Infection Prevention and Control Manual
Interim Policy for Suspected or Confirmed Coronavirus (COVID-19)

Coronavirus-(COVID-19)

The Centers for Disease Control has published interim guidance entitled, "Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings" Updated March 10, 2020, stating, "This interim guidance has been updated based on currently available information about COVID-19 and the current situation in the United States, which includes reports of cases of community transmission, infections identified in healthcare personnel (HCP), and shortages of facemasks, N95 filtering facepiece respirators (FFRs) (commonly known as N95 respirators), and gowns.."[1] This information has been utilized, to develop the following policy and procedure.

Policy

It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify residents with Clinical Features and an Epidemiologic Risk for the COVID-19 and to adhere to Federal and State/Local recommendations (to include, for example: Admissions, Visitation, Precautions: Standard, Contact, Droplet and/or Airborne Precautions, including the use of eye protection).

Note: All healthcare personnel will be correctly trained and capable of implementing infection control procedures and adhere to requirements. Check the following link regularly for critical updates, such as updates to guidance for using PPE: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

Procedure

Resident Care

- Prior to admission, identify on the preadmission screen if resident is exhibiting symptoms of any respiratory infection (i.e. cough, fever, shortness of breath, etc.) to determine appropriate placement.
    - The facility will admit residents from hospitals where a case of COVID-19 was/is present. If possible, dedicate a unit/wing for any residents admitted or readmitted from the hospital. The resident(s) will remain on the wing for 14 days with no symptoms.

- For new residents (or residents with recent travel) obtain a detailed travel history, contact with anyone with lab confirmed COVID-19 and identify if resident exhibits fever and signs and/or symptoms of acute respiratory illness.

- No group activities (internal and external) or communal dining will occur in the facility at this time

- Residents will be reminded to practice social distancing and perform frequent hand hygiene

- Prompt detection, triage and isolation of potentially infected residents:
    - Ongoing, frequent, active screening of residents for fever and symptoms respiratory symptoms
        - Contact physician and public health authorities for COVID-19 testing consistent with current CDC recommendations
        - For suspected cases of COVID-19, contact the State or local health department for directions and testing. https://www.cms.gov/files/document/qso-20-14-nhpdf.pdf
        - Notifications and communication:
            1. Contact and inform resident's physician

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2. Contact and inform resident representative
3. Contact and inform the facility Medical Director

- For identified increase in the number of respiratory illnesses regardless of suspected etiology for residents and/or employees, immediately contact the local or State health department for further guidance.

- A resident with known or suspected COVID-19, immediate infection prevention and control measures will be put into place. Symptoms may vary in severity. If symptoms are mild and do not require transfer to the hospital:
    - Place resident in an AIIR if available. If no AIIR, place on both contact and droplet precautions.
    - Contact State/Local Public Health immediately for direction, for example:
        - "Facilities without an airborne infection isolation room (AIIR) are not required to transfer the patient assuming: 1) the patient does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19". https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf
        - Residents that develop more severe symptoms that require transfer to the hospital for a higher level of care
            - Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis and precautions to be taken including placing a facemask on the resident during transfer.
            - Pending transfer or discharge, place a facemask on the patient and isolate him/her in a room with the door closed. https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf

- Residents suspected or confirmed with COVID-19 that remain in facility upon advice of local/State public health agency, will be assessed and evaluated for a minimum of 14 days for potential change in condition or additional signs and symptoms.

- In the event of a facility outbreak, institute outbreak management protocols:
    - Define authority (Infection Preventionist, DON, Administrator, Medical Director, etc.)
        - **Immediate** reporting/notification and consultation with the Local/State Public Health Department for specific directions to include, for example:
        - Place residents in private rooms on standard, contact, droplet (airborne if available) precautions.
        - Cohort residents identified with same symptoms/COVID-19 confirmation
        - Implement consistent assignment of employees
        - Only essential staff to enter rooms/wings
        - Admissions will be suspended during a COVID-19 outbreak.

- Limit only essential personnel to enter the room with appropriate PPE and respiratory protection.
    - PPE includes:
        - Gloves
        - Gown
        - Respiratory Protection (Fit-tested NIOSH-certified disposable N95 filtering facepiece respirator prior to entry and removal after exiting). If disposable respirator is used, it should be removed and discarded after exiting the resident room and closing the door. Perform hand hygiene after discarding. If reusable respirator is used, clean and disinfect according the manufacturer's

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recommendations. If facility is using Fit-tested NIOSH-certified disposable N95 filtering respirators, staff must be medically cleared and fit-tested and trainer prior to use.

- In the event of supply capacity concerns for respiratory protection, the CDC has outlined measures in the "Strategies for Optimizing the Supply of N95 Respirators" at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html and "Guidance for use of Certain Industrial Respirators by Health Care Personnel" at: https://www.cms.gov/files/document/qso-20-17-all.pdf
- The facility will document efforts to obtain necessary PPEs and supplies needed. The facility will take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility will contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents.
- https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html and "Guidance for use of Certain Industrial Respirators by Health Care Personnel" at: https://www.cms.gov/files/document/qso-20-17-all.pdf

- If no Fit-Tested NIOSH-Certified N95 respirators available or used in facility, the Infection Preventionist will identify appropriate mask that will be donned when entering and after exiting resident room:
  - Examples include: https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/default.html
  - https://www.cms.gov/files/document/qso-20-17-all.pdf
- Eye Protection that covers both the front and sides of the face. Remove before leaving resident room. Reusable eye protection will be cleaned and disinfected according to manufacturer's recommendation. Disposable eye protection will be discarded after use

- Hand Hygiene using Alcohol Based Hand Sanitizer before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves
  - If hands are soiled, washing hands with soap and water is required for at least 20 seconds.
- Ensure ABHS is accessible in all resident-care areas including inside and outside resident rooms.

- For suspected or confirmed COVID-19, the facility will keep a log of all persons who enter the room, including visitors and those who care for the resident.
  - Employees who have unprotected exposure to a resident with COVID-19 should report to the Infection Preventionist or designee for further direction as indicated by State/Local Health Departments

- Resident Transport: Prior to resident transport, both the emergency medical services and the receiving facility will receive alerted information regarding:
  - Resident diagnosis or suspected diagnosis
  - Precautions necessary
  - A facemask will be placed on the resident prior to transport

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- Dedicated or disposable patient-care equipment should be used. If equipment must be used for more than one resident, it will be cleaned and disinfected before use on another resident, according to manufacturer's recommendations using EPA-registered disinfectants against COVID-19: https://www.epa.gov/newsreleases/epa-releases-list-disinfectants-use-against-covid-19

- Discontinuation of Isolation Precautions will be determined on a case-by-case basis in conjunction with the State and/or Local Health Department

- Cleaning and disinfecting room and equipment will be performed using products that have EPA-approving emerging viral pathogens: https://www.epa.gov/newsreleases/epa-releases-list-disinfectants-use-against-covid-19

- The facility can make a determination to readmit residents diagnosed with COVID-19 from the hospital based upon the below criterion (https://www.cms.gov/files/document/qso-20-14-nhpdf.pdf):
  - The facility is able to follow CDC guidance for Transmission-based Precautions for COVID-19.
  - If the facility is unable to follow CDC guidance for Transmission-based Precautions for COVID-19, it must wait until these precautions are discontinued at the hospital https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html#clinical-management-treatment%3C
  - Consultation with State/local Health Department
  - If possible, the facility will dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab unit or returning to long-stay original room).

Employees

*Also applies to other health care workers such as Hospice workers, EMS personnel or dialysis technicians, which provide care to the residents

- Review facility sick leave plan for facility employees, align with current CDC and State/Local health department requirements

- Screening Employees:
  - Facility will actively verify absence of fever and respiratory symptoms when employees report to work-beginning of their shift. Document temperature, absence of shortness of breath, new or change in cough and sore throat
    - If employee is ill, employee will put on a facemask and self-isolate at home
  - Employees who develop symptoms to COVID-19 (fever, cough, shortness of breath or sore throat) will be instructed to not report to work and referred to public health authorities for testing, medical evaluation recommendations and return to work instructions.
  - Employees who develop symptoms on the job will be:
    - Instructed to immediately stop work and provided with a facemask
    - Instructed on self-isolation at home
  - The Infection Preventionist will work with the employee to identify individuals, equipment and locations the employee came in contact with
  - The Infection Preventionist will contact the local health department for recommendations on next steps.
  - The facility will identify employees that work at multiple facilities and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19
  - The Infection Preventionist will identify exposures that may warrant restricting asymptomatic employees from working based upon CDC guidance for exposures.

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https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

- The facility will re-educate employees and reinforce:
    - Strong hand-hygiene practices
    - Cough etiquette
    - Respiratory hygiene
    - Transmission Based Precautions
    - Appropriate utilization of PPE's as indicated
- Facility will provide adequate work supplies to avoid sharing and disinfect workplace areas frequently

Visitor Restrictions

- The facility will **restrict** visitation of **all** visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only.
    - For individuals that enter in compassionate situations (e.g., end-of-life care), the facility will require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks.
        - Decisions about visitation during an end of life situation will be made on a case by case basis, which includes careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) will **not be permitted** to enter the facility at any time (even in end-of-life situations).
        - Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility (such as a dedicated area by an entrance of the building, if possible for the visit to occur)
            - The visitation room will be disinfected after each visit
        - Visitors will be reminded to frequently perform hand hygiene.
        - Prior to entry to the facility, visitor will be instructed on:
            - Hand Hygiene
            - Limiting surfaces touched
            - Use of PPE
            - Refrain from physical contact with residents and others in the facility, (practice social distancing by remaining 6 feet apart from others and not handshaking, hugging, etc.)
- Visitors that enter in compassionate situations (e.g., end-of-life) and any individuals who entered the facility will be advised (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility.
    - If symptoms occur, they will be advised to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited.
    - The facility will immediately screen the individuals of reported contact, and take all necessary actions based on findings.

- The facility will notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.). Communication will be provided through multiple means of the visitation restriction such as signage, letters, emails, phone calls and recorded messages for receiving calls).
    - Note: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a governor's executive order, a facility would not be out of compliance with

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CMS' requirements. In this case, surveyors would still enter the facility, but not cite for noncompliance with visitation requirements.

- Exceptions to restrictions:
    - Health care workers: The facility will follow CDC guidelines for restricting access to health care workers found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
- This also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians, which provide care to residents.
    - They should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers.
    - The facility will contact their local health department for questions, and will review the CDC website dedicated to COVID-19 for health care professionals https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html
    - Surveyors: CMS and state survey agencies are constantly evaluating surveyors to ensure they don't pose a transmission risk when entering a facility as outlined in https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf . However, there are circumstances under which surveyors should still not enter, such as if they have a fever.
    - Ombudsman – residents still have the right to the Ombudsman program. Their access should be restricted per the guidance for visitors (except in compassionate care situations) however, the facility will review this on a case by case basis and will identify alternate means of communication and access in coordination with the Ombudsman.
- The facility will increase visible signage at entrances/exits, offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility for end of life visits (if supply allows).
- Volunteers will not be permitted in the facility.
- Vendors will not be permitted in the facility.
    - Vendors will be instructed to drop off supplies at a dedicated location (loading dock)
- EMS personnel (e.g., when taking residents to offsite appointments, etc.) will take necessary actions to prevent any potential transmission.
- In lieu of visits (either through limiting or discouraging), The facility will consider:
    - Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).
    - Creating/increasing listserv communication to update families, such as advising to not visit.
    - Assigning staff as primary contact to families for inbound calls and conduct regular outbound calls to keep families up to date.
    - Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.
    - Residents still have the right to access the Ombudsman program.
        - In-person access is restricted at this time except for compassionate care situation
            - This will be reviewed on a case by case basis
        - Facility will facilitate resident communication (by phone or another format) with the Ombudsman program

Communication

- The facility will review facility communication procedures for COVID-19 (initial, ongoing and upon suspected or confirmed outbreak) through multiple means (i.e. signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls) to inform individuals and non-essential health care personnel of the visitation restrictions, as outlined in https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf
    - Develop and implement key talking points

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- Preparation strategies for COVID-19
- Visitor <mark>restriction</mark> protocols
- Suspected or confirmed cases
- <mark>Facility process if an outbreak occurs</mark>
  - Determine communication (written, verbal, electronic) for:
    - Residents
    - Resident Representatives
    - Employees
    - Vendors
    - Visitors
    - Media
    - State/local health departments
    - Local hospitals, EMS providers and provider community
    - Other Key Stakeholders
  - Determine <mark>and implement a communication</mark> lead
  - Develop key facts and talking points for media (preparation and response)
  - Facility Signage
    - Signs will be posted at the entrances, elevators and breakrooms to provide residents, staff and visitors on instructions on hand hygiene, PPE, respiratory hygiene and cough etiquette. Facemasks, Alcohol-based hand rub (ABHR), tissues and a waste receptacle will be available at the facility entrances.

Supplies

- The facility will monitor necessary supplies and equipment (PPE, ABHR, thermometers, pulse oximeters, soap, towels, etc.)
  - If facility is unable to obtain needed supplies and equipment from vendor:
    - Contact the local and state public health agency
    - Optimize supply: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

References and Resources
<mark>NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.</mark>

[1]Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings March 10, 2020: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Evaluating and Reporting Persons Under Investigation (PUI). Updated March 4, 2020: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19): https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

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Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Information for Healthcare Providers. https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html

Centers for Disease Control and Prevention. "Healthcare Personnel Preparedness Checklist for 2019-nCoV that can be downloaded and completed by the Infection Preventionist at: https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp-preparedness-checklist.pdf

Centers for Medicare & Medicaid Services. QSO-20-14-NH. Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes: https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf

Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Strategies for Optimizing the Supply of N95 Respirators. February 29, 2020: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

Centers fo0r Medicare & Medicaid Services. QSO-20-17-ALL. Guidance for the use of Certain Industrial Respirators by Health Care Personnel. https://www.cms.gov/files/document/qso-20-17-all.pdf

Local Health Department Listing and Contacts. https://www.naccho.org/membership/lhd-directory

Information on affected US locations: https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

FDA Resources:
Emergency Use Authorizations: https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations

CMS Additional Resources
Long term care facility – Infection control self-assessment worksheet:
https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf

Infection control toolkit for bedside licensed nurses and nurse aides ("Head to Toe Infection Prevention (H2T) Toolkit"): https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment

Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

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Room Log: Residents with Suspected or Confirmed Coronavirus (COVID-19)

Resident Name: _____ **Room #:** _____

Employee or Visitor Name (print)	Date:	Time in:	Time out:	Initials

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Resident Symptom Evaluation

Unit: _____   Date: _____   Shift: _____

Room	Resident Name	Fever	Cough	Shortness of Breath	Sore Throat	Other (List)

Nurse Signature: _____ Date: _____ Shift: _____

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Employee Symptom Evaluation

Date: _____ Shift: _____ Department: _____

Unit or Department	Employee Name	Fever	Cough	Shortness of Breath	Sore Throat	Other

To be completed per shift

IP/RN Signature: _____ Date: _____ Shift:_____

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Visitor Symptom Evaluation

Date: _____   Shift: _____ Department: _____

RM #	Visitor Name	Fever	Cough	Shortness of Breath	Sore Throat	Other

IP/RN Signature: _____ Date: _____ Shift:_____

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COVID-19 Proactive Preparation Planning

Items to Review	Yes	No	N/A	Comments
1. Trustworthy Resources Utilized to Develop Plan • CDC, WHO, APIC, CMS, etc.				
2. Complete the Infection Control Self-Assessment Worksheet: https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf				

3. Review current Emergency Preparedness Plan and Pandemic Plan to identify
• Pandemic Response
• Leadership (Identify and define authority)
• Contact Names and Numbers
   o Facility Leadership
      o Administrator
      o DON
      o Infection Preventionist
      o Nurse Managers
      o Dietary Manager
      o Housekeeping Manager
      o Social Service Manager
      o Environmental Services
      o Recreational Therapy
   o Medical Director
   o Pharmacy Consultant
   o Local and State Public Health Contacts
   o Hospital Partner Contacts
   o Pharmacy
   o Medical Supply
• Prepare a list of essential positions necessary for day-to-day operations
• Prepare a list of essential functions for emergency management of care
• Review business interruption protocols and review with leadership team members				

4. Set up a meeting to collaborate with local hospital partners				
5. Encourage a meeting with post-acute care colleagues on collabortive efforts in the event of a Pandemic				
6. Meet with pharmacy and pharmacy consultant to identify pharmaceutical needs				

7. Meet with Medical Equipment suppliers to identify and prepare for needs to include:
   o Personal Protective Equipment
   o Hand Hygiene Supplies
   o Oxygen
   o Resident care supply needs based upon unique resident population				

8. Meet with supplier of disinfectants and cleaners to prepare for				

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needs				
9. Meet with food suppliers to identify and prepare for food needs				
10. Familiarize clinical leadership team with testing protocols as established by State and/or Local Public Health o Contact Public Health for contact numbers and questions				
11. Review signage and positing requirements per P&P				
12. Review and re-educate on visitor screening protocols and visitor restriction policies (i.e. visitors, end of life care, health care workers)				
13. Review and identify staff deployment (i.e. consistent assignment)				

14. Review facility sick leave policies and revise as necessary to encourage ill staff to remain home
    o   Educate Staff on sick leave policy
    o Educate staff on COVID-19 exposure protocols				

15. Re-train all employees on Infection Prevention and Control
    o   Hand Hygiene
    o   PPE
        o   *Remind employees not to touch their face*
    o   COVID-19
    o Respiratory Hygiene/Cough Etiquette				

16. Prepare facility communications for residents, resident representatives, families and visitors				
17. Develop a plan for prioritizing resources o Educate Team				
18. Meet with local transport agencies to collaborate on a plan for safe transport if necessary				
19. Complete the "Healthcare Professional Preparedness Checklist for Transport and Arrival of Patients With Confirmed or Possible COVID-19" from CDC: https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp-preparedness-checklist.pdf				

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Leadership Preparation Strategies
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Below are recommended strategies for leaders to use as a starting point for COVID-19 preparation.
**This list is not all encompassing and is designed to serve as a general guide for COVID-19 preparation

1. COVID-19 is incorporated into emergency management planning utilizing an interdisciplinary team approach
2. Review and align with your Emergency Preparedness Plan

   - Revise if indicated to outbreak/pandemic requirements, if necessary, aligning with CDC requirements
   - Pandemic Response per COVID-19 requirements
   - Leadership (Identify and define authority)
   - Determine a COVID-19 Response Coordinator
   - Contact Names and Numbers are accessible and up to date
     - Facility Leadership
       - Administrator
       - DON
       - Infection Preventionist
       - Nurse Managers
       - Dietary Manager
       - Housekeeping Manager
       - Social Service Manager
       - Environmental Services
       - Recreational Therapy
     - Medical Director
     - Pharmacy Consultant
     - Local and State Public Health Contacts
     - Hospital Partner Contacts
     - Pharmacy
     - Medical Supply
     - Residents
     - Resident representatives
     - Employees
     - Employee contacts
     - Volunteers
     - Other vendors and health care personnel
   - Prepare a list of essential positions necessary for day-to-day operations
   - Prepare a list of essential functions for emergency management of care
   - Review business interruption protocols and review with leadership team members
3. Monitor trustworthy websites
   - Monitoring of CDC and WHO websites as information is evolving on a regular basis
   - NEW CDC website pages specific to post-acute care:
     - Strategies to Prevent the Spread of COVID-19 in Long Term Care Facilities
     - https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html

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- See Resource Links below

4. Review [CDC Testing Guidelines](#) for persons under investigation suspected of COVID-19 and incorporate into your plan
5. Review and reinforce facility Infection Prevention and Control policies and procedures
    - Transmission-based precautions
    - Standard, contact and droplet precautions
    - The facility periodically reviews specific IPC guidance for healthcare facilities caring for residents with suspected or confirmed COVID-19 (available here: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html) and additional long-term care guidance (available here: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-carefacilities.html).

6. Review and implement Screen processes
    - [Screening process](#) as indicated by CDC and CMS
7. Review all Infection Prevention and Control Policies and Procedures to ensure they are up to date, including:
    - [Hand Hygiene](#)
    - [Respiratory Hygiene/Cough Etiquette](#)
    - [Personal Protective Equipment](#)
    - Sick Leave Policies and Procedures for symptomatic employees
        - i.e. Staying home when you are sick (which may include: fever, cough, runny nose, sore throat)
        - https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html
        - https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf
    - [Unprotected exposure of staff](#)
    - [Disinfection](#) and [Laundry](#) protocols per outbreak management policy
8. Conduct Self-Assessment to identify opportunities for improvement
    - [LTC Facility Infection Prevention and Control Self-Assessment](#) as outlined by CMS
9. Review and implement [Pathway COVID-19 interim Policy and Procedure, Preparation Checklist and Resource Links](#)
10. Staffing
    - Surge capacity – review contingency plan that identifies minimum staffing needs, prioritizes critical and non-essential services based upon residents' health status, functional limitations, disabilities and essential facility operations. Widespread shortage plan should include coordination with legal counsel, state/local health officials and other health care entities for staffing needs during a crisis.
    - Assign a facility representative for conducting daily assessment of staffing status and needs during a COVID-19 outbreak
    - Review staffing protocols and consistent assignment per outbreak management policy
    - List essential staff/positions
    - List non-essential staff/positions
    - Determine business interruption and virtual work options
11. Review admission and re-admission process
    - Related to residents with known or suspected COVID-19
    - Review process for inter-facility transfers that includes notifying transport personnel and receiving personnel about suspected or confirmed case prior to transfer

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12. Identify local/state
    - [Public Health contacts](#) and have contact numbers prepared
    - Local hospitals and COVID-19 plan and facility preparation
    - AIIR rooms and transportation needs/process if indicated
    - Review State Health Department visitation requirements
13. Re-educate all staff on the facility's Infection Prevention and Control Policies and Procedures
    - Education areas to include, not limited to:
        - Infection control measures – roles and responsibilities
        - [Hand Hygiene](#)
        - [Respiratory Hygiene/Cough Etiquette](#)
        - [Signs and Symptoms of COVID-19](#)
        - [Personal Protective Equipment](#)
        - [Visitor restriction policy](#)
        - [Screening policies](#) as outlined
14. Provide education for residents and their representatives regarding:
    - Determine person responsible for COVID-19 response training
    - Education areas to include, not limited to:
        - Infection control measures – roles and responsibilities
        - [Hand Hygiene](#)
        - [Respiratory Hygiene/Cough Etiquette](#)
        - [Signs and Symptoms of COVID-19](#)
        - [Personal Protective Equipment](#)
        - [Visitor restriction policy](#)
        - [Screening policies](#) as outlined
15. Facility [visitor restriction policy](#), specific to outbreak management protocols and alternate visiting options (i.e. alternative communication interventions)
        - Implement [Visitor Screening process](#) for those that meet the criterion as outlined by CMS
16. Post signs at the entrance of the facility regarding:
        - [Hand Hygiene](#)
        - [Respiratory Hygiene/Cough Etiquette](#)
        - All [visitation restrictions](#)
17. Make available at the entrance of the facility:
    - Alcohol-based Hand Rub (ABHR)
    - Masks
    - Tissues
    - Waste receptacles
18. Identify outbreak management supply needs and meet with Vendors:
    - Supply Needs
        - [Personal Protective Equipment](#)
        - Masks – N-95; Review fit testing protocols and supplies if indicated
            1. See [Strategies for Optimizing the Supply of N95 Respirators](#) (CDC) for additional guidance
        - Alcohol-based Hand Rub (ABHR)
        - Soap and Towels

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- Medications and treatments
- Medical supplies to prepare for potential business disruption as indicated in your facility's Emergency Preparedness Plan
- Oxygen
- Food
- [Disinfection](#) - Other supplies such as chemicals for cleaning, disinfection, laundry, etc.

19. Communication Plan
    - Review [communication plan](#) if a suspected outbreak occurs
        - Media
        - Public Health, Regulators, stakeholders
        - Residents/Representatives
        - Staff
        - Vendors
        - Volunteers
    - Determine person assigned responsibility for communications with above regarding status and impact of COVID-19 in the facility. One voice and set response.
    - Plan to include how signs, phone trees, and other methods of communication will be used to inform staff, family members, visitors, and other persons coming into the facility (e.g., consultants, sales and delivery people) about the status of COVID-19 in the facility.
    - Determine point of contact for discussion with inter-facility communication – center point of contact and coordination

20. Monitor
    - Determine and implement monitor process outbreak management plan
    - Track, trend and analyze results with internal team and Medical Director
    - Report findings via QAPI process

Additional COVID-19 Resource Links

- Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings. https://www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

- Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings February 21, 2020: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html
- Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Evaluating and Reporting Persons Under Investigation (PUI). Updated March 4, 2020: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html
- Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Pandemic Preparedness Resources: https://www.cdc.gov/coronavirus/2019-ncov/php/pandemic-preparedness-resources.html
- Centers for Disease Control and Prevention. Strategies to Prevent the Spread of COVID-19 in LTCF. https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

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- Centers for Medicare & Medicaid Services. QSO-20-14-NH. Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes: https://www.cms.gov/files/document/qso-20-14-nhpdf.pdf
- Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Strategies for Optimizing the Supply of N95 Respirators. February 29, 2020: https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html
- Centers for Disease Control and Prevention. Caring for Patients with Confirmed or Possible COVID-19. https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients-H.pdf
- Occupational Safety and Health Administration. COVID-19 Control and Prevention. https://www.osha.gov/SLTC/covid-19/controlprevention.html
- Centers for Disease Control and Prevention. Hand Hygiene in Healthcare Settings. https://www.cdc.gov/handhygiene/index.html
- Centers for Disease Control and Prevention. Respiratory Hygiene/Cough Etiquette in Healthcare Settings. https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm
- Centers for Disease Control and Prevention. The National Institute for Occupational Safety and Health (NIOSH). Personal Protective Equipment. https://www.cdc.gov/niosh/ppe/
- Centers for Disease Control and Prevention. Health Supply of Personal Protective Equipment. https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html
- Centers for Disease Control and Prevention. Disinfection. https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients.html
- Centers for Disease Control and Prevention. Crisis and Emergency Risk Communication (CERC) manual. https://emergency.cdc.gov/cerc/manual/index.asp
- Centers for Disease Control and Prevention. CERC in an Infectious Disease Outbreak. https://emergency.cdc.gov/cerc/resources/pdf/CERC_Infectious_Diseases_FactSheet.pdf
- EPA Registered Disinfectant Products. https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2#file-534797
- Local Health Department Listing and Contacts. https://www.naccho.org/membership/lhd-directory
- American Medical Directors Association https://paltc.org/covid-19

Additional CDC Resources

- https://www.cdc.gov/nonpharmaceutical-interventions/tools-resources/planning-guidance-checklists.html
- https://www.cdc.gov/flu/pandemic-resources/national-strategy/severity-assessment-framework.html

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