

## **Statement for the Record**

**TO:**

**Special Committee on Aging**

**United States Senate**

**On:**

**Hearing: CARING FOR SENIORS AMID THE COVID-19 CRISIS**

**Thursday, May 21, 2020**

**SUBMITTED BY:**

**AMERICAN  
SENIORS  
HOUSING  
ASSOCIATION**

Living Longer Better

**The American Seniors Housing Association (ASHA)**

**and**



**Argentum**

On behalf of the American Seniors Housing Association (ASHA) and Argentum, we commend Chairman Collins and Ranking Member Casey for holding this hearing, Caring for Seniors Amid the COVID-19 Crisis. It is only appropriate the committee give this issue focused attention. The owners and operators of senior living have held a front row seat to this pandemic along with their employees who diligently, responsibly and compassionately serve on the front lines of this battle to care for our nations seniors, many of them veterans and their spouses. There is much to learn from this health crisis particularly as it impacts seniors. We feel it is important that attention not only focus on the challenges of COVID-19 but also recognize the very good work and outcomes occurring in communities all across this country every day to keep residents and staff safe. There are lessons to be learned from this work and our members are already developing best practices.

ASHA and Argentum are the leading national associations exclusively dedicated to supporting companies operating professionally managed, resident-centered senior living communities and the older adults and families they serve. Our member communities offer assisted living, independent living, memory care, continuing care retirement communities representing approximately 75 percent of the professionally managed senior living industry. We therefore are pleased to share with the Committee the perspectives of the senior living industry relative to their challenges and successes as they continue their efforts to combat this terrible disease and health crisis.

### **Seniors Are Most at Risk for COVID-19**

A Centers for Disease Control and Prevention (CDC) report released on March 26, 2020 found that “[o]verall, 31% of cases, 45% of hospitalizations, 53% of ICU admissions, and 80% of deaths associated with COVID-19 were among adults aged  $\geq 65$  years with the highest percentage of severe outcomes among persons aged  $\geq 85$  years. The average resident living in a senior living community is a woman in her 80s, she needs assistance with three or more ADLs and/or suffers from Alzheimer’s disease or related dementia. This profile combined with the fact that this virus is invisible, highly contagious, symptoms may not appear for 2-14 days after exposure, supplies and testing has been largely unavailable, and there is currently no vaccine or treatment available has created significant challenges for everyone operating, living and working in a residential senior setting. Regardless we strongly believe that senior living communities represent a critical defense in the fight against COVID-19. They are in the business of taking care of seniors, they have planned, they are responding and in time they will recover smarter and better from this experience. We are confident there is no better place for a senior who currently resides in one of our communities to be at this time.

### **COVID-19 Planning and Response in Senior Living**

At the earliest signs of COVID-19, the senior living industry triggered their emergency planning programs to address what was soon to become an unprecedented health crisis. They began by educating themselves on the virus and the most critical steps to take to protect their communities. They continue this education process today by actively monitoring communications from the World Health Organization (WHO), the CDC, the state community licensing entities, local

health departments, infectious disease experts and each other. As with any infectious disease, prevention in a senior living community is its first and best defense.

Education and training of staff, residents, visitors, and volunteers on the essential infection control practices from the beginning of this crisis included what has now become standard minimum requirements:

- Hand hygiene (frequent washing, use of gloves, and use of hand sanitizers).
- Respiratory hygiene / cough and sneeze etiquette (use of disposable tissues, or elbow when tissues unavailable, use of facemasks).
- Environmental cleaning (wiping down surfaces with antibacterial / virucide cleansers. Clean frequently touched areas, such as doorknobs. Provide disposable wipes for commonly used surfaces).
- Observing waste disposal best practices (e.g. touchless, lined wastebaskets).
- Reminder trainings of staff and volunteers on sources of exposure, prevention, recognition of symptoms, response when an outbreak has been identified, and communication protocols.
- Education of residents and visitors about prevention practices, response, and precautions implemented at the community.
- Post educational materials about the coronavirus that explain why infection control precautions are necessary.
- Posting signs notifying residents, staff, and visitors to report any experienced respiratory systems to management.
- Assess status of the community's preparedness (stockpiling supplies such as sanitizer, masks, gloves, gowns, EPA certified cleaning products, water, food, and linens).

As more became known about the virus, additional and more stringent protocols were adopted to protect resident and staff. Some of the more common include:

#### Community Access

- Limiting access to the community: No visitors including family with exceptions for essential medical providers and immediate family members during end of life. Prohibition on outside vendors, planning for alternative mail delivery and cleaning surfaces of all delivered packages
- Social Distancing: Communal dining, activities and social events have all been eliminated.

#### Resident/Staff Monitoring:

- Increased symptom monitoring of residents: Check temperature twice per day with non-contact thermometers and document. Symptomatic residents are quarantined and monitored. Residents who test positive are isolated and monitored for symptom progression and if necessary, transferred to the hospital.

- Increased symptom surveillance of staff: Daily temperature check prior to shift. If fever greater than 100 or symptomatic, employee sent home. As test kits become more available communities are testing staff more frequently.

#### Communication:

- Keep families and staff updated on community protocols and changes. Communicate exposure and outbreaks to families and make required reporting to health and state licensing agencies regarding infections and deaths according to federal and/or state mandates.

#### Supplies/PPE:

- Establish protocol for PPE use such as surgical and N95 masks including proper removal techniques to reduce risk of contamination. Train staff on use of gowns, to be worn once and replaced between different room visits and never worn in the hallway. Maintain inventory of supplies for each community.

#### Environmental Disinfecting:

- Increased housekeeping and special laundry processes that include wearing PPE, washing resident clothes separately, cleaning hampers with disinfecting cleanser (EPA-certified to kill COVID-19) after dirty laundry removed.

The above is just a representative sample of the kinds of practices currently in place at senior living communities to prevent and mitigate the spread of COVID-19. It is not an exhaustive list and does not reflect any one community protocol.

### **COVID-19 and Senior Living: Supplies, Testing and Staffing Challenges**

The COVID-19 pandemic has created a challenging environment for seniors and those who care for them. While ensuring the health and well-being of residents and employees is always the highest priority for senior living providers, this unprecedented public health crisis has tested the industry. Accustomed to preparing for seasonal flu, COVID-19 presented a more challenging scenario for providers. But the industry has risen to the challenge. For example, while the rest of the country shut down, the people that operate and work in senior living never stopped. They continue to do what they do best; they go to work every day, compassionately caring for seniors who rely on them to not only show up but to be present and engaged, on good days and not so good days.

**Supply Shortages and Expenses:** Supplies and testing capabilities continue to be scarce or non-existent. While the health care industry and essential workers were prioritized for PPE, our industry was largely overlooked. Our members were left to source what they could on their own from vendors who had limited supplies and/or placed orders with businesses in foreign countries hoping the supplies ordered would one day appear and at costs that far exceeds traditional pricing for such products such as gowns and gloves that typically cost pennies and now are marked up 400% or more. Recognizing the overall shortage across the country for these supplies,

we reached out to Congress, the Administration and State Governors offices asking that they prioritize the senior living industry in their dissemination process as supplies come online. Fortunately, most providers have finally identified private sources for PPE and other supplies, but inventory levels remain a concern, especially if a resurgence of the virus occurs in the Fall as predicted. At least 30% of member companies report they are still challenged in securing adequate PPE.

**Testing:** To fully protect our seniors, reliable and rapid result testing must be readily available for staff and residents. Most providers are relying on the services of private labs but these are limited, require long wait times and not fully reliable. The ability to test residents and staff and receive rapid results will be the single most important gain we can make in this effort to beat this virus in senior communities of all types. This must be the goal and policymakers must not only advance a national effort but also create a funding stream to subsidize or reimburse the costs of the tests.

**Staffing:** Implementing new and additional policies and protocols requires additional staffing. Direct care staff serving on the front lines were suddenly confronted with the choice between work and childcare as schools began to close across the country. Other staff stayed home to take care of an ill loved one or became ill themselves. And some employees were understandably uncomfortable with the risk of working with vulnerable seniors who may be at risk for the virus. Bonuses, overtime, “hero pay”, agency pay, new hires, sick leave and training have become common and necessary business expenses to ensure adequate staffing levels are in place to care for residents and keep them safe. These adjustments in staffing, training, wages and benefits are necessary to the fight against COVID-19 but come at a significant expense to each community.

Each change in policy has a multiplier effect in terms of the staffing needs. For example, staff must be trained and retrained on new infection control protocols, social distancing, recognizing signs of respiratory illness, practice good personal hygiene, understand the proper use and disposal of PPE among other things. While enforcing a “no visitors” policy is critical to the safety of residents and staff, this also creates new and added employee responsibilities to ensure residents are engaged socially and physically. Quarantines and social distancing have limited the style of most residents who enjoy the company of their neighbors, family and friends. Without this connectivity, seniors are prone to loneliness and even depression. We often hear of instances of community staff creatively assembling entertainment baskets filled with puzzles, games and books for resident delivery. Some may organize a car parade for a special occasion or host a game of Hallway Bingo which is apparently a community favorite. As in- room dining service has replaced communal dining, additional staff time is needed to deliver the meal, put on appropriate PPE, offer assistance with eating if necessary, engage in conversation with the resident and upon exiting the room removal and disposal of all PPE.

The additional staffing, supply and testing costs coupled with the impacts of limited move-ins during this pandemic are creating financial pressures that are not sustainable. Just as the overall health care industry is receiving federal grants and forgivable loans to assist their businesses during these unprecedented times, the senior living industry should have similar access to financial relief. Policymakers should recognize this and take steps to facilitate such assistance.

## **Conclusion**

The senior living industry has not escaped the tragedy that is COVID-19 but they have certainly risen to the challenge. They have prepared, they continue to respond and are optimistic that better days are ahead. Compassionate and creative staff work to ensure residents are not only safe from the virus but feel secure in this uncertain time. We learn each day that examples of ingenuity and resourcefulness are not in short supply in this industry.

There are still a lot of unknowns about this virus but what we do know is that the people working on the front lines in senior living communities are the reason the residents remain safe from COVID-19. They do their jobs against the backdrop of supply and testing shortages and worker disruptions due to childcare needs, illnesses and even fear. Employees should not be concerned about supply and testing shortages. Employers should not be concerned about the additional staffing costs required to keep the residents safe in these unprecedented times. Policymakers should take action to address these shortages and when a vaccine is available, they should prioritize seniors in all care settings for access

We thank you for your support and passage of the CARES Act. We ask that you urge HHS to include senior living in funding available under the provider relief fund. Every senior living resident that remains virus free and out of the hospital represents a savings to the federal government through reduced Medicare spending. The costs associated with COVID-19 response cannot be overstated and the industry should be adequately recognized and allocated the necessary federal financial relief from the HHS Provider Fund. This battle is far from over underscoring the necessity to arm this industry with the resources they need to continue the work.

Thank you for holding this hearing and focusing on this most important topic.