



NCCAP Guidance Document CMS Guidelines Limiting Access to a Resident's Room

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The Activity Profession is under enormous pressure from the many changes imposed by recent CMS & CDC Guidelines to address COVID crisis. While these formal Guidelines primarily apply to the Medical Model of Care, they directly impact delivery of the Social Model of Care.

To date, there have been no explicit Guidelines or regulatory changes to the requirements for the delivery of activities. Accordingly, regulatory requirements for the delivery of activities remains an essential and required service to be provided to residents. At the same time, the changes and limitations imposed by CMS and CDC require that we change and adjust how activities are delivered.

There has been no suspension of FTag 679 requirements for activities. However, we must comply with CMS and CDC Guidelines for infection control that place limitations on group activities through quarantine and room confinement. In fact, Activity Rooms can now be utilized for direct medical and clinical care.

Further, FTag 741 remains unchanged and requires our communities to maintain sufficient staff to provide direct services to residents to assure safety and attain the highest practicable physical, mental and psychosocial well-being of each resident. The challenge we face is to comply with CMS and CDC Guidelines while at the same time fulfilling our requirements as essential personnel in the delivery of the Social Model of Care.

During the COVID-19 crisis, the focus of Activity Professionals has shifted from directly serving all residents to those who are most vulnerable population and who cannot or will not plan their own activities. The role of activities is critical for physical, mental and psychosocial well-being given that these residents are more susceptible to the negative impacts of prolonged isolation and decreased engagement.

Activity Staff should follow all PPE requirements as necessary and appropriate. Additionally, engagement sessions should continue to be conducted by competent Activity Staff so as to meet the individual needs of a resident.

For residents able to plan their own day, the community implement an integrated approach in the delivery of daily chronicles as well as independent engagement materials and supplies, noting:

- Daily Chronicles can be placed on the resident tray during tray line to reduce morning visits.
- Materials and supplies can be given to the Nursing Assistant when they enter a room for care delivery thereby reducing multiple entries during the day.

Finally, it is recommended that an Activity Staff "cohort" be assigned to a single specific unit thereby reducing the influx of Activity Staff who enter residents' rooms throughout the facility.



Social Engagement Ideas When Groups and In-Room Visits are Prohibited

- Gardening: using egg cartons, seeds, soil
- Sun Catchers made out of contact paper and tissue paper
- Soccer game in doorways
- Any type of large muscle use in the doorways of their rooms: exercise, yoga, tai chi, noodles, scarf, stretchy band exercise
- Joke Hour in the hallway: everyone takes turns telling prepared and printed jokes
- Remote control cars or devices in and out of the rooms
- Alexia/Dot: use for music, trivia (if allowed by community)
- Portable DVD players
- Singing in the hallways between staff and residents
- Church in the Halls: via TV, radio, livestream or recorded, Prayer CDs
- Hang decorative items from ceiling in room (meet fire and building codes)
- Fish tank on wheels
- Ceramics for residents to paint in rooms
- Hand-held video games
- Shoe polishing: old shoes and shoe polish, or if cognitive deficit use water and a rag
- Wood staining using coffee grounds
- Bread machine in the halls for aroma and then snacking
- Daily bingo numbers given for an ongoing weekly game: every day at lunch they receive 3 numbers until someone calls bingo



Managing Staff Morale

Helping to Manage Care Giver Stress

1. Create a staff respite area where staff can take their breaks in comfort. Have decent coffee and nice treats from outside (muffins or croissants). Play nice music (No TV with corona news). Hand lotion to soothe hands from washing. Share staff trivia information. Use this time to build bonds with staff.
2. Create a bingo game for the staff that can then go to rooms to complete. The bingo card would have tasks in the boxes like "give out a magazine", "tell a joke", "put on a favorite TV show", "discuss a memory" and staff would check it off as they do the tasks and each staff get a prize when they get bingo.
3. Do some entertainment: sing-along with a traveling karaoke outside resident rooms (note: requires very long extension cord and loud music player to make this work). Do a doorway dance contest. Create TicTok Video for staff to let loose and have fun. Challenge other facilities staff on your company or community for fun competition that everyone wins.
4. The Masked Singer. Have staff partake in the zoom while wearing a mask while singing. Give residents a sheet with the performance number and have them guess staff by choosing from a list of staff names on the sheet.
5. Video record staff offering words of encouragement and/or stating what they are thankful for. Put together and show on a recorded loop at intervals between livestreamed programming on the community TV channel. Can do the same with residents who are able and agree to do this (privacy requirement) so their friends or other residents can see them since they cannot eat together or visit at this time.
6. Post words of encouragement on the walls – everywhere – like next to the staff time clock, resident hallways, doors, windows, etc. FaceBook showed that someone wrote words of encouragement in chalk on the sidewalk outside the entrance so all staff would see it.



National Certification Council for Activity Professionals

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3015 Upton Drive, Suite 103, Kensington, MD 20895 USA | (757) 552-0653 | info@nccap.org