

COVID-19: Separation Units

Frequently Asked Questions



Q: Is it a best practice to still allow visitors into the building?

A: Once a COVID-19 positive incident is confirmed within your community, for the safety of all residents, staff and guests consider limiting visits to only those that are essential. That's inclusive of deliveries, service providers or other professionals as well.

It's important that each facility creates & communicates on their unique policies & procedures. Visitors permitted in should be screened and if their temperature is over 100.0, they should be turned away. If allowed entrance, its best practice to provide PPE and limit interactions based on your individual facility's policies. Encourage family or guests to practice social distancing without touching, hugging or kissing residents.

Regarding deliveries, delivery personnel requiring entry into the building must be screened, according to guidelines set above. Deliveries should be completed quickly, and facility staff should limit interaction with delivery personnel. Where possible, deliveries could be left outdoors for facility staff to retrieve. Same is true of vendors. Vendors or suppliers should leave deliveries at the door unless otherwise directed by your facility or established in your individual response guidelines. Personnel that deliver to the back door must also be screened.

Q: Do staff need to wear PPE only when providing direct care to a suspected positive resident, for all residents or all of the time?

A: Your internal decision makers should ultimately decide what PPE is appropriate for your staff. The most current State, CMS, and CDC guidance should be followed. Below is the minimum expected by CMS:

For a resident with known or suspected COVID-19: staff wear gloves, gown, eye protection and an N95 or higher level respirator if available. A facemask is an acceptable alternative if a respirator is not available. Additionally, if there are COVID-19 cases in the facility or sustained community transmission, staff implement universal use of facemasks while in the facility (based on availability). When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).

<https://www.cms.gov/files/document/qso-20-20-all.pdf>

Q: What are providers doing to get more PPE? It appears most PPE is going to hospitals.

A: Over the last few weeks the national government has empowered the state & local government to get more directly involved in supporting individual facilities. As the Senior Living industry is noted as an essential industry, it is critical that you work with internal purchasers & within their processes, engaging with your local department of health or other coalitions for additional support if need be.

Q: We are concerned about getting life safety code inspections completed during this outbreak. Will we get cited for failing to have required inspections, testing and maintenance (ITM) completed?

A: It is, at this point, up to each individual state as to whether they will strictly enforce inspections and timing. CMS has not issued a blanket waiver for the life safety code ITM.

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Q: Do you have additional recommendations to support staff; specifically if we are understaffed to begin with?

A: The unfortunate downside of this situation is that you may lose staff at a time when you need them most. As you dedicate individuals to your Separation Unit, consider removing tasks in non-positive areas from your resident care or clinical team that can be completed by non-licensed staff (i.e. answering call lights, filling water pitchers, etc). Try and limit staff exposure to your Separation Unit to the minimum amount required, identifying individuals based on their proficiency utilizing PPE and hand washing amongst other things.

If possible, consider additional incentives (financial bonuses or cultural such as free food, good humor in an attempt keeps spirits high) in these stressful times.

Q: Do you have any recommendations where to locate the barrier wall based on where the sprinkler heads are located?

A: Do your best to consider NFPA or Life Safety Code standards when developing a Separation Unit. Try to ensure no features of your fire protection system are blocked or impaired by the visqueen wall (i.e. fire doors, pull stations, smoke detectors or sprinklers).

Q: Are you concerned that the visqueen is flammable?

A: Yes, but the amount of wall coverage in a compartment is permitted to be up to 30% and the amount of visqueen required to form a barrier is much less than that.

Q: Are you concerned that the wall blocks an egress?

A: Yes. Egress is important in considering where to place your wall or barrier, so you can be sure to provide a direct exit within the Separation Unit to the outdoors allowing individuals to escape and/or first responders to enter. Also, construction of your visqueen wall should be completed in a way that allows it to be quickly removed or torn down with virtually no effort in an emergency.

Q: How often are you cleaning the quarantine zone?

A: At minimum, cleaning & disinfecting should continue at your normal daily pace, if not more frequently depending on staff availability. Now, more than ever it's important to hit the high-touch areas outlined by the CDC (Center for Disease Control) as frequently as possible. Laundry and trash are typically being removed twice a day.

In order to limit the number of individual staff members entering the Separation Unit, clinicians may want to consider picking up additional tasks on the wing (i.e. consolidating trash/laundry from individual rooms to the hallway, wiping down equipment and/or hard touch surfaces upon exiting a room, etc).

Q: I noticed the concrete block is on its side with the opening facing out. Is that to allow air into the vestibule?

A: Not specifically. The picture included was for reference and the use of concrete cinder blocks was structural, to help weigh down the edges of your visqueen or plastic barrier maintaining tautness. It was not necessarily intended to support existing air flow into the unit.

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Q: Is there any way to create the negative air flow in the isolation space with existing HVAC systems?

A: While we should strive for negative air pressure similar to isolation units within a hospital or surgery center, individual buildings may have nuances within the existing HVAC system that may prevent you from creating & maintaining negative air pressure. If possible, consider having maintenance or your HVAC service provider attempt to create and maintain negative air pressure by:

- Open up fresh air dampers to create fresh air exchanges
- Run exhaust fans in resident bathrooms
- Open windows if the weather is nice

Q: In dedicating rooms for suspected /confirmed COVID positive cases, do I have to notify the resident that he/she is being moved? Does the resident have the right to refuse?

A: Blanket 1135 Waiver: Resident roommates and grouping. CMS is waiving the requirements in 42 CFR 483.10(e) (5), (6), and (7) solely for the purposes of grouping or cohorting residents with respiratory illness symptoms.

This grants providers permission to move residents about the facility as needed for COVID-19 crisis. They do not need notice and cannot refuse. This is not for facility convenience – it is for the community's health. Documentation is needed noting the reason for the move.

So, yes, you can move people to create a space to create space to treat COVID residents. You can start this process now and do not have to wait until you have your first positive confirmation.

Provided on the next page is an example of a letter to family members that I, Kenn Daily (presenter) have used over the past month communicating on patient moves related to COVID positive designations. Feel free to reference this as an example in developing your own.

Q: Should there be an audit of the barrier?

A: Yes, Included as the final two pages of this document is a barrier audit for each wall which notes any comments and/or repairs. Feel free to print & use these pages as reference, warehousing for a minimum of 6 months.

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Family Members

We know you are concerned about the spread of COVID-19 and how it may impact us at (FACILITY). TODAY we learned that # of our residents (OR STAFF) have tested positive for the virus. At this point _____ our Medical Director along with the facility's management staff are working closely to monitor resident care and any changes in condition. Our priority is to maintain health and safety for all the residents and the staff and we continue to serve the more than _____ # OF residents residing at the facility.

We understand connecting with your loved ones is incredibly important. There are a variety of other ways to consider communicating including telephone, email, text, video chat, and social media or at the windows. We are happy to facilitate these methods of communication. Please contact me, _____, LNHA, (AT _____) OR _____ AT _____ if you need assistance in using these alternative communication methods.

We will stay up to date with the state and federal government's directives and recommendations as they change. Our facility is also in close daily contact with _____ County Health Department and continue to follow all the recommendations set forth by the CDC, CMS and the state of Ohio.

Should you have any questions, please contact _____ LNHA – Administrator at _____ by calling or texting. You can also email _____ at _____.

QUARANTINE ZONE AUDIT

First Barrier

Facility _____

Date	Plastic Secured to Walls?	Zipper Working Properly?	Holes or damage to Plastic Barrier?	Comments	Auditor Initials

Retain for 6 months

QUARANTINE ZONE AUDIT

Second Barrier

Facility _____

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