**9.9 POLICY AND PROCEEDURES FOR THE OMBUDSMAN PROGRAM DURING COVID-19 OR LIKE CIRCUMSTANCES**

(OOA712 and 45 CFR § 1324.13, IC- 67-5009, IDAPA 15.01.03)

Federal Regulation require the Ombudsman program provide services to assist residents in protecting their health, safety, welfare and rights.

1. **Prior to any visitation**
2. The ombudsman and the volunteers must complete CDC/Health and Welfare PPE training.
3. AAA ombudsman programs will provide certification of completion for PPE training of all ombudsman and volunteers prior to any visitation to facilities.
4. The ombudsman must have access to appropriate PPE for visitations per CDC recommendations.
5. Review recommended “Ombudsman Training Resources” for self-study by ombudsman and to provide training to volunteers.
6. AAA Ombudsman will provide all volunteers and ombudsman staff with copies of the authorization card to take with them for facility visits, that has been signed and dated by the ombudsman verifying that they have completed the PPE training and are authorized to make facility visits.
7. **Preparing for a facility visit**
8. Contact the facility to determine current COVID-19 (or similar) activity in the facility.
9. Review the Governors Website on the LTC webpage to determine if the facility is on the current active COVID list of facilities. <https://coronavirus.idaho.gov/wp-content/uploads/2020/10/Weekly-Report-of-LTCFs-with-COVID-Cases_10-02-2020.pdf>
10. Follow any additional or more stringent requirements established through facility specific policies or by order of the U.S. Dept. of Health & Human Services, the Centers for Disease Control, the Governor, or local public health district shall apply in addition to this policy.
11. Communicate with the facility prior to visitation to ask the following questions:
    1. What is the facilities screening protocol?
    2. What PPE is required by the facility of visitors?
    3. Request current resident roster.
    4. What is the current COVID activity in the building and where are residents cohorted or located in the facility? The names and room numbers for all resident who are currently COVID positive or are assumed positive for COVID.
    5. All resident information is required to remain confidential.
    6. Is there a specified meeting area in the building, outdoors or can residents meet in their rooms?
12. All ombudsman and volunteers will complete a Self- Assessment Screening and Affirmation Form and provide the ombudsman with the results of that assessment prior to making a visit to the facility. These forms are to be turned into the ombudsman and to be filed into the volunteer’s files.
    1. Ombudsman should keep their copies for review in relation to future complaints.
    2. All volunteers who will be doing facility visits will notify the ombudsman on the day of the visit, that they intend to make a visit to the facility and provide the name of the facility and the approximate time they will be visiting the facility.
    3. The ombudsman will give the volunteer updates on any issues within the facility and get permission to make the visit.
13. After facility visitation
    1. Upon completion of the visit the volunteer will notify the ombudsman of the visit and any concern observed and any complaints received as soon as possible after the visit.
    2. The volunteer will send their completed “Self-Screening Assessment Tool” and their “Facility visitation Log” to the Ombudsman for verification of volunteers’ verbal report immediately prior to the visit.
    3. The volunteer will notify the AAA ombudsman if they should have symptoms of COVID-19 within 15 days of a facility visit. Should a volunteer or ombudsman become positive for COVID-19 the ombudsman will notify the health Department and the State Ombudsman.
14. The ombudsman should consider taking only the following into the facility:
    1. Only items necessary for the visit such as an ID badge, laptop, work cell phone and required paperwork.
    2. Store personal items such as purse or backpack securely in your vehicle, if possible.
    3. Bring aSanitary Kitin a sealable bag that includes: hand soap, hand sanitizer (at least 60% alcohol), paper towels (entire roll may not be necessary), disinfectant wipes (do not take disinfectant spray into facility), and a plastic bag to discard disposable items.
    4. Masks or cloth face coverings. Recommend that face coverings be in a separate bag from the Sanitary Kit.
15. If the ombudsman or volunteer has symptoms of COVID-19, or does not pass the self-assessment, they are not authorized to visit the facility neither window visit, outdoor visit or in-person visit.
16. **Screening for COVID by facilities**
17. Upon entering the building, you may be required to be screened by facility staff for COVID-19 (or similar**),** per their policies. Do not enter the facility without submitting to the screening**.** As an LTC ombudsman you are not subject to medical testing by the staff and they are not subject to your medical information other than to screen for facility entrance.
18. Ombudsman must wear appropriate PPE when they are in the facility or on the grounds. Prior to leaving your car appropriately don your mask. Sanitize your hands before you leave your vehicle.
19. Make certain you are wearing your ombudsman badge.
20. You must sign the facility visitor’s log. Completing the log is required for contact tracing.
21. If a facility does not screen you upon entering the facility notify your supervisor and the ombudsman should report to licensing or BFS.
22. **Personal Protective Equipment and Supplies (PPE)**
    1. Facilities will vary on the requirements for infection control and PPE. Prior to visitation make sure you are aware of what the facilities require so you will be prepared to make your visit.
    2. Do not use facility PPE supplies.
    3. Suggested items to keep in your care for visitation
       1. Mask
       2. A cloth face covering for outside visitation
       3. Hand Sanitizer
       4. Disinfectant wipes
       5. Two Baggies for soiled items
       6. Face shield or googles
       7. Gloves
       8. Fanny pack or bag with over the shoulder strap
       9. Handheld notebook and pen or pencil
23. **Visitation supplies**
    1. Wearing a face covering is always required when you are on the facility grounds/property. It is recommended that you don your face covering prior to leaving your vehicle.
    2. Ombudsman will follow manufactures recommendations for reusing or cleaning PPE.
    3. It is recommended that ombudsman follow CDC recommendations for face mask when they are entering a facility. Cloth facemasks according to CDC are not considered PPE. CDC and DOH allow cloth face coverings to be worn when you are visiting outdoors, practicing 6-foot social distancing or doing window visits.
    4. When in a facility doing a visit ombudsman must wear a face shield or googles with the face mask. Follow manufactures recommendations for cleaning and sanitizing.
    5. Be aware that facilities may require visitors wear full PPE so be prepared to have what you need when you go to visit your facilities.
    6. Hand sanitizer is required and suggested that you have a small bottle that you carry on you throughout the facility for sanitizing between resident rooms. Do not plan to use the facilities supplies.
    7. Disinfectant wipes are necessary to clean your tablet, PPE, pens etc.
    8. Gloves and Gowns may be required by some facilities for visitation so make sure that you carry some in your car if you are not wearing them for each visit.
    9. Each AAA received Cares Act Funding that could be used for PPE supplies.
    10. It is recommended that you not take in a purse or backpack that can cause cross contamination and is difficult to sanitize.
    11. Use your work phone for pictures when possible to limit removing items form the facility.
    12. Sanitizing wipes can be used to wipe the soles of your shoes prior to entering your vehicle if you do not have booties.
24. **If volunteers are unwilling to do in-person facility visits**
    1. The ombudsman should develop a plan in which they make use of the volunteers in their program until such time that the volunteers believe it is safe to return and commence visitation.

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| **OMBUDSMAN SELF SCREENING ASSESSMENT TOOL** |

**Prior to visitation at a facility** it is required that you complete the Self-Screening Assessment the day of the visit and pass the screening. Completion of a new form is required prior to each facility visit.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is your temperature at or above 100.4 Y N?
2. Have you tested positive for COVID-19 in the past 30 days? Y N
3. Been exposed to someone who is COVID positive? Y N
4. Traveled out of the state Y N

**Are you having the following symptoms:**

Fever, Fatigue, Muscle or body aches, Runny nose, Headache, Difficulty breathing, Sore throat, Shortness of breath, Cough, Nausea, Loss of taste or smell,

If yes describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand** that someone can have COVID and be asymptomatic and be able to spread COVID to others. Knowing the risk of spreading this virus throughout a facility I will take all precautions and follow CDC’s guidance and wash my hands, sanitizer and correctly always wear my PPE while on a facilities property. If I have answered yes to any of the screening questions on this form I am not authorized to enter onto the property of a facility.

**I have read and understand the state requirements for facility visitation.**

Signature of volunteer or Ombudsman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Coordinator or Ombudsman review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Required Precautions for LTC ombudsman**
2. Ombudsman are not authorized to meet in-person with residents who are COVID active or are suspected to have COVID-19. It is required that upon entering the facility that the ombudsman speak with administration or administrative staff to become informed about the current activity of COVID within the facility. It is important to be aware of areas where COVID positive residents may be cohorted.
3. At this time ombudsman need only enter one facility a day and it should be the last facility visited in a day. This is to prevent the spread from one facility to another. It is not possible to know whether a facility has asymptomatic staff or residents whom ombudsman can encounter.
4. Unless approval has been given by the State Long Term Care Ombudsman, facility visits should be made weekdays, during normal business hours between (8 a.m. to 5 p.m.)
5. Ombudsman may visit multiple residents within a facility while using precaution described as follows:
   1. Wearing appropriate PPE, correctly.
   2. Follow CDC guidelines for infection control precautions for properly removing your PPE. Follow the manufacturer’s instructions for disinfecting of face-shields, googles and storage.
   3. Washing hands and hand sanitizing before entering a resident’s room and in between residents’ rooms.
   4. 6-foot social distancing
   5. Don’t sit in a residents’ room, on chair or bed.
   6. Don’t touch things in residents’ rooms or lean on anything in the resident’s room.
   7. Call staff to assist residents when the need arises.
   8. Limit the time that you spend in each resident’s room.
   9. Where appropriate, observe the condition of the room from the doorway rather than entering if the resident is resting.
   10. Ombudsman may participate in Resident Council meetings or assist in the development of Family Councils.
   11. Can obtain resident verbal permission, to include photos if it is documented in chronologically order within the case notes in RTZ.

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| **All Facility Visitation Log** |

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| **Facility Name: SNF/ALF** | | | |
| **Date:** | | | |
| **Staff contact:** | | | |
| **Ombudsman:** | | | |
| **Resident visited** | **Room Number** | |
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| **Facility Visitation Recommendations** | | | |
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| **I HAVE:** | |  | |
| * Completed training on the Facility Visitation Policy and Procedures | |  | |
| * Collected COVID activity of the facility | |  | |
| * Completed the Self Screening Assessment Tool | |  | |
| * Approval from the ombudsman to do visitation | |  | |
| * Appropriate PPE for visit | |  | |
| * Tablet for documentation | |  | |
| * Name tag | |  | |
| * Plastic bag for entry into the facility with needed items for visit   Sanitizer, wipes, Pens, business cards, brochures, extra bag | |  | |
| * Written authorization to enter the facility signed by the AAA ombudsman | |  | |
| * I am prepared to request of administration/staff a written copy of the census and updated COVID activity within the facility to include areas that are cohorting COVID positive residents or presumed positive residents. | |  | |

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| I provide verification that  \*  Has completed PPE training and is authority to have private and unimpeded access to facilities and residents as permitted by;  The Older Americans Act (OAA), Title VII, Chapter 2, Sections 711/712 and 45 CFR § 1324.13, Idaho Statute Title 67 Chpt.50, and IDAPA 15.01.03, and Per  CMS 9/17/2020 Ref: QSO-20-39-NH  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |

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| **COVID Ombudsman Training Resources** | |
| **CDC Training Materials X** | |
| CDC-Responding to Coronavirus (Covid-19) in Nursing homes  https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html |  |
| CDC-Preparing for COVID-19 in Nursing Homes  https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html |  |
| CDC-Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities  https://www.cdc.gov/coronavirus/2019-ncov/hcp/assisted-living.html |  |
| **CDC**-Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html |  |
| CDC-Using Personal Protective Equipment (PPE)  https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html |  |
| CDC-Guidelines for hand hygiene in healthcare settings (2002)  https://www.cdc.gov/infectioncontrol/guidelines/hand-hygiene/index.html |  |
| CDC-Considerations for Memory Care Units in Long Term Care Facilities  https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html |  |
| CDC-Consideration for Alternate Care Sites  https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html |  |
| CDC-Social Distancing  https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html |  |
| CDC-Optimizing Personal PPE Supplies  https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html |  |
| CDC-Wearing Gloves  https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/gloves.html |  |
| CDC-Facemasks Do’s and Don’ts  <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/fs-facemask-dos-donts.pdf> |  |
| CDC-Masks  https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html |  |
| CDC-Protect Yourself  https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html |  |
| CDC-People at Increased Risk  https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html |  |
| CDC-People with Certain Medical Conditions  https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html |  |
| CDC-Older Adults  https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html |  |
| CDC-Stress and Coping  https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/stress-coping/index.html |  |
| CDC-Protect Yourself and Others  https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html |  |
| CDC-If You Are Sick  https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html |  |
| CDC-Isolate If You Are Sick  <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html> |  |
| CDC-When You Can Be Around Others  https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html |  |
| CDC-Frequently asked Questions  https://www.cdc.gov/coronavirus/2019-ncov/faq.html |  |
| CDC-Pets and other Animals  https://www.cdc.gov/coronavirus/2019-ncov/animals/pets-other-animals.html |  |
| CDC-PPE Burn Rate Calculator  https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html |  |
| YouTube Videos |  |
| CDC-Demonstration of Donning (putting on) PPE  <https://www.youtube.com/watch?v=H4jQUBAlBrI>  CDC-Demonstration of Doffing (Taking Off) PPE  https://www.youtube.com/watch?v=PQxOc13DxvQ |  |
| CDC-Handwashing Presentation  https://www.youtube.com/watch?v=LWmok9avzr4 |  |
| CDC-Are You at High Risk for Severe Illness  https://www.youtube.com/watch?v=qb7shu\_sdQ0 |  |
| CDC-How COVID-19 can Spread in a Community  https://www.youtube.com/watch?v=9pVy8sRC440 |  |
| CDC-Can COVID-19 last on Surfaces and in the air  https://www.youtube.com/watch?v=lQvhoFMdXJo |  |
| Surgeon General Social Distancing  https://www.youtube.com/watch?v=wKX1PQTz5\_M |  |
| **State Guidance** |  |
| Stages for Re-opening in Idaho  https://rebound.idaho.gov/stages-of-reopening/ |  |
| Stage 4 reopening Guidelines  https://rebound.idaho.gov/stage-4-stay-healthy-guidelines/ |  |
| Long Term Care Web Page  https://coronavirus.idaho.gov/ltc/ |  |
| RALF COVID-19 Stage 4  https://coronavirus.idaho.gov/wp-content/uploads/2020/09/RALFCOVIDStage4.pdf |  |
| Temporary Waiver of RALF Rules  https://coronavirus.idaho.gov/wp-content/uploads/2020/09/RALFCOVID19WaivedRules.pdf |  |
| FAQ’s for Stage 4: Protocols for Long-Term Care Facilities  https://coronavirus.idaho.gov/wp-content/uploads/2020/09/RALFCOVIDFAQs.pdf |  |
| Implementation Guidance for SARS-CoV-2 Testing of Residents and Staff in Long Term Care Facilities in Idaho  https://coronavirus.idaho.gov/wp-content/uploads/2020/09/Testing-Implementation-Guidance-2020\_7\_8-FINAL.pdf |  |
| Contact information related to Transfer Discharge of Patients with COVID  https://coronavirus.idaho.gov/wp-content/uploads/2020/09/RALFCOVIDConcernsContactInformation.pdf |  |
| COVID-19 Unite at Veranda  https://coronavirus.idaho.gov/wp-content/uploads/2020/09/RALFCOVIDVeranda.pdf |  |
| COVID-19 Unit at Twin Falls Manor  https://coronavirus.idaho.gov/wp-content/uploads/2020/09/RALFCOVIDTwinFallsManor.pdf |  |
| National Center for Assisted Living  https://www.ahcancal.org/Pages/PageNotFoundError.aspx?requestUrl=https://www.ahcancal.org/ncal/Pages/index.aspx |  |
| Staying Connected to Loved Ones  https://coronavirus.idaho.gov/wp-content/uploads/2020/05/Connecting-to-Loved-Ones-in-Long-term-Care-Facilities.pdf |  |
| **Idaho Public Health Districts** |  |
| <https://www.cdhd.idaho.gov/pdfs/boardofhealth/Orders/Order-RE-Restriction-Ada%20County-Long-Term-Care%20Facilities-Updated-Order-10-20-2020.pdf> |  |
| https://phd3.idaho.gov/about/news/ |  |
| https://www.phd5.idaho.gov/press-releases/ |  |
| https://panhandlehealthdistrict.org/news/ |  |
| https://www.idahopublichealth.com/ |  |
| https://www.cdhd.idaho.gov/ |  |
| https://eiph.idaho.gov/ |  |

**Panhandle Health District (Region 1)**

8500 N Atlas Rd  
Hayden, ID 83835-8332  
**Phone:** [**877-415-5225**208) 415-5100](tel:+12084155100)

**North Central District Health Department (Region 2)**

215 10Th St  
Lewiston, ID 83501-1910  
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**Central District Health (Region 4)**

707 N Armstrong Pl  
Boise, ID 83704-0825  
**Phone**: [**208-**](tel:+12083755211)**321-2222**

**Southwest District Health Department (Region 3)**

13307 Miami Ln  
Caldwell, ID 83607-4701  
**Phone**: [**208-455-5411**](tel:+12084555300)

**South Central Public Health District (PHD 5)**

1020 Washington St N  
Twin Falls, ID 83301-3156  
**Phone:**[**(208) 737-**](tel:+12087375900)**1138**

**Southeastern Idaho Public Health**

1901 Alvin Ricken Dr  
Pocatello, ID 83201-2727  
**Phone: 208-234-5875**

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