



COVID-19 Lessons Learned

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Prepare

1. Buy and hold as much PPE as you can, especially surgical face masks, N95's and isolation gowns as well as face shields and goggles.
2. Find places to store it securely.
3. Buy digital thermometers, blood pressure cuffs, pulse ox. When you have sick people you want enough supplies for each person if possible.
4. Determine where and how you would move and cohort well and sick.
5. Train staff, infection control procedures beyond handwashing, how to use PPE properly, how to dispose of properly.
6. Make sure all policies are in place—outbreak response etc.
7. Identify emergency coverage for all key positions both back up and back up to the back up.
8. Make sure you have hand sanitizer and sanitizing ,products.
9. Review cleaning and disinfecting protocols, especially for public and high touch areas, investigate and purchase virus prevention sprays and begin to implement their use.
10. Identify the availability of testing—can your lab provide or do you need an outside vendor.
11. Get the medical staff on board with protocols and how they can treat—this is not palliative, this is active treatment.
12. Respiratory therapy on board.
13. Ability to do IV for hydration.
14. Plans for nutrition and hydration across the board.
15. Plan to redeploy staff including therapy, who can play a huge role in turning and repositioning as well as assisting with hydration.
16. Build your staffing base as much as possible in all areas.
17. Develop a strong communication plan, regular updates to families, elders, board members.
18. Prepare for State and national reporting, line lists, PPE levels etc.

19. Make sure EAP and psych are on board.
20. Ensure sufficient staff and training to do virtual visits and make sure they understand effective infection control.
21. Make sure HR is ready for FMLA, to increase hiring, to deal with the issue of people who don't want to come to work.
22. Think about cross training as much as possible, administrative staff to assist with dining, redeploying drivers to help with housekeeping or activities etc.
23. Identify staff who work in multiple places.
24. Determine what hazard pay for staff will be, this will be key to staffing COVID areas.

During

1. Implement testing protocols for all staff and elders, identify asymptomatic and cohort elders, send staff home to self-quarantine.
2. Cohort as soon as you possibly can and use only designated staff in those areas—no one crosses from sick to well. If necessary, well to sick but better to just keep specific staff in the COVID areas including nurses, aides, housekeeping.
3. Be prepared for staff to be out ill, have agency staff or per diems at the ready.
4. Give staff who work in multiple locations a choice, you or the other place but not both.
5. Monitor elder vitals 3x/day, watch for not just respiratory symptoms but also fever and increased confusion.
6. All staff in one entrance, temp taken and PPE provided with control, make sure they have what they need for the day and that it is monitored.
7. Staff morale—free lunch, treats on units, anything that makes them feel cared for.
8. Expect to work 7 days/week, just the nature of the beast.
9. Surge will happen with both staff and elders, took us about 2-3 weeks before we stabilized.
10. Celebrate successes.
11. Recognize the emotional toll this is taking on staff at all levels, all departments.

Action Plan for the Future

1. Be prepared to go into full response mode if there is a rise in cases anywhere in the vicinity including creating isolation areas and identifying staff to work in those areas.
2. Be prepared to manage patients from local hospitals who may need discharge to clear the way for COVID influx.
3. Be prepared with testing protocols for all staff and all admissions.
4. Maintain constant 90 day supply of PPE, be prepared to deploy as necessary.
5. Consider closing buildings to visitors if there is a surge in the area, at the very least limiting visitors and enforcing use of PPE.