Kansas
Department of Administration
Office of the State
Long-Term Care Ombudsman

Kansas Long-Term Care Ombudsman Guide for Resuming In-person Visits

Version 1.0 Implemented 4-22-21

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I. Introduction

Ombudsmen in Kansas have worked hard over the past year to find creative ways to reach residents and provide advocacy. While ombudsmen continue this challenging work, it is important to note ombudsmen provide the best advocacy when with the residents in person. Phone calls, email and virtual communication have worked as a short-term solution, but they are not the best long-term means of providing the strong advocacy residents expect and need from Ombudsman. Ombudsman will again be providing onsite visitation to the extent possible.

The Kansas State Long-Term Care Ombudsman Program is established by:

- The Older Americans Act, §711 and §712 (United States Code, Title 42, §3058f and §3058g);
- Kansas Statue Article 73 K.S.A 75-7301 to K.S.A 75-7314
- Code of Federal Regulation, Title 45, Parts 1321 and 1324

Ombudsmen are expected to conduct in-person visitation with residents. In-person visitation can occur via window visits, outdoor visits, or through indoor visits.

CMS has clarified that in-person access of an ombudsman to a resident may not be limited without reasonable cause. (QSO-20-39)

This document outlines the Ombudsman Program's visiting requirements related to the COVID-19 pandemic and provides internal program guidance on conditions that must be met for an ombudsman to conduct a visit. This guidance applies to a "representative" (a person who meets all applicable requirements and is approved by the Office of the State Long-Term Care Ombudsman to perform the functions of an Ombudsman).

These policies and procedures developed for Covid-19 reentry purposes are not intended to replace, but to supplement, existing program policies and apply to the Kansas Long-Term Care Ombudsman Program operations until a newer guidance is available, or this guidance is determined obsolete.

I. Table of Changes

Version	Date	Change	Comments
1.0	4/23/21		Initial release

Terminology during COVID-19

CDC Centers for Disease Control and Prevention is the federal agency charged with the protection of America's health, safety, and security threats from disease.

COVID-19 The disease name for a newly identified form of a coronavirus that was first identified in 2019. SARSCoV-2 refers to the name of the virus that causes COVID-19.

Infection control Measures to stop the spread of an infection, including disinfecting surfaces; handling of soiled linens and garments; disposal of medical waste; hand hygiene; use and disposal of personal protective equipment (PPE); and coughing and sneezing into your sleeve. Cross contamination is an important concept related to infection control. Cross contamination is the spread of pathogens from one surface to another by contact.

Isolation separates sick people with a contagious disease from people who are not sick.

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms.

Personal Protective Equipment (PPE) includes items such as gloves, surgical masks, N95 or KN95 respirators, gowns, shoe covers, face shields, and goggles.

Note: An ombudsman entering a facility must at minimum *continuously wear a surgical type of facemask and eye protection*. Use of additional PPE is required as warranted by additional factors using most recent CDC guidance.

Recovery

According to the CDC (as of 10/19/2020), isolation and precautions for a person with COVID-19 can end based on the improvement of symptoms, no fever, and either a prescribed amount of time or two negative PCR tests. Testing is no longer recommended as a strategy to determine if isolation and precautions can end, except with some persons who are "severely immunocompromised." The two ways to determine a person has recovered from COVID-19 are using either a symptom-based strategy or a test-based strategy.

- A test-based strategy means that the person has two negative PCR tests that are collected at least 24 hours apart, as well as no fever without the use of fever reducing medicine, and improvement of symptoms.

- A symptom-based strategy means that "for most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever reducing medications, and with improvement of other symptoms. A limited number of persons with severe illness may produce replication competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts." For a person who never develops symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive PCR test for SARS-CoV-2.

Testing types

• Antibody – This is a blood test that may determine whether a person was previously infected with SARS-CoV-2. This test is not recommended by the CDC to diagnose a person with the virus.
• Antigen – This is one form of a viral test that uses a swabbed sample from the inside of the nose. Antigen tests can result in more false negatives (virus goes undetected) than molecular PCR testing.
• Molecular PCR - polymerase chain reaction - This is another form of a viral test that uses a swabbed sample from the inside of the nose. This type of test was used by the State of Illinois in its initial statewide testing of nursing facility staff and residents. False negatives can occur but are less likely than other tests on the market.
• POC - point of care – This is a rapid test that does not have to be sent to a separate lab. Results are returned in less than one hour. Different POC tests use either the molecular PCR or antigen method.

Vaccination types

• mRNA vaccine - This is a new type of vaccine to protect against infectious diseases. To trigger an immune response, mRNA vaccines teach our cells how to make a protein—or even just a piece of a protein—that triggers an immune response inside our bodies. That immune response, which produces antibodies, is what protects us from getting infected if the real virus enters our bodies. [Source: Understanding mRNA COVID-19 Vaccines | CDC]
• Viral vector vaccine – This type of vaccine uses a modified version of a different virus (the vector) to deliver important instructions to our cells. For COVID-19 viral vector vaccines, the vector (not the virus that causes COVID-19, but a different, harmless virus) will enter a cell in our body and then use the cell's machinery to produce a harmless piece of the virus that causes COVID-19. This piece is known as a spike protein and it is only found on the surface of the virus that causes COVID-19. The cell displays the spike protein on its surface, and our immune system recognizes it doesn't belong there. This triggers our immune system to begin producing antibodies and activating other immune cells to fight off what it thinks is an infection. At the end of the process, our bodies have learned how to protect us against future infection with the virus that causes COVID-19. The benefit is that we get this protection from a vaccine, without ever having to risk the serious consequences of getting sick with COVID-19. Any temporary discomfort experienced after getting the vaccine is a natural part of the process and an indication that the vaccine is working. [Source: Understanding Viral Vector COVID-19 Vaccines | CDC]

IV. Ombudsman Visits

A. Types of Ombudsman Visits

1. Window Visit
A window visit (weather permitting) allows for the resident to have a visit where the resident remains in the facility at a window or glass door and the visitor remains outside the facility and visits with the resident at the door or window.

2. Outdoor Visit
An outdoor visit (weather permitting) allows for the resident to exit the building to visit with the visitor in a visitation area designated by the facility. This type of visit requires physical distancing, the use of a face coverings by both parties and hand hygiene. The facility will also follow additional infection control practice like screening and logging visits. No direct physical contact should be made between the resident and ombudsman.

3. Indoor Visit
An indoor visit allows for the resident to have a visit within the facility and most likely in the resident's room or a visitation area designated by the facility. This type of visit requires physical distancing, use of a surgical mask, and eye protection. The facility will also follow additional infection control practices like screening and logging visits.

In general, physical contact should be limited between the resident and an ombudsman to only what is allowable in the revised CMS guidance, QSO-20-39-NH, released on March 10, 2021.

B. Tiered mitigation

LTC Reopening Guidance provides an explanation of tiered mitigation options for long-term care facilities. https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf

C. When Ombudsman Visits may be conducted

1. Ombudsmen can conduct window visits, outdoor visits, and indoor visits regardless of which phase a facility falls within.

2. Residents should be given the opportunity to select the type of visit to have with the ombudsman. The Ombudsman should try to accommodate individual resident visit preference. However, there may be circumstances where the ombudsman, in consultation with the SLTCO, determines another visit type is necessary.

D. When Ombudsman Visits can NOT be conducted

1. NEVER conduct a window, outdoor or indoor visit if you are displaying symptoms of any new communicable illness or disease, exhibiting COVID-19 symptoms or have a known exposure to a person suspected or confirmed to have COVID-19.

2. NEVER conduct a window, outdoor or indoor visit when counter indicated by the required self-screening.

3. DO NOT enter a facility if you do not have a face mask and eye protection to wear.

E. Protecting Yourself, Residents, and Others

1. All ombudsmen are strongly encouraged to get vaccinated.

2. Wash hands often with soap and water for 20-30 seconds. If soap and water is not available, use hand sanitizer (at least 60% ethanol or 70% isopropanol) to clean hands.

3. Use personal protective equipment (PPE) following the Centers for Disease Control and Prevention (CDC) recommendations.

4. Stay home when sick and alert SLTCO.

5. Cover coughs and sneezes with a tissue and personally throw away immediately. If no tissues are available, cough or sneeze into the elbow or upper arm of your shirt sleeve. Wash or sanitize hands as soon as possible.

6. Regularly clean frequently touched surfaces and objects.

7. Take care of yourself: rest, drink fluids, eat healthy foods, and manage stress.

8. If a facility has been identified as not having appropriate infection control and prevention practices in place, consult with SLTCO, to determine if a visit should be made and what steps should be taken to protect both the residents and the ombudsman.

F. Enhancing Resident Awareness and Well being

1. Recognize residents may be worried, scared, and confused by all the changes they are experiencing.
2. Emphasize the need to stay safe by following recommended precautions.
3. Emphasize the need to be physically isolated but not socially isolated. Recommend options to stay connected with others while visiting restrictions are in place.

V. COVID-19 Health Screening of the Ombudsman

Before resuming any in-person visits (a window, outdoor or indoor visit) with residents, it is vital that long-term care ombudsmen learn to screen themselves for signs of COVID-19 infection. If at any time the self-assessment screening indicates the Ombudsman may be carrying or have been exposed to COVID-19, he/she should talk to SLTCO, seek medical advice, and/or contact the local health department for further instructions about when to return to work. In addition to seeking medical advice, the Centers for Disease Control and Prevention (CDC) has additional information on what to do when you are sick until you meet criteria to discontinue home isolation.

A. Required Health Screening

1. The ombudsman must complete the LTCOP COVID-19 Self-Assessment Screening each day prior to conducting a window, outdoor, or indoor visit at a long-term care facility.

2. Upon completion of the form, the ombudsman should sign the form.

3. The dated and signed forms shall be stored in a secure electronic folder until authorized by the SLTCO to destroy the folder. The forms can be saved and uploaded into GetCare for each activity as well. Hard copy must be retained until it can be scanned and saved in an electronic folder or until authorized by SLTCO to destroy.

B. COVID-19 Screening of Ombudsman at a Long-Term Care Facility

A long-term care facility may screen the ombudsman prior to a window, outdoor, or indoor visit. The ombudsman shall follow the facility's process for COVID-19 screening upon arrival at the facility including recording the ombudsman's name, date of the visit, and the starting and ending times of the visit. The ombudsman should plan for the additional time needed for the screening process when scheduling visiting times with residents. The ombudsman should inform the resident that the visit could be cancelled if the ombudsman does not pass the screening. The ombudsman must keep the names of the visited residents confidential and only disclose later if needed for tracing purposes due to potential COVID-19 exposure. Residents should be advised of this criterion.

If a long-term care facility requests the ombudsman be tested via point of care testing and offers the testing at no charge, the ombudsman *may choose* to comply with this request. An Ombudsman is not required to be tested to gain entry.

C. Recording COVID-19 Self Assessment (health screening) Form in Ombudsman Database

The ombudsman must include documentation of the self-assessment in the Activity Comments section in GetCare for each facility visit. The screening tool does not need to be attached to the activity entry but may be at Ombudsman choice. When entering an Outdoor/Window Visit or a Routine Visit in the Activity section, the ombudsman must note the completion of both in the Comments section:

1. The LTCOP self-assessment.

2. The health screening required by the facility. If the facility did not require a screening, note in GetCare

D. Testing of Ombudsmen

To conduct a visit, an ombudsman must not be exhibiting COVID-19 symptoms or have known high risk exposure to a person suspected or confirmed to have COVID-19. If a facility requests the Ombudsman have a negative test prior to conducting an indoor visit, the Ombudsman should do one of the following:

1. If the facility offers to do the testing for the Ombudsman, the Ombudsman may do the testing at the facility.

2. In any case, the Ombudsman who has passed CDC recommended screening requirements shall be allowed entry.

3. Ombudsman are not required to have been vaccinated, tested, or show proof of recovered illness.

Note: If an ombudsman is confirmed to have COVID-19, or exhibits symptoms of COVID-19, prior to conducting a visit, the ombudsman must use the CDC test-based or symptom-based strategy for returning to work.

E. Vaccination of Ombudsmen

Ombudsmen are not required to be vaccinated against COVID-19, however, they are strongly encouraged to do so. Facilities may not require an ombudsman to be vaccinated as a condition of visitation. However, if an ombudsman is vaccinated and the facility requests proof of such, the ombudsman may choose to show proof of vaccination to the facility. Ombudsmen are not required to provide vaccination status for entry.

VI. Preparing and Planning for Visits

A. View Required Training Videos and Complete Acknowledgement Form

1. The ombudsman is **required** to review the following trainings and resources before conducting his/her first in-person visit.

a. CDC: Donning PPE (putting on)

b. CDC: Doffing PPE (taking off)

c. RegisteredNurseRN: Putting on and Removing Gloves

d. WHO: Use of Alcohol Based Hand Sanitizer

e. CDC: Cleaning and Disinfection of Non-emergency Transport Vehicles

f. CDC: Avoid Spreading COVID

g. CDC: Use PPE Correctly for LTC Frontline Staff

h. EPA: Steps for Disinfectant Use

i. Meridian Health: How to Disinfect Your Phone & Other Devices

j. CDC: Sparkling Surfaces

k. NORC: Ensuring Resident Access to an Ombudsman 1.5 hours

l. NORC: A four-part series entitled, *Ombudsman Programs: Understanding How Trauma Impacts You, Residents, and Your Advocacy*, each 1.5 hours

- Person Centered Trauma Informed Care
- Compassion Fatigue in a Time of COVID-19: Helping Ourselves to Help Others
- Anxiety in a Time of COVID-19
- Grief & Mourning in a Time of COVID-19

m. Any additional resources or training provided by State Long Term Care Ombudsman Office

B. COVID-19 In-Person Visit Acknowledgement Form

1. Prior to scheduling any in-person visits, the ombudsman must complete the COVID-19 In Person Visit Acknowledgment Form (see section XIII) indicating that he/she has reviewed, understands and agrees to follow the directions, training and precautions provided in VI. A above and throughout this guidance.

2. The completed form must be submitted to the SLTCO

3. This form is only required one time, prior to the first in person visit.

4. The Ombudsman will retain a copy.

C. Prioritizing Visits

1. While ombudsmen are encouraged to limit the number of indoor facility visits conducted on any given day, the SLTCO is not setting a specific maximum number that is allowable. Ombudsmen should plan their visits in a reasonable and safe manner.

2. The ombudsman is expected to make routine visits to facilities. For facilities with active COVID-19 cases, if the ombudsman is not fully vaccinated, it is advisable for the ombudsman to consider visiting the parts of the facility that do not have active COVID-19 cases.

D. Notice to Provider Associations and Facilities Regarding Ombudsman Visits

The State Long-Term Care Ombudsman will provide notice to KDADS and long-term care facility provider associations of date that ombudsmen resume in-person visits to facilities. (see section XIV). Ombudsmen are encouraged to provide a copy of the memo to the administrator by email and/or to bring a copy of the memo with them when conducting a visit if they haven't previously done so.

E. Scheduling the In-Person Facility Visits

1. Window and Outdoor Visits Coordination Prior to the Visit

While ombudsman visits to facilities are typically unannounced, the ombudsman ***may*** attempt to coordinate a visit with a resident and /or staff member at a facility.

a. Prior to the first indoor visit, the Ombudsman is encouraged to request to receive by email or secure facsimile a copy of the facility's visitation protocol and maintain a copy of the protocol for the ombudsman's records and reference. This protocol should be

stored in a secure folder until authorized by the State Ombudsman to destroy the forms, or it can be upload as documentation in that activity. The forms preferably stored electronically or may be stored as a hard copy.

b. The Ombudsman is encouraged to request to receive by encrypted email or secure facsimile a copy of the facility census and contact phone numbers and email addresses for residents and the legal representatives of residents who are incapacitated. At minimum request information for resident council officers. This information should be stored in a secure file. Noting this information when entering the visit activity in GetCare will help in providing response to survey notifications.

c. Ombudsman may ask to be notified if the facility has an in-house onset of a new case of COVID-19 prior a scheduled outdoor visit, during any visit, or if there would be a suspected exposure to the Ombudsmen discovered following a visit.

d. Discuss providing an Ombudsman Program posters and other literature for staff to hand out to residents.

e. Inquire if visitation is/has been occurring per resident preference? Ask residents if they were asked about their preferences regarding visitation as part of their care planning? Ask if you can review their plans.

d. Complete XVI. Routine Access Visit Observations Assessment

F. Indoor Facility Visit Approval is required from SLTCO if facility is in outbreak status

G. Indoor Visitation with a Resident who has COVID-19 or is suspected to have COVID-19

1. In general, the ombudsman should not conduct an indoor visit with a resident who has COVID-19 or is suspected to have COVID-19.

2. If a resident has COVID-19 or is suspected to have COVID-19, the ombudsman should use alternative methods of communication, such a phone call or video conferencing, if possible.

3. There may be exceptions when a face-to-face indoor visit would be allowed. Prior to scheduling a visit with a resident who has COVID-19 or is suspected to have COVID19, the ombudsman must discuss the circumstances with the SLTCO.

The STLCO will make the final decision whether an in-person visit will be allowed.

VII. Arriving at the Facility for the Indoor Visit

A. Precautions to Minimize the Risk of Contracting COVID-19

1. Minimize personal belongings brought with you into the facility. Secure items in your car.

2. Put on your face mask, eye protection, and wash/sanitize your hands.

3. Follow required check-in procedures at the facility including signing-in, completing screening questions, and having temperature taken. This process may vary between facilities.

4. Identify the staff person in charge and ask the location of any areas housing residents under investigation for or suspected or confirmed to be COVID-19 positive. Ask if these areas are identified with signage.

B. Entering the Facility

1. Follow marked areas for maintaining physical distancing at the facility entrance and within the facility.

2. Minimize touching surfaces during the visit.

3. Wear a face mask and eye protection at all times while conducting the visit.

4. Use hand sanitizer or thoroughly wash hands with soap and warm water for 20 to 30 seconds before entering and after exiting each resident room and the facility.

5. If gloves are worn (not required), proper glove use and disposal must be followed.

6. Maintain a minimum of 6-foot physical distancing when visiting residents or speaking with staff or other visitors.

7. Avoid touching people. This means NO hugs, NO holding the resident's hand, NO fist bumps, and NO physical contact with the resident or the resident's items. You can explain you must be careful about spreading your own germs to the resident.

8. The ombudsman is not to provide direct care or assistance such as pushing the resident's wheelchair or handing the resident a glass of water.

9. Sanitize pens, phones, and other equipment and personal belongings when entering and leaving the facility.

10. Avoid setting belongings or supplies on the floor or other surfaces in the facility, if possible.

VIII. Conducting the Visit

A. Initial Indoor Visit to a facility

1. The first visit to a facility is the first opportunity to determine the facility's management of the COVID-19 crisis and effective implementation of modified infection control practices. Review the Routine Access Visit Checklist (XVI) to document an initial indoor visit to a facility. The ombudsman should observe the facility environment, staff, and residents and interview staff and residents to complete the documentation.

B. Consider confidentiality and privacy

1. Be mindful of whether the conversation you have with the resident is being done in a confidential manner.

2. Inform the resident if there is someone nearby who can hear the conversation.

3. Discuss with the resident if he/she would prefer to discuss case information later over the phone or via an electronic video chat, if possible.

4. If staff are monitoring the visit, remind them of the resident's right to visit with the ombudsman in private and ask the staff to allow for the private visit.

C. Do the good advocacy work you are trained to do as an ombudsman.

1. Show the resident your photo to help the resident identify you.

2. Make eye contact and use active listening skills

3. Ask the conversation starter questions as appropriate.

4. Encourage the resident to speak up if he/she has concerns.

5. Give the resident an opportunity to discuss his/her concerns.

6. Use communication tools to support the conversation (amplifier, dry erase board).

7. Use your observation skills.

D. Completing the Visit

1. Recap the visit and any action steps to which the resident has consented.

2. Thank the resident for his/her time.

3. If conducting an indoor visit and moving to another room, wash/sanitize your hands. A face mask must be changed if it is wet or soiled.

4. Follow up with staff on any concerns for which the resident has given consent.

E. Preparing for Loss and Grief

The ombudsman may encounter a facility with significant loss of life due to COVID-19. It is important for the ombudsman to acknowledge the grief of residents, staff, and their own grief as it relates to that loss. When feasible, the ombudsman should allow space for each resident who expresses feelings of loss to talk or express emotions nonverbally, and to share in that grief as the ombudsman determines appropriate. Likewise, if facility staff appear in need of expressing their grief, an ombudsman may allow space for their grief to also be expressed, and to share in that grief as the ombudsman determines appropriate.
In addition to National Ombudsman Resource Center (NORC) training, completed this last year, and referenced earlier in this document, an ombudsman is also encouraged to seek available employee assistance programs for needed counseling and behavioral health supports.

F. Visiting a Memory Care Unit

1. The ombudsman may coordinate with staff to do a walk-through of the unit to observe the residents and services provided.
2. The ombudsman may want to consider wearing additional PPE (gloves and/or gown) to offer the most protection as residents may not be able to adhere to physical distancing or wearing a face mask/covering.

IX. After the In-Person Visit

A. Removing PPE and Disinfecting

1. Follow CDC guidance on proper removal of face masks and other PPE.
2. When exiting the facility, dispose of your PPE in appropriate trash receptacles or if using a reusable PPE, store it properly.
3. Perform hand hygiene for at least 20 seconds.
4. To help keep your vehicle virus free, take the following steps:
a. Wipe materials with disinfectant prior to entering the vehicle.
b. Disinfect the vehicle door handle (inside and out) after each visit.
c. Utilize a barrier, such as a garbage bag, where you are placing your supplies. Place a garbage bag on the vehicle floor or in the trunk to place PPE and discard daily.

B. Documenting the Visit

1. Enter the window, outdoor or indoor visit in PeerPlace as a new Activity.
    a. Enter the required sections for a facility visit and these additional items:
        i. The names of the residents you visited in the order in which you visited with them
        ii. The completion of both the SLTCOP and facility health screenings
        iii. Attach the Routine Access Visit Checklist form, if applicable.
    b. Document any potential exposure to COVID-19 in the notes section of the visit. Report the potential exposure following the guidance provided in section X below.

2. If Information & Assistance to Individuals or Information & Assistance to Staff was provided outside of a case investigation, enter that activity as appropriate.
3. Document any new cases in GetCare
4. Document any work on existing cases in GetCare.

X. Ombudsman Exposure to COVID-19

The exposure risk to the ombudsman should be minimal if using PPE, physically distancing, and taking other necessary precautions identified in this guidance and required by the facility's infection prevention practices.

A. COVID-19 Exposure during a Facility Visit

1. If the ombudsman feels he/she has been exposed (e.g. the ombudsman is exposed to droplets due to a resident sneezing or coughing when the resident cannot wear a face mask/covering), the ombudsman should do the following:
a. Excuse yourself from the visit if you are in the process of meeting with a resident.
b. Appropriately remove existing PPE, sanitize your hands, and apply new PPE as needed.
c. Immediately ask for the staff person responsible for infection prevention (i.e., Director of Nursing, Assistant Director of Nursing, Infection Control Nurse, Administrator).
d. Discuss the potential exposure with the staff person responsible for infection prevention to determine the level of risk. This may require releasing the name of the resident involved.
e. With the staff responsible for infection prevention, determine if the ombudsman should leave the facility or continue with the visit.
f. Identify if additional PPE (gloves, gown, etc.) should be worn for the remainder of the visit.
g. Contact the SLTCO.

B. Other Potential Exposure

1. If the ombudsman is suspected (due to exposure) or confirmed to be COVID-19 positive, the ombudsman must immediately:

a. Notify SLTCO at Camille.Russell@ks.gov
b. Immediately suspend all facility visits and notify facilities if any scheduled visits are cancelled.
c. Follow requirements and CDC guidance for quarantining/isolation.

2. Coordinate with SLTCO to be sure to notice is provided to any facilities that were visited within 2 days prior to the onset of symptoms that resulted in a positive test or, if asymptomatic, within 2 days prior to a positive test. Also to report the case to the local health department and any other reporting requirements.

3. Continue to provide remote ombudsman services through electronic communications, if asymptomatic and able to work.

4. The State Ombudsman will discuss and agree upon a date the ombudsman may resume in-person visits. The earliest date will be at least 10 days after potential exposure unless other symptoms are detected. This may be done in consultation with the local health department and other infection control experts and may require COVID-19 testing of the ombudsman.

XI. Protective Measures

This section provides guidance on proper use and disposal of PPE and recommendations for keeping the ombudsman's family and household members safe.

A. Face Mask Types and Requirements

1. Face Mask

a. A face mask is also known as a surgical mask. A manufactured, protective covering for the face that covers the nose, mouth, and extends below the chin. Face masks should be reserved for use by healthcare professionals, including ombudsman conducting indoor visits.

b. This type of mask is required for indoor visits.

2. Cloth or Homemade Face Covering

a. A piece of material used to cover the nose and mouth, often in the form of a homemade cloth mask. These may be used by residents if they are able to tolerate wearing one.

b. When other face masks are not available, ombudsman may utilize a homemade mask ensuring the mask covers the mouth, nose, and extends below the chin during an outdoor visit.

B. Putting on the Face Mask/Covering

1. Wash your hands with soap and water for at least 20 seconds. Dry your hands with a clean paper towel and immediately dispose of the paper towel. (If you are unable to wash your hands with soap and water, use a hand sanitizer that is at least 60% alcohol).
2. Check face mask for any defects and expiration date. Dispose of all defective or outdated masks.
3. Ensure the exterior (usually yellow or blue) side of the face mask is facing out, away from your face.
4. Place the face mask on your face with the blue or yellow side facing out and the stiff, bendable edge at the top, over your nose. Note: not all face masks will have a stiff bendable edge.
5. Once the face mask is in place, use your index finger and thumb to pinch the bendable top edge of the face mask around the bridge of your nose.
6. Cover your mouth and nose with the mask and make sure there are no gaps between your face and the mask.
7. If the face mask has ear loops, put one loop around each ear.
8. If the face mask has a lower tie, once the face mask is fitted to the bridge of your nose, tie the lower ties behind your head with a bow.
9. Ensure the face mask is completely secure. Ensure the face mask covers your nose and mouth so that the bottom edge is under your chin.
10. Wash or sanitize your hands once the face mask is properly in place.
11. Avoid touching the mask while using it. If you do, clean your hand with alcohol-based hand sanitizer or soap and water.
12. When the face mask needs to be repositioned, sanitize hands before and after touching it.
13. Replace the mask with a new one as soon as it is damp and avoid reusing single-use masks.

C. Removing the Face Mask/Covering

1. Wash or sanitize your hands before removing the face mask/covering.
2. Do not touch the inside of the face mask/covering (the part over the nose and mouth). It may be contaminated from your breathing, coughing, or sneezing.
3. Untie or remove the ear loops and remove the face mask/covering by the straps.
4. Dispose of the face mask in a garbage receptacle.
5. Wash or sanitize your hands after removal and disposal or the face mask/covering.
6. If reuse of the face covering is necessary, do the following:

a. Store the face covering in a paper bag, not plastic.
b. Mark paper bag with one side as “Front”.
c. Place the outside of the face covering (side away from the mouth) into the paper bag facing the side marked “Front” on the bag.
d. Do not reuse face coverings that have become wet or soiled.

XII. LTC Ombudsman Volunteers

A. Status of Volunteers

1. Volunteers may continue to provide ombudsman services by:
a. Staying in contact with residents at assigned facilities.
b. Providing information and assistance to residents, families, and staff

Note: Training resource, PPE supply and distribution capacity at time of this guidance anticipates volunteer entry will considered be no earlier than May 30th, 2021.

2. A Regional ombudsman may request approval for a volunteer ombudsman to conduct in-person facility visits.

a. The following criteria will be considered when determining if the volunteer visits are approved:

i. The volunteer ombudsman must be willing to conduct visits without pressure to do so.

ii. The volunteer must have completed the required training and screenings for ombudsmen set forth in this guidance.

b. The Office, Regional Ombudsman will discuss the request for the volunteer to conduct in-person facility visits.

c. The State Ombudsman and Regional Ombudsman will jointly make the final decision on allowing or denying the request for the volunteer to conduct in-person visit.

d. Prior to a volunteer making an indoor visit, all appropriate steps included in this guidance must be followed.

e. The Office will notify the Regional Ombudsman of the approval or denial of the visit.

f. The volunteer must:

i. Adhere to this guidance

ii. Review the COVID-19 educational resources

iii. Submit the completed COVID-19 In-Person Visit Acknowledgement Form to SLTCO and Regional Ombudsman and be approved <u>prior to scheduling a visit</u>

XIII. COVID-19 In-Person Visit Acknowledgement Form

COVID-19 In-Person Visit Acknowledgement Form

Name of Ombudsman:

In preparation for the long-term care ombudsman to resume in-person visits with long-term care residents, the Office developed guidance for conducting visits at long-term care facilities. The ombudsman must review the guidance, sign this

form, and submit it to the SLTO prior to scheduling any in-person visit.

By signing below, I acknowledge all the following:

1. I have reviewed and will adhere to the Kansas LTCOP Guide for In-Person Visits (guidance).

2. I have reviewed all the educational resources provided.

3. I agree to seek approval from the Regional Ombudsman and SLTCO before initial in person visit.

4. I agree to always wear a surgical mask and eye protection when conducting an indoor visit at a long-term care facility.

5. I agree to follow appropriate hand hygiene techniques.

6. I agree to avoid all physical contact with residents, other visitors, and staff members.

7. I agree to follow the SLTCOP and facility health screening processes.

8. I agree to monitor my own health and not visit if I am ill or if I have been exposed to the virus.

9. I agree to notify the SLTCO if I am exposed to or have symptoms of COVID19.

10. I understand that there could be risk of exposure to COVID-19 by conducting in-person visits. I will use my best judgement when visiting a resident, wear appropriate PPE, sanitize my hands as required, and take other precautions to minimize this risk of exposure to COVID-19.

X _____

Signature of Ombudsman Date

XIV. Notice to Provider Associations and Facilities Regarding Ombudsman Visits

Date: April 24, 2021
To: State & Local Officials, Adult Care Home Operators/Owners/Administrators, Stakeholders, Industry Associations, General Public
From: Camille Russell, Kansas State Long Term Care Ombudsman (KSLTCO)
Re: Ombudsmen Resuming In-person Resident Visits

Due to health and safety concerns related to COVID-19 for residents, facility staff, and ombudsmen, the Kansas Long Term Care Ombudsman Program suspended in-person visits to residents in March 2020.

Effective immediately, the Kansas Long Term Care Ombudsman Program will resume conducting in-person visits at facilities in accordance with KSLTCO issued guidance.

We acknowledge this has been an extraordinarily difficult year in long term care. It has been hard for the residents, families and of course all the adult care healthcare staff working diligently to keep COVID-19 out, or minimize the spread of it, in the homes. Please know we share that goal.

Ombudsman will self-screen daily before visiting any adult care home and are to follow current core practices for infection prevention and control during their visit. Facility visitation protocols should be provided to Ombudsman upon request.

Additionally, Ombudsman will provide answers, if requested, regarding any signs and symptoms of COVID-19 and submit to temperature checks prior to entry. Ombudsman will plan to allow reasonable amount of time for requested on-site screening protocols. Ombudsman will not be required to provide information regarding vaccination or provide proof of, or submit to a Covid-19 test, to gain entry.

Should an Ombudsman develop Covid-19 symptoms and/or test positive, they are to be prepared to provide public health with a list of facilities they have visited and follow additional prevention control protocol.

Ombudsmen are never allowed to visit when ill, are monitoring themselves for COVID-19 symptoms, and are required to follow CDC guidelines regarding when it is safe to discontinue isolation and precautions if the ombudsman has symptoms of COVID-19.

Facilities regulated by the Center for Medicare and Medicaid Services, CMS issued QSO-20-28-NH Revised, which specifies that a certified ombudsman has access to a nursing facility.

Additionally, KDADS guidance issued 3-15-21 states:

Regulations at 42 CFR § 483.10(f)(4)(i)(C) require that a Medicare and Medicaid- certified nursing home provide representatives of the Office of the State Long-Term Care Ombudsman with immediate access to any resident. K.A.R. 26-39-102(g)(4) also has this same requirement that all Adult Care Homes must follow. During the public health emergency, in-person access may be limited due to infection control concerns and/or transmission of COVID-19, however, in-person access may not be limited without reasonable cause. Representatives of the Office of the Ombudsman should adhere to the core principles of COVID-19 infection prevention as described above. If in-person access is deemed

inadvisable (e.g., the Ombudsman has signs or symptoms of COVID-19), facilities must, at a minimum, facilitate alternative resident communication with the ombudsman, such as by phone or through use of other technology. Nursing homes are also required under 42 CFR § 483.10(h)(3)(ii) to allow the Ombudsman to examine the resident's medical, social, and administrative records as otherwise authorized by State law as are all Adult Care Homes per K.S.A. 39-1406.

As facilities may not restrict visitation without a reasonable clinical or safety cause, consistent with 26-39-103(m). Ombudsman will expect a written statement on-site stating the reason (relating to clinical necessity or resident safety) for any denial to immediate access in person.

If you have questions pertaining to this memo, please contact the Kansas State Long Term Care Ombudsman by email: Camille Russell at Camille.Russell@ks.gov.

Thank you for your cooperation and continued support of residents as long-term care ombudsmen carefully resume safe in-person visits.

Respectfully,

Camille Russell
State Long-Term Care Ombudsman
Office of the State Long-Term Care Ombudsman
900 SW Jackson, Suite 1041| Topeka, KS 66612
785-296-3017

XV. LTCOP COVID-19 Symptom Self-Assessment and Affirmation

COVID-19 Self-Assessment Form

Name: Date:

Temperature:

In the last 30 days, have you:	Please Circle:		Comments:
Tested positive for COVID-19?	YES	NO	
Been exposed to someone who tested positive for COVID-19?	YES	NO	
Traveled outside your county of residence, state, or the U.S.?	YES	NO	If YES, where?

In the last 2 – 14 days, have you had:	Please Circle:		Comments:
Fever or chills	YES	NO	
Cough	YES	NO	
Shortness of breath	YES	NO	
Difficulty breathing	YES	NO	
Fatigue	YES	NO	
Muscle or body aches	YES	NO	
Headaches	YES	NO	
New loss of taste or smell	YES	NO	
Sore throat	YES	NO	
Congestion or runny nose	YES	NO	
Nausea or other digestive symptoms	YES	NO	

I affirm and certify that the information and answers to questions herein are complete, true, and correct to the best of my knowledge. I understand that this information may be shared with public health officials in their official capacity of tracking COVID-19 outbreaks of significance.

Signature: _____

Facility/Facilities Visiting Today: _____

_____

XVI. Routine Access Visit Observations Assessment

Routine Access Observations Assessment

This list may be used by an ombudsman during a routine visit to a facility after COVID-19 visitation restrictions were implemented. The ombudsman should observe the facility environment, staff, and residents and interview staff and residents. When completed, this information is a confidential Ombudsman Program record.

Ombudsman Name: Date:

Facility Name: Region:

Observations Assessment Notes

There are sufficient staff to meet resident's needs, including:

- Enough staff are observed to provide care
- Resident rooms and the facility environment are orderly and clean
- Call lights are responded to promptly
- Residents do not report unmet needs or insufficient staff numbers

Yes: No:

The facility has a sufficient supply of essential items, including:

- Adequate food supplies
- An adequate supply of PPE based on the COVID-19 status of residents in the facility
- Availability of soap, water, paper towels, or alcohol-based hand rub that are readily accessible in resident care areas
- Enough supplies to ensure the cleanliness of the facility, such as disinfectants
- Adequate medical and incontinence supplies, linens, and hygiene and laundry supplies

Yes: No:

Residents' physical health has not significantly declined, as evidenced by:

- Stable body weight
- No new or worsened pressure ulcers

"Yes" indicates no significant decline.

Yes: No:

Residents' mental health or cognition has

not significantly declined, as evidenced by:

• No reported unmet behavioral health

needs

Yes: No:

Infection Control Practices

- Staff demonstrate competency with hand hygiene requirements.
- Facility staff demonstrate competency with PPE requirements.
- Environmental infection control measures are taken.

Yes: No:

Residents took part in their preferred visitation care planning

Yes: No:

Residents are able to participate in resident groups/councils

Yes: No:

Residents know how to voice grievances and feel safe doing so

Yes: No:

Moves/ Transfers, Involuntary Discharges- appropriate notice or communication with family if Covid Related

Yes: No:

The information is a confidential ombudsman program record that the ombudsman shall record in GetCare.

XVII OMBUDSMAN VISIT CHECKLIST

OMBUDSMAN VISIT CHECKLIST			
Screening for COVID-19			**Completed/Have**
1. Complete health screening for COVID19			☐
2.			☐
Sanitary Tool Kit			
Ziploc bag	☐	Hand soap	☐
Paper towels	☐	Hand sanitizer (at least 60% ethanol or 70% isopropanol)	☐
Disinfectant wipes	☐		
Garbage bag	☐	Paper bag	☐
Personal Protective Equipment (PPE)			
Face mask			☐
Other PPE if deemed necessary (gowns, face shield/goggles, and gloves)			☐
Work Supplies (cleansed/sanitized)			
Cell phone			☐
Pen (that can be easily disinfected)			☐
Name badge			☐
Lanyard with photo			☐
Dry erase board, marker, and eraser			☐
Voice Amplifier (for ombudsman use only)			☐
Any additional supplies or documents			☐
Actions Prior to Visit			
Wash/sanitize hands			☐
Store personal items in car			☐
Sanitized work supplies			☐
Put on needed PPE using proper procedures (wash/sanitize hands before and after)			☐
Actions During Visit			

Maintain physical distance (6 feet)	☐
Avoid handshakes, hugs, sharing of items	☐
Avoid sitting on the furniture - use portable chair, if possible	☐
Avoid touching doorknobs or handles: use a barrier (i.e. paper towel, tissue, plastic bag)	☐
Actions After Visit	
Remove PPE using proper procedures (wash/sanitize hands before and after)	☐
Disinfect vehicle door handle (inside/outside)	☐
Place work supplies on barrier located on vehicle floor (i.e.: garbage bag)	☐
Wash/sanitize hands	☐
Documentation After Visit	
Complete data entry in GetCare Database	☐