March 27, 2020

To: N.C. Licensed Adult Care Homes & Family Care Homes

From: Megan Lamphere, Chief
DHSR Adult Care Licensure Section

RE: Medical Provider Visits During the COVID-19 Pandemic

NC Department of Health & Human Services’ Recommendations to Adult Care Homes Regarding Medical Provider Visits to Adult Care Homes and Family Care Homes Due to COVID-19

March 27, 2020

Our agency has received emails and phone calls from families, physicians, hospice agencies, and other medical providers regarding medical providers not being allowed into adult care homes. We have also had discussion with the North Carolina Senior Living Association, North Carolina Assisted Living Association and other providers regarding this matter.

Our agency understands concerns regarding the need to decrease the potential risk of exposure to residents and staff and we appreciate the efforts all of you are making to restrict visitors. However, it is also essential to assure residents receive needed evaluation and healthcare services during this time.

To assure residents receive the healthcare services and evaluations they need, we are making the following recommendations regarding medical providers coming in and seeing residents in adult care and family care homes.

1. Medical providers should be allowed in facilities. This includes physicians, physician extenders, home health and hospice staff including nurses and aides, emergency medical personnel and ancillary service providers providing essential services to specific residents.
2. If your facility believes any visits by certain medical providers are not essential or would pose a risk to the resident, then a discussion with the resident’s physician should occur. This discussion should take into account the resident’s condition and diagnoses, current reason for the services, and if a temporary suspension of these services is appropriate and will not put the resident at additional risk or cause harm. Basically, does the temporary absence of the service and provider put the resident at greater benefit or risk during this time knowing this could be an on-going situation for longer than just a few weeks. It should be left to the resident’s physician to weigh the risks and benefits of these services to the resident and other residents in the facility given the current situation.

The results of this conversation and any resulting orders should be documented in the resident’s records, along with discussions with any providers when services are temporarily suspended with orders from the primary care physician.

3. All current visitor screening practices should continue and include medical providers. (If the medical provider is an emergency service provider and is making frequent visits in one day, for example every hour, then consider what is needed to screen this individual on subsequent visits occurring in the same day.)

4. Medical providers should limit their time in the facility as to only what is necessary and only be in contact with the resident(s) who are receiving their services. Handwashing and use of hand sanitizer should occur along with the use of any personal protective equipment that is appropriate for the care of the resident.

5. To the greatest extent possible, the use of telemedicine is recommended to take the place of an onsite visit by a physician or nurse if the facility and medical provider is equipped for this practice and the resident’s physician concurs.

As we all know, the circumstances and impact of COVID-19 is rapidly changing and the number of cases in North Carolina continues to rise. Therefore, this document is the guidance for today and any need for revised recommendations will occur in the days ahead. Thank you for your care of residents always and especially during challenging times as we are now experiencing.

Should you have any questions, please email them to the following email address - DHSR.AdultCare.Questions@dhhs.nc.gov.