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**

<table>
<thead>
<tr>
<th>Items to Review</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Comments</th>
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<tr>
<td>1. Trustworthy Resources Utilized to Develop Plan</td>
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<td>• CDC, WHO, APIC, CMS, etc.</td>
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<td>2. Complete the <a href="#">COVID-19 Focused Survey self-assessment</a></td>
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<td>• Pandemic Response</td>
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<td>o Recreational Therapy</td>
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<td>▪ Medical Director</td>
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<td>▪ Pharmacy Consultant</td>
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<td>▪ Local and State Public Health Contacts</td>
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<td>▪ Prepare a list of essential positions necessary for day-to-day operations</td>
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<td>▪ Review business interruption protocols and review with leadership team members</td>
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<td>4. Complete plan to review facility abilities and capabilities to receive COVID-19 patients in accordance with CDC, CMS and public health requirements</td>
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<td>5. Set up a meeting to collaborate with local hospital partners</td>
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<td>6. Encourage a meeting with post-acute care colleagues on collaborative efforts in the event of a Pandemic</td>
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<td>7. Meet with pharmacy and pharmacy consultant to identify pharmaceutical needs</td>
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<td>8. Meet with Medical Equipment suppliers to identify and prepare for</td>
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*This resource was developed utilizing Information from CDC and CMS.*

Providers are reminded to review state and local specific information for any variance to national guidance.
### Infection Prevention and Control Manual

**Leadership Strategies for Preparation and Response (COVID-19)**

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<table>
<thead>
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<th>Needs to include:</th>
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<tr>
<td>- Personal Protective Equipment</td>
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<tr>
<td>- Hand Hygiene Supplies</td>
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<tr>
<td>- Oxygen</td>
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<tr>
<td>- Resident care supply needs based upon unique resident population</td>
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| 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 |
| - Contact Public Health for contact numbers and questions |
| 12. Review signage and posting 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 |
| - Educate Staff on sick leave policy |
| - Educate staff on COVID-19 exposure protocols |
| 16. Re-train all employees on Infection Prevention and Control |
| - Hand Hygiene |
| - PPE |
| - Remind employees not to touch their face |
| - COVID-19 |
| - Respiratory Hygiene/Cough Etiquette |
| 17. Prepare facility communications for residents, resident representatives, families and visitors |
| 18. Develop a plan for prioritizing resources |
| - Educate Team |
| 19. Meet with local transport agencies to collaborate on a plan for safe transport if necessary |

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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](https://www.cdc.gov) and [WHO](https://www.who.int) websites as information is evolving on a regular basis
   - [NEW CDC](https://www.cdc.gov) 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

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)
   - 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


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
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:
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. CERC in an Infectious Disease Outbreak. [https://emergency.cdc.gov/cerc/resources/pdf/CERC_Infectious_Diseases_FactSheet.pdf](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](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](https://www.naccho.org/membership/lhd-directory)
- American Medical Directors Association [https://paltc.org/covid-19](https://paltc.org/covid-19)

Additional CDC Resources