**OPERATIONAL PRACTICES FOR THE
COVID-19 EMERGENCY MANAGEMENT IN LTC FACILITIES**

**Premise**

**This document is NOT a guideline nor a document validated by any scientific company.**

The author has collected some practices implemented in last 21 days by organizations dealing with elderly and disabled people in the Lombardy Region to cope with the SARS-CoV-2 epidemic to illustrate them to colleagues from other countries. These practices are:

* implemented in various organizations to deal with a very serious and unpredictable emergency;
* dependent on epidemiological, organizational, contextual conditions, not necessarily valid outside the contexts in which they were implemented.

**1) Governance and supply chain (Lombardy Region)**

The Italian national health system (SSN) is divided into regional health systems (SSR). Each Region incorporates the national laws and implements them in its territory. In Lombardy, the SSR operates through Health Protection Agencies (ATS) that operate on provincial territories or multiple provinces.

The structures operating in the field of LTC are authorized to operate, controlled and remunerated by the ATS to which they respond for the services rendered and the standards applied.

The COVID-19 emergency is managed by a regional crisis unit that supports the President of the Lombardy Region. In the regional crisis unit there are health authorities, which coordinates all the health aspects of the emergency, with the Regional Civil Protection which provides the necessary logistical support.

This crisis unit has been replicated on a provincial basis and - where necessary - at the level of the single Municipality.

Overall, much attention has been rightly paid to the coordination of hospital structures, concentrating here efforts to rapidly increase the number of Intensive Care beds and to reorganize the hospital network. In the writer's opinion, both GPs and even more the LTC services have been left alone, paving the way for the free initiative of each organization concerning the answers to be given in the face of the emergency (especially for the procurement of Personal Protective Equipment).

**2) Prevention measures**

The main measures are fully illustrated in the recommendations of the World Health Organization. Here we recall the ones recommended to the workers that have requested the greatest organizational efforts, as a stimulus to foreign colleagues so that they will not be unprepared:

* Wash your hands frequently, possibly at the change of each action (e.g. touch the patient, touch tools, touch handles, etc.): give information and disseminate warnings, infographics, etc. in the workplace; multiply hand sanitizers gel freely available
* DO NOT touch the eyes, nose and mouth, cough and sneeze covering your mouth with the bent arm: give information and spread notices, infographics, etc. in living places of the guests
* wear the surgical mask in case of respiratory symptoms
* Avoid close contacts, including handshakes
* Strictly avoid crowding events and in any case limit the opportunities for meeting: meetings are limited to those strictly necessary, keeping a minimum distance of 3 meters between people and constantly ventilating the premises. The use of meeting rooms in larger organizations has been authorized only by the Medical Director to limit them as much as possible.
* Organize smart working (working from remotely) for the largest part of employees and introduce systems for streaming meetings
* Organize "shifts" between colleagues operating in the same offices / rooms to have separated groups that never come into contact with each other
* Encourage the use of holidays, permits, leave for workers of administrative services and / or suspended or limited services (see following section)
* Check with the cleaning companies the adequacy of the products and sanitation procedures in place and strengthen them where necessary.

The biggest problem is the scarcity of masks and other Personal Protective Equipment (PPE). We have to cope with the dramatic impossibility of supplying the warehouses. So, outside of the assistance to patients with COVID-19:

* in many organizationsthe use has been regulated by the Medical Director, limiting the use for activities with positive people. The PPE are distributed to the team managers of the services assigning them responsibility for conservation and registration of the use for each piece
* since it is impossible to calculate the real need, organizations are forced to adopt a daily supply system
* in some organizations, although NOT recommended in health protocols and procedures, to have a longer duration of the FFP2/3 masks, the use has been combined with a standard surgical mask.

In many facilities this situation caused protests by workers, fearing of operating and - unfortunately - in some cases “opportunistic disease” phenomena for fear of contagion.

**3) Identification and intervention on suspicious cases**

Healthcare professionals were asked to:

a) identify patients or people who may have a flu-like syndrome. The residential guest is provided with a mask and the Medical Management is notified

b) wear the mask in case of respiratory problems

c) consult the Medical Management if they think to have a respiratory situation that suggests infection

d) measure body temperature in case of suspected symptoms, even repeatedly during the day.

In the face of suspicious cases, health institutions have only rarely authorized tests to identify positive cases within LTC structures.

In particular, the execution was limited

* to subjects with respiratory symptoms deserving of admission in the hospital, upon admission
* to subjects clinically cured of COVID-19 to confirm their recovery.

Lombardy Region has established that "*the health worker or other person employed in the assistance of a suspected or confirmed case of COVID-19 is NOT to be considered "a contact" when the assistance activity is carried out with the complete and correct use of the Personal Protective Equipment […] For the asymptomatic operator who has assisted a probable or confirmed case of COVID-19 without using the appropriate PPE for risk droplet or the operator who has had close contact with a probable or confirmed case in the extra-working environment, the swab is NOT indicated but only daily monitoring of the clinical conditions. In the absence of symptoms, there is no interruption from work which must take place with continued use of a surgical mask. In the presence of symptoms of respiratory infection and fever (higher than 37.5C) temporary interruption from work is foreseen [...]. The test is scheduled for this type of worker in order to guarantee the resumption of activity in the shortest possible time. "[[1]](#footnote-2)*

These decisions effectively excluded the possibility of checking the status of all those guests and operators who came into contact with positive cases, further increasing the fear in the operators and strengthening management difficulties (e.g. isolation of patients with behavioural disorders).

In the face of positive cases, isolation chambers are organized in an emergency for the positive ones and for guests who came into contact with people positive to SARS-CoV-2. This action is not everywhere possible, depending on the distribution of guests in single / double rooms. Isolation lasts 14 days.

**4) Suspended and limited activities**

After 2weeks of progressive restrictions on activities established by national and regional institutions, all the following services were suspended:

• outpatient

• home (except for social emergencies and neuromotor rehabilitation)

• diurnal

• group activities (example: Adapted Physical Activity, courses, art therapy/music therapy/theater workshops, etc.)

• training

• voluntary work

• religious.

The entry of new guests has been prohibited unless sent by hospitals.

The economic (loss of revenues) and organizational (delays in the development of activities and development/innovation) damages are currently incalculable.

The activities carried out by bar/canteen services inside the structures (where present) to avoid gatherings have been severely limited, increasing the supply of takeaway "lunch boxes" to be consumed in offices/service. It is forbidden to accompany guests inside the canteen and bars for the consumption of meals, snacks, coffee, etc.

All transfers and travel between company offices, towards suppliers/customers/partners / etc. have been suspended.

**5) Visitor entrances and guest exits**

The access of relatives and visitors to the structures was firstly limited through notices at the entrances to invite relatives and visitors not to access the structures except for compelling reasons, to be agreed in any case with the health services. After about 2 weeks the accesses were totally prevented.

For those who entered the facility, a triage was arranged in the atrium by filtering the patients (and any accompanying person), measuring body temperature and requesting the compilation of a declaration with which the person excluded having had contact with the red area ( initially not all of the Lombardy Region was a red zone but only a group of Municipalities), and having no signs of respiratory problems.

Similarly, for guests, the recommendation was given to relatives first to avoid returning home, both adults and children. Subsequently, this possibility was completely prohibited.

Once accesses and visits were blocked, many organizations activated communication sessions filtered by operators through the various social networks (Skype, Whatsapp, FB live, etc.).

1. Letter from CEO - Welfare Dept. of Regione Lombardia, N° G1.2020.0011004 March 3th 2020 [↑](#footnote-ref-2)