COVID-19 FACILITY EXPOSURE MANAGEMENT
After you have a suspected or confirmed case of COVID-19

**Resident Management**

- When possible, care should be provided in a single-person room with the door closed.
- Resident should have a dedicated bathroom, as applicable.
- Initiate droplet precaution and contact precautions.
- Ensure isolation carts with isolation supplies and isolation signs are outside the room. Include signage of how to don and doff PPE.
- Prior to entering and exiting the unit and a patient room, healthcare personnel must perform hand hygiene by washing hands with soap and water or applying alcohol-based hand sanitizer.
- Initiate alert monitoring.
- Notification of family /DPOA for resident’s change in condition.
- Notification of Medical Director of any resident/staff with Respiratory Symptoms.
- Implement line listing of all residents with symptoms. Refer to local Health Department Line listing form.
- Initiate surveillance mapping of resident’s that are symptomatic.
- Suspend any Admissions.
- Review discharges with family, other facilities etc.
- Institute “telehealth”. If telehealth system is not available healthcare providers can still communicate with patients by phone (instead of visits) reducing the number of provider visits.
- Notify your EMS system of COVID-19 presence.
- For Residents receiving Dialysis outside the facility- notify their dialysis center and request they be dialyzed in “isolation”.
- Minimize entries into patient rooms by bundling care and treatment activities.
- If resources allow, consider universal facemask for healthcare personnel while in the facility.
- If resources allow, consider having staff who provide direct care wear all recommended PPE (gown, gloves, eye protection, facemask) for the care of all residents regardless of presence of symptoms.
- If positive for fever or respiratory signs/symptoms, isolate the resident in their room and implement droplet and contact precautions.
- If possible, designate entire unit within facility to care for known or suspected COVID-10 residents, with dedicated staff who are only assigned to care for these residents.
- Restrict resident to their room (except for medically necessary purposes).
- If residents leave their room they should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).
- Have a low threshold to transfer ill residents to a higher level of care.
- Notify hospital prior to transferring a resident with acute respiratory illness, including suspected or confirmed COVID-19.
- Stop all Nebulizers
- Keep doors closed with CPAP patients while using

**Visitor Management**

- Post No Visitors signs on all doors.
- Secure doors and allow only one entry if possible.
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- Visitors for end of life situations should perform hand hygiene and then don PPE before entering the care units.

### Staff Management

- Take temp of all staff before beginning of shift. Record on temp log and absence of symptoms.
- Post procedure for staff if they become ill on duty.
- Assign consistent staff to same unit/hall on a consistent basis.
- Post CDC info on COVID-19
- Train staff on how to wear PPE safely.
- Ongoing staff education on proper hand hygiene.
- Observe staff – hand hygiene, donning and doffing PPE and during care.
- Complete staff competency on handwashing, and PPE proper use. (include all therapies)
- Consider setting up daycare for staff children- schools may close. (not applicable in WA)
- Educate staff to inform other facilities they work at that they are working at a facility with suspected or actual COVID19.
- Do not require a healthcare provider’s note for employees who are sick with respiratory symptoms to return to work.
- Make contingency plans for increased absenteeism caused by employee illness or illness in employees’ family members that would require them to stay home. Planning for absenteeism could include extending hours, cross training current employees, primary care model for nursing or hiring agency or temporary staff.
- Staff who are sick should have clear instructions regarding home care and when and how to access the healthcare system for face-to-face care or urgent/emergency conditions.
- If possible, identify staff that can monitor sick staff with daily “check-ins” using phone calls, emails and texts.

### Environmental Management

- Increase sanitation of high touch areas and common areas including (computer screens, keyboards, elevator buttons, entry, exit buttons, door handles, knobs, counters, handrails, grab bars, therapy equipment’s, shared medical equipment such as Hoyer lifts, shower chairs, wheelchairs, remote controls etc.)
- Limit sharing of personal items between residents.
- Use dedicated medical equipment for isolated residents. Oximeter, B/P cuff, Stethoscope etc.
- Ensure supplies are available. (tissues, waste receptacles, alcohol-based hand sanitizers)
- Ensure access to alcohol-based hand sanitizer both inside and outside of patient rooms.
- Sanitize any rental equipment’s prior to use (Bariatric beds, mattress etc.)
- Consider zone cleaning-Assign staff to a zone in the facility to sanitize high touch surfaces every 3 times day.
- Create sign off sheet for staff to sign off date/time/employee name for sanitizing all high touch areas.

### QAPI

- Initiate QAPI Subcommittee that meets each day in am to review.
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- Members:
  - (SDC/IP, DNS, Administrator, RCMS, Providers, Housekeeping Supervisors, Maintenance Director and other members as needed.)
- Review resident line listing past 24 hours residents and staff.
- Review staff temp logs and symptoms log.
- Coordinate with CDC/DOH/Public Health Department
- Involve Medical Director in your COVID-19 exposure management
- Review and update the Emergency Operations Plan (EOP) with emphasis on Pandemic Response, business interruption protocols, review communications plan.

### Supplies Management

- Keep an Inventory of PPE (gowns, gloves, masks and eye shield) and other disinfecting supplies (Disinfecting wipes, etc.)
- Consolidated care in order to conserve PPE
- PPE use only in droplet precaution/isolation rooms, not to be worn in the facility
- When PPE supplies are limited, rapidly transition to extended use of eye and face protection. (i.e. respirators or facemasks.)
- Daily assess Infection Prevention Supplies- PPE, alcohol-based hand sanitizers and estimate number of days available.

### Communications

- Immediately notify the health department about anyone with COVID-19 or 2 or more residents or healthcare providers who develop respiratory infections within a week.
- Be open with staff. Post information on each unit.
- Coordinate with local hospitals.
- Consider having a daily meeting with staff to update them regarding facility plan.
- Notify transportation companies.
- Retain legal support.
- Retain media consultant.
- Communicate often using your EOP for guidance. Consider using Facebook and your website.
- Ask phone vendor to initiate additional phone # for you to record daily updates.
- Assign someone who has some clinical knowledge & good communication /conflict management skills to man the phones.
- DNS/Administrator return all calls to family as requested.
- Consider having nursing provide daily update to POA, Guardian or family member.
- If working with Public Health or the CDC, get individuals full names and contact information.