

COVID-19

Rapid Response Protocol

Community Name: _____

COVID Testing Number: _____

Local Health Department Number: _____

State Licensing Number for Reporting Cases: _____

Senior Leader Liaison: _____



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This assumes the RVP and Health Department is already aware of the positive test.

- Quarantine resident and place in isolation immediately if not already in isolation. Place on alert charting. Ensure staff are educated on isolation precautions, PPE requirements.
- If Roommate, roommate should be moved to private room. Care should be taken to contain the infection in the same area when moving roommate. Isolation precautions initiated on roommate and daily temperature checks. Place on alert charting.
- Begin surveillance log (if not already in place)
- Daily temps on all residents exposed.
- Identify staff who may have provided care to resident. Don't share staff across units. Keep consistent assignments as much as possible
- Continue Temps for all staff and questionnaire upon arriving to community.
- Daily PPE inventory. Work to coordinate tasks in a room to prevent wasted PPE. See Page 6 for information on acquiring PPE inventory if stock is low.
- Paper products across the community.
- Enhanced environmental cleaning
- Notification to: (See letters on pages 7 and 8).
 - Residents and Families
 - Employees
- Media Contact: Rapid Response Team Member
- Local Health Department Communication and Updates: Rapid Response Team Member



This assumes the RVP, Healthcare Practitioner and Health Department are already aware of the positive test.

- Staff Member is to stay at home and follow directions from healthcare practitioner and local health department.
- Begin employee surveillance log (if not already in place)
- Continue Temperature checks and Questionnaire for all staff prior to starting their shift. Follow protocol for staff with fevers.
- Identify residents who may have received care from staff member and implement alert charting including daily temperature checks.
- Enhanced environmental cleaning.
- Notification to: (See letters on pages 7 and 8).
 - Residents and Families
 - Employees
- Media Contact: Rapid Response Team Member
- Local Health Department Communication and Updates: Rapid Response Team Member



Visitor Name: _____ Date: _____ Time: _____ am pm

Vendor/ Agency Name: _____ Phone Number: _____

Only essential personnel (agency staff, government officials, EMS personnel, etc.) should be entering our community as we have been notified of a positive COVID-19 test.

1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry?

- Yes
- No – please ask them to do so

2. Ask the individual if they have any of the following respiratory symptoms?

- Fever Sore throat Cough Shortness of breath Temperature _____

- If YES to any and/or if temperature is above 100 degrees, ask them to not enter the community. The may or may not have COVID-19, and the potential consequences to COVID-19 entering the building is serious enough to ask them to not enter even though they may not have it. Many populations outside of the elderly do not show any symptoms but are able to transmit the virus to others
- If NO to all proceed to question #3.

3. Ask the individual if they have:

- Traveled internationally, been on a plane, or on a cruise ship within the last 14 days or live with someone who has in the last 14 days.
- Has been exposed to someone diagnosed with COVID-19 within the last 30 days.
 - If YES to any, ask them to not enter the community
 - If NO to all, proceed to question #4

4. Ask the visitor the purpose for their visit/entry:

- NOT** an Essential Personnel involved in meeting the resident’s needs or maintaining the operations of the facility. Essential Personnel includes: employees, outside medical personnel providing care to our residents, EMS, Vendors (clinical, pharmaceutical, food and environmental), licensing/ survey staff, Adult Protective Services/ Ombudsman, law enforcement.
- NOT** an Immediate family members for residents receiving end of life care
 - If YES to any, ask them to not enter the community
 - If NO to all, proceed to question #5

5. Remind the individual to:

- Wash their hands or use ABHR throughout their time in the building
- Not shake hands with, touch or hug individuals during their visit
- Go directly to the resident’s apartment. Do not wander around community.

I understand that based on my responses I may be prohibited from visiting this community. I also understand that if I refuse to complete this form, I will be prohibited from visiting this community. I agree that the above answers are true and correct. I agree to notify community management immediately of any changes to the above questions.

Visitor Signature: _____ Date: _____

Staff Name: _____

Staff Signature: _____ Date: _____

RATIONALE: COVID-19 is extremely dangerous for our residents with early estimates of at least a 15% mortality rate for older adults 80+ years old. Many populations outside of the elderly do not show but are able to transmit the virus to others. Ensuring our residents are cared for in a safe and healthy environment is our first priority.



For more information:
www.cdc.gov/COVID19

Employee Name: _____ Date: _____ Time: _____ am pm

All employees complete prior to working their assigned shifts. Includes a temperature reading.

1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry?

- Yes
- No – please ask them to do so

2. Do you have a:

- Fever Sore throat Cough New shortness of breath Temperature _____
- If YES to any, review with the executive director prior to employee working. If temperature is above 100 degrees, employee will be asked to leave community. They may or may not have COVID-19.
- If NO to all proceed to question #3.

3. Have you:

- Traveled internationally or on a cruise ship within the last 14 days or live with someone who has in the last 14 days.
- If YES, ask them to not enter the community
- If NO to all, proceed

4. Remind to:

- Wash your hands or use alcohol based hand rub per our policy and procedures
- Alert your supervisor and Executive Director of any resident or staff member who is presenting with an illness

I agree that the above answers are true and correct. I agree to notify community management immediately of any changes to the above questions.

Employee Signature: _____ Date: _____

Employee Completing Questionnaire: _____

Signature: _____ Date: _____

RATIONALE: COVID-19 is extremely dangerous for our residents with early estimates of at least a 15% mortality rate for older adults 80+ years old. Many populations outside of the elderly do not show any symptoms but are able to transmit the virus to others. Ensuring our residents are cared for in a safe and healthy environment is our first priority. .



For more information:
www.cdc.gov/COVID19

Frequently clean all high- touch surfaces in your community.

This includes the following:

- **Main Entrance Area**
 - Include the following:
 - Pens
 - Countertops
 - Phones/ Keyboards/ Mouse
- Workstations
- Countertops
- Doorknobs
- Phones
- Elevator Buttons/ Handrails
- Chairs (Armrests)
- Keyboard/ Mouse
- Phones/ Cell Phones
- Handrails
- Employee Break Rooms



Steps to take if supply shortage of PPE:

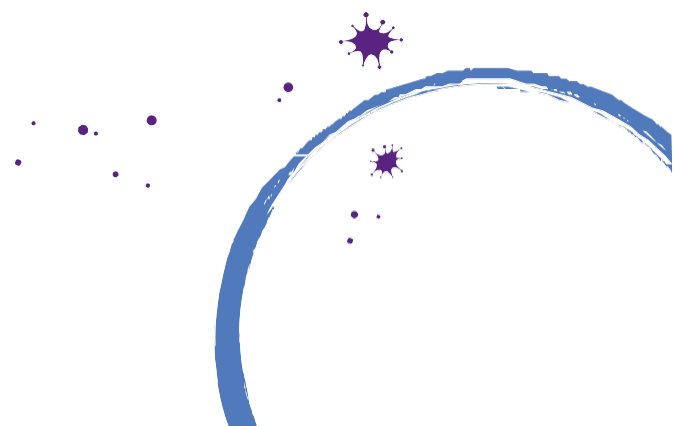
1. Notify Local healthcare coalition
2. Notify State Health Department
3. Contact Local Health Department
4. Contact local hospital or other healthcare providers in your area about sharing

Ahcancal.org

Rapid Response Taskforce Community Team Leader Responsibilities.

(Assigned support team member)

1. You will be deployed to your assigned location when a resident tests positive for COVID-19.
2. Ensure follow through with the tool kit.
3. Point person for the Health Department and Media
4. Communicate any needs/ concerns/ updates to your assigned Senior Leader Liaison.



To our employees:

Ensuring our residents are cared for in a safe and healthy environment is our first priority. Unfortunately, like many others, we now have a confirmed case of COVID-19 within our community. We want to assure you that we are continuing to follow all local, state, and federal recommendations. We have prepared for this and please know that our number one priority is to keep our residents and team members safe.

These restrictions follow the recommendations of local, state, and federal agencies including the National Center for Assisted Living and Centers for Disease Control and Prevention (CDC) during this international outbreak of Coronavirus (COVID-19).

Information for our employees:

- **Sick employees should stay home.** At this time, we request that you stay home if you have any symptoms of respiratory illness. Those symptoms include: cough, fever, sore throat, runny nose, and/or shortness of breath. Notify your direct supervisor if you have respiratory symptoms.
- **Notify us if you develop respiratory symptoms while at work.** These include: cough, fever, sore throat, runny nose, and/or shortness of breath.
- **Practice strict hand hygiene.** All employees should clean their hands before and after interaction with residents and their environment with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water is recommended if hands are visibly dirty.
- **Cover your mouth and nose with a tissue when coughing or sneezing.** Please review the CDC's information on coughing and sneezing etiquette.
- **Perform enhanced environmental cleaning.** Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. No special cleaning is necessary for COVID-19.
- **If you're traveling internationally or someone you live with has traveled internationally,** you will be required to self-quarantine for 14 days per state recommendations. For the safety of our staff and residents, we highly discourage international travel at this time.

We are staying up-to-date with the CDC recommendations as they are updated. In addition, we are in close contact with the local and state health department and are following their guidance.

Should you have any questions, please feel free to contact your direct supervisor. As you already know, people at highest risk include the elderly and those immunocompromised. We are continuing to reinforce sick leave policies and strict adherence to infection prevention and control measures including hand hygiene and the use of personal protective equipment when necessary.

For additional information, please visit the CDC's coronavirus disease information page.

Sincerely,
Your community leadership team



For more information:
www.cdc.gov/COVID19

To our residents and family members:

Ensuring our residents are cared for in a safe and healthy environment is our first priority. Unfortunately, like many others, we now have a confirmed case of COVID-19 within our community. We want to assure you that we are continuing to follow all local, state, and federal recommendations. We have prepared for this and please know that our number one priority is to keep our residents and team members safe.

- We will be continuing our social distancing for all residents and immediately isolating any resident who exhibits a fever or respiratory symptoms. We will continue to ask all residents to remain in their apartment.
- We will continue meal delivery to resident apartments. All meal containers will be in disposable packaging and trash will be collected at the end of dinner or more frequently if needed.
- At this time, no visitors will be allowed in the community unless deemed medically necessary. All mail will be delivered to our residents.

These restrictions follow the recommendations of local, state, and federal agencies including the National Center for Assisted Living and Centers for Disease Control and Prevention (CDC) during this international outbreak of COVID-19.

For additional information on COVID-19, please visit the CDC's coronavirus disease information page. If you have further questions, please don't hesitate to reach out to community leadership or email us at Covid-19@milestoneretirementcommunities.com

Sincerely,

Your community leadership team



For more information:
www.cdc.gov/COVID19

Our community is taking measures consistent with guidance from the CDC and local health authorities to minimize the risk of the transmission of COVID- 19 to Community residents, team members and visitors.

The scientific data available shows that the elderly and those with a compromised immune system seem to have a disproportionately higher risk of contracting and exhibiting serious complications of the disease. Given the demographic of our resident population we have a heightened focus on preventative measures to reduce the chances of the exposure to those in our Community. We will continue to adhere to established infection control protocols and will follow recommendations provided by the Centers for Disease Control and prevention (CDC).

As a precautionary measure we have suspended all non-essential visitation to the community and have placed residents in quarantine. We will work closely with the local health department to develop strategies to manage any confirmed cases of COVID-19 that may present in our community.



For more information:
www.cdc.gov/COVID19

STATEMENT & TALKING POINTS FOR FACILITIES WITH CORONAVIRUS
Infection Prevention and Control in Skilled Nursing and Assisted Living Communities

Updated: March 14, 2020

[TAILOR FOR YOUR USE]

PRESS STATEMENT:

“We are doing everything we can to ensure we stop the spread of this within our facility. We are in very close communication with local and state health officials to ensure we are taking the appropriate steps at this time. Our staff and residents are following the recommended preventative actions, we have restricted visitors from entering our facility, and cancelled all group activities within the building until the virus has been eradicated.”

TALKING POINTS:

- Resident safety is a top priority for **[FACILITY NAME]**. Every resident should have a clean, safe living environment. We agree that the spread of this novel virus is a critical issue that requires attention.
- **[FACILITY NAME]** is in close contact with our local and state health departments, as well as the CDC, to stay up to date on the information to prevent and manage the spread of Coronavirus.
- Skilled nursing and assisted living providers will need to rely on local, state and federal resources to help prevent the spread of this virus.
 - Detailed technical assistance from CDC and other public health agencies is necessary to help track and prevent its spread.
- We have reviewed and updated our infection prevention and control plans and our emergency communication plan.
- We have reinforced to our staff that anyone who is sick should stay home.
- We are following the same basic procedures used during flu season: handwashing, using alcohol-based hand sanitizers and covering coughs.

DEPENDING ON THE LOCAL HEALTH DEPARTMENT RECOMMENDATIONS:

- We are restricting all non-essential personnel, per direction from local health department (as well as the federal/state government).
- Family members can interact with their loved ones by using video chat, calling, texting or checking in on social media. **[OUTLINE HOW FACILITY IS FACILITATING COMMUNICATION]**

COMMON MEDIA QUESTIONS:

Should families who are worried move their loved ones out of skilled nursing centers or assisted living communities?

- No. Moving the elderly or frail is risky and often has long-lasting impacts. Research around natural disasters and other emergency events has proven this over time. CDC does not currently recommend transferring residents either home or to the hospital.

How concerned are you for skilled nursing center or assisted living residents?

- We know that the frail and elderly are especially susceptible to this virus. That's why we are in close communication with our local health department, CDC and CMS to ensure we have the latest information and resources available.

Are you having trouble getting things like masks and gowns?

- We have heard that some long term care providers are having some of the same difficulties as other health care providers getting masks and gowns. In our facility, we **[PROVIDE INFO ON YOUR SUPPLIES (e.g., conservation efforts)]**.
- **[CUSTOMIZE BASED ON YOUR SITUATION: We [have reached/are reaching] out to the state and local health departments and area hospitals/other health care providers when we are unable to place orders for equipment we need.]**
- It's important to remind the public that the CDC does not recommend masks for the general public at this point, so we can prioritize this equipment for health care workers. We also urge members of the public to not hoard hand sanitizer, so we can make that available to residents and staff, who need to use it regularly.

If staff have to stay home because they are sick/schools close, how are you ensuring that there are enough staff to care for your residents?

- Our state and national associations are encouraging both federal and state governments to waive current licensing requirements that would hinder care professionals from working across state lines, so we can potentially address any shortages due to employees needing to stay home.
- Our state and national associations are also advocating for priority testing for our employees and residents, so we can quickly identify whether staff need to remain at home or if they can come back to work.
- **[PROVIDE STEPS FACILITY IS TAKING]**

BACKGROUND:

- To decrease the risk of viral outbreaks in long term care centers, two processes need to be in place.
 - First, efforts should focus on how to decrease the introduction of viruses into a facility.
 - Second, steps to decrease the spread of a virus between residents need to be in place and followed consistently.

- Even then, outbreaks may still occur. Facilities should have a process to limit the spread of a virus and also treat individuals with an infection to decrease the risk of illness exacerbation, hospitalization, and in severe cases, death.
- Steps to help prevent the introduction of a virus into long term care centers (or any health care facility) include:
 - Keeping all ill individuals from visiting the facility, including family, volunteers and employees.
 - Requiring individuals visiting a facility to wear a mask when viral infections are at increased levels in the community .
 - Not applicable if visitors are not being permitted.
 - Encouraging frequent hand hygiene by making alcohol-based hand sanitizer dispensers readily available, in locations such as in or near each resident's room as well as in the entry area and common areas.
 - Immunization of health care workers (e.g. influenza, measles, diphtheria, pertussis, chicken pox) or limiting health care workers physical interaction with residents when not immunized or using masks when such viral infections are found at increased levels in the community.
- Steps to help decrease the risk of viral spread within a facility include:
 - Ongoing hand hygiene at high levels. This can be achieved with: Readily available alcohol-based hand sanitizers in locations such as in or near each resident's room, common areas, etc.
 - Regular and frequent internal monitoring systems of hand hygiene with regular feedback to staff.
 - Visual reminders that hand hygiene helps residents stay healthy.
 - Early identification of viral infections that cause upper respiratory illness (e.g. "colds", "flu", or "winter crud") that lead to steps that prevent viral spread. Preventative measures include: Early contact isolation and droplet protection for individuals with flu-like symptoms before a definitive diagnosis is made. This includes: Keeping ill individuals away from healthy individuals (e.g. ideally by cohorting ill residents together, though cohorting may not be possible given the physical space and structure of facilities).
 - Use of masks on residents with symptoms if they need to leave their rooms, which should be severely restricted.
 - Use of personal protective equipment by staff and visitors for droplet protection.
 - Use of appropriate cleaning products on surfaces that are cytotoxic for common viral infections and changing these cleaning products when the harder to kill infectious agents are identified and requires special cleaning products, such as C. diff, norovirus and adenovirus, which should be readily available to the facility staff.

- CMS issued infection control regulations in November 2016. These regulations were designed to help decrease the risk of infectious outbreaks in nursing centers and require each nursing center to have an infection control plan that must describe:
 - An infection prevention and control program. The facility must establish an infection *prevention and* control program that includes an Antibiotic Stewardship Program and designate at least one Infection Preventionist;
 - A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
 - When and to whom possible incidents of communicable disease or infections should be reported;
 - Standard and transmission-based precautions to be followed to prevent spread of infections;
 - When and how isolation should be used for a resident; including but not limited to: The type and duration of the isolation, depending upon the infectious agent or organism involved, and;
 - A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
 - The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
 - The hand hygiene procedures to be followed by staff involved in direct resident contact.

- The CMS regulations also require each nursing center to designate at least one employee to serve as an Infection Preventionist, who is both a clinician (e.g. nurse) and has received additional training and certification in infection control.
 - There are three training programs available including one designed by AHCA/NCAL. They all require approximately 20 to 25 hours of training.

- AHCA/NCAL has recommended several steps to help decrease the risk of future viral outbreaks in nursing centers:
 - AHCA/NCAL has offered to provide our certificate course for free to those centers who provide care to high risk individuals (e.g. pediatrics, ventilators, HIV, transplants, and ESRD).
 - State health departments should ensure each nursing center has alcohol-based hand sanitizers that are readily available to each room and at entry to the facility as well as in common areas for staff and visitors.
 - State health departments should ensure all health care workers receive the influenza vaccine. If a worker chooses to decline the vaccine, during periods of time when there is an increase in influenza virus in the community, that individual should be required to wear a mask. If they are unable to wear a mask, they should not provide direct patient care. Several states and hospitals have adopted this type of approaches.

- State health departments should assure health care facilities use appropriate cleaning supplies that are cytotoxic to common viruses and pathogens (per CDC and EPA labeling for claims against common viruses and pathogens). All health care facilities should have a supply of additional cleaning agents for hard to kill pathogens when such pathogens are identified or suspected (e.g. C. diff, adenovirus, norovirus).