and revise how they interact vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission. Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors if needed, as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions.

8. In lieu of visits, facilities should consider:

- a) Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.)
- b) Creating/increasing listserv communication to update families, such as advising to not visit.
- c) Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.
- d) Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.

Additional guidance Continued:

9. When visitation is necessary or allowable (e.g., in end-of-life scenarios), facilities should make efforts to allow for safe visitation for residents and loved ones. For example:

a) Suggest **refraining from** physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging, and remaining six feet apart.

b) If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., “clean rooms”) near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.

c) Residents still have the right to access the Ombudsman program. **Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a case by case basis.** If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program.

Additional guidance Continued:

10. Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility.

- If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited.
- Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

According to the CDC:

Prevent spread of COVID-19:

Actions to take now:

1. Cancel all group activities and communal dining.
2. Enforce social distancing among residents.
3. Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments.
4. Ensure all HCP wear a facemask or cloth face covering for source control while in the facility. Cloth face coverings are not considered personal protective equipment (PPE) because their capability to protect healthcare personnel (HCP) is unknown. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required.

5. If COVID-19 is identified in the facility, restrict all residents to their rooms and have HCP wear [all recommended PPE](#) for care of all residents (regardless of symptoms) on the affected unit (or facility-wide depending on the situation). This includes: an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and gown. HCP should be trained on PPE use including putting it on and taking it off.

a. This approach is recommended because of the high risk of unrecognized infection among residents. Recent experience suggests that a substantial proportion of residents could have COVID-19 without reporting symptoms or before symptoms develop.

b. When a case is identified, public health can help inform decisions about testing asymptomatic residents on the unit or in the facility

FEMA COVID-19 Response: PPE Packages for Nursing Homes

The Federal Emergency Management Agency will coordinate two shipments totaling a 14-day supply of personal protective equipment to over 15,000 Medicaid and Medicare certified nursing homes across the nation. This will serve as a bridge between other PPE shipments.

- Each nursing home will receive two shipments with a combined total of 14 days' worth of PPE.
 - Shipments of the first seven-day supply should begin the first week of May.
 - Shipments of an additional seven-day supply will begin in early June.
- The first shipments will focus on facilities within prioritized hotspots and expand to facilities across all 50 states, the District of Columbia, Puerto Rico and Guam.