

Infection Prevention and Control - COVID-19

Leadership T.H.I.N.K. Ahead Strategies Guide (Preparation Checklist)

Leadership Checklist for Potential COVID-19 Admissions

The below is a checklist of steps that serve as a guide by the organization related to potentially admitting individuals who are positive for COVID-19. This checklist, while not inclusive, was designed to provide a highlight of leadership, clinical and staff actions in accordance to organization policy and procedures, federal requirements and state/local public health department.

Action Steps	Completed		Follow Up Actions
	Yes	No	
T- Team			
Determine a COVID-19 task force with specific responsibilities for COVID-19 admissions and dedicated physical plant location ▪ Administrator ▪ Director of Nursing ▪ Corporate/Owner ▪ Medical Director ▪ Infection Preventionist ▪ Social Services ▪ Plant Operations ▪ Admissions ▪ Pharmacy Consultant ▪ Diagnostics (Lab/X-Ray) ▪ Supply Vendor			
Review hospital surge capacity strategy			
Review and call EMS leaders – Fire, EMS providers on surge capacity, response and plan			
Review your COVID-19 pandemic plan for preparedness, responsiveness and alignment with emergency preparedness plan			
Coordinate with state and local pandemic plan			
Review your current facility capabilities to take individuals with COVID-19			
Develop and implement emergency staffing plan.			

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Complete the COVID-19 Focused Survey for healthcare providers			
Review your facility policies and procedures including: ▪ Infection Control ▪ Outbreak Management ▪ Transmission Based Precautions ○ PPE ○ Optimization of PPE ○ Hand hygiene ○ Cough etiquette ○ Respiratory Hygiene ▪ Emergency staffing/contingency during an outbreak ▪ COVID-19 Policy and Procedure ▪ When to remove resident from transmission-based precautions ▪ Noncommunal dining policy ▪ Emergency Preparedness Plan ▪ Visitor restriction ▪ Screening and Monitoring process – staff, residents ▪ Notification process and Care process for: ○ Other Care – dialysis, chemo ○ Medical appointments outside of the facility ▪ Policy for notifying local and public health officials ▪ COVID-19 Communication protocols for: ○ Residents ○ Families/representatives ○ Clinicians ○ Employees ○ Other stakeholders ▪ Cleaning and Disinfection – environment, equipment and devices			
Initiate education and competency testing ▪ Essential staff ▪ Non-essential staff ▪ Other support individuals			
Physical Plant ▪ Review physical plant for potential dedicated unit/wing or set of rooms that could be set up for receiving COVID-19 positive residents. Note if there is			

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availability for partitions, door closure/smoke door barriers to segregate from general resident population ▪ Review large rooms for potential set up with beds and privacy curtains or privacy screens/partitions (i.e. dining rooms, activity rooms, therapy gyms) ▪ Review nonresident use rooms for reconfiguration to become resident rooms ▪ Review non licensed areas for potential care use and set up			
Plan for separation of resident population - residents with known COVID-19-positive and those with suspected COVID-19, ensuring they are separate from patients and residents who are COVID-19-negative			
If part of a corporation/group ownership, review the option to relocate residents to alternate locations to develop a dedicated COVID-19 facility			
Discussion with local and state public health departments and neighboring SNFs regarding designation of a COVID-19 facility – review options, relocation needs, and develop a coordinated plan. ▪ State and local health departments should work together with long-term care facilities in their communities to determine and help address long-term care facility needs for PPE and/or COVID-19 tests			
Determine if there is a need for COVID-19-positive long-term care facility, whether current location or peer location, to have the capacity, staffing, and infrastructure to manage higher intensity patients, including ventilator management			
COVID-19 Testing – reviewing testing protocols and facility responsibilities			
Limit access points and ensure all accessible entrances have a screening station. ▪ Residents, staff and approved visitors who enter facilities should be screened for COVID-19 through testing, if available.			
Review and discuss the relocation of resident protocols (i.e. room management, location, psychosocial needs, care needs, separation needs.). ▪ Designate person responsible for this process ▪ Develop, document and implement the plan ▪ Implement staff and resident/representative communication/notification			

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protocols. - Implement set of required communication/records for transferring and receiving facilities of residents. - Implement a process for identifying and supporting relocation stress syndrome - Document			
Review with Medical Director and Pharmacy – essential and non-essential medication and treatments. - Adjust per recommendations. - Communicate decisions with staff, residents, representatives and clinicians. - Document process, discussions and individual modification in resident records.			
Review and revise temporary COVID-19 admission policy and procedures. Designate leader for admission oversight and decisions			
Review organization's preparation strategies with Medical Director, clinicians, pharmacy, laboratory, diagnostics, emergency medical services, vendors for their insight and expertise			
Review all resident's advance directives			
Review and coordinate a plan with local funeral homes for postmortem process			
Collaborate with facility Compliance and Ethics Committee as indicated			
Review facility intent with corporate counsel if indicated			
Incorporate into the facility QAPI program			
H – Human Resources			
Develop a plan for dedicated staff (work only on the designated unit) – reducing the potential for introducing the virus into other areas of the facility			

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For the dedicated team, you may consider: ▪ Special location for breaks and meals ▪ Separate entrance to the unit, if possible ▪ Time clock alternatives ▪ Communication plan for this team ▪ Ongoing staff screening before each shift per guidelines ▪ Process if an employee develops s/s of COVID-19 ▪ Proactive plan with human resources ▪ Discussion with all shift supervisors as to roles and responsibilities			
Develop and implement an emergency staffing plan incorporating: current staff, non direct staff, community personnel that can support the facility, determination of who can do what within the organization (essential/nonessential), agency staff, consultant staff, staff from other states (licensure requirements in accordance to state executive orders) background checks in process			
Determine use of non-essential staff to provide aspects of care: ▪ Vitals (Temps, pulse oxygen, BP) and documentation ▪ Toileting and Transfers – Safe patient handling ▪ Basic ADL Care ○ Oral hygiene ○ Personal hygiene ○ Dressing ○ Eating/Feeding ▪ Infection Control ○ Standard and Transmission Based Precautions ▪ PPE Sequencing ▪ Optimization of PPE and facility process ▪ Hand Hygiene ▪ Cough Etiquette ▪ Respiratory Hygiene ▪ Safe Linen handling ▪ Bed – Change linens, make bed ▪ Disinfection and Cleaning ▪ Psychosocial and Dementia/Behaviors			

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I – Infection Prevention and Control			
Review required screenings, line lists, logs for adherence to COVID-19 and Infection Control requirements			
Hand Hygiene, Cough Etiquette and Respiratory Hygiene ▪ Review policies and procedures ▪ Monitor staff performance ▪ Review availability of supplies – ABHR, soap, paper towels			
Personal Protective Equipment ▪ Complete a PPE Burn Rate Calculation which assists in planning and optimizing PPE - identifying current and future supply needs ▪ Secure PPE ▪ Provide PPE to each employee following their symptom check (i.e. mask for each employee based upon state/local health department recommendations) ▪ Educate and reinforce proper use and reuse of PPE per new guidelines			
Plan for residents who must regularly leave the facility for care (e.g., hemodialysis patients) should wear facemasks when outside of their rooms.			
Plan for facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Residents can use tissues for this. Per CMS , residents could also use cloth, non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive.			
Medical Equipment and Supplies (other than PPE) ▪ Dedicate equipment or process to disinfect between residents and use ▪ Determine equipment and other supply needs for the unit - reviewed daily ▪ Meet with vendors to determine surge capacity plan and immediate access. ▪ Meet with respiratory provider for extra supplies - re: suction machine, nebulizers, Oxygen, tubing, keys, regulators, keys, humidifiers, masks, nasal cannulas,			

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concentrators, tank stands and storage space for additional equipment/supplies. ▪ CPR supplies – masks, Ambu bags, back boards			
Cleaning and Disinfection Protocols • Review plan for cleaning and disinfecting high touch areas, cleaning of rooms, nursing stations, high touch equipment (telephones, cell phones, pens, computers, etc.) • Review and utilize the EPA Registered List N • Follow manufacturers guidelines for disinfection and use			
N - Notify			
Develop and implement a communication plan and strategy. Designate an information officer per emergency preparedness plan			
Develop or download from your provider association, templates for written and verbal communications			
Potential Audiences for communication needs: ▪ Residents ▪ Families/Representative ▪ Employees ▪ Medical Director ▪ Medical Team and Clinicians ▪ Acute care partners ▪ Other:			
Notify Public Health of facilities intent to accept COVID-19 positive patients in order to identify specific instructions and guidance prior to admission			
Develop daily and routine communication channels with acute partners and clinicians			

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K- Knowledge			
Implement employee education and competency related to COVID-19 requirements and guidance			
Review resources - stay on top of current COVID-19 guidance, requirements and community spread ▪ Designate team members to monitor trusted sources for up to date information including: ▪ Local Public Health Department ▪ State Specific Department of Health COVID-19 Resource websites ▪ Centers for Disease Control and Prevention ▪ Centers for Medicare and Medicaid Services ▪ State and National provider associations ▪ The Society for Post-Acute Care and Long-Term Care Medicine (AMDIA)			

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.

