COVID-19 Action Plan for Congregate Settings

1. Administrative

Action	Person Responsible	Due Date	Date Complete	Comments
Ensure Infection Preventionist (IP) has adequate time and resources to dedicate to situation. Additional tasks may include surveillance, staff education, conducting audits, and consulting with the Minnesota Department of Health (MDH).				
Activate Incident Command System (ICS).				
Cancel all group activities (including field trips outside facility).				
Ensure social distancing during communal dining and hand hygiene performed. Residents who are ill or known to have COVID-19 should not participate in communal dining.				
Implement visitor restrictions. Exceptions for compassionate care as outlined by CMS and CDC. Potential visitors are screened prior to entry into the facility and must wear a facemask and adhere to infection control practices (e.g., hand hygiene) while in the building.				
Develop plans for a surge in numbers of COVID-19-positive residents (e.g., make a plan for 10, 20, 30, or more cases).				
Develop plans for surge in numbers of staff absences due to COVID-19 exposures and illness. Consider absences of 10, 20, 30, or more employees. Consider absences of critical staff such as dietary.				

2. Surveillance

Action	Person Responsible	Due Date	Date Complete	Comments
Implement active screening of residents upon admission and twice daily for fever (>100.0F), and symptoms of COVID-19 (shortness of breath (SOB), new or change in cough, chills, sore throat, muscle aches). If positive for fever or symptoms, implement Transmission-based Precautions as described below. Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, headache, vomiting, abdominal pain, or diarrhea. Identification of				

Action	Person Responsible	Due Date	Date Complete	Comments
these symptoms should prompt isolation and further evaluation for COVID-19. Use line list. Maintain a very low threshold for testing of residents.				
Implement active screening of staff when reporting to duty for fever (≥100.0F), acute respiratory symptoms (e.g., cough, SOB, sore throat) and muscle aches or chills. Further evaluation may be recommended for lower temperatures (<100.0F) or other symptoms not attributable to another diagnosis, including headache, nausea, vomiting, diarrhea, abdominal pain, runny nose, fatigue). Staff should be asked to leave work if ill. Use line list. Maintain a very low threshold for testing of staff.				
Develop return-to-work policy for staff who have been ill with acute respiratory illness (they should be at home for at least 10 days including 3 days with no fever and improvement of symptoms) or furloughed due to exposure to a COVID-19 case as notified by public health.				
Alert public health within 24 hours of any positive COVID-19 cases, hospital transfers, sudden deaths, or two or more residents and/or staff with a recent onset of respiratory or febrile illness within the same unit or ward within 72 hours.				

3. Education

Action	Person Responsible	Due Date	Date Complete	Comments
Provide staff education of COVID-19 general information and their role in containment and prevention (e.g., transmission, signs, symptoms, general infection control practices).				
Provide education to residents and families regarding COVID-19 response and updates.				

4. Hand Hygiene (HH)

Action	Person Responsible	Due Date	Date Complete	Comments
Ensure alcohol-based hand rub (ABHR) dispensers are available in common areas and in each care location.				
Monitor supply of ABHR.				
Conduct frequent hand hygiene (HH) audits to assure staff is performing HH when required. Audit multiple shifts and all staff types. Calculate compliance rates and address identified gaps.				

Action	Person Responsible	Due Date	Date Complete	Comments
Provide education to residents on hand hygiene.				

5. Transmission-based Precautions

Action	Person Responsible	Due Date	Date Complete	Comments
Educate staff on when to put residents with signs and symptoms of COVID-19 into Isolation Precautions. Re-enforce Transmission-based Precaution education and type of PPE to be utilized (gown, facemask, eye protection, and gloves).				
Have signs readily available that can be posted near entryway of symptomatic resident rooms. Educate on proper posting of signage. MDH signage to alert staff of precautions and personal protective equipment (PPE): Enhanced Respiratory Precautions (PDF) (https://www.health.state.mn.us/diseases/coronavirus/hcp/ppepresign.pdf)				

6. Personal Protective Equipment (PPE)

Action	Person Responsible	Due Date	Date Complete	Comments
Educate staff providing direct care, including contractors, on PPE donning and doffing: ▪ What to wear and when, for residents in Transmission-based Precautions (gowns, facemask, eye protection, gloves). ▪ Have references on PPE and COVID-19 (i.e., CDC donning/doffing instruction sheet) readily available: MDH: Facemasks and Personal Protective Equipment (PPE) (https://www.health.state.mn.us/diseases/coronavirus/guidance.html#ppe) CDC: Using Personal Protective Equipment (PPE) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html)				
Audit staff compliance with Transmission-based Precautions, share results with staff. Audit multiple shifts and all types of staff. Calculate compliance rates and address identified gaps.				
Ensure adequate PPE supplies are available. Track amount of PPE supplies on hand, and update daily.				

Action	Person Responsible	Due Date	Date Complete	Comments
Using the CDC: PPE Burn Rate Calculator (https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html) is a way to monitor and predict PPE needs. **When additional supplies are critically low, fill out the MDH REDCap survey to request additional PPE: COVID-19 Supply Chain: Resource Requests (https://redcap.health.state.mn.us/redcap/surveys/?s=LXR9JMRYEJ)** ▪ Only fill out request when PPE is critically low (0–3 days of supply left). ▪ In completing this form, there is no guarantee request will be filled. ▪ Requests will go through a needs prioritization process. ▪ A facility can request PPE again if needed. ▪ ***Please be sure to complete ALL items on the form to avoid delays.***				

7. Environmental Cleaning

Action				
Educate staff on environmental cleaning. Educate on appropriate disinfectant for COVID-19.				
Have environmental services (or other designated staff) thoroughly clean and disinfect the common areas twice a day, especially the front entry common area. Wipe chairs (seats and arms), tables, and any other items that are touched frequently by residents and/or staff.				
Audit compliance with cleaning and disinfection of resident rooms and in common areas. Share results with staff. Calculate compliance rates and address identified gaps.				
Increase cleaning in isolation rooms to two times a day focusing on the high touch points: doorknobs, light switch, remote controls, countertops, restrooms.				
Audit cleanliness and organization of clean and soiled utility rooms. Keep clean and soiled items separate.				

8. Cleaning Equipment

Action	Person Responsible	Due Date	Date Complete	Comments
Re-enforce staff education on equipment cleaning.				

Action	Person Responsible	Due Date	Date Complete	Comments
Every piece of equipment that is shared between residents should be cleaned/disinfected after use. This includes scale, lift, BP cuff, thermometer, wheelchairs, bladder scanner, etc. Determine who cleans what, and to what extent.				
Ensure disinfectant wipes are easily accessible (i.e., in basket attached to equipment).				

9. Inter-Facility Communication and Transfers

Action	Person Responsible	Due Date	Date Complete	Comments
Develop a process to ensure communication for inter-facility transfer regarding positive or suspected COVID-19 cases in facility (include EMS).				
Communicate with any transport services ahead of time if a resident with suspected or confirmed COVID-19 needs transport.				
Develop a communication plan for residents requiring off-site dialysis. Facility should: ▪ Screen residents for COVID-19 symptoms when going off-site for dialysis. This should be done within one hour of leaving the facility. Screening includes taking their temperature, evaluating for cough and shortness of breath. ▪ Fill out any pre-dialysis paperwork requested by the dialysis center within one hour of leaving the LTC facility. ▪ Communicate with the dialysis center ahead of time to alert them if there is COVID-19 in the facility. ▪ If a resident with COVID-19 needs dialysis, work with the dialysis center to develop a plan so infection control measures can be put in place. ▪ Ensure residents wear a source control facemask while in the vehicle during transport.				

10. Other

Action	Person Responsible	Due Date	Date Complete	Comments
Provide educational resources for staff and residents on COVID-19. ▪ MDH: Health Care: Coronavirus Disease 2019 (COVID-19) (https://www.health.state.mn.us/diseases/coronavirus/hcp/index.html) ▪ CDC: COVID-19 Print Resources (https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html)				

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