

## LONG-TERM CARE COVID-19 RESPONSE PLANNING TOOL

Nursing and assisted living facilities can take steps to assess and improve their preparedness for responding to COVID-19. The following information should be used as one tool to develop a comprehensive COVID-19 response plan, including a plan for gradual return to standard practices of the facility based on meeting critical benchmarks including communal activities and allowing in-person visitors. The following information identifies key areas long-term care facilities should consider in developing their plans and can also be used to self-assess the strengths and weaknesses of current preparedness efforts.

Because staffing levels and access to supplies and testing may vary by facility and because the pandemic is affecting facilities and communities in different ways, decisions about relaxing restrictions in a facility should include the following considerations, as recommended by the Centers for Medicare and Medicaid Services (CMS) in [QSO-20-30-NH](#):

- **Case status in community:** The level of community transmission. For example, a decline in the number of new cases, hospitalizations, or deaths (with exceptions for temporary outliers).
- **Case status in the nursing home(s):** Absence of any new nursing home onset COVID-19 cases (resident or staff), such as a resident acquiring COVID-19 in the nursing home.
- **Adequate staffing:** No staffing shortages and the facility is not under a contingency staffing plan.
- **Access to adequate testing:** A testing plan based on contingencies informed by the Centers for Disease Control and Prevention (CDC). At minimum, the plan should consider the following components:
  - The capacity for **all** nursing home **residents** to receive a single baseline COVID-19 test. Similarly, the capacity for all residents to be tested upon identification of an individual with symptoms consistent with COVID-19, or if a staff member tests positive for COVID-19. Capacity for continuance of weekly re-testing of all nursing home residents until all residents test negative;
  - The capacity for **all** nursing home **staff** (including volunteers and vendors who are in the facility on a weekly basis) to receive a single baseline COVID-19 test, with appropriate re-testing;
  - Written screening protocols for all staff (each shift), each resident (daily), and all persons entering the facility, such as vendors, volunteers, and visitors;
  - An arrangement with laboratories to process tests able to detect SARS-CoV-2 virus (e.g., polymerase chain reaction (PCR)). Antibody test results should not be used to diagnose someone with an active SARS-CoV-2 infection.
  - A procedure for addressing residents or staff that decline or are unable to be tested (e.g., symptomatic resident refusing testing in a facility with positive COVID-19 cases should be treated as positive).
  - Access to payment for appropriate testing.
- **Universal source control:** Residents and visitors wear a cloth face covering or facemask. If a visitor is unable or unwilling to maintain these precautions (such as young children), consider restricting their ability to enter the facility. All visitors should maintain social distancing and perform hand washing or sanitizing upon entry to the facility.

- **Access to adequate Personal Protective Equipment (PPE) for staff:** Contingency capacity strategy is allowable, such as CDC's guidance on [Strategies to Optimize the Supply of PPE and Equipment](#) (facilities' crisis capacity PPE strategy would not constitute adequate access to PPE). All staff wear all appropriate PPE when indicated. Staff wear cloth face covering if facemask is not indicated, such as administrative staff.
- **Local hospital capacity:** Ability for the local hospital to accept transfers from nursing homes.

All facilities are expected to complete their plan by June 22, 2020. Upon completion of the facility's plan:

- Keep a copy of the plan with your facility's Emergency Preparedness Plan.
- Make your plan available at the request of your local health department or DHHS.
- Send an email notification of the completion including your facility name and license number to [DHHS.HealthCareFacilities@nebraska.gov](mailto:DHHS.HealthCareFacilities@nebraska.gov).
- It is suggested to review CDC recommendations and information regarding COVID-19 on a regular basis, e.g., monthly, and continue to update your plan as more information is learned about COVID-19 and additional best practices become available.

## **PERSONAL PROTECTIVE EQUIPMENT (PPE)**

**What is your facility's plan for appropriate supply of PPE?** (may include the following considerations)

- Determine the amount of PPE needed for staff, residents, and visitors during normal operations, including gowns, masks, N95 respirators, face shields, gloves, eye protection and hand sanitizer
- Determine the amount of PPE needed for staff, residents, and visitors in the event of an outbreak, including gowns, masks, N95 respirators, face shields, gloves, eye protection and hand sanitizer
- Determine when a change in PPE supply is necessary
- Access sufficient supply of PPE for normal operations
- Access sufficient supply of PPE in the event of an outbreak
- Prepare for a time when PPE supply is insufficient
- Educate and competency check staff for appropriate use of PPE, including donning, doffing, reuse, extended use, and fit-testing
- CMS recommends:
  - Health care providers and staff wear surgical facemasks at all times;
  - Procedures on the mucous membranes including the respiratory tract, with a higher risk of aerosol transmission, should be done with great caution, and staff should utilize appropriate respiratory protection such as N95 masks and face shields;
  - Residents should wear a cloth face covering that can be purchased or made at home if they do not already possess surgical masks; and
  - Every effort should be made to conserve PPE

## **TESTING**

**What is your facility's plan for testing staff and residents?** (may include the following considerations)

- Identify your local health department and understand testing options and capacity for testing
- Determine when and how frequently to test staff
- Determine when and how frequently to test residents
- Access testing materials and/or processing
- Access to testers
- Access to test results
- Follow-up on test results
- Determine what measures will be taken to restrict activities and visitations once the positive cases have been identified in the facility
- Determine what measures will be taken to identify zones to isolate and quarantine residents and dedicate staff
- Identify point person to make necessary notifications
- Identify point person to speak with Nebraska ICAP on infection control issues

## STAFFING

**What is your facility's plan for appropriate staff?** (may include the following considerations)

- Screen staff upon entry and monitor staff for symptoms, including self-screening, based on CDC guidance
- Identify staff who work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen
- Ensure staff have appropriate PPE
- Prevent symptomatic staff from entering
- Identify the number of additional staff and staff positions necessary in the event of an outbreak
- Access and train additional staff necessary in the event of an outbreak
- Educate staff on process to follow when ill
- Handle symptomatic staff
- Handle staff with exposure
- Handle staff awaiting test results
- Handle staff who test positive
- Consider special accommodations for staff
- Handle staff returning to work
- Assign dedicated staff to cohorted areas to the extent possible to limit chances of facility-wide exposures
- Educate staff on infection prevention and control measures
- Provide regular communication to staff on COVID-related situation in facility and changes in operations
- Provide support and resources for the mental health of staff

## VISITORS (i.e. family, friends, vendors, volunteers, other health care providers)

**What is your facility's plan for visitors?** (may include the following considerations)

- Screen visitors upon entry based on CDC guidance
- Ensure visitors have appropriate PPE
- Prevent symptomatic visitors from entering
- Maintain a log for all visitors entering the facility that can be used for contact tracing, when needed
- Monitor visitors' compliance with infection control practice and provide additional education when needed
- Determine who would be essential personnel, when applicable
- CDC guidelines for restricting access to health care workers also apply to other health care workers, such as hospice workers, mental health practitioners, EMS personnel, or dialysis technicians that 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
- Educate visitors on the need for and how to prevent and control infection, including hand hygiene, staying home when ill, social distancing and use of face coverings
- Handle end-of-life visitation by hospice team and family
- Arrange telehealth visits, when necessary
- Arrange for electronic and telephonic communication between residents and external entities, when necessary
- Prepare for lessening visitor restrictions
- Provide regular communication to family, friends, vendors, volunteers, and other health care providers on COVID-related situation in facility and changes in operations
- Coordinate deliveries to facility
- Prepare for visits from potential residents and families
- Consider how and where visits will occur (e.g., designated areas in the facility or resident room, by appointments versus open during certain hours, etc.)

## **DIETARY**

**What is your facility's plan for dietary services?** (may include the following considerations)

- Prepare for communal dining with social distancing for asymptomatic or negatively-tested residents
- Provide meal delivery for individuals who are in cohorted areas or isolation
- Provide dining assistance for individuals who need assistance in eating and are cohorted or isolated
- Educate residents, staff, and visitors on the need for social distancing at mealtimes

## **ACTIVITIES (INTERNAL AND EXTERNAL)**

**What is your facility's plan for activities?** (may include the following considerations)

- Prepare for group activities with use of social distancing and PPE, external and internal
- Provide activities for residents in cohorted areas or in isolation
- Arrange for electronic and telephonic communication between residents and loved ones, when necessary
- Provide resident transportation to medical appointments with use of social distancing and PPE (not for COVID positive residents unless transferring to a hospital)

## **ENVIRONMENTAL CLEANING/DISINFECTING**

**What is your facility's plan for environmental cleaning and disinfecting?** (may include the following considerations)

- Access supply of recommended cleaning products and tools
- Provide cleaning/disinfecting of cohorted or isolated areas
- Provide cleaning/disinfecting of communal/public areas, including beauty salons
- Management of laundry, including reusable gowns and masks
- Consider an audit and feedback program to monitor and improve environmental cleaning and disinfection practices

## **RESIDENTS**

**What is your facility's plan for residents?** (may include the following considerations)

- Screen and monitor residents for symptoms based on CDC guidance
- Handle residents while awaiting test results
- Handle residents who test positive
- If necessary, how will you accommodate cohorting of residents
- Educate residents on the need for and how to prevent and control infection, including hand hygiene, staying home when ill, social distancing and face coverings
- Cohort residents, if necessary
- Handle new admissions
- Handle returning residents
- Provide regular communication to residents on COVID-related situation in facility and changes in operations
- Assist residents with special needs, including mental illness, intellectual disability, brain injury or dementia, to follow infection prevention and control procedures, as much as possible
- Provide support and resources for the mental health of residents
- When to discontinue isolation of infected residents

## REPORTING

**What is your facility's plan for reporting COVID information?** (may include the following considerations)

- To the Department of Health and Human Services
- To the Local Health Department
- To the Center for Disease Prevention and Control's (CDC) National Healthcare Safety Network (NHSN)
- To the Occupational Safety and Health Administration (OSHA)
- To residents, resident representatives, families, and staff

## RESOURCES

- Behavioral health resource for long-term care facility [residents](#)
- Behavioral health resource for long-term care facility [staff](#)
- CDC guidance on [memory care units](#)
- AHCA/NCAL recommendations for [nebulizer treatments](#)
- EPA-registered [disinfectants](#)
- DHHS COVID-19 resources for [health care providers](#)
- CMS [QSO-20-29-NH](#) guidance on COVID reporting
- Nebraska ICAP COVID-19 tools for [long-term care facilities](#)
- Request PPE from the local health department  
<https://form.jotform.com/NebraskaDHHS/PPERequestForm>
- Special accommodations for staff <http://dhhs.ne.gov> and [Accommodation Request Form](#)
- Nebraska ICAP Environmental Cleaning Training Videos : <https://icap.nebraskamed.com/practice-tools/educational-and-training-videos/draft-environmental-cleaning-in-healthcare/>
- CDC guidelines for restricting access to health care workers [Information for Healthcare Professionals about Coronavirus \(COVID-19\) | CDC](#)
- [Strategies to Optimize the Supply of PPE and Equipment](#)