CORONAVIRUS RAPID RESPONSE TEAM MARCH 2, 2020





CONCIERGE CARE ADVISORS CORONAVIRUS RAPID RESPONSE TEAM (CRRT)





Concierge Care Advisors formed the CRRT to do its part to limit physical interactions in order to protect vulnerable seniors.



Actively identifying and qualifying home health, hospice, and adult family homes as alternatives to SNFs.

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Distributing clinical guidelines and in-home best practices to reduce risk of transmission.



All advisors have received recent certified training on infection control and barrier protection to help better screen clients.



PROTECTING VULNERABLE SENIORS DURING THE CORONAVIRUS OUTBREAK





24 X 7 Senior Care Advisors On-Call at (855) 444-7364



Free Virtual Visit Senior Living Assessment (minimize face-to-face exposure)



Actively identifying and qualifying smaller care settings to minimize exposure



Coordinating with leading Home Health Agencies



Promoting advanced clinical screening for all in-home care workers



Providing resources for proper guidelines for seniors and their families



CDC Management Decision Making Each question refers to within the past 14 days ters for Disease Control and Preventio Did the person being Did the person have any contact with a laboratory-confirmed case of COVID-19*? evaluated travel from China? Is the person being evaluated a healthcare worker in a U.S. healthcare setting? Did the person travel from Refer to Guidance for Risk Assessment Was contact within the context of living with, being Hubei, China specifically? and Public Health Management of Persons an intimate partner of, or caring for a person with with Potential COVID-19 Exposure** confirmed COVID-19 outside a healthcare facility? Did the person being evaluated Were all recommended Did the person contact respiratory have contact with a person with precautions for home care and secretions or was the person within 6 feet confirmed COVID-19 in the context isolation followed consistently? of a case for a prolonged period? of living with, being an intimate partner of, or caring for the person, outside a healthcare facility? Was the person in the same indoor environment as a case for a prolonged period but did not meet the definition of close contact (e.g., in the same classroom or same hospital waiting room)? **High Risk Medium Risk** Low Risk No identifiable risk Actions for people Remain under guarantine authority; Stay home; active monitoring or Self observation None without symptoms no public activities; daily active self-monitoring with public health consistent with monitoring; controlled travel supervision; recommend to not travel COVID-19 Actions for people Immediate isolation: medical Immediate isolation: medical Stav home from work or school, avoid None: routine medical care with symptoms evaluation guided by PUI definition; evaluation guided by PUI definition: contact with others, don't travel. Seek These examples may not cover all potential consistent with pre-notify healthcare services; pre-notify healthcare services; health advice exposures to laboratory confirmed case of COVID-19. **COVID-19** controlled travel controlled travel If you are concerned about an exposure that does not align with these categories, please contact the CDC Emergency Operations Center at 1-770-488-7100-

U.S. Department of Health and Human Services

HOME CARE WORKER SCREENING SHOULD FIRST FOLLOW THE CDC RISK ASSESSMENT Coronavirus Disease 2019 (COVID-19) Risk Assessment and Public Health



*Or a case diagnosed clinically with COVID-19 infection outside of the United States who did not have laboratory testing **Healthcare provider (HCP) quidance outlines risk categories to determine work exclusion and monitoring procedures. After

Identifying risk category in the HCP guidance outlines risk categories to determine work exclusion and monitoring procedures. All identifying risk category in the HCP guidance, use the categories outlined here to determine guarantine requirements.

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SPECIFIC GUIDANCE FOR IN-HOME CARE PROFESSIONALS

- Review the Interim Guidance for Preventing the Spread of Coronavirus Disease 2019 (COVID-19) in Homes and Residential Communities (CDC Link)
- Review the Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus (2019-nCoV) (CDC Link)
- Care for suspected patients with COVID-19 should be conducted by a registered nurse.





What healthcare personnel should know about caring for patients with confirmed or possible coronavirus disease 2019 (COVID-19)

Healthcare personnel (HCP) are on the front lines of caring for patients with confirmed or possible confirmed or possible COVID-19 patien including use of recommended persona

How COVID-19 Spreads

There is much to learn about the COVID-19, incluhow easily it spreads. Based on what is currently COVID-19 and what is known about other coron. is thought to occur mostly from person to persor droplets among close contacts.

Close contact can occur while caring for a patient being within approximately 6 feet (2 meters) o COVID-19 for a prolonged period of time.

having direct contact with infectious secretion with COVID-19. Infectious secretions may incl serum, blood, and respiratory droplets. If close contact occurs while not wearing all reco

sealthcare personnel may be at risk of infection.

How You Can Protect Yourself Healthcare personnel caring for patients with co

possible COVID-19 should adhere to CDC recon prevention and control (IPC): Assess and triage these patients with acute re toms and risk factors for COVID-19 to minim toms and risk factors for COVID-19 to minin exposure, including placing a facemask on the isolating them in an Airborne Infection Isolat

Use Standard Precautions, Contact Precautio

Precautions and eye protection when caring a confirmed or possible COVID-19. Known or Patients Under Investigation for 2019 Novel Perform hand hygiene with alcohol-based ha Coronavirus (2019-NCoV) in a Healthcare Setting below. after all patient contact, contact with potent Coronaterias (at is interim guidance as needed and as more material, and before putting on and upon rer cluding gloves. Use soap and water if hands i Assess the suitability of the residential Practice how to properly don, use, and doff g setting for care at home In consultation with state or local health department staff, a

Perform aerosol-generating procedures, incl renorm aerosor-generating processions, and diagnostic respiratory specimens, in an AIIR appropriate IPC practices, including use of a



Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus (2019-nCoV)

based isolation precautions until the risk of secondary

2019-nCoV is limited, thus home precautions should be

coronaviruses, like Middle Eastern Respiratory Syndrome

This document does not apply to patients in healthcare

settings. For interim healthcare infection prevention and

control recommendations for Patients with

nealthcare professional should assess whether the residential releases are processional anound assess whether the resources setting is appropriate for home care. Considerations for care

The patient is stable enough to receive care at home.

There is a separate bedroom where the patient can recover

avanaore. The patient and other household members have access to appropriate, recommended personal protective equipment

(at a minimum, gloves and facemask) and are capable of

adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough

There are household members who may be at increased

people >65 years old, young children, pregnant women,

people who are immunocompromised or who have chronic

risk of complications from 2019-nCoV infection (e.g.

heart, lung, or kidney conditions).

Appropriate caregivers are available at home.

without sharing immediate space with others. winnout snamp immediate space with others. • Resources for access to food and other necessities are

control recommendations, see Interim Infection Prevention

(MERS), and may last up to 14 days.

2019-nLov is immed, and a non-environmentation of the conservative based on general recommendations for other

transmission is thought to be low. Current information on

This interim guidance is for staff at local and state health departments, infection prevention and control professionals, and healthcare personnel who are coordinating the home care and and comming protessionais, and nearthcare personner who are coordinating the nume care and isolation¹ of people with confirmed or suspected 2019-nCoV infection, including patients under solation: or people with confirmed or suspected 2019-nCov intection, including patients un investigation (see Criteria to Guide Evaluation of Patients Under Investigation (PUI) for Investigation (see Circeria to Guide Exertisation) or ratents Onco Integration of the int Au 19-Active Denowy, This includes parents evaluated in an outpatient setting who do hot require hospitalization (i.e., patients who are medically stable and can receive care at home) or patients noopinalization (i.e., patients who are medically statile and call receive care at nome) or patie who are discharged home following a hospitalization with confirmed 2019-nCoV infection.

In general, people should adhere to appropriate transmission-

Provide guidance for precautions to

implement during care at home A healthcare professional should: A nearman protessional should: Provide CDC's Interim Guidance for Preventing 2019 Novel Coronavirus (2019-nCoV) from Spreading to Others in Homes and Communities to the patient. caregiver, and household members; and Contact their state or local health department to discuss criteria for discontinuing any such measures.

Footnotes atten is defined as the reprivation or restriction of activities of an i8 person with a regions disease from those who are weit.

Referenced Resources Criteria to Guide Evaluation of Patients Under Investigation (PUI) for 2019-nCoV: https://www.cdc gov/coronavirus/2019-nCoV/clinical-criteria.html Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Recommendations for Patients with known or Patients Under Investigation for 2019 Novel Coronavirus (2019-NCoV) in a Healthcare Setting: https://www.cdc.gov/ Interim Guidance for Preventing 2019 Novel Coronavirus (2019-nCoV) from Spreading to Others in Homes and Communities: https://www.cdc.gr

us/2019-ncov/guidance-prevent-spread.html Additional Information on Interim Guidance for Healthcare Professionals on human infections with Heartncare Protessionais on nutrian Intections with 2019-nCoV is available online at https://www.cdc.gov/ coronavirus/2019-nCoV/clinical-criteria.html



SEEK ALTERNATE SENIOR CARE SOLUTIONS TO MINIMIZE EXPOSURE



Rapid Response Protocol

- Receive referral, phone, email, live chat, platform.
- Confirm professional, ask to send clinicals via fax or email.
- Start virtual intake with family, POA (medical, financial, social, spiritual, & geographical needs).
- Have representative sign an <u>electronic</u> <u>disclosure</u>.
- If determined an Adult Family Home. Have third party nurse assessor do state required assessment.



- Turn search in to Directors of Family Services to perform search, overseen by a social worker.
- Meet the family at the first location and tour up to three options.
- Report to professionals on where patient will be discharged to.
- Set up all ancillary items needed for a successful transition.
- Follow up right after discharge and within 30 days.
- * If in assisted living (they have their own nurses perform their assessment).

PROTECT VULNERABLE SENIORS DURING THE CORONAVIRUS OUTBREAK



- Call us today at (855) 444-7364
- Free, expert guidance on best care and transition solutions for your loved ones
- Learn about latest guidelines from CDC

