
OUTBREAK / COVID 19 RESPONSE PLAN

PANDEMIC / COVID 19 RESPONSE PLAN

PURPOSE

To ensure that St. Joseph's Home for the Elderly manages and contains the COVID-19 pandemic through a coordinated outbreak plan that is consistent with state, federal, and regulatory standards.

The purpose of this planning document is to offer guidance in a response to a Pandemic/Outbreak that may threaten facility operations. It is an annex to our Emergency Operation Plan.

Definitions

Pandemic- a global outbreak of disease. Pandemics happen when a new virus emerges to infect people and can spread between people sustainably. Because there is little to no preexisting immunity against the new virus, it spreads worldwide.

Isolating- the process of separating sick, contagious persons from those who are not sick.

Cohorting- the practice of grouping patients/residents who either are or are not infected with COVID-19 so as to confine their care to one area and prevent contact with other patients/residents.

Close Contact— being within six feet of a COVID-19 case for prolonged periods of time or having contact with infectious secretions of COVID-19 case.

Confirmed Respiratory Illness Cases — the resident's chest X-ray, swab, saliva, and/or sputum sample diagnostic tests are confirmed positive

Confirmed Respiratory Illness Outbreak - one or more residents with a positive Respiratory Illness in a unit within a seven-day period or as defined by the CDC, NJ DOH, Department of Communicable Disease Service or any other regulatory agency.

Contact Precaution- Contact precautions are intended to prevent transmission of infections that are spread by direct (e.g., person-to-person) or indirect contact with the resident or environment, and require the use of appropriate Personal Protective Equipment, including a gown and gloves upon entering (i.e., before making contact with the resident or resident's environment) the room or cubicle. Prior to leaving the resident's room or cubicle, the PPE is removed and hand hygiene is performed.

COVID-19 Symptoms - Symptoms may include fever, cough, difficulty breathing or shortness of breath, persistent pain or pressure in chest, new confusion or inability to arouse, bluish lips or face, gastrointestinal symptoms, loss of taste or smell.

COVID + Unit- resident wing or floor designated for residents with COVID infection.

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Droplet Precautions - are intended to prevent transmission of pathogen's spread through close respiratory or mucous membrane contact with respiratory secretions. Droplet precautions is implemented for residents with suspected or confirmed infectious respiratory illness for seven days after illness onset or until twenty four hours after the resolution of fever and respiratory symptoms, whichever is longer. Requires the use of Personal Protective Equipment: Gown, gloves, eye shield and mask.

Endemic level — The usual level of given disease in a geographic area.

Exposure — Close contact with a person with Respiratory Illness

Flu-like Symptoms - Include fever, headache, myalgia (body malaise), sore throat, and cough and/or COVID symptoms of loss of sense of taste and smell, gastrointestinal symptoms.

Isolation — The process of separating sick, contagious persons from those who are not.

Long-term care facility — A nursing home, assisted living residence, comprehensive long-term care facility that is licensed to provide beds, including for ventilator care.

Outbreak — Any unusual occurrences of disease or any disease above background or endemic levels. An outbreak of COVID-19 is defined as one positive case in a resident or a single case of a rare infection such as Legionella, Ebola, etc.

Personal Protective Equipment - surgical mask, face shield, goggles, gown, gloves, respiratory protection.

Respiratory protection — N95, KN95, Surgical Mask

Quarantine — Residents are to remain on their unit. Employees assigned to the unit will not be floated in and out of the quarantined unit. The number of days for quarantine will be determined by the Medical Director

Universal Masking- source control for everyone entering a healthcare facility regardless of symptoms must wear a face mask over their mouth and nose to contain their respiratory secretions

Authority / GUIDANCE

St. Joseph's Home for the Elderly will take proactive steps to prevent the spread of infection. The Infection Preventionist, or in his/her absence, the Director of Nursing will conduct the outbreak investigation. Appropriate notifications will be made to the Medical Director, Residents and designated representatives, staff, physicians, regulatory authorities and others as required.

The Infection Preventionist will have the authority to implement prevention and control measures as required in coordination with the Administrator, Director of Nursing and Medical Director.

It is the responsibility of all staff to be aware of signs of illness and notify the Nursing Director and/or Infection Preventionist.

The guidelines and information contained in this document are evolving by the hour and is considered current as of the date at the top of this document. Please closely monitor the CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

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EXECUTIVE ORDER BY THE GOVERNOR OF THE STATE OF NEW JERSEY

Any directive or Executive Order by the Governor of the State of New Jersey or the Director of the New Jersey Department of Health shall supersede this planning document and, in certain circumstances, supersede CMS guidelines.

LIMITING TRANSMISSION

Restrict visitation of all visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only. St. Joseph's Home for the Elderly will notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.).

For individuals that enter in compassionate situations (e.g., end-of-life care), St. Joseph's Home for the Elderly will require without exception, visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks. Decisions about visitation during an end-of-life situation will be made on a case by case basis, which will include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) will not be permitted to enter the facility at any time (even in end-of-life situations). Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They must be screened, and contacting information collected.

All facility entrances shall be secured, and a single point of entry established that is staffed. This staff member is responsible for screening anyone entering the facility, without exception, as to who they are.

Staff

All staff members shall be screened when reporting for their shift as they enter the facility. Current contact information must be on file, if not, contact information should be requested. Follow current CDC and NJDOH guidance for screening.

An individual employee log should be created that tracks the time they are screened, as well as their recorded temperatures. Note: when staff are coming in from outside and outdoor ambient temperatures are cold, please wait 2-3 minutes before taking their temperature.

- Staff with signs / symptoms of respiratory illness should not report to work.
- Any staff member who develop signs/symptoms of a respiratory infection while on the job should:
 - Immediately stop work, don a facemask and self-isolate to home.
 - Inform the Infection Preventionist and include information on equipment and locations the person has come into contact.
 - Contact and follow up with Totowa Health Department recommendations for next steps (testing)

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- The same screening for visitors, if permitted, will occur for staff.
- Staff should be continually informed on what we are doing regarding Covid-19.
- Staff education on infection control practices, including, transmission-based precautions, hand hygiene, cough etiquette, use of and donning and doffing PPE, guidance on conserving PPE, self- isolation/quarantine guidance and maintaining social distance.
- Additional signage posted regarding infection control.
- Hand sanitizer is available throughout the facility for use by staff, residents and visitors
- Staff with signs/symptoms should not work. St. Joseph's Home for the Elderly are following the CDC Interim Guidance for Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease
- Essential Worker letters should be provided to all employees.
- St. Joseph's Home for the Elderly has established Emergency Staffing Guidelines, to be implemented to secure staff as needed to ensure continuity of care for all residents in the event of a new outbreak of COVID-19, any other infectious disease, or emergency among staff. These guidelines are outlined in our Emergency Staffing policies.

VISITORS

- Visitation will be permitted as permissible by NJDOH Executive Directive(s).
- Signage will be posted on all entrance doors to inform of required visitor restriction.
- All visitation will be by scheduled appointment.
- All visitors will be screened prior to visitation.
- Visitors will be required to sign Informed Consent prior to visitation.
- Visitors will be verbally educated about COVID-19 risks, hand hygiene, maintaining social distancing, and donning and doffing of PPE.
- Visitation will be coordinated by assigned personnel.
- Visitors will be permitted in designated area(s) only.
- Visitation will be time-limited.
- Families will be notified of required visitor restriction(s) until further notice as defined by licensing and regulatory agency guidance.
- Hand sanitizers and mask are available at the reception desk for use by any visitor that is allowed entrance into the building.
- If a visitor refuses temperature or hand sanitizer they shall be denied entry.
- Due to visitor limitation, use of video chat and FaceTime are being encouraged in lieu of visitation.
- Virtual Communication/Visit will be scheduled. Resident/ Families and/or resident representative shall contact the Nursing Supervisor on the unit to facilitate the visit.

VOLUNTEERS, VISITORS, PHYSICIANS, ANCILLARY SERVICES

- Supply delivery – deliver to one designated area that is not on a unit or near residents.
- All non-mandatory vendor work shall be cancelled, i.e., construction, activities performing groups, repairs for equipment.
- Mandatory vendor work may still occur. That vendor should still follow the same guidelines as visitors.
- Physicians shall be highly encouraged to use telehealth, including psych services.
- Ensure that staff utilize PPE.
- Lab – limit the use of routine labs to limit exposure.
- Therapy – limiting the use of PRN therapists who visit multiple sites and use of appropriate PPE

Emergency Staffing

In the event of an unexpected shortage of nursing staff, the facility will resort to contacting any of the three staffing agencies we are currently contracted with to outsource more personnel, and/or contact Little Sisters of the Poor homes within the area in accordance with our Emergency Management Plan, Pandemic Influenza and Disaster Preparedness Plans.

For ancillary departments, part-time, per-diem employees will be asked to work more shifts at their availability and /or contacting the staffing agency we are currently contracted with to outsource more personnel, granted they achieve the proper screening for COVID-19 symptoms.

In a complete loss of line staff, St. Joseph's Home for the Elderly will reach out to local health department, county Office of Emergency Management, or state officials for help from the Medical Reserve Corp.

NEW/RE- ADMISSIONS / PHYSICIAN'S OFFICES

- New admissions will be curtailed if unable to cohort.
- Prior to re- admission, the referring institution is asked for the Covid-19 status of the patient. If the referring institution is reporting respiratory signs/symptoms, the Home is asking for Covid-19 test prior to transport.
- The hospital is to send with the re- admission their transfer form that details the Covid-19 status of the patient
- Re- admissions receive a nursing head-to-toe assessment and are assessed for signs/symptoms of Covid-19 using the guidance from CMS/CDC
- Re- admissions shall be quarantined for 14-days

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- Non-emergent physician office visits that can be conducted virtually will be recommended to the attending physician.

CURRENT RESIDENTS

- Daily, all residents are assessed for the presence of COVID-19 and vitals taken each shift. If a fever is present, or other signs/symptoms of a respiratory illness, that resident is placed on droplet precautions and assessed further for cause. The resident is to remain on droplet precautions with every shift assessment/vital signs until the issue is resolved
- Daily, all residents are assessed with a focused respiratory assessment that looks for signs/symptoms of a respiratory illness including taking of vitals.
- All symptomatic residents should have facemask on during care for source control. If resident refuses, (i.e. anxiety, dementia) or is unable to use facemask due to clinical condition, cover mouth/nose with tissue when able.
- If resident is suspected to have Covid-19, NF to contact the Local Health Department for guidance. A resident may not need to be transferred depending on the severity of symptoms
- NFs without an airborne infection isolation room are not required to transfer the resident assuming 1) resident does not require a higher level of care and 2) the NF can adhere to the infection prevention and control practices recommended for caring for a resident with Covid-19
- If a resident is to be transferred, facility will notify the EMS and receiving facility of the diagnosis prior to transfer and place a mask on the resident. A hospital specific transfer form is to be used
- If any resident does present with a change in condition, he/she will be immediately assessed for the causative agent

ISOLATION / COHORTING

An isolation/cohorting area, if available, will be established on the unit, in a designated area, or resident will be placed in a private room with door closed. Any resident that presents with the initial symptoms of COVID 19 as described by the CDC shall immediately be placed in isolation and assumed to be positive for COVID 19 until test results prove otherwise. Isolation rooms/cohorting may be established in a designated area (i.e. physical therapy room, on unit) or private rooms. Due to a nationwide shortage of personal protective equipment employees are urged to carefully reuse equipment as much as possible. See CDC guidance on reusing PPE.

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The smoke doors on the unit, with a warning sign posted, will be kept closed, and access is restricted to only the designated employees. The number of employees designated as isolation care shall be as few per shift as possible. If proper decontamination techniques are followed there should be minimal risk of transfer outside of the isolation area.

Cohorting groups will be considered according to the following, as applicable:

- 1) Individuals who are showing symptoms of infection.
- 2) Individuals who have been exposed to someone who has tested positive to the organism, but themselves are asymptomatic (may potentially be incubating the virus).
- 3) Individuals who are not ill and/or have not been exposed.
- 4) Individuals who have recovered from infection.
- 5) Individuals whose status is unknown.

COMMUNAL ACTIVITIES

All communal activities of residents shall be immediately suspended; this includes communal dining and daily mass. 1:1 activity will be instituted. Therapy may continue with precautions and maintaining a strict 6ft. distance from other residents.

Activities will be unit based with residents remaining in their rooms or within the doorways. Tactile objects may not be shared. Activities will be based on individual resident interests.

Residents will be encouraged to remain in their rooms. Residents who are not on quarantine or isolation status and leave their room will wear a facemask, perform hand hygiene and maintain social distancing.

Residents will be offered the opportunity to communicate with family members via electronic virtual communication. Preakness Healthcare Center will provide tablets and computers.

Religious services will be broadcast using the in-house PA system.

DONNING & DOFFING PPE

When this plan is activated, the following video should be shown to all staff members on how to properly utilize their PPE. <https://www.youtube.com/watch?v=bG6zISnenPg>

CONSERVING PERSONAL PROTECTIVE EQUIPMENT

It is the policy of St. Joseph's Home for the Elderly to maintain a sufficient level of PPE supplies,. However at times the facility may have to attempt to conserve Personal Protective Equipment (PPE) during a national shortage. In the event that the supplies for masks, gowns and face shields experience shortages, the facility will defer to guidance from CDC.

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Masks/Face Shields

- **Implement extended use of facemasks/face shields** which allows wearing the same facemask (surgical, N95)/ face shield for repeated close contact encounters with several different COVID (+) patients, without removing the facemask/face shield between resident encounters.
- **Restrict facemasks to use by Healthcare Provider, rather than patients for source control.** Have patients with symptoms of respiratory infection use tissues or other barriers to cover their mouth and nose.
- **Implement limited re-use of facemasks**, which is the practice of using the same facemask by one Healthcare Provider for multiple encounters with different patients but removing it after each encounter. Discard if soiled, damaged, or hard to breathe through. Masks shall be stored in a clean paper bag for reuse. It is essential that the mask be allowed to breathe and dry out.
- **Prioritize facemasks for selected activities**, such as:
 - For provision of essential procedures
 - During care activities where splashes and sprays are anticipated
 - During activities where prolonged face-to-face or close contact with a potentially infectious patient is unavoidable
 - For performing aerosol generating procedures.

Gowns

- **Shift gown use towards cloth isolation gowns**
- **Consider the use of coveralls**
- **Extended use of isolation gowns** (disposable or cloth), such that the same gown is worn by the same HCP when interacting with more than one patient known to be infected with the same infectious disease when these patient sare housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered only if there are no additional co-infectious diagnoses transmitted by contact (such as Clostridium difficile) among patients. If the gown becomes visibly soiled, it must be removed and discarded as per usual practices.
- **Re-use of cloth isolation gowns among multiple patients in a patient cohort area.**
- **Prioritization of gowns** for the following activities:
 - During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures
 - During the high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care

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- **When No Gowns Are Available consider** pieces of clothing as a last resort, preferably with long sleeves and closures (snaps, buttons) that can be fastened and secured, particularly for care of COVID-19 patients as single use. Other options include:
 - Reusable (washable) patient gowns
 - Reusable (washable) laboratory coats
 - Disposable aprons
 - Combinations of pieces of clothing can be considered for activities that may involve body fluids and when there are no gowns available:
 - Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats
 - Open back long sleeve patient gowns or laboratory coats
 - Sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats

Reusable patient gowns and lab coats can be safely laundered according to routine procedures.

Eye Protection

- **Implement extended use of eye protection** is the practice of wearing the same eye protection dedicated to one Healthcare Provider for repeated close contact encounters with several different patients, without removing eye protection between patient encounters including for disposable and reusable devices.
 - Eye protection should be removed and reprocessed if it becomes visibly soiled or difficult to see through.
 - If HCP touches or adjusts their eye protection they must immediately perform hand hygiene.
- **Prioritize eye protection for selected activities** such as: During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures or prolonged face-to-face or close contact with a potentially infectious patient is unavoidable
- **Consider using safety glasses (e.g., trauma glasses) that have extensions to cover the side of the eyes**
- **Designate convalescent HCP for provision of care to known or suspected COVID-19 patients**
- **Selected options for Reprocessing and clean Eye Protection are provided.**

Alternative PPE

When PPE is exhausted such as gowns, alternative items may be used such as disposable rain ponchos. These plastic rain ponchos can be sanitized with a water bleach solution between use. In

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the event gloves become in low supply, implement extended use procedures. A gloved hand can be carefully dipped into a water bleach solution, or any disinfecting agent.

HOUSEKEEPING DEPARTMENT

Attached to this plan is a list of sanitizing agents. When unavailable, resort to water bleach solution, or hydrogen peroxide.

Housekeeping should be completed on other units prior to using shared equipment on the COVID(+) unit.

When on the COVID(+) unit performing daily routine cleaning procedures, all housekeeping staff must wear full PPE – N95 mask, face shield, gown, and gloves.

When cleaning, please pay extra attention to surfaces that receive frequent hand contact like door knobs, hand rails, call bells, etc. High touch areas should be cleaned twice per day.

Please make sure that you are cleaning only with the EPA-approved disinfectant products that have been provided to you by your department supervisor.

After cleaning equipment is used on the COVID(+) unit it must be disinfected before being reused in other areas of the home. All disposable items are to be discarded in red infectious waste bags to be removed from the unit.

All garbage being removed from a COVID(+) room is to be placed in a red infectious waste bag.

Large garbage bins have been placed on the COVID(+) unit and nursing staff will remove garbage from each of the resident's rooms and place it in the bin for housekeeping to remove from the unit. On other units, housekeeping will remove red bagged trash from the red bins in the soiled utility rooms.

When removing the red infectious waste bags, housekeeping staff is to wear full PPE.

Following proper removal of all PPE, housekeeping staff must perform proper hand hygiene for no less than 20 seconds with soap and water.

You will be notified by your supervisor when a room is ready for Terminal Cleaning and will complete Housekeeping's Confirmation of Terminal Cleaning Checklist while wearing full PPE and following existing terminal cleaning policies.

Laundry Services

*ALL soiled laundry should be handled while wearing gloves and your face mask. Keep in mind that some residents can have COVID-19, but are asymptomatic and not on precautions and therefore their clothing will not be red bagged. Protect yourself!

*Soiled isolation gowns and the laundry of COVID (+) residents are being sent to the laundry department in red infectious waste bags.

*When handling laundry from red infectious waste bags laundry staff must wear full PPE – N95 mask, gown, and gloves.

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*Handle soiled laundry minimally and with minimal agitation to prevent contamination of the air and persons handling the laundry.

*Following proper removal of all PPE, laundry staff must perform proper hand hygiene for no less than 20 seconds with soap and water.

Dietary Department

When necessary, isolation trays will be used for serving food. The tray will be set up in the kitchen with a bag of disposable flatware, dishes, beverage service and disposable tray. The soiled tray is to be disposed of in the resident room.

TESTING

IN ACCORDANCE WITH NJ EXECUTIVE DIRECTIVE 20-013, ALL STAFF AND RESIDENTS WERE TESTED BY MOLECULAR TESTING FOR COVID-19 BY MAY 26, 2020 TO ESTABLISH THE REQUIRED BASELINES. FURTHER RETESTING IS IN ACCORDANCE WITH CDC GUIDANCE, AS AMENDED AND SUPPLEMENTED.

RESIDENT TESTING

Testing requirements do not apply to residents who have already tested positive for COVID-19.

Prior to testing residents and/or responsible parties will be notified of the required testing and consent obtained.

Any resident who refuses testing will be considered a Person under Investigation if the resident has any signs/symptoms of COVID-19 and will be placed on transmission-based precautions and isolated for a period 14 days. A notation will be made in the resident's chart, the resident will be treated as a Person under Investigation if the resident has any sign/symptoms of COVID-19, notification will be made to any authorized family members or legal representatives of this decision, and the resident will continue to be checked for a temperature once per shift. Onset of temperature or other symptoms consistent with COVID-19 will require immediate cohorting in accordance with the Facility Outbreak Plan. At any time, the resident may rescind his/her decision not to be tested.

Residents will be cohorted based on test results according to the Facility Cohort Plan.

If there is a new resident after testing has occurred, testing will occur prior to admission and upon admission or within the timeframe enumerated in ED 20013. Results will be made available to the facility no later than 72 hours after testing unless results remain pending.

Staff Testing

Molecular testing requirements apply to all staff including full-time, part-time or per diem, and agency or contracted staff. Serological/Antibody testing does not meet the requirements of ED 20-013.

Staff will be tested on-site. St. Joseph's Home for the Elderly will follow the return to work protocol as defined by CDC for staff who test positive after home isolation.

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Staff who test positive will be removed from work and will be required to be retested in accordance with CDC requirements for test based strategy before returning to work. Results of testing must be provided to the Administrator no later than 72 hours after testing unless the results of the test remain pending.

Staff who refuse testing or release of results will be removed from the work schedule until such time as s/he undergoes the mandatory testing and provides the results to the facility as required.

A facility line list will be used to document baseline testing and re-testing results as required.

Information will be reported on the NJDOH portal, local health department and/or NHSN portals as required.

If there is a new staff member after testing has occurred, testing will occur immediately within the timeframe enumerated in ED 20-013 and results will be made available to the facility no later than 72 hours after testing unless results remain pending.

COMMUNICATION / NOTIFICATION OF LOCAL HEALTH DEPARTMENT / RESIDENTS / FAMILIES / STAFF

St. Joseph's Home for the Elderly will inform residents, families and representatives (as clinically indicated) of confirmed case(s) of COVID-19.

1. St. Joseph's Home for the Elderly will inform residents, families and representatives by no later than 5 p.m. on the following business day following the subsequent occurrence of either each time a single confirmed infection of COVID -19 is identified or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other via email and posted on facility website.

2. Updates to residents/their representatives, and families (as clinically indicated) will be provided, at a minimum of weekly, via email and facility website.

3. St. Joseph's Home for the Elderly will inform employees of confirmed case(s) of COVID-19.

- Notification will include but may not be limited to, appropriate transmission-based precaution signage on resident rooms, signage on hallway entrance doors, signage on resident rooms indicating to " See Nurse" and instructions prior to entering room.

4. St. Joseph's Home for the Elderly will provide information and submit data to all required reporting entities related to all mitigating actions implemented to prevent or reduce the risk or reduce the transmission of COVID-19.

- Notification is made to the local and state health departments, per required outbreak protocol.

- Notification is made to NHSN, per required protocol.

5. If you have an urgent call or complaint, please call St. Joseph's Home for the Elderly at 973-942-0300 and your call will be directed to the appropriate person.

Lessons Learned

St. Joseph's Home for the Elderly recognizes that the principles of continuous quality improvement are foundational and consistent with its mission, vision, and values.

The commitment to quality is evident in ongoing Quality Assurance and Performance Improvement initiatives. Applying this to response to the COVID-19 pandemic outbreak, we continuously review our operations and performance to ensure that services provided will be of the highest quality and consistent with all current standards and licensing, regulatory, and/or accrediting agency requirements. In reviewing our response to the COVID-19 pandemic, we recognized the importance of the following in successfully responding to outbreaks:

- 1) Importance of immediately executing our Emergency Outbreak Plan
- 2) Importance of strong collaboration/relationships with the state and local departments of health.
- 3) Importance of staying abreast of and implementing all licensing, regulatory, accrediting, and other resources guidance as they are developed.
- 4) Importance of strong communication processes and mechanisms.
- 5) Importance of education, training, and competency.
- 6) Importance of managing PPE availability, optimizing equipment according to federal agency guidance, establishing a stockpile of PPE, and having strong vendor relationships.
- 7) Importance of having access to tests and receiving timely test results.

ADDITIONAL RESOURCES

CDC Resources:

- Infection Preventionist training: <https://www.cdc.gov/longtermcare/index.html>
- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC Updates: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- *Information on affected US locations:* <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

CMS Resources:

- Guidance for use of Certain Industrial Respirators by Health Care Personnel:

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<https://www.cms.gov/files/document/qso-20-17-all.pdf>

- Long term care facility – Infection control self-assessment worksheet:
https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>