

Long-Term Care Facility Playbook to Access Resources

to Support COVID-19 Outbreak Responses

Background

This document is intended to serve as a playbook on how to access various staffing, supplies, infection control, and other resources to support responses to COVID-19 cases and outbreaks in long-term care facilities (LTCFs) and in some circumstances, other residential facilities.

If your facility suspects or is experiencing an outbreak¹ of COVID-19, notify your [local health department](#) immediately, and implement steps as outlined in [VDH COVID-19 Guidance for Long-Term Care Facilities](#).

In addition:

- Nursing homes: The VDH Office of Licensure and Certification (OLC) is requesting a [Facility Reported Incident \(FRI\) form](#) when either a resident or staff tests positive for COVID-19.
- Assisted Living Facilities: The Virginia Department of Social Services (VDSS) requests that you notify your VDSS inspector.
- Consider self-reporting to the [Virginia Healthcare Alerting & Status System \(VHASS\)](#).
- Long-term care facilities certified to provide Medicare skilled nursing facility (SNF) services and/or Medicaid nursing facility (NF) services are required to report COVID-specific data to the CDC's National Health Safety Network (NHSN). Nursing homes should [confer rights to VDH](#); see instructions [here](#).
 - Assisted Living Facilities may voluntarily report to NHSN.

The following list includes potential options for securing additional resources to support your facility's response to a COVID-19 outbreak. Additional tools and resources may be found on the [Virginia Long-Term Care Task Force website](#).

Phased Reopening

The [VDH Nursing Home Reopening Guidance](#), [FAQs](#), and [VDSS Assisted Living Facility Recommendations for Reopening](#) support facilities' reopening and visitation policies as long as certain criteria, such as testing and personal protective equipment availability, are met.

Staffing

If applicable, engage corporate leadership to identify staff who may be temporarily reassigned to a LTCF experiencing an outbreak.

Engage with your local health system to explore what if any support they can provide in regards to infection control consultation, clinical guidance (either via telehealth or onsite), or re-directing recently furloughed employees to staffing agencies for temporary work at LTCFs. *It is most helpful to engage with health systems prior to a COVID-19 outbreak or prior to a facility-wide testing event.*

¹ At least two (2) lab-confirmed cases are required to classify an outbreak.

Contact temporary staffing agencies.

Medical Reserve Corps volunteers, most of which are nurses, may promptly provide support when staffing levels are critical. Volunteers should not be considered a long-term staffing solution (plan for two weeks of support) and facilities are responsible for providing liability coverage, supervision and training for volunteers that are deployed to their facility. Facilities are encouraged to consider hiring MRC volunteers as staff and providing them with workers compensation coverage. It is preferable that volunteers are not assigned to provide care to COVID-19 residents. Please refer to the information provided on [VDH's MRC page](#) to request volunteers and start the MOU process.

Healthcare Coalitions

Through a partnership between the Virginia Department of Health (VDH) and the Virginia Hospital & Healthcare Association (VHHA), the [Virginia Healthcare Emergency Management Program](#) was created. Through this partnership, Virginia hospitals and healthcare systems, including long-term care facilities, have enhanced their capabilities to respond and recover from a wide range of public health and healthcare emergencies.

VDH and VHHA work with hospitals and other healthcare facilities through a regional structure that consists of six healthcare coalitions (HCCs). Virginia's regional HCCs represent groups of healthcare and response organizations who actively participate in HCC strategic planning, operational planning, information sharing, and resource coordination and management. The HCCs coordinate regional training and exercise opportunities and support the ESF-8 during a response.

Healthcare emergency planning is a continual process. HCCs coordinate emergency preparedness, response, and recovery activities in cooperation with local, regional, state and federal response partners. The focus is on improving capacity to respond to a wide range of hazards such as infectious diseases, natural, and man-made disasters.

Region	Coalition Name	Regional Healthcare Coordinator
Central	Central Virginia Healthcare Coalition	Steve Parrott; steve.parrott@central-region.org
Eastern	Eastern Virginia Healthcare Coalition	Judy Shuck; jshuck@vaems.org
Far Southwest	Far Southwest Healthcare Coalition	Dan Gray; dangray@bvumc.net
Near Southwest	Near Southwest Preparedness Alliance	Robert Hawkins; rhawkins@vaems.org
Northern	Northern Virginia Hospital Alliance	Kristin Nickerson; kristin.nickerson@novaha.org
Northwest	Northwest Region Healthcare Coalition	Ron Clinedinst; regionalcoordinator@nwrhcc.org

Testing

Baseline Point Prevalence Surveys (PPS) Conducted by Public Health

- VDH, the Virginia National Guard, and Public Health Testing Laboratories have partnered to conduct a baseline PPS in each LTCF.
- VDH will reach out to the facilities to schedule testing.
 - Prior to conducting a PPS, the facility should have a plan in place for responding to results.
- The goal is to complete baseline PPS for interested LTCFs by the end of August.

Access to Testing

- Facilities should have access to a private or commercial laboratory that will perform direct viral detection testing. VDH is maintaining an inventory of testing vendors. If you would like contact information for these vendors, please contact Brenden Rivenbark at brenden.rivenbark@vdh.virginia.gov.
- Facilities can also engage with the local health system to explore what if any support they can provide in regards to testing.

On June 19th, Governor Northam announced additional funding to further support nursing homes and assisted living facilities prepare for and respond to COVID-19 outbreaks. Find information on the funding package [here](#).

PPE

LTCFs are encouraged to continue working through private sector vendors, associations and corporate offices to ensure availability of PPE. When a facility cannot secure an adequate level of PPE through normal channels, the Commonwealth may be able to support critical resource requests:

- Nursing homes can contact their [Regional Healthcare Coalition](#) (HCC).
- Assisted living facilities can contact their regional VDSS licensing office.
 - Additional guidance for assisted living facilities is available on the [Virginia Department of Social Services \(VDSS\) website](#).
- Facilities requesting PPE should be prepared to provide information on current PPE inventory, PPE conservation strategies in place currently, and burn rates.

[Memo - Procedure to follow for standard replenishment requests](#)

[Memo - Procedure to follow for urgent replenishment requests](#)

[VDH optimization strategies for PPE](#)

On May 2, Governor Northam announced that FEMA approved Virginia to receive three Battelle Critical Care Decontamination Systems™ (CCDS) which are now operational in the Town of Blacksburg, the City of Newport News, and Chesterfield County. The Battelle CCDS™ uses a concentrated hydrogen peroxide vapor to decontaminate N95 masks, which can sustain up to 20 decontamination cycles without degrading filtration performance. Battelle has been authorized under an [FDA EUA](#) to decontaminate N95 or N95 equivalent filtering facepiece respirators (FFR or respirators) that do not contain cellulose.

- Respirators that contain cellulose-based materials are excluded from the Battelle CCDS™ EUA and cannot be processed using Battelle CCDS™.
- These systems are federally funded through FEMA and the Defense Logistics Agency, and healthcare providers will not be charged for the decontamination services.
- Facilities can [contact Battelle](#) to enroll and obtain the site code(s) needed to label their N95 respirators. Without these site codes, Battelle will not be able to return the processed N95s to the facility. Additional information and instructions are available on the [Battelle website](#).

Ensure staff training and education on appropriate use of PPE:

- If possible, develop a plan to have all staff fit-tested for N95 respirators. Per the [VDH Nursing Home Reopening Guidance](#), fit-testing for respirator use for staff providing direct care for COVID-19 positive residents should be conducted before a nursing home enters Phase I.
- Some local health departments have the capacity to offer fit-testing. Other options include coordinating with the Virginia National Guard (VANG), local fire department or EMS agency for this service.
- Local health systems may be able to offer consultative services, online training modules, and/or education regarding the use of PPE including donning/doffing examples.

Fit Testing

VDH is offering [N-95 Respiratory Fit Testing Train the Trainer Courses](#). VDH encourages facilities to attend the training. To procure fit test kits, facilities can check with their regional healthcare coalition (HCC). Vendors are prioritizing their regular customers, so we suggest facilities check with their vendors. Other vendors, such as Amazon, are also selling kits. Facilities may contact their regional HCC to request kits to conduct fit tests while facilities are waiting for theirs to arrive.

Infection Control

Facilities should follow infection control guidelines from CDC and CMS. VDH has compiled guidance and posted it [here](#).

An online Airborne Pathogens Course was created by VDH before COVID-19, and is available through the VA TRAIN system. It provides a high level overview of airborne pathogens, information that is relevant to COVID-19. To take the course, create a free account at <http://va.train.org> and register for course ID 1087669.

Before or early in an outbreak, an onsite infection control assessment is valuable and often reinforces confidence of LTCF staff.

- Facilities can assess their own infection control readiness using a self-assessment tool. An example of a LTCF infection prevention assessment tool can be found [here](#).
- Many local health departments have capacity to provide on-site infection control consultations in the beginning of an outbreak, or can coordinate with MRC volunteers. Please contact your local health department prior to an outbreak to determine if this is the case in your area.
- Some health systems may offer infection control consultative services, and/or may offer access to the hospital's infection prevention and control educational resources.

Teleconsultations are available with VDH infection control experts and may be available via CDC. Facilities may request VDH consultation through their local health department.

To prevent the spread of infection, it is encouraged that staff work at only one facility. If that is not possible, please maintain a list of staff working in multiple locations. Encourage staff to report if they have worked in other facilities with recognized COVID-19 cases. Also encourage staff to report their own results if they are tested for COVID-19 while working at another facility.

Behavioral Health

[VDH: Healthcare Providers: Emotional and Psychological Reactions](#)

[DBHDS: COVID-19 Resources for Healthcare Providers and Front Line Personnel](#)

- The Virginia Department of Behavioral Health and Development Services (DBHDS) offers a crisis counseling program and warm line to help citizens with trauma, grief and overall distress due to COVID-19.

- Please call (877) 349-6428 Toll Free
 - 9:00 AM - 9:00 PM Monday - Friday
 - 5:00 PM - 9:00 PM Saturday and Sunday

[VDH: Injury and Violence Prevention](#)

[VDH: Injury and Violence Interactive Data](#)

[VDH: Healthcare and Injury Prevention Provider Education](#)

[CDC: Injury Prevention and Control](#)

[CDC: Coping with Stress During COVID-19](#)

[WHO: #Healthyathome - Mental Health](#)

[FrontlineWellnessVA - Supporting Virginia's Frontline](#)

[VHA: Masking Compliance Strategies](#)

[VA Hampton Medical Center: Resiliency Training](#)

[VA Hampton Medical Center: Leadership Strategies During COVID-19](#)

Care Transitions

A LTCF can accept a resident diagnosed with COVID-19 if the facility can follow [CDC guidance for Transmission-Based Precautions](#). CDC has released [Interim Guidance for Discontinuing Transmission-Based Precautions](#) for persons with laboratory-confirmed COVID-19. CDC has also released [Responding to COVID-19 in Nursing Homes](#), which includes considerations for new admissions or readmissions to a facility. In addition, the following guidance documents on discharge planning for LTCFs and health systems have been published:

- [Guidance on Hospital Transfer and Admission of Patients to Long Term Care Facilities \(LTCFs\) During COVID-19 Emergency](#)
- [Hospital to Long Term Care Facility \(LTCF\) Transfer – COVID-19 Assessment](#)

Communications

VDH recommends that facilities develop communication plans to ensure that residents, families, and staff are informed and up-to-date about any COVID-19 initiatives, including measures the facility is taking to protect residents and their loved ones. Communication can be implemented via different methods, such as letters, emails, or website updates. Communication should include information regarding visitation restrictions and what alternative methods for communication will be supported by the facility.

Collaborative public communication efforts with the local health department is also an advisable best practice. [Local health departments](#) may be able to support with public information officer (PIO) support, if needed. In addition, the following tools are available:

- The Virginia Health Care Association has developed a template media fact sheet and template letters for residents, family members, and staff to support communication efforts, which are available [here](#).
- LeadingAge Virginia has published [coronavirus communication and media tools](#) as well as a [media toolkit](#) to support media inquiries and other communication efforts.
- The American Health Care Association and the National Center for Assisted Living have produced [Communication Strategies for Keeping Families Up to Date](#), [Notification Guidelines for Confirmed COVID-19 Cases](#), and other communication [templates](#).

- The Virginia Assisted Living Association's (VALA) has published communications templates in the event of [a confirmed COVID case](#) or when there is [no spread of COVID within a facility](#).

Additional Resources

- VHCA/VCAL's COVID-19 resource library can be found [here](#).
- VALA has developed a resource library, which can be accessed [here](#).
- LeadingAge Virginia has published a [COVID-19 Toolkit](#) as well as [online resources](#) to mitigate the effects of social isolation.
- [Virginia Hospitals, Virginia Department of Health Partner on new Initiative to Support Long-Term Care Facilities During COVID-19 Pandemic](#) provides information on partnerships between health systems and long-term care facilities.
- The Society for Post-Acute and Long-Term Care Medicine has published [Frequently Asked Questions Regarding COVID-19 and PALTC](#).
- OSHA has published [COVID-19 Guidance for Nursing Home and Long-Term Care Facility Workers](#).
- CMS has published a [Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes](#).
- The CDC has produced [Trainings for Healthcare Professionals](#), a [Mini Webinar Series for COVID-19 Prevention for LTC Staff](#), [Donning and Doffing Videos](#), [Guidance for Cleaning and Disinfecting](#), [Instructions on How to Clean and Disinfect](#), and [Additional Information for Responding to COVID-19 in Nursing Homes](#).
- VDH has also published [Planning for Point Prevalence Surveys, Nursing Homes and Assisted Living Facilities COVID-19 FAQs](#), [Guidelines for Cleaning and Disinfection for SARS-CoV-2](#).