

Infection Prevention and Control Manual

Leadership Strategies for Preparation and Response (COVID-19)

Coronavirus-(COVID-19)

The following tools are designed as a framework for facility leadership to assess their current status as it relates to preparation and response to COVID-19. It is important to note that leaders need to align their plan with federal, state and public health department guidelines.

COVID-19 Proactive Preparation Planning

Items to Review	Yes	No	N/A	Comments
1. Trustworthy Resources Utilized to Develop Plan <ul style="list-style-type: none"> • CDC, WHO, APIC, CMS, etc. 				
2. Complete the COVID-19 Focused Survey self-assessment .				
3. Review current Emergency Preparedness Plan and Pandemic Plan to identify <ul style="list-style-type: none"> • Pandemic Response • Leadership (Identify and define authority) • Contact Names and Numbers <ul style="list-style-type: none"> ▪ Facility Leadership <ul style="list-style-type: none"> ○ 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 • 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. Complete plan to review facility abilities and capabilities to receive COVID-19 patients in accordance with CDC, CMS and public health requirements				
5. Set up a meeting to collaborate with local hospital partners				
6. Encourage a meeting with post-acute care colleagues on collaborative efforts in the event of a Pandemic				
7. Meet with pharmacy and pharmacy consultant to identify pharmaceutical needs				
8. Meet with Medical Equipment suppliers to identify and prepare for				

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needs to include: <ul style="list-style-type: none"> ○ Personal Protective Equipment ○ Hand Hygiene Supplies ○ Oxygen ○ Resident care supply needs based upon unique resident population 				
9. Meet with supplier of disinfectants and cleaners to prepare for needs				
10. Meet with food suppliers to identify and prepare for food needs				
11. Familiarize clinical leadership team with testing protocols as established by State and/or Local Public Health <ul style="list-style-type: none"> ○ Contact Public Health for contact numbers and questions 				
12. Review signage and positing requirements per P&P				
13. Review and re-educate on visitor screening protocols and visitor restriction policies (i.e. visitors, end of life care, health care workers)				
14. Review and identify staff deployment (i.e. consistent assignment)				
15. Review facility sick leave policies and revise as necessary to encourage ill staff to remain home <ul style="list-style-type: none"> ○ Educate Staff on sick leave policy ○ Educate staff on COVID-19 exposure protocols 				
16. Re-train all employees on Infection Prevention and Control <ul style="list-style-type: none"> ○ Hand Hygiene ○ PPE <ul style="list-style-type: none"> ○ <i>Remind employees not to touch their face</i> ○ COVID-19 ○ Respiratory Hygiene/Cough Etiquette 				
17. Prepare facility communications for residents, resident representatives, families and visitors				
18. Develop a plan for prioritizing resources <ul style="list-style-type: none"> ○ Educate Team 				
19. Meet with local transport agencies to collaborate on a plan for safe transport if necessary				
20. 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

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](#)

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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](#)
 - [Strategies for Optimizing the Supply of PPE](#)
 - 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-assessment-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
 - [COVID-19 Focus Survey](#) as outlined by CMS
 9. Prepare your facility for the new COVID-19 Survey process as outlined by [CMS](#)
 10. Review and implement [Pathway COVID-19 interim Policy and Procedure, Preparation Checklist and Resource Links](#)
 11. 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
 12. Review admission and re-admission process ([CMS](#) and CDC Guidelines)
 - Related to residents with known or suspected COVID-19

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- Review process for inter-facility transfers that includes notifying transport personnel and receiving personnel about suspected or confirmed case prior to transfer
13. 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
14. 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](#)
 - [Strategies for Optimizing the Supply of PPE](#)
 - [Visitor restriction policy](#)
 - [Screening policies](#) as outlined
 - [Cleaning and Disinfection](#) protocols
15. 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](#)
 - [Strategies for Optimizing the Supply of PPE](#)
 - [Visitor restriction policy](#)
 - [Screening policies](#) as outlined
16. PPE Utilization and Optimization
- Staff to [wear face masks](#) throughout the day
 - Staff to wear [full PPE](#) when working with individuals with known or suspected COVID-19
 - PPE Optimization Strategies –
 - [PPE Burn Rate](#) process
 - Implement [PPE Optimization](#) per CDC and state/local public health requirements
 - [Reuse of PPE](#)
17. 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
18. Post signs at the entrance of the facility regarding:
- [Hand Hygiene](#)
 - [Respiratory Hygiene/Cough Etiquette](#)
 - [PPE Requirements](#)
 - All [visitation restrictions](#)
19. Make available at the entrance of the facility:

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- Alcohol-based Hand Rub (ABHR)
 - Masks
 - Tissues
 - Waste receptacles
20. Identify outbreak management supply needs and meet with Vendors:
- Supply Needs
 - [Personal Protective Equipment](#)
 - [Strategies for Optimizing the Supply of PPE](#)
 - Masks – N-95; Review fit testing protocols and supplies if indicated
 - See [Strategies for Optimizing the Supply of N95 Respirators](#) (CDC) for additional guidance
 - Alcohol-based Hand Rub (ABHR)
 - Soap and Towels
 - 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.
21. 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
22. 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

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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: <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): <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>
- Centers for Medicare & Medicaid Services. COVID-19 Long Term Care Facility Guidance. April 2, 2020. <https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.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/qso-20-14-nhpdf.pdf>
- Centers for Medicare and Medicaid Services QSO-20-20-ALL <https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0>
- Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Strategies for Optimizing the Supply of N95 Respirators: <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

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- 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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