

Emergency Preparedness in Long-Term Care Facilities

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COVID-19 Guidance for Emergency Preparedness in Long-Term Care During COVID-19 Protecting Against COVID-19

Providers should review their current Emergency Preparedness Plan to ensure it addresses infectious diseases.

- The long-term care facility must have the development of arrangements with other LTC facilities and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.
- Contact facilities with transfer agreements and ensure the agreement is still valid and include any outside sources of transportation.
- Review the provision of subsistence needs for staff and patients whether they evacuate or shelter in place. Items to review can include:
 - Food – Check on adequate supply and contact food suppliers to verify the agreement is still valid.
 - Water – Check on the current supply in-house and on the water agreement with the vendor.
 - Medical and Pharmaceutical Supplies – Take a current inventory and access the quantity required to remain on-hand and make arrangements to maintain that amount.
- Ensure a system of medical document that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records.
- The facility should ensure that medical records can be accessed in the event a resident is transferred to the hospital or another facility.

In a resident suspected case or a positive result for COVID-19, there are many considerations for quarantine/isolation to include the physical make-up and mechanical systems.

- Choose a section of your building that would be easy to isolate and has limited traffic. An example would be a wing or corridor that leads to the end of the building. The area should not require staff or residents to pass through for access to another part of the building.
- The preference is to utilize a set of cross corridor smoke or fire doors as the separation to the isolated area. Signs should be posted to alert staff and residents of the restricted access.
- If the area is used for evacuation, ensure nothing inhibits the continued use in the event of an emergency.
- A major concern is the HVAC (heating ventilation air conditioning) systems for the isolated area. Work with the maintenance staff and contractor to provide a complete understanding of the system.
- Ensure the HVAC system does not include any return air from the resident rooms or corridor that recirculate to other sections of the building. Pay special attention to facilities that utilize an open plenum return.
- Verify the exhaust air from all restrooms are exhausted to the outside as required.
- Identify a designated area to DON personal protective equipment (PPE) and a separate area to DOFF PPE. Include a secured location to properly dispose of worn PPE.
- Include room in an isolated area for any staff that may develop symptoms at work until the staff member can be safely transported out of the facility.
- If available, alcohol-based hand sanitizer should be at the point of entry and the exit to the isolated area. If hand sanitizer is not, ensure a hand washing sink is available. Consider designating a room at the isolation point to use as a wash-up station.

For answers to your COVID-19 questions, call 1-833-4-ASK-ODH (1-833-427-5634)