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21 Personal Protective Equipment (PPE) for COVID-19 and such PPE should be
22 utilized for all patient encounters, regardless of the COVID-19 status; and

23 **WHEREAS**, on April 27, 2020, the “Governor’s Report to Open Texas”
24 included a “Long-Term Care: HHSC/DSHS Comprehensive Mitigation Plan”
25 which included among its recommendations: testing staff and residents upon the
26 first positive test for COVID-19 at a facility; that the facility implement a plan
27 addressing isolation, infection control, staffing, and other operational aspects of the
28 facility; that to the greatest extent possible, facilities should discourage staff and
29 employees from working at multiple facilities; that facilities should keep
30 individuals from interacting with both positive and non-positive patients, limit
31 unnecessary visitations, and incorporate enhanced screening and decontamination
32 techniques; that facilities shall inform all who currently or recently have interacted
33 with a facility with positive patient(s) so that further actions can be taken to control
34 the spread of infection; and that facilities that do not have a positive detection will
35 continue to undergo infection control assessments and enhancements; and

36 **WHEREAS**, residents and staff of nursing homes, assisted living centers
37 and long-term care facilities are at alarmingly greater risk of contracting COVID-
38 19 than the general public, representing nearly 20% of confirmed cases, nearly
39 two-thirds of COVID-19 deaths, with a mortality rate of five times that of the

40 general population of patients, as reported by Austin Public Health and the Office
41 of the Medical Director; and

42 **WHEREAS**, even prior to the official disaster declaration, the City of
43 Austin's Interim Health Authority, Public Health Director, Nursing Home Task
44 Force, and other staff and community experts have worked unceasingly in
45 unprecedented conditions, across City departments, with other governmental
46 agencies, non-profit agencies and private enterprise, to prevent and mitigate the
47 spread of COVID-19 amongst vulnerable populations, including staff and residents
48 of nursing homes, to keep all Austinites as safe and healthy as possible; and

49 **WHEREAS**, as of April 26, 2020, Austin Public Health was investigating
50 COVID-19 clusters (defined as having two or more positive cases of COVID-19 at
51 a single location) at nearly one fourth of all long-term care facilities in
52 Austin/Travis County; and

53 **WHEREAS**, public health officials have stated that testing of staff and
54 residents at these types of care facilities is critical to halting the spread of the
55 disease, not only within the facility but also to family members and other persons
56 who may be in contact with staff members outside the facility; and

57 **WHEREAS**, public health officials have recognized the need for additional
58 staffing at impacted facilities due to increased activities necessary for controlling

the spread of COVID-19, historic understaffing at facilities, and the necessity to quarantine staff who test positive; and

WHEREAS, public health officials have called for the use of “Strike Teams” to provide additional staffing to assist facilities with medical, nursing, food preparation, janitorial and other functions, such as the Rapid Assessment Quick Response Force described in the “Long-Term Care: HHSC/DSHS Comprehensive Mitigation Plan”; and

WHEREAS, the impact of quarantining staff is exacerbated by historic understaffing, resulting from difficulty recruiting and retaining employees and other factors, which can lead to workers taking employment at more than one care facility and the inability of a facility to segregate staff into those caring for COVID-19 positive and negative residents, which increases the likelihood of transmitting the virus; and

WHEREAS, in addition to the threat to residents of care facilities, the threat to the health of people with compromised immune systems and underlying health problems make them exceptionally vulnerable to COVID-19, the most vulnerable of whom would include, but not be limited to, persons experiencing homelessness, fragile seniors living alone or with a volunteer caregiver, or unemployed/laid off persons who feel compelled to abandon precautions for employment and might

only be contacted and served through social service and non-profit service
outreach; **NOW, THEREFORE,**

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF AUSTIN:

The City Manager is directed to take the following actions to address and
prevent the spread of COVID-19 in nursing homes, assisted living centers, and
long-term care facilities located in Austin:

1. The City Manager is directed to immediately provide for testing of all
staff and residents at nursing homes, assisted living centers and long-term care
facilities that experience a cluster of COVID-19 cases. A cluster is two or more
positive cases at one location as defined by the City Updated Order of Control
Measures for Vulnerable Populations at Long-Term Care Facilities and/or
Nursing Homes dated April 20, 2020.

a. No later than May 21, 2020, at a minimum the City Manager will
provide for and complete testing at the facilities located within the City's
jurisdiction and identified as A through M, on the COVID-19 Update dated
April 28, 2020, which was presented by Dr. Mark Escott at the Special Called
Meeting on the same date.

b. The City Manager shall develop a process for completing testing at
any additional facilities with a goal of within 10 business days of a cluster being
identified at any facility.

98 c. The City Manager shall develop a contingency procurement process
99 to meet this goal in the event of a shortage of testing equipment.

100 2. The City Manager is directed to develop and implement a plan to test
101 all staff at all nursing homes, assisted living centers and long-term care facilities
102 located in Austin as soon as possible. The plan and implementation timeline
103 shall prioritize facilities to be tested based on factors that indicate vulnerability
104 to the spread of COVID-19. Such factors may include spacing of two or more
105 residents living in a room and the acuity of residents' health status.

106 3. The City Manager is directed to immediately assess staffing needs and
107 deploy Strike Teams to all of the facilities identified as A through M on the
108 COVID-19 Update dated April 28, 2020 and located within the City's
109 jurisdiction that are in need of supplemental staffing assistance in order to
110 address and prevent the spread of COVID-19 in their facility. Also, the City
111 Manager is directed to deploy a Strike Force to such a facility whenever a
112 Quick Response Force deployed by the Texas Department of State Health
113 Services (DSHS) through the Emergency Medical Task Force is unavailable or
114 not immediately available.

115 4. The City Manager is directed to provide a funding mechanism for
116 retention and hiring incentives to employees providing nursing, care assistance,
117 food preparation, and janitorial services at facilities for the purpose of ensuring

adequate staff needed to respond to the unique and challenging public health emergency created by the COVID-19 pandemic.

5. The City Manager is directed to acquire and make available CDC recommended Personal Protective Equipment for COVID-19 to nursing homes, assisted living, and long-term care facilities until such time as these facilities are able to acquire the equipment through other medical supply sources.

BE IT FURTHER RESOLVED:

The City Manager is authorized to make the necessary resources available to complete testing of staff and residents timely and in accordance with the dates established in this resolution; fund the deployment of Strike Forces, provide retention and hiring incentives in accordance with relevant legal requirements; and provide for sufficient PPE.

The City Manager shall identify and seek reimbursement from the most appropriate funding sources that may be available for the purposes identified in this resolution, including state funds and/or CARES funds that the City Council may designate for this purpose, in order to use the best funds for this purpose and most effectively leverage available funding.

The City Manager shall place on the May 21, 2020 Council agenda and additional Council agendas any budget amendments or other documents necessary for Council ratification of expenditures for the purposes identified in this resolution.

BE IT FURTHER RESOLVED:

The City Manager shall report to the City Council by May 21, 2020 the following:

1. Results of testing at facilities identified as experiencing clusters;
2. Plan and implementation timeline for testing, as well as regular retesting of nursing home staff, both clinical and non-clinical, as recommended by the Health Authority, at all facilities;
3. Results of assessments of staffing needs, the number of Strike Forces deployed, the implementation timeline for deployment, and projected need for additional Strike Forces;
4. Status of retention and hiring incentive programs;
5. Status of access to recommended PPE.

The City Manager shall provide updates to City Council on this information on an ongoing basis and shall identify additional actions and funding as needed to prevent and mitigate the spread of COVID-19 in these facilities. The City Manager shall consider best practices identified by the CDC and other experts around the country when identifying additional actions and funding.

BE IT FURTHER RESOLVED:

The City Manager is directed to collaborate with the Design Institute for Health, Dell Medical School to analyze, evaluate, and identify approaches for system improvements to protect residents and reduce the risks of the spread of COVID-19 in nursing homes, assisted living centers, and other long term care facilities. The purpose of the analysis is to augment and assist the efforts of the

Health Authority, Austin Public Health, and the Nursing Home Task Force, which are focused on immediate, emergency responses to the spread of COVID-19 in these facilities. The analyses will be performed in phases and designed in collaboration with the Health Authority, Austin Public Health, and the Nursing Home Task Force. Analyses may address system issues, clinical and non-clinical staffing, and/or other operational issues relevant to preventing the spread of COVID-19.

The City Manager is authorized to make resources available to accomplish these analyses. Analyses should begin as soon as possible, with results reported to City Council in phases, beginning by the end of May 2020.

BE IT FURTHER RESOLVED:

The City Manager is directed to develop and implement plans to prevent and mitigate the spread of COVID-19 amongst Austin's more vulnerable residents, including, but not limited to: persons experiencing homelessness; fragile seniors living in their own homes or with relatives; and populations with underlying health conditions who have been compelled to find or maintain employment without adequate protective equipment or measures.

If funding for the necessary resources for implementing emergency responses for these populations is not immediately available from state, federal or other sources, the City Manager is authorized to make such resources available,

return to City Council for ratification, and seek reimbursement from the appropriate agencies. The City Manager will also provide reports on an ongoing basis updating City Council on the progress of these programs.

BE IT FURTHER RESOLVED:

The City Manager is authorized to provide the resources necessary to procure and provide to Austin Public Health additional ID NOW COVID-19 point of care testing analyzer units and the test kits needed for the machines in order to deploy and implement the testing required by these programs as rapidly and extensively as possible.

ADOPTED: _____, 2020 **ATTEST:** _____
Jannette S. Goodall
City Clerk