

Emergency Preparedness Plan For COVID-19

Purpose: The Emergency Preparedness Plan for COVID-19 outlines the plan in the event of a public health emergency where the well-being of the residents and staff can be directed.

Phase I: Prevention

- A. This facility will conduct education, surveillance and infection control and prevention strategies to reduce the risk of transmission of the novel Coronavirus (2019-nCoV). The facility will implement actions according to Centers for Disease Control (CDC), State, County and Local Health Departments, State Survey Agency and World Health Organization recommendations including identification, isolation and informing Health Department of any suspected cases of COVID-19. The facility will screen patients and visitors with symptoms of acute respiratory illness (e.g., fever, cough, difficulty breathing) before entering our health care facility during identify outbreaks.
- B. Communication/Education Facilitated by facility Infection Preventionist and Infection Control Committee included by not limited to:
- C. Training on the implications of and basic prevention and control measures for COVID-19
- D. All training will be based on the language and reading level of the persons being trained and will include but is not limited to:
- E. Signs and symptoms of respiratory illness including COVID-19
- F. How to monitor residents for signs and symptoms of respiratory illness
- G. How to keep residents, visitors and staff safe by using correct infection control practices including hand hygiene and appropriate selection and use of PPE
- H. Staying home when ill
- I. Sick leave policies and recommended actions for unprotected exposures
- J. Communication methods will be initiated by the Infection Prevention and Control Committee under the direction of the Infection Preventionist
- K. The Infection Preventionist is responsible for being involved in discussion of local/regional plans for inter-facility communication during an outbreak
- L. Communication plans include but are not limited to:
- M. Visible signage at all entrances and throughout facility as necessary
- N. Phone trees developed and implemented by the Director of Social Service in collaboration with Director of Medical Records.
- O. Letters and emails related to the status of COVID-19 in the facility to interested parties including but not limited to:
- P. Family members, representative/responsible parties
- Q. Practitioners/extended practitioners
- R. Contracted staff doing business in the facility. i.e., therapy, pharmacy providers, etc.
- S. Consultants

- T. Vendors
- U. Sales and delivery staff
- V. The Infection Preventionist maintains a current and accurate list of all other healthcare entities and the point of contacts including but not limited to:
- W. Other long-term care facilities and residential facilities within twenty-five (25) miles of facility
- X. Local hospitals
- Y. Hospital emergency medical services
- Z. Relevant community organization including local/regional disaster preparedness organizations
- AA.
- BB. Residents
- CC. Visitation restrictions on people with symptoms of respiratory infection
- DD.OK to remind staff to clean hands
- EE. Steps being taken to prevent the spread
- FF. Facility screening is performed per CDC/CMS
- GG. When resident is admitted or readmitted to this facility, they will self-quarantine in their room for 14 days and will wear a washable mask during this time. This part of the policy can change according to meet the CDC/CMS guidelines.
- HH.Family members/volunteers/visitors
- II. Reasons visitation is restricted
- JJ. Reasons requirement for screening upon entry
- KK. Instruct not to visit if respiratory illness symptoms or fever
- LL. Instruct to wash hands frequently during visit
- MM. Instruct on use of Personal Protective Equipment while in facility if implemented
- NN. Facility is following CDC guidance on prevention steps to take and facility in contact with local/state health department
- OO. The Director of Medical Records in collaboration with the Director of Social Service is responsible for ensuring representative/responsible party contact information is always current and will verify information at least quarterly during care conference meetings
- PP. Staff will instruct representatives/responsible parties to notify of any changes immediately at the time of the change at the time of admission and quarterly
- QQ.
- RR. Staff
- SS. All staff will be in-serviced and trained on COVID-19 procedures at the time of any world, national, state or local outbreak of the virus
- TT. All staff will sign off on training
- UU. All staff will successfully complete Infection Control Competency testing including but not limited to:
- VV. Symptom identification

- WW. Hand hygiene
- XX. Use of PPE
- YY. Reporting of symptoms
- ZZ. Cleaning and disinfecting procedures
- AAA. Notification/reporting requirements
- BBB. Instruct not to come to work for recommended period of time if travel occurred to identified areas per KDHE and CDC and CMS
- CCC. For care of residents with undiagnosed respiratory infection facility will implement Standard, Contact & Droplet Precautions with eye protection unless suspected diagnosis requires Airborne Precautions
- DDD. Facility screening is performed per CDC/CMS guidelines.
- EEE. Absence/Tardy report includes screening questions for contagious illness.
- FFF. Instruction to staff not to come to work if employee has symptoms of respiratory illness
- GGG. Staff will be seen by a physician if any symptoms of respiratory illness are present and a doctor note is required to be provided to facility before returning to work. The note must include the diagnosis as well as return date.

Phase II: Preparedness

A. Emergency Management Team – Sample Team Members (Include Contact Phone)

1. Administrator, in charge of Communications/Media, Response Coordinator/Point of Contact
2. Director of Nursing, in charge of Resident care and Nursing Department, Risk Manager, QAPI, Staff Training, Notification to Health Departments, Non-Facility Staff Credentialing/Licensing
3. Medical Records, Infection Preventionist, in charge of Central Supplies, QAPI, Staff Training, Notification to Local County Emergency Preparedness
4. LPN, MDS Coordinator, in charge of Nursing Staffing, Non-Facility Staff Credentialing/Licensing
5. LPN, Certified Dietary Manager
6. Life Enhancement Manager, in charge of resident and family communications, contacting Clergy
7. Environmental Service, in charge of Engineering/maintenance Services and Environmental (housekeeping) services
8. Facility Pharmacist, in charge of pharmacy services
9. Medical Director,
10. ReHab Care Manager
11. Local County EMS Director
12. Local County Sheriff's Office

B. Regional Planning Groups

Area Healthcare Entities for Disaster Preparedness

1. EMS – include phone number and main contact

Local EMS-call 911

Local EMS coordinator

Local County EMS

Local EMS coordinator

2. Hospitals – Include addresses and contact numbers for all local hospitals

3. Health Departments – Include address and contact number for all local Health Departments

Kansas Department of Health and Environment

Local address and number if applicable

Centers for Disease Control - 800-232-4636

4. Clinics – All Local Medical Clinics – Include address and phone numbers

5. Hospices – include all local hospices including address and phone number

6. Local County Emergency Preparedness in including address phone and main contact

7. Association for Professionals in Infection Control 202-789-1890

8. State Long-Term Care Professional/Trade Association

Leading Age of Kansas 217 SE 8h Ave Topeka, Ks 66603

800-264-5242

9. Local Funeral Homes – Address and phone numbers

C. Infectious Disease Plan

1. Local Hospital/Providers
2. Communication with Physician(s) if any resident develops symptoms or testing confirms COVID-19
3. Communication will occur at time of transfer if resident with fever or respiratory illness or confirmed or suspected COVID-19 and need hospital care
4. Local/State Health Department
5. Report any possible COVID-19 illness in residents
6. Assess supplies and report possible or expected shortages to local/state health department and local/state healthcare coalition
(<https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hccoalition.aspx>)
7. The facility Infection Preventionist is responsible for coordinating, collaborating and communicating with local, regional and state planning groups including Health Care Coalitions on an on-going basis
8. The facility Infection Preventionist is responsible for monitoring public health advisories (Federal and State) and updating the COVID-19 response committee when COVID-19 is in the geographic area
9. All communication and directives will be documented by the Infection Preventionist
10. Media Communication

11. The facility Administrator is responsible for any/all media requests for communication

D. Inter-Agency Transfers

1. In the case a resident requires transportation to another health setting including but not limited to an acute care center, the charge nurse implementing the transfer notify prior to the transfer, the transportation provider and the receiving facility of a possible COVID-19 positive person being transferred
2. Additionally, the charge nurse preparing the resident for transport will notify the Emergency Dispatcher of a possible COVID-19 positive to alert emergency responders if EMS is required for transfer
3. The Charge Nurse Coordinating the transfer will use the CDC recommended Inter-facility Infection Control Transfer Form:
<https://www.cdc.gov/hai/pdfs/toolkits/Interfacility-IC-Transfer-Form-508.pdf>

E. Identifying and assessing for 2019 Novel Coronavirus:

1. Facilities will vigilantly monitor any possible infected individuals, even throughout each day if residents/staff are symptomatic
2. With any area/regional outbreak as reported by Local/State Health Department, as supplies are available, residents will all be monitored for symptoms and elevated temperature and oxygen saturation level every 8 hours or as recommended by CDC/State or local health department.
3. With any report of an area/regional outbreak, as supplies are available, all staff will be tested for elevated temperature prior to his/her shift and at the end of his/her shift and any time during the day the employee reports illness/symptoms of respiratory illness
4. Any staff member reporting or exhibiting symptoms of a respiratory illness will be instructed to leave and not return to work until all symptoms have subsided, has not required medication to treat fever over 100.6 degrees, and physician note with diagnosis and return date are provided.
5. Staff with signs/symptoms of a respiratory infection will not be allowed to work until three days of being symptom free including being free of fever without medications.
6. Any staff that develops signs/symptoms of a respiratory infection while on-the-job will be instructed to:
7. Immediately stop work, don a facemask and self-isolate at home
8. Inform the facility's Infection Preventionist and include information on individuals, equipment, and locations the person came in contact with
9. Contact and follow Local/State Health Department recommendations
10. Any staff member with symptoms will be reported to the Local/State Health Department as required.

11. Admissions will be pre-screened for risk factors and symptoms of respiratory infection and testing will occur only with physician order in collaboration with Local, State Health Departments and CDC
12. Referral for testing symptomatic residents will occur upon recommendation/guidance from CDC only and will not be required for admission to the facility.
13. Monitor/limit visitors
14. The facility will limit entry to the facility to one door and all other doors will remain locked to entry
15. Environmental staff will monitor and document all locked doors on a daily basis
16. The facility will place a sign on the entry door to inform anyone entering the facility the restrictions currently in place to restrict/limit visits
17. Upon entry, the visitor will complete the facility's pre-screening questionnaire
18. Identify if in the past 14 days since first onset of symptoms for residents, staff and visitors: Travel to any affected state or country OR close contact with a person known to have or has had verified exposure to the 2019-nCoV illness . As recommended by state health department.
19. Signs or symptoms of a respiratory infection including but not limited to: fever, cough and sore throat
20. Fever (subjective or measured) OR symptoms of lower respiratory illness (e.g. cough or shortness of breath)
21. If the visitor answers in the positive to any question or has a temperature of 100.6 degrees or above or presents or reports any respiratory symptoms, the visitor will be instructed to leave the facility immediately and entry way and screening area will immediately be disinfected to avoid spread
22. Isolate the person in a private room with the door closed or cohort infected residents as appropriate
23. Transmission-Based Protocols
 - A. Wear appropriate personal protective equipment (PPE) including but not limited to:
 - B. Gloves
 - C. Perform hand hygiene, then put on clean, non-sterile gloves upon entry into the patient room or care area
 - D. Change gloves if they become torn or heavily contaminated
 - E. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.
 - F. Gown
 - G. Put on a clean isolation gown upon entry into the resident room or area

- H. Change the gown if it becomes soiled
- I. Remove and discard the gown in a dedicated container for waste or linen before leaving the resident room or care area
- J. Disposable gowns should be discarded after use
- K. Cloth gowns should be laundered after each use using biohazard laundry procedures
- L. Mask
- M. Use respiratory protection (i.e., a respirator) that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering facepiece respirator before entry into the resident room or care area
- N. Disposable respirators should be removed and discarded after exiting the patient's room or care area and closing the door. Perform hand hygiene after discarding the respirator.
- O. If reusable respirators (e.g., powered air purifying respirator/PAPR) are used, they must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.
- P. Respirator use must be in the context of a complete respiratory protection program in accordance with Occupational Safety and Health Administration (OSHA) Respiratory Protection standard (29 CFR 1910.134
- Q. Eye protection
- R. Put on eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face) upon entry to the resident room or care area
- S. Remove eye protection before leaving the resident room or care area
- T. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use
- U. Disposable eye protection should be discarded after use
- V. Implement Transmission based precaution signage to include Contact and Droplet unless facility is capable of Airborne isolation
- W. Limit entry to resident room
- X. Contact and Inform Local Health Department of suspected infection and follow recommendations
- Y. Initiate 911 to transfer to an acute care hospital setting as recommended by health department
- Z. Inform 911 personnel that resident requires airborne isolation precautions as resident has been identified as potentially being infected with 2019- nCoV
- AA. Alert receiving hospital that resident requires airborne isolation
- BB. Inform and reassure resident and resident representative that hospital evaluation is required.

CC. Following resident transfer keep room door closed for 4 -6 hours and then initiate terminal room cleaning with EPA approved disinfectant that includes labeling that includes coverage for emerging viruses

DD. <https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>

F. DPOA/Guardian contact information up to date by SSD

G. Communication Plans

1. Calling Tree

Administrator	Director of Nursing
Certified Dietary Manager	MDS Coordinator
IT Coordinator	Medical Records/Infection Preventionist
Director Environmental Services	Life Enhancement Manager
Office Support	Life Enhancement
Business Office	Life Enhancement assistant

2. Point of Contacts

1. EMS
2. Hospitals
3. Health Departments
Centers for Disease Control
800-232-4636
4. Clinics
5. Hospice
6. Local County Emergency Preparedness
7. Funeral Home

H. Supplies and Resources

1. The facility will maintain adequate supplies of PPE as possible including but not limited to:
 - A. Facemasks (if available)
 - B. Respirators (if available AND the facility has a respiratory protection program with trained, medically cleared and fit-tested program)
 - C. Gowns
 - D. Gloves
 - E. Eye protection including but not limited to: face shield or goggles
2. The facility Administrator in collaboration with the Director of Central Supply will ensure ordering and receipt of supplies using all potential resources including but not limited to:
 - A. Facility vendors
 - B. Association vendors

- C. Local/regional Health Care Coalitions and health departments
 - D. State Health Department
 - E. Other facilities
 - F. Vendors to other professions
3. Trash disposal bins will be positioned near exit inside resident room to ensure easy access for staff to discard PPE after removal prior to exiting room or before providing care for another resident in same room
 4. Alcohol-based hand sanitizer for hand hygiene will be available in every resident room, every resident care area, every common area and every area where dining occurs
 5. Environmental services will be responsible for maintaining supplies of hand sanitizer on on-going basis (as available)
 6. All sinks including in resident rooms, resident bathrooms, common areas, bathing rooms, meal preparation areas, activity rooms will be kept stocked with soap and paper towels for hand washing by environmental services staff on on-going basis
 7. If a resident is placed in isolation, a sign will be placed at the door of the resident indicating that anyone entering the room should check with the charge nurse related to required precautions
 8. Required PPE will be placed outside the door of any person in isolation precautions
 9. Tissues and facemasks (as available) will be placed and available for coughing at the facility entrance and in common areas with no-touch trash receptacles available for disposal and replenished by Environmental Services staff on on-going basis
 10. The facility liaison with the Regional Health Care Coalition will communicate with the coalition any time any supply shortage is occurring or anticipated
 11. The facility will use all tools and recommendations from CDC for Optimizing the Supply of PPE including but not limited to:
 - A. Eye Protection
 - B. Limit procedures to essential procedures
 - C. Shift eye protection supplies from disposable to re-usable devices such as goggles and reusable face shields
 - D. Implement extended use of eye protection
 - E. Use eye protection devices beyond manufacturer-designated shelf life during resident care activities
 - F. Prioritize eye protection for selected activities including but not limited to:
 - G. During care activities where splashes and sprays are anticipated which typically includes aerosol generating procedures
 - H. During activities where prolonged face-to-face or close contact with a potentially infectious resident is unavoidable
 - I. Consider using safety glasses that have extensions to cover the side of the eyes

J. Exclude staff members at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 residents

K. Designated staff who have recovered from COVID-19 to care for residents requiring eye protection

L. Gowns

M. Shift gown use to cloth isolation gowns

N. Consider use of coveralls

O. Use expired gowns beyond manufacturer-designated shelf life

P. Extended use of isolation gowns

Q. Re-use cloth isolation gowns

R. Prioritize gowns for high risk situations

S. Facemasks

T. Remove facemasks for visitors in common entrance areas

U. Implement extended use of facemasks

V. Use facemasks beyond manufacturer-designated shelf life

W. Implement limited re-use of facemasks

X. Prioritize facemasks for selected activities including but not limited to:

Y. Provision of essential procedures

Z. During care activities where splashes and sprays are anticipated

AA. During activities where prolonged face-to-face or close contact with potentially infectious resident is unavoidable

BB. For performing aerosol generating procedures if respirators are no longer available

CC. Exclude high risk staff from resident care with known or suspected COVID-19

DD. Designate recovered staff to care for known or suspected COVID-19 residents

EE. Use a face shield that covers the entire front and sides of face with no facemask

FF. Consider use of expedient resident isolation rooms

GG. Use homemade masks, scarves or bandanas

HH. N95 Respirators (when available)

II. Consider extended use of N95 respirators by wearing same respirator for repeated close contact

JJ. Consider re-use for multiple encounters

KK. Use beyond manufacturer-designated shelf life

LL. Use respirators obtained from unapproved foreign sources

MM. Prioritize use by activity type

NN. Identification and Management of Ill Residents

OO. <https://www.phe.gov/preparedness/planning/hpp/pages/find-hc-coalition.aspx>

I. Identification and Management of Ill Resident

1. Resident Testing
 - A. The primary care physician in collaboration with Local and State Health Department staff will determine if a resident need to be tested by an approved laboratory for COVID-19
2. Resident Placement
 - A. Each resident will have temperature, respiratory symptom assessment and oxygen saturation level assessed every eight (8) hours and results documented
 - B. Any resident with a temperature of 100.6 degrees, a cough, fever, or sore throat will be considered to by symptomatic and transmission-based precautions will be implemented immediately including but not limited to:
 - C. Private room with door closed at all times
 - D. Cohorting residents with respiratory symptoms with door closed at all times
 - E. Designating a specific area for infected residents including a specific hallway or unit, if possible
 - F. Any resident with known or suspected COVID-19 requires an AIIR constructed and maintained in accordance with current guidelines and will be transported as soon as is feasible to a facility where AIIR is available
3. Initiating active surveillance for respiratory infection will be implemented by the Infection Preventionist in collaboration with the Local and State Health Departments and the regional health care coalition
4. The Infection Preventionist is responsible for immediately notifying the health department of every confirmed or suspected case of COVID-19
 - A. Notification to Local County Emergency Preparedness Coordinator who will then prepare and distribute a letter of confirmed case of COVID-19 after approval of this facility
5. Any resident with confirmed or suspected COVID-19 will be limited to his/her room at all times
6. For the duration of the outbreak, there will be no communal dining, group activities or group therapy sessions
7. For those residents desiring to eat in the dining room, dining services may be offered in "shifts" to ensure social distancing of at least 6-10 feet apart
8. Any resident requiring assistance with eating may be assisted in the dining room if it is possible to space residents at least 6-10 feet apart
9. If residents are provided room trays and meal service in his/her room, the resident will be assessed for safety of eating without supervision to assess for risk of choking and ability to access all of meal including condiments

10. If multiple residents present with confirmed or suspected COVID-19 or multiple residents are admitted with confirmed or suspected COVID-19, the facility will initiate the emergency plan to cohort infected residents or isolate all infected residents in a separate area/unit of the facility to include:

A. Consistent staff will be provided to the designated infected area for all shifts

B. There will be no traveling between or through the designated infected area

C. There will be no mingling of food service or laundry with the designated infected area

D. Local and State Health Departments and CDC will advise on decisions related to cohorting residents with respiratory infections

E. All uninfected residents on Neighborhood will be moved to other neighborhoods so that can be the designated area for treatment/managing those with confirmed or suspected COVID-19

11. Visitor Restrictions

A. The facility has established procedures for Infection Prevention and Control for monitoring, managing and training visitors

B. Signs will be placed at every entry reminding all entering to refrain from entering facility if he/she has symptoms of respiratory infections or who have traveled to restricted countries or has been exposed to any person suspected or diagnosed with COVID-19 unless the resident is actively dying (considered a compassionate visit). However, no visitors under the age of 16.

C. Visitors will be restricted from entering the room of known or suspected COVID-19 residents

D. Alternative mechanisms for resident and visitor interactions, including but not limited to video-call applications on cell phones or tablets will be used as appropriate and available

E. NOTE: Exceptions based on end-of-life situations or when visitor is essential for resident's emotional well-being and care will be considered

F. Visitors to resident with known or suspected COVID-19 will be scheduled and controlled to allow for:

G. Screening visitors for symptoms or acute respiratory illness prior to entering facility

H. Evaluate risk to health of visitor

I. Provide instruction, prior to visitor entering resident's room, on hand hygiene, limiting surfaces touching, and use of PPE according to facility policy

J. Maintain a record of all visitors entering resident rooms

K. Visitors will not be allowed to be present during aerosol-generating procedures

L. Visitors will be instructed to limit movement in facility

M. Exposed visitors will be advised to report any signs/symptoms of acute illness to health care provider for a period of 14 days after last known exposure to symptomatic resident

12. Environmental Infection Control

A. Dedicated medical equipment should be used for resident care.

B. Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly

C. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings, including those resident care areas in which aerosol-generating procedures are performed

D. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19

E. These products can be identified by the following claim:

1. "Peroxide Multisurface Cleaner Disinfectant, Virexll, Oxiver, Bleach, C-diff Solution tabs, or other products that have demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces. Therefore, this product can be used against COVID-19 when used in accordance with the directions for use against MRSA and C-diff on hard, non-porous surfaces."

2. This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, "1-800" consumer information services, social media sites and

company websites (non-label related). Specific claims for “COVID-19” will not appear on the product or master label

3. If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions

F. Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings will be performed

G. Management of laundry, food service utensils and medical waste will be performed in accordance with routine procedures

H. The Director of Environmental Services/designee is responsible for developing and maintaining adequate supply levels and will maintain at least fourteen (14) days supply on hand at all times.

13. Monitoring and Surveillance

A. Facility Infection Preventionist will monitor and document surveillance of all respiratory infections, either confirmed or unconfirmed by using the CDC LTC Respiratory Surveillance Outbreak surveillance form:
<https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>

B. All surveillance documents will be maintained by the facility Infection Preventionist and will be reviewed by the Infection Prevention and Control Committee during all meetings

C. Employee Health

D. During any regional or state outbreak of COVID-19, this facility will temporarily revise the sick leave policy to include but is not limited to:

E. Flexible attendance policy with no disciplinary action for extended absences

F. Any staff member with confirmed or suspected COVID-19 or with any Covid-19 related symptoms will not be allowed to return to facility until 72 hours after resolution of the symptoms including 72 hours after fever of 100.6 degrees without antipyretics

G. Any staff member who has been exposed to any confirmed or suspected COVID-19 person will be asked to self-quarantine for a period of fourteen (14) days or until testing reveals a negative result and the staff member is asymptomatic

H. All staff will be screened upon coming to work for symptoms or cough, shortness of breath, sore throat or fever

I. Any staff members with identified or reported symptoms will be asked to leave the facility immediately and consult with his/her own primary care physician for follow-up and to report findings back to facility Infection Preventionist

14. Emergency Contingency Staffing Plan

A. The Emergency Management Team will assign staffing levels to ensure adequate staffing is available and provided to care for the needs of each resident residing in the facility

B. The Emergency Management Team will coordinate staffing with each department director

C. Each department director will be responsible to ensure that all cares and tasks are assigned/reassigned to ensure all staff are providing cares consistent with the staff member's level of licensure/certification and some duties may be reassigned which do not require a certification for appropriate completion of the task/duty/responsibility

D. The Emergency Management Team will always maintain a current and accurate list of all employees and emergency contact numbers for all staff members

E. Per the facility Emergency Preparedness Plan, the facility may consider the following plan to enhance staffing:

1. Activate the facility Emergency Plan to temporarily discontinue some day-to-day services in order to free up staff for sheltering operations including but not limited to:

a. Transportation to non-essential appointments

b. Day care

c. Respite care

d. Marketing tours

e. Non-essential environmental re-modeling/construction

f. Any/all community services not provided in facility including congregate meals

F. Notify local practitioner and hospitals to alert the entities that if a staffing crisis occurs, the facility will transfer residents to acute care centers or other facilities with staffing capacity in order to provide continuity of care

G. Staffing coordinators will schedule relief staff (PRN) that are unassigned or that can be re-assigned

H. Staffing coordinators will review and revise scheduled shift times to ensure staffing is always provided in the highest efficiency levels during all times of the day

I. All staff will be called into duty and all previously requested time off or vacation time will be cancelled

J. The Director of Nursing will maintain a list of all licensed and certified staff from the State Health Occupation Credentialing Department and the State Board of Nursing.

K. The Director of Nursing/designee will review staffing models to align with the resident population and expand staff: resident ratio and use less nurses and more non-clinical personnel

L. Collaborate with neighboring counties within a twenty-five (25) mile radius to implement multi-county shelters to allow facilities to pool personnel, equipment and supplies to provide services to a larger area and reduce the number of personnel needed for some aspects of operations

M. Working with other facilities require signed Memorandum of Understanding prior to implementation

N. Augment local staffing with Hospitals, Hospice providers, local Home Health providers, local clinics and practitioner offices, National Guard or volunteers through community partnerships

O. Co-locate facility with other facilities in community through Memorandums of Understanding

P. Contact facility's professional association(s) for support

J. Occupational Health

1. Updating recommendations regarding HCP contact tracing, monitoring, and work restrictions in selected circumstances. These include allowances for asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program. (See Additional Considerations and Recommendations at the end of the document)

2. Removed requirement under "self monitoring with delegated supervision" for healthcare facilities to actively verify absence of fever and respiratory symptoms when healthcare personnel (HCP) report for work. This is now optional.

3. Simplified risk exposure categories based on most common scenarios with focus on presence/absence of source control measures; use of personal protective equipment (PPE) by HCP; and degree of contact with the patient (i.e., prolonged versus brief)

4. Added language advising HCP to inform their occupational health program if they have travel or community-associated exposures as defined in Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease (COVID-19) Exposure in Travel-associated or Community Settings.

5. *Self-monitoring* means HCP should monitor themselves for fever by taking their temperature twice a day and remain alert for respiratory symptoms (e.g., cough, shortness of breath, sore throat)*. Anyone on self-monitoring should be provided a plan for whom to contact if they develop fever or respiratory symptoms during the self-monitoring period to determine whether medical evaluation is needed.

A. Self-Monitoring with delegated supervision in a healthcare setting means HCP perform self-monitoring with oversight by their healthcare facility's occupational health or infection control program in coordination with the health department of jurisdiction, if both the health department and the facility are in agreement. On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, a facility may consider having HCP report temperature and absence of symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

6. *Active monitoring* means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed people to assess for the presence of fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat)*. For HCP with high- or medium-risk exposures, CDC recommends this communication occurs at least once each day. The mode of communication can be determined by the state or local public health authority and may include telephone calls or any electronic or internet-based means of communication.

A. For HCP, active monitoring can be delegated by the health department to the HCP's healthcare facility occupational health or infection control program, if both the health department and the facility are in agreement. Note, inter-jurisdictional coordination will be needed if HCP live in a different local health jurisdiction than where the healthcare facility is located.

7. Occupational health or infection control personnel should establish points of contact between the organization, the self-monitoring personnel, and the local or state health departments of authority in the location where self-monitoring personnel will be during the self-monitoring period. This communication should result in agreement on a plan for medical evaluation of personnel who develop fever or respiratory symptoms (e.g., cough, shortness of breath, sore throat)* during the self-monitoring period. The plan should include instructions for notifying occupational health and the local public health authority, and transportation arrangements to a designated hospital, if medically necessary, with advance notice if fever or

respiratory symptoms occur. The supervising organization should remain in contact with HCP through the self-monitoring period to manage self-monitoring activities and provide timely and appropriate follow-up if symptoms occur in a HCP. Note, inter-jurisdictional coordination will be needed if HCP live in a different local health jurisdiction than where the healthcare facility is located.

8. Close contact for healthcare exposures is defined as follows: a) being within approximately 6 feet (2 meters), of a person with COVID-19 for a prolonged period of time (such as caring for or visiting the patient; or sitting within 6 feet of the patient in a healthcare waiting area or room); or b) having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).

9. Data are limited for definitions of close contact. Factors for consideration include the duration of exposure (e.g., longer exposure time likely increases exposure risk), clinical symptoms of the patient (e.g., coughing likely increases exposure risk) and whether the patient was wearing a facemask (which can efficiently block respiratory secretions from contaminating others and the environment), PPE used by personnel, and whether aerosol-generating procedures were performed.

10. Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. However, until more is known about transmission risks, it is reasonable to consider an exposure greater than a few minutes as a prolonged exposure. Brief interactions are less likely to result in transmission; however, clinical symptoms of the patient and type of interaction (e.g., did the patient cough directly into the face of the HCP) remain important. Recommendations will be updated as more information becomes available.

11. Risk stratification can be made in consultation with public health authorities. Examples of brief interactions include: briefly entering the patient room without having direct contact with the patient or their secretions/excretions, brief conversation at a triage desk with a patient who was not wearing a facemask. See Table 1 for more detailed information.

12. Healthcare Personnel: For the purposes of this document HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. For this document, HCP does not include clinical laboratory personnel.

K. Surge Capacity

1. Emergency Contingency Staffing Plan

A. The Emergency Management Team will assign staffing levels to ensure adequate staffing is available and provided to care for the needs of each resident residing in the facility

1. The Emergency Management Team will coordinate staffing with each department director

B. Each department director will be responsible to ensure that all cares and tasks are assigned/reassigned to ensure all staff are providing cares consistent with the staff member's level of licensure/certification and some duties may be reassigned which do not require a certification for appropriate completion of the task/duty/responsibility

C. The Emergency Management Team will always maintain a current and accurate list of all employees and emergency contact numbers for all staff members

D. Per the facility Emergency Preparedness Plan, the facility may consider the following plan to enhance staffing:

1. Activate the facility Emergency Plan to temporarily discontinue some day-to-day services in order to free up staff for sheltering operations including but not limited to:

a. Transportation to non-essential appointments

b. Day care

c. Respite care

d. Marketing tours

e. Non-essential environmental re-modeling/construction

f. Any/all community services not provided in facility including congregate meals

E. Notify local practitioner and hospitals to alert the entities that if a staffing crisis occurs, the facility will transfer residents to acute care centers or other facilities with staffing capacity in order to provide continuity of care

F. Staffing coordinators will schedule relief staff (PRN) that are unassigned or that can be re-assigned

G. Staffing coordinators will review and revise scheduled shift times to ensure staffing is always provided in the highest efficiency levels during all times of the day

H. All staff will be called into duty and all previously requested time off or vacation time will be cancelled

I. The Director of Nursing will maintain a list of all licensed and certified staff from the State Health Occupation Credentialing Department and the State Board of Nursing.

J. The Director of Nursing/designee will review staffing models to align with the resident population and expand staff: resident ratio and use less nurses and more non-clinical personnel

K. Collaborate with neighboring counties within a twenty-five (25) mile radius to implement multi-county shelters to allow facilities to pool personnel, equipment and supplies to provide services to a larger area and reduce the number of personnel needed for some aspects of operations

1. Working with other facilities require signed Memorandum of Understanding prior to implementation

L. Augment local staffing with Hospitals, Hospice providers, local Home Health providers, local clinics and practitioner offices, National Guard or volunteers through community partnerships

M. Co-locate facility with other facilities in community through Memorandums of Understanding

N. Contact facility's professional association(s) for support

L. Postmortem care

A. The Emergency Management Team will coordinate with local mortuaries, morticians, local and county coroners and County emergency preparedness personnel and local hospitals to coordinate the removal of bodies of residents who have expired in the facility related to the holding and disposal of bodies

B. As a last resort, the facility will designate a separate storage area as a temporary morgue

C. To expedite the response by funeral directors and limit the spread of the virus, implementing the following steps when transferring a decedent into a funeral home's care would be extremely beneficial:

1. If respiratory infection is the cause of death, please advise the funeral practitioner at the time of initial death notification. HIPAA Regulations allow for the release of information to the public, law enforcement, funeral directors and other governmental agencies. (1)

2. If respiratory infection is the cause of death, please make sure that a disinfectant (2) is applied to the decedent airways, cover decedent with a sheet to minimize aerosolized droplets before being placed in a body bag and transported to the morgue or designated holding area.

3. Funeral homes, like all health care providers and first responders are experiencing a shortage of PPE equipment. Therefore, only appropriate PPE for the circumstances will be used.

4. Please have any necessary documentation available at the transfer area to help the funeral practitioner avoid going into more than one area of your facility.

5. Please limit the amount of personnel escorting the funeral staff and decedent from the point of removal to the funeral vehicle.

6. If possible, transferring the decedent into the funeral home's care should take place in the hospital morgue.

7. If a morgue release is not possible, transferring the decedent into the funeral home's care should take place in an area with the least amount of exposure risk for all parties involved. This may include a designated holding area located close to an exit that does not require funeral personnel to transfer decedents from other areas deep within the facility. The designated area for this at Linn Community Nursing Home is on Cottonwood Neighborhood in rm 31.

8. According to standard precautions PPE use should be applied to avoid direct contact with body fluids.

9. Culture sensitivity should be practiced if the family of the patient wishes to view the body after removal from the isolation area they may be allowed to do so and standard precautions should be applied.

a.(1) Reference US 45 CFR 164.512 (g) (2) Using forceps, securely place rolled gauze or cotton balls in the nostrils and mouth. Use a syringe to soak cotton with Hydrogen Peroxide. Cover the face with a cloth/cotton sheet, dampened with hydrogen peroxide.

10. Per local County Emergency Preparedness Coordinator, the plans for local County: Check with your local emergency preparedness team

A. There are two funeral homes located in this county

1.The Funeral homes can provide cares for up to 10 bodies a day.

2. The Funeral Homes prefer for immediate (within 24 hours) burial or cremation

3. Formaldehyde is used on decedent to prevent transmission

4. Funeral homes are not allowing large amounts of family to attend the funeral

5. Funeral homes can hold up to 30 decedent bodies at this point as for they do not have a refrigerated truck on hand but can get one within 24 hours from FEMA for any overflow.