



Policy Manual: Nursing

Policy Name: OUTBREAK PLAN

Created: 2/27/2020

Revised: September, 2020

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Date:9/14/2020

GENERAL STATEMENT OF POLICY

Chatham Hills Subacute Care Center policy and goal are to ensure the health, safety and wellbeing of our residents and staff. To ensure this, we will use precautions to prevent or minimize the exposure and/or spread of the infection. The facility will educate residents / representatives and staff on the prevention and control of any spread of infection as per those guidelines and recommendations as well as maintains close communication and collaboration with local and state health authorities. Standard precautions are always practiced.

PROCEDURE

- In the event of an outbreak of a contagious disease, Chatham Hills Subacute Care Center will isolate any infected resident at the discretion of their physician and facility's medical director until the cessation of the outbreak or risk of contamination. In accordance with Department of Health Directive and medical guidance, Chatham Hills Subacute Care Center will cohort respectively those infected or high-risk residents; to stop and minimize the spread of the disease to other residents.
- To minimize the exposure of any infection in the event of an outbreak of a contagious disease, Chatham Hills Subacute Care Center will notify any/all visitors, or vendors as necessary the risk factors upon entering the facility.
- To minimize the exposure of infection due to the outbreak of a contagious disease, Chatham Hills Subacute Care Center will:
 - ❖ Ensure the availability (or resource to the availability) of proper laboratory testing for its residents and staff.
 - ❖ Facility will have a questionnaire upon entry of all staff, visitors, vendors etc. assessing whether the person entering the facility is ill or at risk of spreading any contagious disease.
 - ❖ A facility representative will be testing the temperature of all staff members, visitors or any essential personnel entering the facility. The facility will follow the department of health's guidelines as to the acceptable range of temperatures allowed.
 - ❖ Any staff that are determined to be ill or at risk of spreading any communicable



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contagious disease, will not be allowed to present themselves in the facility for their shift.

- ❖ Supplies to perform hand hygiene will be available to all residents/ visitors in common areas and in resident rooms.
 - ❖ Masks, gloves, gowns, and hand sanitizer will be available as appropriate for use. (See infection Control policies for guidance).
 - ❖ Visual alerts (signs, posters) will be posted at the entrance and in strategic places to provide residents and staff with instructions about respiratory and hand hygiene and cough etiquette.
- The Infection Preventionist / designee will monitor and manage all healthcare personnel. Staff who develop any disease outbreak symptoms will be:
- ❖ Evaluated by the Infection Preventionist / designee to determine appropriateness of contact with residents.
 - ❖ Symptomatic staff will be sent home immediately

EDUCATION

- The infection preventionist / designee will in collaboration with the medical director identify employee education required based on local, state, and federal guidance.
- The infection preventionist / designee will coordinate the identification and provision of education with the DON, Medical Director, and Administrator.
- The infection preventionist / designee will serve as the point of contact for the local, state, and federal agencies and will be responsible to keep up to date with changing guidance.
- The infection preventionist / designee will be responsible to re-educate or coordinate re-education of staff based on changing guidance from public health agencies and facility identified needs.
- Education will cover the following but not limited to:
 - ❖ Signs/Symptoms of the virus
 - ❖ Prevention of exposure and transmission of infectious agents specific to the current virus
 - ❖ Correct Handwashing with competency evaluation via direct observation
 - ❖ Types and use of PPE including correct donning, doffing, and proper disposal



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- ❖ Preventing the transmission of the infectious agent in laundry; handling of soiled linens; dietary preparation of meals, using disposable products in affected zones; proper cleaning and disinfection from housekeeping; isolation guidelines when providing care
- ❖ Recognition of possible exposure and or symptoms
- ❖ Reporting protocol in the event any exposure of residents and staff
- ❖ Review of facility protocols on the infection
- Employees who will work with affected residents and in affected zones of the facility will receive additional education as follows:
 - ❖ Be medically cleared for fit testing to use N95 respirators and then be fit tested and trained in the use of the N95 respirator
 - ❖ Be medically cleared and trained in the use of an alternative respiratory protection device
 - ❖ Employees will be educated, trained on appropriate use of PPE prior to caring for a symptomatic or exposed resident to prevent contamination of clothing, skin, and the environment during the process of removing such equipment.
 - ❖ Not crossing between zones from areas of contamination to unaffected areas of the building

TESTING PLAN

- Chatham Hills Subacute Care Center will carry out a COVID-19 testing plan for both all our staff and patients/residents who have previously not been tested or have tested negative. Residents who have previously tested positive will not be re-tested except symptomatic. Staff who previously tested positive over 90 days will be part of Chatham Hills Subacute Care Center weekly testing.
- The Plan may be amended from time to time to be consistent with the most current CDC and New Jersey Department of Health public health guidance.

TESTING PROCEDURES AND FREQUENCY

- The Plan shall include a baseline test and one follow-up test as follows:



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- ❖ Chatham Hills Subacute Care Center will carry out a COVID-19 testing for all our new staff member and new patients/residents.
- ❖ New staff members will not assume duty without following the DOH guidance and directives.

STAFF CONSENT, EXCLUSION FROM WORK AND RETURN TO WORK POLICIES

- Chatham Hills Subacute Care Center shall obtain a signed written authorization for release of laboratory test results to the facility so as to inform the facility's infection control and prevention strategies from individual Staff member prior to collection of a specimen from each individual Staff member. Any individual Staff member who refuses to sign such authorization shall be treated as if he/she tested positive for Covid-19.
- Staff who test positive for COVID-19 infection shall be excluded from working in Chatham Hills Subacute Care Center in accordance with CDC Guidelines: The "Guidance for COVID-19 Diagnosed and/or Exposed Healthcare Personnel." Staff who refuse to participate in COVID-19 testing, or refuse to authorize release of their testing results to Chatham Hills Subacute Care Center shall be excluded from working in the facility until such time as such staff undergoes testing and the results of such testing are disclosed to the LTC.
- Any individual Staff member who is excluded from work because they tested positive for COVID-19 may return to work in accordance with CDC/DOH recommendations as to timeframes and requirements.
- A list of staff members who have not undergone routine testing by will be shared with the staffing coordinator and all department heads, to ensure that no such staff members will be permitted to work until testing is completed.

PLAN FOR STAFFING SHORTAGE CREATED BY TESTING

In the event of staffing shortage because of testing, Chatham Hills Subacute Care Center will utilize its emergency/pandemic staffing policy to provide for care and treatment of residents.

PROCEDURE:

- All Employees in the facility will be notified of the decision to utilize emergency staffing strategies



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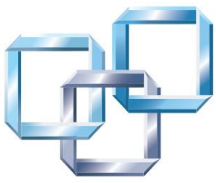
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- If the facility has difficulty with staffing the facility in an event of an emergency the following will take place:
- Staff will be cross trained to provide appropriate tasks:
 - ❖ Remove tasks from the nursing department that does not need to be completed by a CNA or licensed Nurse including but not limited to passing out water, answering call bells, passing out snacks and designate these tasks to alternate employees such as recreation or housekeeping.
 - ❖ Restorative nursing staff will assist on the unit as well as Rehab staff within the scope of their practice
 - ❖ Nursing Administration (DON, ADON, Unit Managers, Supervisors, MDS) may need to work on the units as needed
 - ❖ Social Services and Administration to assist on the units as necessary i.e. answering phone calls, call bells, passing out meal trays etc.
- Dietary may utilize paper goods to free staff to assist in other areas.
- Move residents to other units to consolidate and reduce the need for staffing
- Physician will review medications for need and reduce all unnecessary medications If possible, decrease medication pass to two times a day to decrease licensed nurse time

RESIDENT CONSENT

- If a resident/patient refuses to undergo COVID-19 testing, then Chatham Hills Subacute Care Center shall treat the individual as a Person Under Investigation, make a notation in the resident's chart, notify any authorized family members or legal representatives of this decision and continue to check temperature on the resident at least twice per day.
- Onset of temperature or other symptoms consistent with COVID-19 will require immediate cohorting in accordance with the Outbreak Response Plan.
- At any time, the resident may rescind their decision not to be tested.

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Specimen collection will be conducted by Acutis Diagnostics and Acculabs under contract with Chatham Hills Subacute Care Center. The administration of the test will be conducted by our RNs and LPNs or may be administered by Acutis or Acculabs Diagnostics staff, if available.

TEST RESULTS

- Results for all baseline tests and retests relating to residents/patients shall be reported back to the Chatham Hills Subacute Care Center's Medical Director and his/her designee
- Results for Staff shall be reported back to each individual Staff member and Chatham Hills Subacute Care Center administrator and his/her designee.

RESIDENTS/ FAMILY /STAFF Communication/Reporting Protocol

- The facility will update residents, families, and staff within 24 hours of any change in the number of confirmed COVID-19 cases (staff or residents).
- Communication with families, and staff may be conducted via an effective and targeted platform (e.g. post, email listserv, virtual visits, facility hotline, conference call, robot-text), at a minimum on a weekly basis and will include information about cumulative outbreak data and actions taken by the facility to mitigate the spread of disease.
- Communication with residents will be through Resident Council, Daily notification to staff and resident via our overhead paging system.
- Signage will be posted on front door.
- The facility website will display:
 - ❖ The facility's Outbreak Plan
 - ❖ A method of communication for residents and / or family members to utilize for urgent calls or complaints
 - ❖ Weekly updates with the status of the facility and information about what is occurring at the facility, including menus, scheduled activities, etc.
- Line listings and data sheets will be submitted to the local and / or state DOH as directed by same.
- Reporting to the state on COVID-related data, PPE supply, and staffing will be completed per state requirements.
- Reporting to the CDC on COVID-related data, PPE supply, and staffing will be completed per CMS / state requirements.



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POST-TESTING PROTOCOLS

Post-testing protocols follows Chatham Hills Subacute Care Center's current policies related to cohorting of Residents according to their COVID status and decisions of when to discontinue a Resident's stay on a COVID positive unit.

COHORTING

- Chatham Hills Subacute Care Center has three zones in ensuring the prevention of cross contamination of contagious diseases such as COVID- 19.
 - ❖ **Red Zone:** All residents/patients who are confirmed positive are in this zone on the North wing high side. Staff working on the affected unit will not rotate to other locations or units in the facility through the duration of the outbreak period whenever possible, defined as the period from identification of the first case through 14 days after the last case is asymptomatic. Droplet and contact precaution required.
 - ❖ **Yellow Zone:** All new/readmission, residents/patients requiring essential medical treatment outside of the facility such as hemodialysis, and residents/patients exposed to confirmed positive peers but are asymptomatic are cohorted respectively in this zone on the North wing low side. Droplet and contact precaution required.
 - ❖ **Green Zone:** Both north and south wings high sides will have residents/patients free from both positive and presumptive criterial. This is the healthy zone. Standard precaution required.
- Residents/patients can be moved to any of the three zones as reason arise based on CMS/NJ DOH requirement on isolation period of 10- 14 days followed by testing strategy requirement.
- Cohort Protocol of Affected Residents: If residents exhibit any signs or symptoms of a contagious disease, they will be cohorted as much as possible to prevent the spread of the disease.
 - ❖ All affected residents will be isolated following CDC transmission protocols based on the disease process which may include the following:
 - Contact precautions



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- Droplet precautions
- Airborne precautions
- COVID-19 transmission-based precautions
- ❖ The local health department will be notified of any individual diagnosed with a contagious disease.
- ❖ Chatham Hills Subacute Care Center will follow the Guidance of CDC and the state and local health department as appropriate to determine who and how-to cohort based on the disease process and exposure period.

STAFF PROTOCOL

- Chatham Hills Subacute Care Center staff protocol outlines actions to take for employees prior to, during, and after a disease outbreak.
- Employee Monitoring:
 - ❖ All employees will be monitored for symptoms each day when they report to work
 - ❖ Employees are required to notify their supervisor of any potential exposure to the infectious agent from travel or through family exposure
- Management of Symptomatic Employees:
 - ❖ Any employee that develops symptoms of the disease process will be immediately sent home Any employee deemed potentially contagious will be sent home and will not be allowed to return to work until 10- 14 days after symptom onset and 24 hours after last symptom was resolved or according to CDC guidance if different
 - ❖ A line list of employees exposed to or exhibiting symptoms will be created and continued until the last case is resolved as directed by the local health department
- Management of Exposed Employees:
 - ❖ Any employee exposed to the virus will be tested as directed by the local health department
 - ❖ Asymptomatic employees will be allowed to return to work unless otherwise directed by local health department

VISITOR ACCESS



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- The Administrator, Director of Nursing, and Infection Preventionist/designee will manage visitor access and movement within the facility. Visitor restrictions may be considered at the discretion of the facility in conjunction with the guidelines provided by local and state health authorities.
- All visitors will be instructed to follow respiratory hygiene and cough etiquette precautions.
- Scheduled outdoor visitation as per state and local guidelines

VISITOR RESTRICTION

- The facility will restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only.
- For individuals that enter in compassionate situations (e.g., end-of-life care), the facility will require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks.
- Decisions about visitation during an end of life situation will be made on a case by case basis, which includes careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) will not be permitted to enter the facility at any time (even in end-of-life situations).
- Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility (such as a dedicated area by an entrance of the building, if possible, for the visit to occur)
- Visitors will be reminded to frequently perform hand hygiene. Prior to entry to the facility, visitor will be instructed on:
 - ❖ Hand Hygiene
 - ❖ Limiting surfaces touched
 - ❖ Use of PPE
 - ❖ Refrain from physical contact with residents and others in the facility, (practice social distancing by remaining 6 feet apart from others and not handshaking, hugging, etc.)

INFECTION PREVENTION & CONTROL



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- Standard Precautions - Standard Precautions assume that every person is potentially infected or colonized with a pathogen that could be transmitted in the health care setting. Elements of Standard Precautions that apply to patients with respiratory infections, including COVID-19:
 - ❖ Hand hygiene.
 - ❖ Use of personal protective equipment (e.g., gloves, masks, eyewear).
 - ❖ Respiratory hygiene / cough etiquette.
 - ❖ Sharps safety (engineering and work practice controls).
 - ❖ Safe injection practices (i.e., aseptic technique for parenteral medications).
 - ❖ Sterile instruments and devices.
 - ❖ Clean and disinfected environmental surfaces.

- Health care personnel who enter the room of a patient with known or suspected COVID-19 should adhere to Standards Precautions and use a facemask, gown, gloves, and eye protection. When available, N95 respirators (instead of facemasks) are preferred. Information about the recommended duration of Transmission-Based Precautions and the Guidance for Discontinuation of Transmission-Based Precautions are reflected in said policies.
- Hand Hygiene (refer to policy on Hand Hygiene)- Health care personnel should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. Health care personnel should perform hand hygiene by using ABHR (Alcohol Base Hand Rub) with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
- Personal Protective Equipment (PPE) - Staff will use appropriate PPE in accordance with guidelines:
 - ❖ When to use PPE and
 - ❖ What PPE is necessary
 - ❖ Training including demonstration of an understanding of when to use PPE
 - ❖ How to properly don, use, and doff PPE in a manner to prevent self-contamination.
 - ❖ How to properly dispose of or disinfect and maintain PPE.
- For the duration of the COVID-19 outbreak, all staff should wear a facemask while in the facility. Full PPE should be worn per CDC guidelines for the care of any resident with known or suspected COVID-19 per CDC guidance on optimizing PPE. If COVID-19 transmission occurs in the facility, healthcare



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personnel should wear full PPE for the care of all residents irrespective of COVID-19 diagnosis or symptoms on the affected unit.

- Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses (refer to Personal Protective Equipment - Donning, Doffing & Extended Use)
- Supplies and equipment (PPE, ABHR, thermometers, pulse oximeters, soap, towels, etc.) will be monitored. The local and state OEM will be contacted to obtain additional needed supplies should additional supplies not readily obtained from vendors.
- **PREVENTION PROTOCOL**
 - ❖ Review and update key contact lists of the following individuals for inclusion in the emergency plan binder:
 - Health care facilities with transfer agreements
 - Local health department
 - NJ State Department of Health- epidemiology
 - Hospital Infectious Disease contact
 - Vendors for supplies and food
 - ❖ Inventory of all supplies, food, disposables, cleaning products, and equipment needs based on the disease process and order enough amounts
 - ❖ Contact the local or NJ State health department for guidance if needed supplies are not available for purchase
 - ❖ Post signage on all facility entrance doors regarding visitation
 - ❖ Visitation restrictions in accordance with federal, state, and / or local DOH guidelines and have visitors sign in and complete a brief symptom questionnaire before being allowed to visit their family member in a nonrestricted area
 - ❖ Coordinate for telephone, email, FaceTime visits rather than face to face
 - ❖ Provide precise information regarding specific disease symptoms, handwashing, and use of PPE
 - ❖ All employees who display any symptoms must be excluded from work and cannot return to work until asymptomatic for the required period based on the disease process
 - ❖ All employees will be screened for symptoms each Shift when they report to work
 - ❖ Ongoing staff education on handwashing and prevention techniques
 - ❖ Frequent monitoring of CDC guidance at www.cdc.gov for specific disease process and update practices as recommended
 - ❖ Stay in touch with the local health department for guidance and direction



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➤ **ENVIRONMENTAL PROTOCOL**

- ❖ Use dedicated or disposable medical equipment for a resident who is symptomatic and/or exposed. This may include BP cuff, individual glucometer, wheelchair etc. All dedicated equipment should be clearly labeled.
- ❖ All dedicated equipment will not be taken off any closed unit or moved to any unaffected sections of the facility and will be properly stored in the resident room or designated location.
- ❖ Non-dedicated, non-disposable medical equipment, such as a Hoyer or other lift, shower chair etc. used for symptomatic or exposed Residents must be cleaned and disinfected according to manufacturer's instructions and CDC guidelines between each affected resident.
- ❖ Non-dedicated non disposable equipment used for exposed or symptomatic residents will not be used for or by any unaffected residents.
- ❖ All non-dedicated non disposable equipment used for symptomatic or exposed individuals must remain in the appropriate cohort zone.
- ❖ Environmental cleaning and disinfection procedures will be followed consistently and correctly based on manufacturer instructions including using correct cleaning process and adhering to required drying times.
- ❖ Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID19, including those Resident-care areas in which aerosol-generating procedures are performed.
- ❖ Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID19. These products can be identified by the following claim:
 - "[Product name] has demonstrated effectiveness against viruses like COVID19 on hard nonporous surfaces. Therefore, this product can be used against COVID19 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces."
 - This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to health care facilities, physicians, nurses and public health officials, "1-800" consumer information services, social media sites and company websites (non-label related). Specific claims for "COVID19" will not appear on the product or master label.
 - See [additional information about EPA-approved emerging viral pathogens claims external icon.](#)



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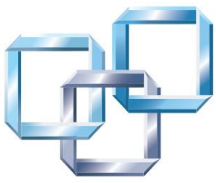
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- ❖ If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID19, products with label claims against human coronaviruses should be used according to label instructions.
- ❖ Soiled linens from affected residents will be double bagged and placed in a designated outer bag and these linens will be washed after all other linens have been cleaned.
- ❖ Washers, dryers, and work surfaces will be cleaned and properly disinfected following the cleaning of soiled linens and personal items of affected residents has been completed.
- ❖ Laundry employees will receive training regarding the proper use of PPE and handwashing to prevent exposure and transmission of the virus to others including family members.
- ❖ Medical waste will be properly bagged in red labeled hazardous material bags and disposed of according to facility protocols.
- ❖ No food carts from the kitchen will cross the entrance threshold to any affected unit. All trays will be passed through the door to a staff member on the unit and placed on a cart on the unit for delivery to residents.
- ❖ Carts on the unit will be cleaned and disinfected after each meal. Unit carts will not be removed from the unit if there are active cases.
- ❖ Maintenance workers will not bring carts carrying equipment on and off the unit. Any equipment can be transferred to a dedicated unit cart and after use all equipment will be cleaned before removal from the unit.

➤ **HOUSEKEEPING PROTOCOL**

- ❖ Evaluate all cleaning products to be sure they meet CDC & EPA requirements for use with the designated disease. If using EPA-registered disinfectants or cleaning/disinfectant products with demonstrated (proven) viricidal claims against flu viruses, check the manufacturer's instructions on "spectrum of action" and method of use (dilution, contact time, etc.). If using a product labeled only for use as a disinfectant, remember that federal law requires those surfaces being treated to be cleaned first.
- ❖ Follow product cleaning instructions and allow product to remain on the surface for the recommended time or until dry
- ❖ Use trash cans and other disposal receptacles that are no touch as much as possible
- ❖ Do not rotate housekeeping staff who work on an affected unit to other locations within the facility
- ❖ Clean all high touch areas multiple times throughout the day including:
 - Doorknobs



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- Handrails
- Tray tables
- Furniture surfaces
- Light switches
- Bathroom faucet handles
- Appliance handles
- Remote controls
- ❖ Monitor all soap, paper towel, and hand sanitizer dispensers' and replenish as needed
- ❖ Double bag all trash from affected rooms and place in common collection point for pick up and disposal
- ❖ Wear all required PPE when cleaning affected rooms and dispose of PPE before leaving the room and wash hands
- ❖ Do not wear PPE in hallways or between rooms
- ❖ Report any symptoms of the disease immediately to the nurse and your supervisor

LESSONS LEARNED FROM THE FRONT LINES

- LESSONS LEARNED ABOUT FACILITY AND CLINICAL TEAM PRECISE INFORMATION:
Precise information is critical when managing any crisis. Clinicians and facilities need to ensure they constantly operate from the same database of clinical information
- LESSONS LEARNED ABOUT FACILITY DISASTER PLANS REGARDING COVID-19:
Dangers and situations brought forth by the pandemic were addressed in a COVID-19 specific disaster plan. Policies, staffing planning, and clinician resources were updated to efficiently manage and respond to the pandemic.
- LESSONS LEARNED FROM CLINICIAN AND STAFF EXPOSURE
Initial concern about COVID-19 was that asymptomatic clinicians and staff would unintentionally spread the virus between facilities. Staff members and clinicians who had been working in multiple facilities would be assigned to one unit in a facility. Changing staffs and clinician working areas minimized the chance of spreading the virus.



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- **LESSONS LEARNED REGARDING UPDATING VISITATION/COMMUNICATION POLICIES**
Restrictions on resident and resident-family interactions was crucial in preventing the spread of COVID-19. Facilities needed to adapt/create alternative activities and socialization/communication techniques to minimize the impact of social distancing effects on the residents. Family calls and virtual calls were implemented to address this need.
- **LESSONS LEARNED REGARDING COLLABORATION WITH LOCAL HOSPITALS**
Collaboration between SNFs and local hospitals on best practices include screening of residents coming from the Hospital to the SNF as well as sharing information on symptoms and attending task force meetings.
- **LESSONS LEARNED REGARDING PERSONAL PROTECTIVE EQUIPMENT ONGOING EDUCATION**
All departments need to continue ongoing education regarding proper usage and treatment of PPE such as donning and doffing.
- **LESSONS LEARNED REGARDING ONGOING SURVEILLANCE**
Facility will continue to screen and monitor residents and staff and daily. This is vital to reducing the spread of the virus in the building.