Virginia Association of Counties

ACHIEVEMENT AWARDS

SUBMISSION FORM

All submission forms must include the following information. Separate submission forms must be turned in for each eligible program. **Deadline: July 1, 2021.** Please include this submission form with the electronic entry. If you do not receive an email confirming receipt of your entry within 3 days of submission, please contact Gage Harter.

PROGRAM INFORMATION

County: County of Henrico

Program Title: Long Term Care Facilities

Program Category: Community and Economic Development

CONTACT INFORMATION

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SIGNATURE OF COUNTY ADMINISTRATOR OR DEPUTY/ASSISTANT COUNTY ADMINISTRATOR

Name: Brandon Hinton

Title: Deputy County Manager for Administration

Signature:

Program Overview

This program created a multi-agency-focused response to the rapid development of COVID-19 infections within the nearly 75 Long Term Care (LTC) facilities within Henrico County. The Division of Fire (DOF) Staff quickly developed a strategic plan focused on 1) Identification of facilities and key contact, 2) Needs Assessments, 3) Training for on sight personnel, 4) Resource kits for individual LTC's. Multi-agency teams were quickly developed, including representatives from the regional Health Department, Henrico County Social Services, and the DOF.

Through this effort: Weekly communications with LTC senior staff were established to ensure needs were met, Coordination of site visits for needs assessments occurred, PPE virtual training resources for LTC staff were created, and generic and individual emergency plans were created for facilities. There is little doubt that this rapid response to this crisis within our community's facilities dramatically decreased the spread within facilities and to first responders.

Problem/Challenge/Situation Faced by Locality

At the beginning of the COVID-19 crisis in March of 2020, there was a growing recognition that LTC's were a nexus of disease spread within a vulnerable population. It was also clear that this disease was beyond the normal scope of LTC's. One facility in our community was reported in the New York Times as being the mostly deadly outbreak in a facility in the US. County leadership had offered to help the LTC address the issue and recognized that the outbreak would not be limited to a single facility.

Henrico County has a large number of LTC's, all of which are well run; however, leadership recognized the inability for any such singular facility to be prepared for the impact of this disease. Leadership also recognized that a rapid increase in the disease in a focused location of citizens

with multiple health issues would naturally create stress for the DOF's EMS system. Recognizing the emergency nature of the issue and the dramatic impact on lives and safety systems the Long Term Care Branch and subsequent task forces were created to address the issue.

How Program Fulfilled Awards Criteria

This program is an outstanding example of several things that make a local government valuable to our citizens. First, the recognition of multi-agency approach to problem solving was placed above the need for individual agency.

How Program Was Carried Out

The LTC Branch was created to support existing Long Term Care Facilities to allow them to continue to provide services as effectively as possible during the COVID-19 pandemic. This Branch was also created to help ensure an effective flow of resources and information to both response agencies such as the DOF as well as the LTC's and Senior Levels of County Government for policy development and response planning.

In March, the DOF had started to support the efforts of the Regional Incident Management Team (IMT) that was created to support the overall COVID-19 response however, it was soon realized that a unique DOF IMT would be needed to ensure the DOF was planning and responding properly to the crisis and could keep up with the needs of the Regional Systems being created. On March 25th, the DOF IMT was created utilizing the Incident Command System, and The LTC Branch was created on March 31st, to address the specific concern of LTC's within Henrico. The LTC Branch was staffed with both civilian and uniformed personnel. The LTC was broken up into several "groups" within the branch to focus on several areas. These groups were: Education, Resource, Monitoring, Response, and Human Resource. The work of each group is outlined

below, and all resources were placed on a newly created web page for LTC and community use. Additionally, weekly phone conferences were established with LTC's to ensure their needs were met or directed to secure their needs.

The Education Group was focused on training non-certified LTC staff in the use of PPE as well as coordinating training for health professionals in the use of PPE. They gathered educational resources for curriculum development regarding PPE. This training included the creation of education presentations as well as links to online resources for LTC's to share with their personnel. One key element that the LTC Branch recognized early on was that if the LTC staff felt comfortable in their PPE use they were more likely to use the equipment and show up to a workplace they felt was safe. Additionally, the Education Group looked at broader public education and safety needs for the community. In conjunction with the GIS analyst for Henrico County Emergency Management the team helped to create a multi-layer GIS map that looked at possible correlations for COVID-19 spread and then used the same mapping technology to determine best locations to provide printed material for the public.

The Resource Group was tasked with providing hardware for LTC's to use. This included the setting up and monitoring of wash stations outside of LTC's for staff to utilize at the beginning and end of shift. This group also had strike team capabilities that provided safety officers to review safety compliance and PPE usage by VDH volunteers when they entered LTC's to provide onsite monitoring. In one facility, where the staff was having difficulty moving patients for ambulance transport, an electronic stretcher was provided to the LTC. When an outbreak occurred, this group was assigned to provide human resource support to the VDH teams engaged with the specific facility. This group also assisted in helping develop best practices and resources for facilities.

The Monitoring Group utilized internal IT staff and uniformed personnel to develop data monitoring to help assist in situational awareness and to determine possible predictors. Daily reports were created to track the number of EMS calls and possible or confirmed COVID-19 cases. This data was utilized by DOF EMS to best determine response and safety protocols. It further drove our direct engagement with facilities when we became aware of increased calls within their facility to seek out ways, we could support the LTC. Additionally, the information was shared and coordinated with VDH Staff to support their short- and long-term efforts.

The EMS Response group was made up of personnel that worked out of the station (Firehouse 13) most impacted by LTC COVID-19 Response. This group focused on creating PPE requirements and response protocols focused on protecting patients and first responders for EMS and non-EMS calls to LTCs. This group was critical in keeping our infection rates from response to LTC's at 0%. This group also created mass evacuation plans and created a LTC Resource Booklet for onsite planning. The DOF leadership quickly realized that emergency response to an LTC facility had taken on a larger level of difficulty. Traditionally facility emergencies such as fires, power outages, or other such emergencies would lead to the transfer of patients to other facilities. Clearly, at this stage in the COVID-19 crisis, such a transfer would be difficult at best. To help ensure that both response agencies and the LTC's were prepared with a generic response plan.

Additionally, a prioritization matrix was created to help continually monitor and triage LTC needs and abilities and to help the Branch focus its efforts. This group also developed an initial response protocol for DOF personnel into LTC's to ensure that proper PPE was worn for both EMS and non-EMS calls into the facility. These overall efforts helped create stability for both LTC facilities but also DOF Staff.

The Human Resource Group was made up of civilian personnel who worked on determining ways in which we could provide direct support for LTC's that might see skilled staff shortages as COVID-19 impacted LTC staff. This group worked directly with LTC's to determine human resource needs as well as resource lists to assist LTC's. Additionally, the group prepared job descriptions for the staffing of temporary positions for a field hospital should it have been necessary. Finally, this group worked closely with our Henrico Schools printing shop to create and distribute "Thank You" signs at all the LTC's in the community to help boost morale.

A Resource Preparation Group was also created to focus on taking material and research done by the other groups and creating consumable material (handouts, web pages, resource documents) for our EMS providers, VDH staff and LTC staff. This group was critical in creating and maintaining accurate lists for LTC's, primary contact people and numbers and number of residents. The group provides for the development of resource flyers for the general public and ensures that information was synchronized amongst the various groups.

On April 19th, as our understanding of the scope of the problem broadened, so did our recognition of the branch's needs. Changes were made to the branch to facilitate better situational awareness and engagement of congregate care beyond Long Term Care Facilities. The groups and make-ups remained the same, but a second branch for congregate care was created called the Small Group Homes (SGH) Branch. This SGH Branch was overseen by staff from the County's Department of Social Services and Henrico County Area Mental Health and Developmental Services. The individual groups remained the same but their workload was increased and directed by the leadership of both branches.

Financing and Staffing

This program utilized existing staff with existing knowledge of their day-to-day work and coupled with the best implementation of the Incident Command System as outlined by FEMA. During this time period, many staff had been directed to work from home, and many programs had been limited due to shutdowns. This effort utilized existing staff and resources including Division of Fire printers and paper to meet the fast turnaround required. and had no additional cost to the community.

Program Results

As with most prevention programs, it is difficult to show what did not occur. However, when looking at the impact of COVID-19 striking in the first nursing home in the county, then comparing it with similar instances throughout the United States, it is difficult to believe that this program did not specifically save lives for both residents and staff within the LTC community. Henrico has over 70 Long Term Care Facilities (nursing homes) as well as many shot term/day care facilities for adults. Additionally, although many fire departments across the country had significant infection rates and death, the LTC Branch with its specific focus on PPE use had a dramatic impact on the incredibly low rate of infection with the Division of Fire.

Brief Summary

Beyond the individual work of each branch and group, the overall impact of creating direction, focus and stability in the early stages of this pandemic was crucial in the county's overall success. These two branches created: A long-term care resource book, Henrico county LTC Webpage https://henrico.us//care-facility-resources/ , weekly LTC conference calls to stay ahead of issues at the facility level, various GIS dashboard for tracking activity and ultimately a stronger relationship with our LTC's, small group homes and community.

Although this award focuses on the work of the Long Term Care Branch, it would be inappropriate not to mention the outstanding work of so many other agencies who helped make this a success to include the Henrico County Office of Emergency Management, Public Relations and Media Services, Public Libraries, Henrico County Public Schools, and the Long-Term Care Facilities themselves.

County of Henrico

Division of Fire

An Internationally Accredited Fire Service Agency

(804) 501-4900
FAX 804-501-4642

Educational Resources

Hand Hygiene

- Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location.
- All personnel should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
- All personnel should perform hand hygiene by using alcohol-based hand rub (ABHR) with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.

  ***Trash disposal bins should be positioned near Hand Hygiene areas to include the exit areas of the resident room, maintenance area, to make it easy for staff to discard hand drying towels, PPE after removal, prior to exiting the room, or before providing care for another resident in the same room.

Personal Protection Equipment (PPE)

Who Needs PPE?

- **Healthcare personnel** should adhere to Standard and Transmission-based Precautions when caring for patients with SARS-CoV-2 infection. Recommended PPE is described in the Infection Control Guidance
- **Patients** with confirmed or possible SARS-CoV-2 infection should wear a facemask when being evaluated medically
- **Administration, Custodial & Maintenance Personnel should follow similar guidance when in patient or staff areas.**

Sequence for Proper Donning (putting on) and Doffing (removal) of PPE

- **Instruction with Posters**
  - CDC PPE (verbiage is in American English and Spanish)
  - https://www.cdc.gov/coronavirus/2019-ncov/Healthcare personnel/using-ppe.html
- **Reminder:** Trash disposal bins should be positioned near the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room.
  Reference: CDC Coronavirus Disease 2019 (COVID-19) Preparedness Checklist
- **Resource Videos**
  - CDC COVID 19 video made by Hippo Education
    https://www.youtube.com/watch?v=t1lxq2OUy-U
  - General Instructions for Disposable respirators
    https://www.youtube.com/watch?v=0d_RaKdqeck
  - The VCU video shows how to use both the round and duckbill style masks. The gowns in this video have plastic ties and the gowns can be pulled off without untying.
    https://www.youtube.com/watch?v=yB-z9XwS6zM&feature=youtu.be

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PPE Supervisor Checklist

Donning

1. Gown, mask, face shield or goggles, gloves, hand hygiene station, head cover, and trash bin are all available.
2. Donning will occur outside patient area.
3. Remove any unnecessary jewelry.
4. Tie up and/or cover long hair.
5. Shave off facial hair to ensure a good mask seal.
6. Hand hygiene for 20 seconds.
7. Check gown for defects. No Defects. Don gown.
8. Don face mask. Top strap to crown of head. Bottom strap to back of neck.
9. Mold mask to the face. Starting at the nose.
10. Check for a good seal by exhaling and feeling for leaks.
11. Don face shield or goggles.
12. Don gloves. Ensure that they are pulled above the cuff of the sleeve with no skin showing.
13. Ready to enter patient care area.

Doffing

1. Begin Process in patient room near door or in decontamination area.
2. Doff gown. Rip off at shoulders and waist if disposable. Untie if necessary.
3. Remove gown inside out and roll off over hands until the gloves can be removed inside out.
4. Ball up gown and gloves and place them in the trash bin.
5. Hand Hygiene for 20 seconds if hands became contaminated.
6. Remove face shield or goggles.
7. Hand Hygiene for 20 seconds if hands became contaminated.
8. Leave the patient room or decontamination area.
9. Hand Hygiene for 20 seconds.
10. Remove Mask: lean forward, pull bottom strap over the head, release, pull upper strap over the head, drop mask into trash bin.
11. Remove head covering if used.
12. Hand Hygiene for 20 seconds or use sink with soap and water to scrub hands and arms up to elbows.

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Maximizing PPE Use and Handling Shortages

Strategies for Optimizing the Supply of Isolation Gowns

- CDC: https://www.cdc.gov/coronavirus/2019-ncov/Healthcare personnel/ppe-strategy/isolation-gowns.html
- Kansas Dept. of Health and Environment: http://www.kdheks.gov/coronavirus/toolkit/Strategies_for_Optimizing_Isolation_Gowns.pdf

Strategies for Optimizing the Supply of Eye Protection

https://www.cdc.gov/coronavirus/2019-ncov/Healthcare personnel/ppe-strategy/eye-protection.html

Strategies for Optimizing the Supply of Facemasks

https://www.cdc.gov/coronavirus/2019-ncov/Healthcare personnel/ppe-strategy/face-masks.html

- **Use of Cloth Face Coverings to Help Slow the Spread of COVID-19**
  - https://www.cdc.gov/coronavirus/2019-ncov/downloads/DIY-cloth-face-covering-instructions.pdf
  - Surgeon General How to make your own mask https://www.youtube.com/watch?v=tPx1yqvJqf4

Strategies for Optimizing the Supply of N95 Respirators

https://www.cdc.gov/coronavirus/2019-ncov/Healthcare personnel/respirators-strategy/index.html

- The information provided below regarding Administrative Controls and PPE: Respiratory Protection, is divided by the color of headings which change as the user scrolls down the page. The headings are blue, yellow, and gray. A letter signifying the appropriate color heading is placed by each topic in the bullet points below.
- In the N95 Respirators link provided above **under Administrative Controls**: is information regarding Source Control (B), Cohorting Patients (B), and Cohorting Health Care Providers (B) to reduce transmission and conserve PPE
- In the N95 Respirators link provided above **under Personal Protective Equipment: Respiratory Protection**: is guidance on the use of N95 alternatives (B), extended use of N95 respirators (Y), limited reuse (G), and prioritization of use (G).

- **Resource Videos**
  - University of Florida instructions for making masks: https://anest.ufl.edu/clinical-divisions/mask-alternative/
  - National Center for Biotechnology Information instruction for making masks: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3373043/

VDH Long-term Care Facilities Terminology

Long-term Care Facilities (LTCFs) provide a variety of medical and non-medical services to people who have a chronic disease or disability. These settings may include but are not limited to nursing homes/skilled nursing facilities, inpatient rehabilitation facilities, assisted living facilities (ALFs), hospice, and senior day care services.

- **Nursing Facilities (NF)**
  - Provide skilled nursing care so they are essentially the same. Another common term used is nursing home. Someone who requires skilled nursing care needs help with most or all activities of daily living (bathing, dressing, eating, toileting and transferring). These are individuals who require the highest level of care on a daily basis.

- **Assisted Living Facilities (ALF)**
  - Provide a lower level of care for individuals who need help with as few as two ADLs. The facility provides meals, dispenses medications and offers transportation to activities and medical appointments. Residents in an ALF are typically able to come and go more freely than those in a nursing facility.

- **Independent Living Facilities (ILF)**
  - Are usually part of a larger facility that also offers assisted living and skilled nursing care. Residents in these facilities are able to move to the higher levels of care as needed.

- **Independent Living Apartments**
  - May be part of a facility or simply be in a senior living community for individuals 55 or older. Senior living apartments often have a social worker on site but not usually medical staff. These residents are able to care for themselves or may have an aide or family member who assists them if needed.

- **Senior Day Care Services**
  - Oversight by Department of Social Services, not VDH.
  - Adult day care centers are regulated, non-residential facilities that provide a variety of health, social and related support services in a protective setting during part of the day to four or more aged, infirm or disabled adults who reside elsewhere.

  Source: **Department of Social Services** https://www.dss.virginia.gov/facility/adcc.cgi

- **Inpatient Rehabilitation Facilities**
  - Free standing rehabilitation hospitals and rehabilitation units in acute care hospitals. They provide an intensive rehabilitation program and patients who are admitted must be able to tolerate three hours of intense rehabilitation services per day. CMS collects patient assessment data only on Medicare Part A fee-for service patients.

  Source: **Centers for Medicare and Medicaid Services**
  https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/InpatientRehab

- **Hospice**
  - A coordinated program of home and inpatient care provided directly or through an agreement under the direction of an identifiable hospice administration providing palliative and supportive medical and other health services to terminally ill patients and their families. A hospice utilizes a medically directed interdisciplinary team. A hospice program of care provides care to meet the physical, psychological, social, spiritual and other special needs which are experienced during the final stages of illness, and during dying and bereavement. Hospice care shall be available twenty-four hours a day, seven days a week.

  Source: Code of Virginia https://law.lis.virginia.gov/vacode/title32.1/chapter5/section32.1-162.1/

- **Hospice Facility**
  - An institution, place, or building owned or operated by a hospice provider and licensed by the Department to provide room, board, and appropriate hospice care on a 24-hour basis, including respite and symptom management, to individuals requiring such care pursuant to the orders of a physician. Such facilities with 16 or fewer beds are exempt from Certificate of Public Need laws and regulations. Such facilities with more than 16 beds shall be licensed as a nursing facility or hospital and shall be subject to Certificate of Public Need laws and regulations.

  Source: Code of Virginia https://law.lis.virginia.gov/vacode/title32.1/chapter5/section32.1-162.1/

*****Setting Definitions-Terminology Information provided by Virginia Department of Health (VDH)***

COVID-19 PPE Procedures

Donning & Doffing PPE

Donning PPE (Must be done outside Patient Room)

- Gather needed PPE: Gloves, Gown,N95 Mask & Goggles
- Always Perform hand hygiene prior to donning PPE
- Put on gown with thumbs thru thumb hole and tie both ties ensuring that the torso is covered
- Put on the N95 mask type that you have been fit tested for
- Adjust N95 mask as shown in the video
- Ensure that you have a good face to mask seal

Donning PPE (Continued)

- Put goggles on
- Put gloves on and extend to wrist with no gap between gown and gloves
- If possible, have another co-worker inspect your PPE, and that it is properly put on
- Now that you have all PPE on correctly; you may enter the patient room

Doffing PPE

- Grasp Gown in front & pull gown forward from front to break the plastic ties
- While removing the gown, roll gown into a bundle, removing gloves with the gown
- Perform Hand Hygiene
- Remove goggles without touching the front of them

Doffing PPE (Continued)

- Perform Hand Hygiene
- Leave the patient room
- Remove N95 mask (Do not touch front of N95 Mask)
- Perform Hand Hygiene
- Doffing PPE is now complete

Please watch this important video demonstrating the Donning & Doffing of PPE

- https://www.youtube.com/watch?v=yB-z9XwS6zM&feature=youtu.be