

What the Pros are Doing:
Some Advice from Professional Guardians and Care Managers on How to Get Through the Pandemic

Updated 3-29-2020

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At this point we can all agree that the COVID-19 outbreak is something that is going to affect our practices in the immediate future as well as the long term. As an attorney that represents and works with a large number of guardians and care managers – both professional and family members - one of the questions I am getting repeatedly is “what is everyone else doing”. To that end, the following are five questions that I posed to six of the best professional guardians and care managers in our state. The ones that when they give you advice, you follow it. Here is my summary of the practical answers received which practitioners can pass on to the Caretakers (people responsible for someone’s care) in their own practices. Please note that the following is practical advice and is subject to change as circumstances continue to develop regarding the appropriate response to the COVID-19 pandemic. Please continue to monitor local, state and national guidelines.

1) *How have you been able to continue to monitor those under your care with the various restrictions in place and the recommendation for “social distancing”?*

Answer: The most important thing is to continue to monitor care at the level appropriate for each Ward. That said, the required steps for monitoring will differ on a case-by-case basis based on factors such as the Ward’s mental acuity, on-site private staff, and whether the Ward is in a private residence or facility. Some tips:

- For all Wards, communication should be maintained at a minimum of every 3 days if not more regularly. This will likely be done telephone or video conferencing. Regularly scheduled check-ins with any onsite caregivers is a must, but in addition Caretakers may wish to have a regularly scheduled call/video with the Ward. As to the calls with caregivers, they should be performed while the caregiver is with the Ward and if video is available it should be utilized in order to give the Caretaker the best perspective possible of the Ward’s current status and the ability to rapidly respond.
- For Wards in facilities, get to know the floor nurse and the director of the facility. In the absence of private care, or when private care may not be able to reach the Ward, these will be the Caretaker’s primary contacts. Setting up a regular call as well as an expectation that the Caretaker will be contacting when needed can be extremely valuable.
- While in-person visits may still be needed or desired, only one Ward should be visited daily in order to minimize any potential outbreak among Wards. For Caretakers and caregivers with Wards in facilities, when visiting they should minimize contact outside of the Ward’s primary living quarters, including not visiting multiple Wards at the same facility or “wandering the halls”.
- Caregivers should be instructed to minimize any potential for spreading the virus. One suggestion was to insist that all staff dress at the Ward’s residence (i.e. wear “street clothes”

when arriving, then change into on-shift clothes while street clothes are placed in a sealed bag). Additionally, caregivers should be instructed to fully disinfect all surfaces daily. In addition, protocols should be open and obvious – Not only instructing staff orally but posting the instructions in conspicuous places. One suggestion was posting at all residences a copy of the CDC forms CS314915-A (Stop the Spread of Germs) and CS315252-A (Symptoms of Coronavirus).

- Caregivers should be instructed to submit reports daily, along with photographic evidence of any issues. This may avoid the Caretaker needing to visit the Ward in-person to fully understand the issue. It also better supplements the Caretaker's records.

2) *How have you been able to manage contact between those under your care and their friends/family?*

Answer: Again, each Ward may dictate a slightly different approach, but overall, the Pros encouraged minimizing in-person visits consistent with the CDC recommendations for social distancing.

- For Wards residing in facilities, across the state facilities have put in place no-visitation policies per mandate. To that end, Caretakers should affirmatively confirm these policies with all family or friends that may be expected to visit the Ward. One benefit of this, it takes the decision out of the Caretaker's hands, allowing the Caretaker to not have to "be the bad guy".
- For Wards residing privately, the Pros generally suggest encouraging no in-person visits consistent with the facility protocols. For those circumstance where this is not possible, requiring at least 6 feet of separation in addition to requiring that visitors follow all protocols put in place for caregivers (i.e. hygiene standards, no other visits on that day by the Ward or the visitor, and no unnecessary outside items).
- For Wards in both facilities and private residences, Caretakers can encourage family to call more often and/or video with the Ward in order to supplement the Ward's day which likely no longer has outings and activities. This includes setting up a schedule of calls so that the Caretaker can help to facilitate the calls.
- One Pro suggested setting up an online picture album of memories for family/friends to review with the Ward via video conferencing. This will spur conversation as well as stimulate the Ward. In addition, services like Apple Photos or Google Photos makes this convenient to share easily so that the Caretaker can make it easy.

3) *How are you preparing each of your clients with supplies? Have you stockpiled a certain amount of food, cleaning supplies, medication and if so, how much? In addition, have you utilized any services to assist either initially or on an ongoing basis in order to get supplies to your clients (such as delivery, grocery curb-side pickup, or prescriptions-by-mail)?*

Answer: Across the board, the Pros acknowledged increasing use of delivery services both during and before the pandemic. In addition, the general response was that a stockpile of supplies was a must.

- At a minimum, all Caretakers should ensure their Ward has two weeks of essential perishable supplies at their residence. Non-perishables should have a sixty-day supply. Hired caregivers should have maintaining this supply as part of their regular daily duties, going through a list of items to be maintained and reporting to the Caretaker any items that need to be replenished or changed out.
- Caretakers should seek to receive a sixty-day supply of any prescription medications now, rather than when the Ward is near depleted. It is reported that most insurance companies are being cooperative with these requests. To the extent there are difficulties, being proactive allows the Caretaker to communicate with doctors as necessary to get the needed supply.
- Caretakers who care for multiple Wards should create a community supply which they can then ration out as needed should one Ward's personal supplies run short. Paper items, hygienic items, and toiletries among other things should be included.
- Delivery services are helpful, but protocols need be followed. Any deliveries should be left outside the door by the service. For Wards in facilities, any deliveries can be left at the front desk or guard gate. Any non-perishable items delivered should be placed in a safe location for 24 hours prior to opening based on reports that the virus can stay on cardboard for approximately 24 hours. Food deliveries should not be eaten from the containers in which they are delivered, and the containers should be disposed of outside of the Ward's living quarters.

4) *How are you handling medical appointments for those under your care? Are your clients continuing to attend appointments? Have they changed the format (i.e. rather than in person, doing it telephonically)? To the extent there has been an emergency, have you changed any normal procedures in light of the virus?*

Answer: The short answer from the Pros is that all non-essential appointments are being cancelled.

- Only critical appointments should be maintained. In those cases, the physician's office should be contacted well in advance of the appointment and then again within 24 hours of the appointment to confirm not only the appointment but how the appointment will be conducted. To the extent the appointment can be done telephonically or with a house-visit, this is the preferred method.
- To the extent the Ward must leave the Ward's residence for an appointment, the Caretaker should work with the establishment to understand the best way to maintain distance prior to transporting the Ward. For instance, are there special wait rooms, should the Ward be dropped off somewhere prior to parking, and is it possible to wait in the car until being called to avoid group settings.
- For emergency situations, Caretakers should still do their best to avoid unnecessary exposure. Services such as Mobile Medical Associates provide one-off house calls by licensed physicians which can be called out immediately. Another suggestion was to call for an EMT when otherwise a caregiver may have transported the Ward to an ER in hopes of avoiding the need for a trip if possible.

- Touch base and confirm with Primary Care Physicians the protocol for communication in urgent situations. To the extent the PCP can be contacted remotely in order to advise prior to taking the Ward to an ER, this should be done. This information should be shared with all regular caregivers.

5) *For cases in which those under your care are residing in a facility, how have you been able to monitor their care considering the no-visitation policies? Have you or any caregivers been barred from these facilities? If so, how have you been able to work around this in order to continue monitoring your clients? Or, have you found a workable method to convince facilities to not bar you or the caregivers?*

Answer: The Pros reported that overall, reaching Wards in facilities is more difficult and that they are being respectful of the policies in place. That said, they did have a few tips.

- As noted above, set up a contact person at the facility to facilitate visitation and/or regular updates when visitation is not possible. The floor nurses and the direction of the facility are the regular candidates. These are also the people that, if they know you, may get you through.
- For Wards with private caregivers, caregivers should be giving daily reports both in writing and telephonically. The telephone contact increases in importance because it allows the Caretaker to utilize the caregiver as a pseudo-surrogate for the Caretaker while the Caretaker cannot visit themselves.
- When necessary, show up and be turned away. While no one enjoys being the squeaky wheel, Caretakers should confirm that they were not able to visit the Ward as a result of facility procedures. Many facilities are still allowing Caretakers if they are understood to be providing personal care services, the definition of which can differ facility-to-facility.

While these suggestions by no means cover all of the questions and concerns that you and your clients may be confronted with, it is my hope that it will assist you in better understanding some of the strategies being utilized by those in the industry. Finally, and most importantly, my sincerest thanks to each of the professionals that submitted responses to my questions to assist with this article.