GUIDELINES TO PREPARE FOR THE COVID-19 SURGE

PREPARATION:

A. BED CENSUS/CAPACITY

1. Determine current bed census and capacity for admissions/readmissions.
2. Identify area(s) for quarantine/isolation and/or cohorting current resident(s) with suspected or known COVID-19 virus including room changes if necessary.
3. Contact sister facilities or homes with current mutual aid agreements to discuss bed availability, i.e. accepting current residents with or without known infection depending on need. Consider shelter in place if available in the area.
4. Identify resident(s) with potential to discharge home or lower level of care within the community.
5. Establish a relationship or agreement with a commercial testing laboratory for a test kit or the method of obtaining SARS CoV-2 samples and the system for sending specimens from the facility.

B. STAFFING

1. Identify current available staff within the building to meet current resident needs.
2. Identify required staff to meet potential influx of admissions including nursing, dietary and therapy.
3. Identify ancillary staff to assist with non-nursing tasks: tray delivery, linen delivery, restocking of supplies or activities.
4. Address how to provide consistent staffing to limit resident and/or staff exposure.
5. Brainstorm ideas to prevent potential staff burnout.
6. Plan for employee absences and create a back-up or on-call system.
7. Provide continued education and support for staff to update them on the disease process and guidelines for care.

C. SUPPLIES

1. Conduct an inventory of PPE currently available in the facility (masks, gowns, gloves, N95 masks, face shields) and identify where items are located and how to access.
2. Identify a person and system for tracking supply usage and restocking of used items, list and log the supply inventory.
3. Conduct an inventory of current oxygen concentrators, nebulizer machines, E tanks, cannulas/masks, etc., and location(s) and other respiratory equipment.
4. Conduct an inventory of linens, housekeeping supplies, beds, mattresses, pillows. Identify if an emergency supply is available and its location.
5. Conduct an inventory of available food, beverages including required emergency supply and disposable items including plates, cups and utensils.
6. Conduct an inventory of available medical equipment, e.g. wheelchairs, walkers, tube feeding/IV pumps, mechanical lifts and bathing equipment.
7. Conduct an inventory of disinfectants and other environmental cleaning products.
8. Contact appropriate vendors to discuss potential need and availability of supplies including delivery options.
9. Establish a cleaning schedule for equipment.

D. COMMUNICATION

1. Administrator to meet with Department Heads to discuss preparation requirements.
2. Administrator and Director of Nursing to meet with Medical Director.
3. Establish a protocol for notification of local public health entities and DHSS of positive cases.
4. Establish method for family notification including condition updates.
5. Provide staff with information on preparation guideline for the surge.
6. Have a family and resident notification process for when a case of COVID-19 is identified.
7. Communicate and assess consideration for discharge of any residents that can be cared for in the home setting.

CONTINUING CARE:

A. Bed Census/Capacity
   1. Twice daily meetings to discuss census, bed availability, potential admissions/readmissions and placement of resident(s).
   2. Continue to review current resident(s) for potential discharge options.
   3. Maintain open lines of communication with sister facilities or homes within the area identifying bed availability and needs.
   4. Designate/design and reserve isolations sections/room(s).

B. Staffing
   1. Address staffing needs at least every shift including fluctuation with census.
   2. Consider staggering shifts to cover high care need times and prevent potential burnout.
   3. Provide frequent breaks when/if possible, to allow staff to regroup, communicate with family to de-stress.
   4. Brainstorm with staff on ways to decrease stress and prevent burnout. Provide emotional support as needed.
   5. Monitor employee health checking for exposure (temperature log each shift).
   6. Consider incentives, free meals to employees during this difficult time.

C. Supplies
   1. Review supply inventory at least every shift.
   2. Monitor and restock high traffic areas.
   3. Maintain open communication with any/all vendors, coalition, DHSS on need and availability of supplies.
   4. Contact HHC if unable to obtain supplies from primary vendors.
   5. Follow CDC guidelines for use and reuse of PPE.

D. Communication
   1. Maintain open lines of communication with hospitals, EMS, local public health departments, DHSS and vendors.
   2. Keep staff updated with current CMS, CDC and DHSS guidelines.
   3. Encourage staff input where possible with assignments, resident placement and identification of resident care needs.
   4. Allow residents, staff and families the opportunity to share concerns, frustrations and compliments.
   5. Keep lines of communication open with all concerned stakeholders utilizing phone, zoom, skype or other means for residents, families and staff.
   6. Be ready (letters, calls) to families and residents to inform of any active cases and planning for care in home settings.

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