COVID-19 Response Plan & Facility Toolkit

The information contained in this response plan is up to date as of the most recent revision date. As new information becomes available from the Centers for Disease Control and Prevention (CDC) and the Michigan.gov/coronavirus website, infection prevention recommendations and guidance may change.

Please visit the CDC website at https://www.cdc.gov/coronavirus/2019- ncov/index.html and the Michigan.gov/coronavirus website at https://www.michigan.gov/coronavirus for updates on coronavirus COVID-19.

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1. Introduction

The MVH COVID-19 Response Plan and Facility Toolkit is a comprehensive plan that was developed in an effort to ensure all staff, residents and families have the necessary information regarding our plans to protect against COVID-19 and also what will occur if and when we have a positive case at the facility. Due to the ever-evolving nature of information and recommended guidelines that are coming as a result of this pandemic, the document will be regularly updated. Updated guidance will be identified by the NEW icon for ease of reference. We ask that everyone take the time to thoroughly review this plan and the attachments to ensure you have a good understanding of the precautions and practices that must be followed during this crisis.

Please refer to the table of contents for a summary of all items addressed in the Response Plan. Major highlights of the plan include the following information:

- **Key Contacts.** Establishment of a COVID-19 Response Coordinator for MVH and a multidisciplinary COVID-19 Response Planning Team for MVH facilities, including up-to-date contact information.

- **Visitor Screening Policies & Processes.** Updated Covid-19 visitor screening and restriction policies and processes.

- **Employee Screening Policies & Processes:** Updated Covid-19 visitor screening and restriction policies and processes**.**

- **Pre-Admission Screening:** Pre-Admission Screening Test for new members admitted to facility during Covid-19 response.

- **Monitoring of Respiratory Illness:** Additional information on monitoring for respiratory illnesses in the resident member population.

- **Member Services Modifications:** Information on required modifications to member services during Covid-19 response efforts.

- **PPE Supply & Use Strategies**: Information on Personal Protective Equipment (PPE) supply and use strategies required during Covid-19 response.

- **Transmission Minimization Strategies.** Information on facility-wide cleaning and sanitation measures to ensure reduced risk of transmission

- **Communication.** Process by which staff, members and families will receive communication and updates regarding response activities.

2. Structure & Decision Making

21 **COVID-19 Response Coordinator.** The MVH COO will be the assigned COVID Response Coordinator. (See attachment A.1 *Contact Information).*

22 **COVID-19 Response Planning Team.** A multidisciplinary planning team has been created to specifically address COVID-19 preparedness planning. Please attachment A.1 for a list of team members and other important points of contact for COVID-19 Response.

23 **COVID-19 Response Preparedness**. Conduct a tabletop exercise with your interdisciplinary team as soon as possible. The exercise can be included, as part of the center's emergency preparedness activities to outline the response to COVID-19, such as response to community identification and quarantine actions. The Director of Compliance and Clinical Outcomes will verify all areas have been completed. (See attachment A.2 *Preparation Checklist for Reducing the Potential Spread of Respiratory Illness*).

24 **COVID-19 Response Training.** Conduct all-staff training regarding key elements of this guidance as outlined in this plan.

25 **Interim Guidance**

Additional updates and resources will be available. Refer to the CDC website and Michigan.gov/coronavirus for the latest updates on COVID-19, international travel recommendations, healthcare guidance, and restrictions: https://www.cdc.gov/coronavirus/2019-ncov/index.html, and https://www.michigan.gov/coronavirus/

3. Revision of COVID-19 Response Plan

The Director of Compliance & Clinical Outcomes (See attachment A.1 for *Contact Information*) will be responsible for daily review of relevant sections of federal, state, regional, or local plans for COVID-19 for incorporation of the most up-to-date guidance into the facility's plan and update the COVID-19 Response Coordinator and planning committee members as appropriate. This includes to review of coordinating efforts of CDC and Michigan.gov/Coronavirus.

4. Staff Access to COVID-19 Response Plan

Updated copies of the most recent COVID-19 Response Plan will be maintained and made available to all employees in a specifically designated area in the facility to ensure employees are referring to the most recent revision of the Response Plan. As the plan is revised, staff will be notified via email.

5. Facility Operations Protocols

5.1 Restricted Visitation

In the case of pandemic, sustained community transmission of communicable disease or for reasons of health and safety of our members, and employees visitation will be restricted for all visitors and non-essential healthcare personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be screened and limited to a specific room only.

Note: If MVH implements actions that exceed CMS requirements, such as a ban on all visitation through a governor's executive order, a facility would not be out of compliance with CMS' requirements.

5.2 Notice of Restricted Visitation

All MVH Homes should post signs instructing visitors that visitation is restricted at this time due to the potential spread of COVID-19. (See attachment A.3 *Restricted Visitation Stop Sign Poster* provided in this toolkit).

5.3 Communication of Visitation Restrictions

Homes should communicate through multiple means to inform individuals and non-essential healthcare personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.

The Home will make all reasonable attempts to communicate with members individually regarding changes to visitation and social activities to help keep them safe from Coronavirus COVID-19.

5.4 Visits that Meet Exception Criteria

In the case of end of life care or other situations that impact a member's wellbeing a visit may be coordinated thorough the MVH Leadership and Facility Leadership.

Visitors who meet the above exception will be screened and while in the facility the visitor will:

- Complete hand hygiene upon entering building
- Be provided with PPE (as supply allows) and must wear an approved facemask (as supply allows) while in the facility. Visitors may be asked to provide their own alternative face mask when the facility supply is limited or spent.
- Remain in the member's room or designated visitation area (if a designated area is used, disinfect after each use)
- Complete frequent hand hygiene during the visit
- Refrain from physical contact with members and others
- Limit touching surfaces that are touched by members and staff (side rails, call lights, handrails, counter tops)
- Practice social distancing, with no handshaking or hugging, and remain six (6) feet apart
- Self-monitor for signs and symptoms of COVID-19 and to call the Home's Director of Nursing immediately should signs and symptoms occur (see below)

5.5 Screening Process for Visitors That Meet Exception Criteria

All visitors (those allowed to enter based on above exception) will be screened at each visit. The screening will assist in determining whether any of the following mandatory restriction criteria is met (See attachment A.4 *Employee/Visitor Screening Tool).* Mandatory restriction on entrance will apply in the following individual circumstances:

- Individuals that screen positively for respiratory symptoms and/or fever.
- Individuals with a confirmed diagnosis of COVID-19 or under investigation for COVID-19- the individual will not be allowed to visit and will be directed to follow up with their medical provider and local health department. Additionally, the Infection Preventionist will be notified when a visitor is unable to visit due to risk of exposure to COVID-19.
- Individuals who have traveled outside of the United States will be restricted from visitation for 14 days from re-entry back into the United States, for any country listed on the CDC travel advisory list, Level 3 travel notice countries, or who have participated in other settings where crowds are confined to a common location.
- Individuals residing in a county or adjacent county where community-based spread of COVID-19 is occurring, except in end-of-life situations as noted above.

5.6 Visitors Denied Entrance

If a visitor meets the exception criteria but is denied entry into the facility, the Infection Preventionist or licensed nurse should review the screening tool and discuss the findings with the individual. The Infection Preventionist or licensed nurse should make the final decision on whether the person can work/enter the facility and should document their clinical reasoning.

5.7 Disposition of Visitor Screening Tool

Completed screening tools retained for documentation and investigatory purposes and retained or destroyed according the MVA document record retention policy.

5.8 Post Visit Self-Monitoring and Reporting

Visitors who enter the facility will be advised to:

- Self-monitor for signs and symptoms of respiratory infection for 14 days after exiting the facility.
- Self-isolate at home if symptoms of COVID-19 occur (cough, sore throat, shortness of breath fever), contact their health care provider, and immediately notify the facility of the date they were in the facility, the individual(s) they were in contact with, and the location within the facility they visited.
- The Home should immediately screen the individuals of reported contact and act based on findings.

5.9 Facilitation of Proper Hygiene Practices by Healthcare Personnel and Visitors

The Homes will post visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette. (See attachments A.5-A.7).

The Homes will also provide appropriate supplies for facilitation of proper hygiene at entrances and common areas of the Home (tissues, waste receptacles, alcohol-based hand sanitizer, and face masks), to the extent inventory allows.

5.10 Surveyor Entry

In the event of surveyor entry, conduct the visitor screening per the Home's screening procedure. Document findings of the screening on the screening form.

- If the surveyor indicates that they had potential or known contact with COVID-19 and used PPE appropriately during that contact, the surveyor is considered to pose a low risk to transmission and must be granted access.
- Surveyors may not enter a facility if they have a fever.

Any questions or concerns regarding surveyor entrance can be directed to the Home's administrator who can follow up with their LARA survey monitor.

5.11 Ombudsman Access

Members still have the right to access the LTC and Michigan's Veterans Facility Ombudsman programs. Visitation will be restricted, except in compassionate care situations; however, Homes may review this on a case-by-case basis. When in-person access is restricted the Homes will facilitate member communication (by phone or another format) with the Ombudsman program representative.

5.12 Temporary Soiled Utility Rooms/PPE

- Any room being used temporarily as a place to clean, repurpose or collect PPE must have signage indicating it is a dirty utility room. Hang the Temp Soiled Utility Room Signage (see Facility Posters and Signs) on the front of the door**.** The door must remain closed.
- There is to be no eating or drinking in these rooms. Food, wrappers, etc., should not be discarded in the trash meant for discarding PPE. Hang the trash for discarded PPE where the trash receptacle is in the room. Ensure that the trash can is large enough to accommodate the trash and that it not overflowing and emptied on a regular basis.
- If eye protection is being re-purposed for conservation efforts use the Eye Protection Signage (see Facility Posters and Signs) to designate areas where dirty eye protection is placed and where clean eye protection is kept (while during, kill time, etc.).

5.13 Technology Equipment Cleaning

All IT-related equipment (tablets, laptops, keyboards, phones) should be cleaned and disinfected after each use according to the manufacturer's instructions.

5.14 Review of Delivery Processes

Each Home will have the Facilities Manager review the process of deliveries, such as food deliveries, oxygen, packages, office supplies, pharmacy couriers, etc., to include alternative drop off locations or entrance access to reduce the potential spread of COVID-19. If vendors must enter the facility, they should be screened and use proper PPE.

5.15 Postmortem Care

The contingency plan for the Homes for managing the need of managing an increased need for postmortem care and disposition of deceased members. (See attachment A.8 *Postmortem Care*).

6. Employee Protocols

6.1 Essential Healthcare Personnel (HCP)

Persons considered essential healthcare personnel (HCP) include:

- All state employees and contractor/agency employees at all MVH facilities, management, and other support personnel, who have a reason to be in the facility for clinical, nutritional, environmental, and/or operations support.
- Physicians or providers caring for members in the Homes, including Pharmacists, Dieticians, hospice, mental health professionals, and laboratory services, pharmacy technicians, etc.

6.2 Essential HCP Screening

All facility staff have been directed to pre-screen by taking and logging their temperature prior to arrival for their shift (See attachment A.9 *Employee Temperature Tracker*). If the employee has a fever, signs of respiratory infection or questions regarding fit for duty the employee has been instructed not to report to the facility and to call their supervisor for further instructions.

Upon arrival to the Home all employees will be screened prior entrance. Social distancing will be maintained throughout the process. The employee will:

- "gel" in and signs off on schedule posted in the screening area
- fill out screening form
- report to screener and has temperature taken
- form is reviewed by screener
- if there is no need for follow up then is given the "sticker of the day" indicating completion of screening process
- If there are screening questions, then the employee and the form are reviewed by a supervisory nurse. Any irregularities in the screening form or process will be documented on the screening form.
- Employee is either sent home or gets sticker for work
- "gels" or hand washes, punches in, and reports to their assigned unit

6.3 Circumstances Requiring Mandatory Restriction of Entry of Essential HCP

Employees who are deemed not able to work due to the screening will be advised to not report to work for the day and that they will receive a call with further instructions. The Director of Nursing and or the Infection Control Nurse should follow all CDC recommendations regarding allowing employees to work. MVH team is available to discuss a plan based on the most CDC guidelines and/or a recommendation will be sought out by the local health department.

Mandatory restriction on entrance will apply in the following individual circumstances:

- Individuals that screen positively for respiratory symptoms and/or fever
- Individuals with a confirmed diagnosis of COVID-19 or under investigation for COVID-19
- Individuals who have traveled to areas of sustained community transmission or area listed on the CDC travel advisory list.
- Individuals that facility, agency staff and essential healthcare personnel who have worked in or entered other facilities with suspected or confirmed COVID-19 and restrict them appropriately to reduce the spread of COVID-19 and/or respiratory illness.

If the employee has a fever, even if they have no other exposure risks, or is otherwise ill, have them put on a facemask and send them home to self-isolate at home.

6.4 Return to Work

Before an employee who has been screened out due to suspected COVID-19 exposure can return to work, the facility will consult the MVH Director of Compliance and Clinical Outcomes. Current CDC Return to Work criteria for areas without sustained community transmission:

- Employee must be fever free for three days without the use of fever reducing medication **AND**

- There must be improvement in any respiratory symptoms including cough, sorethroat, runny nose, shortness of breath **AND**
- At least ten days have passed since the day the symptom started.

(See attachment A.9 for *Initial Determination of Risk for Coronavirus COVID-19*).

6.4 Disposition of Employee Screening Tool

Completed screening tools retained for documentation and investigatory purposes will be retained or destroyed according the MVA document record retention policy.

6.5 Employee Sick Leave Policies

The Home should ensure staff is aware of sick leave policies and educate on staying home if symptoms of a respiratory infection are present.

6.6 International Travel and Employee Responsibilities

All healthcare personnel should remain aware of governmental restrictions on travel to areas listed on the CDC travel advisory list at the time of screening. Based on current guidance, any staff returning from any of these locations will need to self-quarantine for 14 days. The *International Travel and Employee Requirements* guidance has been updated to reflect current guidance as of the date of this memo.

Travel requirements remain in effect for other areas as denoted by the CDC as having ongoing sustained transmission of COVID-19.

6.7 Surveillance of Respiratory Illness in Employees

The Homes will engage in surveillance of respiratory illness in employees. Surveillance includes:

- Monitoring daily the number of employees in the Home who present with fever, respiratory signs/symptoms or other signs/symptoms related to COVID-19
- How many staff have been diagnosed with COVID-19 and when the case was confirmed?
- How many employees have been tested for COVID-19?

Who Should Be Evaluated for a Suspected Case:

Clinical Features	&	Epidemiologic Risk
Fever **or** signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	**AND**	Any person, including healthcare workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	**AND**	A history of travel from affected geographic areas within 14 days of symptom onset
Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)	**AND**	No source of exposure has been identified

6.8 Testing of Employees

Protocol for employee testing for COVID-19 or other infectious diseases is based on recommendation by the employee's health care provider in coordination with the Home's medical director (if requested) and local/state health departments.

6.9 Employees Who Become Symptomatic While at Work

Employees are instructed that if they become symptomatic while at work, they are to don a facemask, immediately report to their supervisor, outline the symptoms they are experiencing, and leave the Home immediately. Once home, they are to contact the Home's Infection Control Nurse or Director of Nursing as soon as possible for further instructions (calling health department, self-monitoring, etc.).

6.10 Tracking of Facility-Wide Trends

Surveillance will include monitoring daily:

- The number of employees who present with fever, respiratory signs/symptoms or other signs/symptoms related to COVID-19
- The number of employees diagnosed with COVID-19 and when the case wasconfirmed
- How many employees have been tested for COVID-19?

6.11 Staff Masking Policy

This policy deals the use and distribution of face masks for use throughout the facility, except in the facilities quarantine areas units. (See attachment A.11 *Distribution and Use of Face Masks for Facility Staff)* for this interim guidance.

6.12 Smoking Considerations

In order to comply with social distancing requirements and general public health considerations the home's smoking areas may be closed at the discretion administrator.

7. Human Resources

7.1 Interviewing & Hiring New Employees During COVID-19 Crisis.

In order to continue recruitment and hiring practices, MVH facilities will conduct virtual interviews to screen candidates. Virtual interviews will be completed via Microsoft Teams or Skype. Instructions regarding Microsoft Teams are included in Attachments.

8. Member Services

8.1 Notification of Increased Occurrence of Respiratory Illness in Members

If the Home is experiencing an increased number of respiratory illnesses, regardless of suspected etiology, among residents or healthcare personnel, the Administrator or designee should immediately notify MVH Director of Compliance and Clinical Outcomes and then contact their local or state health department for guidance.

8.2 Monitoring of New Occurrence of Respiratory Illness in Members

MVH facilities will:

- Conduct twice daily temperature checks
- Conduct twice daily oxygen saturation rate checks
- Monitor for signs of COVID-19 infection

See attachment A.12 *Member COVID-19 Daily Symptom Assessment Log.*

8.3 New Admissions

Admissions during time of quarantine will be determined by many factors including CMS requirements, CDC guidance, VA guidance and alike.

For new admissions permitted into the homes, MVH facilities will:

- Isolate and monitor for respiratory symptoms to assess for changes in residents' health status for 14 days
- Consider orders for transmission-based precautions based on risk and supply

8.4 Protocol Upon Presentation of Symptoms in Members

Any member who presents with new onset fever or respiratory symptoms regardless of etiology will be placed in a private room (if available), close door to room, will have a facemask placed on them, placed in contact and droplet isolation with eye protection and notify the Home's medical director, health department and other notifications as required.

If a member develops **emergency warning signs** for COVID-19, provide **medical attention immediately**. Persistent pain or warning signs include but are not limited to:

- Difficulty breathing or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

For any other symptoms that are severe or concerning, MVH will consult the medical provider. For further information regarding care of a member with suspected or confirmed COVID-19, employees should consult and follow CDC guidelines and/or contact Director of Nursing for further assistance.

Who Should Be Evaluated for a Suspected Case:

Clinical Features	&	Epidemiologic Risk
Fever **or** signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	**AND**	Any person, including healthcare workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	**AND**	A history of travel from affected geographic areas within 14 days of symptom onset

8.5 Testing of Members

Protocol for member testing for COVID-19 or other infectious diseases is based on recommendation by the member's health care provider in coordination with the Home's medical director and local/state health departments.

8.6 Tracking of Facility-Wide Trends

Surveillance will include monitoring daily:

- The number of members in the Home who present with fever, respiratory signs/symptoms or other signs/symptoms related to COVID-19
- How many members have been diagnosed with COVID-19 and when the case was confirmed?
- How many members have been tested for COVID-19?

8.7 Mitigation Efforts

In order to mitigate opportunities for the transmission of COVID-19 and other infectious diseases within the Home:

- All Home staff will observe and/or assist residents' members with frequent hand hygiene, respiratory etiquette and social distancing
- Members who must leave the facility for medically necessary purposes (hemodialysis, chemotherapy, etc.) will wear a facemask whenever they leave their room, including for procedures outside the facility.
- Each Home will ensure a process is in place to sanitize the transportation van between each member transport.
- Each Home will communicate to receiving facility (acute care setting, EMS personnel, dialysis center, outpatient clinic, chemotherapy/radiation center, etc.)

8.8 Rehabilitation and Restorative Services for Members

For both rehabilitation and restorative services, we will continue to provide the appropriate Mode of Treatment for our members.

At each facility, infection control practices will be fully integrated into member treatments.

- Treating personnel should start and end treatments with hand washing and or sanitizing.
- Where appropriate, treating personnel should encourage the member to assist us in sanitizing/cleaning the rehab equipment they have used for treatment.
- Each Home will incorporate other infection control practices into our member education such as "sneezing into your elbow", "eliminating hugging and shaking hands", "not touching your face" and "hand washing". The goal of these initiative is to provide members some control and empowerment at a time when they might be feeling they have none.
- Treating personnel will use the required PPE appropriate for transmission-based precautions

8.9 Communal Dining for Members

General Communal dining will be suspended at this time. Each facility will post clear signs on dining room doors indicating the communal dining has been suspended.

Limited Communal Dining. Limited communal dining will continue for those members who need assistance, supervision, are cognitively impaired or those at risk for choking.

- Dining should take place in small dining space or assisted dining rooms with no more than 10 persons (including caregivers) per dining room/area.
- Members per table should be limited and members should be placed at least 6 feet from other members.
- Staff will exercise proper hand hygiene and will assist members with proper hand hygiene.
- Staff will ensure proper social distancing in the dining area.

In-Room Dining. In room dining activities should be followed for all members who are able to eat independently.

Determination of Appropriate Mode of Meal Delivery. The Home's staff will continually evaluate whether changes in meal delivery is necessary. For instance, staff may stagger meal delivery to accommodate member needs. (i.e., deliver trays for independent dining on one unit, then assist members needing assistance, then deliver trays for independent dining to another unit).

Home staff will evaluate current equipment and supplies for meal service to accommodate meeting dining needs of members. Some Homes serve most members in the dining rooms and may have a limited supply of domes, bases, trays. As supplies may take time to order/receive, the Home must develop a plan to wash, rinse and sanitize the items for re-use at a meal.

"All Hands On" Dining. As part of contingency planning, Homes may implement an "All Hands On" program. Department heads should be assigned meals/units to pass trays to those who eat independently, allowing resident care staff and licensed nurses to provide direct assistance to members.

8.10 Community Outings/Activities for Members

Community outings/activities will be suspended at this time. Community outings by independent members who frequent the community on leave unattended will also be suspended.

8.11 Medically Necessary Appointments

Medically necessary appointments (dialysis, chemotherapy, radiation, etc.) will continue to be attended by members for these services cannot be provided in the Home.

- Members who leave the facility for medically necessary appointments will be assisted with hand hygiene and donning a surgical mask prior to leaving their nursing unit.
- The transport vehicle will be disinfected after the transport of each member utilizing the vehicle.
- The receiving center (hospital, dialysis center, cancer center) will be kept apprised of the members COVID-19 status and if the member is suspected or confirmed positive for COVID infection the receiving center will be notified.
- Upon return to the facility after the appointment the member will be assisted with hand hygiene and removal of mask upon return to their room.

8.12 Internal Activities for Members

General group activities will be suspended at this time. This includes all activities by outside groups, such as community-based groups, performers, pet therapy, etc. Religious, cultural and, spiritual rituals at end of life, such as last rites, will attempted to be honored.

8.13 Member Masking Policy

This policy deals with the distributing and donning of face mask for use by members, throughout the facility, during a time of quarantine or CDC guidance. See attachment A.13 *Distribution and Use of Face Masks for Members* for this interim guidance.

8.14 Advance Care Planning

To verify a member's wishes and to not overburden a potentially already overloaded health care system MVHs will verify member code status and offer Advance Care Planning discussions to assist members to make person centered choices regarding end of life decisions prior to a crisis. See attachments A.14-16 for Advance Care Planning materials.

8.15 Member Trust Access

MVH will continue to provide means for Members to access their personal funds and trust accounts. The Member Cashiering office will be closed to walk-up services, but all functionality can still occur and will be processed upon request. For the non-Covid-19 isolation units, the Member may submit (See attachment A.17 *Resident Trust Activity Request Form) Form* to communicate their request, which are located at all nursing stations, or by calling the Business Office. Business Office personnel will process the requested action(s) and coordinate with the staff assigned to the unit for delivery of the requested funds and/or receipt of the activity to the Member.

For those Members on the Covid-19 Isolation units, the Business Office will complete (See attachment A.18 *Isolation Unit – Resident Trust Activity Request Form)* upon verbal authorization of the Member and one staff witness. Due to infection control concerns, cash and checks will not be accepted or delivered to the Isolation Unit, however the Member may still use their funds to purchase items and deposits will be processed if they are not received from the isolation unit. The Business Office will complete the requested action and coordinate with the staff assigned to the unit for delivery of the requested items purchased or will complete the requested action on behalf of the member as applicable. For example, if a Member wishes to send a check, the Business Office will send the check on their behalf to the party indicated during the verbal authorization. Receipts of the requested action will be provided to the Member once the transactions have been completed.

8.16 Smoking Breaks and Smoking Areas

In order to comply with social distancing requirements, containment of potential illness and general public health considerations the home's smoking areas may be closed at the discretion administrator. Members will be consulted regarding the desire for smoking cession assistance from their medical provider and the healthcare provider notified. Members will be kept up to date regarding closing and reopening of smoking areas.

9. Suspected or Confirmed COVID-19 Management

MVH Homes have developed a checklist based on the most current CDC recommendations for management of suspected or confirmed cases of COVID-19 in LTC settings.

9.1 Room assignment of Members suspected of COVID-19 infection

The decision to move, cohort or change member room assignments due to suspected COVID-19 infection will be determined by current CDC interim guidance for LTC in coordination with the facility IDT. The medical director will be consulted regarding room assignment appropriateness and this consult will be recorded in the medical record. The home may also consult with the home's local health department for determining appropriate room placement or moves.

9.2 Determination of Quarantine Area /Units for Management of COVID-19 InfectedMembers

Each MVH facility has determined quarantine areas or units that will be utilized for the care of COVID-19 infected members. Each home has personnel, supplies and equipment for dedicated use in this area or unit. Each home has established a protocol for providing initial care in the home's quarantine area/unit. (See attachment A.19 *Positive COVID-19 Member Protocol)* for home specific protocols.

9.3 Mandatory Notification of COVID-19 Infections

The following must be notified of suspected or confirmed COVID-19 infections:

- Building leadership- Administrator, DON, IC, Medical Director. The building leadership will then notify:
    - MVH leadership- Emergency Response Coordinator, Director of Compliance and Clinical Outcomes
    - VA Medical Center of Jurisdiction
    - Veterans Integrated Service Network (VISN)
    - Local Health Department
    - LARA Survey Manager (if applicable as a courtesy – not a FRI)
    - CDC National Healthcare Safety Network (NHSN)
    - Any other agency required by state or federal regulation

See attachment A.1 for Contact Information.

See attachment A.20 for CMS Reporting Requirements COVID

9.4 Media Inquiries

All media inquiries will be referred to the Emergency Response Coordinator for follow up. See attachment A.1 for contact information.

10. Supply Management

10.1 Personal Protective Equipment (PPE) Supply Management

The Homes will:

- Secure PPE supply areas to reduce the potential for misappropriation or hoarding.
- Determine the amount necessary for use daily and ensure materials are provided at each shift.
- Ensure supplies are available for care of members on transmission-based precautions.
- Escalate concerns in a timely manner regarding PPE availability to MVH Leadership.
- Face masks, which protect the wearer from splashes and sprays, are an acceptable temporary alternative to respirators for most medical services

10.2 Supply Management Process

If an MVH facility has less than a seven-day supply of personal protective equipment (PPE), the facility should actively communicate the need for supplies to MVH Leadership.

- Administrator to submit the Procurement Alert Form (See attachment A.21 *Procurement Alert for Critical Supply Items*).
- Submit the form to the MVH VP of Business Services
- Place order through your supplier and cc MVH VP of Business Services on efforts made to obtain PPE supplies.

10.3 N95 Respirators

The CDC is recommending the use of N95 respirators for the care of individuals with suspected or confirmed COVID-19.

- Each facility has N95 respirators which will be used on a facilities isolation unit, in the event the facility has a confirmed case of COVID-19.
- The Administrator is responsible for the storage of this equipment.
- The N95 respirators are NOT to be placed into distribution or the supply room. Please identify a secure location with limited access.
- Stayed tuned for more guidance and training on the use of the N95 masks.
- Do NOT initiate the use of the respirators until instructed to do so by a member of the MVH leadership team for a confirmed or suspected case of COVID-19.

10.4 Conservation Strategies for Optimizing the Supply of Personal Protective Equipment (PPE)

In addition to the Home's PPE Supply Management Process noted above, the following series of strategies or options to optimize supplies of personal protective equipment (PPE) is provided to assist the Home in determining actions to implement when supply is critically limited or unavailable. The Home should monitor their supply of PPE closely and contact the MVH Leadership Team for support in obtaining necessary PPE supplies, as needed, to utilize available resources for obtaining supplies.

The CDC has created three general strata to describe strategies related to personal protective equipment and surge capacity. These strata can be used to prioritize measures to conserve personal protective equipment along the continuum of care.

Category 1: Conventional Strategies
Measures consistent with providing patient care without any change in daily contemporary practices. These measures consist of engineering, administrative, and personal protective equipment (PPE) controls which should already be implemented in general infection prevention and control plans in healthcare settings.
Category 2: Contingency Strategies
Measures that may change daily standard practices but may not have any significant impact on the care delivered to the member or the safety of healthcare personnel (HCP). These practices may be used temporarily during periods of expected shortages.
Category 3: Crisis Strategies
Strategies that are not commensurate with U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods of known PPE shortages.

A reference tool (see chart, next page) has been developed to provide individual strategies an MVH Home may employ during periods of PPE supply availability issues.

NOTE: In order to move from Contingency Strategies to Crisis Strategies, the facility should contact the MVH COO or Executive Director to assist in procurement of supplies. If MVH leadership team members are unable to locate/obtain needed supplies, then the facility would move to crisis strategies for the affected PPE item(s).

Additional PPE Strategies

- Evaluate the continued need for transmission-based precautions during the daily clinical meeting process.
- Evaluate the opportunity to cohort members and staff.
- Evaluate members on Enhanced Barrier Precautions (EBP) for room placement that may allow for EBP to be discontinued.
- Continue to offer influenza vaccination to newly admitted members and document immunization status in the electronic health record.
- Evaluate members currently requiring PPE for appropriateness.
- Communicate with regional healthcare coalition for assistance obtaining PPE.
- Follow national and local guidelines for optimizing current supplies and resources (see below).

CONVENTIONAL	CONTINGENCY	CRISIS
FACE MFACEMASKSTIORS		
• Use facemasks/respirators according to product labeling and local, state, and federal requirements	• Remove facemasks for visitors in public areas. • Implement extended use of facemasks. • Restrict facemasks to use by HCP, rather than members. Members with symptoms of respiratory infection will use tissues or other barriers to cover their mouth and nose.	• Use facemasks beyond the manufacturer-designated shelf life during patient care activities. • Implement limited re-use of facemasks Using the same facemask by one HCP for multiple encounters with different residents but removing it after each encounter. • Prioritize facemasks for selected activities Where splashes/sprays are anticipated; prolonged unavoidable face-to-face or close contact; or performing aerosol generating procedures, if respirators are not available. • Designate convalescent HCP for provision of care to known or suspected COVID- 19 patients • Use a face shield that covers the entire front (that extends to the chin or below) and sides of the face with no facemask • Exclude HCP at higher risk for severe illness from COVID-19 from contact with known or suspected COVID-19 patients • When no facemasks are available, consider using facemask alternatives.
GOWNS		
• Use isolation gown alternatives that offer equivalent or higher protection	• Shift gown use towards cloth isolation gowns. • Consider the use of coveralls • Use of expired gowns beyond the manufacturer-designated shelf life for training • Use gowns or coveralls conforming to international standards.	• Extended use of isolation gowns: same gown between residents with the same organism • Re-use of cloth isolation gowns. The goal of this strategy is to minimize exposures to HCP and not necessarily prevent transmission between residents. Any gown that becomes visibly soiled during resident care should be removed and cleaned. • Prioritization of gowns: use when splashes/sprays are anticipated, aerosol- generating procedures, high-contact resident care activities, i.e., dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care • When no gowns are available, consider using gown alternatives
EYE PROTECTION		
• Use eye protection according to product labeling and local, state, and federal requirements	• Shift eye protection supplies from disposable to re-usable devices (i.e., goggles and reusable face shields). • Implement extended use of eye protection. • When eyewear is reused, adhere to recommended manufacturer instructions for cleaning and disinfection.	• Use eye protection devices beyond the shelf life during patient care activities. • Prioritize Eye Protection for Selected Activities: care activities where splashes/ sprays are anticipated, i.e., aerosol-generating procedures; unavoidable pro- longed face-to-face/close contact with potentially infected resident • Designate staff to provide care to known or suspected COVID-19 members to reduce the use of eye protection unless otherwise needed. • When no eye protection is available, consider using eye protection alternatives.

ATTACHMENTS

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Essential Contact Information

I. Multidisciplinary Planning Committees

A. MVH COVID Response Team

Role	Name	Contact Information
Emergency Response Coordinator, COO MVH	Steve Rolston	rolstons@michigan.gov 517-242-3862
CEO MVH	Anne Zerbe	Zerbea1@michigan.gov
Policy & Legislative Advisor	Fred Schaible	schaiblef@michigan.gov
Director, Clinical Outcomes	Niki Wheeler	Wheelern3@michigan.gov 517-256-2114
VP Business Services	Melissa Velie	veliem@michigan.gov
Sr Exec Mgmt Asst	Patty Altimore	altimorep@michigan.gov
Administrator, DJJHV	Ronald Oja	ojar@michigan.gov
Administrator, GRHV	Tracey Nelson	Nelsont11@michigan.gov
HR Director	Noelle Rouse	rousen@michigan.gov
Operations Specialist	Beth Simonton-Kramer	simontonkramerb@michigan.gov

B. Facility COVID Response/QAPI Teams

Role	Name	Location	Contact Information
Administrator	Ronald Oja	DJJHV	ojar@michigan.gov
Administrator	Tracey Nelson	GRHV	Nelsont11@michigan.gov
Medical Director	Dr. Ginger Bohl	DJJHV	bohlg@michigan.gov
Medical Director	Dr. Piyush Bhatnagar	GRHV	bhatnagarp@michigan.gov
Director of Nursing	Cary Lincoln	DJJHV	lincolnc@michigan.gov
Director of Nursing / Infection Control	Paula Bixler	GRHV	bixlerp@michigan.gov
Infection Control / Staff Training / Orientation	Julie Scott	DJJHV	Scottj24@michigan.gov
Staff Training / Orientation	LeeAnn White	GRHV	Whitel9@michigan.gov
Engineering/Maint. / Transp Services/ Housekeeping	Walt Sullivan	DJJHV	Sullivanw@michiga.gov
	Brian Stedman	GRHV	stedmanb@michigan.gov
Dir. Nutrition Svcs	Barb Drossart, Morrison Dining	DJJHV	Drossartb1@michigan.gov
Dir. Nutrition Svcs	Renee Webster	GRHV	Websterr9@michigan.gov
Pharmacy Manager	Brad Harvala	DJJHV	harvalab@michigan.gov
Pharmacy Manager	Christin Othmer	GRHV	othmerc@michigan.gov
PT/OT/Rehab Svcs	Rebecca Monterusso	GRHV	monterussor@michigan.gov

Role	Name	Location	Contact Information
Purchasing Agent	Kerri Bielski	GRHV	bielskik@michigan.gov
Business Manager	Sean Depuydt	DJJHV	depuydts@michigan.gov
Business Manager	Erica Bobrowski	GRHV	bobrowskie@michigan.gov
Dir. Social Work	Jodi Thompson	GRHV	Thompsonj9@michigan.gov
Operations Spec	Beth Simonton-Kramer	GRHV	simontonkramerb@michigan.gov
Chaplain Services	Bruce Kalish	GRHV	kalishb@michigan.gov
HIT/Medical Records	Sharon Gregory	GRHV	Gregorys9@michigan.gov
Staffing Agency Manager, CSU	Taylor Lehman	GRHV	Taylor.lehman@careerstaff.com
Staffing Agency Manager, Maxim	Autumn Hartpence	GRHV	auhartpe@maxhealth.com
Admissions Coord.	Kathy Feit	DJJHV	feitk@michigan.gov
Admissions Coord.	Sarah Noling	GRHV	nolings@michigan.gov

II. Key Government Agencies & Support Organizations

	GRHV Grand Rapids, MI	DJJHV Marquette
Local Health Depts	Kent County Health Dept Adam London, Admin. Officer, 616- 632-7100 Brian Hartl, Epidemiology Supervisor, 616-308-6837 Julie Payne, Communicable Disease Epidemiologist, 616-632-7254	Marquette Co. Health Dept K. Mel 906-643-7844
State Health Dept	Dr. Scott Screiber at 906-643-1100 ext. 208	
State Long-Term Care Professional/ Trade Association	HCAM 517-627-1561 NASVH Steve Rolston Regional Dir. 517-242-3862	
VABC	Cindy Martin, Director of Quality, Cindy.Martin@va.gov Michelle Martin, Acting Director, 269.223.5212, (assistance with gowns & test kits)	

	GRHV Grand Rapids, MI	DJJHV Marquette, MI
VA VISN	Kirk Watson work 616-249-5362 cell 616-558-3882	Dr. Fredrick Kier (cell) 414-688-7400 (office) 414-384-2000 ext. 47728
VAMC		Oscar Johnson VAMC (call 1): Sarah Buckley 906-774-3300 ext. 32565 Carol Varda 906-774-3300 x3260 Lisa Johnson 906-774-3300 ext. 32567
Healthcare Coalition	Region 6: Luke Aurner, Coordinator, 231-638-9119, laurner@wmrmc.org 24hr emergency number: 855-734-6622	Region 8: Teresa Schwalbach, EM 906-475-1134
Ambulance Service	AMR Marta Andrews 616-498- 0116	UP Health System 850 W Baraga Ave 906-449-3000
Local Hospitals	Spectrum Health Hospitals 616-391-2380 MetroHealth UofM Health 616-252-7200 Mercy St. Mary's 616-685-5000 Gen Info Mercy Southwest 616-685- 3900	UP Health System 850 W Baraga Ave (906) 449-3000 Marquette General 1414 W Fair Ave (906) 225-3922 Peninsula Medical Center 1414 W Fair Ave (906) 225-3910

Preparation Checklist for Reducing the Potential Spread of Respiratory Illness

Complete the checklist to identify areas of opportunity with regard to respiratory illness and potential COVID-19 exposure. Assign action items, as necessary, to help ensure facility readiness.

Action Step	Assignment	Outcome/Comments
Personal Protective Equipment (PPE)		
Secure supply area		
Audit current PPE inventory		
Establish supply needs for each shift		
Establish sign out system for PPE		
Educate staff regarding supply system		
Upon arrival of N95 Respirators, Administrator is to secure them and NOT place into general distribution/storage until further notice from MVH Leadership		
Implement the N95 program including identifying a N95 champion to manage the program, identification of their "A Team", complete pre-screening, medical evaluations and training on seal testing		
Implement Supply Management Process		
Review Conservation Strategies with team		
Transmission Based Precautions		
Identify current members on transmission-based precautions (contact, isolation, droplet, enhanced barrier precautions (EBP)		
Validate need for transmission-based precautions in current member populations		
Ensure PPE is available based on precautions in use		
If EBP are in place, work to discontinue • Utilize bed management and/or staffing strategies to minimize exposure of non-infected individuals		
Clinical Services and Infection Prevention Practices		
Locate contact information (phone number) for facility's local and state health department COVID-19 reporting process		
Offer influenza vaccinations to staff and members who have previously refused or who have not received		
Escalate vaccination availability challenges to resource/corporate support team.		
Implement Pre-admission Screening Tool		

Action Step	Assignment	Outcome/Comments
Monitor members daily and document the presence of symptoms of respiratory illness, including temperature. Use template provided in toolkit.		
Review and implement Rehab Department Group and Concurrent treatment, and Restorative guidance		
Monitor and document respiratory symptoms for staff per Infection Prevention Guidelines.		
Activities & Dining: Cancel group activities/dining: • Post a notice regarding discontinuation of communal dining • Assist members with/remind of social distancing of at least 6 ft • Cancel group activities: provide individual activities of choice Cancel group dining: provide social distancing for supervised/assisted dining		
Address Psychosocial needs associated with restricted visitation: • Ensure each member has a Care Plan to address psychosocial impact of restricted visitors Create avenues for family communication (letters, video communication, etc.)		
Document suspended community outings and external activities		
Document that the facility has informed religious service groups that their visits will be suspended at this time (exception for religious rituals related to end of life)		

Action Step	Assignment	Outcome/Comments
Conduct staff and member training: • COVID-19 • Hand hygiene • Cough etiquette • Respiratory hygiene • Staff Screening Process • Sick policy • Visitation Screening Process • PPE supply process • Donning and doffing PPE • Social distancing of at least 6 ft • Cancellation of group activities • Cancellation of community outings (including independent outings) • Suspension of communal dining		
Conduct Weekly Audits and Compliance Rounds: • Hand hygiene • Cough etiquette • Transmission based precautions • Donning and doffing PPE • Essential healthcare personnel screened prior to the start of each shift • Monitoring residents daily for temperature and respiratory symptoms • N95 A-Team in place and ready		
Facility Operations		
Secure perimeter of the facility – consider locking all doors and requiring staff/ vendors/visitors to ring doorbell to be allowed access to Home to ensure screening occurs		
Communicate visitation restriction through multiple means to families (Post signage at front entrance, letter, phone calls, etc.)		
Establish Visitor/Vendor Screening Process as outlined in 3/13/20 memo		

Action Step	Assignment	Outcome/Comments
Visitation is restricted for all visitors and non-essential healthcare personnel *-Except end-of-life situations (limited to a specific room only, must wear PPE)*		
Post alert signage at front entrance about visitation and respiratory symptoms		
Establish stations for tissues, masks, wastebasket, and hand sanitizer		
Employee and Essential Healthcare Personnel Screening: • Screened at the start of each shift (including a temperature screen) and monitored throughout shift • Employee sent home if they have a fever • International Travel and Employee Responsibilities compliance • Monitor essential health care personnel for work at other facilities who have a presumptive case or positive for COVID-19.		
Validate housekeeping services is using appropriate cleaning solution/products		
Quality Assurance Performance Improvement (QAPI) • Update Infection Prevention Risk Assessment • Update Facility Assessment tool • Conduct tabletop exercise • Conduct AdHoc QAPI meeting		
Human Resources – virtual interviewing process through SameTime or FaceTime		
Technology Updates – Implement Zoom application on a designated tablet to use for member communication		

Admin Signature		**Date**	
Director of Nursing		**Date**	
Infection Preventionist		**Date**	
Medical Director		**Date**	

DJ Jacobetti Veterans Home

is not open to visitors due to risk of COVID-19.
Anyone who does not live in, employed in or providing medically necessary services to the Home are asked to not visit at this time.
If you have questions or concerns, please call the Home.
If you must visit, please ask to speak to the Director of Nursing or House Supervisor for instructions.

We are setting up remote visits through a variety of ways. Please call the Home if we can set up a virtual visit for you.

906-226-3576

Grand Rapids Veterans Home

is not open to visitors due to risk of COVID-19.
Anyone who does not live in, employed in or providing medically necessary services to the Home are asked to not visit at this time.
If you have questions or concerns, please call the Home.
If you must visit, please ask to speak to the Director of Nursing or House Supervisor for instructions.

We are setting up remote visits through a variety of ways. Please call the Home if we can set up a virtual visit for you.

616-364-5300

MICHIGAN VETERAN HOMES

COVID-19
Code of Conduct

- ☐ I understand and agree to wear a mask at all times while working inside any building.
- ☐ I understand the procedure for wearing the required PPE when caring for a single isolation room.
- ☐ I understand the procedure for wearing the required PPE when working in a specified COVID-19 unit.
- ☐ I understand where to obtain PPE upon arrival to work and if needed during my shift.
- ☐ I understand when and where to get more PPE and that it is my responsibility to ask for more, if needed.
- ☐ I understand where to, and the need to, screen upon arrival to work which includes recording my temperature at start of my shift and again if I work beyond my normally scheduled 8 hours.
- ☐ I understand the need to report any S&S of COVID-19 illness (fever, respiratory symptoms, sore throat, body aches, loss of smell/taste, headache, etc.) and will not come to work ill.
- ☐ I understand the need to immediately inform the clinical team of any resident showing signs of COVID-19.
- ☐ I understand the need to report if I seek testing for COVID-19 and report results to the nurse responsible for Infection Control: Julie Scott (DJJHV), Paula Bixler (GRHV) or Niki Wheeler, Director of Compliance and Clinical Outcomes or Noelle Rouse, Human Resource Director.
- ☐ I agree to do my part to mitigate the spread of infection and to inform my manager and/or Infection Control Nurse of issues, concerns, or observed breeches in infection control.
- ☐ I agree to do my part to mitigate the spread of infection by abiding by the Executive Order requiring masking in public places and practicing social distancing.

_____ _____

Team Member Date

_____ _____

Witness Date

MICHIGAN VETERAN HOMES

Employee/Authorized Visitor Screening Tool

(rev. 5/07/2020)

Name of Employee/Authorized Visitor _____ Date_____

Yes	No	TRIAGE QUESTION
☐	☐	• Are you experiencing symptoms of infection including fever, atypical cough, shortness of breath or difficulty breathing, diarrhea, chills, repeated shaking with chills, atypical muscle pain, atypical headache, atypical sore throat, new loss of taste or smell?

Temperature Reading: _____ (must be below 100.4)

Yes	No	**Have you…**
☐	☐	been referred by a medical professional to be tested for COVID-19?
☐	☐	had contact with someone, other than a resident or staff member at the Home, who has been diagnosed with or is under investigation for COVID-19?
☐	☐	traveled to an area where there is a current community outbreak of COVID-19?
☐	☐	worked in a healthcare setting other than the Home in the past 14 days? Name of healthcare setting(s): _____
☐	☐	Is there a case of active COVID-19 in the healthcare setting listed above? ***A "yes" answer to any of the above questions will require the employee/authorized visitor to complete a secondary screening with the Director of Nursing, House Supervisor or another designated nurse.*** **Secondary Screening Notes & Determination:**

Yes	No	ADDITIONAL QUESTIONS
☐	☐	Have you voluntarily been tested for COVID-19? Results: _____ Date: _____
☐	☐	Per the **Employee Code of Conduct**, have you followed the recommended guidelines including wearing proper PPE inside and outside the facility, reporting any signs and symptoms of COVID-19, and practicing social distancing.* ***If answered "No" employee provided with education sheet by screener.***

My signature indicates that the answers provided are true and that I feel I am fit to perform my duties.

_____

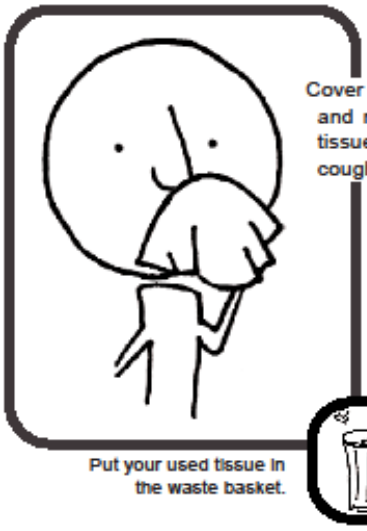
(Employee signature)

_____ _____ _____ _____

(Screener Name- PRINTED) (Screener Signature) (Date) (Time)

Stopthe spread of germsthatmake you and otherssick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze

or

cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.

You may be asked to put on a surgical mask to protect others.

Clean your Hands

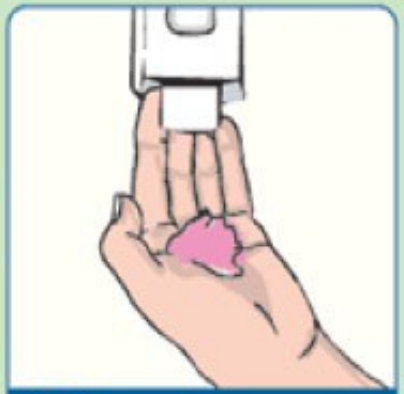
after coughing or sneezing.

Wash hands with soap and warm water for 20 seconds *or*

clean with alcohol-based hand cleaner.

FIGHT GERMS BY WASHING YOUR HANDS!

1 Wet your hands



2 Soap

3 Lather and scrub - 20 sec

4 Rinse - 10 sec

5 Turn off tap

6 Dry your hands

DONT FORGET TO WASH:

- between your fingers
- under your nails
- the tops of your hands

STOP THE SPREAD OF GERMS
Help prevent the spread of respiratory diseases like COVID-19.
Avoid close contact with people who are sick.
Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
Avoid touching your eyes, nose, and mouth.
Clean and disinfect frequently touched objects and surfaces.
Stay home when you are sick, except to get medical care.
Wash your hands often with soap and water for at least 20 seconds.
CDC
For more information: www.cdc.gov/COVID19

Postmortem Care

The contingency plan for the Homes for managing the need of managing an increased need for postmortem care and disposition of deceased members.

DJJHV: Brewbaker Room – DJJHV will utilize the Brewbaker room, located on the ground floor.

Rationale:

- This room is generally cool, dark and is separated from member living areas.
- The location has very little traffic and would be convenient for member remains to be picked up by funeral homes.
- Between 10-12 member remains could be temporarily placed in this room.

Note: Although, the room is cool, but we would have to improvise additional cooling in the event we use the room for this purpose.

GRVH: Barber Shop – GRHV will utilize the Barber Shop, located on the ground floor.

Rationale:

- The room has proper flooring and area to clean easily.
- It has a separate cooling unit with its own thermostat so we can control the room temp. better.
- Size wise, the room would fit 10-12 gurneys. If we add the two, we already have in our holding room, we could fit 12-14.
- It is at the end of the hall and close to the outside door for ease of getting to the funeral home vehicles.

MICHIGAN VETERAN HOMES

Name: _____

Take your temperature twice a day, in the morning and in the evening, and write it down.

If you have a fever (100.4º F or above) please stay home from work and let your supervisor know.

Date	3/24/2020		3/25/2020		3/26/2020		3/27/2020		3/28/2020		3/29/2020		3/30/2020	
AM or PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature														

Date	3/31/2020		4/1/2020		4/2/2020		4/3/2020		4/4/2020		4/5/2020		4/6/2020	
AM or PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature														

Date	4/7/2020		4/8/2020		4/9/2020		4/10/2020		4/11/2020		4/12/2020		4/13/2020	
AM or PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature														

Date	4/14/2020		4/15/2020		4/16/2020		4/17/2020		4/18/2020		4/19/2020		4/20/2020	
AM or PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature														

Date	4/21/2020		4/22/2020		4/23/2020		4/24/2020		4/25/2020		4/26/2020		4/27/2020	
AM or PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature														

Date	4/28/2020		4/29/2020		4/30/2020	
AM or PM	AM	PM	AM	PM	AM	PM
Temperature						

Prior to returning to work, the employee **must** discuss his/her current health status and the health status of all travel companions with the facility's Infection Preventionist. The Administrator and Infection Preventionist should determine if the employee should remain at home for any extended period of time. The Infection Preventionist will document the individual's health status and determine the ability to return to work. The Infection Preventionist will consult with the local health department for additional information or questions as necessary prior to allowing an employee to return to duty.

While at home, the employee may use available PTO if they are unable to work from home.

The Centers for Disease Control and Prevention (CDC) have created a set of criteria for use in initial determination of risk for Coronavirus COVID-19. The criteria are intended to serve as guidance for evaluation. In consultation with public health departments, patients should be evaluated on a case-by-case basis to determine the need for testing.

The following criteria are effective as of February 28, 2020. The Infection Preventionist should frequently refer to the CDC website, https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html, for updates to COVID-19 evaluation criteria.

Clinical Features	&	Epidemiologic Risk
Fever **or** signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	**AND**	Any person, including healthcare workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	**AND**	A history of travel from affected geographic areas (see below) within 14 days of symptom onset
Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)	**AND**	No source of exposure has been identified

Distribution and Use of Face Masks for Facility Staff[1]

Based on new guidance, our continued desire to keep members and staff safe and to enhance our risk mitigation efforts the Michigan Veteran Homes is implementing a new policy in regard to use of face masks for both members and staff.

I. Face Mask Distribution

All face masks will be centrally maintained and distributed. This is critical to preserving our supply of face masks for the duration of this crisis.

Upon clearing the facility screening process, staff will receive a surgical face mask or alternative face mask[2], determined by the job function to be performed.

- **Surgical Face Masks**: Staff who will performing job functions that do not allow them to observe social distancing practices (i.e. job functions that require physically touching member or providing care that requires interacting with members at a distance of less than six feet) will be issued surgical face masks (ex. typically, RCA/CENA's, Nurses, Activity Staff, etc.).

- **Alternative Face Masks:** Staff who will performing job functions that allow them to observe social distancing practices will be issued alternative face masks (ex. typically Administrator, MDS, Housekeeping, social Workers, Business office staff)

- **N-95 Masks:** Staff who will be assigned and working on the facility's isolation unit. See the Isolation Unit PPE Distribution and Use Policy for further details on N-95 assignment and use.

Screeners will document the employee and type of face mask received as part of the screening process.

II. Face Mask Use

Based on CDC guidance, MVH facilities are implementing standards consistent with extended use of all face masks.[3]

- Once the employee has been issued a face mask, this face mask is to be worn at all times while the employee is in the building or caring for or working with members anywhere on campus.

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[1] This policy deals with the distribution of face masks for use in all areas of the facility, except the facility's isolation unit. See Isolation Unit PPE Distribution and Use policy for information specific to isolation unit PPE distribution and use.

[2] Alternative face masks can be homemade face masks, or manufactured face masks that are not regulated by the U.S. Food and Drug Administration (FDA). Both facilities will be utilizing cloth face masks as the designated "alternative face masks" until inventory of cloth face masks has been expended.

[3] Extended use of face masks is the practice of wearing the same face mask for repeated close contact encounters with several different members, without removing the face mask between member encounters.

- Staff must take care not to touch their face mask. If you touch or adjust your face mask, you must immediately perform hand hygiene.

III. Removal of Face Mask

The face mask should be removed and discarded if soiled, damaged, or hard to breathe through.

- In the event an employee must remove their face mask, the employee should leave the member care area (member's room, etc.) and ensure social distancing practices are observed prior to removal.

- If you need a replacement mask during your shift, notify the House Supervisor and one will be provided.

IV. Surgical Face Mask Disposal

Staff provided surgical face mask will remove and dispose of the mask prior to leaving the Home at the end of their shift.

V. Alternative (Cloth) Face Mask Use & Cleaning

Staff who are assigned to wear alternative (cloth) face masks will be provided two cloth face masks and a paper storage bag. Masks will be stored in the paper bag when not in use.

- Staff will arrive to work in a clean mask and remove the mask when leaving the Home.

- Mask should be washed and dried by the assigned employee at Home. No special laundering is required, although the Home recommends the employee wash their mask per current CDC guidance (i.e. in hot water with CDC recommended detergent and dried completely on hot setting).

Policy Adopted Date: 4/3/2020
Policy Revised Date: 4/5/2020
Policy Effective Date: 4/6/2020

MEMBER COVID-19 DAILY SYMPTOM ASSESSMENT LOG

DATE		*FACILITY*	
DON SIGNATURE		*IP SIGNATURE*	

RM	Member	temp/spo2	Atypical Cough/ Sore Throat Y/N	Loss of smell or taste? Y/N	New headache /muscle pain Y/N	SOB Y/N	Other atypical sx (chills, shaking, dizziness) and F/U ACTIONS	RM	Member	temp/spo2	Atypical Cough/ Sore Throat Y/N	Loss of smell or taste? Y/N	New headache /muscle pain Y/N	SOB Y/N	Other atypical sx (chills, shaking, dizziness) and F/U ACTIONS

MEMBER COVID-19 DAILY SYMPTOM ASSESSMENT LOG

DATE		*FACILITY*	
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RM	Member	temp/spo2	Atypical Cough/ Sore Throat Y/N	Loss of smell or taste? Y/N	New headache /muscle pain Y/N	SOB Y/N	Other atypical sx (chills, shaking, dizziness) and F/U ACTIONS	RM	Member	temp/spo2	Atypical Cough/ Sore Throat Y/N	Loss of smell or taste? Y/N	New headache /muscle pain Y/N	SOB Y/N	Other atypical sx (chills, shaking, dizziness) and F/U ACTIONS

Distribution and Use of Face Masks for Members

Based on new guidance, our continued desire to keep members and staff safe, and to enhance our risk mitigation efforts the Michigan Veteran Homes is implementing a new policy in regard to use of face masks for both members and staff.

I. Purpose of Face Mask Policy

The purpose of this policy is to enhance existing risk mitigation efforts, intended to minimize opportunities for transmission of Covid-19 and slow the spread of the illness in both MVH facilities and the community. This policy in no way impacts required adherence to existing MVH policies related to mitigating the risk of spread (i.e.: hand and other personal hygiene efforts, social distancing, etc.).

II. Face Mask Distribution

All facemasks will be centrally maintained and distributed. This is critical to preserving our supply of facemasks for the duration of this crisis.

Each member will be provided with a face mask for their personal use, based on available supply. This mask should be kept in the member's room when not in use.

III. Face Mask Use

Once the member has been issued a face mask, this face mask is to be worn at all times when the member is not in his or her room (medically necessary appointments, showering etc.).

This policy does not impact existing policies that members must be accompanied by a staff person when they leave their room, whether they are wearing a face mask or not. When a member leaves their room, they should continue to perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).

If the member is unable to wear a face mask, for health-related or other reasons, this will be documented in the member's care plan.

IV. Staff Assistance

When a member is putting on and taking their face mask, staff will assist members in checking for pressure areas caused by the face mask, ensuring that it does not place pressure on the member's skin in a manner that could cause injury to the member.

To preserve supplies of face masks and facilitate decreased opportunity for improper handling of the face masks, when a member returns to their room staff will assist them in proper removal and storage of the face mask.

V. Face Mask Storage

In addition to receiving a face mask, each member will receive a brown paper bag. The face mask should be stored in the provided paper bag, in the member's room, when not in use.

Advance Care Planning Communication Guide: *Overview*

INTERACT® Version 4.0 Tool

The INTERACT Advance Care Planning Communication Guide is designed to assist health professionals who work in nursing homes to initiate and carry out conversations with residents and their families about goals of care and preferences at the time of admission, at regular intervals, and when there has been a decline in health status.

The Guide can be useful for education, including role-playing exercises and simulation training.

Communicating about advance care planning and end-of-life care involves all facility staff

- Physicians must communicate with residents and families about advance directives, but all staff need to be able to communicate about goals of care, preferences, and end-of-life care

This Guide should therefore be useful for:

- Nursing staff
- Primary care physicians, nurse practitioners, and physician assistants
- Social workers and social work designees
- Administrators and others who discuss goals of care with residents and family

The Guide may be helpful in discussions on:

- Advance Directives – such as a Durable Power of Attorney for Health Care document, Living Will, and POLST and other similar directives
- Plans for care when a sudden, life-threatening condition is diagnosed – such as a stroke, heart attack, pneumonia, or cancer
- Plans for care when a resident's health is gradually deteriorating – such as progression of Alzheimer's disease or other dementia; weight loss without an obvious medical cause; and worsening of congestive heart failure, kidney failure, or chronic lung disease
- Considering a palliative or comfort care plan or enrolling in a hospice program

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Set the Stage

1. Get the facts – understand the resident's conditions and prognosis.
2. Choose a private environment.
3. Determine an agenda for the meeting and who should be present.
4. Allow adequate time – usually these discussions take at least 30 minutes.
5. Turn cell phone or beeper to vibrate to avoid interruptions and demonstrate full attention.
6. If the resident is involved, sit at eye level with her or him.
7. Have tissues available.

Initiate the Discussion

1. Describe the purpose of the meeting.
2. Identify whether the resident wants or already has a spokesperson and who it is.
3. Ask what the resident and/or family understand about advance care planning.
4. Ask about their goals for care
   - Most nursing home residents and their families are more concerned about comfort than life prolongation. This opens the door to discuss palliative care and comfort care plans.
   - Attempt to understand underlying rationale for the goals *(i.e. "I've lived long enough, now I'm ready to meet God," or "I want to keep on living until my granddaughter graduates college next spring.").* This provides insight into specific decisions that are made.

Initiate the Discussion

1. Use simple language.
2. Briefly discuss:
   - Cardiopulmonary arrest and CPR*
   - Artificial Hydration/Nutrition *(tube feeding**)*
   - Palliative care, comfort care orders*** and hospice if appropriate.

Cardiopulmonary Arrest and CPR*

1. Initiate discussion of Cardiopulmonary Resuscitation (CPR).
   - e.g. "Sometimes when peoples' hearts stop, doctors and nurses try to delay the dying process… have you considered whether you would want this or not?"
2. Discuss some facts:
   - Cardiopulmonary arrest is the final common pathway for everyone when they die. Not all deaths should involve CPR.
   - The possibility of surviving CPR in a nursing home is very low, and CPR often results in broken ribs and the need for a respirator *('breathing machine')* in an intensive care unit.
   - A request to not perform CPR *(a Do Not Resuscitate (DNR) Order)* **does not alter care** – it only prevents CPR if the resident is found without a heart beat or not breathing.

* *See INTERACT Education on CPR*
** *See INTERACT Education on Tube Feeding*
*** *See INTERACT Comfort Care Orders*

(continued)

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(continued)

Artificial Hydration/Nutrition (tubefeeding)**

1. Initiate discussion of feeding tubes:
   - "Many nursing home residents gradually lose the ability to eat, drink, and swallow. In this situation a tube can be placed in the stomach to provide water and nutrition. Have you considered whether you would want this or not?"
2. Discuss some facts:
   - Feeding tubes have not been shown to prevent pneumonia or prolong life for most nursing home residents.
   - Placement of a tube requires minor surgery, and can have some complications.
   - A request to not place a tube **does not alter care** – residents will be provided oral fluid and nourishment as long as it is comforting for them.
   - People who do not get feeding tubes generally gradually slip into a comfortable coma within a few days and die comfortably.

Palliative Care and Comfort Care Orders

1. Review overall goals for care and the importance of comfort and quality of life regardless of advance directives
2. If the goal of care is comfort:
   - Offer to provide and review educational materials on palliative care.
   - Describe examples of comfort care orders.***
   - Discuss limiting hospitalization only for the purpose of improving comfort, not to prolong life.
   - If appropriate, provide information about palliative and/or hospice care.

End the Discussion

1. Ask: "Do you have any questions?"
2. Emphasize that the role of the nursing home is to ALWAYS provide comfort no matter what the goals of care.
3. Offer to have a follow-up meeting if indicated.
4. Stand – an effective way to end the conversation.

** *See INTERACT Education on Tube Feeding*
*** *See INTERACT Comfort Care Orders*

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Advance Care Planning Communication Guide

Part 2: Communication Tips

INTERACT® Version 4.0 Tool

Tips	Examples
Establish Trust	
Encourage residents and families to talk	*" Tell me what you understand about your illness."* *" Help me get to know you better – tell me about your life before you came to this nursing home."* *" How are you coping with your illness?"*
Recognize resident and family concerns, but do not put down other health care providers	*" I understand that you didn't feel heard by other doctors/nurses. I'd like to make sure you have a chance to voice all of your concerns."* *" It sounds like Dr. X left you very hopeful for a cure. I'm sure he really cares for you, and it would have been wonderful if things would have gone as well as he/she wished."*
Acknowledge mistakes	*" You are absolutely right. Four days was too long to wait for that [test or procedure]."*
Be humble	*" I really appreciate what you have shared with me about the medication we prescribed. It is clear that it is not right for you."*
Demonstrate respect	*" I am so impressed by how involved you have been with your [relative] throughout this illness. I can tell how much you love her/him."*
Do not force decisions	*" We've just had a very difficult conversation, and you and your family have a lot to think about. Let's schedule another meeting and see how you feel about things then."*
Attend to Emotions	
Attend to the emotion	*" Is talking about these issues difficult for you? Making these decisions is not easy."*
Identify loss	*" I bet it's hard to imagine life without your [relative] – I can see how close you are to her/him."*
Legitimize feelings	*" It's quite common for someone in your situation to have a hard time making these decisions – it can feel like an enormous responsibility."* *" Of course talking about this makes you feel sad – it wouldn't be normal if it didn't."*
Explore	*" You've just told me you feel scared. Can you tell me more about what scares you most?"*
Offer support	*" No matter what the road holds ahead, I'm going to be there with you."*
Communicate Hope	
Hope for the best, but prepare for the worst	*" Have you thought about what might happen if things don't go as you wish? Sometimes having a plan to prepare for the worst makes it easier to focus on what you hope for most."*
Reframe hope	*" I know you hope your illness will improve. Are there other goals you want to focus on?"*
Focus on the positive	*" Some treatments are really not going to help and may make you feel worse or uncomfortable. But there are a lot of things we can do to help you – let's focus on those."* *" What sorts of things are left undone for you? Let's talk about how we might be able to make these happen."*

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Advance Care Planning Communication Guide

Part 3: Helpful Language for Discussing End-of-Life Care

INTERACT® Version 4.0 Tool

Issue	Helpful Language
Identify other decision makers	*"Is there anyone you rely on to make important decisions?"*
Define goals for care	*"What do you hope for most over the next few months?"* *"Is there anything that you are afraid of?"*
Reframe goals	*"I wish we could guarantee you will be alive for your [event], but unfortunately we can't. Perhaps we can work on a letter to read on that day, so people will know you are there in spirit in case you cannot be there."*
Identify needs for care?	*"What types of treatments do you think will help you the most?"*
Summarize and link goals with care needs	*"I think I understand that your main goals are to be comfortable and alert enough to spend time with your family. We have several ways we can help you."*
Introduce palliative or comfort care and/or hospice	*"One of the best ways to meet your needs would be a comfort care plan."* *"One of the best ways to give you help is a program called hospice. The hospice program can provide extra support and the hospice has a lot of experience in caring for seriously ill people."*
Acknowledge response	*"You seem surprised to learn how sick you are."* *"I can see it is not easy for you to talk about end-of-life care."*
Empathize	*"I can imagine how hard this is for all of you to talk about – you care about each other so much."*
Explore concerns	*"Tell me what is upsetting you the most."*
Explain comfort care or hospice goals	*"Comfort or hospice care does not help people die sooner – it helps people die naturally."* *"Comfort and hospice care helps people live as well as they can for as long as they can."*
Reassure	*"The goal of comfort and hospice care is to improve your quality of life as much as possible for whatever time you have left."* *"Comfort and hospice care can help you and your family make the most of the time you have left."*
Reinforce commitment to care	*"Why don't you think this over? I think comfort or hospice care is the best choice for you right now, but the decision is yours. You know we will continue to care for you whatever you decide."*

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Advance Care Planning Communication Guide

Part 4: The Resident or Family Who Want Everything Done

INTERACT® Version 4.0 Tool

Resident/Family Concern	How They Say It	How You Can Respond
Abandonment	*"Don't give up on me."*	*"What worries you the most?"*
Fear	*"Keep trying for me."*	*"What are you most afraid of?"*
Anxiety	*"I don't want to leave my family."*	*"What does your doctor say about your condition?"*
Depression	*"I'm scared of dying."*	*"What is the most frightening to you?"*
Incomplete Understanding	*"I do not really understand how sick I am."*	*"What are your most important goals?"*
Wanting reassurance that best medical care has been given	*"Do everything you think is worthwhile."*	*"What is your understanding of your condition?"*
Wanting reassurance that all possible life-prolonging treatment is given	*"Don't leave any stone unturned."* *"I really want every possible treatment that has a chance of helping me live longer."* *"I will go through anything, regardless of how hard it is."*	*"What have others told you about what is going on with your illness?"* *"What have they said the impact of these treatments would be?"* *"Tell me more of what you mean by 'everything'?"*
Vitalism	*"I value every moment in life, regardless of the pain and suffering (which has important meaning for me)."*	*"Does your religion (faith) provide any guidance in these matters?"*
Faith in God's Will	*"I will leave my fate in God's hands; I am hoping for a miracle; only He can decide when it is time to stop."*	*"How might we know when God thinks it is your time?"*
Differing perceptions	*"I cannot bear the thought of leaving my children (wife/husband)."*	*"How is your family handling this?"*
Children or dependents	*"My family is only after my money."* *"I don't want to bother my children with all of this."*	*"Have you made plans for your children (other dependents)?"* *"Have you discussed who will make decisions for you if you cannot?"* *"Have you completed a will?"*

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References

This guide contains information adapted from the following sources:

1. "The Palliative Response – Sharing the Bad News," the Birmingham/Atlanta VA Geriatric Research, Education and Clinical Center
2. Tulsky, JA. Beyond Advance Directives – Importance of Communication Skills at the End of Life. JAMA 2005; 294:359-365.
3. Casarett, DJ and Quill, TE. "I'm Not Ready for Hospice": Strategies for Timely and Effective Hospice Discussions. Ann Intern Med 2007; 146:443-449.
4. Quill, TE, Arnold, R, and Back, AL. Discussing Treatment Preferences with Patients Who Want "Everything." Ann Intern Med 2009; 151:345-349.

Additional Resources for Staff and Families *(available free on the internet)*

1. American Association for Retired Persons
2. The Coalition for Compassionate Care
3. The Conversation Project
4. Closure.org
5. Caring Connections of the National Hospice and Palliative Care Organization

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Advance Care Planning Tracking Form

INTERACT®
Version 4.0 Tool *

Resident Name _____

Residents and/or their responsible health care decision makers should be provided the opportunity to discuss advance care planning with appropriate staff members and medical providers within the first few days of admission to the facility, at times of change in condition, and periodically for routine updating of care plans. The purpose of this tool is to document these discussions. (Several other INTERACT Advanced Care Planning Tools may be helpful in ACP discussion)

This documentation is to

☐ Create a new Advance Care Plan ☐ Review existing Advance Care Plan

Reason for this discussion/review

☐ Admission ☐ Change in condition alert ☐ Other
☐ Readmission ☐ Resident or Family Request

This discussion was held with

☐ Resident ☐ Resident's surrogate Name_____

Was an Advance Care Plan created or change made, as a result of this discussion?

☐ No
☐ Resident declined conversation ☐ Resident/surrogate not available at this time
☐ Surrogate declined conversation

☐ Yes

Describe the Key Aspects of the discussion _____
_____
_____
_____
_____

Advance Directive Orders in Place**
(Any change in Advance Directives needs an order signed by the physician per your state requirements)
Check all that apply

☐ Full Code ☐ DNR ☐ No Artificial Feeding
☐ DNI ☐ POLST/MOLST/POST
☐ DNH ☐ Other Care Limiting Orders

Is the resident on

☐ Comfort Care/Palliative Care Plan
☐ Hospice

Staff or healthcare provide leading discussion:

Name _____ Title _____

Signature _____ Date of discussion _____/_____/_____

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Deciding About Going to the Hospital

INTERACT®
Version 4.0 Tool

Older SNF/NF residents/patients commonly develop new or worsening symptoms. When this occurs, a decision may be needed about whether to continue care in the SNF/NF or go to a hospital.

Because there are risks as well as benefits of care in a hospital, it is important to make the right decision. The decision depends on a number of factors, and how the SNF/NF resident/patient and her or his representatives view the benefits and risks of care in the hospital as opposed to the SNF/NF.

Research has shown that some hospitalizations may be unnecessary. Whether hospitalization can be prevented depends on the resident/patient's condition, the ability of the staff to provide the care necessary in the SNF/NF, and the preferences of the resident/patient and her or his representatives.

Benefits of Hospital Care

There are many symptoms and conditions that usually require treatment in the hospital – for example, if vital signs are very abnormal (temperature, heart rate, or breathing rate), or if symptoms are severe and can't be controlled (such as pain or vomiting). Hospital care offers benefits in these situations, including:

- Ready availability of sophisticated lab tests, X-rays, and scans
- Access to doctors and specialists who are in the hospital every day
- Availability of surgery and other procedures if needed
- Intensive care units for people who are critically ill

Risks of Hospital Care

SNF/NF residents/patients are prone to many complications of care in a hospital. These complications may occur even in the best hospitals, because older age, chronic medical problems, and the condition that caused the transfer all combine with the hospital environment to put SNF/NF residents/patients at high risk for complications. These complications include:

- New or worsening confusion
- More time spent in bed, which can increase the risk of blood clots, pressure ulcers, muscle weakness, loss of function, and other complications
- Less sleep and rest due to tests, monitoring, and noise
- Increased risk for:
  - Falls with injuries, such as cuts, bruises, and broken bones
  - New infections
  - Depression due to limited opportunities to socialize with friends and family, as well as being in an unfamiliar environment

(continued)

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Updated June 2018

Deciding About Going to the Hospital *(cont'd)*

Benefits of Staying in the SNF/NF

There are benefits of staying in the SNF/NF when a new symptom or condition occurs – assuming it is safe to treat the condition in the SNF/NF and staying in the SNF/NF is consistent with the preferences of the resident/patient and her or his representatives. Treatment in the SNF/NF allows residents/patients to:

- Have continuity of care – this means that residents/patients continue to receive care from staff members who know them, and who are able to respond to their individual preferences and needs
- Remain in a familiar environment with their personal possessions, and keep their individual routines as much as possible
- Avoid what is often an uncomfortable trip to the hospital and long delays waiting in the emergency room
- Avoid potential problems due to miscommunication between the hospital and the SNF/NF
- Avoid other hospital-related complications

What Can Residents/Patients and Their Representatives Do?

There are several things that residents/patients and their representatives can do to make sure the right decisions about hospital care are made in their best interest, including:

- Participating in care planning *(deciding on treatment preferences)* with the SNF/NF staff and their primary care provider *(doctor, nurse practitioner, or physician's assistant)*
- Discussing the risks and benefits of a hospital transfer vs. treatment in the SNF/NF when a new symptom or condition is recognized
- Completing an **Advance Directive** document, such as a **Durable Power of Attorney for Health Care** that expresses preferences for care in emergencies and at the end of life
- Understanding the resources available in the SNF/NF to treat the new symptom or condition *(for example, oxygen, lab tests, intravenous (IV) fluids and medications)*
- Understanding the financial and other issues, such as bed-hold policies, of treatment in the hospital vs. in the SNF/NF

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Michigan Veteran Homes

Resident Trust Activity Request Form

Member Name: _____ Date: _____

Amount: $_____ **CALL 5294 or 5303 TO SUBMIT**

Activity Requested (check one): ☐ Cash W/D ☐ Check W/D ☐ Deposit

If cash withdrawal, any certain denomination? _____

If check withdrawal, make payable to? _____

Note any special instructions regarding delivery—time of day, day of week, etc.

_____

_____

Thank you very much for your understanding during this time.

We are committed to ensuring you are getting your banking needs met to the best of our ability.

Member Signature: _____ **CALL 5294 or 5303 TO SUBMIT**

Business Office Staff Signature: _____ Date: _____

Michigan Veteran Homes

Resident Trust Activity Request Form

Member Name: _____ Date: _____

Amount: $_____ CALL 5294 or 5303 TO SUBMIT

Activity Requested (check one): ☐ Cash W/D ☐ Check W/D ☐ Deposit

If cash withdrawal, any certain denomination? _____

If check withdrawal, make payable to? _____

Note any special instructions regarding delivery—time of day, day of week, etc.

_____

_____

Thank you very much for your understanding during this time.

We are committed to ensuring you are getting your banking needs met to the best of our ability.

Member Signature: _____ CALL 5294 or 5303 TO SUBMIT

Business Office Staff Signature: _____ Date: _____

Michigan Veteran Homes

Isolation Unit—Resident Trust Activity Request Form

Member Name: _____ Date: _____

Amount: $_____

Activity Requested (check one): ☐ Cash W/D ☐ Check W/D ☐ Deposit

If cash withdrawal, any certain denomination? _____

If check withdrawal, make payable to? _____

Note any special instructions regarding delivery—time of day, day of week, etc.

_____

_____

Verbal Authorization Received by: _____ Date: _____

Staff Witness to Verbal Authorization: _____ Date: _____

Business Office Staff Signature: _____ Date: _____

5/1/20 Administrator Authorization provided that verbal withdrawal authorizations via phone from the member are allowed with the requirement that the nurse be present to witness the verbal authorization.

Michigan Veteran Homes

Resident Trust Activity Request Form

Member Name: _____ Date: _____

Amount: $_____

Activity Requested (check one): ☐ Cash W/D ☐ Check W/D ☐ Deposit

If cash withdrawal, any certain denomination? _____

If check withdrawal, make payable to? _____

Note any special instructions regarding delivery—time of day, day of week, etc.

_____

_____

Verbal Authorization Received by: _____ Date: _____

Staff Witness to Verbal Authorization: _____ Date: _____

Business Office Staff Signature: _____ Date: _____

5/1/20 Administrator Authorization provided that verbal withdrawal authorizations via phone from the member are allowed with the requirement that the nurse be present to witness the verbal authorization.

Positive COVID-19 Member Protocol GRVH

1. The licensed nurse on the member's unit (RN or LPN) will place a surgical mask on the member and notify HS immediately (616-745-0985).

2. HS will provide supply box to licensed nurse. In the box are supplies to complete the following tasks.

3. Licensed nurse and additional staff member to don PPE (found in the box) including putting an N95 mask on.

4. The licensed nurse and additional staff member will transport the member to 2S (226-1) in their bed, utilizing the McLeish Lobby Elevator and will stay with member on 2S. The licensed nurse will take the members medications with them on transfer to unit.

5. HS places appropriate signage on the 2S elevator and on back double door entrance to 2s.

6. Phone the COVID Unit nurse to relieve the licensed unit nurse
   Mary Kay MacQuarrie (269-270-9839) 7p-7a
   LPN Pam Jurick (616-490-9638) 7a-7p

7. HS will notify Admin and Director of Nursing
   Tracey Nelson (616-481-5125)
   Paula Bixler (616-204-4770)

- First member to be transferred to 2S will be moved into 226-1.
- Rooms will be filled 4 to a room.
- Room fill will be as follows:
  - 226
  - 225
  - 224
  - 221
  - 223

*Additional staff will be assigned to the unit to provide care as need warrants.

Presumptive or Positive COVID-19 Member Protocol DJJHV

When we have a member who is under investigation for or confirmed positive for COVID infection we will follow this procedure:

1. The nurse (LPN or RN) on the member's unit get the "Corona Box" from the 1 West Supervisor Office. In here will be supplies needed to do the following steps:

2. The nurse and a second staff member (ex. RCA) will don PPE (found in the box) including putting an N95 mask on and will put a surgical mask on the member.

3. The nurse will transport the member to the 3rd floor in their bed to room 303B.

4. The 1 West Supervisor will place signage on the "used" elevator and elevator will be set so only the 3rd floor is accessible by "key". Key is in "Corona Box" and with the charge nurses assigned to the unit.

5. The 1 West Supervisor will call the COVID Unit RN and they will come to relieve the unit nurse
   Jenny (906-361-6372) 6a-6p
   Amanda (231-420-0563) 6p-6a

6. The 1 West Supervisor will call the Admin and IC Nurse
   Ron (906-869-8269) (Ron to call DON)
   Julie (906-250-1497) (Julie to call Med Dir)

7. The 1 West supervisor arranges for coverage for the transport nurse and staff if needed

8. Jenny or Amanda will relieve the unit nurse and assume care

- First member to be transferred to 3rd floor to room 303- B
- Room fill will be as follows:
  - 303B
  - 303A
  - 301 (single room)
  - 302B
  - 302A
  - 300B
  - 300A

*If/when more cases warrant, additional staff have volunteered to provide cares.

CMS Requirements for Notification of Confirmed and Suspected COVID-19 Cases Among Residents and Staff in Nursing Homes

The information below provides a detailed summary of the QSO memo issued by CMS on May 6, 2020. Navigate to a specific section by selecting it below:

Notifying Residents, Representatives, and Families of COVID Cases 1

Enforcement of COVID-19 Reporting to Residents, their Representatives, and Families (F885) 3

NHSN Reporting COVID-19 Nursing Homes 3

NHSN Registration 3

NHSN Reporting Requirements and Timeline 4

Enforcement of COVID-19 Reporting to CDC (F884) 5

Posting Facility-Level COVID-19 Data 6

Survey and Compliance Tools 6

Notifying Residents, Representatives, and Families of COVID Cases

The new COVID-19 reporting requirements at §483.80(g)(3) state nursing homes have to inform residents, their representatives, and families of confirmed or suspected COVID-19 infections among residents and staff. These notifications must be done by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other.

The latest guidance from CMS in this QSO memo 20-29-NH states that these new requirements go into effect as of May 8. This means the first notification could be required to occur by May 9 at 5 pm, should the facility have any of the resident and/or staff cases on May 8 as described by CMS as requiring notification. Therefore, it is important to have systems in place for making these notifications, or to adjust your current systems to meet these requirements.

AHCA/NCAL developed this template notification to assist you in providing these notifications. Please customize it as needed.

Who to Notify:

You must notify all residents, their representatives, and families, not just those with suspected or confirmed cases of COVID-19.

What to Notify:

- Any time a **single** new COVID-19 case is confirmed among residents or staff.
    - You do not need to identify whether the new case is a resident or staff member.
    - For purposes of reporting confirmed cases or clusters, CMS defines "staff" to include employees, consultants, contractors, volunteers, and caregivers who provide care and services to residents in the facility, including nurse aides that have not yet completed a nurse aide training, competency, and evaluation program (NATCEP) but are providing services to residents.
- Any time **three or more** residents or staff have new onset respiratory symptoms within a 72-hour period.
    - The CMS memo states that respiratory symptoms consistent with COVID-19 are shortness of breath, difficulty breathing, new or change in cough, sore throat, or new loss of taste or smell; and, to a lesser extent, new sputum production, rhinorrhea, or hemoptysis. CMS also directs providers to CDC for more information on updated symptoms: Symptoms of Coronavirus and Preparing for COVID-19: Long-term Care Facilities, Nursing Homes. Be sure to continue monitoring CDC guidance for updates on symptoms and report to the best of your knowledge and guidance at the time.
- In each notification, include information on mitigating actions implemented, including any changes to normal facility operations.

When to Notify:

- By 5 p.m. on the next calendar day following each occurrence of either a new confirmed infection or three or more residents or staff with new onset respiratory symptoms within 72 hours of each other.
- Weekly if no new notifications have otherwise occurred during the past week.

How to Notify (variety of possible formats):

- You may meet this notification requirement in a variety of ways including email listservs, website postings, recorded telephone messages, and written letters.
- You are not required to make individual telephone calls to each resident's responsibly party to inform that there is a new confirmed case in the facility. CMS expects facilities "to make all reasonable efforts to properly inform" residents, their representatives, and families of the required information.

Cumulative Cases:

Each notification should provide a cumulative total of confirmed cases. You do not need to provide separate counts of new versus total cases. For example, if you previously had 2 cases, but now have 2 more cases confirmed, your next update would state, "Our facility has 4 confirmed COVID-19 cases."

Weekly Notifications:

- Notifications must be provided on a weekly basis at a minimum.

- If a facility has provided any (1 or more) resident/representative/family notifications in a given week due to having a new confirmed case and/or a new 72-hour cluster of 3 cases, they do not need to do an additional weekly notification in that same week.
- A separate weekly notification is only required if you had no new confirmed cases or 72-hour clusters of 3 to report on in that week. That separate weekly notification would be a general status update indicating existing cumulative totals of confirmed cases and information on mitigating actions being taken.

Privacy Protections:

Make sure your notifications do not include any personally identifiable information such as names, locations within the facility, or specific medical information.

Notifications of Resident Change of Condition

You must continue to notify the resident, physician, and representative of a resident's change in condition, including if they have suspected or confirmed COVID-19 (according to §483.10(g)(14)(i)(B), Notification of Changes (F580)).

Enforcement of COVID-19 Reporting to Residents, their Representatives, and Families (F885)

CMS has established a new F-Tag, F885, based on the new requirement to inform residents, their representatives, and families of COVID cases. CMS has not provided a grace period for implementation of this requirement. Survey review for compliance with F885 is included in the "COVID-19 Focused Survey Protocol" document and will occur onsite by State and/or Federal surveyors. Enforcement actions will follow the focused Infection Control survey process. For enforcement-related questions, please email: DNH_Enforcement@cms.hhs.gov.

NHSN Reporting COVID-19 Nursing Homes

CMS will begin posting data from the CDC National Healthcare Safety Network (NHSN) for viewing by facilities, stakeholders, or the general public.

NHSN Registration

Facilities should immediately register and gain access to NHSN LTCF COVID-19 Module.

Overview of process:

1. Step 1 – Update email/internet security settings to receive communications from NHSN
2. Step 2
    a. Step 2A – Register Facility with NHSN
    b. Step 2B – Register with SAMS (Security Access Management System) – After NHSN receives your completed registration, you will receive *Invitation to Register with SAMS* via email
3. Step 3 – Complete NHSN Enrollment – on SAMS homepage, click the link labeled "NHSN LTC Enrollment" and complete facility contact information
4. Step 4 - Electronically Accept the NHSN Agreement to Participate and Consent sent via email to NHSN Facility Administrator and Component Primary Contact (may be the same person)

Resources and Training:

- NHSN provides an overview of the process on their LTC Enrollment website and a PDF Enrollment Guidance Document with screen shots of the process.
- NHSN also has live trainings scheduled for May 12 and 14th. Registration information and slide decks are available on the NHSN LTCF COVID-19 Module website.

Important notes:

- During enrollment, you will designate a person to serve as the NHSN Facility Administrator or Group Administrator (one person can be both).
- The CMS Certification Number (CCN) must be entered correctly into the NHSN system so CMS can confirm the facility has met the reporting requirement.
- The facility should only enroll in NHSN once. If previously enrolled, submit an email to nhsn@cdc.gov for assistance.

If you experience problems during enrollment, please contact the NHSN user support nhsn@cdc.gov.

NHSN Reporting Requirements and Timeline

NHSN reporting requirements and links to the pathways forms are listed below.

- Suspected and confirmed COVID-19 infections among residents and staff, including residents
- previously treated for COVID-19
- Total deaths and COVID-19 deaths among residents and staff;
- Personal protective equipment and hand hygiene supplies in the facility;
- Ventilator capacity and supplies in the facility;
- Resident beds and census;
- Access to COVID-19 testing while the resident is in the facility;
- Staffing shortages; and
- Other information specified by the Secretary.

Providers can use the following pathways forms to collect the data and then electronically submit through the NHSN system once enrolled.

- COVID-19 Resident Impact and Facility Capacity Pathway Form
- COVID-19 Staff and Personnel Impact Pathway Form
- COVID-19 Supplies and Personal Protective Equipment Pathway Form
- COVID-19 Ventilator Capacity and Supplies Pathway Form

The first reporting is due by 11:59p.m. Sunday, May 17, 2020. To be compliant, facilities must adhere to the following guidance:

- Submit the data through the NHSN reporting system at least once every seven days.
- Maintain consistent data collection and reporting periods. Each Monday, CMS will review data submitted to assess if each facility submitted data at least once in the previous seven days.
- Facilities may submit multiple times a week although reporting should remain consistent with data being submitted on the same day(s) each week. Collection period should remain consistent.

- Keep in mind that reporting is a requirement for all facilities, regardless of COVID-19 status. In other words, even if there are zero COVID-19 cases in your facility, you still need to report.
- Other important reporting notes:
- Nursing homes will be able to view their data in the NHSN application upon data submission. NHSN's analysis and reporting features allows nursing homes to quickly verify that their data have been received.
- Data pulled by CMS on Mondays will also be used to update data that is publicly reported.
- State and local health departments can report this information on behalf of the provider, but the accountability to report in accordance with the regulation will still fall to the nursing home.
- While the NHSN system has capability for retrospective reporting from January 2020 onward, there is no requirement in the rule to collect older data.

Enforcement of COVID-19 Reporting to CDC (F884)

CMS has established a new F-Tag F884, COVID-19 reporting to CDC. Survey review for compliance with F884 is included in the "COVID-19 Focused Survey Protocol" document. **Only** CMS federal surveyors will review for compliance with F884 offsite and state surveyors should not cite this F-tag.

CMS will receive the CDC NHSN COVID-19 reported data and review for timely and complete reporting of all data elements. Regulation requires a minimum of weekly reporting. Facilities that are identified by CMS as not reporting timely and/or complete data, following the grace period, will receive a deficiency citation at F884 with a scope and severity level at an F and be subject to imposition of a civil money penalty (CMP).

Important note: Centers must report data on all four pathways, even if information did not change from previous reporting period.

Schedule of enforcement CMPs

- May 24, 2020 at 11:59 pm: Two-week grace period ends
- May 31, 2020 at 11:59 pm: Facilities that fail to begin reporting receive a warning letter
- June 7, 2020 at 11:59 pm: Facilities that have not started reporting into NHSN will have a per day CMP of $1,000 for one day of the failure to report that week imposed by CMS.
- Each subsequent week : Facilities that fail to submit the required report, will receive an additional one day per day CMP imposed at an amount increased by $500.If facility reports in week 6, but then fails to report in week 7, a one-day PD CMP amount of $2,000 (which is $500 more than the last imposed PD CMP amount) for total CMPs imposed $4,500.

The CMS memo states that the presence of COVID-19 in a nursing home does not automatically mean that noncompliance exists and that it will not use the NHSN data to penalize nursing homes for the presence of COVID-19; surveyors will only cite for noncompliance with federal requirements for infection prevention and control based on their survey investigations using existing survey tools.

For enforcement related questions, providers should contact DNH_Enforcement@cms.hhs.gov.

Posting Facility-Level COVID-19 Data

CMS plans to publicly post CDC's NHSN data (including facility names, number of COVID-19 suspected and confirmed cases, deaths, and other data as determined appropriate) weekly on https://data.cms.gov by the end of May.

Survey and Compliance Tools

Until further notice, surveys will continue to be conducted in accordance with CMS memorandum QSO-20-20-All, which includes surveying for Immediate Jeopardy allegations and Focused Infection Control surveys.

COVID-19 Focused Survey for Nursing Homes
Providers should use the revised "COVID-19 Focused Survey for Nursing Homes" to perform their self-assessment. This revised tool will be used to evaluate compliance with two new F-Tags (F884 and F885) pertaining to the new requirements at §483.80(g) as noted above.

Other Survey Tools Updated
Visit the Survey Resources folder in the COVID-19 Focused Survey (zip file) sub-folder on the CMS Nursing Homes website for other survey tools that have been updated including Entrance Conference Worksheet, COVID-19 Focused Survey Protocol, and Summary of the COVID-19 Focused Survey for Nursing Homes.

PROCUREMENT ALERT FOR CRITICAL SUPPLY ITEMS

Use this form to notify MVH if an inventory level of an item on the critical supply list has dropped below the recommended level. Use the large space to describe procurement efforts and supplier information. Attach any requisitions, order forms, correspondence, and other relevant information.

Completed By: _____ Date: _____

Location: _____ Contact Info: _____

Send form to Melissa Velie, MVH VP of Business Services, velieм@michigan.gov

Item Name/Description	ID Number or Commodity Number	Current Supply Level	Estimated Time to Exhaust Current Level

MVH 0001 (Revised 03/27/2020) ACT 152, PA 1885

COVID-19 Definitions/Glossary

COVID-19
The name of the disease caused by the novel coronavirus, SARS-CoV-2, and is short for "Coronavirus Disease 2019." (Source: WHO)

Close Contact
A person who may be at risk of a contagious disease because of their proximity or exposure to a known case. Exact definition of close contact differs by disease; for COVID-19, the CDC defines a close contact as anyone who has been within 6 feet of a person infected with the virus for a prolonged period of time, or has had direct contact with the infected person's secretions. (Source: CDC)

Close Contact (for exposures)
Close contact, for both community and healthcare exposures, is defined as follows: a) being within approximately 6 feet (2 meters), or within the room or care area, of a confirmed MERS case for a prolonged period of time (such as caring for, living with, visiting, or sharing a healthcare waiting area or room with, a confirmed MERS case) while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); or b) having direct contact with infectious secretions of a confirmed MERS case (e.g., being coughed on), while not wearing recommended personal protective equipment. (Source: CDC)

Cloth Face Covering
Textile (cloth) covers that are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. They are not PPE and it is uncertain whether cloth face coverings protect the wearer. (Source: CDC)

Community Transmission/Spread
Infections identified in a given geographic area without a history of travel elsewhere and no connection to a known case. (Source: CDC)

Contact Tracing
The process of identifying, assessing, and managing people who have been exposed to a contagious disease to prevent onward transmission. (Source: WHO)

Coronavirus
A family of viruses that cause illness ranging from the common cold to more severe diseases, such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). The novel coronavirus recently discovered has been named SARS-CoV-2 and it causes COVID-19. (Source: WHO)

Drive Through Testing
Individuals remain in their vehicles, and medical staff in protective gear come to administer the swab test and the swabs are sent to a laboratory for testing. (Source: CDC)

Droplet Transmission/Spread
A mode of transmission for a contagious disease that involves relatively large, short-range (less than 6 feet) respiratory droplets produced by sneezing, coughing, or talking. (Source: CDC)

Enhanced Barrier Precautions
Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: (Source: CDC)

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
- Wound care: any skin opening requiring a dressing

Gown and gloves would not be required for resident care activities other than those listed above, unless otherwise necessary for adherence to Standard Precautions. Residents are not restricted to their rooms or limited from participation in group activities.

Essential Activities

- Tasks essential to main health and safety, such as obtaining medicine or seeing a doctor;
- Getting necessary services or supplies for themselves or their family or household members, such as getting food and supplies, pet food, and getting supplies necessary for staying at home;
- Engaging in outdoor activity, such as walking, hiking or running provided that you maintain at least six feet of social distancing;
- Performing work providing essential services at an Essential Business or Essential Government function;
- Caring for a family member in another household;
- Caring for elderly, minors, dependents, person with disabilities, or other vulnerable persons
- Essential businesses: (Source: https://sfmayor.org/article/san-francisco-issues-new-public-health-order-requiring-residents-stay-home-except-essential):
- Healthcare operations, including home health workers;
- Essential Infrastructure, including construction of housing and operation of public transportation and utilities;
- Grocery stores, farmers' markets, food banks, convenience stores;
- Businesses that provide necessities of life for economically disadvantaged individuals and shelter facilities;

Essential Activities, continued

- Pharmacies, health care supply stores, and health care facilities;
- Gas stations and auto repair facilities;
- Banks;
- Garbage collection;
- Hardware stores, lumbers, electricians, and other service providers necessary to maintain the safety, sanitation, and essential operation of residences and other essential businesses;
- Educational institutions, for the purposes of facilitating distance learning;
- Laundromats, dry cleaners, and laundry service providers;
- Businesses that ship or deliver groceries, food, and good directly to residences;
- Childcare facilities providing services that enable essential employees to go to work;
- Roles required for any Essential Business to "maintain basic operations," which include security, payroll, and similar activities

(Source: https://sfmayor.org/article/san-francisco-issues-new-public-health-order-requiring-residents-stay-home-except-essential)

Essential Government Functions

All services needed to ensure the continuing operation of the government agencies and provide for the health, safety and welfare of the public. (Source: https://sfmayor.org/article/san-francisco-issues-new-public-health-order-requiring-residents-stay-home-except-essential)

Facemask

Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays. (Source: CDC)

Flattening the Curve

Slowing a virus' spread to reduce the peak number of cases and related demands on hospitals and infrastructure (Source: CDC)

Hand Hygiene

Hand hygiene is a way of cleaning one's hands that substantially reduces potential pathogens (harmful microorganisms) on the hands. Hand hygiene is considered a primary measure for reducing the risk of transmitting infection among patients and health care personnel.
(Source: CDC)

Healthcare Personnel (HCP)
Refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. These HCP may include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the health care facility, and persons (e.g., clerical, dietary, environmental services, laundry, security, maintenance, engineering and facilities management, administrative, billing, and volunteer personnel) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted among from HCP and patients. For this update, HCP does not include dental healthcare personnel, autopsy personnel, and laboratory personnel, as recommendations to address occupational infection prevention and control (IPC) services for these personnel are posted elsewhere. (Source: CDC)

Healthcare Settings
Refers to places where healthcare is delivered and includes, but is not limited to, acute care facilities, long term acute care facilities, inpatient rehabilitation facilities, nursing homes and assisted living facilities, home healthcare, vehicles where healthcare is delivered (e.g., mobile clinics), and outpatient facilities, such as dialysis centers, physician offices, and others.
(Source: CDC)

Home Isolation
Persons with COVID-19 who have symptoms or laboratory-confirmed COVID-19 who have been directed to stay at home until they are recovered.
(Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html)

Isolation
Separating sick people with a contagious disease from those who are not sick. (Source: CDC)
N95 respirator (face mask). Personal protective equipment that is used to protect the wearer from airborne particles and from liquid contaminating the face
(Source: https://www.thoracic.org/patients/patient-resources/resources/disposable-respirators.pdf)

N95 respirator (face mask)
Personal protective equipment that is used to protect the wearer from airborne particles and from liquid contaminating the face (Source: https://www.thoracic.org/patients/patient-resources/resources/disposable-respirators.pdf)

Negative-Pressure Rooms
Rooms specifically designed for patients with contagious diseases that contain any circulating air in the room and prevent it from being released into any other part of the hospital.
(Source: CDC)

Pandemic
An epidemic that has spread over several countries/continents, usually affecting a large number of people. (Source: CDC)

Personal Protective Equipment PPE
Defined by the Occupational Safety and Health Administration, or OSHA, is “specialized clothing or equipment, worn by an employee for protection against infectious materials.” (Source: CDC)

Quarantine
Separating and restricting the movement of people exposed (or potentially exposed) to a contagious disease. (Source: CDC)

Respirator
A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer’s risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare.

Self-Monitoring
Self-monitoring means that potentially exposed people check their own temperature twice daily and monitor themselves for respiratory symptoms consistent with MERS (e.g., cough, shortness of breath, chest pain, sore throat). People who develop symptoms while under selfmonitoring should immediately self-isolate (separate themselves from others) and notify public health authorities. If a person self-monitoring develops fever (measured temperature ≥100.4o F or subjective fever) or respiratory symptoms they must contact their local or state public health authority promptly so that the public health authority can coordinate consultation and referral to a healthcare provider for further evaluation. Fever might not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs). Healthcare professionals should use clinical judgement to guide testing of patients in such situations. Those who are self-monitoring are not required to report daily to the public health authority; they are required to report to the public health authority only if symptoms develop, unlike those who are being actively monitored whom are required to report daily. (Source: CDC)

Self-Quarantine
Staying home and away from other people as much as possible after exposure. (Source: CDC)

Shelter in Place
All residents must remain at their place of residence, except to conduct essential activities, essential businesses, and essential government functions.
(Source: https://sfmayor.org/article/san-francisco-issues-new-public-health-order-requiring-residents-stay-home-except-essential)

Sick Leave
Refers to absence from the workplace to address health needs, such as illness. (Source: CDC)

Social Distancing
Measures taken to reduce person-to-person contact in a given community, with a goal to stop or slow down the spread of a contagious disease. Measures can include working from home, closing offices and schools, canceling events, and avoiding public transportation.
(Source: CIDRAP)

Ventilator
A device that delivers air into the lungs through a tube that is placed into the mouth or nose and down into the windpipe. (Source: https://www.thoracic.org/patients/patient-resources/resources/mechanical-ventilation.pdf)

Viral Shedding
The period of time after the virus has replicated in the host and is being emitted. (Source: CDC)

COVID-19 RESPONSE PLAN APPENDICES

Number	Name
APPENDIX I – Survey Materials	
1.1	Infection Prevention, Control & Immunizations Critical Element Pathway CMS-20054 (5/2017)
1.2	COVID-19 Focused Infection Control Survey: Acute and Continuing Care Critical Element Pathway CMS (3/2020)
1.3	COVID-19 Focused Survey for Nursing Homes (3/2020)
1.4	Action Brief: COVID-19 Infection Control Focused Survey
APPENDIX II - Infection Surveillance Tools	
2.1	LTC Respiratory Surveillance Line List
2.2	Reportable Diseases in Michigan by Condition
2.3	Member COVID-19 Daily Symptom Screening Log
APPENDIX III – Posters and Signage	
3.1	Posters & Signs
APPENDIX IV – Home Operations	
4.1	Microsoft Teams Quick Start Guide
4.2	Authorization and Consent to Participate in Telemedicine Interaction
APPENDIX V – Member Care Planning	
5.1	“At Risk” Care Plan for Exposure to COVID-19
5.2	“At Risk” Care Plan for Psychosocial Measures for COVID-19
5.3	Keeping Members Engaged
APPENDIX VI – Audits and Checklists	
6.1	Influenza-Like Illness Management Checklist
6.2	PPE Competency Validation
6.3	Handwashing Competency
6.4	COVID-19 MVH Compliance Audit
APPENDIX VII – Vendor COVID Plans	
7.1	Career Staff Unlimited
7.2	Compass Group USA
7.3	Hi-Tech Building Services
7.4	Morrison Living
7.5	Superior Rehabilitation & Professional Services
7.6	TMI, Inc.

APPENDIX I
Survey Materials

1.1 Infection Prevention, Control & Immunizations Critical Element Pathway CMS-20054 (5/2017)

1.2 COVID-19 Focused Infection Control Survey: Acute and Continuing Care Critical Element Pathway CMS (3/2020)

1.3 COVID-19 Focused Survey for Nursing Homes (3/2020)

1.4 Action Brief: COVID-19 Infection Control Focused Survey

Infection Prevention, Control & Immunizations

Infection Control: *This facility task must be used to investigate compliance at F880, F881, and F883. For the purpose of this task, "staff" includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility. The Infection Prevention and Control Program (IPCP) program must be facility-wide and include all departments and contracted services. If a specific care area concern is identified, it should be evaluated under the specific care area, such as for pressure ulcers, respiratory care, catheter care, and medication pass observations which include central lines, peripheral IVs, and oral/IM/respiratory medications.*

Coordination:

☐ One surveyor coordinates the facility task to review for:

- The overall Infection Prevention and Control Program (IPCP);
- The annual review of the IPCP policies and practices;
- The review of the surveillance and antibiotic stewardship programs; and
- Tracking influenza/pneumococcal immunization of residents.

☐ Team assignments must be made to include the review of:

- Laundry services;
- A resident on transmission-based precautions, if any;
- Five sampled residents for influenza/pneumococcal immunizations; and
- Other care-specific observations if concerns are identified.

☐ Every surveyor assesses IPCP compliance throughout the survey and communicates any concerns to the team.

Hand Hygiene:

☐ Staff implement standard precautions (e.g., hand hygiene and the appropriate use of personal protective equipment (PPE)).

☐ Appropriate hand hygiene practices are followed.

☐ Alcohol-based hand rub (ABHR) is readily accessible and placed in appropriate locations. These may include:

- Entrances to resident rooms;
- At the bedside (as appropriate for resident population);
- In individual pocket-sized containers by healthcare personnel;
- Staff work stations; and
- Other convenient locations.

☐ Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident with known or suspected C. difficile infection (CDI) or norovirus during an outbreak, or if endemic rates of CDI are high. ABHR is not appropriate to use under these circumstances.

☐ Staff perform hand hygiene (even if gloves are used) in the following situations:

- Before and after contact with the resident;

- After contact with blood, body fluids, or visibly contaminated surfaces or other objects and surfaces in the resident's environment;
- After removing personal protective equipment (e.g., gloves, gown, facemask); and
- Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care).

☐ When being assisted by staff, resident hand hygiene is performed after toileting and before meals.

☐ Interview appropriate staff to determine if hand hygiene supplies are readily available and who they contact for replacement supplies.

☐ Soap, water, and a sink are readily accessible in appropriate locations including, but not limited to, resident care areas, food and medication preparation areas.

1. Did staff implement appropriate hand hygiene? ☐ Yes ☐ **No F880**

Personal Protective Equipment (PPE):

☐ Determine if staff appropriately use and discard PPE including, but not limited to, the following:

- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
- Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin;
- Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care;
- A gown is worn for direct resident contact if the resident has uncontained secretions or excretions;
- A facemask is worn if contact (i.e., within 3 feet) with a resident with new acute cough or symptoms of a respiratory infection (e.g., influenza-like illness);
- Appropriate mouth, nose, and eye protection (e.g., facemasks, face shield) is worn for performing aerosol-generating and/or procedures that are likely to generate splashes or sprays of blood or body fluids;
- PPE is appropriately discarded after resident care, prior to leaving room, followed by hand hygiene; and
- Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are readily accessible in resident care areas (i.e., nursing units, therapy rooms).

☐ Interview appropriate staff to determine if PPE supplies are readily available and who they contact for replacement supplies.

2. Did staff implement appropriate use of PPE? ☐ Yes ☐ **No F880**

Transmission-Based Precautions:

☐ Determine if appropriate transmission-based precautions are implemented, including but not limited to:

- PPE use by staff (i.e., don gloves and gowns before contact with the resident and/or his/her environment while on contact precautions; don facemask within three feet of a resident on droplet precautions; don a fit-tested N95 or higher level respirator prior to room entry of a resident on airborne precautions;

- Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant prior to use on another resident;
- The least restrictive TBP possible under the circumstances;
- Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare use at least daily and when visibly soiled.

☐ Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.

☐ If concerns are identified, expand the sample to include more residents with transmission-based precautions.

3. Did the staff implement appropriate transmission-based precautions? ☐ Yes ☐ **No F880** ☐ NA

Laundry Services:

☐ Determine whether staff handle, store, and transport linens appropriately including, but not limited to:

- Using standard precautions (i.e., gloves) and minimal agitation for contaminated linen;
- Holding contaminated linen and laundry bags away from his/her clothing/body during transport;
- Bagging/containing contaminated linen where collected, and sorted/rinsed only in the contaminated laundry area (double bagging of linen is only recommended if outside of the bag is visibly contaminated or is observed to be wet on the outside of the bag);
- Transporting contaminated and clean linens in separate carts; if this is not possible, the contaminated linen cart should be thoroughly cleaned and disinfected per facility protocol before being used to move clean linens. Clean linens are transported by methods that ensure cleanliness, e.g., protect from dust and soil;
- Ensuring mattresses, pillows, bedding, and linens are maintained in good condition and are clean (Refer to F584); and
- If a laundry chute is in use, laundry bags are closed with no loose items.

☐ Laundry Rooms – Determine whether staff:

- Maintain/use washing machines/dryers according to the manufacturer's instructions for use;
- If concerns, request evidence of maintenance log/record; and
- Use detergents, rinse aids/additives, and follow laundering directions according to the manufacturer's instructions for use.

4. Did the facility store, handle, transport, and process linens properly? ☐ Yes ☐ **No F880**

Infection Prevention, Control & Immunizations

Policy and Procedure:

☐ The facility established a facility-wide IPCP including written IPCP standards, policies, and procedures that are current and based on national standards.

☐ The policies and procedures are reviewed at least annually.

☐ Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

5. Did the facility develop and implement an overall IPCP including policies and procedures that are reviewed annually?
☐ Yes ☐ **No F880**

Infection Surveillance:

☐ The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of infections.

☐ The plan includes early detection, management of a potentially infectious, symptomatic resident and the implementation of appropriate transmission-based precautions.

☐ The plan uses evidence-based surveillance criteria (e.g., CDC NHSN Long-Term Care or revised McGeer Criteria) to define infections and the use of a data collection tool.

☐ The plan includes ongoing analysis of surveillance data and review of data and documentation of follow-up activity in response.

☐ The facility has a process for communicating the diagnosis, antibiotic use, if any, and laboratory test results when transferring a resident to an acute care hospital or other healthcare provider; and obtaining pertinent notes such as discharge summary, lab results, current diagnoses, and infection or multidrug-resistant organism colonization status when residents are transferred back from acute care hospitals.

☐ The facility has a current list of reportable communicable diseases.

☐ Staff can identify to whom and when communicable diseases, healthcare-associated infections (as appropriate), and potential outbreaks must be reported.

☐ Prohibiting employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit disease.

☐ Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

6. Did the facility provide appropriate infection surveillance? ☐ Yes ☐ **No F880**

Antibiotic Stewardship Program:

☐ Determine whether the facility has an antibiotic stewardship program that includes:

- Written antibiotic use protocols on antibiotic prescribing, including the documentation of the indication, dosage, and duration of use of antibiotics;
- Protocols to review clinical signs and symptoms and laboratory reports to determine if the antibiotic is indicated or if adjustments to therapy should be made and identify what infection assessment tools or management algorithms are used for one or more infections (e.g., SBAR tool for urinary tract infection (UTI) assessment, Loeb minimum criteria for initiation of antibiotics);
- A process for a periodic review of antibiotic use by prescribing practitioners: for example, review of laboratory and medication orders, progress notes and medication administration records to determine whether or not an infection or communicable disease has been documented and whether an appropriate antibiotic has been prescribed for the recommended length of time. Determine whether the antibiotic use monitoring system is reviewed when the resident is new to the facility, when a prior resident returns or is transferred from a hospital or other facility, during each monthly drug regimen review when the resident has been prescribed or is taking an antibiotic, or any antibiotic drug regimen review as requested by the QAA committee;
- Protocols to optimize the treatment of infections by ensuring that residents who require antibiotics are prescribed the appropriate antibiotic;
- A system for the provision of feedback reports on antibiotic use, antibiotic resistance patterns based on laboratory data, and prescribing practices for the prescribing practitioner.

7. Did the facility conduct ongoing review for antibiotic stewardship? ☐ Yes ☐ **No F881**

Influenza and Pneumococcal Immunizations:

☐ Select five residents in the sample to review for the provision of influenza/pneumococcal immunizations.

☐ Document the names of residents selected for review.

☐ Give precedence in selection to those residents whom the survey team has selected as sampled residents.

☐ Review the records of the five residents sampled for documentation of:

- Screening and eligibility to receive the vaccine;
- The provision of education related to the influenza or pneumococcal immunizations (such as the benefits and potential side effects)*;*
- The administration of pneumococcal and influenza vaccine, in accordance with national recommendations. Facilities must follow the CDC and ACIP recommendations for vaccines; and
- Allowing a resident or representative to refuse either the influenza and/or pneumococcal vaccine. If not provided, documentation as to why the vaccine was not provided.

☐ For surveys occurring during influenza season, unavailability of the influenza vaccine can be a valid reason why a facility has not implemented the influenza vaccine program, especially during the early weeks of the influenza season. Ask the facility to demonstrate that:

- The vaccine has been ordered and the facility received a confirmation of the order indicating that the vaccine has been shipped or that the product is not available but will be shipped when the supply is available; and
- Plans are developed on how and when the vaccines are to be administered.

Infection Prevention, Control & Immunizations

☐ As necessary, determine if the facility developed influenza and pneumococcal vaccine policies and procedures, including the identification and tracking/monitoring of all facility residents' vaccination status.

8. Did the facility provide influenza and/or pneumococcal immunizations as required or appropriate? ☐ Yes ☐ **No F883**

COVID-19 Focused Infection Control Survey: Acute and Continuing Care

General guidance: This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19. Entry and screening procedures as well as patient care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS guidance that is in effect at the time of the survey. Refer to QSO memos released at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.

Content within this tool may be generally applied to any setting. However, CMS recognizes that not all acute and continuing care providers have the same acuity or capacity and therfore, depending upon the setting, not all information will be applicable on every survey (e.g.; aerosol generating procedures section). If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: "Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] **COVID-19**."

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with guidance in the appropriate provider/supplier appendix of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For purposes of this document, "staff" includes employees, consultants, contractors, volunteers, and others who provide care and services to patients on behalf of the facility. Additionally, the general term "facility" means inpatient, congregate settings, hospitals, intermediate care facilities for individuals with intellectual disabilities, dialysis facilities, and clinics, and "home" refers to settings such as hospice and home health where care is provided in the home.

Entering the Facility/Triage/Registration/Visitor Handling

Prior to entering the facility:

- Is signage posted at facility entrances with visitation restrictions and screening procedures?
- Are signs posted at entrances with instructions to individuals seeking medical care with symptoms of respiratory infection to immediately put on a mask and keep it on during their assessment, cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions?

Upon entering the facility:

- Are staff trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspect COVID-19 cases?
- Is there a process that occurs after a suspected case is identified to include immediate notification of facility leadership/infection control?

COVID-19 Focused Infection Control Survey: Acute and Continuing Care

Visitation

- Facilities should limit visitation.
- Are facilities actively screening visitors (CDC currently recomends staff are checking for fever and signs and/or symptoms of respiratory infection, and other criteria such as travel or exposure to COVID-19)?
- What is your current screening criteria?
- For permitted visitors are they instructed to frequently perform hand hygiene; limit their interactions with others in the facility; restrict their visit to the patient's room or other location designated by the facility; and offered personal protective equipment (PPE) as supply allows?

Did the facility perform appropriate screening of visitors? ☐ Yes ☐ **No (see appropriate IPC tags for the provider/supplier type)**

Standard and Transmission-Based Precautions (TBPs)

CMS is aware that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control. However, CMS does expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact their healthcare coalition for assistance (https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx), follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for patients. Among other practices, optimizing their current supply may mean prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). Current CDC guidance for healthcare professionals is located at: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html and healthcare facilities is located at: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html. Guidance on strategies for optimizing PPE supply is located at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.

General Standard Precautions

☐ Are staff performing the following appropriately:

- Respiratory hygiene/cough etiquette,
- Environmental cleaning and disinfection, and
- Reprocessing of reusable patient medical equipment (i.e., cleaning and disinfection per device and disinfectant manufacturer's instructions for use)?

COVID-19 Focused Infection Control Survey: Acute and Continuing Care

Hand Hygiene

☐ Are staff performing hand hygiene when indicated?

☐ If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used by staff for hand hygiene?

☐ Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), If there are shortages of ABHR, hand hygiene using soap and water is used instead?

☐ Do staff perform hand hygiene (even if gloves are used) in the following situations:

- Before and after contact with patients;
- After contact with blood, body fluids, or visibly contaminated surfaces or other objects and surfaces in the care environment;
- After removing personal protective equipment (e.g., gloves, gown, facemask); and
- Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, medication preparation, and/or dressing care).

☐ Interview appropriate staff to determine if hand hygiene supplies are readily available and who they contact for replacement supplies.

Did staff implement appropriate hand hygiene? ☐ Yes ☐ **No (see appropriate IPC tags for the provider/supplier type)**

Personal Protective Equipment (PPE)

☐ Determine if staff appropriately use PPE including, but not limited to, the following:

- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
- Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin;
- Gloves are changed and hand hygiene is performed before moving from a contaminated site to a clean site during care (body, equipment, etc);
- An isolation gown is worn for direct patient contact if the patient has uncontained secretions or excretions;
- A facemask, gloves, isolation gown, and eye protection are worn when caring for a patient with new acute cough or symptoms of an undiagnosed respiratory infection unless the suspected diagnosis requires airborne precautions (e.g., tuberculosis)

☐ If PPE use is extended/reused, is it done according to national and/or local guidelines? If it is reused, is it cleaned/decontaminated/maintained after and/or between uses?

☐ Interview appropriate staff to determine if PPE is available, accessible and used by staff.

- Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?
- Do staff know how to obtain PPE supplies before providing care?
- Do they know who to contact for replacement supplies?

COVID-19 Focused Infection Control Survey: Acute and Continuing Care

Aerosol – Generating Procedures

- Appropriate mouth, nose, clothing, gloves, and eye protection (e.g., N95 or higher-level respirator, if available; face shield, gowns) is worn for performing aerosol-generating and/or procedures that are likely to generate splashes or sprays of blood or body fluids and COVID-19 is suspected;
- Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
    - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.
    - The number of staff present during the procedure should be limited to only those essential for care and procedure support.
    - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
    - Clean and disinfect procedure room surfaces promptly as and with appropriate disinfectant. Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;

Did staff implement appropriate use of PPE? ☐ Yes ☐ **No (see appropriate IPC tags for the provider/supplier type)**

Transmission-Based Precautions

☐ Determine if appropriate transmission-based precautions are implemented, including but not limited to:

- Signage on the patient's room regarding need for transmission-based precautions.
- PPE use by staff (i.e., don gloves and gowns before contact with the patient and their care environment while on contact precautions; don facemask within three feet of a patient on droplet precautions; for facilities that use/have N-95 masks - don an fit-tested N95 or higher level respirator prior to room entry of a patient on airborne precautions);
- Dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) are used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant prior to use on another patient or before being returned to a common clean storage area;
- When transport or movement is medically-necessary outside of the patient room, does the patient wear a facemask?
- Contaminated surfaces, objects and environmental surfaces that are touched frequently and in close proximity to the patient (e.g., bed rails, over-bed table, bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare use (effective against the organism identified if known) at least daily and when visibly soiled.

☐ Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.

☐ For providers of care in the home, has the provider, educated patients and family members regarding transmission of infectious diseases and specifically mitigating transmission of COVID-19.

☐ Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.

☐ If concerns are identified, expand the sample to include more patients with transmission-based precautions.

Did the staff implement appropriate transmission-based precautions? ☐ Yes ☐ **No (see appropriate IPC tags for the provider/supplier type)**

Standards, Policies and Procedures

☐ Did the facility establish a facility-wide IPCP including written standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?

☐ Does the facility's policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?

☐ Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

Did the facility develop and implement an overall IPCP including policies and procedures for for undiagnosed respiratory illness and COVID-19? ☐ **Yes** ☐ **No (see appropriate IPC tags for the provider/supplier type)**

Infection Surveillance

☐ Does the facility know how many patients in the facility have been diagnosed with COVID-19 (suspected and confirmed)?

☐ The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of fever, respiratory illness, or other signs/symptoms of COVID-19.

☐ The plan includes early detection, management of a potentially infectious, symptomatic patient and the implementation of appropriate transmission-based precautions/PPE.

☐ The facility has a process for communicating the diagnosis, treatment, and laboratory test results when transferring patients to an acute care hospital or other healthcare provider.

☐ Can appropriate staff (e.g., nursing and leadership) identify/describe the communication protocol with local/state public health officials?

☐ Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

Did the facility provide appropriate infection surveillance? ☐ Yes ☐ **No (see appropriate IPC tags for the provider/supplier type)**

Education, Monitoring, and Screening of Staff

- Is there evidence the provider has educated staff on COVID-19 (e.g., symptoms, how it is transmited, screening criteria, work exclusions)?

- How does the provider convey updates on COVID-19 to all staff?
- Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?
- If staff develop symptoms at work (as stated above), does the facility:
  - have a process for staff to report their illness or developing symptoms;
  - place them in a facemask and have them return home for appropriate medical evaluation;
  - inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and
  - Follow current guidance about returning to work (e.g., local health department, CDC: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html).

Did the facility provide appropriate education, monitoring, and screening of staff? ☐ Yes ☐ **No (see appropriate IPC tags for the provider/supplier type)**

Emergency Preparedness - Staffing in Emergencies

☐ Policy development: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the patients when needed during an emergency, such as a COVID-19 outbreak?

☐ Policy implementation: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the patient? (N/A if a emergency staff was not needed)

Did the facility develop and implement policies and procedures for staffing strategies during an emergency?

☐ **Yes** ☐ **No (see appropriate Emergency Preparedness tag for the provider/supplier type)**

The following sections are specific nuances to consider and assess when on survey.

Considerations Specifically for Surveys of Hospitals and Critical Access Hospitals

Patient Care

- Is the facility restricting patients (to the extent possible) to their rooms except for medically necessary purposes? If patients have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (stay at least 6 feet away from others). If PPE shortage is an issue, facemasks should be limited to patients diagnosed with COVID-19 or has signs/symptoms of respiratory illness or COVID-19.

COVID-19 Focused Infection Control Survey: Acute and Continuing Care

- Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations?

Did staff provide appropriate care for patients with known or suspected COVID-19? ☐ Yes ☐ No (Hospital Tag A-0747, CAH Tag C-0278)

Environmental Cleaning

- During environmental cleaning procedures, personnel wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection)?
- Environmental surfaces in patient care areas are cleaned and disinfected, using an EPA-registered disinfectant on a regular basis (e.g., daily), when spills occur and when surfaces are visibly contaminated? Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;
- Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).
- The hospital decontaminates spills of blood or other body fluids according to its policies and procedures, using appropriate EPA-registered hospital disinfectants?

Did staff provide appropriate environmental cleaning for facilities with known or suspected COVID-19? ☐ Yes ☐ No (Hospital Tag A-0747, CAH Tag C-0278)

Additional Considerations Specifically for Dialysis Facility Surveys

Hand Hygiene Considerations

- Perform handwashing with soap and water at dedicated handwashing sinks if hands are visibily soiled (see § 494.30(a)(1)(i))
- Remove gloves and perform hand hygiene between each patient or dialysis station

Cleaning and Disinfection Considerations

- Items taken to the dialysis station must be either disposed of, dedicated for use on a single patient or cleaned and disinfected before being taken to a common clean area or used on another patient
- Use proper aseptic technique during vascular access care, medication preparation and administration
- Proper cleaning and disinfection of the dialysis station including the dialysis machine, chair, prime waste receptacle, reuseable acid and bicarbonate containers after the previous patient fully vacates the station.

- Clean areas should be clearly designated for the preparation, handling and storage of medications and unusued supplies and equipment.
- Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled.
- Proper disposal of bio-hazard waste

Isolation Considerations

- Ensure dedicated machines, equipment, instruments, supplies, and medications that will not be used to care for non-isolation patients.

Did staff implement appropriate hand hygiene, cleaning/disinfection and isolation considerations? ☐ Yes ☐ **No (see Condition 42 CFR 494.30 and Tags V110-V148)**

Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.

The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at https://aspe.hhs.gov/public-health-emergency-declaration-pra-waivers.

Summary of the COVID-19 Focused Survey for Acute and Continuing Care Providers

This is a summary of the COVID-19 Focused Survey for acute and continuing care providers (Non-Long term care facilities). Surveyors should review the Focused Infection Control Survey tool in light of the established State Operations Manual Survey Protocol for more detailed information. Facilities can review the Focused Survey to determine CMS's expectations for an infection prevention and control program during the COVID-19 pandemic.

Offsite Survey Activity	Onsite Survey Activity	Facility Self-Assessment
• If the survey team plans to enter a facility with an active COVID-19 case, the survey team should contact their State Survey Agency (SA), the state health department, and CMS Regional Location to coordinate activities for these facilities. • SAs should ensure surveyors are medically cleared, trained in the appropriate use of and have needed personal protective equipment (PPE) that could be required onsite. • Conduct offsite planning to limit interruptions to care while onsite. Obtain information on: o Facility-reported information; o CDC, state/local public health reports; o Complaint allegations. • Identify survey activities that will be conducted offsite, such as: o Medical record review o Telephonic interviews o Facility Policy/Procedure review • Conduct any survey exit discussion with the facility by telephone and draft the CMS-2567 offsite.	• If the survey team identifies an active COVID-19 case after entering a facility, the survey team should contact their SA, the state health department, and CMS Regional Location to coordinate activities for the facility. • Limit the onsite team to one to two surveyors. • Identify onsite assignments for activities, such as: Observations: o Hand hygiene practices o Proper use/discarding of PPE o Cleansing medical equipment o Effective Transmission-Based Precautions Interviews: o Policy/Procedure knowledge o Surveillance for sign/symptoms o Notifying local health officials • Adhere to all CDC guidance for infection prevention and control related to COVID-19. • Identify and arrange for interviews that can be done telephonically. • Be alert of other immediate jeopardy (IJ) situations that may be present, and investigate appropriately.	Facilities should utilize the COVID-19 Focused Survey as a self-assessment tool. Priority areas for self- assessment include all of the following: 1. Standard Precautions; a. Hand hygiene b. Use of PPE c. Transmission-Based Precautions 2. Patient care (including patient placement); 3. Infection prevention and control standards, policies and procedures (hand hygiene, PPE, cleaning and disinfection, surveillance); 4. Visitor entry (i.e., screening, restriction, and education); 5. Education, monitoring, and screening of staff; and 6. Emergency preparedness – staffing in emergencies

Summary of the COVID-19 Focused Survey for Acute and Continuing Care Providers

Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.

The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at https://aspe.hhs.gov/public-health-emergency-declaration-pra-waivers.

COVID-19 Focused Survey for Nursing Homes

Infection Control

This survey tool must be used to investigate compliance at F880 and determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.

This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.

If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: "Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] **COVID-19**."

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with the existing guidance in Appendix PP of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For the purpose of this survey tool, "staff" includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility. The Infection Prevention and Control Program (IPCP) must be facility-wide and include all departments and contracted services.

Surveyor(s) reviews for:

- The overall effectiveness of the Infection Prevention and Control Program (IPCP) including IPCP policies and procedures;
- Standard and Transmission-Based Precautions;
- Quality of resident care practices, including those with COVID-19 (laboratory-positive case), if applicable;
- The surveillance plan;
- Visitor entry and facility screening practices;
- Education, monitoring, and screening practices of staff; and
- Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19

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1. Standard and Transmission-Based Precautions (TBPs)

CMS is aware that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for

not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact their healthcare coalition for assistance (https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx), follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for residents. Among other practices, optimizing their current supply may mean prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). Current CDC guidance for healthcare professionals is located at: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html and healthcare facilities is located at: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html. Guidance on strategies for optimizing PPE supply is located at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.

General Standard Precautions

☐ Are staff performing the following appropriately:

- Respiratory hygiene/cough etiquette,
- Environmental cleaning and disinfection, and
- Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use)?

Hand Hygiene

☐ Are staff performing hand hygiene when indicated?

☐ If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used by staff for hand hygiene?

☐ If there are shortages of ABHR, are staff performing hand hygiene using soap and water instead?

☐ Are staff washing hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids)?

☐ Do staff perform hand hygiene (even if gloves are used) in the following situations:

- Before and after contact with the resident;
- After contact with blood, body fluids, or visibly contaminated surfaces;
- After contact with objects and surfaces in the resident's environment;
- After removing personal protective equipment (e.g., gloves, gown, facemask); and
- Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care)?

☐ When being assisted by staff, is resident hand hygiene performed after toileting and before meals?

☐ Interview appropriate staff to determine if hand hygiene supplies (e.g., ABHR, soap, paper towels) are readily available and who they contact for replacement supplies.

Personal Protective Equipment (PPE)

☐ Determine if staff appropriately use PPE including, but not limited to, the following:

- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
- Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin;
- Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care; and
- An isolation gown is worn for direct resident contact if the resident has uncontained secretions or excretions.

☐ Is PPE appropriately removed and discarded after resident care, prior to leaving room (except in the case of extended use of PPE per national/local recommendations), followed by hand hygiene?

☐ If PPE use is extended/reused, is it done according to national and/or local guidelines? If it is reused, is it cleaned/decontaminated/maintained after and/or between uses?

☐ Interview appropriate staff to determine if PPE is available, accessible and used by staff.

- Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?
- Do staff know how to obtain PPE supplies before providing care?
- Do they know who to contact for replacement supplies?

Transmission-Based Precautions (Note: PPE use is based on availability and latest CDC guidance. See note on Pages 1-2)

☐ Determine if appropriate Transmission-Based Precautions are implemented:

- For a resident on Contact Precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment;
- For a resident on Droplet Precautions: staff don a facemask within six feet of a resident;
- For a resident on Airborne Precautions: staff don an N95 or higher level respirator prior to room entry of a resident;
- For a resident with an undiagnosed respiratory infection: staff follow Standard, Contact, and Droplet Precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis);
- For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. Additionally, if there are COVID-19 cases in the facility or sustained community transmission, staff implement universal use of facemasks while in the facility (based on availability). When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).

- Some procedures performed on residents with known or suspected COVID-19 could generate infectious aerosols (i.e., aerosol-generating procedures (AGPs)). In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
  - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and an isolation gown.
  - The number of staff present during the procedure should be limited to only those essential for resident care and procedure support.
  - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
  - Clean and disinfect the room surfaces promptly and with appropriate disinfectant. Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;

- Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare setting prior to use on another resident;
- Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare setting (effective against the organism identified if known) at least daily and when visibly soiled; and
- Is signage on the use of specific PPE (for staff) posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide)?

☐ Interview appropriate staff to determine if they are aware of processes/protocols for Transmission-Based Precautions and how staff is monitored for compliance.

☐ If concerns are identified, expand the sample to include more residents on Transmission-Based Precautions.

1. Did staff implement appropriate Standard (e.g., hand hygiene, appropriate use of PPE, environmental cleaning and disinfection, and reprocessing of reusable resident medical equipment) and Transmission-Based Precautions (if applicable)? ☐ Yes ☐ **No F880**

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2. Resident Care

☐ If there is sustained community transmission or case(s) of COVID-19 in the facility, is the facility restricting residents (to the extent possible) to their rooms except for medically necessary purposes? If there is a case in the facility, and residents have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (efforts are made to keep them at least 6 feet away from others). If PPE shortage is an issue, facemasks should be limited to residents diagnosed with or having signs/symptoms of respiratory illness or COVID-19.

☐ Has the facility cancelled group outings, group activities, and communal dining?

☐ Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations?

☐ For the resident who develops severe symptoms of illness and requires transfer to a hospital for a higher level of care, did the facility alert emergency medical services and the receiving facility of the resident's diagnosis (suspected or confirmed COVID-19) and precautions to be taken by transferring and receiving staff as well as place a facemask on the resident during transfer (as supply allows)?

☐ For residents who need to leave the facility for care (e.g. dialysis, etc.), did the facility notify the transportation and receiving health care team of the resident's suspected or confirmed COVID-19 status?

☐ Does the facility have residents who must leave the facility regularly for medically necessary purposes (e.g., residents receiving hemodialysis and chemotherapy) wear a facemask (if available) whenever they leave their room, including for procedures outside of the facility?

2. Did staff provide appropriate resident care? ☐ Yes ☐ **No F880**

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3. IPCP Standards, Policies and Procedures

☐ Did the facility establish a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?

☐ Does the facility's policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?

☐ Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

3. Does the facility have a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19? ☐ Yes ☐ **No F880**

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4. Infection Surveillance

☐ How many residents and staff in the facility have fever, respiratory signs/symptoms, or other signs/symptoms related to COVID-19?

☐ How many residents and staff have been diagnosed with COVID-19 and when was the first case confirmed?

☐ How many residents and staff have been tested for COVID-19? What is the protocol for determining when residents and staff should be tested?

☐ Has the facility established/implemented a surveillance plan, based on a facility assessment, for identifying (i.e., screening), tracking, monitoring and/or reporting of fever (at a minimum, vital signs are taken per shift), respiratory illness, and/or other signs/symptoms of COVID-19 and immediately isolate anyone who is symptomatic?

☐ Does the plan include early detection, management of a potentially infectious, symptomatic resident that may require laboratory testing and/or Transmission-Based Precautions/PPE (the plan may include tracking this information in an infectious disease log)?

☐ Does the facility have a process for communicating the diagnosis, treatment, and laboratory test results when transferring a resident to an acute care hospital or other healthcare provider; and obtaining pertinent notes such as discharge summary, lab results, current diagnoses, and infection or multidrug-resistant organism colonization status when residents are transferred back from acute care hospitals?

☐ Can appropriate staff (e.g., nursing and unit managers) identify/describe the communication protocol with local/state public health officials?

☐ Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

4. Did the facility provide appropriate infection surveillance? ☐ Yes ☐ **No F880**

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5. Visitor Entry

☐ Review for compliance of:

- Screening processes and criteria (i.e., screening questions and assessment of illness);
- Restriction criteria; and
- Signage posted at facility entrances for screening and restrictions as well as a communication plan to alert visitors of new procedures/restrictions.

☐ For those permitted entry, are they instructed to frequently perform hand hygiene; limit their interactions with others in the facility and surfaces touched; restrict their visit to the resident's room or other location designated by the facility; and offered PPE (e.g., facemask) as supply allows? What is the facility's process for communicating this information?

☐ For those permitted entry, are they advised to monitor for signs and symptoms of COVID-19 and appropriate actions to take if signs and/or symptoms occur?

5. Did the facility perform appropriate screening, restriction, and education of visitors? ☐ Yes ☐ **No F880**

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6. Education, Monitoring, and Screening of Staff

☐ Is there evidence the facility has provided education to staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?

☐ How does the facility convey updates on COVID-19 to all staff?

☐ Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?

☐ If staff develop symptoms at work (as stated above), does the facility:

- Place them in a facemask and have them return home;
- Inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and

- Follow current guidance about returning to work (e.g., local health department, CDC: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html).

6. Did the facility provide appropriate education, monitoring, and screening of staff? ☐ Yes ☐ **No F880**

7. Emergency Preparedness - Staffing in Emergencies

☐ Policy development: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the residents when needed during an emergency, such as a COVID-19 outbreak?

☐ Policy implementation: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the residents? (N/A if a emergency staff was not needed)

7. Did the facility develop and implement policies and procedures for staffing strategies during an emergency?

☐ **Yes** ☐ **No E0024**

Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.

The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at https://aspe.hhs.gov/public-health-emergency-declaration-pra-waivers.

Summary of the COVID-19 Focused Survey for Nursing Homes

This is a summary of the COVID-19 Focused Survey for Nursing Homes and the Survey Protocol. Surveyors should review the Survey Protocol for more detailed information as well as the Focused Survey. Facilities can review the Focused Survey to determine CMS's expectations for an infection prevention and control program during the COVID-19 pandemic.

Offsite Survey Activity	Onsite Survey Activity	Facility Self-Assessment
• For facilities with an active COVID-19 case, the survey team should contact their State Survey Agency (SSA), the state health department, and CMS Regional Location to coordinate activities for these facilities. • Ensure surveyors are medically cleared, and have personal protective equipment (PPE) that could be required onsite. • Conduct offsite planning to limit interruptions to care while onsite. Obtain information on: o Facility-reported information; o CDC, state/local public health reports; o Available hospital information regarding patients transferred to the hospital; and/or o Complaint allegations. • Identify survey activities that will be conducted offsite, such as: o Medical record review o Telephonic interviews, such as: ▪ Surveillance policies ▪ First onset of symptoms ▪ Communication to facility leaders and health officials o Policy/Procedure Review ▪ Infect. Control/Prev. Plan ▪ Emerg. Prep. Plan, including contingency strategies (e.g., staffing) • Conduct survey exit discussion telephonically and draft the CMS-2567 offsite.	• Limit the onsite team to one to two surveyors. • Identify onsite assignments for activities, such as: Resident Care Observations: o Hand hygiene practices o Proper use/discarding of PPE o Cleansing medical equipment o Effective Transmission-Based Precautions Environmental observations: o Signage at entrances and resident rooms o Screening (staff at shift change, entrances, limiting nonessential staff) o Hand hygiene stations Interviews: o Policy/Procedure knowledge o Surveillance for sign/symptoms o Notifying local health officials • Adhere to all CDC guidance for infection prevention and control related to COVID-19. • Provide the facility with the COVID-19 Entrance Conference worksheet and utilize this to request necessary information. • Identify and arrange for interviews that can be done telephonically. • Be alert of other immediate jeopardy (IJ) situations that may be present, and investigate appropriately.	Facilities should utilize the COVID-19 Focused Survey for Nursing Homes as a self-assessment tool. Priority areas for self- assessment include all of the following: 1. Standard Precautions; a. Hand hygiene b. Use of PPE c. Transmission-Based Precautions 2. Resident care (including resident placement); 3. Infection prevention and control standards, policies and procedures; 4. Infection surveillance; 5. Visitor entry (i.e., screening, restriction, and education); 6. Education, monitoring, and screening of staff; and 7. Emergency preparedness – staffing in emergencies

Summary of the COVID-19 Focused Survey for Nursing Homes

Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.

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ACTION BRIEF
COVID-19 Infection Control Focused Survey

HIGHLIGHTS: COVID-19 Infection Control Focused Survey

On March 23, 2020, CMS announced federal and state surveyors will conduct targeted infection control surveys of providers. They will base the survey on abbreviated infection & prevention survey tool.

Surveyors will review:

- Implementation of the infection prevention and control program components, including copy of the required policy and procedure, staff training, and infection logs
- Observe staff compliance with Standard and Transmission-Based Precautions (taking into consideration critical shortages of PPE), including hand washing, PPE donning & doffing
- Observe care practices with COVID-19 positive residents
- Surveillance log and reporting for residents with infections or infectious symptoms
- Visitor entry and facility screening practices and logs of screenings
- Copies of education, monitoring and screening practices of staff
- Facility policies and procedures to address staffing issues during emergencies, including COVID-19 transmission

REVIEW & ACTION: Implementation Strategies and Tips

	Preparation for COVID-19 Infection Control Focused Surveys
Use Survey Tool	Use the COVID-19 Infection Control Focused Survey tool to perform self-assessments of your facility's infection control plan. Keep a copy as it may be requested by surveyors.
Surveillance & reporting	CDC recommends that nursing homes notify their health department about residents with any severe respiratory infection (e.g. COVID-19), or a cluster of respiratory illness (3 or more residents or health care providers with new onset of symptoms within 72 hours)

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Peer Monitoring	Use peers to monitor each other for adherence to infection control policies and procedures such as handwashing and PPE donning/doffing, the two most common reason for citations, including all relevant staff including housekeeping, maintenance, and food service in this process.
Everyone's at risk of transmission	Every interaction (staff to staff or staff to resident) increases the risk of transmission. Everyone in the organization from clerical and housekeeping staff to nurses and physicians need to follow infection control practices and procedures for the facility.
Empowerment	Empower residents and any staff to speak up to remind others when they see an incorrect practice such as improper handwashing or improper mask use that could lead to the spread of infection.

What else can you do to prepare for this new focused survey?

- ☐ Reduce the number of people interactions with residents – because every interaction is a risk for spread
- ☐ Conduct self-assessment to evaluate your infection control program using CMS tool
- ☐ Implement peer monitoring and just-in-time education (e.g. hand hygiene, PPE practices)
- ☐ Educate all staff to be aware of common infection control deficiencies (e.g. inappropriate hand hygiene practices, inappropriate use of PPE and donning/doffing practices)
- ☐ Educate all staff on standard and transmission-based precautions and how to use CDC conservation measures for PPE
- ☐ Observe staff to ensure proper procedures are being used for handwashing, donning and doffing of PPE; consider enlisting residents in this process and including non-nursing staff
- ☐ Educate residents on basic infection control practices (e.g. cough etiquette, letting staff know when they don't feel 100%, staying in their room, hand hygiene) and source control masks
- ☐ Communicate with family members about the importance of basic infection control practices
- ☐ Evaluate your staffing policies and procedures during crisis and make updates as needed

TIPS

- **Use the CMS Infection Control Focused Survey Tool to self-assess before survey is performed in your facility**
- **Incorporate peer-to-peer monitoring of infection control practices**
- **Observe staff practices to verify proper procedures are being performed and provide just in time teaching as needed**
- **Ensure you communicate with <u>all</u> staff about infection control practices and training updates and reminders as needed**

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RESOURCES: Additional Materials to Help You

1. **AHCA/NCAL COVID-19 Update #18**
2. **Infection Control Focused Survey Tool**
3. **CMS QSO-20-20-All Memo on Prioritization of Survey Activities**
4. **AHCA/NCAL Infection Prevention Control Officer training**
5. **COVID-19 education on ahcancalED**
6. **AHCA/NCAL dedicated COVID-19 webpage**
7. **CDC's COVID-19 webpage**
8. **CDC's COVID-19 Preparedness Checklist for Nursing Homes and other Long Term Care Settings**
9. **White House, CDC, FEMA dedicated webpage**

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APPENDIX II
Infection Surveillance Tools

2.1 LTC Respiratory Surveillance Line List

2.2 Reportable Diseases in Michigan by Condition

2.3 Member COVID-19 Daily Symptom Screening Log

Long-Term Care (LTC) Respiratory Surveillance Line List

Instructions for the Long-Term Care (LTC) Respiratory Surveillance Line List

The Respiratory Surveillance Line List provides a template for data collection and active monitoring of both residents and staff during a suspected respiratory illness cluster or outbreak at a nursing home or other LTC facility. Using this tool will provide facilities with a line listing of all individuals monitored for or meeting the case definition for the outbreak illness.

Each row represents an individual resident or staff member who may have been affected by the outbreak illness (i.e., case). The information in the columns of the worksheet capture data on the case demographics, location in the facility, clinical signs/symptoms, diagnostic testing results and outcomes. While this template was developed to help with data collection for common respiratory illness outbreaks the data fields can be modified to reflect the needs of the individual facility during other outbreaks.

Information gathered on the worksheet should be used to build a case definition, determine the duration of outbreak illness, support monitoring for and rapid identification of new cases, and assist with implementation of infection control measures by identifying units where cases are occurring.

LTC Respiratory Surveillance Line List

Instruction Sheet for Completion of the Long-Term Care (LTC) Respiratory Surveillance Line List

Section A: Case Demographics

In the space provided per column, fill in each line with name, age and gender of each person affected by the current outbreak at your facility. Please differentiate residents (R) from staff (S).

*Staff includes all healthcare personnel (e.g., nurses, physicians and other providers, therapists, food services, environmental services) whether employed, contracted, consulting or volunteer.

For residents only: Short stay (S) residents are often admitted directly from hospitals, require skilled nursing or rehabilitation care, and are expected to have a length of stay less than 100 days. Long stay (L) residents are admitted to receive residential care or nursing support and are expected to have a length of stay that is 100 days or more. Indicate the stay type for each resident in this column.

Section B: Case Location

For resident only: Indicate the building (Bldg), unit or floor where the resident is located and the room and bed number for each resident being monitored for outbreak illness. *Answers may vary by facility due to differences in the names of resident care locations.

For staff only: For each staff member listed, indicate the floor, unit or location where that staff member had been primarily working at the time of illness onset.

Section C: Signs and Symptoms (s/s)

Symptom onset date: Record the date (month/day) each person developed or reported signs/symptoms (e.g., fever, cough, shortness of breath) consistent with the outbreak illness.

Symptoms: Fill in the box (Y or N) indicating whether or not a resident or staff member experienced each of the signs/symptoms listed within this section.

Additional documented s/s (*select all codes that apply*): In the space provided, record the code that corresponds to any additional s/s the resident or staff member experienced. If a resident or staff member experienced a s/s that is not listed, please use the space provided by "Other" to specify the s/s.
H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify _____

Section D: Diagnostics

Chest x-ray: Fill in the box (Y or N) indicating whether or not a chest x-ray was performed.

Type of specimen collected: (*Select all codes that apply*): In the space provided, record the type of specimen collected for laboratory testing. If the type of specimen collected is not listed, please use the space provided by "Other" to specify the specimen type.
NP – nasopharyngeal swab, OP – oropharyngeal swab, S – sputum, U – urine, O – Other: Specify _____

Date of collection: Record the date (month/day) of specimen collection.

Type of test ordered (*select all codes that apply*): In the space provided, record the code that corresponds to whether a diagnostic laboratory test was performed for each individual. If no test was performed, indicate "zero". If the laboratory test used to identify the pathogen is not listed, please use the space provided by "Other" to specify the type of test ordered.
0 – No test performed, 1 – Culture, 2 –Polymerase Chain Reaction (PCR), also called nucleic acid amplification testing includes multiplex PCR tests for several organisms using a single specimen, 3 – Urine Antigen, 4 – Other: Specify

Pathogen detected (*select all codes that apply*): In the space provided, record the code that corresponds to the bacterial and/or viral organisms that were identified through laboratory testing. If the test performed was negative, indicate "zero". If a pathogen not listed was identified through laboratory testing, please use the space provided by "Other" to specify the organism.
0 – Negative results; Bacterial: 1 – *Streptococcus pneumoniae*, 2 – *Legionella*, 3 – *Mycoplasma*
Viral: 4 – Influenza, 5 – Respiratory syncytial virus (RSV), 6 – Human metapneumovirus (HMPV), 7 – Other: Specify _____

Section E: Outcome During Outbreak

Symptom Resolution Date: Record the date that each person recovered from the outbreak illness and was symptom free for 24 hours.

Hospitalized: Fill in the box (Y or N) indicating whether or not hospitalization was required for a resident or staff member during the outbreak period. ***Note: The outbreak period is the time from the date of symptom onset for the first case to date of symptom resolution for the last case.***

Died: Fill in the box (Y or N) indicating whether or not a resident or staff member expired during the outbreak period.

Case (C) or Not a case (leave blank): Based on the clinical criteria and laboratory findings collected during the outbreak investigation, record whether or not each resident or staff member meets the case definition (C) or is not a case (leave space blank).

LTC Respiratory Surveillance Line List

Date:_____/_____/_____

This worksheet was created to help nursing homes and other LTC facilities detect, characterize and investigate a possible outbreak of respiratory illness.

A. Case Demographics						B. Case Location			C. Signs and Symptoms (s/s)					D. Diagnostics						E. Outcome During Outbreak[A]			
	Name	Age	Gender (M/F)	Resident (R) or Staff (S)	Residents Only: Short stay (S) or Long stay (L)	Residents Only: Bldg/Floor	Residents Only: Room/Bed	Staff Only: Primary floor assignment	Symptom onset date: (mm/dd)	Fever[B] (Y/N)	Cough (Y/N)	Myalgia (body ache) (Y/N)	Additional documented s/s (*select all codes that apply*) H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify_____	Chest x-ray (Y/N)	Type of specimen collected (*select all codes that apply*) NP – nasopharyngeal swab, OP – oropharyngeal swab, U – urine, S – sputum, Other: Specify_____	Date of collection: (mm/dd)	Type of test ordered (*Select all codes that apply*) 0 – No test performed, 1 – Culture, 2 – PCR, 3 – Urine Antigen, 4 – Other: Specify_____	Pathogen Detected (*Select all codes that apply*) 0 – Negative results Bacterial: 1 – *S. pneumoniae*, 2 – *Legionella*, 3 – *Mycoplasma* Viral: 4 – Influenza, 5 – RSV, 6 – HMPV 7 – Other: Specify_____	Symptom resolution date: (mm/dd)	Hospitalized (Y/N)	Died (Y/N)	Case (C) or Not a case (leave blank)
1.																							
2.																							
3.																							
4.																							
5.																							
6.																							
7.																							
8.																							
9.																							
10.																							

If faxing to your local Public Health Department, please complete the following information:

Facility Name: _____ **City, State:** _____ **County:** _____

Contact Person: _____ **Phone:** _____ **Email:** _____

[A] ***Note:*** Outbreak defined as date of first case to resolution of last case.

[B] ***Definition of Fever*** (Stone N, Ashraf MS, Calder, J, et al. Surveillance Definitions in Long-Term Care Facilities: Revisiting the McGeer Criteria. Infect Control Hosp Epidemiol 2012; 33:965-977): (1) a single oral temp > 37.8°C (100°F) or (2) repeated oral temps > 37.2°C (99°F) or rectal temps > 37.5°C (99.5°F) or (3) a single temp > 1.1°C (2°F) over baseline from any site (oral, tympanic, axillary).

Long-Term Care (LTC) Respiratory Surveillance Outbreak Summary

Instructions for the Long-Term Care (LTC) Respiratory Surveillance Outbreak Summary

The Respiratory Outbreak Summary Form was created to help nursing homes and other LTC providers summarize the findings, actions and outcomes of an outbreak investigation and response. Completing this outbreak form will provide LTC facilities and other public health partners with a record of a facility's outbreak experience and highlight areas for outbreak prevention and response.

Instructions for each section of the form are described below. This form should be filled out by the designated infection preventionist with support from other clinicians in your facility (e.g., front-line nursing staff, physicians or other practitioners, consultant pharmacist, laboratory).

A LTC facility can use this form for internal documentation and dissemination of outbreak response activities. Facilities are encouraged to share this information with the appropriate public health authority by contacting the local health department. Should a facility decide to share this form with the local/state public health officials, please include facility contact information at the bottom of the form.

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LTC Respiratory Surveillance Outbreak Summary

Section 1: Facility Information

Health Dept. Contact Name and Phone Number: A LTC facility should have contact information (name or division, phone number) for the local and/or state health department for outbreak guidance and reporting purposes. Enter the health dept. contact information your facility used to request support during an outbreak.

Date First Notified Local Health Dept: Record the date you first contacted local or state public health during this outbreak at your facility.

Total # of residents at facility: Document the total number of residents in the facility at the time of the outbreak.

Total # of employees: Document the total number of staff working in the facility at the time of the outbreak. Staff includes all healthcare personnel (e.g., nurses, providers, consultants, therapists, food services, environmental services) whether employed, contracted or volunteer.

Summary Form Status: Information in the summary form may be completed over the course of the outbreak. Record the dates your facility started collecting information on the form and completed the outbreak summary report.

Section 2: Influenza Vaccination Status

Total # of residents vaccinated: Record the total number of residents that received the Flu Vaccine within the past year.

Total # of staff vaccinated: Record the total number of staff that received the Flu Vaccine within the past year.

Section 3:Pneumococcal Vaccination Status

Total # of residents vaccinated: Record the total number of residents that received at least one dose of the Pneumococcal Vaccine (either polysaccharide or conjugate).

Section 4: Case Definition

Provide a description of the criteria used to determine whether a resident should be considered a case in this outbreak. The description can include: signs/symptoms, presence of positive diagnostic tests, location within facility, and the timeframe during which individuals may have been involved in the outbreak (e.g., within the past 4 weeks).

Example: A Respiratory illness case includes any resident with the following symptoms: cough, shortness of breath, sputum production and fever residing on Units 2E or 2W, with onset of symptoms between Jan 15th and Feb 1st with or without a sputum specimen positive for Streptococcus pneumoniae.

Section 5: Outbreak Period Information

Outbreak start: (Date of symptom onset of first case): Record the date the first person developed signs/symptoms (e.g., fever, cough, shortness of breath) consistent with the outbreak illness.

Average length of illness: Estimate the average number of days it takes for signs/symptoms to resolve, based on clinical course among residents/staff affected by the outbreak illness.

Outbreak end: (Symptom resolution date of last case): Record the date the last person recovered from the outbreak illness and became symptom free for 24 hours.

Total # of Cases: Document the number of residents and staff (if applicable) who were identified as having the outbreak illness.

LTC Respiratory Surveillance Outbreak Summary

Section 6: Staff Information

Were any ill staff delivering resident care? Check yes or no.

- If yes, try to estimate the number of ill staff involved in resident care based on date when a staff member reported symptoms compared with the date when/if staff member was excused from work.

Did any staff seek medical attention for an acute respiratory infection at any time during the outbreak? Check yes or no.

- If yes, try to estimate the number of staff that sought medical attention based on self-report.

If available, indicate if ill staff received care at an emergency department (ED). Check yes or no and estimate number of staff.

If available, indicate if ill staff was hospitalized as a result of the outbreak illness. Check yes or no and estimate number of staff.

Section 7: Diagnostic and Laboratory Tests

Chest x-ray: Fill in the box (yes or no) indicating whether or not residents and staff had an x-ray done as a part of the diagnosis of the outbreak illness. If yes, please record the # of individuals who received chest x-ray and the # of x-rays that had abnormal findings consistent with the outbreak illness.

List all bacterial (e.g., *S. pneumoniae, Mycoplasma*); viral (e.g., Influenza, RSV) organisms that were identified through laboratory testing; Use the space provided by "Other" to specify if a parasite or non-infectious cause of respiratory illness was identified.

Diagnostic testing results: In the table, each row corresponds to an organism identified during the outbreak. Use the column to specify the type of testing used to identify each organism (either microbiologic culture, PCR (also known as nucleic acid amplification) or specify if a different diagnostic test was used (e.g., Legionella urinary antigen). For each test type, document the total number of residents and staff that received laboratory confirmation by that test.

Section 8: If Influenza Identified During Outbreak:

Antiviral Treatment: Fill in the box (yes or no) indicating whether or not antiviral treatment was offered. If antiviral treatment was offered, please record the total number of residents and staff that received treatment.

Antiviral Prophylaxis Offered: Fill in the box (yes or no) indicating whether or not antiviral prophylaxis was offered to any additional residents, staff or family members at risk for infection due to the outbreak. If antiviral prophylaxis was offered, please record the total number of residents and staff that received prophylaxis.

Section 9: Resident Outcome

Hospitalizations: During the outbreak, fill in the box (yes or no) indicating whether or not hospitalization was required for any residents. If yes, please record how many residents were hospitalized.

Deaths: During the outbreak, fill in the box (yes or no) indicating whether or not any residents died. If yes, please record how many residents died during the outbreak period (deaths should be recorded even if unable to determine if outbreak illness was the cause).

Section 10: Facility Outbreak Control Interventions

In this section, check if any of the infection control strategies listed were implemented at your facility in response to the outbreak. If a practice or policy change was implemented during the outbreak that is not listed (e.g., new cleaning/disinfecting products used, change to employee sick leave policy), specify in the space provided by "Other". For each strategy, record the date the change was implemented (if available).

Section 11: # of New Cases Per Day

Please fill in the chart with the number of new cases that are residents and staff per day. Once each day is complete, add the number of new cases of residents and staff and place the sum in total column for that corresponding day.

In the space provided under the chart, record the date which corresponds to Day 1 on the outbreak period (i.e., date of outbreak start).

For HD Use Only	
Facility Licensed by State: Fill in the box (yes or no) indicating whether or not the facility is licensed by the state.	**# of Licensed Beds:** Document the total number of licensed beds at the facility.
Facility Certified by CMS: Fill in the box (yes or no) indicating whether or not the facility is certified by the Center for Medicare and Medicaid Services (CMS).	**# of staff employees:** Document the total number of facility employed staff working in the facility at the time of the outbreak.
Facility Type: Check that box that best describes the type of care the facility provides: Nursing home, Intermediate Care Facility, Assisted living Facility or Other (specify).	**# of contract employees:** Document the total number of contract/consulting providers working in the facility at the time of the outbreak.

LTC Respiratory Surveillance Outbreak Summary

1. Facility Information

Health Dept. Contact Name:_____ Health Dept. Contact Phone Number:_____
Health Dept. Fax Number:_____ Date First Notified Local Health Dept.:___/___/____
Total # of residents at facility: _____ Total # of employees (staff and contract personnel): _____
Summary Form Status: Date initiated:___/___/_____ Date completed:___/___/____

2. Influenza Vaccination Status

Total # of residents vaccinated: Total # of staff vaccinated:

3. Pneumococcal Vaccination Status

Total # of residents vaccinated:

4. Symptomatic Case Definition

Summarize the definition of a symptomatic case during the outbreak, including symptoms, time range and location (if appropriate) within facility:

5. Outbreak Period Information

Outbreak start: (Date of symptom onset of first case):___/___/_____
Average length of illness:_____ days
Outbreak end: (Symptom resolution date of last case):___/___/_____

Total # of Cases
Residents: Staff:

6. Staff Information

Were any ill staff delivering resident care at the beginning of the outbreak? ☐ Yes ☐ No If yes, how many:____
Did any ill staff seek outside medical care at the beginning or during the outbreak? ☐ Yes ☐ No If yes, how many:____
ED Visit: ☐ Yes ☐ No If yes, how many:____ Hospitalization: ☐ Yes ☐ No If yes, how many:____

7. Diagnostic and Laboratory Tests

Chest x-ray: ☐ Yes ☐ No | # performed: | # abnormal:

Which organisms were identified through laboratory testing:
Bacterial: Specify_____ **Viral**: Specify_____ **Other**: Specify_____

Total # of Laboratory Confirmed Cases	Culture	PCR	Other Diagnostic Tests: Specify _____
Organism 1 _____	Residents:____ Staff:____	Residents:___ Staff:___	Residents:____ Staff:____
Organism 2 _____	Residents:____ Staff:____	Residents:___ Staff:___	Residents:____ Staff:____
Organism 3 _____	Residents:____ Staff:____	Residents:___ Staff:___	Residents:____ Staff:____

8. If Influenza Identified During Outbreak:

Antiviral **treatment** offered: ☐ Yes ☐ No
If yes, indicate total # : Residents_____ Staff_____

Antiviral **prophylaxis** offered: ☐ Yes ☐ No
If yes, indicate total # : Residents_____ Staff_____

9. Resident Outcome

Hospitalizations: ☐ Yes ☐ No If yes, how many:_____

Deaths: ☐ Yes ☐ No If yes, how many:_____

10. Facility Outbreak Control Measures

☐ Educated on hand hygiene practices: Date:_____
☐ Implemented transmission-based precautions: Date_____
☐ Dedicate staff to care for only affected residents: Date: _____
☐ Suspend activities on affected unit: Date: _____
☐ Notified family/visitors about outbreak: If yes, Date: _____
☐ Other: _____

☐ Monitored appropriate HH and PPE use by staff: Date:_____
☐ Cohorted ill residents within unit/building: Date: _____
☐ Placed ill staff on furlough: Date: _____
☐ Restricted new admissions to affected unit: Date: _____
☐ Educated family/visitors about outbreak: If yes, Date: _____
☐ Other: _____

11. # of New Cases Per Day

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Residents														
Staff														
Total														

Indicate Date of Day 1: _____/_____/_____ **List units/floors involved in the outbreak:**_____

For HD Use Only

Facility Licensed by State: ☐ Yes ☐ No Facility ID: _____
Facility Certified by CMS: ☐ Yes ☐ No Facility Type: ☐ Nursing home ☐ Assisted living ☐ Other (specify): _____
# of Licensed Beds: _____ # of staff employees: _____ # of contract employees: _____

2020 REPORTABLE DISEASES IN MICHIGAN – BY CONDITION

A Guide for Physicians, Health Care Providers and Laboratories

Report the following conditions to the Michigan Disease Surveillance System (MDSS) or local health department (see reverse) within 24 hours if the agent is identified by clinical or laboratory diagnosis. See footnotes for exceptions.

Report the unusual occurrence, outbreak or epidemic of any disease or condition, including healthcare-associated infections.

Acute flaccid myelitis (1)
Anaplasmosis (Anaplasma phagocytophilum)
Anthrax (Bacillus anthracis and B. cereus serovar anthracis) (4)
Arboviral encephalitides, neuro- and non-neuroinvasive:
Chikungunya, **Eastern Equine**, Jamestown Canyon, La Crosse, Powassan, St. Louis, West Nile, Western Equine, Zika (6)
Babesiosis (Babesia microti)
Blastomycosis (Blastomyces dermatitidis)
Botulism (Clostridium botulinum) (4)
Brucellosis (Brucella species) (4)
Campylobacteriosis (Campylobacter species)
Candidiasis (Candida auris) (4)
Carbapenemase Producing – Carbapenem Resistant Enterobacteriaceae (CP-CRE): Klebsiella spp., Enterobacter spp., and Escherichia coli (5)
Chancroid (Haemophilus ducreyi)
Chickenpox / Varicella (Varicella-zoster virus) (6)
Chlamydial infections (including trachoma, genital infections, LGV) (Chlamydia trachomatis) (3, 6)
Cholera (Vibrio cholera) (4)
Coccidioidomycosis (Coccidioides immitis)
Cryptosporidiosis (Cryptosporidium species)
Coronaviruses, Novel; including deaths (**SARS**, MERS-CoV, COVID-19) (5)
Cyclosporiasis (Cyclospora species) (5)
Dengue Fever (Dengue virus)
Diphtheria (Corynebacterium diphtheriae) (5)
Ehrlichiosis (Ehrlichia species)
Encephalitis, viral or unspecified
Escherichia coli, O157:H7 and all other Shiga toxin positive serotypes (5)
Giardiasis (Giardia species)
Glanders (Burkholderia mallei) (4)
Gonorrhea (Neisseria gonorrhoeae) (3, 6) (4, submit isolates from sterile sites only)
Guillain-Barre Syndrome (1)
Haemophilus influenzae, sterile sites (5, submit isolates for serotyping for patients < 15 years of age)
Hantavirus
Hemolytic Uremic Syndrome (HUS)
Hemorrhagic Fever Viruses (4)
Hepatitis A virus (Anti-HAV IgM, HAV genotype)
Hepatitis B virus (HBsAg, HBeAg, anti-HBc IgM, HBV NAAT, HBV genotype; report all HBsAg and anti-HBs (positive, negative, indeterminate) for children ≤ 5 years of age) (6)
Hepatitis C virus (**all** HCV test results including positive **and** negative antibody, RNA, and genotype tests) (6)
Histoplasmosis (Histoplasma capsulatum)
HIV (tests including reactive immunoassays (e.g., Ab/Ag, TD1/TD2, WB, EIA, IA), detection tests (e.g., VL, NAAT, p24, genotypes), CD4 counts/percents, and all tests related to perinatal exposures) (2,6)
Influenza virus (weekly aggregate counts)
Pediatric influenza mortality, report individual cases (5)
Novel influenza viruses, report individual cases (5,6)
Kawasaki Disease (1)
Legionellosis (Legionella species) (5)
Leprosy or Hansen's Disease (Mycobacterium leprae)
Leptospirosis (Leptospira species)
Listeriosis (Listeria monocytogenes) (5,6)
Lyme Disease (Borrelia burgdorferi)
Malaria (Plasmodium species)
Measles (Measles/Rubeola virus)
Melioidosis (Burkholderia pseudomallei) (4)
Meningitis: bacterial, viral, fungal, parasitic and amebic
Meningococcal Disease, sterile sites (Neisseria meningitidis) (5)
Mumps (Mumps virus)
Orthopox viruses, including: Smallpox, Monkeypox (4)
Pertussis (Bordetella pertussis)
Plague (Yersinia pestis) (4)
Polio (Poliovirus)
Prion disease, including CJD
Psittacosis (Chlamydophila psittaci)
Q Fever (Coxiella burnetii) (4)
Rabies (Rabies virus) (4)
Rabies: potential exposure and post exposure prophylaxis (PEP)
Rubella (Rubella virus) (6)
Salmonellosis (Salmonella species) (5)
Shigellosis (Shigella species) (5)
Spotted Fever (Rickettsia species)
Staphylococcus aureus, vancomycin intermediate/ resistant (VISA (5)/VRSA (4))
Streptococcus pneumoniae, sterile sites
Streptococcus pyogenes, group A, sterile sites, including Streptococcal Toxic Shock Syndrome (STSS)
Syphilis (Treponema pallidum) (6)
Tetanus (Clostridium tetani)
Toxic Shock Syndrome (non-streptococcal) (1)
Trichinellosis (Trichinella spiralis)
Tuberculosis (Mycobacterium tuberculosis complex); report preliminary and final rapid test and culture results (4)
Tularemia (Francisella tularensis) (4)
Typhoid Fever (Salmonella typhi) and Paratyphoid Fever (serotypes Paratyphi A, Paratyphi B (tartrate negative), and Paratyphi C) (5)
Vibriosis (Non-cholera vibrio species) (5)
Yellow FeveYellow Fever virus)
Yersiniosis (Yersinia enterocolitica) (4, submit isolates only)

LEGEND

(1) Reporting within 3 days is required.
(2) Report HIV lab results to MDHHS electronically/by arrangement & case reports to MDSS or by MDHHS Form 1355.
(3) Sexually transmitted infection for which expedited partner therapy is authorized. See www.michigan.gov/hivstd for details.
(4) A laboratory shall immediately submit **suspect or confirmed** isolates, subcultures, or specimens from the patient being tested to the MDHHS Lansing laboratory.
(5) Isolate requested. *Enteric:* If an isolate is not available from non-culture based testing, the positive broth and/or stool in transport medium must be submitted to the MDHHS Lansing laboratory. *Respiratory*: Submit specimens, if available.
(6) Report pregnancy status, if available.
Blue Bold Text = Category A bioterrorism or select agent, notify the MDHHS Laboratory immediately: (517) 335-8063

This reporting is expressly allowed under HIPAA and required by Michigan Public Act 368 of 1978, 333.5111

MDHHS maintains, reviews, and revises this list at least annually, for the most recent version please refer to: www.michigan.gov/cdinfo

DIRECTORY OF MICHIGAN HEALTH DEPARTMENTS

In general, health care providers should seek consultation regarding communicable disease prevention and control services through their local health department.

COUNTY	HEALTH DEPT.	CO. OFFICE	AREA	PHONE	FAX	COUNTY	HEALTH DEPT.	CO. OFFICE	AREA	PHONE	FAX
Alcona	District 2	Harrisvile	989	724-6757	343-1896	Lake	District 10	Baldwin	231	745-4663	745-2501
Alger	LMAS DHD	Munising	906	387-2297	387-2224	Lapeer	Lapeer County	Lapeer	810	667-0448	667-0232
Allegan	Allegan County	Allegan	269	673-5411	673-2163	Leelanau	Benzie-Leelanau DHD	Lake Leelanau	231	256-0200	882-0143
Alpena	District 4	Alpena	989	356-4507	356-3529	Lenawee	Lenawee County	Adrian	517	264-5243	264-0790
Antrim	Health Dept. of NW MI	Bellaire	231	533-8670	547-6238	Livingston	Livingston County	Howell	517	546-9850	545-9685
Arenac	Cent MI DHD	Standish	989	846-6541	846-0431	Luce	LMAS DHD	Newberry	906	293-5107	293-5724
Baraga	Western UP Dist	L'Anse	906	524-6142	524-6144	Mackinac	LMAS DHD	St. Ignace	906	643-1100	643-0239
Barry	Barry-Eaton DHD	Hastings	269	798-4152	517-541-2666	Macomb	Macomb County	Mt. Clemens	586	783-8190	493-0075
Bay	Bay County	Bay City	989	895-2039	895-2083	Manistee	District 10	Manistee	231	723-3595	723-0150
Benzie	Benzie-Leelanau DHD	Benzonia	231	882-4409	882-0143	Marquette	Marquette County	Negaunee	906	475-7844	475-4435
Berrien	Berrien County	Benton Harbor	269	926-7121	926-8129	Mason	District 10	Ludington	231	845-7381	845-9374
Branch	Branch/Hills/St Jo	Coldwater	517	279-9561x105	278-2923	Mecosta	District 10	Big Rapids	231	592-0130	592-9464
Calhoun	Calhoun County	Battle Creek	269	969-6370	969-6488	Menominee	Delta-Men Dist	Menominee	906	863-4451	863-7142
Cass	Van Buren-Cass DHD	Dowagiac	269	782-0064	782-0121	Midland	Midland County	Midland	989	832-6666	837-6524
Charlevoix	Health Dept. of NW MI	Charlevoix	231	547-6523	547-6238	Missaukee	District 10	Lake City	231	839-7167	839-7908
Cheboygan	District 4	Cheboygan	231	627-8850	627-9466	Monroe	Monroe County	Monroe	734	240-7832	240-7838
Chippewa	Chippewa County	Sault Ste. Marie	906	635-1566	635-7081	Montcalm	Mid-MI DHD	Stanton	989	831-3615	831-3666
Clare	Cent MI DHD	Harrison	989	539-6731	539-4449	Montmorency	District 4	Atlanta	989	785-4428	734-3866
Clinton	Mid-MI DHD	St. Johns	989	227-3111	227-3126	Muskegon	Muskegon County	Muskegon	231	724-1287	724-1325
Crawford	District 10	Grayling	989	348-7800	348-5346	Newaygo	District 10	White Cloud	231	689-7300	689-5295
Delta	Delta-Men Dist	Escanaba	906	786-4111	789-8148	Oakland	Oakland County	Pontiac	248	858-1286	858-0178
Dickinson	Dick-Iron Dist	Kingsford	906	774-1868	779-7232	Oceana	District 10	Hart	231	873-2193	873-4366
Eaton	Barry-Eaton DHD	Charlotte	517	541-2641	541-2666	Ogemaw	District 2	West Branch	989	345-5020	343-1896
Emmet	Health Dept. of NW MI	Petoskey	231	347-6014	547-6238	Ontonagon	Western UP Dist	Ontonagon	906	884-4485	884-2358
Genesee	Genesee County	Flint	810	257-1017	257-3247	Osceola	Cent MI DHD	Reed City	231	832-5532	832-1020
Gladwin	Cent MI DHD	Gladwin	989	426-9431	426-6952	Oscoda	District 2	Mio	989	826-3970	343-1896
Gogebic	Western UP Dist	Bessemer	906	667-0200	667-0020	Otsego	Health Dept. of NW MI	Gaylord	989	732-1794	231-547-6238
Gd. Traverse	Grand Traverse Co	Traverse City	231	995-6125	995-6126	Ottawa	Ottawa County	Holland	616	396-5266	393-5767
Gratiot	Mid-MI DHD	Ithaca	989	875-1019	875-1032	Presque Isle	District 4	Rogers City	989	734-4723	785-2217
Hillsdale	Branch/Hills/St Jo	Hillsdale	517	437-7395x307	437-0166	Roscommon	Cent MI DHD	Prudenville	989	366-9166	366-8921
Houghton	Western UP Dist	Hancock	906	482-7382	482-9410	Saginaw	Saginaw County	Saginaw	989	758-3887	758-3888
Huron	Huron County	Bad Axe	989	269-9721	269-4181	St. Clair	St. Clair County	Port Huron	810	987-5300	985-4340
Ingham	Ingham County	Lansing	517	887-4308	887-4379	St. Joseph	Branch/Hills/St Jo	Three Rivers	269	273-2161x241	273-2452
Ionia	Ionia County	Ionia	616	527-5341	527-8208	Sanilac	Sanilac County	Sandusky	810	648-4098x162	648-5276
Iosco	District 2	Tawas City	989	362-6183	343-1896	Schoolcraft	LMAS DHD	Manistique	906	341-6951	341-5230
Iron	Dick-Iron Dist	Iron River	906	265-9913	265-4174	Shiawassee	Shiawassee County	Corunna	989	743-2355	743-2362
Isabella	Cent MI DHD	Mt. Pleasant	989	773-5921	773-4319	Tuscola	Tuscola County	Caro	989	673-8114	673-7490
Jackson	Jackson County	Jackson	517	768-1662	788-4256	Van Buren	Van Buren-Cass DHD	Hartford	269	621-3143	621-2725
Kalamazoo	Kalamazoo County	Kalamazoo	269	373-5267	373-5060	Washtenaw	Washtenaw County	Ypsilanti	734	544-6700	544-6706
Kalkaska	District 10	Kalkaska	231	258-8669	258-2805	Wayne (out-Wayne)	Wayne County	Wayne	734	727-7078	313-967-3044
Kent	Kent County	Grand Rapids	616	632-7228	632-7085	Detroit	Detroit City	Detroit	313	876-4000	877-9286
Keweenaw	Western UP Dist	Hancock	906	482-7382	482-9410	Wexford	District 10	Cadillac	231	775-9942	775-4127

STATE OF MICHIGAN CONTACTS

Immunization Division
Ph: 517-335-8159
Fax: 517-335-9855

Communicable Disease Division
Ph: 517-335-8165
Fax: 517-335-8263

Bureau of Laboratories
Ph: 517-335-8063
Fax: 517-335-9631

Updated March 2020

STATE OF MICHIGAN COMMUNICABLE DISEASE AFTER HOURS CONTACT: (517) 335-9030

MEMBER COVID-19 DAILY SYMPTOM ASSESSMENT LOG

DATE		*FACILITY*	
DON SIGNATURE		*IP SIGNATURE*	

RM	Member	temp/spo2	Atypical Cough/ Sore Throat Y/N	Loss of smell or taste? Y/N	New headache /muscle pain Y/N	SOB Y/N	Other atypical sx (chills, shaking, dizziness) and F/U ACTIONS	RM	Member	temp/spo2	Atypical Cough/ Sore Throat Y/N	Loss of smell or taste? Y/N	New headache /muscle pain Y/N	SOB Y/N	Other atypical sx (chills, shaking, dizziness) and F/U ACTIONS

MEMBER COVID-19 DAILY SYMPTOM ASSESSMENT LOG

DATE		***FACILITY***	
DON SIGNATURE		***IP SIGNATURE***	

RM	Member	temp/spo2	Atypical Cough/ Sore Throat Y/N	Loss of smell or taste? Y/N	New headache /muscle pain Y/N	SOB Y/N	Other atypical sx (chills, shaking, dizziness) and F/U ACTIONS	RM	Member	temp/spo2	Atypical Cough/ Sore Throat Y/N	Loss of smell or taste? Y/N	New headache /muscle pain Y/N	SOB Y/N	Other atypical sx (chills, shaking, dizziness) and F/U ACTIONS

APPENDIX III
Posters & Signage

STOP

DROPLET PRECAUTIONS

STOP

EVERYONE MUST:

Clean their hands, including before entering and when leaving the room.

Make sure their eyes, nose and mouth are fully covered before room entry.

or

Remove face protection before room exit.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS19-20619-A

DJ Jacobetti Veterans Home

is not open to visitors due to risk of COVID-19.
Anyone who does not live in, employed in or providing medically necessary services to the Home are asked to not visit at this time.
If you have questions or concerns, please call the Home.
If you must visit, please ask to speak to the Director of Nursing or House Supervisor for instructions.

We are setting up remote visits through a variety of ways. Please call the Home if we can set up a virtual visit for you.

906-226-3576

7

Grand Rapids Veterans Home

is not open to visitors due to risk of COVID-19.
Anyone who does not live in, employed in or providing medically necessary services to the Home are asked to not visit at this time.
If you have questions or concerns, please call the Home.
If you must visit, please ask to speak to the Director of Nursing or House Supervisor for instructions.

We are setting up remote visits through a variety of ways. Please call the Home if we can set up a virtual visit for you.

616-364-5300

8

Keep Door Closed

Temporary
Soiled Utility Room
for PPE cleaning and disposal only

Trash for discarded PPE only

Clean Eye Protection Only

Dirty Eye Protection Only

DO NOT ENTER

ROOM CLOSED FOR CLEAN & SANITIZING

“Face Break” Area

You may remove your mask/N95 for a short time <u>HERE</u>

Maintain 6-foot distance!

Place your mask on a clean paper towel.

When finished throw paper towel away and sanitize the area the paper towel was on.

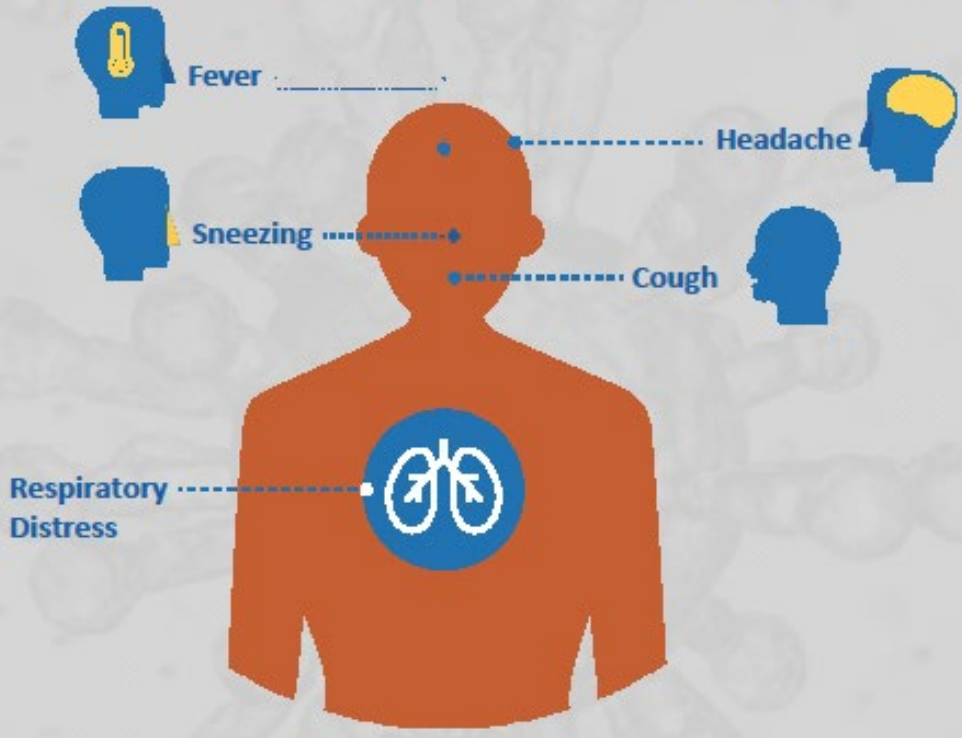
Perform hand hygiene before removing and

after reapplying your mask.

ATTENTION!

FACILITY INFECTION CONTROL MEASURES HAVE BEEN ACTIVATED
SYMPTOMATIC PERSONS WILL BE ASKED TO LEAVE THE FACILITY

DO NOT VISIT IF YOU FEEL ANY OF THE FOLLOWING SYMPTOMS:



FOLLOW INFECTION CONTROL PROTOCOLS AT ALL TIMES

Cover cough

Use hand sanitizer

Do not touch face

Wash hands frequently

www.cahf.org | www.cahfdisasterprep.com | February 2020

SYMPTOMS OF CORONAVIRUS DISEASE 2019

Patients with COVID-19 have experienced mild to severe respiratory illness.

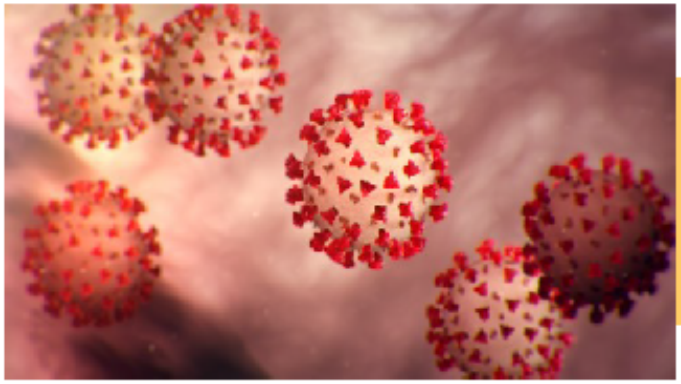
Symptoms* can include

*Symptoms may appear 2-14 days after exposure.

Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

CDC

For more information: www.cdc.gov/COVID19-symptoms



ALERT!

The Federal Government has required

Restricted visitation in order to prevent the spread of Coronavirus COVID-19 into our facility

Essential healthcare personnel only

COVID-19 screening will be conducted prior to allowing visitation

Visitors may be allowed for end-of-life situations only

HELP US KEEP OUR RESIDENTS SAFE FROM COVID-19!

STOP THE SPREAD OF GERMS
Help prevent the spread of respiratory diseases like COVID-19.
Avoid close contact with people who are sick.
Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
Avoid touching your eyes, nose, and mouth.
Clean and disinfect frequently touched objects and surfaces.
Stay home when you are sick, except to get medical care.
Wash your hands often with soap and water for at least 20 seconds.
CDC
For more information: www.cdc.gov/COVID19

DO YOUR PART TO KEEP YOURSELF AND OTHERS SAFE FROM THE SPREAD OF CORONAVIRUS 2019 (COVID-19)

ATTENTION ALL VISITORS AND INDIVIDUALS ENTERING THE FACILITY

You are advised to follow these infection prevention practices:

- Self-monitor for signs and symptoms of respiratory infection for 14 days after exiting the facility.
- If symptoms occur, you are advised to self-isolate at home, contact your health care provider, and **immediately notify the facility** of:
  - the date you were in the facility,
  - the individual(s) with whom you were in contact, and
  - the location within the facility you visited.

Stopthe spread of germsthatmake you and otherssick!

Cover your Cough

Cover your mouth and nose with a tissue when you cough or sneeze

or

cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.

You may be asked to put on a surgical mask to protect others.

Clean your Hands

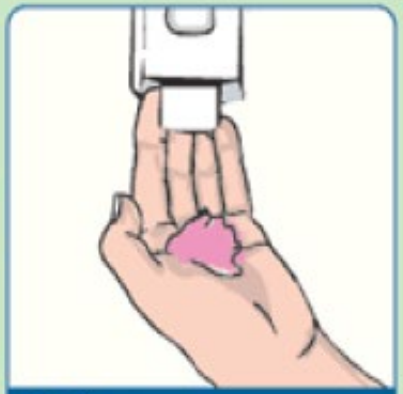
after coughing or sneezing.

Wash hands with soap and warm water for 20 seconds *or*

clean with alcohol-based hand cleaner.

FIGHT GERMS BY WASHING YOUR HANDS!

1 Wet your hands



2 Soap

3 Lather and scrub - 20 sec

4 Rinse - 10 sec

5 Turn off tap

6 Dry your hands

DONT FORGET TO WASH:

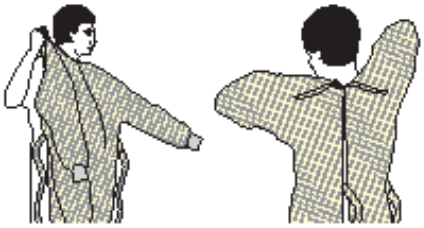
- between your fingers
- under your nails
- the tops of your hands

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

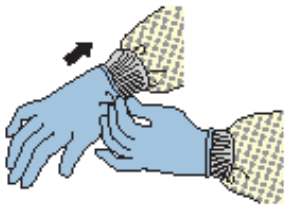
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

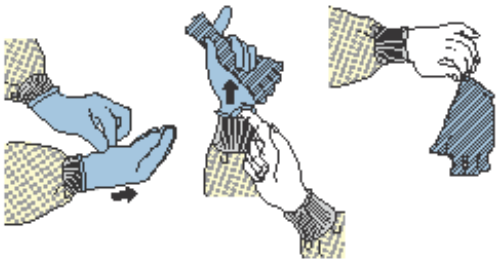
- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container

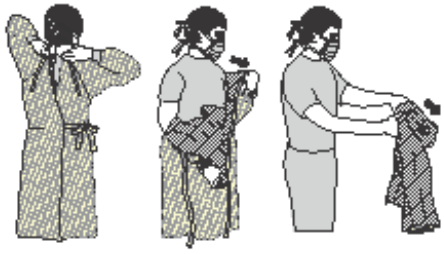


2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. GOWN

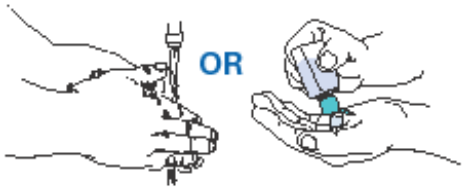
- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

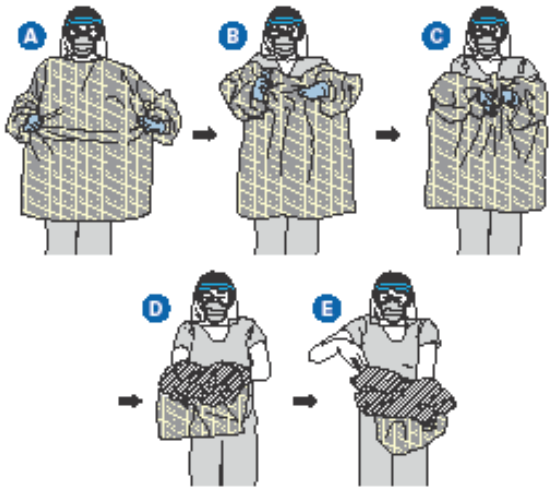
CS256872-E

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



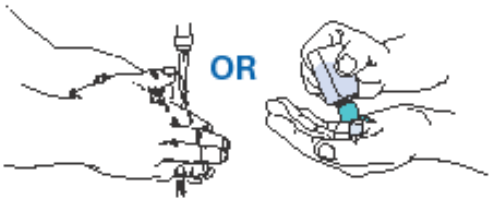
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CS250872-E

Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

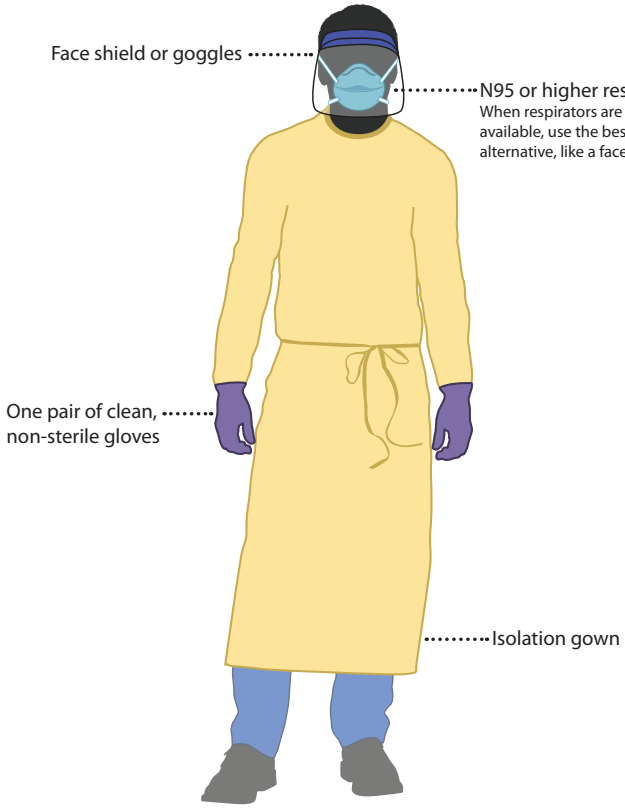
Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- **Receive comprehensive training** on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- **Demonstrate competency** in performing appropriate infection control practices and procedures.

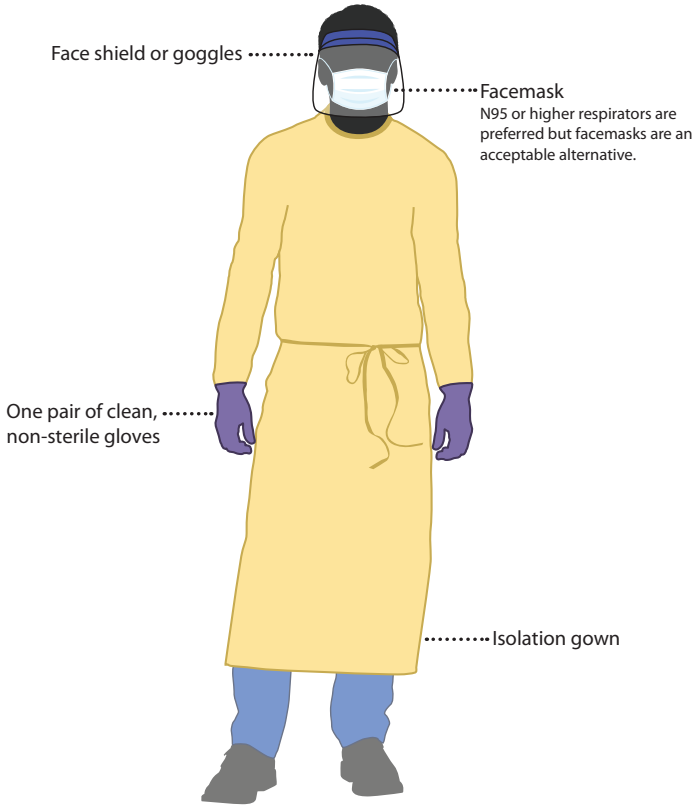
Remember:

- PPE must be donned correctly before entering the patient area (e.g., isolation room, unit if cohorting).
- PPE must remain in place and be worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (e.g., retying gown, adjusting respirator/facemask) during patient care.
- PPE must be removed slowly and deliberately in a sequence that prevents self-contamination. A step-by-step process should be developed and used during training and patient care.

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



DEPARTMENT OF HEALTH & HUMAN SERVICES USA
CDC

www.cdc.gov/coronavirus

CS 316124-A 03/30/2020

Donning (putting on the gear):

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
2. **Perform hand hygiene using hand sanitizer.**
3. **Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.*
   - » **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
   - » **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. **Put on face shield or goggles.** Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. **Perform hand hygiene before putting on gloves.** Gloves should cover the cuff (wrist) of gown.
7. **HCP may now enter patient room.**

Doffing (taking off the gear):

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. **Remove gown.** Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.*
3. **HCP may now exit patient room.**
4. **Perform hand hygiene.**
5. **Remove face shield or goggles.** Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. **Remove and discard respirator (or facemask if used instead of respirator).*** Do not touch the front of the respirator or facemask.
   - » **Respirator:** Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
   - » **Facemask:** Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. **Perform hand hygiene after removing the respirator/facemask** and before putting it on again if your workplace is practicing reuse.

****Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.***

Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

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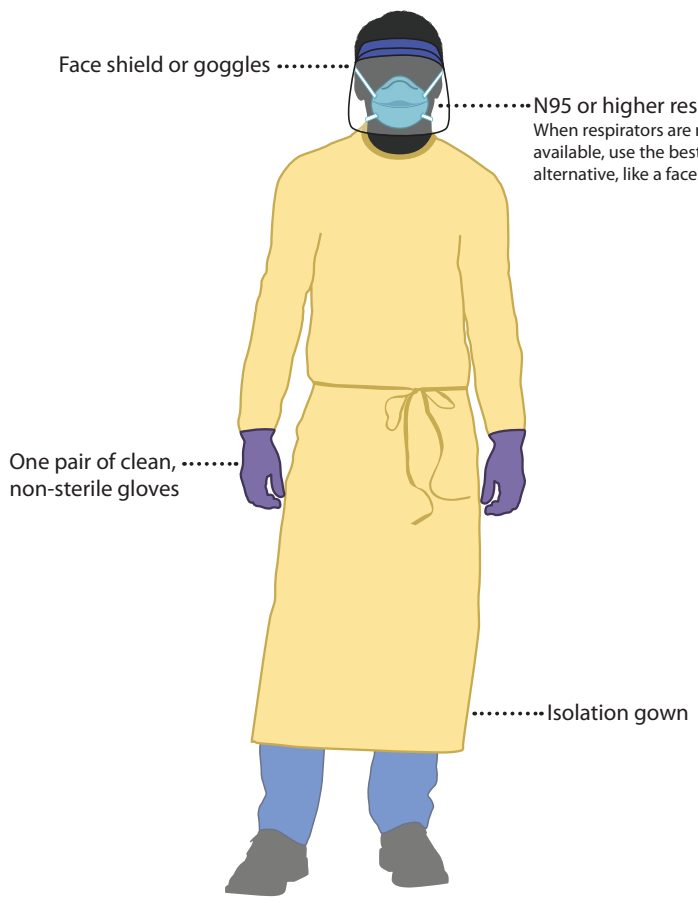

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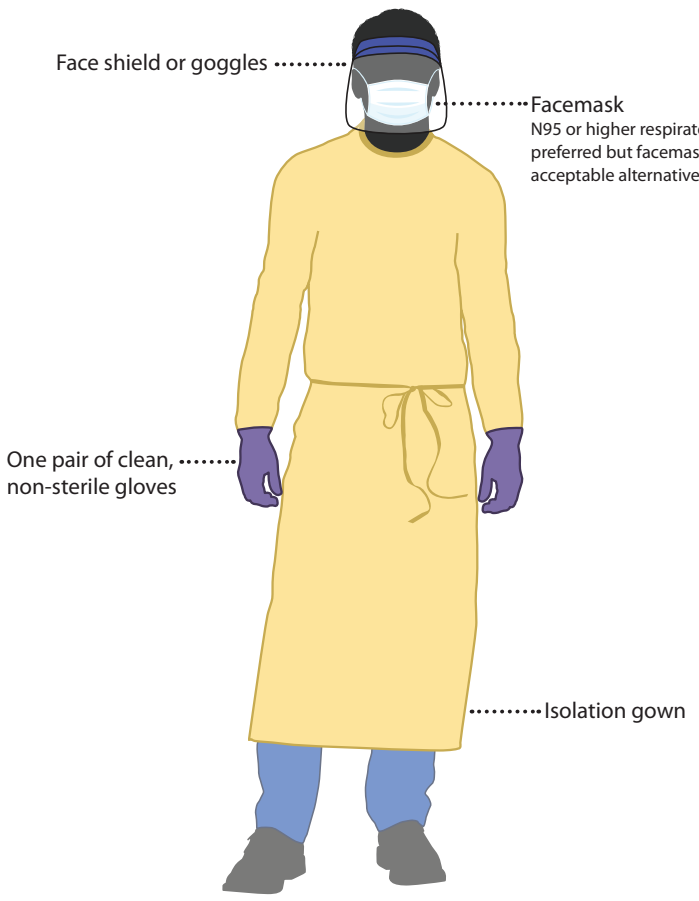

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**Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.*

www.cdc.gov/coronavirus

CS 316124-A 03/30/2020

How to Protect Yourself and Others

Know how it spreads

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
  - » Between people who are in close contact with one another (within about 6 feet).
  - » Through respiratory droplets produced when an infected person coughs, sneezes or talks.
  - » These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
  - » Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Everone should

Clean your hands often

- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol.** Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact

- **Avoid close contact** with people who are sick.
- **Stay at home as much as possible.**
- **Put distance between yourself and other people.**
  - » Remember that some people without symptoms may be able to spread virus.
  - » This is especially important for **people who are at higher risk of getting very sick.** https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html

cdc.gov/coronavirus

CS 316291A 04/11/2020

Cover your mouth and nose with a cloth face cover when around others

- **You could spread COVID-19 to others** even if you do not feel sick.
- **Everyone should wear a cloth face cover when they have to go out in public,** for example to the grocery store or to pick up other necessities.
  - » Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- **The cloth face cover is meant to protect other people** in case you are infected.
- Do **NOT** use a facemask meant for a healthcare worker.
- Continue to **keep about 6 feet between yourself and others.** The cloth face cover is not a substitute for social distancing.

Cover coughs and sneezes

- **If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect

- **Clean AND disinfect frequently touched surfaces** daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html
- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.

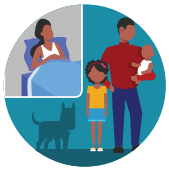
Steps to help prevent the spread of COVID-19 if you are sick

FOLLOW THE STEPS BELOW: If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to help protect other people in your home and community.

Stay home except to get medical care

- **Stay home:** Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
- **Avoid public transportation:** Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people in your home, this is known as home isolation



- **Stay away from others:** As much as possible, stay away from others. You should stay in a specific "sick room" if possible, and away from other people in your home.
  Use a separate bathroom, if available.
  - See COVID-19 and Animals is you have questions about pets. https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID19animals

Call ahead before visiting your doctor

- **Call ahead:** Many medical visits for routine care are being postponed or done by phone or telemedicine.
- If you have a medical appointment that cannot be postponed, call your doctor's office, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.

If you are sick wear a facemask in the following situations, if available.

- **If you are sick:** You should wear a facemask, if available, when you are around other people (including before you enter a healthcare provider's office).
- **If you are caring for others:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then as their caregiver, you should wear a facemask when in the same room with them. Visitors, other than caregivers, are not recommended.

Note: During a public health emergency, facemasks may be reserved for healthcare workers. You may need to improvise a facemask using a scarf or bandana.

Cover your coughs and sneezes

- **Cover:** Cover your mouth and nose with a tissue when you cough or sneeze.
- **Dispose:** Throw used tissues in a lined trash can.
- **Wash hands:** Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

Clean your hands often

- **Wash hands:** Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Hand sanitizer:** If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water:** Soap and water are the best option, especially if hands are visibly dirty.
- **Avoid touching:** Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid sharing personal household items

- **Do not share:** Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash thoroughly after use:** After using these items, wash them thoroughly with soap and water or put in the dishwasher.

cdc.gov/coronavirus

CS 316120-A 04/02/2020

Clean all "high-touch" surfaces everyday

Clean high-touch surfaces in your isolation area ("sick room" and bathroom) every day; let a caregiver clean and disinfect high-touch surfaces in other areas of the home.

- **Clean and disinfect:** Routinely clean high-touch surfaces in your "sick room" and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
  - If a caregiver or other person needs to clean and disinfect a sick person's bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.
- High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.
- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**
- **Household cleaners and disinfectants:** Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
  - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
  - Most EPA-registered household disinfectants should be effective. A full list of disinfectants can be found hereexternal icon.

Monitor your symptoms

- Common symptoms of COVID-19 include fever and cough. Trouble breathing is a more serious symptom that means you should get medical attention.
- **If you are having trouble breathing, seek medical attention, but call first.**
  - Call your doctor or emergency room before going in and tell them your symptoms. They will tell you what to do.
- **Wear a facemask:** If available, put on a facemask before you enter the building. If you can't put on a facemask, cover your coughs and sneezes. Try to stay at least 6 feet away from other people. This will help protect the people in the office or waiting room.
- **Follow care instructions from your healthcare provider and local health department:** Your local health authorities will give instructions on checking your symptoms and reporting information.

If you develop **emergency warning signs** for COVID-19 get **medical attention immediately.**

Emergency warning signs include*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

Call 911 if you have a medical emergency: If you have a medical emergency and need to call 911, notify the operator that you have or think you might have, COVID-19. If possible, put on a facemask before medical help arrives.

How to discontinue home isolation

- People **with COVID-19 who have stayed home (home isolated)** can stop home isolation under the following conditions:
  - ***If you will not have a test*** to determine if you are still contagious, you can leave home after these three things have happened:
    - You have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers)
      AND
    - other symptoms have improved (for example, when your cough or shortness of breath have improved)
      AND
    - at least 7 days have passed since your symptoms first appeared
  - ***If you will be tested*** to determine if you are still contagious, you can leave home after these three things have happened:
    - You no longer have a fever (without the use medicine that reduces fevers)
      AND
    - other symptoms have improved (for example, when your cough or shortness of breath have improved)
      AND
    - you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.

In all cases, follow the guidance of your healthcare provider and local health department. The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Local decisions depend on local circumstances.

More information is available https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html.

Additional information for healthcare providers: Interim Healthcare Infection Prevention and Control Recommendations for Persons Under Investigation for 2019 Novel Coronavirus.

STOP

Feeling Sick?

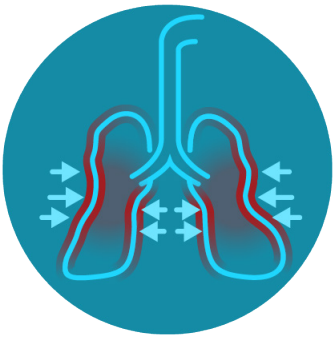
Stay home when you are sick!

If you feel unwell or have the following symptoms
please leave the building and contact your health care provider.
Then follow-up with your supervisor.

DO NOT ENTER if you have:

FEVER

COUGH



SHORTNESS OF BREATH

cdc.gov/CORONAVIRUS

CS 316129-A March 22, 2020 5:14 PM

APPENDIX IV
Home Operations

4.1 Microsoft Teams Quick Start Guide

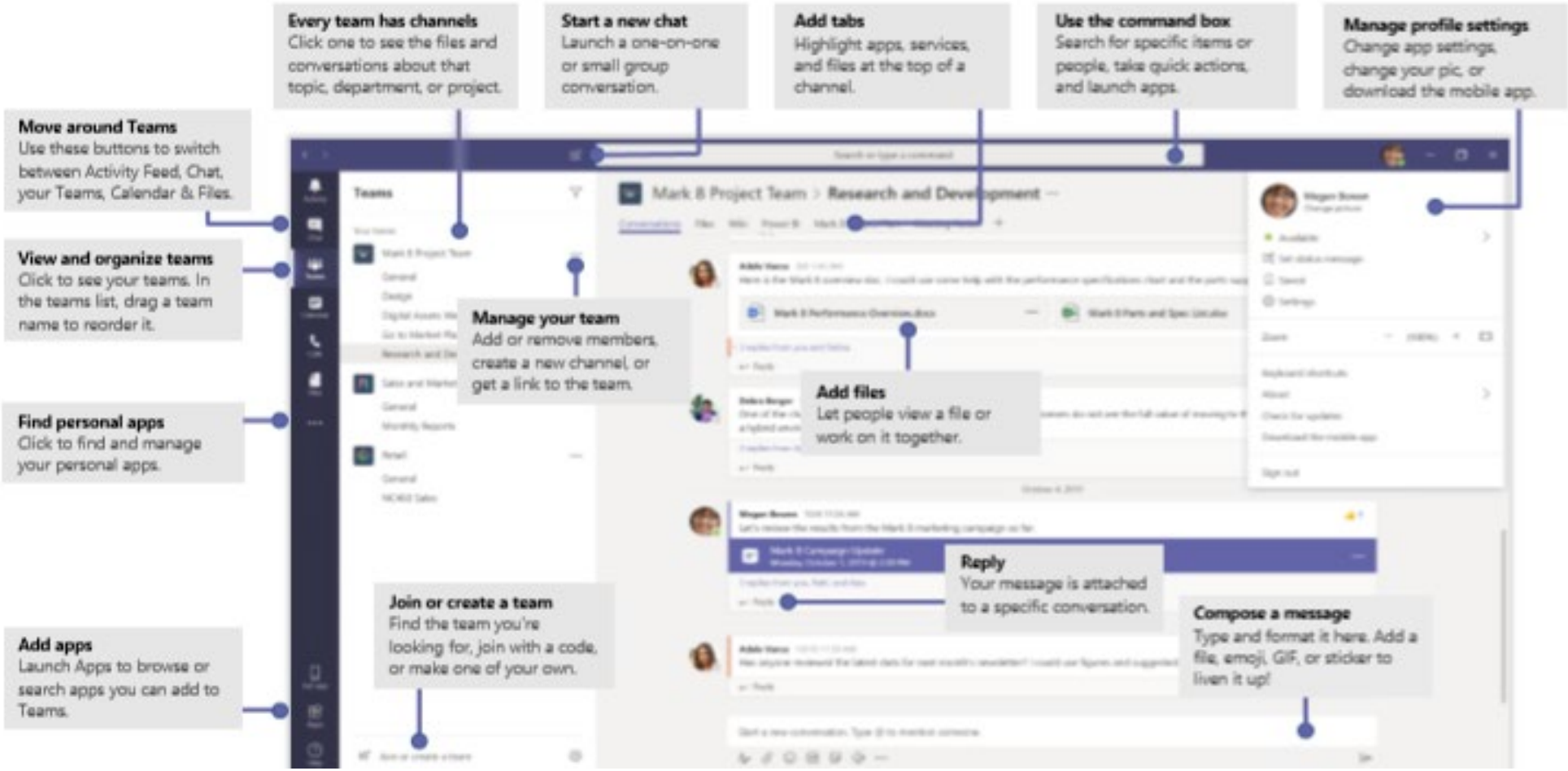
4.2 Authorization and Consent to Participate in Telemedicine Interaction

Microsoft Teams

Microsoft

Quick Start Guide

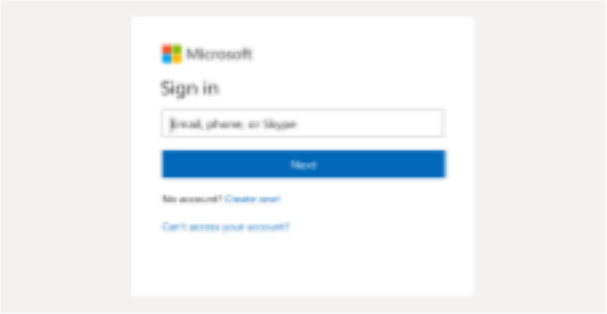
New to Microsoft Teams? Use this guide to learn the basics.



Microsoft Teams

Sign in

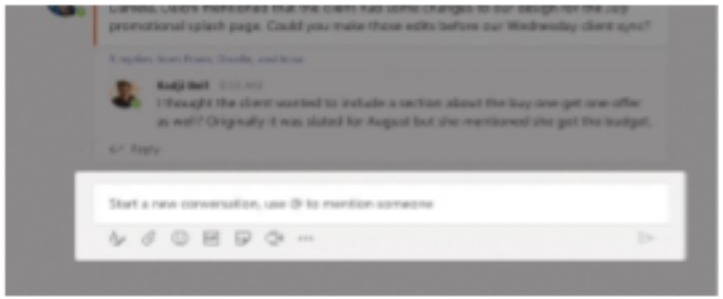
In Windows, click **Start** > **Microsoft Teams**.
On Mac, go to the **Applications** folder and click **Microsoft Teams**.
On mobile, tap the **Teams** icon. Then sign in with your Office 365 username and password. (If you're using Teams free, sign in with that username and password.)



Start a conversation

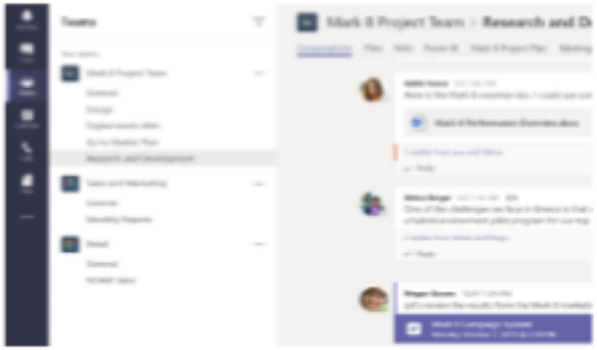
With the whole team... Click **Teams**, pick a team and channel, write your message, and click **Send**.

With a person or group... Click **New chat**, type the name of the person or group in the **To** field, write your message, and click **Send**.



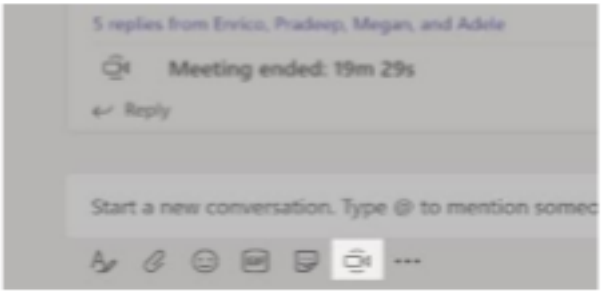
Pick a team and channel

A *team* is a collection of people, conversations, files, and tools—all in one place.
A *channel* is a discussion in a team, dedicated to a department, project, or topic.
Click **Teams** and select a team. Pick a channel to explore the **Conversations**, **Files**, and other tabs.



Start a meeting

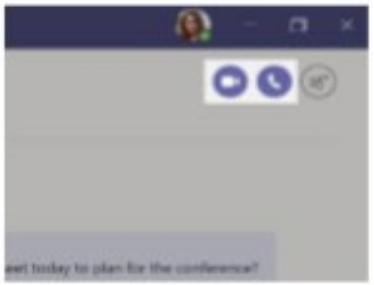
Click **Meet now** under the area where you type a message to start a meeting in a channel. (If you click **Reply**, then **Meet now**, the meeting is based on that conversation.) Enter a name for the meeting, then start inviting people.



Microsoft Teams

Make video and audio calls

Click **Video call** or **Audio call** to call someone from a chat. To dial a number, click **Calls** on the left and enter a phone number. View your call history and voicemail in the same area.

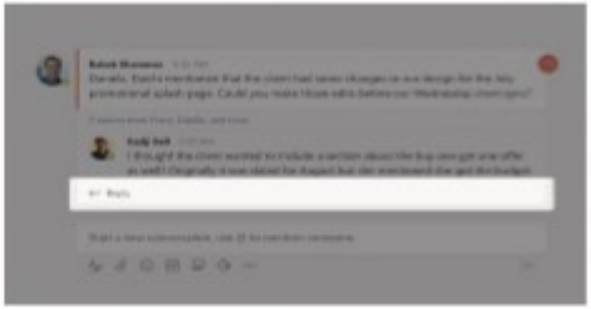


@mention someone

To get someone's attention, type @, then their name (or pick them from the list that appears). Type **@team** to message everyone in a team or **@channel** to notify everyone who favorited that channel.

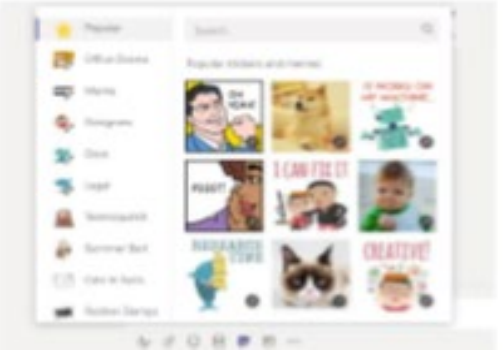
Reply to a conversation

Channel conversations are organized by date and then threaded. Find the thread you want to reply to, then click **Reply**. Add your thoughts and click **Send**.



Add an emoji, meme, or GIF

Click **Sticker** under the box where you type your message, then pick a meme or sticker from one of the categories. There are also buttons for adding an emoji or GIF.



AUTHORIZATION AND CONSENT TO PARTICIPATE IN TELEMEDICINE INTERACTION

Member Name:_____ ID Number:_____ DOB: _____

The purpose of this form is to obtain your consent to participate in a Telemedicine Interaction with healthcare professionals who are credentialed by the Home or the VA, who you already have a patient relationship with, or who have been identified as appropriate healthcare personnel during a state or federal State of Emergency. The Telemedicine Interaction may take the form of a telehealth visit, a virtual check-in, or an e-visit.

1) **Nature of Telemedicine Interaction**: During the Telemedicine Interaction:
   a) Details of your medical history, examinations, x-rays, and tests will be discussed with healthcare professionals through the use of interactive video, audio and telecommunications technology.
   b) Physical examination and tests may take place, performed by appropriate staff at your location.
   c) Nonmedical technical personnel may be present during the interaction to aid in video transmission. These individuals are bound to maintain confidentiality of all information obtained.
   d) Video, audio, and/or digital photos may be taken or recorded during the Telemedicine Interaction.

2) **Medical Information and Records.** All existing laws regarding your access to medical information and copies of your medical records apply to this Telemedicine Interaction. Additionally, dissemination of any patient-identifiable images or information from this Telemedicine Interaction to researchers or other entities shall not occur without your consent, unless authorized under existing laws.

3) **Confidentiality.** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the Telemedicine Interaction. All existing confidentiality protections under federal and Michigan law apply to information disclosed during this Telemedicine Interaction.

4) **Risks and Consequences.** The Telemedicine Interaction will be similar to a routine medical office visit, except interactive video technology will allow you to communicate with a healthcare professional at a distance. This Telemedicine Interaction will not be the same as an in-person office visit because you will not be in the same room as the healthcare professional. Following the Telemedicine Interaction, your healthcare professional may recommend a visit to a hospital or specialist for further evaluation. Other risks may include those associated with the security of data being transmitted. To reduce these risks, all telemedicine healthcare professionals must use technology that is fully encrypted, provides secure connections, and is HIPAA compliant.

5) **Rights.** You may withhold or withdraw consent to the Telemedicine Interaction at any time by notifying your healthcare professional. This will not affect your right to future care or treatment or risk the loss or withdrawal of any program benefits to which you would otherwise be entitled.

6) **Financial Agreement.** The provider will bill you and/or your insurance company for the interaction.

I have been advised of the potential risks, consequences and benefits of a Telemedicine Interaction. My healthcare professional has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I understand the written information provided above.

Signature:_____ **Date**:_____
Member (or person authorized to give consent)

If signed by person other than member, provide relationship to member:_____

Witness:_____ **Date**:

APPENDIX V
Member Care Planning

5.1 "At Risk" Care Plan for Exposure to COVID-19

5.2 "At Risk" Care Plan for Psychosocial Measures for COVID-19

5.3 Keeping Members Engaged

5.4 Face Mask Safety When Walking with Members

5.5 Member Working Scale

DISCIPLINES A-Activities D- Dietary S-Social Services PT- Physical Therapy OT- Occupational Therapy RT- Respiratory Therapy LN- Licensed Nurse NA-Nurse Aide				STATUS CODES R- resolved C-Continued		
DATE	CAA/PROBLEM/NEED/RISK	GOAL	APPROACH	DSCP	DATE REVIEWED	STATUS DATE
	At risk for exposure to and/or exhibit signs and symptoms of fever, cough, sore throat and shortness of breath from COVID-19.	Resident will minimize risk of serious outcome until next review date.	Notify MD/NP if signs / symptoms are observed.	NSG		
			Monitor temperature daily and PRN.	NSG		
			Monitor for signs and symptoms to include but not limited to the following: fever, cough, sore throat, and shortness of breath.	NSG		
			No Visitors except for emergency personnel. Exception will be based on medical necessity for end-of-life hospice residents with physician approval. Those individuals will be required to wear a mask for duration of their visit.	ALL Departments		
			All large group activities are temporarily suspended.	A		
			All large group dining has been temporarily suspended.	D		
	Name_____Date_____ Name_____Date_____ Name_____Date_____					
	Name_____Date_____					

Resident Name: **Physician:** **MR#** **RM#**

DISCIPLINES A-Activities D- Dietary S-Social Services PT- Physical Therapy OT- Occupational Therapy RT- Respiratory Therapy LN- Licensed Nurse NA-Nurse Aide				STATUS CODES R-resolved C-Continued		
DATE	CAA/PROBLEM/NEED/RISK	GOAL	APPROACH	DSCP	DATE REVIEWED	TATUS DATE
	Resident is at risk for increased anxiety and loneliness due to social distancing, restricted family visits and gathering of events such as dining services and large group activities related to potential exposure to COVID-19 or COVID-19 prevention measures. Name_____ Date_____ Name_____ Date_____ Name_____ Date_____ Name_____ Date_____	Resident will be able to alleviate increased feelings of anxiety and loneliness during this time while in facility.	Facility staff will assist with video/ phone calls / messages to family members such as availability with tablets with Zoom capability, face time, viber, snapchat and any other available social media apps. Notify MD if increased anxiety and signs and symptoms of depression are compromising resident's capability with ADLs. Activity staff will provide activities appropriate for current situation with avoiding any large group activities. Staff will encourage resident to express feelings of anxiety, sadness, feelings of isolation or loneliness.	ALL NSG A ALL		

Resident Name:	**Physician:**	**MR#**	**RM#**

Tips for Keeping Members Engaged

In general, staff should be engaging with members at every interaction, asking questions about their day, how they are feeling, and what they have been doing.

Make sure members are staying in touch with family and friends by helping them set up video chat, phone calls, or writing cards and letters.

Ask your members what they would like to do. If it is something usually done in groups, think of ways to modify the activity, so it will work within guidelines from the CDC.

Technology
If your members have access to their own computers, tablets, e-readers, etc., explore virtual activities, such as:

- Online Museums – many museums now have online content, like the Museum of Modern Art (MoMA).
- Online classes - many universities now have free, online classes along with sites like Coursera.
- Contact your local community college and universities to see if they have any online classes that may be appropriate for your residents. Ask if they would be willing to waive fees for this time. Due to many schools closing, email may be the best form of communication instead of calling.
- Puzzles and card games like Sudoku, Solitaire, etc.
- If your member practices a particular faith, look into religious services that are streamed online.
- The Metropolitan Opera (The Met) provides free streaming of its operas each night.

Reading

- Magazines/Newspapers/Books, etc. – See if your local library has any extra magazines or newspapers they can donate, or if a store is willing to sell them for a reduced bulk price or just donate them. Do not share magazines, books, or newspapers between members.
- For members with tablets or e-readers, many libraries have online subscriptions for free and some online stores have many items available for free like magazines, newspapers, and books (e.g. Amazon with a Kindle device/app).
- Depending on appropriateness for members, staff could read a book over the intercom system – as if they were listening to the radio.

Arts and Crafts

- Crossword puzzles
- Sudoku
- Adult coloring books

- Knitting
- Sewing
- Cross Stitch
- Needlepoint
- Jewelry-making
- Macramé
- Quilting
- Painting – watercolors, finger paints, paint-by-numbers, etc.
- Puzzles – for adults living with dementia, consider large pieces and puzzles with fewer pieces
- Scrapbooking – reminiscent pages of their life or favorite things
- Explore more arts and crafts ideas online, like on Pinterest.com.

You can download puzzles and pictures to paint from the internet and use with existing supplies or order online.

Also, build these activities as a way to help give members additional purpose. Many organizations will take donations of crafts like knitted caps for the NICU, pillowcases for foster kids entering care, and blankets for hospice, among others. Project Linus, for example is a non-profit that gives homemade blankets to children in need and offers free patterns.

Exercise/Movement

- Tai Chai – a great activity for helping to increase flexibility and help reduce falls
- Modified Pilates and yoga for calming and strength
- Dancing – even if staff have a couple minutes to put on a fun song and get a member moving

Other Possible Activities

- Music Therapy – or a fun name that song.
- Board games/card games that are for individuals like Solitaire or War.
- Meditation – there are a lot of free meditations videos online and through streaming services
- Movies – look for movies from your cable provider or streaming service, let residents know, pop some popcorn, and offer movie trivia with prizes to the winners.
- Bingo Over the Intercom – you can mix it up. It doesn't have to be your typical bingo; you could do things like activities (e.g., have you read a newspaper story today, do you have red on, etc.)
- Tea Party for One – serve cookies or some other fun treat with coffee or tea in the afternoon
- Ice Cream Non-Social – everyone has ice cream in their rooms with fun toppings
- Trivia Question for the Day – award small prizes

- Baby Pictures – have members and staff share baby pictures. Provide copies to members and have them guess who is in the picture (give options). Award prizes.
- Choose a country or a state a day to learn about and serve a treat that represents that country or state (UK – teatime, Italy – pasta or pizza for dinner, Kansas – BBQ, Indiana – snickerdoodles, etc.). This should be done over an intercom or individual copies given to members.
- Bird Watching – identify birds outside of the windows
- If your Home has a garden, buy seeds and provide each member with a small pot or two. Members can watch the seeds grow and take care of them, as many require minimal work but are fun to watch grow each day. You can find many online to be delivered directly to your Home.
- Journaling – have members write something new each day, perhaps about their favorite trip, teacher, book, etc. Have staff ask each member they interact with about the "question of the day."
- Have members write down what they are thankful for each day (staff can participate too). It has been shown this can help elevate moods. Share these with others (especially if thankful for staff!).

face mask safety

WHEN WALKING

WITH MEMBERS

WHEN HELPING MEMBER WITH MASK PLACEMENT

Please remember when helping members put on mask sanitize/ wash your hands before and after. Ensure the member is comfortable and that the elastic band is not hurting them.

WALKING WITH MASKS

When taking members on walks, especially when they are ambulating independently, please watch for signs of fatigue. It may be more difficult for them to breath because their lungs are working a lot harder with limited O2 in their masks.

WHAT DOES FATIGUE LOOK LIKE?

- Heavy breathing
- More bent over when walking
- Increase walking with small shuffled gait
- Walker positioned too far in front of them.
- When walking, member should be able to talk without difficulty. If they can't, it means they are FATIGUED.
- Listen for complaints of discomfort and offer a rest break- be sure to report it.
- Remind them to breath through their nose and out through their mouth.

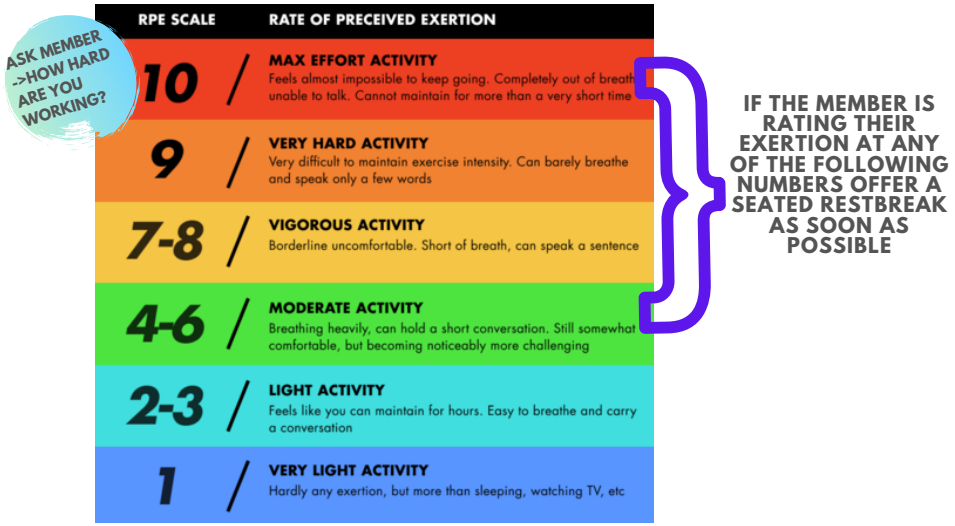
IF ANY OF THE ABOVE ARE NOTICED PLEASE REFER TO SCALE BELOW:

ASK MEMBER -> HOW HARD DO THEY THINK THEY ARE WORKING?

RPE SCALE	RATE OF PRECEIVED EXERTION
10	**MAX EFFORT ACTIVITY** Feels almost impossible to keep going. Completely out of breath, unable to talk. Cannot maintain for more than a very short time
9	**VERY HARD ACTIVITY** Very difficult to maintain exercise intensity. Can barely breathe and speak only a few words
7-8	**VIGOROUS ACTIVITY** Borderline uncomfortable. Short of breath, can speak a sentence
4-6	**MODERATE ACTIVITY** Breathing heavily, can hold a short conversation. Still somewhat comfortable, but becoming noticeably more challenging
2-3	**LIGHT ACTIVITY** Feels like you can maintain for hours. Easy to breathe and carry a conversation
1	**VERY LIGHT ACTIVITY** Hardly any exertion, but more than sleeping, watching TV, etc

IF THE MEMBER IS RATING THEIR EXERTION AT ANY OF THE FOLLOWING NUMBERS OFFER A SEATED RESTBREAK AS SOON AS POSSIBLE

IF ANY OF THE ABOVE ARE NOTICED PLEASE REFER TO SCALE BELOW:



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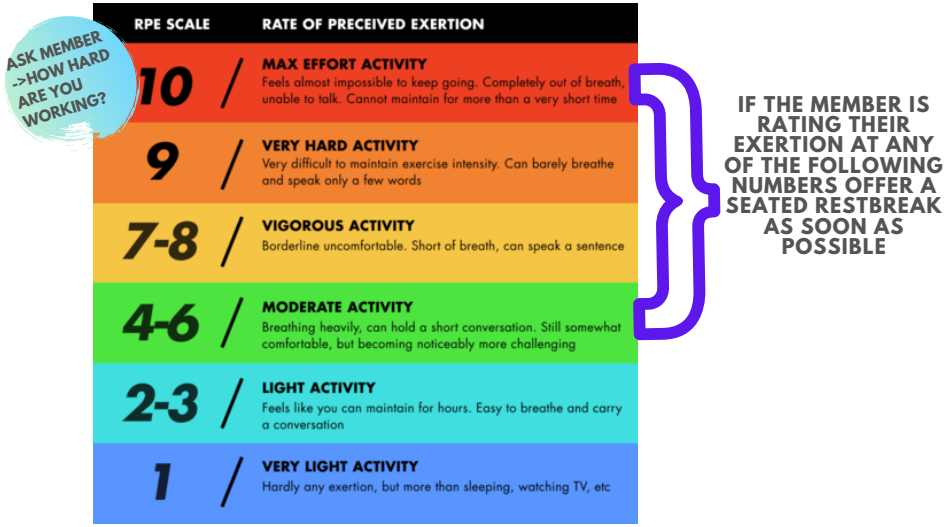

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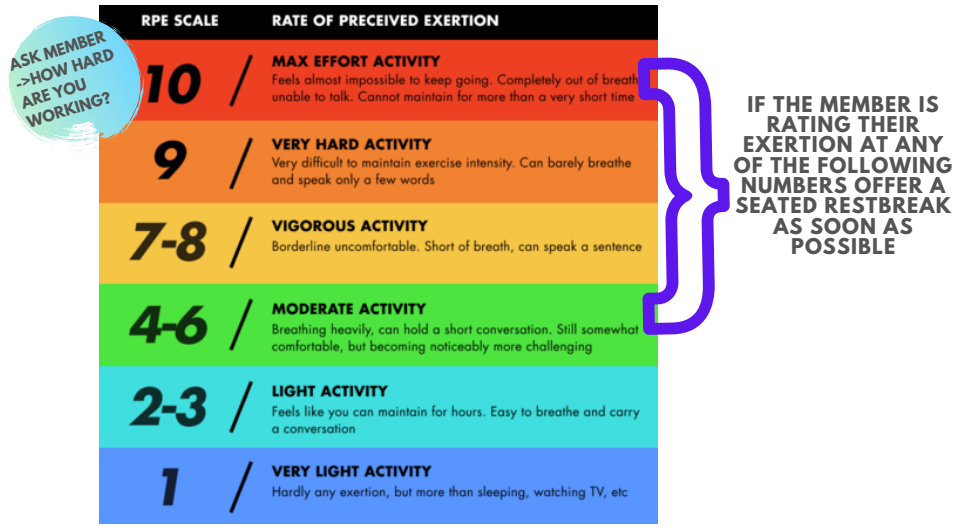

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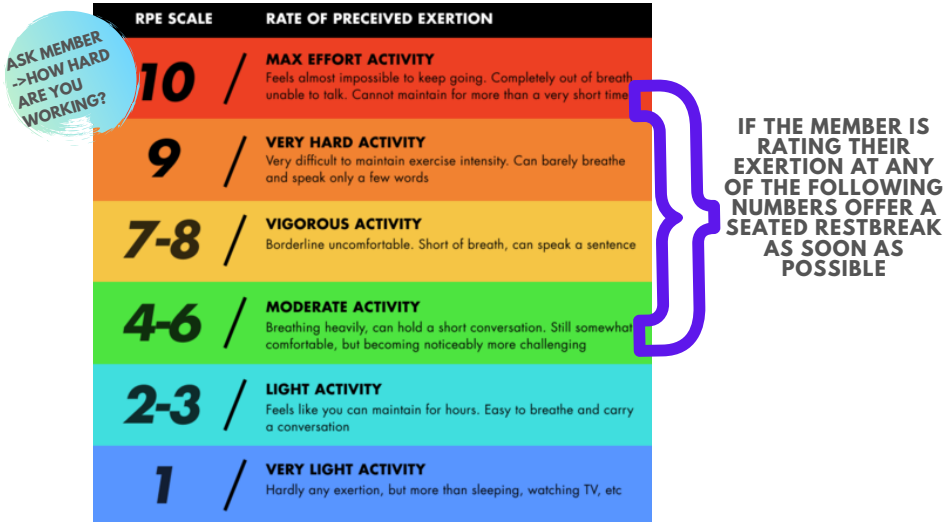

APPENDIX VI
Audits and Checklists

6.1 Influenza-Like Illness Management Checklist

6.2 PPE Competency Validation

6.3 Handwashing Competency

6.4 COVID-19 MVH Compliance Audit

Influenza-Like Illness Management Checklist

DATE/TIME	INITIALS	TASK DESCRIPTION
		1. *OUTBREAK DEFINED*: 2 or more residents from the same unit develop symptoms within 72 hours or 2 confirmed cases of a positive culture.
		2. *SIGNS & SYMPTOMS*: 2 or more of the following symptoms: fever (greater than 100.4) and/or either a cough, sore throat, runny nose, headache, or chills and stuffy nose.
		3. *INITIATE ISOLATION PRECAUTIONS:* See Precautions Policy & initiate droplet precautions and continue with standard precautions. Isolation of resident is maintained for 14 days after the onset of symptoms or until fever free for 24 hours-WHICHEVER IS LONGER.
		4. *NOTIFICATION OF OUTBREAK:* _____DON,____NHA, MD, ____DCO,_____Family/POA,_____Staff on duty, _____ Housekeeping/Laundry,_____Activities,_____Therapy
		5. *OBTAIN:* Appropriate cultures and send to lab. (As applicable)
		6. *STAFFING:* Keep the same staff assigned to the same residents and units, limit floating of staff to other areas of the building.
		7. *POST VISITOR NOTIFICATION:* Place signs at front entrance and on units with masks and hand sanitizer.
		8. INITIATE LINE LIST: One-line list for residents and one for staff, one for each unit.
		9. *EMPLOYEES WHO CALL IN ILL:* with temp over 100.4 with respiratory symptoms are to remain off work for 14 days.
		10. ONCE OUTBREAK IS DETERMINED: Notify the County Health Department & CDPH.
		11. CANCEL ALL EXTRACURRICULAR ACTIVITIES: Institute in-room dining and in-room therapy.
NHA Signature:		
DON or Infection Preventionist Signature:		

Updated: 3-6-20 RM

Personal Protective Equipment (PPE) Competency Validation

Donning and Doffing

Standard Precautions and Transmission Based Precautions

Type of validation: Return demonstration	☐ Orientation ☐ Annual ☐ Other

Employee Name:_____ Job Title: _____

Donning PPE	Competent	
	YES	NO
1. Perform Hand Hygiene		
2. **Don Gown:** Fully covering torso from neck to knees, arms to end of wrists		
3. Tie/fasten in back of neck and waist		
4. **Don Mask/Respirator:** Secure ties/elastic bands at middle of head & neck		
5. Fit flexible band to nose bridge		
6. Fit snug to face and below chin (Fit-check respirator if applicable)		
7. **Don Goggles or Face Shield:** Place over face and eyes; adjust to fit		
8. **Don Gloves:** Extend to cover wrist of gown		
Doffing PPE		
9. **Remove Gloves:** Grasp outside of glove with opposite gloved hand; peel off		
10. Hold removed glove in gloved hand		
11. Slide fingers of ungloved hand under remaining glove at wrist		
12. Peel glove off over first glove		
13. Discard gloves in waste container		
14. **Remove Goggles or Face Shield:** Handle by head band or earpieces		
15. Discard in designated receptacle if re-processed or in waste container		
16. **Remove Gown:** Unfasten ties/fastener		
17. Pull away from neck and shoulders, touching inside of gown only		
18. Turn gown inside out		
19. Fold or roll into bundle and discard		
20. **Remove Mask/Respirator** (respirator removed after exit room/closed door): Grasp bottom, then top ties or elastics and remove		
21. Discard in waste container		
22. Perform Hand Hygiene		

Standard Precautions & Transmission Based Precautions	Competent	
	YES	NO
23. Staff correctly identifies the appropriate PPE for the following scenarios:		
a. Standard Precautions (PPE to be worn based on anticipated level of exposure) *		
b. Contact/Contact Enteric Precautions (gown & gloves)		
c. Droplet Precautions (surgical mask)		
d. Airborne Precautions (fit-tested respirator if applicable)		

*NOTE: Examples include: mask for coughing/vomiting patient, goggles/face shield for irrigating draining wound, gown for dressing change if scrubs may touch patient, etc.

Comments or follow up actions:

_____ _____/_____

Employee Signature Validator Signature Date

Handwashing Competency

Employee Name:		**Date:**
Department:		**Date of Hire:**
Competency Steps	**Pass (Y/N)**	**Comments/Education Given**
Turns on faucet. Adjusts water until it feels warm. Removes jewelry or pushes up watch.		
Wets wrist and hands thoroughly under the running water.		
Keeps hands lower than elbows during the procedure.		
Applies soap to hands		
Rubs palms together and interlaces fingers to work up a good lather.		
Washes hands for at least 20 seconds.		
Cleans well between the fingers and nails.		
Rinses wrists and hands with warm water while holding arms down		
Dries wrists and hands with paper towels.		
Turns off faucet with new paper towel to avoid contamination of hands.		
Discards paper towel		
Employee has successfully demonstrated competency in **Hand Washing** and can independently perform the skill.		

DSD/Designee Signature:	**Date:**
Employee Signature:	**Date:**

COVID-19 MVH Compliance Audit **Date Completed:** _____
Completed by:_____

COVID-19 Screening

1. Is there a sign posted at the entrance indicating restriction of all visitors at this time and there is only one point of entry into the home?
   a. Yes No

2. Were you stopped, screened, temped and asked to wash your hands and sanitize upon entrance?
   a. Yes No

3. Were proper infection control techniques observed in the screening area (approved sanitizing wipes, proper use of thermometer, kill times observed, social distancing)?
   a. Yes No

4. Are staff being appropriately screened, temped and asked to wash hand upon entrance and prior to the start of their shift? (current department schedules available at screening station)
   a. Yes No

5. Are staff that are scheduled to work a double being screened prior to start of EACH shift?
   a. Yes No

6. Is there evidence of bi-weekly COVID education available for employees in the screening area?
   a. Yes No

7. Did you observe any non-essential visitors?
   a. Yes No

8. Did you observe handwashing being conducted AND PPE being used?
   a. Yes No

9. Speak with staff and ask if anyone is exhibiting s/s of respiratory infection (cough, shortness of breath, fever (100.4 or >), new or worsening cough or sore throat)? If staff indicates a member is exhibiting these symptoms, is affected member on precautions?
   a. Yes No

10. Are twice daily temps, spo2 and symptom checks being completed on all members?
   a. Yes No

11. For members experiencing COVID symptoms is there a documented consult, with the medical director, regarding cohorting member/appropriateness of room assignment?
   a. Yes No

12. Is staff being cohorted/consistently assigned to prevent potential spread of infection?
   a. Yes No

13. Members who leave the unit or home for medically necessary appointments are assisted with donning a surgical mask and are assisted with hand hygiene before and after leaving for appointment?
   a. Yes No

COVID-19 Supplies (complete weekly unless directed otherwise)

1. Supplies are in a secure, locked location.
   a. Yes No

2. Supplies levels are reported to the VP of Business Services weekly on Monday?

a. Yes No

Gowns (# of cases and how many in each case)	**Surgical Masks** (# of cases and how many in each case)	**N-95 Masks** (# only)	**Face Shield** (# only)	**Eye Protection** (# only)	**Gloves** (# of cases by size)	**Shoe Covers** (# of cases and how many in each case)	**Hand Sanitizer** (# of cases and how many in each case)	**Hand Soap** (# of cases and how many in each case)
____#of cases ____#per case	____#of cases ____#per case				____Small ____ Med. ____ Large ____X-Large	____#of cases ____#per case	____#of cases ____#per case	____#of cases ____#per case

COVID-19 Recreational Activities

1. All group activities have been suspended.

a. Yes No

2. Virtual visits are being offered and supported for members and families who choose to participate.

a. Yes No

COVID-19 Locked Units

1. All group activities have been suspended.

a. Yes No

2. Is social distancing is observed (to the extent possible without causing distress or behaviors) with members who have cognition impairments?

a. Yes No

COVID-19 Dietary / Nutritional Services

1. Are meals provided in rooms to all members that are deemed "safe" (i.e. not at risk of aspiration)

a. Yes No

2. Are members identified as "at risk" of aspiration or that require supervision fed in small groups in the dining area (max of 2/table grouped as roommates and/or those with social relationships) with table spaced at least 6 feet apart, 1 member/table?

a. Yes No

3. Observe staff assisting more than one member with meal service; was hand hygiene performed each *time* when switching assistance?

a. Yes No

4. Are staff donning eye protection and gloves when feeding members at risk for aspiration that have a high potential of coughing during meals?

a. Yes No

5. For staff assisting more than one member, hand hygiene was performed *each time* when switching assistance.

a. Yes No

6. There is signage on dining room doors that indicate that the dining room is closed.

a. Yes No

APPENDIX VII
Vendor COVID Plans

7.1 Career Staff Unlimited

7.2 Compass Group USA

7.3 Hi-Tech Building Services

7.4 Morrison Living

7.5 Superior Rehabilitation & Professional Services

7.6 TMI, Inc.

Coronavirus Guidelines – External Staff

The Coronovirus (COVID-19) is becoming more prevalent, and we wanted to send guidelines on how to handle this to the best of our ability. Please reach out to your local office with any questions or specific situations. Additionally, Genesis has created an email box that you can utilize: coronavirus@genesishcc.com.

At this time, the risk for the public is still considered low, but we are starting to see person-to-person and community spread in select areas. The CDC guidelines are being closely monitored and necessary updates will be sent accordingly. A number of questions have come in regarding employee travel and our sick policy. Please find the general guidelines at this time:

1. Employees MUST stay home if they are sick! Symptoms to watch for are fever (100.4° F [37.8° C] or greater using an oral thermometer), cough, sneezing and shortness of breath. Employees will not be penalized for staying home, but will need to use their benefit time.
2. We are suspending the requirement for a physician's note to return to work after an illness, as well as a physician's note for absences greater than 3 days.
3. Employees with any personal or company travel must email coronavirus@genesishcc.com and their local office before returning to work so we can assess whether the 14-day quarantine is required.
4. For members of an employee's household returning from an outbreak county, while the asymptomatic household member may be quarantined for 14 days, the employee is not considered infectious by the CDC and is still required to come to work.
5. Parents with childcare issues related to the Coronavirus (i.e closed schools or day care) must exhaust all possibilities for finding childcare. The employee is still expected to come to work.
6. Masks are not recommended for the general public.

If you receive a call from an employee, client or public health official regards a confirmed or suspected case of COVID-19, please contact your local office immediately to ensure the necessary steps on taken on behalf of CareerStaff Unlimited.

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CLIENT UPDATE ON COVID-19

Last updated: March 3, 2020

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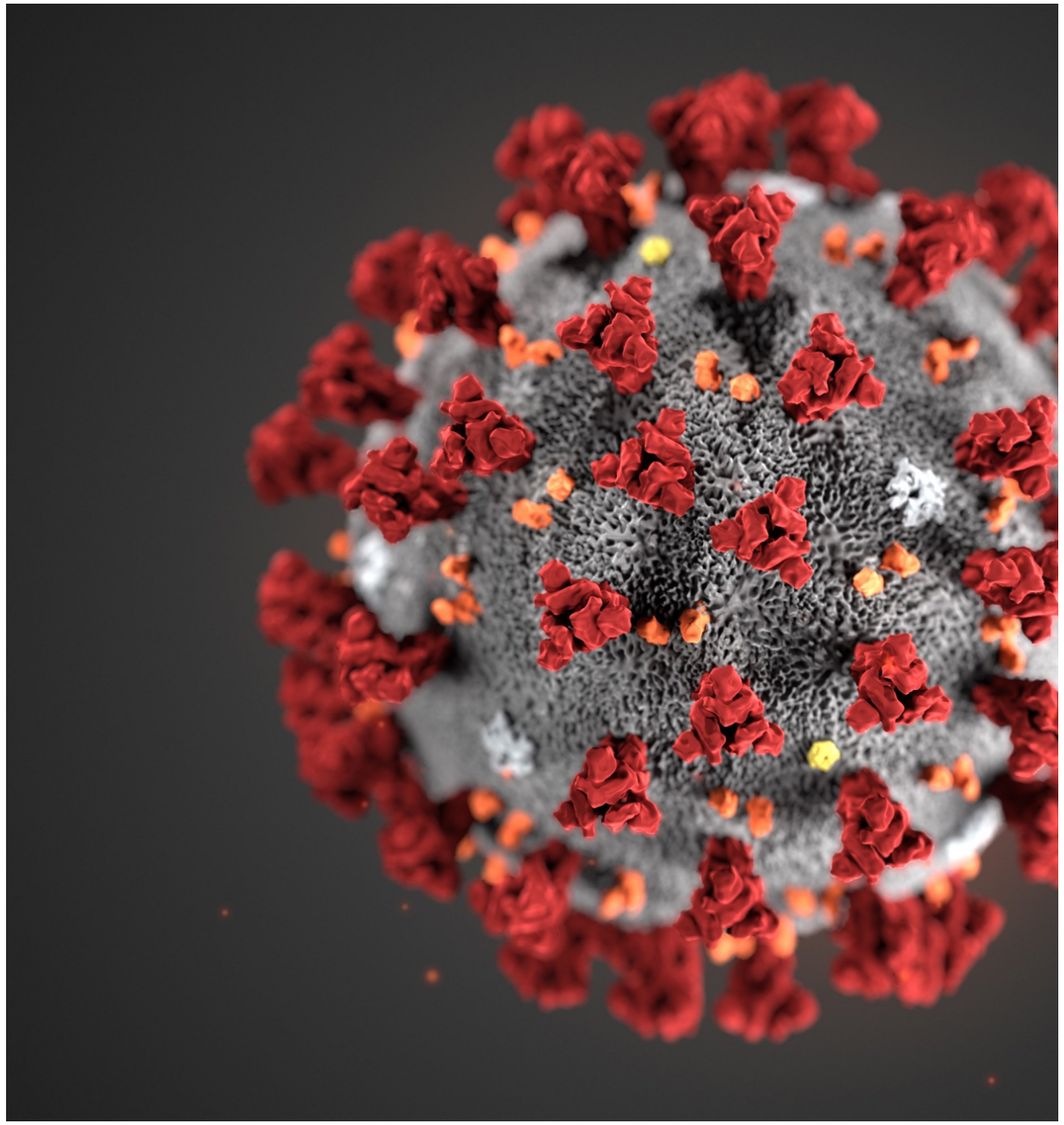


INTRODUCTION

As the outbreak of Coronavirus (COVID-19) continues to evolve, please be assured that the health, safety and well-being of our associates, clients and consumers remains our highest priority. Our goal is to do everything we can to support you during this time.

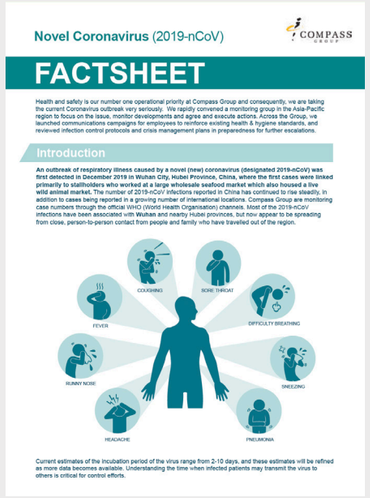
OUR APPROACH

In an effort to stay ahead of this dynamic situation, we established a Coronavirus Response Team comprised of senior leadership representing Food Safety/Quality Assurance, Workplace Safety, Human Resources, Supply Chain, Legal and Communications that continues to closely monitor developments and follow guidance from the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO) and other health authorities.

For the past five weeks, we have been providing our operators across the country with weekly updates on prevention, our preparedness efforts and information from the CDC and WHO. This includes information that reinforces our stringent health and hygiene standards.

In addition, we have updated our comprehensive Pandemic Management Policy that has been successfully used in previous health threat situations to ensure we are prepared to effectively manage the potential escalation of COVID-19.

This document outlines how we are approaching the outbreak of Coronavirus (COVID-19) at Compass Group USA and the measures we are putting in place across our organization.



HEALTH AND SAFETY

At Compass Group, health and safety is of paramount importance. We have a comprehensive Pandemic Management Policy in place to ensure we effectively manage the outbreaks of illnesses such as COVID-19 and we continue to closely monitor guidance provided by the CDC, WHO and other health authorities.

We have put in place a variety of best practice measures, including:

- Advising all operational leaders to be alert to signs of illness within their teams and reinforce “if you are ill, stay at home” message
- Updating on-site signage with hygiene posters and handwashing policies
- Retraining teams to refresh knowledge and practices on hand washing and hygiene etiquette, especially in esponse to coughing and sneezing
- Reinforcing cleaning, sanitizing and disinfecting protocols at all sites
- Ensuring adequate supplies of hand sanitizers and disinfectants
- Reinforcing Food Safety Management System/HACCP standards for food preparation and service

In line with the above, our unit colleagues have been reminded of our stringent health and hygiene protocols through a series of internal communications (examples of our materials can be seen here).

PROTECTING OUR PEOPLE

Communication

We rely on our outstanding associates to deliver world-class food and service every day, so ensuring their safety and well-being is naturally important to us. All of our guidance is aligned with the information provided by the CDC, WHO and other health authorities.

We have built a dedicated internal website that serves as a central resource to provide our teams with the latest information on COVID-19. This features our updated policies and a variety of relevant resources. A COVID-19 specific email inbox has also been created for our operators to direct questions. This is monitored by our Coronavirus Response Team and allows us to not only continue to build a FAQ resource, but to immediately escalate any issues that may arise.

OUR TRAVEL POLICY

As a precautionary measure, we have updated our current international travel policy.

Business Travel
We have decided to stop all non-essential business travel abroad within Asia-Pacific, Continental Europe, the UK and Ireland for four weeks.
We are closely monitoring the CDC and WHO recommendations and will communicate any further travel restrictions accordingly.

Personal Travel
Associates who voluntarily travel to any restricted geographies may be required to stay away from work for a period specified by the government, the Company or as requested by the client. Compass Group USA has a specific COVID-19 HR Policy in place to help all associates.

PROCUREMENT

Foodbuy, our group purchasing organization and a subsidiary of Compass Group, is the division devoted to managing our supply chain partnerships and all procurement. We are working collaboratively to stay ahead of any potential supply chain disruptions posed by the spread of Coronavirus (COVID-19).

To date, Foodbuy has not experienced any disruption to our business or supply chain due to COVID-19. This includes any internationally sourced products. They are also in close contact with supplier and distributor partners to understand all potential impacts of COVID-19, both domestically and globally.

It is important to keep in mind that the vast majority of the items sourced are of domestic origin and the manufacturers of those items do not foresee any immediate supply chain disruption. For items that have supply chains tied to areas currently affected by the spread of the virus, Foodbuy has plans in place to offer alternative sources of products in the event any supply disruptions develop.

Foodbuy

SUPPORTING YOU AND YOUR OPERATIONS

As a large organization with a comprehensive Pandemic Management Policy in place, we are committed to supporting our clients and their operations.

While we are working to mitigate any service disruptions, it is also important to us to closely collaborate with our clients and coordinate actions. This includes ensuring we have a clear understanding of your existing plans or policies and discussing our approach to minimize risks to employees and consumers.

This includes our approach for:

- Hand Hygiene Policies and Procedures
- Pandemic Awareness Training
- Cleaning, Sanitizing and Disinfection Policies and Procedures

We recognize this situation is evolving constantly and we value the opportunity to continue working in partnership during this uncertain time.

GOVERNANCE

Our Coronavirus Response Team will continue to review the situation on a daily basis and share updates and best practices.

As a large organization with a robust pandemic policy in place and a team actively assessing and addressing the situation, we are confident in our ability to continue to support our clients and their operations while keeping everyone safe.

For further information on COVID-19, please see the WHO website:
https://www.who.int/emergencies/diseases/novel-coronavirus-2019

The CDC has also issued "Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19), February 2020" which can be found here:
https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-business-response.html

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PANDEMIC MANAGEMENT POLICY

(For Internal Use ONLY)

~Confidential and Proprietary~

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SECTION 1: POLICY OVERVIEW

The purpose of this policy is to minimize the risk of infection and business disruption during a pandemic. The plan details four specific threat levels phases, as defined by the Centers for Disease Control and Prevention (CDC), and includes operational guidelines that should be followed for each phase.

Planning for a pandemic differs from other crisis plans for several reasons, including the following:

- Significant numbers of our staff or our client's staff may not be able to come to work due to illness
- Large areas or complete regions, not just one location, could be affected
- Government could dictate what essential services are allowed to be performed
- The mobility of modern-day populations means a pandemic spreads much faster than in prior decades

Planning for a pandemic is the responsibility of many parties, including the CDC, World Health Organization (WHO), national governments, local authorities, private entities, and the public. Communication and cooperation between all of these parties will be a necessity during a pandemic.

Compass Group will continue to monitor pandemic planning best practices and will adapt this policy accordingly. The guidelines laid out in this policy will prepare Compass Group, as well as customers, clients, and other stakeholders, to deal swiftly and effectively with the threat or emergence of a pandemic.

Compass Group is available to answer any questions that you may have about this policy. Your point of contact is CoronavirusCommunications@compass-usa.com. There are several documents and training opportunities referenced in the body of this policy, all of which are provided with applicable links on the last page of the plan.

SECTION 2: FOUR THREAT LEVEL PHASES

This management action policy lays out how to prepare for, respond to, and mitigate the impact of a pandemic infection. The response is divided into 4 phases based on the CDC's *Pandemic Severity Index (PSI)*.*

Each phase includes steps to follow in the event of a pandemic, as well as the party responsible for overseeing/implementing the associated guidelines.

The four phases are:

- **Phase 1 – Pre-Pandemic Preparedness Phase**
  - This pre-pandemic phase, meaning no threats have been detected, incorporates every day best practices that should be implemented/followed if they are not already. These policies and training guidelines should be reviewed on a regular basis.
- **Phase 2 - Response Phase (Low-Severity Pandemic (CDC Category 1))**
  - This initial threat detection phase includes more robust guidelines for every day operational activities, as well as enhanced pandemic-specific training, but does not include restrictions on service style.
- **Phase 3 - Mitigation Phase (CDC Category 2-3)**
  - This phase includes recommendations for modifications to service style, possible exclusion of employees with ill family members, and decreasing social interactions whenever possible.
- **Special Phase 3A**
  - This phase is utilized only for isolated mitigation due to ongoing person-to-person transmission of a known outbreak that has directly impacted a Compass Group corporate location and/or a Compass Group client location and when current control measures are deemed insufficient.
  - The recommendation is to return to Phase 2 following 14 days with no additional confirmed or suspected cases.
  - The phase includes the same recommendations/guidelines as laid out in Phase 3.
- **Phase 4 - Mitigation Phase (CDC Category 4-5)**
  - This phase includes mandatory reduction of social interactions and activation of emergency menus/meal service and calls for a significant modification of daily operations.

* The *Pandemic Severity Index, or "PSI*" was developed by the CDC as a pandemic influenza planning tool for use by states, communities, businesses and schools, in an effort to drive more specific community level prevention measures. The PSI ranges from 1 to 5, with Category 1 pandemics being most mild (equivalent to seasonal flu) and level 5 being reserved for the most severe "worst-case" scenario pandemics (such as the 1918 Spanish flu).

SECTION 3: GUIDELINES FOR THREAT LEVEL PHASES

Phase 1 – PRE-PANDEMIC PREPAREDNESS		
Ref	Details	Responsible
Q.1.1	**Associate Health Policies and Procedures** ▪ Review locally applicable associate health policies and verify compliance with standard operating procedures. ▪ Associates should report symptoms, exposures, and other health information associated with any illness, including but not limited to foodborne illnesses communicable diseases, influenza, known viruses and the like. ▪ HR policies provided on the references page of this policy may apply to associates who present a risk of transmitting any such illnesses.	UNIT MANAGER
Q.1.2	**Hand Hygiene Policies and Procedures** ▪ Verify compliance with hand hygiene policies and standard operating procedures, including handwashing and single-use glove program. ▪ Verify all handwashing facilities are adequate and compliant, including hot and cold water, dispensed antibacterial soap, and paper towels.	UNIT MANAGER
Q.1.3	**Workplace Illness Prevention Training** ▪ Verify compliance with preventing the spread of illness at work, including associate exclusion, handwashing, and cough etiquette.	UNIT MANAGER
Q.1.4	**Pandemic Awareness** ▪ Pandemic-specific awareness information available to associates across all markets, in all settings, and at all levels of the organization.	UNIT MANAGER
Q.1.5	**Cleaning and Sanitizing Policies and Procedures** ▪ Verify compliance with all cleaning and sanitizing policies and standard operating procedures, including dish machine operation, pot washing procedures, in-place cleaning and sanitizing procedures, and proper storage of smallwares.	UNIT MANAGER
Q.1.6	**Disinfection Procedures** ▪ Disinfection typically associated with outbreaks* in client settings and cases of communicable diseases, as directed by Health & Safety or Quality Assurance Departments. ** Norovirus outbreaks, for example, in which case high-hand-touch and other surfaces are subject to extreme disinfection.*	UNIT MANAGER
Q.1.7	**Emergency Supplies** ▪ Procure a 7-day inventory of emergency supplies such as approved hand sanitizer and disinfectant for preparedness purposes.	UNIT MANAGER

Q.1.8	**Social Distancing** ▪ No proximity-reduction measures.	UNIT MANAGER
Q.1.9	**Service Style** ▪ No restrictions to eliminate high-hand-touch surfaces and exposed foods (i.e., guest self-service) for infection control typically associated with outbreaks* in client settings, as directed by the Quality Assurance Department. ** Norovirus outbreaks, for example.* ▪ Emergency menus developed to support service-style restrictions necessary for infection control and social distancing, as recommended by CDC; also to support increased absenteeism, changes in patterns of commerce, and interrupted supply/delivery.	UNIT MANAGER
Q.1.10	**Client Collaboration** ▪ Meet with client(s) to present Compass Group's pandemic plan and review client(s) pandemic plan and associated expectations. Partner with client(s) to coordinate actions.	UNIT MANAGER

Phase 2 – LOW-SEVERITY PANDEMIC – CDC Pandemic Severity Index Category 1		
Ref	Details	Responsible
Q.2.1	**Associate Health Policies and Procedures** ▪ Follow CDC recommendations for exclusion of ill associates, as well as associates with ill household members.	UNIT MANAGER
Q.2.2	**Hand Hygiene Policies and Procedures** ▪ Provide approved hand sanitizer to be used by associates who are unable to wash their hands often with soap and water because of their job duties, remote work station, and/or ongoing contact with guest high-hand-touch surfaces (i.e. cashier, cart/kiosk attendant, reception area associate, etc.).	UNIT MANAGER
Q.2.3	**Pandemic Awareness** ▪ Pandemic-specific awareness information available to associates across all markets, in all settings, and at all levels of the organization.	UNIT MANAGER
Q.2.4	**Disinfection Policies and Procedures** ▪ Disinfect frequently-touched/high-hand-touch surfaces, including back-of-house, front-of-house, service/dining areas; and work surfaces, telephones, computer equipment, and other office equipment and high-hand-touch surfaces.	UNIT MANAGER
Q.2.5	**Emergency Supplies** ▪ A 7-day inventory of emergency supplies – approved hand sanitizer and disinfectant – remains stocked for pandemic response and mitigation usage.	UNIT MANAGER
Q.2.6	**Social Distancing** ▪ Follow CDC recommendations regarding proximity-reduction measures.	UNIT MANAGER
Q.2.7	**Service Style** ▪ No restrictions to eliminate high-hand-touch surfaces and exposed foods (i.e., guest self-service) for infection control. ▪ No restrictions to reduce proximity (social distancing), per CDC recommendations.	UNIT MANAGER
Q.2.8	**Client Collaboration** ▪ Recommend client provision of hand sanitizer at all café entries or otherwise in all food service areas for use by guests as an infection control measure.	UNIT MANAGER

Phase 3 – MEDIUM-SEVERITY PANDEMIC – CDC Pandemic Severity Index Category 2 and 3		
Ref	Details	Responsible
Q.3.1	**Associate Health Policies and Procedures** ▪ Follow CDC recommendations for exclusion of ill associates, as well as associates with ill household members.	UNIT MANAGER
Q.3.2	**Hand Hygiene Policies and Procedures** ▪ Provide approved hand sanitizer to be used by associates who are unable to wash their hands often with soap and water because of their job duties, remote work station, and/or ongoing contact with guest high-hand-touch surfaces (i.e. cashier, cart/kiosk attendant, reception area associate, etc.).	UNIT MANAGER
Q.3.3	**Pandemic Awareness** ▪ Pandemic-specific awareness information available to associates across all markets, in all settings, and at all levels of the organization.	UNIT MANAGER
Q.3.4	**Disinfection Policies and Procedures** ▪ Disinfect frequently-touched/high-hand-touch surfaces, including back-of-house, front-of-house, service/dining areas; and work surfaces, telephones, computer equipment, and other office equipment and high-hand-touch surfaces.	UNIT MANAGER
Q.3.5	**Emergency Supplies** ▪ Ensure an ongoing 7-day inventory of emergency supplies – approved hand sanitizer and disinfectant – remains stocked, based on mitigation usage.	UNIT MANAGER

Q.3.6	**Social Distancing**
	▪ Consider proximity-reduction measures, per CDC recommendations:
	  ▪ Decrease number of social contacts (teleconferences, alternatives to face-to-face meetings, etc.)
	  ▪ Increase distance between persons (reduce density in workplace, etc.)
	  ▪ Modify, postpone, or cancel gatherings to promote social distance
	  ▪ Modify workplace schedules and practices (telecommute, staggered shifts, etc.)
		UNIT MANAGER

Q.3.7	**Service Style** ▪ Limit service for infection control; eliminate high-hand-touch surfaces and exposed foods (i.e. guest self-service) ▪ Consider service restrictions to reduce proximity (social distancing), per CDC recommendations (i.e. close dining area, stagger client employee meal breaks, etc.)	UNIT MANAGER
Q.3.8	**Client Collaboration** ▪ Recommend client provision of hand sanitizer at all café entries or otherwise in all food service areas for use by guests as an infection control measure. Follow client plan/policies if more stringent.	UNIT MANAGER

SPECIAL PHASE 3A

ONLY FOR ISOLATED MITIGATION DUE TO ONGOING PERSON-TO-PERSON TRANSMISSION OF A KNOWN OUTBREAK IN AN OPERATION, CLIENT POPULATION, OR COMPASS GROUP OFFICE WHEN CURRENT CONTROL MEASURES ARE DEEMED INSUFFICIENT

~ Return to Phase 2 following 14 days with no additional confirmed or suspect cases

Ref	Details	Responsible
Q.3A.1	**Associate Health Policies and Procedures** ▪ Follow CDC recommendations for exclusion of ill associates, as well as associates with ill household members.	UNIT MANAGER
Q.3A.2	**Hand Hygiene Policies and Procedures** ▪ Provide approved hand sanitizer to be used by associates who are unable to wash their hands often with soap and water because of their job duties, remote work station, and/or ongoing contact with guest high-hand-touch surfaces (i.e. cashier, cart/kiosk attendant, reception area associate, etc.).	UNIT MANAGER
Q.3A.3	**Pandemic Awareness** ▪ Pandemic-specific awareness information available to associates across all markets, in all settings, and at all levels of the organization.	UNIT MANAGER
Q.3A.4	**Disinfection Policies and Procedures** ▪ Disinfect frequently-touched/high-hand-touch surfaces, including back-of-house, front-of-house, service/dining areas; and work surfaces, telephones, computer equipment, and other office equipment and high-hand-touch surfaces.	UNIT MANAGER
Q.3A.5	**Emergency Supplies** ▪ Ensure an ongoing 7-day inventory of emergency supplies – approved hand sanitizer and disinfectant – remains stocked, based on mitigation usage.	UNIT MANAGER

Q.3A.6	**Social Distancing**
	▪ Consider proximity-reduction measures, per CDC recommendations, i.e. –
	  ▪ Decrease number of social contacts (teleconferences, alternatives to face-to-face meetings, etc.)
	  ▪ Increase distance between persons (reduce density in workplace, etc.)
	  ▪ Modify, postpone, or cancel gatherings to promote social distance
	  ▪ Modify workplace schedules and practices (telecommute, staggered shifts, etc.)
		UNIT MANAGER

Q.3A.7	**Service Style** ▪ Limit service for infection control; eliminate high-hand-touch surfaces and exposed foods (i.e. guest self-service) ▪ Consider service restrictions to reduce proximity (social distancing), per CDC recommendations, i.e. close dining area, stagger client employee meal breaks, etc.	UNIT MANAGER
Q.3A.8	**Client Collaboration** ▪ Recommend client provision of hand sanitizer at all café entries or otherwise in all food service areas for use by guests as an infection control measure. Follow client plan/policies if more stringent.	UNIT MANAGER

Phase 4 – HIGH-SEVERITY PANDEMIC – CDC Pandemic Severity Index Category 4 and 5		
Ref	Details	Responsible
Q.4.1	**Associate Health Policies and Procedures** ▪ Follow CDC recommendations for exclusion of ill associates, as well as associates with ill household members.	UNIT MANAGER
Q.4.2	**Hand Hygiene Policies and Procedures** ▪ Provide approved hand sanitizer to be used by associates who are unable to wash their hands often with soap and water because of their job duties, remote work station, and/or ongoing contact with guest high-hand-touch surfaces (i.e. cashier, cart/kiosk attendant, reception area associate, etc.).	UNIT MANAGER
Q.4.3	**Pandemic Awareness** ▪ Pandemic-specific awareness information available to associates across all markets, in all settings, and at all levels of the organization.	UNIT MANAGER
Q.4.4	**Disinfection Policies and Procedures** ▪ Disinfect frequently-touched/high-hand-touch surfaces, including back-of-house, front-of-house, service/dining areas; and work surfaces, telephones, computer equipment, and other office equipment and high-hand-touch surfaces.	UNIT MANAGER
Q.4.4	**Emergency Supplies** ▪ Ensure an ongoing 7-day inventory of emergency supplies – approved hand sanitizer and disinfectant – remains stocked, based on mitigation usage.	UNIT MANAGER

Q.4.5	**Social Distancing**
	▪ Require proximity-reduction measures, per CDC recommendations, i.e. –
	  ▪ Decrease number of social contacts (teleconferences, alternatives to face-to-face meetings, etc.)
	  ▪ Increase distance between persons (reduce density in workplace, etc.)
	  ▪ Modify, postpone, or cancel gatherings to promote social distance
	  ▪ Modify workplace schedules and practices (telecommute, staggered shifts, etc.)
		UNIT MANAGER

Q.4.6	**Service Style** ▪ Activate emergency menus/emergency meal service for extreme infection control and to reduce proximity (social distancing), per CDC recommendations, i.e. close café to guest traffic, dispense bag/box meals, etc.	UNIT MANAGER

Q.4.7	**<u>Client Collaboration</u>** ▪ <u>Recommend</u> client provision of effective hand sanitizer at any food/beverage areas remaining active for use by guests as an infection control measure. Follow client plan/policies if more stringent.	UNIT MANAGER

SECTION 4: COMMUNICATIONS

Key Considerations

If your facility, an employee, a customer or a client is impacted or appears to have been impacted by the Coronavirus/Covid-19, notify Compass Group immediately at CoronavirusCommunications@compass-usa.com.

No Compass Group employee should speak to media, government agencies, or other stakeholders about issues related to a pandemic without Compass Group authorization.

Any communications with stakeholders should be approved in advance by the sector's communications and legal representatives.

Communications Imperatives

- Demonstrate transparency, compassion and commitment to the safety of all stakeholders.
- Seek to address any concerns and questions.
- Ensure consistency of messages across all stakeholders.
- Ensure appropriate coordination with CDC and other involved government officials.
- Avoid speculation or commenting on issues that are beyond Compass Group's responsibilities.

SECTION 5: REFERENCE RESOURCES

- ***1.1 - Applicable HR Policies***
  - *COVID-19 HR Policy - https://mycompass2.compass-usa.com/coronavirus/Documents/COVID-19%20HR%20Policy.pdf*
  - *COVID-19 HR FAQ - https://mycompass2.compass-usa.com/coronavirus/Documents/HR%20FAQs_CoronaVirus%20Update%20US.pdf*

- ***1.2 & 1.3 - Hygiene & Workplace Etiquette (illness prevention) Procedures:***
  - *Hand Washing policy (from QA Standards) – Standard 6.9 Hands and Arms – https://mycompass2.compass-usa.com/corp-services/safety/food/Documents/6.9%20Hands%20and%20Arms.pdf?d=w4367d9dca4a34137aa4e5cd3fe6c9d7f*
  - *Cough Etiquette (downloadable poster) - https://mycompass2.compass-usa.com/corp-services/safety/food/_layouts/15/WopiFrame.aspx?sourcedoc={6A9A2EF0-7030-496A-9C5E-68737F38F329}&file=Cough%20Etiquette%20Poster%20PROFESSIONAL%20FINAL.pdf&action=default*
  - *How to Use Hand Sanitizer – https://mycompass2.compass-usa.com/corp-services/safety/food/_layouts/15/WopiFrame.aspx?sourcedoc={1CA0996C-5FA9-4F58-B082-82A2E899B192}&file=Hand%20Sanitizer.docx&action=default*
  - *CDC Posters & Handouts specific to COVID-19 - https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html*
  - *WHO How to Hand Wash Poster - https://www.who.int/gpsc/5may/How_To_HandWash_Poster.pdf?ua=1*

- ***1.4 – Pandemic Awareness***
  - *Education for Pandemic – Outline - https://mycompassdocuments.compass-usa.com/_layouts/15/DocIdRedir.aspx?ID=WNQ5PVUCSJJV-1-78204*

- ***1.5 & 1.6 – Cleaning and Sanitizing Policies and Procedures***
  - How to Disinfect Surfaces in Food Service - https://mycompass2.compass-usa.com/corp-services/safety/food/Documents/How%20to%20Disinfect%20Surfaces.docx?d=w13217835117c4933926885d296b556eb
  - How to Identify Highly Touched Surfaces and Disinfection Frequency - https://mycompass2.compass-usa.com/corp-services/safety/food/_layouts/15/WopiFrame.aspx?sourcedoc={2480B5B3-C71D-407E-B4D1-FF5EC3E73CDA}&file=Highly%20Touched%20Surface%20Disinfection.docx&action=default

Hi-Tec Building Services will continue to create a safe and healthy workspace for the residents and staff at the Grand Rapids Home for Veterans. The following procedures comply with *Fed OSHA* and are steps recommended by the *World Health Organization* based on their understanding of COVID-19 (Corona Virus).

1) **Communication channel desired in an urgent situation**?
   Manager / **Mark Barr** 616-291-7952
   General Business Manager **/ Holly Andrews** 269-217-7035
   President/ **Brian Hogan** 616-437-3234

2) **"Chain of communication" for very timely response**.
   Same as above

3) **Required cleaning/spraying/disinfecting.**
   We will continue to use the appropriate disinfectant solution approved by your facility on all high touch surfaces to minimize the possible spread of bacteria. All of the disinfectants used by Hi-Tec are EPA approved to kill COVID-19. We will ensure to use the proper dwell time for each of the different solutions. At this time Hi-Tec is being pro-active to take the steps for approval of a hydro static sprayer for surfaces throughout the home.

4) **Training that Hi-Tec staff requires**.
   Every employee has been properly trained during his or her onboarding process. This is accomplished through training on the specific product application method and the cleanup procedures required. Hi-Tec uses both video and hands on training. Employees are also trained to properly wash hands and disinfect after cleaning.

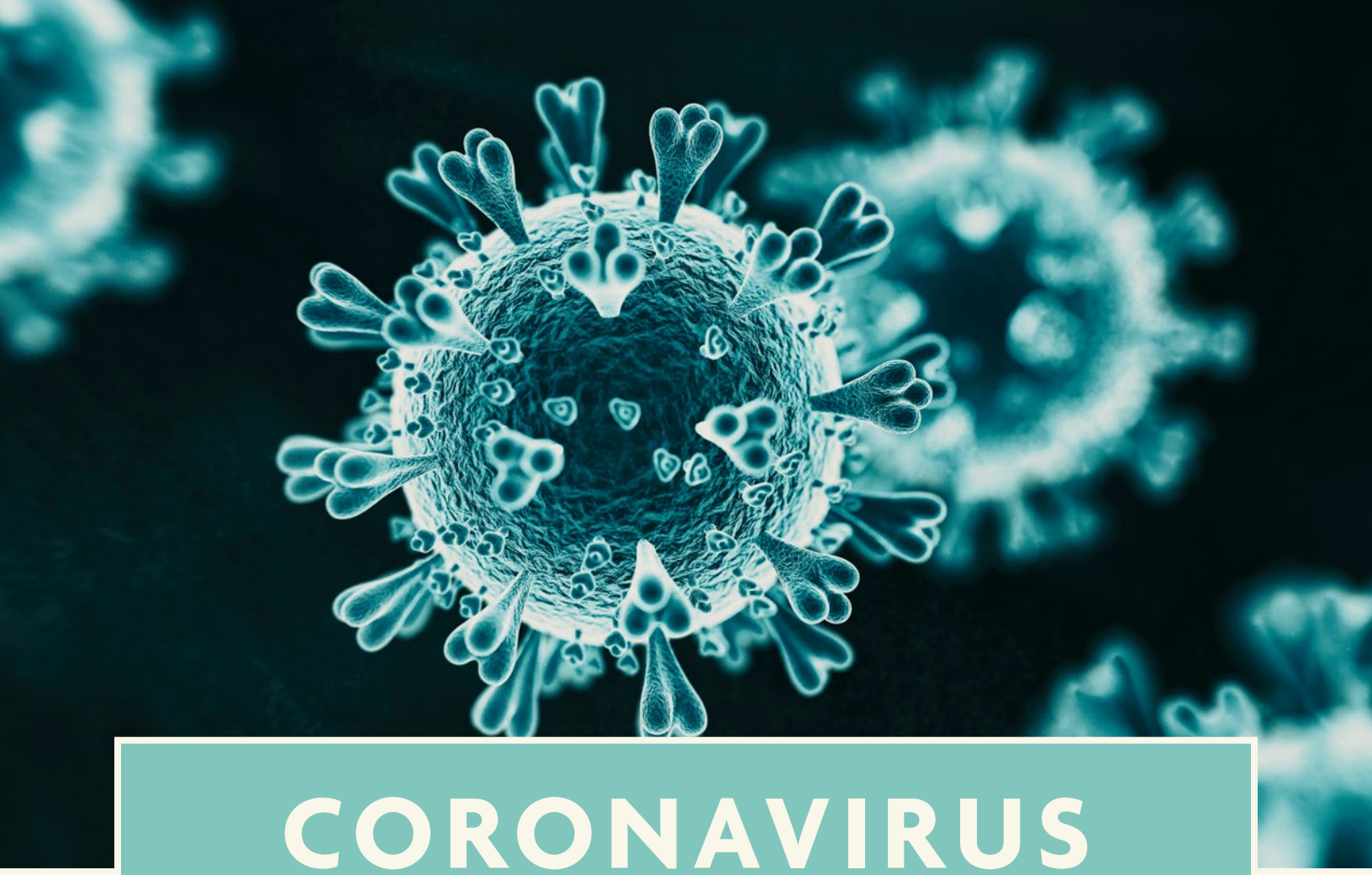
5) **Protective equipment Hi-Tec staff will have access to. Disposal**.
   PPE includes but is not limited to Disposable gloves, Eye protection, Disposable aprons, and Disposable foot coverings if situation requires it.

6) **Provision ensuring no sick employees work in facility**.
   Sick employees have been reminded on a regular to give at least 2 hours' notice if they are ill and understand to contact their Manager immediately to avoid working in the Grand Rapids Home for Veterans.

7) Back up staff for contingency plan?

Hi-Tec has subs on site daily to replace missing staff when necessary. Hi-Tec also has area subs at the manager's disposal if the need arises and that are fully trained on the procedures referenced above.

Hi-Tec is able to utilize local staffing agencies as a resource for further coverage if the situation requires it. These team members will also complete the training procedures referenced above.



CORONAVIRUS
RESOURCE GUIDE

IMPORTANT CONTACTS:

- **Media Inquiries or Client Communications:**
  CoronavirusCommunications@compass-usa.com
- **Employee Assistance:**
  Health Advocate Employee Assistance Website
- **HR Questions:**
  HRSC: 877-311-4747 (HRHR)
  HRSC@compass-usa.com
- **Supply Chain/Procurement:**
  Foodbuy/BuySmart: 877-499-3663
  BuySmart@compass-usa.com
- **TELADOC:** 1-800-835-2362
- **Packaged and Prepared Foods:**
  compassprovisions@compass-usa.com
- **Morrison Crisis Hotline:** 1-844-409-4333

Morrison
LIVING

Reporting Potential & Confirmed Cases

1. Every Morrison Living location should take a baseline **Business Impact Survey**
2. To report a case, complete the **ML COVID-19 Survey** and contact your RDO
3. If associate-related, review this **Decision Tree**
4. If anything in your business has changed with staffing or service, please retake the **Business Impact Survey**
5. If associate-related, reach out to Gallagher Bassett **here**.
6. If this is an emergency and you need immediate assistance, call the **Morrison Crisis Hotline at 1-844-409-4333**

Need Additional Staff?

On MyStaff? Now you can use this feature to recruit additional employees when short-staffed, prepping for an event, or any scenario where you typically use temporary staffing. Cut the cost and time associated with bringing on temporary hourly associates with the Labor Pool!

Have associates on client payroll but need hourly support? You've been added to the MyStaff solution and can learn more about utilizing the tool on MyLMS.

- **MyStaff Mobility Associate Guide**
- **MyStaff Mobility Training**
- **MyStaff Associate Flyer**
- **TalentShare - Compass Group Careers**

OPERATIONAL RESOURCES

Policies

- Compass Pandemic Policy
- Emergency Preparedness Policy

Supply Chain

- New Distribution Schedule
- Sanitizer & Disinfectant Auto-ship & Training
- COVID-19 Supply Chain FAQs
- Emergency Water Guidelines
- Disposable Trays and Dinex Disposables
- Daily Foodbuy Bulletin
- Complete MOG File with Easy Search

Communications

- Modified Dining Service Flyers & Posters
- Modified Room Service Menu Templates
  - Branded Template
  - Unbranded Template
  - Editable Template
- Media Holding Statements – Coming Soon
- Serving Smiles: Flyers and Cards

Videos

- Thank You Video
- **Recruitment Video:** Coming Soon

Culinary

- 7-Day Emergency Convenience Menu
- 14-Day Room Service Menu
- Ready-To-Use Puree Options
- Compass Provisions for Packaged Food
- Meal Delivery Planning Tool - AL/SNF
- Meal Delivery & Pick Up Planning Tool - IL

People

- Taking Care of You
- COVID-19 Manager HR FAQs
- Labor Pooling Quick Reference Guide
- Looking to Pick Up Extra Shifts?
- Shelter in Place Letter
- Why It's Safe to Work in Senior Living

Safety

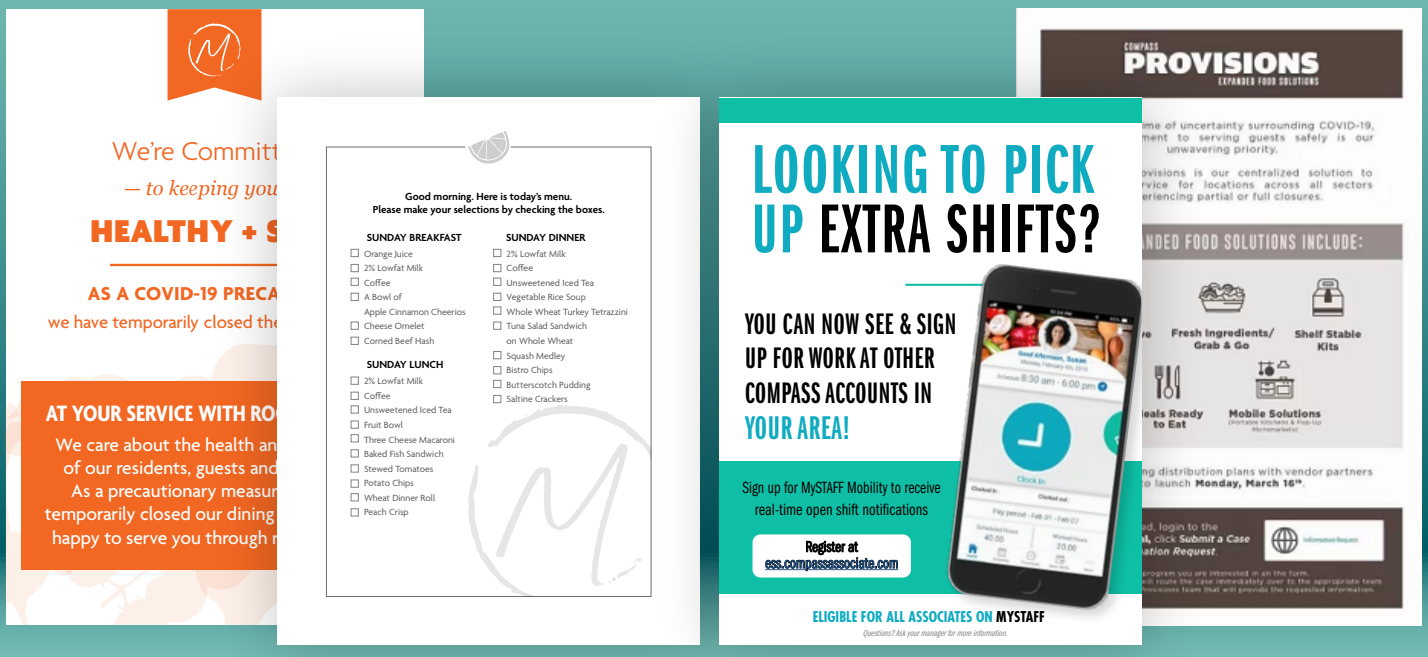
- COVID-19 Safety FAQs

Training

- Room Service & Feeding Assistance Training
- Basic Training for Temporary Labor

Nutrition

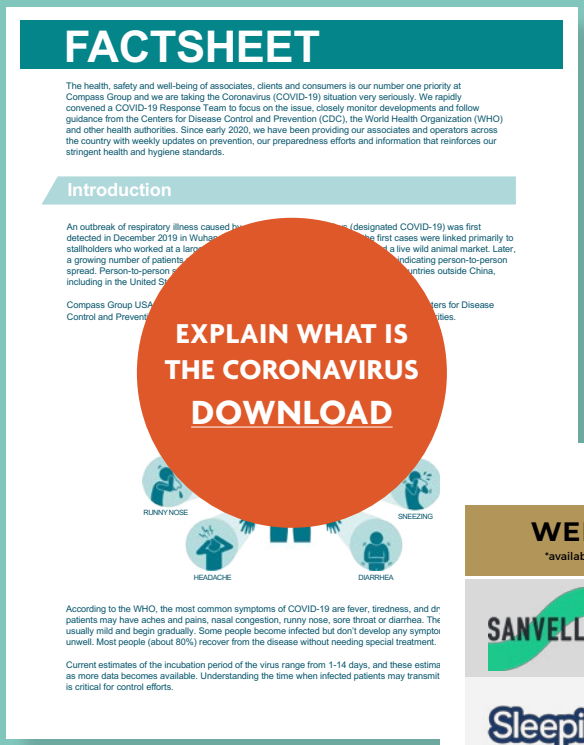
- Nutrition & Hydration Checklist



FRONTLINE RESOURCES

Frontline Associate Resources on AltogetherGreat: Please encourage associates to visit the **AltogetherGreat Public Website**. Here they will find a video on how to prevent the spread of COVID-19, Associate-specific FAQs, information on TELADOC, and more.

CHAT Module Now Available



COMPASS GROUP

WELL-BEING RESOURCES

available to all Compass Group associates and their dependents

SANVELLO

Say hello to **Sanvello** for on-demand help with stress, anxiety and depression. Through this program, you can connect with powerful tools that are there for you, when you need them. https://bit.ly/2UgaIWE

Sleepio

...eep or staying asleep, ...of the problem. ...t can help you ...ddress even the ...t.ly/2y0DGkp

...all the ...tens and talks ...goals, and ...g worry and ...WI

TELADOC.

...ns of coronavirus, ...e doctors are avail- ...nswer any questions, ...ecessary. To talk with a doc... ...362 or visit Teladoc.com.*

HealthAdvocate

As the coronavirus situation continues to evolve, you might feel stressed or overwhelmed. We're here to help. The free and confidential **Employee Assistance Program** line is now available through HealthAdvocate. Call 877-240-6863 to connect with a licensed counselor 24/7.

VISIT ALTOGETHERGREAT.COM FOR MORE INFORMATION!

*Teladoc is available through the end of May 2020. Consultations are provided at no cost if you are enrolled in an eligible Compass Group medical plan and $49/visit for those not enrolled in an eligible plan.

04.01.20

NEED ASSISTANCE WITH MENTAL HEALTH?
DOWNLOAD

Superior Rehabilitation & Professional Services (SRPS)

Jacobetti Sick Call Policy / Procedure

Revised September, 2019

Policy

In the event a staff member that was scheduled to work at the Jacobetti Veteran's Facility needs to call off of work due to illness, it is SRPS's responsibility to inform facility management of the call-off and symptoms experienced. This is to assist the facility in their infection control plan in the event a staff person has a communicable or possibly communicable illness.

Prodedure

1. If an SRPS staff member is unable to work, or is questioning whether they should work due to symptoms of illness they are to contact the SRPS office immediately. If it is not normal business hours, they are to call or text the Office and General Manager.

2. The responsible party at SRPS will then make sure the staff person who is attending the 'morning meeting' at the facility is aware of the call-off and symptoms to report out at that meeting.

3. If the call off occurs after the meeting, or there is not a staff representing the therapy department that day, the responsible party from SRPS will notify the Nursing Director and Administrator electronically of the call off.

4. If the staff person has a suspected or diagnosed communicable illness, they are to notify the SRPS office immediately regardless of whether or not a call off has happened or is imminent.

5. Staff who are diagnosed with a communicable illness may not return to the facility without getting approval from SRPS management.

TMI, INC.

TITLE: PUBLIC HEALTH EMERGENCY **NUMBER:** 11.20

POLICY STATEMENT

Procedure:

The following activities are suggested for potential emerging infectious disease. Development of a plan in conjunction with the facility is critical to protecting the health and welfare of residents/members, facility staff and TMI employees.

Safety and Infection Control

1. Therapy program manager is appointed the team safety officer (unless otherwise identified by TMI leadership) to coordinate pandemic safety plan with facility.

2. Provide staff education about COVID 19 infection control. Include transmission, at risk populations and prevention.

3. Complete staff education regarding infection control policies for the therapy department, therapy equipment and therapy equipment used outside the therapy department.

4. Develop guidance for self-monitoring for signs of illness (including self-reporting, self quarantine and start of shift evaluation). CDC guidelines are recommended as resource.

5. Complete the "Signs and Symptoms" form for any employee who traveled before returning to work.

6. Report to HR and facility any employees who develop signs and symptoms or are diagnosed with COVID-19.

7. Follow CDC guidelines and collaborate with facility for return to work post symptoms and illness.

8. Therapy program manager will develop information sharing process between TMI staff and facility.

9. Educate TMI staff on facility policy regarding infection control and PPE (personal protection equipment).

10. Develop a policy for visitors based on CDC and facility guidelines.

Provision of Therapy Services

1. Practice physical distancing unless transporting or performing therapy that requires close contact with the resident/member.

2. Adhere to all infection control guidelines and use of PPE based on CDC and facility guidelines.

3. Develop a process for screening supplemental staff and orientation to facility policies before treating.

4. With facility determine indicators and potential triggers for changing services provided (limit services or location/type of services provided).

5. If outbreak is present with facility determine strategies to maintain services with at risk residents/members.

6. Develop a process to limit or cancel non-essential visits.

7. Identify alternate systems of providing care within CMS regulations.

8. Identify a plan for delivery of services that promotes continuity and consistency between providers of care.

9. Include in therapy plan of care stress management and emotional support activities (for depression, anxiety etc.)

Operations

1. Develop method for TMI leadership to communicate timely to therapy teams pertinent information including CDC updates, Executive Orders and operational policies as it relates to the pandemic.

2. Track costs, loss revenue and other operational activities impacting budget as a result of pandemic.