



ALABAMA
NURSING
HOME
ASSOCIATION

Making Decisions on Essential Staff Entering Your Building

When deciding if a person needs to enter your building (including employees or outside contractors such as [therapy](#), pharmacy, lab, portable x-ray, mental health provider, repair technicians, and others), all long term care facilities should consider the intent of the federal and state guidance on visitation and building entry restrictions.

The intent is to restrict entry of as many people as possible to reduce the risk of COVID-19 entering and/or spreading in the building. Anybody entering the building must comply with the most current federal and state COVID-19 guidelines. Entering multiple buildings during the day should be discouraged, or increased attention to infection control processes should be applied in cases when it is essential.

This decision needs to be balanced with meeting the needs of the resident. The risk-benefit trade off needs to be made on a case-by-case basis and should be informed by the high mortality associated with contracting this virus in the elderly. This decision process should also be evaluated and adjusted as necessary as the COVID-19 situation evolves in your local community and building.

Utilizing Non-Direct Care Staff to Support Needs

COVID-19 has interrupted usual daily operations in all long-term care facilities. This means some direct or non-direct care staff usual duties are on hold or not urgent during this pandemic. Thus, there is opportunity to engage those staff in supporting activities that must continue despite the pandemic disruptions. Below are some ideas to consider.

Typical Nurse Aide Duties to be Stopped and Shifted to Other Non-Direct Care Staff:

- Deliver water and snacks
- Deliver linen and supplies
- Restocking supplies
- Assisting residents in wheelchairs to/from events (bathing, etc.)
- Take menu/orders from residents
- 1-on-1 with resident who have behavioral challenges or need socialization
- Deliver meals to residents during mealtime
- Applying/removing glasses and hearing aids to residents
- Bed making
- Responding to call lights
- Assisting with feeding non-choking or non-aspiration risk residents
- Doing errands for the resident

- Doing personal care such as combing hair or washing faces/hands
- Stay with resident while in the bathroom to free up NA to do other tasks while waiting to transfer

Nurse and Nurse Aide duties that could be supported by physical and occupational therapy and speech-language pathology staff:

- Restorative and functional ADL and mobility maintenance services
- Perform and document routine vital signs, orthostatic BPs, etc.
- Assisting to feed moderate risk residents (history of some choking issues)
- Any other basic support duties that could also be performed by non-direct-care staff

Typical Nurse (or some medication aide) duties to be shifted, stopped, or requests to reduce/discontinue:

- Request discontinue of non-critical medications (e.g. vitamins, calcium)
- Request discontinue or reduced blood sugar checks (e.g. decrease to daily or weekly)
- Request discharge of sliding scale insulin and standard/set amount of long-acting insulin administered every day
- Request to reduce dressing changes to daily or biweekly (as appropriate)
- Routine vital signs decrease to weekly or monthly (as appropriate)
- Orthostatic B/Ps - reduce to one time daily or weekly (as appropriate)
- Stop routine monthly vital signs