QIPMO SUMMARY: **ASPR HEALTHCARE PREPAREDNESS AND RESPONSE CAPABILITIES**

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) has prepared an extensive (70 pages) guide for the healthcare system. The purpose of this guide is to help all aspects of our health care system deal with an emergency situation that impacts the health of people in our country. While much of this guide is designed for acute care facilities and emergency medical services, there is also a great deal of guidance that is helpful for the long-term care (LTC) industry. The staff of QIPMO have reviewed this guide and pulled out some principles and specific practices that can be helpful for all LTC facilities. It is our hope that you can read the following pages and gain some direction for preparing your specific facility for the current challenges we all face in this new COVID 19 world. The link above will show you the entire ASPR document if you want further detail. Please contact QIPMO with any questions or input (573-882-0241).

From the entire QIPMO staff, thanks for what you do every day!!

**CAPABILITY 1: FOUNDATION FOR HEALTH CARE AND MEDICAL READINESS**

**Objective 1:** Establish and Operationalize a Healthcare Coalition
- Click [here](#) for the map of Missouri Healthcare Coalition (HCC) Map

**Objective 2:** Identify Risks and Needs
- Review your Emergency Operating Procedures plan
- Review your Infection Control plan
- Consider those who “HAVE” to leave your home: Chemo/Dialysis
- Consider new admissions
  - [HOSPITAL TO FACILITY TRANSFER — COVID-19](#)
  - [Post-Acute Care and Behavioral Health to Hospital Transfer — COVID-19](#)
- Adjunct care: Hospice, Pharmacy, Lab

**Objective 3:** Develop a Healthcare Coalition Preparedness Plan
- Get Involved with your local coalition (HCC) calls and updates
- Update plans to include [CDC/DHSS](#) guidelines for addressing COVID-10 processes and care requirements

**Objective 4:** Train and Prepare the Healthcare and Medical Workforce
- Drills
- Review information/interventions/updates with staff routinely
  - Break it down if needed-cover a piece a day versus all at once

**Objective 5:** Ensure Preparedness is Sustainable

**CAPABILITY 2: HEALTHCARE AND MEDICAL RESPONSES COORDINATION**

**Objective 1:** Develop and Coordinate Healthcare Organization/Healthcare Coalition Response Plans
- Review your plan, update as needed to include COVID-19 specific strategies (DAILY)
- Staffing-Continuing education

**Objective 2:** Utilize Information Sharing Procedures and Platforms
- Communication: Stakeholders (residents/families/staff)
  - Telehealth, Letters/emails, Phone calls, Skype/facetime/zoom
  - What is happening in the home? How is the home responding?
• Maintain HIPPA
• Provide facts (positive and negative)
• Emphasize what is being done to treat and protect the residents

Objective 3: Coordinate Response Strategy, Resources and Communications
  ▪ Continue communication with local public health authority and clinical leaders for input
    acknowledgement and approval
  ▪ Communication with public
    • Current status of the home
    • When/where to seek care
    • Alternate care locations and Screening sites
    • Expected physical and mental effects related to the emergency
    • Information to facility reunification of families
  ▪ Work together with other homes/organizations in the community/surrounding areas

CAPABILITY 3: CONTINUITY OF HEALTHCARE SERVICES:

Objective 1: Identify Essential Functions for Healthcare Delivery
  ▪ Skilled/long-term care/home care
  ▪ Lab/radiology/pharmacy
  ▪ Supply chain management: leasing/purchasing/delivery of DME/PPE/pharma/medical gases (O₂)
  ▪ Facility infrastructure-utilities, information technology, security, central supply
  ▪ Transportation needs-required appointments: chemo/dialysis
  ▪ Nutrition and dietary services: food prep/service/vendor supply chains
  ▪ Laundry: increased demand
  ▪ Human resources: recruiting

Objective 2: Plan for Continuity of Operations
  ▪ Consider disaster risk reduction strategies
  ▪ Chain of command/delegations of authority
  ▪ Safety assessment
  ▪ Maintain close contact with regional HCC
  ▪ Plan for shelter-in-place
    • Break rooms, classrooms for “resting” or overnight stays

Objective 3: Maintain access to non-personnel resources during an emergency
  ▪ Assess supplies on hand and vendor supplies
  ▪ Establish secondary vendors for PPE (masks)
    • Paint/construction companies/home building supply/body shops, craft/hobby stores
  ▪ Communicate with HCC
  ▪ Consider the following in your “supply” inventory
    • Thermometers, b/p cuffs/lifts/ slings
    • Fuel suppliers- generators
    • Food service/pharmaceutical/PPE vendors and distributors
    • Leasing/DME entities: monitors, vents, O₂ concentrators, IV/feeding pumps,
      Medical gas suppliers-O₂
    • Hazardous waste removal services
Communicate daily (minimum) with person designated to order/coordinate/distribute supplies

**Objective 4:** Develop strategies to protect health care information systems and networks
- Follow communication protocols (remember HIPAA)
- Maintain “healthy” computer tactics
  - Don’t share passwords, close sessions, log out
  - Don’t download unknown content, be aware of phishing schemes
- Use secure platforms

**Objective 5:** Protect responders’ safety and health
- Education of staff
  - Proper use/conservation/acceptable re-use of PPE
- Attempt to group sick people on a hall
- Have same care givers for that group
  - This assists to decrease PPE demand facility wide
- Mental health support for caregivers: call 800-985-5990 or text “TalkWithUs” to 66746 to connect with a trained crisis counselor
- Monitor health and safety
  - Hydration/snack cart rounds for staff as well as residents
  - Daily temps, wellness checks
- Encourage healthy living

**Objective 6:** Plan for and coordinate health care evacuation and relocation
- Be prepared for it with little/no warning
  - Review evacuation plans
  - Establish teams/leaders for different areas of your building
  - Communicate: be specific of expectations, don’t assume they know
  - Clearly define roles
- Know transportation needs: Bus? Ramp? Wide wheel chairs? Weight capacities?
- Collaborate with local public transit services, schools, campgrounds, recreational parks, etc. for possible use of buses etc.

**Objective 7:** Coordinate health care delivery system recovery
- Continue to participate in state and local pre-emergency plans/drills
- Identify gaps in healthcare recovery
- Identify/prepare documentation if government assistance is needed
- Supporting physical and behavioral health needs of affected patients, staff, families
- Connect patients and staff with case management and financial services
- Pre planning for it to end: communicate with staff and team members on goals for the future. Pep talks—we will get through this!

**Capability 4: Medical Surge:**

**Objective 1:** Plan for a medical surge
- What is your capacity and capability?
- Additional rooms: office space, activity rooms, conference rooms, dining areas
- How many empty beds? Empty Buildings?
- Empty/unused wings that could be used to house residents as need grows
• Must be coordinated with MO-DHSS
• Consider Discharge of more independent residents to a lower level of care:
  ○ ALF/RCF/Senior housing if appropriate (remember proper discharge process)

  ▪ Communicate bed availability to area hospitals, other LTC, etc.
  ▪ Relocation of resident rooms to accommodate and empty wings
  ▪ What may be the potential needs?
    • Staffing: get creative - increase recruitment strategies while schools are closed; health-occ students may be available? Cross-training?
    • Allow/encourage extra shifts/partial shifts
    • Be flexible and creative
    • Watch for those working TOO much: burnout
    • Advertise for/hire for NA positions those who might have been recently laid off, could be hired temporarily until their regular job brings them back (they may even stay!)

Objective 2: Respond to a medical surge

  ▪ Develop an alternate care system:
    ○ Telehealth/telemedicine/virtual medicine
  ▪ Screening/early treatment
    ○ 1135 waiver in place
    ○ Establish assessment and screening
      ○ SBAR
      ○ Documentation guidelines for positive or suspected cases
    ○ Manage minor symptoms in house
  ▪ Support treatment protocols
  ▪ Document exposure information
  ▪ Rapid isolation/provide PPE and monitor supply quantities
    ○ Conservation processes, reuse options, alternative methods
  ▪ Communication with vendors/HCC for additional supplies
  ▪ Mass casualties
    ○ Communication with local coroner/funeral homes
    ○ May require an extended holding of expired individuals
  ▪ Ongoing communications with local hospitals and surrounding homes, local public health authority-health department, funeral homes

Resources: QIPMO; DHSS; CDC website; CDC preparedness checklist; MHCA website

4/2/20