# COVID-19 Response

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| **MISSION** | |
| To effectively and efficiently identify, triage, isolate, treat, and track a surge of potentially infectious residents and staff, and to manage the uninjured, asymptomatic persons, family/guardians, and media. | |
| **DIRECTIONS** | |
| Read this entire response guide and use as a checklist to ensure tasks are addressed and completed. For each response period, all activated IMT positions should refer to their Job Action Sheet for additional actions. Each IRG is intended to be a starting point and not all inclusive. Customize to your facility.  *Note: Section duties and responsibilities remain the responsibility of the Incident Commander unless delegated.* | |
| **OBJECTIVES** | |
| 🞎 | Prevent introduction of COVID-19 into the facility. |
| 🞎 | Identify, triage, isolate, and treat infectious residents and staff. |
| 🞎 | Protect residents and staff from exposure and injury. |
| 🞎 | Assure safety and security for residents, staff, visitors and the nursing home. |
| 🞎 | Accurately track residents throughout the nursing home. |

| **RAPID RESPONSE CHECKLIST** | |
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| 🞎 | Activate facility’s EOP and appoint a Facility Incident Commander (IC). |
| 🞎 | Obtain guidance from the local health department and the U.S. Centers for Disease Control and Prevention (CDC). See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html> for more information. |
| 🞎 | Restrict visitor access and post visitor access policies at all entrances |
| 🞎 | Advise staff to check for signs and symptoms of illness and to not to report to work if sick. Activate emergency staffing strategies as needed. |
| 🞎 | Implement [source control](https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html) for every entrant into the facility (including staff, external agency personnel, and other visitors). Source Control is the mandatory requirement for wear of facemask for all personnel, regardless of their reported exposure history or symptoms. |
| 🞎 | Actively screen everyone for fever and symptoms of COVID-19 before they enter the healthcare facility. |
| 🞎 | Clearly post signs for COVID-19 hygiene measures in high visibility areas. Place hand sanitizer and masks at all entrances and other strategic locations around the facility. |
| 🞎 | Monitor all residents for signs and symptoms of COVID-19. Note that residents with COVID-19 may not report typical symptoms such as fever or respiratory symptoms; some may not report any symptoms. As testing capabilities allow, consider testing both symptomatic and asymptomatic residents |
| 🞎 | If COVID-19 infections are identified in the facility, isolate all ill residents from the general population. If possible, dedicate specific staff to COVID-19 residents only to avoid spreading COVID-19 to uninfected residents. If not possible, ensure proper decontamination procedures are in place when moving from COVID-19 resident care to general resident care. |
| 🞎 | Conduct recommended cleaning/decontamination in response to COVID-19. |
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| 🞎 | Consider the formation of the position of strike team leader. This position tasks would be consistent throughout all phases of response. See Appendix A for duties assigned. |
| 🞎 | *Add other response actions here consistent with the facility EOP.* |

| **Actions to take BEFORE any COVID-19 Cases Present in the Facility** | | |
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| **IMT Position** | **Action** | **Initials** |
| **Incident Commander** | Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, and other appropriate internal and external officials of situation status. |  |
| Activate the infectious disease procedures, Incident Management Team, and Nursing Home Command Center. |  |
| Establish operational periods, objectives, and regular briefing schedule. Consider the use of NHICS 200: Incident Action Plan (IAP) Quick Start for initial documentation of the incident. |  |
| Appoint Command Staff, Section Chiefs, and a Medical Director/Specialist for Infectious Disease. |  |
| **Liaison/PIO** | Activate the communication plan and respond to media inquiries in coordination with the Incident Commander. |  |
| In conjunction with Joint Information Center (if activated), develop resident, staff, and community response messages to convey nursing home preparations, services, and response. |  |
| Monitor media outlets for updates on the incident and possible impacts on the facility. Communicate information via regular briefings to Section Chiefs and Incident Commander. |  |
| Establish contact with local emergency operations center, local emergency medical services, healthcare coalition coordinator, and area health care facilities to determine incident details, community status, estimates of casualties, request needed supplies, equipment, and personnel. |  |
| Communicate regularly with Incident Commander and Section Chiefs regarding operational needs and the integration of nursing home functions with local response. |  |
| **Safety Officer** | Conduct ongoing analysis of existing response practices for health and safety issues related to residents, staff, and nursing home using NHICS 215A and implement corrective actions to address. |  |
| In coordination with Operations Section Chief, secure the nursing home and implement limited visitation policy. |  |
| Monitor safe and consistent use of appropriate personal protective equipment by staff. Implement strategies to safely conserve or extend PPE supplies through environmental and procedural controls, and limiting the number of staff present during medical procedures. |  |
| Activate security procedures to:   * Secure the nursing home to prevent infectious individuals from entering the nursing home except through designated route * Establish ingress and egress routes * Implement traffic control protocols |  |
| **Medical Director/Specialist** | Provide guidance on   * Infection control procedures to prevent introduction and spread of COVID-19 in the facility * COVID-19 Case reporting procedures * Appropriate personal protective equipment and isolation precautions. |  |
| Provide expert input in the Incident Action Planning process. |  |
| Provide just-in-time training for both clinical and nonclinical staff regarding the status of the event, precautions they should take, and rumor control. |  |
| **Operations Section Chief** | Ensure continuation of resident care and essential services. |  |
| Implement infectious disease procedures, including:   * Implement entryway screening procedures and source control. * Identify location(s) for offsite triage, as appropriate * Staff implementation of infection precautions, and higher level precautions for high risk procedures. (e.g., suctioning, bronchoscopy, etc.), as per current local department of public health and Centers for Disease Control and Prevention (CDC) guidelines * Proper monitoring of isolation rooms and isolation procedures * Limitation of resident transportation within nursing home for essential purposes only |  |
| * Restrict number of clinicians and ancillary staff providing care to infectious residents |  |
| Prepare to implement emergency plans and procedures if needed (e.g., loss of power, cooling, water, HVAC, communications). |  |
| Implement tasks listed below if Branches are not activated. |  |
| Implement entrance screening procedures and source control. |  |
| Identify evacuation priorities and transfer requirements. |  |
| Conduct a nursing home census and identify which residents may require transfers |  |
| **Resident Services Branch Director** | Provide personal protective equipment to personnel with immediate risk of exposure (e.g., conducting outside duties, conducting screening and triage, interacting with infectious residents). |  |
| Prepare plans for surge of fatalities |  |
| Monitor the status of the physical plant and ensure the integrity of and/or restoration of utilities and communications. If applicable. |  |
| Establish operational periods, incident objectives, and the Incident Action Plan in coordination with the Incident Commander. |  |
| Gather internal situation status including supply and equipment status, current staff and nursing home census. |  |
| **Infrastructure Branch Director** | Initiate the gathering and validation of external situational status (if impacted) for inclusion in the IAP. |  |
| **Planning Section Chief** | Maintain and update the situational status boards and other documentation tools for timeliness and accuracy of information received. |  |
| Initiate personnel and materials tracking. |  |
| Initiate resident and bed tracking (see NHICS 254 - Emergency Admit Tracking). |  |
| Anticipate increased need for medical supplies; antivirals, IV fluids, and pharmaceuticals; oxygen, ventilators, suction equipment, and respiratory protection; and for respiratory therapists, transporters, and other personnel. |  |
| With Planning Section, determine staff supplementation needs. |  |
| Refer to Job Action Sheet for additional tasks. |  |
| **Logistics Section Chief** | Refer to Job Action Sheet for additional tasks. |  |

| **Actions to Take after the First COVID-19 Cases are Detected in the Facility** | | |
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| **IMT Position** | **Action** | **Initials** |
| **Incident Commander** | Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, local health department, and other appropriate internal and external officials of the change in situation status. |  |
| Review the overall impact of the ongoing incident on the facility with Command and General staff. |  |
| Monitor that communications and decision making processes are coordinated with local emergency operations center and area nursing homes, as appropriate. |  |
| Direct implementation of any and all additional response plans required to address the incident. |  |
| **Liaison/PIO** | Conduct briefings to residents, staff, people seeking shelter, and media to update them on incident and facility status. |  |
| Coordinate risk communication messages with the Joint Information Center, if activated. |  |
| Assist with notification of residents’ families about the incident and inform them of the likelihood of transfer, if required. |  |
| Maintain contact with local emergency operations center, local emergency medical services, local health department, regional medical health coordinator, and area health care facilities to relay status and critical needs and to receive community updates. |  |
| Keep local emergency medical services advised of any health problems and trends identified, in cooperation with Infection Control. |  |
| Consider requesting specific types of assistance from the Local Health Department, to include case-contact reviews, Point Prevalence Survey (PPS) testing, facility assessments, etc. |  |
| **Safety Officer** | Update safety and personal protective measures to protect staff, residents, visitors, and the facility. |  |
| Monitor, report, follow up on, and document resident or staff injuries and infections. |  |
| Ensure staff food, water and rest periods. |  |
| Continue to monitor proper use of personal protective equipment and isolation procedures. |  |
| **Medical Director/Specialist: Infectious Disease** | Verify from the attending physician, in collaboration with local emergency medical services, the following information and report to the Incident Commander:   * Number and condition of confirmed positive, presumed positive residents and residents with tests pending * Medical problems present in addition to the COVID-19 cases * Measures taken (e.g., cultures, supportive treatment)   Potential for, and scope of, communicability |  |
| Support Incident Management Team as needed; consult appropriately with other internal and external experts. |  |
| If possible, identify and evacuate COVID-19 residents to hospitals or other facilities. If not possible, isolate infected residents and begin cohorting cases together in a separate building or wing from other residents. |  |
| Support Operations Section as needed by coordinating information regarding specific disease identification and treatment procedures and staff prophylaxis procedures. |  |
| **Operations Section Chief** | Ensure continuation of resident care and essential services. |  |
| Implement tasks listed below if Branches are not activated. |  |
| **Resident Services Branch Director** | Monitor continuation of medical mission activities. Conduct disease surveillance, including number of affected residents and staff. |  |
| Continue resident, staff, and nursing home monitoring for infectious exposure, and provide appropriate follow up care as required. |  |
| Implement resident cohorting, isolation, and personal protective equipment practices. |  |
| Consult with Infection Control for disinfection requirements for equipment and facility. |  |
| Implement fatality management procedures and assess capacity for refrigeration and security of decedents, if necessary. |  |
| **Infrastructure Branch Director** | Ensure nursing home cleanliness (as best as possible). Initiate special cleaning as necessary. |  |
| Continue to monitor the status of the physical plant and ensure the integrity of and/or restoration of utilities and communications. |  |
| **Planning Section Chief** | Update and revise the incident objectives and the Incident Action Plan for the upcoming operational period in cooperation with Command Staff and Section Chiefs. |  |
| Continue staff, materials, and equipment tracking. |  |
| Continue resident and bed tracking. |  |
| **Logistics Section Chief** | Consider temporarily reassigning staff recovering from flu to appropriate duties; reassign staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (no infectious resident care or administrative duties only). |  |
| Continue to assess surge capacity and need for supplies (equipment, blood products, medications, supplies) in cooperation with Operations Section. Obtain supplies as required and available or continue supply rationing. |  |
| Continue staff call in (if safe and as needed) and provide additional staff to impacted areas. |  |
| Facilitate procurement of supplies, equipment, and medications for response and resident care. |  |
| Establish sheltering and feeding services for staff and family/guardians. |  |
| Refer to Job Action Sheet for additional tasks. |  |
| **Finance/**  **Administration Section Chief** | Track hours associated with the incident response. |  |
| Initiate screening and tracking of incoming volunteers and/or new personnel. |  |
| Facilitate procurement of needed supplies, equipment, and contractors. |  |
| Track and follow up with employee illnesses and absenteeism issues. |  |
| Implement risk management and claims procedures for reported staff and resident exposures or injuries. |  |
| Track response expenses and expenditures. |  |
| Refer to Job Action Sheet for additional tasks. |  |
| **All Activated Positions – Refer to Job Action Sheets** | | |

| **Actions to Take after a COVID-19 Outbreak has been declared in the Facility** | | |
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| **IMT Position** | **Action** | **Initials** |
| **Incident Commander** | Notify nursing home Chief Executive Officer, Board of Directors, state survey agency, local health department, and other appropriate internal and external officials of the change in situation status. |  |
| Update Incident Action Plan and Incident Objectives |  |
| Monitor that communications and decision making processes are coordinated with local emergency operations center and area nursing homes, as appropriate. |  |
| Direct implementation of any and all additional response plans required to address the incident. |  |
| **Liaison/PIO** | Conduct briefings to residents, staff, people seeking shelter, and media to update them on incident and facility status. |  |
| Coordinate risk communication messages with the Joint Information Center, if activated. |  |
| Assist with notification of residents’ families about the incident and inform them of the likelihood of transfer, if required. |  |
| Maintain contact with local emergency operations center, local emergency medical services, local health department, regional medical health coordinator, and area health care facilities to relay status and critical needs and to receive community updates. |  |
| Keep local emergency medical services advised of any health problems and trends identified, in cooperation with Infection Control. |  |
| Consider requesting specific types of assistance from the Local Health Department, to include case-contact reviews, Point Prevalence Survey (PPS) testing, facility assessments, etc. |  |
| **Safety Officer** | Update safety and personal protective measures to protect staff, residents, visitors, and the facility. |  |
| Monitor, report, follow up on, and document resident or staff injuries and infections. |  |
| Ensure staff food, water and rest periods. |  |
| Continue to monitor proper use of personal protective equipment and isolation procedures. |  |
| **Medical Director/Specialist: Infectious Disease** | Continue to verify from the attending physician, in collaboration with local emergency medical services, the following information and report to the Incident Commander:   * Number and condition of confirmed positive, presumed positive residents and residents with tests pending * Medical problems present in addition to the COVID-19 cases * Measures taken (e.g., cultures, supportive treatment)   Potential for, and scope of, communicability |  |
| Support Incident Management Team as needed; consult appropriately with other internal and external experts. |  |
| Continue to cohort infected residents in an area separate from non-infected residents. Implement strict procedures to prevent staff from cross-contaminating from infected area to non-infected residence areas. |  |
| Support Operations Section as needed by coordinating information regarding specific disease identification and treatment procedures and staff prophylaxis procedures. |  |
| **Operations Section Chief** | Ensure continuation of resident care and essential services. Prioritize as needed. |  |
| Implement tasks listed below if Branches are not activated. |  |
| **Resident Services Branch Director** | Monitor continuation of medical mission activities. Conduct disease surveillance, including number of affected residents and staff. |  |
| Continue resident, staff, and nursing home monitoring for infectious exposure, and provide appropriate follow up care as required. |  |
| Implement resident cohorting, isolation, and personal protective equipment practices. |  |
| Consult with Infection Control for disinfection requirements for equipment and facility. |  |
| Implement fatality management procedures and assess capacity for refrigeration and security of decedents, if necessary. |  |
| **Infrastructure Branch Director** | Ensure nursing home cleanliness (as best as possible). Initiate special cleaning as necessary. |  |
| Continue to monitor the status of the physical plant and ensure the integrity of and/or restoration of utilities and communications. |  |
| **Planning Section Chief** | Update and revise the incident objectives and the Incident Action Plan for the upcoming operational period in cooperation with Command Staff and Section Chiefs. |  |
| Continue staff, materials, and equipment tracking. |  |
| Continue resident and bed tracking. |  |
| **Logistics Section Chief** | Consider temporarily reassigning staff recovering from flu to appropriate duties; reassign staff at high risk for complications of flu (e.g., pregnant women, immunocompromised persons) to low risk duties (no infectious resident care or administrative duties only). |  |
| Continue to assess surge capacity and need for supplies (equipment, blood products, medications, supplies) in cooperation with Operations Section. Obtain supplies as required and available or continue supply rationing. |  |
| Continue staff call in (if safe and as needed) and provide additional staff to impacted areas. |  |
| Facilitate procurement of supplies, equipment, and medications for response and resident care. |  |
| Establish sheltering and feeding services for staff and family/guardians. |  |
| Refer to Job Action Sheet for additional tasks. |  |
| **Finance/**  **Administration Section Chief** | Track hours associated with the incident response. |  |
| Initiate screening and tracking of incoming volunteers and/or new personnel. |  |
| Facilitate procurement of needed supplies, equipment, and contractors. |  |
| Track and follow up with employee illnesses and absenteeism issues. |  |
| Implement risk management and claims procedures for reported staff and resident exposures or injuries. |  |
| Track response expenses and expenditures. |  |
| Refer to Job Action Sheet for additional tasks. |  |
| **All Activated Positions – Refer to Job Action Sheets** | | |

| **Actions to Take After COVID-19 Outbreak has been contained** | | |
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| **IMT Position** | **Action** | **Initials** |
| **Incident Commander** | Determine termination of event and ability to return to normal operations. |  |
| Oversee and direct demobilization operations with restoration of normal services. |  |
| Ensure that process is mobilized to complete response documentation for submission for reimbursement. |  |
| **Liaison/PIO** | Conduct final media briefing and assist with updating staff, residents, families/guardians, and others of termination of incident and restoration of normal services. |  |
| Communicate final nursing home status and termination of the incident to local emergency medical services and any established outside agency contacts. |  |
| **Safety Officer** | Monitor and maintain a safe environment during return to normal operations. |  |
| Return traffic flow and security forces to normal services. |  |
| Report staff injury and illness for follow up by Finance/ Administration Section Chief. |  |
| **Operations Section Chief** | Submit all section documentation to Planning Section for compilation in After Action Report. |  |
| Ensure residents, staff, and visitors have access to behavioral health support as needed. |  |
| Implement tasks listed below if Branches are not activated. |  |
| **Resident Services Branch Director** | Return resident care and services to normal operations. |  |
| Repatriate transferred residents, if applicable. |  |
| **Infrastructure Branch Director** | Ensure that deployable isolation equipment or alterations in air pressure flow are returned to pre-incident status. |  |
| **Planning Section Chief** | Conduct debriefings or hotwash with:   * Command Staff and section personnel * Administrative personnel * All staff * All volunteers |  |
| Write an After Action Report, Corrective Action, and Improvement Plans for submission to the Incident Commander, and include:   * Summary of the incident * Summary of actions taken * Actions that went well * Actions that could be improved * Recommendations for future response actions |  |
| Prepare summary of the status and location of all incident residents, staff, and equipment. After approval by the Incident Commander, distribute as appropriate. |  |
| **Logistics Section Chief** | Inventory the Command Center and facility supplies and replenish as necessary, appropriate, and available. Restock supplies, equipment, medications, food, and water to pre event inventories. |  |
| Inventory levels of personal protective equipment and work with Finance Section to replenish necessary supplies. |  |
| Release temporary staff and other personnel to normal positions. |  |
| Submit all section documentation to Planning Section for compilation in After Action Report. |  |
| **Finance/ Administration Section Chief** | Contact insurance carriers to identify requirements for documentation of any damage or losses, and initiate reimbursement and claims procedures. |  |
| Finalize all expense and time reports and summarize the costs of the response and recovery operations to submit to Planning Section for inclusion in the After Action Report. |  |
| Work with local, state, and federal emergency management to begin reimbursement procedures for cost expenditures related to the event. |  |
| **All Activated Positions – Refer to Job Action Sheets** | | |

| **Documents and Tools** |
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| **Nursing Home Emergency Operations Plan, including:**   * Infectious disease procedures * Surge procedures * Infectious resident transport procedures * Vaccination and prophylaxis procedures * Communication plan * Fatality management procedures * Resident, staff, and equipment tracking procedures * Employee health monitoring and treatment procedures * Behavioral health support procedures * Centers for Disease Control and Prevention Guidelines for specific agent identification and treatment * Infection control and isolation protocols * Security procedures * Business Continuity Plan |
| **Forms, including:**   * [NHICS 200 – Incident Action Plan (IAP) Quick Start](https://emsa.ca.gov/wp-content/uploads/sites/71/2017/07/HICS-Incident-Action-Plan-IAP-Quick-Start_3.pdf) * [NHICS 205A – Communications List](https://emsa.ca.gov/wp-content/uploads/sites/71/2017/07/HICS-205A-Communications-List.pdf) * [NHICS 214 – Activity Log](https://emsa.ca.gov/wp-content/uploads/sites/71/2017/07/HICS-214-Activity-Log.pdf) * [NHICS 215A – Incident Action Plan (IAP) Safety Analysis](https://emsa.ca.gov/wp-content/uploads/sites/71/2017/07/HICS-215A-Incident-Action-Plan-IAP-Safety-Analysis.pdf) * [NHICS 251 – Facility System Status Report](https://emsa.ca.gov/wp-content/uploads/sites/71/2017/07/HICS-251-Facility-System-Status-Report_4.pdf) * [NHICS 254 – Emergency Admit Tracking](https://emsa.ca.gov/wp-content/uploads/sites/71/2017/07/HICS-254-Disaster-Victim-Patient-Tracking.pdf) * [NHICS 259 – Facility Casualty/Fatality Report](https://emsa.ca.gov/wp-content/uploads/sites/71/2017/07/HICS-259-Hospital-Casualty-Fatality-Report_3.pdf) |
| Job Action Sheets |
| Paper forms for down-time documentation, data entry, etc. |
| Access to nursing home organization chart |
| Campus floor plans, maps, and evacuation routes |
| Television/radio/internet to monitor news |
| Telephone/cell phone/satellite phone/internet/amateur radio/2-way radio for communication |

Appendix A:

| **Mission** |
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| **Respond to a long-term care (LTC) facility that has reported a resident testing positive for COVID-19 and support implementation of response procedures.** |
| **Duties throughout phases to include:**   * Report to the division/group supervisor for situation briefing. * Assign specific work tasks to strike team members. * Inform all team members of reporting relationships, communication procedures, and safety requirements. * Monitor work progress and make changes when necessary. * Ensure team members comply with applicable health and safety requirements. * Submit situation and resource status information to supervisor. * Report special occurrences or events such as accidents or sickness. * Address logistics issues for team members as well as LTC facility. * Maintain unit/activity log (ICS form 214). |