



## Lessons Learned: Our COVID-19 Experience - December, 2020

Through our particular experience with COVID-19 over the last year, we have learned more about how community-wide outbreaks affect our facility and have enhanced our ability to respond to them to protect our residents and staff. Here are a few comments on what we have learned and subsequent actions we have implemented.

### **Communication**

When it comes to communication, there is often a need to over-communicate.

- ◆ Daily briefings were held with the leadership team to share information on new CDC/CMS/NJDOH guidance, clinical updates, resident and family concerns, staff and resident COVID-19 status and PPE usage and inventory. Frequently a summary was posted and distributed to staff containing the highlights of the briefing meetings.
- ◆ A weekly e-mail is distributed to families containing news about important topics, such as the visiting, safety, activities, testing, social services and business office issues. Copes are also distributed to residents and staff. When necessary, the COVID-19 status within the facility is communicated promptly to all.
- ◆ A weekly live conference call is held for families. This *Family Circle* time allows administration to inform resident families and POAs about what is happening at BCHCC. Electronic invitations are sent out weekly so all know about these scheduled calls and families are able to share their concerns and questions.
- ◆ We have expanded the contents of our website to include copies of the weekly facility newsletter, copies of menus and activities, as well as how to contact administration to discuss resident conditions.

### **Personal Protective Equipment (PPE)**

We now keenly understand the importance of monitoring our PPE use, as well as maintaining an accurate inventory and an adequate emergency stockpile. To help us accomplish this, we have added several new vendors that will be reliable sources of PPE going forward.

Our Infection Preventionist provides continuous staff education about proper wearing and use of PPE, especially donning and doffing of gowns, gloves, masks, etc. Additionally, staff continually demonstrate competencies in proper hand-washing technique. We have learned to use the prevalence of COVID-19 in Bergen County as a guide to what PPE our staff should be using, as well as a guide to our operational response.

### **Resident Observation Areas**

We have learned about the need to plan for the possibility of our residents testing positive for COVID-19. To that end, we have set aside one corridor on each of our resident cottages as an *unoccupied* resident area. This space has its own medical equipment and a zip-wall to separate it from the rest of the cottage. Residents who may need to be observed until their infectious status is known can be moved to this area without any change to their medical care.

### **Environmental Engineering**

Bergen County Administration arranged for an engineering firm to visit BCHCC and conduct a survey of our environment to determine what changes needed to be implemented for us to be better



prepared to manage COVID-19 risks. Improvements made include hands-free sink and toilet use in administration areas, floor decals to reinforce social distancing and installation of Plexiglas barriers to protect staff throughout the facility. Additionally, the airflow units have been changed.

### **Dietary Services**

- ♦ Proper hand-washing became more essential than ever, so additional hand sanitizing stations were installed throughout the kitchen areas.
- ♦ Continuous reminders about the seriousness of COVID-19 are posted to a new communications board in the kitchen, along with other important bulletins and information to educate staff.
- ♦ A sanitizing agent is used on the wheels of all the food delivery carts before and after each meal service to the resident areas.
- ♦ Food and beverages for holiday celebrations must be contact free, so all snacks (e.g. cookies, donuts) are only distributed in individual containers.
- ♦ We ensure that dietary staff is wearing appropriate PPE in the kitchen areas and when they are tasked with entering the resident cottages.
- ♦ We ensure that supply delivery services are in compliance with our COVID-19 protocols. Verbal screenings are routinely done and, in some cases, on-site rapid testing is performed prior to a vendor entering the building.

### **Recreation/Activities Program**

We have realized how important it is to provide activities to residents during times of quarantine. Based on resident's abilities, each is provided daily with individualized packets for them to do activities on their own, such as simple art projects, craft materials and word or intellectual games that will support their cognition. When one-to-one activities are possible, the residents are provided with various sensory stimulation, such as soft music, reading, and props that will provide a path for them to reminisce or bring a smile.

We have also found alternate ways for residents to stay connected with families using technology (e.g. Skype, Zoom, etc.) which helps keep up morale for both resident and family members.

### **COVID-19 Testing Results**

We have learned the importance of having access to laboratory that has the capability of providing test results within a rapid turnaround time. The sooner we get the results, the sooner we can determine the COVID-19 status of a resident or staff member. We began using on-site rapid testing equipment/materials as soon as they were available to us, and we added additional laboratory vendors to manage the volume of testing done in the facility.

Although this has certainly been a challenging time, we are grateful to all of our staff who are able to 'think outside the box' and improve our operations by being flexible to rapid the changes needed and caring so much for the safety of our residents.