
Presented by:
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End of the Pandemic, Now What?

Part 1

Goals for 2020:
Grow My Business
Travel More
Family Reunion
Survive!!

Learning Lessons in a Global Pandemic
1. **Infection Control**

We've Never Taken it So Seriously!

- Clinical vs. Non-Clinical
- PPE is Applicable to ALL HCSSAs
- Fit-testing in an OSHA Requirement
  - N95 Masks
  - Gowns
- Coordination of Care with Other Care Providers
  - Home Health
  - Hospice
  - Hospitals and Physicians
Infection Control

✘ CDC Recommendations Evolved Continuously
  ○ Quarantine for 14 Days
  ○ Make That 10 Days – Nope – Make That 5 Days!
✘ Do THIS – Don’t Do This
✘ If You’re:
  ○ Exposed for 15 Minutes or More...
  ○ At High Risk...
  ○ Asymptomatic...
  ○ In Healthcare...
  ○ Vaccinated...

Key Word: EVOLVED
As They Learned
More – Guidelines
Changed
The Virus Evolved
Too!

Infection Control

✘ CDC Recommendations Evolved Continuously
✘ Policies Increased – Needed to Cover:
  ○ Screening of Staff and Clients and Client Household Members
  ○ Officially All Agencies Had to Comply by July 21, 2020 With
    Screening/Documentation
✘ Screening Criteria, and Agency Actions When a
  Screening Question is Answered “Yes”
Infection Control

✘ Policies Increased – Needed to Cover:

○ Quarantine Protocols
○ Return to Work Protocols
○ How Screening Will be Conducted and Documented
○ PPE Supplies, Suppliers and Inventory Procedures

Infection Control

✘ Policies Increased – Needed to Cover:

○ What is Expected of Staff Regarding Masking
○ Whether or Not You’ll Accept Care for COVID-19 Positive Clients
○ Care Provisions for Clients who are Positive for COVID-19 or Whose Household Members are Positive
**Infection Control**

- COVID-19 Positive Documentation and Reporting:
  - Documentation of Follow Up When an Employee or Client Answered Yes to Screening
  - Documentation of ALL COVID-19 Positive Cases in Clients and Staff to Include:
    - Contact Tracing
    - Return to Work Plans
    - Hospitalizations/Deaths
    - Reporting to Local Health Department

**HHS Flexibilities**

Temporary Rule Changes
HHS Flexibilities

✗ Essential Visits Vs. Non-Essential Visits in PAS/PHC:

- Non-Essential Visits Include Companionship Only, PRN, Transportation/Outings
- Essential Visits are Visits Required to Sustain the Health, Wellbeing, or Life of Clients
- If a Client's ISP includes Bathing 4x/week, Could Those be Reduced to 2x/week?
- If a Client's ISP includes Meal Prep Daily, Could That be Accomplished in 1-2 visits/week?

✗ Essential Visits Vs. Non-Essential Visits in PAS/PHC:

- If a Client's ISP includes Laundry/Homemaking 3x/week – Could That be Accomplished in 1 visit/week?
- Could Groceries be Ordered and Picked Up to Reduce Time?
- Adjusted Individual Service Plans (ISPs)
HHS Flexibilities

✘ Additional Considerations

○ When Clients Live with Family

○ Whether Shifts Were Considered Essential or Non-Essential Needed to be Documented in the Client’s Record
  ■ Justification as to Why
  ■ What Measures Were Taken to Ensure Clients’ Basic Needs Were Met

HHS Flexibilities

✘ Preferred Provider Flexibilities in PHC:

○ Normally Preferred Providers are Not Allowed to be Immediate Family Members or Household Members

○ For a While, this Rule was Flexible due to Staffing Shortages, but Now Back to Pre-pandemic Rules
HHS Flexibilities

× Supervisory Visit Flexibilities:

○ During the State of Emergency for HCSSA in Texas Supervisory Visits Were Considered Non-Essential Visits Could/Should be Conducted by Telephone or Video Conference

○ This Meant That Agency Administrative Staff Were Not “Laying Eyes” on Clients, Potentially for a Very Long Time 🙁 😞

○ May Have Required More Coordination with Family Members if Clients Were Unable to Use Technology

3.

OSHA ETS

Emergency Temporary Standards
OSHA ETS

✘ Suspended in December 2021, but many continued to follow for safety – to make sure “we’re covered”

○ People Changed the Way They Do Business:
  ■ Working from Home
  ■ Saved on Office Rent to Offset Other Costs?
  ■ Adding Barriers and Spreading Out

OSHA ETS Key Requirements

✘ COVID–19 Plan
✘ Screening
✘ PPE
✘ Physical distancing and barriers
✘ Cleaning and disinfection
✘ Ventilation
✘ Screening
✘ Notification to employer of COVID–19 + or symptoms
✘ Notification to employees of COVID–19 exposure
✘ Return to work
✘ Vaccination
✘ Training
✘ Anti–Retaliation
✘ Implemented at no cost to employees
✘ Recordkeeping
✘ Reporting COVID–19 fatalities and hospitalizations to OSHA
✘ Mini Respiratory Protection Program
OSHA ETS

People Changed the Way They Do Business:

- Staggered Office Schedules to Increase Space
- Screening for Office Personnel and Visitors
  - Masking
  - Increased Ventilation/Air Purifiers

To Vaccinate or Not to Vaccinate

- Went Back and Forth as the Rule Was Halted in the Courts
- Testing of Non-vaccinated Employees
- Some Agencies Mandated Vaccination, but Most Did Not
  - Unless a PAS is Attached to a LCHH/Hospice and Must Comply with CMS Conditions of Participation, Vaccination was Not Mandated for PAS/PHC
  - Some Agencies that Did Have to Comply and Suffered
4. Emergency Preparedness and Response Plan (EPRP)

We Weren’t Prepared!

- Staffing shortages knocked us on our...
  - FMLA and Worker’s Comp
  - Families First Coronavirus Response Act (FFCRA)
    - Up to 12 weeks’ paid leave for COVID-19 related illness or child-care
  - Essential Visits was a new concept
  - Clients With Lower Priority EPRP Classifications Went Without Care Due to Staffing
Emergency Preparedness

Activated our Emergency Preparedness Response Plans

- The Emergency Started Friday March 13, 2020
- The Plan Included:
  - Educating All Staff and Clients
  - Procuring PPE and Supplying to Staff and Clients
  - The Impact of the Pandemic on the Agency Office/Staff
  - The Impact of the Pandemic on Direct Care Staff and Staffing Shortages

Emergency Preparedness

Activated our Emergency Preparedness Response Plans

- Plan Included:
  - The Impact of the Pandemic on Clients and Household Members
  - Ongoing Updates in Education, Training, CDC Guidelines, Quarantine
  - Infection Control Measures, Source Control, Updated Procedures
  - Determination of Essential Visits
Emergency Preparedness

- Activated our Emergency Preparedness Response Plans
  - Plan Included:
    - Performing Supervisory Visits by Telephone or Video Conference
      - This Specific Rule Ended September 2021
    - Adding “Epidemic/Pandemic” to Your EPRP Hazard Vulnerability Risk Assessment
    - Updating the Activated Plan: “ONGOING Efforts”
      - at the end of 2020, and the end of 2021

Emergency Preparedness

The State of Emergency in Texas Ended July 21, 2022

2 Years and ~4 months!
Lesson Learned

Moving Forward

THANKS!

Any questions?

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CREDITS/REFERENCES

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EXTRA GRAPHICS