



## Response to COVID+ Resident

*This document provides suggestions for a skilled nursing facility following the identification of a COVID+ resident, or a presumptive positive resident, in the building. These are suggestions meant to trigger further thought – not all may be appropriate for your organization, and you may think of other appropriate responses not addressed here. (If you do, please share them with us!).*

*The categories below are not in any order and SNFs should triage and delegate responsibilities as appropriate so that multiple tasks may take place at once.*

### Isolation

- ☐ If possible, place the resident in a private room with their own bathroom
  - Keep the door to the room closed
- ☐ Cohort with other COVID-19 residents
  - May need to share rooms with other COVID+ residents
  - If the positive resident already has a roommate, then treat the other person as a presumptive positive and do not place with uninfected residents

### Resident Monitoring

- ☐ Continue enhanced monitoring / screening of all residents
  - At least once a shift, if not more
  - Symptoms include:
    - Fever – temperature of 100 or greater
    - Cough
    - Shortness of breath

*This document is not meant to be comprehensive. Rather, it is intended to assist SNFs with jumpstarting their response to the identification of a COVID-19 positive resident in their facility and to trigger additional thought. We are not suggesting or recommending a “one size fits all” approach. The information in this document is based on our understanding of guidance and best practices available at the time of drafting. We cannot assure that a federal or state court, an adjudicative administrative body, any federal or state agencies, or a government contractor, would agree with the suggestions in this document. This document is not legal advice and should not be interpreted as legal advice. Seek out the advice of experienced healthcare counsel when needed. May 8, 2020.*

- Sore throat
- Nausea, vomiting or diarrhea
- GI bleeding
- Sudden change in taste or smell
- Immediately place residents with any symptoms on isolation and move to the COVID-19 unit, if applicable

## Staff Monitoring

- ☐ Continue aggressive monitoring / screening of staff and do not allow them to work with symptoms
- ☐ Immediately notify local health of any staff with symptoms and request testing
  - *Note:* Staff may have very mild symptoms

## Transmission Precautions

- ☐ Require N95 masks (if not available, face masks) and full PPE (gown, gloves, eye protection) at all times
  - Implement protocols for extended use of eye protection and facemasks
- ☐ Provide a negative pressure room or unit, if possible
- ☐ Place any COVID+ or presumptive positive residents on the same wing/unit away from negative individuals, if possible
- ☐ Utilize the same staff for the positive unit and do not allow staff to work on both the COVID positive and negative units
- ☐ Bundle trips into residents' room so multiple tasks can be done by single staff during visit
- ☐ Assign staff to the same residents or the same units to minimize the number of different staff interactions
- ☐ Try to limit the staff working between units or floors
- ☐ Change the frequency of routine procedures, such as reducing vital signs, weights, bundle medication administration when clinically appropriate, and laundry deliveries

- ☐ Keep residents in their rooms as much as practicable
  - If residents leave their room, they should wear a facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing (*i.e.*, stay at least 6 feet away from others)
- ☐ Residents should wear source control masks, such as cloth masks, if possible, when staff enter a room to limit the potential spread from resident to staff

## Admissions

- ☐ Restrict new admissions until assessments are completed
  - It may be possible that you will be able to admit other COVID-19 admissions in the future. However, until you can assess staffing, PPE burn rate and resident exposure, you should not admit additional residents, including individuals with COVID-19
- ☐ If you admit new residents while a positive case is in the building, notify the potential resident and responsible party of this status
  - As noted under “Notifications”, a notice may be placed in the admission packet

## Discharge Planning

- ☐ Residents may be in the process of discharging home after a short-term stay. Ensure the discharge plan includes education on symptoms, exposure, self-quarantining at home and what to do if symptoms develop
- ☐ Coordinate with the local health department, as they may wish to follow discharged residents in the community

## Documentation

- ☐ Start a spread sheet that documents all resident symptoms, dates tested and whether the person was positive or negative and their status
  - Update the spreadsheet daily
- ☐ Use the facility floor plan to document positive resident locations in the facility
- ☐ Have a separate spreadsheet for staff

- Document symptoms, testing, and results
  - Use the floor plan to document where staff are working
  - Work closely with the local health department to identify onset and cessation of symptoms for return to work approval
- ☐ Confirm the number of tests and results daily with the local health department to ensure that you have the same numbers
- Some residents and staff obtain testing via orders from private physicians and local health is not aware and local health may test individuals outside of work of which the facility is not aware

## Notifications

- ☐ Local department of health
- Immediately notify the local health department
  - Local health will likely provide specific directives on isolating and testing additional residents and staff
  - Verify whether local health recommends or requires any restrictions on public notifications
- ☐ State department of health
- ☐ Positive residents & their families
- Notify any residents and their responsible parties of the positive identification in person, so that you can answer any questions or concerns immediately
  - Modify the resident's care plan to include frequent updates to the resident's family
- ☐ All residents & families
- Notify all residents and their responsible parties that there is a positive case(s) in the building
  - Initial notifications to residents and families should happen ASAP and should typically be in person for residents and via phone call for families
    - Once a positive case is identified, information will likely spread quickly – you want to control the message
    - “In person” notification is inherently more personal and allows the recipient

of the news to ask questions

- Provide the person(s) making the notifications with a script that identifies the key talking points in order to assure consistency in messaging
- Notifications should include what you have done in response, *e.g.*, working with local health, state, isolating residents, increased monitoring of staff and residents, etc.
- Develop a system for providing updates to responsible parties
  - Once a positive case occurs in the facility, it is likely that other cases will happen – you will need to decide how to update interested parties on an ongoing basis
  - Notifying interested parties after each positive case develops may untenable, and might create unnecessary stress – consider adopting a process of scheduled updates, such as weekly
- Identify a person who will be responsible for fielding calls in response to the announcement of the positive case
  - You will likely start to get calls from many family members, friends, curious community members and even the media, so you will need a system to accurately identify the facility representative
- Add a notification to the admission packet to let people know that there are positives in the building
- Add a notification to the facility's website regarding positives in the building

## ☐ Employees

- Notify employees of the positive case(s)
- Reaffirm existing policies and protocols
- Reaffirm the need for continued self-monitoring
- Consider weekly updates with reminders of relevant protocols, and offering encouragement and support

## ☐ Vendors / physicians

- Notify outside contractors, physicians, etc. of the positive case(s)
- Verify that all vendors will still be delivering necessary supplies
- Reaffirm existing policies and protocols
- Reaffirm the need for continued self-monitoring

## ☐ Public / media

- Once you notify all residents and family members of the positive case(s), it is likely that this news will become more widely known – consider proactively issuing a press release or a media statement
- Determine how to release the information publicly
  - On your website
  - Through formal press release channels
  - Only specifically in response to inquiries from the media
  - On social media
    - Consider carefully the ease with which people can forward and comment upon statements released on social media before choosing this option
    - Many facilities find that using this option leads to more active ongoing management in terms of deciding whether and how to respond to comments
    - Some, though, have found support in social media, and value the interactive aspects of interacting with the local community
- Do not notify the media or the public until you have notified family members – you want to avoid people telling the press that they did not know about the positive case(s) until they read about it online

## Staffing Assessment

- ☐ Evaluate what is needed for your current resident population and acuity and what is needed if additional residents test positive
- ☐ Have a plan for obtaining staff from other locations (*e.g.*, sister facilities, staffing agencies)
- ☐ Contact the local Emergency Management Agency for assistance with staffing, if needed

## PPE & Supplies Assessment

### ☐ PPE

- Evaluate the current level of supplies and PPE burn rate based on the number of individuals in isolation
  - This will need to be updated frequently
- Contact the local health department and local Emergency Management Agency for assistance with obtaining additional PPE, as needed

### ☐ Other Supplies

- Verify that all vendors will still be delivering necessary supplies
- Ensure that you maintain screening procedures if vendors deliver inside the building
- Check level of other supplies, *e.g.*, food, supplements, ADL supplies, treatments, medications, cleaning supplies, alcohol hand sanitizers, etc. to ensure no delay in those resources

## Risk Management

Once a positive case has manifested in your building, your secondary risk significantly increases, *e.g.*, lawsuits, workforce claims, and survey review / citations. In addition to addressing the immediate care and safety needs of your residents and staff, you should also begin preparing for future scrutiny.

One factor that is very likely to be considered by persons or entities scrutinizing your actions will be whether your facility abided by available guidance at the time from oversight agencies.

- ☐ Complete a self-assessment using the “[COVID-19 Focused Survey for Nursing Homes](#)” tool created by CMS (The assessment is located at the end of QSO-20-20)
- ☐ Complete a self-assessment using the “[Coronavirus Disease 2019 \(COVID-19\) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings](#)” created by the CDC
- ☐ Verify that you have abided by all directions in CMS’s “[COVID-19 Long-Term Care Facility Guidance](#)” (dated April 2, 2020)