### COVID-19 Outbreak Management Checklist

The below is a checklist of steps recommended to be completed by the organization related to a COVID-19 Outbreak Management. This checklist was designed to provide a preparation and management for a COVID-19 outbreak. This resource can provide leadership, clinical and staff actions in accordance with organization policy and procedures, federal requirements and state/local public health department.

| **Action Steps** | **Completed** | | **Follow Up Actions** |
| --- | --- | --- | --- |
| **Yes** | **No** |
| **COVID-19 Outbreak Preparation and Management Plan should include the following:** | | | |
| 1. Infection Preventionist designation and authority |  |  |  |
| 1. Identify and designate space in the facility that will be dedicated to care for residents with confirmed COVID-19 |  |  |  |
| 1. Determine dedicated and essential staffing plan |  |  |  |
| 1. Prepare a “COVID-19 Outbreak Investigation and Management Policy and Procedure” |  |  |  |
| 1. Prepare a plan for screening    1. Employee    2. Resident    3. Visitors    4. Vendors |  |  |  |
| 1. Prepare an interdisciplinary leadership plan for resident placement    1. Develop the plan    2. Determine staff role for implementation of resident placement decisions (including off hour decision process)       1. Isolation       2. Quarantine       3. Co-horting       4. PPE       5. Signage |  |  |  |
| 1. Implement the process for isolation/quarantine in single/private room and process for observation and monitoring of new admissions, readmissions and residents out of facility for 24 or more hours, for evidence of COVID-19    1. Full PPE upon entering room       1. Gloves       2. Gown       3. Eye Protection       4. N95 or higher equivalent (mask if no N95 available) |  |  |  |
| 1. Implement the process for placement in private room to quarantine on isolation and care of residents exposed to COVID-19    1. Full PPE upon entering room       1. Gloves       2. Gown       3. Eye Protection       4. N95 or higher equivalent (mask if no N95 available) |  |  |  |
| 1. Implement a separate space in the facility that can be dedicated for the care of residents who are confirmed to be positive for COVID-19.    1. Dedicated staff    2. Eliminate non-essential staff from space/unit |  |  |  |
| 1. Prepare an emergency staffing plan in the event of a COVID-19 outbreak |  |  |  |
| 1. Prepare a plan for employees exposed to COVID-19 |  |  |  |
| 1. Prepare a plan for employee with COVID-19    1. Exclude from work - quarantine    2. Return to work |  |  |  |
| 1. Universal source control    1. Employees    2. Residents |  |  |  |
| 1. Identify Personal Protective Equipment Supply    1. PPE Burn Rate Calculator    2. Put policies/procedures in place for use and optimization    3. Determine documentation process for PPE optimization decisions |  |  |  |
| 1. All Staff Education    1. Orientation    2. COVID-19    3. PPE, Hand Hygiene, etc.    4. Cleaning and Disinfection    5. Employee Health |  |  |  |
| 1. Prepare Testing Procedures consistent with State, CMS and CDC guidance: <https://www.cms.gov/files/document/qso-20-38-nh.pdf> |  |  |  |
| 1. Create a list of emergency contacts:    1. Local Public Health Department contact    2. State Health Department contact    3. Acute Care Partner contact(s)    4. Vendor emergency contact(s)    5. Staffing agency contact(s) |  |  |  |
| **COVID-19 Outbreak Plan** | | | |
| 1. Resident Confirmed COVID-19: Immediate isolation in private room (or cohort residents with COVID-19 confirmation) with door closed on COVID-19 unit/dedicated space.  * Implement transmission-based precautions (COVID-19) * Full PPE   + Gloves   + Gown   + Eye Protection   + N95 or higher respirator |  |  |  |
| 1. Implement dedicated, essential staff on COVID-19 unit |  |  |  |
| 1. Health Department notification |  |  |  |
| 1. Implement COVID-19 Outbreak testing for employees and residents consistent with CMS guidance: <https://www.cms.gov/files/document/qso-20-38-nh.pdf> |  |  |  |
| 1. Complete clinical assessment of resident  * Document in medical record |  |  |  |
| 1. Complete Notifications (Physician, resident, representative) and document in the medical record |  |  |  |
| 1. Document on 24 Hour Report |  |  |  |
| 1. Add to resident line list |  |  |  |
| **Communication Plan – Confirmed COVID-19** |  |  |  |
| 1. Resident representative will be informed of COVID-19 Status |  |  |  |
| 1. Local/Health Public Health Department |  |  |  |
| 1. The facility will inform all residents and their families and/or representatives of COVID-19 outbreak status in facility |  |  |  |
| 1. Employee Communication |  |  |  |
| 1. Medical Director will be promptly informed |  |  |  |
| 1. CLIA Reporting – COVID-19 testing in facility |  |  |  |
| 1. NHSN Reporting |  |  |  |
| 1. Other: |  |  |  |
| **Disinfection Criteria** | | | |
| Equipment   1. Dedicated or disposable patient-care equipment should be used    1. If equipment must be used for more than one resident, it will be cleaned and disinfected before use on another resident, according to manufacturer’s recommendations using EPA-registered disinfectants against COVID-19:   <https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19> |  |  |  |
| 1. Cleaning and disinfecting room, high touch areas and equipment will be performed using products that have EPA-approving emerging viral pathogens: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19> |  |  |  |
| **Staff Re-Education (reinforce infection control protocols)** | | | |
| The facility will re-educate employees and reinforce:   * COVID-19 Signs and Symptoms * Screening process * Hand Hygiene practices * Cough Etiquette and Respiratory Hygiene * Resident Placement and Transmission Based Precautions * Appropriate Utilization of PPE * PPE Sequencing specific for COVID-19 * Optimization protocols for PPE * Isolation * Consistent staff assignment * Staff roles and responsibilities |  |  |  |

***NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.***

**References and Resources**

Centers for Medicare & Medicaid Services: QSO-20-38-NH, Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID19 Focused Survey Tool. August 26, 2020, Revised 04/27/2021: <https://www.cms.gov/files/document/qso-20-38-nh.pdf>

Centers for Disease Control and Prevention. Clinical Questions about COVID-19: Questions and Answers. Updated Mar. 4, 2021: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html#Testing-in-Nursing-Homes>

Centers for Disease Control and Prevention. Optimizing Personal Protective Equipment (PPE) Supplies. Updated July 16, 2020: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes. Updated Mar. 29, 2021: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Centers for Disease Control and Prevention. -CoV-2 Antigen Testing in Long Term Care Facilities. Updated Jan. 7, 2021: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-antigen-testing.html>

**FDA Resources:**

Emergency Use Authorizations: <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>

**CMS Additional Resources**

Long term care facility – Infection control self-assessment worksheet: <https://qsep.cms.gov/data/252/A._NursingHome_InfectionControl_Worksheet11-8-19508.pdf>

Infection control toolkit for bedside licensed nurses and nurse aides (“Head to Toe Infection Prevention (H2T) Toolkit”): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment>

Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>