Leadership Checklist for Potential COVID-19 Admissions

The below is a checklist of steps that serve as a guide by the organization related to potentially admitting individuals who are positive for COVID-19. This checklist, while not inclusive, was designed to provide a highlight of leadership, clinical and staff actions in accordance to organization policy and procedures, federal requirements and state/local public health department.

Action Steps		pleted	Follow Up Actions
Action Steps	Yes	No	Follow op Actions
T- Team			
Determine a COVID-19 task force with specific responsibilities for COVID-19			
admissions and dedicated physical plant location			
 Administrator 			
Director of Nursing			
Corporate/Owner			
 Medical Director 			
 Infection Preventionist 			
 Social Services 			
Plant Operations			
 Admissions 			
 Pharmacy Consultant 			
 Diagnostics (Lab/X-Ray) 			
Supply Vendor			
Review hospital surge capacity strategy			
Review and call EMS leaders – Fire, EMS providers on surge capacity, response and			
plan			
Deview years COVID 40 needers is also for an analysis and			
Review your COVID-19 pandemic plan for preparedness, responsiveness, and			
alignment with emergency preparedness plan			
Coordinate with state and local pandemic plan			
Review your current facility capabilities to take individuals with COVID-19			
Develop and implement emergency staffing plan.			
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Action Steps Complete the CMS COVID-19 Focused Survey for Nursing Homes with your team: https://www.cms.gov/files/document/uso-20-29-nh.pdf Review your facility policies and procedures including: Infection Control Outbreak Management Transmission Based Precautions PPE Optimization of PPE Hand hygiene Cough eliquette Respiratory Hygiene Emergency staffing/contingency during an outbreak COVID-19 Policy and Procedure When to remove resident from transmission-based precautions Noncommunal dining policy Emergency Preparedness Plan Visitor restriction Screening and Monitoring process – staff, residents Notification process and Care process for: Other Care – dialysis, chemo Medical appointments outside of the facility Policy for notifying local and public health officials COVID-19 Communication protocols for: Residents Employees Other stakeholders Clainicians Employees Cleaning and Disinfection – environment, equipment, and devices Testing consistent with State requirements Recopening Initiate education and competency testing Essential staff Non-essential staff Other support individuals	Antion Stone	Com	pleted	Follow In Actions
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Non-essential staff				
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Action Stone		pleted	Follow Up Actions	
Action Steps	Yes	No	Follow Up Actions	
 Physical Plant Review physical plant for potential dedicated unit/wing or set of rooms that could be set up for receiving COVID-19 positive residents. Note if there is availability for partitions, door closure/smoke door barriers to segregate from general resident population Review large rooms for potential set up with beds and privacy curtains or privacy screens/partitions (i.e. dining rooms, activity rooms, therapy gyms) Review nonresident use rooms for reconfiguration to become resident rooms Review non licensed areas for potential care use and set up 				
Plan for separation of resident population - residents with known COVID-19-positive and those with suspected COVID-19 (quarantine), ensuring they are separate from patients and residents who are COVID-19-negative				
If part of a corporation/group ownership, review the option to relocate residents to alternate locations to develop a dedicated COVID-19 facility				
Discussion with local and state public health departments and neighboring SNFs regarding designation of a COVID-19 facility – review options, relocation needs, and develop a coordinated plan. State and local health departments should work together with long-term care facilities in their communities to determine and help address long-term care facility needs for PPE and/or COVID-19 tests				
Determine if there is a need for COVID-19-positive long-term care facility, whether current location or peer location, to have the capacity, staffing, and infrastructure to manage higher intensity patients, including ventilator management				
COVID-19 Testing – reviewing testing protocols and facility responsibilities				
Limit access points and ensure all accessible entrances have a screening station. Residents, staff and approved visitors who enter facilities should be screened for COVID-19 through testing, if available.				
Review and discuss the relocation of resident protocols (i.e. room management, location, psychosocial needs, care needs, separation needs.).				
Designate person responsible for this process				

	Com	pleted	
Action Steps	Yes	No	Follow Up Actions
Develop, document, and implement the plan			
 Implement staff and resident/representative communication/notification 			
protocols.			
 Implement set of required communication/records for transferring and 			
receiving facilities of residents.			
Implement a process for identifying and supporting relocation stress			
syndrome Document			
Review with Medical Director and Pharmacy – essential and non-essential medication and treatments.			
Adjust per recommendations.			
 Communicate decisions with staff, residents, representatives, and clinicians. 			
Document process, discussions, and individual modification in resident			
records.			
Review and revise temporary COVID-19 admission policy and procedures. Designate			
leader for admission oversight and decisions			
Deview againsticule againsticule atrategies with Medical Director eliminia			
Review organization's preparation strategies with Medical Director, clinicians, pharmacy, laboratory, diagnostics, emergency medical services, vendors for their			
insight and expertise			
insignt and expense			
Review all resident's advance directives			
Review and coordinate a plan with local funeral homes for postmortem process			
Collaborate with facility Compliance and Ethics Committee as indicated			
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Review facility intent with corporate counsel if indicated			
Incorporate into the facility QAPI program			
H – Human Resources			
Develop a plan for dedicated staff (work only on the designated unit) – reducing the			
potential for introducing the virus into other areas of the facility			
potential for mid-sage ing the viral into other around of the facility			

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Action Steps	Yes	No	Follow Up Actions
For the dedicated team, you may consider:			
Special location for breaks and meals			
Separate entrance to the unit, if possible			
Time clock alternatives			
Communication plan for this team			
Ongoing staff screening before each shift per guidelines			
 Process if an employee develops s/s of COVID-19 			
 Proactive plan with human resources 			
 Discussion with all shift supervisors as to roles and responsibilities 			
Develop and implement an emergency staffing plan incorporating: current staff, non			
direct staff, community personnel that can support the facility, determination of who			
can do what within the organization (essential/nonessential), agency staff, consultant			
staff, staff from other states (licensure requirements in accordance to state executive			
orders) background checks in process			
Determine use of non-essential staff to provide aspects of care:			
 Vitals (Temps, pulse oxygen, BP) and documentation 			
 Toileting and Transfers – Safe patient handling 			
Basic ADL Care Oral hygians			
Oral hygienePersonal hygiene			
o Dressing			
Eating/Feeding			
■ Infection Control			
 Standard and Transmission Based Precautions 			
PPE Sequencing			
 Optimization of PPE and facility process 			
■ Hand Hygiene			
Cough Etiquette Description of the country			
Respiratory Hygiene			
 Safe Linen handling Bed – Change linens, make bed 			
Disinfection and Cleaning			
Psychosocial and Dementia/Behaviors			
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Action Otoms		pleted	Fallow In Actions
Action Steps	Yes	No	Follow Up Actions
I – Infection Prevention and Control			
Review required screenings, line lists, logs for adherence to COVID-19 and Infection Control requirements			
Hand Hygiene, Cough Etiquette and Respiratory Hygiene Review policies and procedures Monitor staff performance Review availability of supplies – ABHR, soap, paper towels			
Personal Protective Equipment Complete a PPE Burn Rate Calculation which assists in planning and optimizing PPE - identifying current and future supply needs Secure PPE Provide PPE to each employee following their symptom check (i.e. mask for each employee based upon state/local health department recommendations) Educate and reinforce proper use and reuse of PPE per new guidelines			
Plan for residents who must regularly leave the facility for care (e.g., hemodialysis patients) should wear facemasks when outside of their rooms.			
Plan for facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Residents can use tissues for this. Per <u>CMS</u> , residents could also use cloth, non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive.			
 Medical Equipment and Supplies (other than PPE) Dedicate equipment or process to disinfect between residents and use Determine equipment and other supply needs for the unit - reviewed daily Meet with vendors to determine surge capacity plan and immediate access. Meet with respiratory provider for extra supplies - re: suction machine, nebulizers, Oxygen, tubing, keys, regulators, keys, humidifiers, masks, nasal cannulas, concentrators, tank stands and storage space fir additional equipment/supplies. 			

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Action Steps	Yes	No	Follow Up Actions	
■ CPR supplies – masks, Ambu bags, back boards				
Cleaning and Disinfection Protocols				
Review plan for cleaning and disinfecting high touch areas, routine cleaning of				
rooms, terminal room cleaning/disinfection, nursing stations, high touch				
equipment (telephones, cell phones, pens, computers, etc.)				
Review and utilize the <u>EPA Registered List N</u>				
Follow manufacturers guidelines for disinfection and use				
N - Notify				
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Develop and implement a communication plan and strategy. Designate an				
information officer per emergency preparedness plan				
Develop or download from your provider association, templates for written and verbal				
communications				
Potential Audiences for communication needs:				
Residents				
■ Families/Representative				
■ Employees				
Medical Director				
Medical Team and Clinicians				
 Acute care partners 				
• Other:				
Notify Public Health of facilities intent to accept COVID-19 positive patients in order to				
identify specific instructions and guidance prior to admission				
Develop daily and routine communication channels with acute partners and clinicians				
Identify team member responsible for NHSN reporting:				
https://www.cdc.gov/nhsn/ltc/covid19/index.html				

			
Action Steps	Comp Yes	oleted No	Follow Up Actions
K- Knowledge			
Implement employee education and competency related to COVID-19 requirements and guidance			
Review resources - stay on top of current COVID-19 guidance, requirements and community spread			
 Designate team members to monitor trusted sources for up to date information including: Local Public Health Department State Specific Department of Health COVID-19 Resource websites Centers for Disease Control and Prevention Centers for Medicare and Medicaid Services State and National provider associations The Society for Post-Acute Care and Ling-Term Care Medicine (AMDA) 			

NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.

