



## Senior Care Facility/Community Response to Pandemic Guidelines

These components, though not exhaustive, are meant to offer an overview of what each senior care community might have considered based on guidelines issued during the pandemic. Additionally, some quality improvement items are provided that may not have been addressed in the guidelines.

- Policies/procedures (revised or new):
  - Title of policy/procedure
  - Storage location (printed and/or electronic)
  - Policy/procedure revision history
  - Responsible individual/department for revisions and distribution
- Documentation of all steps taken to respond to and comply with each guideline, including review of all documentation to identify any gaps or incomplete descriptions of measures that were implemented to achieve compliance
- All self-assessments required by the Centers for Disease Control and Prevention, the Centers for Medicare & Medicaid Services, and any other regulatory bodies
- Signed and dated assessments and other documents requiring authorization
- Every document version prepared or received
- Dates of receipt for any:
  - Orders
  - Directives
  - Memorandums
  - Quality, safety, and oversight (QSO) letters

- Thorough documentation of why compliance with meeting regulatory guidelines was not possible (if applicable) and the steps taken to achieve near-compliance
- Paper copies of meeting minutes related to quality, safety, infection control, and compliance
- Staff training:
  - Documentation of training topics
  - Training dates and times
  - Attendance records for all staff
- Supply procurement efforts, including personal protective equipment (PPE):
  - Names of vendors contacted
  - Dates of contact
  - Correspondence with dates
  - Delays in shipment processing or fulfillment
  - Dates of partial/full order receipt
- Infrastructure modifications (for symptomatic or COVID-19 confirmed resident isolation)
- Infection prevention and control measures:
  - Resident isolation/quarantine
  - Staff quarantine and return-to-work protocols
  - Housekeeping
  - Hand hygiene and respiratory hygiene
  - PPE donning/doffing/use
  - Staff and resident monitoring
- Symptomatic resident management:
  - Isolation procedures
  - Transfer procedures

- Dementia resident management:
  - Guideline compliance or noncompliance (including documentation of rationale for noncompliance)
  - Actions taken to adhere to guidelines (e.g., social distancing, face masks, and isolation)
- Communication:
  - External agencies (e.g., local, state, and federal entities; vendors; etc.):
    - Person(s) responsible for contacting the external agency
    - Modes of communication used (e.g., email, phone, fax, or other)
    - Supplies, services, assistance requested
    - Dates and times that contacts were made
    - Responses received based on requests
    - Dates that requests were acknowledged and answered/fulfilled
    - Any follow-up required when requests weren't acknowledged or fulfilled in a timely manner
    - Actions taken while waiting for assistance
    - Date and method of distributing the assistance throughout the facility
  - Families:
    - Types of communication used to keep families informed
    - Frequency of communication with families for each resident (provided the resident had family members involved)
    - Methods for managing communication between families and residents who suffer from dementia
  - Staffing agencies:
    - Date(s) requested
    - Request for worker type/credential and number of workers

- Response from agency (worker type/credential and number of workers)
- Training provided to agency staff, and documentation of training dates, topics, and attendance record
- Acute care centers:
  - Agreement for transfers
  - Delays in receiving residents/patients
  - Transportation of symptomatic residents (EMS or other transport service, delays, etc.)
- Visitor/vendor restrictions, including any provisions for compassionate care or end-of-life care, etc.
- Compliance monitoring:
  - Policy updates
  - Training adherence
  - Coaching
  - Management support
  - Other
- Staffing:
  - Shortages
  - Sick-time leave policy
  - Monitoring of signs and symptoms
  - Assigned care to symptomatic or asymptomatic residents
  - Empathetic support/burnout assistance
  - Family hardships (e.g., daycare, vulnerable family members, etc.)

- Identification of key players within the organization who:
  - Gathered and disseminated information
  - Communicated with external agencies and vendors
  - Maintained a log of their efforts to tell the story in the future

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This document does not constitute legal or medical advice and should not be construed as rules or establishing a standard of care. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

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