Adult Protective Services (APS) and COVID-19

Preparing for and responding to emergencies to support vulnerable adults requires the work of many within and beyond the APS community. While APS staff are not medical first responders, clearly, they must play an important role. In this difficult time, APS workers place the highest value on the needs and safety of APS clients and those for whom a complaint has been made, and at the same time, to mitigate risk of COVID-19 spread. APS, like all of us, must attend to the health and safety of their clients, communities and themselves. The Administration for Community Living (ACL) values the ongoing work APS is doing under challenging circumstances to ensure that vulnerable adults across the U.S. can be safe.

What is COVID-19?

According to the Centers for Disease Control (CDC), a novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, ‘CO’ stands for ‘corona,’ ‘VI’ for ‘virus,’ and ‘D’ for disease. Formerly, this disease was referred to as “2019 novel coronavirus” or “2019-nCoV”.

There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused by a novel (or new) coronavirus that has not previously been seen in humans1.

Please visit the CDC COVID-19 website at www.coronavirus.gov for up to date information about COVID-19 and for guidance, as the situation changes daily.

Personal Safety is Paramount

Request that all APS staff carefully review the following from the CDC:

3. What You Need to Know about Handwashing - https://youtu.be/d914EnpU4Fo

Program Response During an Emergency - Continuity of Operations

APS programs must adhere to direction from state and local health authorities. Moreover, APS should regularly review CDC guidance, which is updated frequently to be sure personnel, clients and communities are as safe as possible.

The following information is intended to assist APS programs in understanding a range of strategies and options that can help develop the means of continuing operations and protecting vulnerable adults. Existing tools and resources are provided now in the context of responding to COVID-19.

This information does not replace and is meant to supplement guidance issued by the CDC, any state or local health department, or the Centers for Medicare & Medicaid Services (CMS).

It is important to understand that federal, state and local health authorities may and in many communities are restricting access to congregate living facilities such as nursing homes during the COVID-19 pandemic. Additionally, APS programs should closely follow CDC guidance in such circumstances. Because state law governs APS programs, when state or local health authorities order restrictions on visitation in such facilities, you would want to consult with those authorities about APS access.

APS programs could carefully consider the following practices and approaches when home or facility visiting is not feasible.

- Ask clients if they have access to a computer, tablet or a smart phone and if they would like and feel safe having video chats or conferences. Some individuals may not be able to communicate this way, especially those with significant cognitive deficits, but it’s a starting point.

- Ask clients if they have e-mail addresses and if they would like and would feel safe receiving e-mail updates or corresponding through e-mail.

- Ask clients if they prefer that you contact a representative for ongoing communication. Use telephone contacts with a client’s family, friend, facility staff, or another professional involved with the case to inquire about the client’s safety.

- Consider whether written communication with the client, such as a letter or email, could be effective and safe. Again, be mindful of who else has access to such communication, including perpetrators.

- If there is no alternative to a home visit, consider limiting the contact by remaining outside the home at the CDC-suggested six-foot social distance. Reducing home visits to the fullest extent possible and visiting people in their homes when there is no other option protects you and your clients and your communities.

- Consider adding questions to your intake process that address the client’s health and recent travel history, such as:
  - Is anyone in the alleged victim’s household ill with a fever, cough or sneezing?
  - Has anyone in the household come into contact with someone who is ill with these symptoms?
  - Has anyone in the household recently traveled internationally?
Are APS workers going to get masks?

APS workers and caregivers of the aging and disability networks are considered part of the overall healthcare workforce. This is important for purposes of planning for federal support to states needing personal protective equipment (PPE), such as facemasks, gloves and gowns. State and local officials will make final decisions regarding distribution of PPE.

Remember, APS programs should always follow direction from state local health authorities, and the latest CDC guidance.

Continued Support & Technical Assistance

The APS Technical Assistance Resource Center (APS TARC) is available to provide technical assistance on issues involving COVID-19 and APS. Please visit apstarc.acl.gov/contact-us to request assistance.

Resources

- Administration for Community Living (ACL) COVID-19 Resources
- Centers for Disease Control and Prevention COVID-19 Information
- Centers for Medicare & Medicaid Services (CMS) COVID-19 Information
- Long-Term Care Ombudsman Program and COVID-19
- National Center for Law & Elder Rights (NCLER) Legal Assistance for Older Americans & COVID-19