



LeadingAge Kansas COVID-19

Readiness Checklist

Pre-COVID

- Identify a point person to routinely check on everchanging [COVID guidelines](#).
- Contact the local health department to identify the point person and set up a communication plan when an outbreak occurs.
- Discuss with the Medical Director any needed standing orders for COVID outbreak e.g. oxygen, inhalers with spacers, and Tylenol. Change from nebulizers to inhalers with spacers to reduce aerosol spray. Review your E-Kit medications and IV E-Kit to ensure sufficient supplies of certain antibiotics, steroids and IV solutions may need to be added. Notify pharmacy of any new standing orders.
- Ensure all communication devices are working e.g. cordless phones, walkie-talkies, and laptops.
- Inventory PPE and organize for visual view to provide easy access and efficient ongoing count by your PPE point person. Remember paper sacks or small plastic bowls for N95 mask and vinyl or nitrile gloves. Contact your vendor to ensure adequate supply availability.
- Consider assembling and label PPE packets for every direct care staff member. Packets may include:
 - N95 mask and Tupperware or something similar for storage after use. Identify how often the masks will be changed out based on supply availability
 - Surgical masks in brown paper bags so staff can track their usage
 - Eyewear
 - Face shield
- Determine how you will:
 - Reuse, store and discard used PPE
 - How will medications be passed to positive and negative residents
 - What are your staffing plans

- Consider scheduling a conference call with KDHE and review this to get the latest information and feedback.
- Prepare isolation carts and store for easy access. Check your crash cart for needed supplies.
- Ensure you have extra (working) concentrators, cannulas, oxygen mask, oxygen tanks, I.V. poles, infusion pumps, and plenty of vital sign equipment (e.g. thermometers and pulse oximeters.)
- Delegate a couple of staff to round several times a day (depending on size of building) to ensure: PPE carts are stocked, appropriate storing of PPE, ongoing disinfecting and cleaning of high use area/items, hand washing stations are stocked, alcohol-based hand sanitizers are stocked, trash and laundry are being handled correctly, staff and residents are appropriately wearing PPE.
- Determine how the increase in medical waste will be handled. Purchase many more waste receptacles for placement by room exits and for bio-hazard overflow as it will be extensive.
- Acquire water soluble bags for contaminated linens to minimize staff exposure.
- Determine a way to document and communicate fluid intake of all residents. Work with dietary to develop a system of passing bedside beverages, food trays, snacks, and creative ways for hydration. Be extra vigilant about monitoring food and fluid intake and communicate any concerns.
- Ensure there is a system to document health assessments while in the resident's room.
- Keep a Respiratory Surveillance Line Listing sheet available at nurses' station to identify outbreak.
- Educate residents on hand hygiene and wearing a mask when staff enter their rooms to provide care.
- Educate your staff and residents on your cohorting plans.
- Complete competencies for staff on:
 - [Donning and doffing PPE](#)
 - Use of N95 and surgical mask
 - Hand hygiene
 - Social/physical distancing when on breaks
 - Respiratory assessments for nurses and vital signs for CNAs
- Educate staff about what waste goes into regular trash and what needs to be placed in a bio-hazard bag.

- Review the emergency staffing section of your Emergency Disaster Plan and consider contacting neighboring homes to [mitigate healthcare personnel staffing shortages](#).

During a COVID Outbreak

- 1.** Notify the Medical Director, staff, residents and or resident representatives, local health officials, and community of your facility outbreak and your mitigation plan, i.e. testing, isolation, visitation phase, etc.
- COMMUNICATION is critical. Initiate Huddles throughout the shift (usually 3/shift) to communicate important changes in residents (e.g. respiratory and ADL decline, residents refusing to drink or eat.) Inform Infection Preventionist on any changes. Residents will be susceptible to dehydration, weight loss, depression, and skin breakdown during this time.
- Administrator/designee should keep a running document (logbook, spiral notebook, other of actions taken. This can be used to quickly show inspectors your actions and rationale. Recommend taking notes during the frequent daily huddles.
- Assess COVID positive residents every 4 hours and document results. Notify resident and/or resident representative, PCP, and staff with any changes in condition. A slight change will convey the need to assess more often.
- Obtain a temperature, pulse, and oxygen saturation on all residents every 4 hours.
- Make sure residents with respiratory s/s are doing deep breathing/coughing exercises and repositioning from bed to recliner/chair throughout the shift.
- Continue routine rounds several times a day to ensure: 1) PPE carts are stocked, 2) appropriate storing of PPE, 3) proper donning and doffing of PPE, 4) disinfecting and cleaning of high use area/items are ongoing, 5) hand washing stations are stocked, 6) alcohol-based hand sanitizers are stocked, and 7) medical waste is being disposed of properly.
 - PPE carts are stocked
 - Appropriate storing of PPE
 - Proper donning and doffing of PPE
 - Disinfecting and cleaning of high use area/items are ongoing
 - Hand washing stations are stocked
 - Alcohol-based hand sanitizers are stocked
 - Medical waste is being disposed of properly

- Ongoing evaluation of your [PPE Burn Rate](#).
- Ensure water soluble bags for laundry are being used only for contaminated gowns, etc. and not for regular laundry or trash.
- Follow the [Compassionate Care Visitation Guidance](#).

Post COVID

- As soon as possible, return your building back to normal (e.g. residents returning to rooms, rooms arranged as per resident, and common areas are back to normal.)
- Administrator to update the documentation of actions taken during the outbreak and take to QA meeting.
- Conduct a QA meeting with direct care staff to discuss the COVID outbreak and Infection Control.
- Take [inventory on all PPE](#) and reorder to be prepared.
- E-Kits and crash cart(s) should be re-stocked. Review all medical supplies for reorder.
- Obtain weights on all residents. Notify RD for significant changes.
- Assess the need for therapy screening on residents.
- Keep the Respiratory Surveillance Line Listing sheet available at nurses' station to identify outbreak.
- Schedule an all staff meeting to celebrate the compassionate and hard work during the outbreak. Discuss the outbreak, the declines, and the losses to assist staff through the grieving process. Provide additional mental health support to any staff or residents dealing with the effects of the COVID outbreak.

*****We highly recommend having a back-up person for all designated duties.**