COVID-19 PANDEMIC
FACILITY AFTER-ACTION REPORT / IMPROVEMENT PLAN

Facility Name	_____
Incident Name	**COVID-19 Pandemic**
Incident Dates	**March 1, 2020 to December 31, 2020**
Scope	In this incident, all LTC-MAP members were impacted during the first wave of the Pandemic in one way or another. Over two thirds of the nursing homes and assisted living communities had positive cases of COVID-19 among their residents. For those who managed to remain COVID-19 free, the intensity of daily operations was just as high. Components of the LTC-MAP and facility plans that were utilized include:

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Under Scope:

- Activation of facility command centers;

- Reporting daily on operational status, beds and supplies;

- Activation of a virtual LTC Coordinating Center;

- Managing requests for resources and assets.

The virtual LTC Coordinating Center that supported this incident was made up of the RPA Program Manager and Regional Steering Committee / Responders. Their objectives included:

- Follow up on non-reporting facilities daily,

- Manage weekly WebEx calls with CT DPH,

- Assign staff to identify and manage:

  - Operational Issues

    - Staffing shortages

    - Personal Protective Equipment (PPE) requests

All plan members were expected to complete a Facility After Exercise Report and Improvement Plan documenting their actions, successes and opportunities during the first wave of the COVID-19 Pandemic.

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Mission Area(s)	**Response, Recovery**
Health Care Preparedness and Response Capabilities with Associated Objectives	The capabilities listed below, as identified in the 2017-2022 Health Care Preparedness and Response Capacities, published by the Office of the Assistant Secretary for Preparedness and Response in November 2016, provided the foundation for the response and recovery to the COVID-19 Pandemic. The goal of the after-action reporting process was to measure and validate performance of the following capabilities, their associated critical tasks and identify areas and opportunities for continued improvement: **HCPR Capability 1:** Foundation for Health Care and Medical Readiness *Objective 2: Identify Risks and Needs* <u>Activity 1:</u> Assess Hazard Vulnerabilities and Risks **HCPR Capability 2:** Health Care and Medical Response Coordination *Objective 2: Utilize Information Sharing Procedures and Platforms* <u>Activity 3:</u> Utilize Communications Systems and Platforms *Objective 3: Coordinate Response Strategy, Resources, and Communications* <u>Activity 1:</u> Identify and Coordinate Resource Needs during an Emergency <u>Activity 2:</u> Coordinate Incident Action Planning During an Emergency <u>Activity 3:</u> Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency <u>Activity 4:</u> Communicate with the Public during an Emergency **HCPR Capability 3:** Continuity of Health Care Services Delivery *Objective 1: Identify Essential Functions for Health Care Delivery* *Objective 2: Plan for Continuity of Operations* <u>Activity 4:</u> Plan for Health Care Organization Sheltering-in-Place *Objective 5: Protect Responders' Safety and Health* <u>Activity 1:</u> Distribute Resources Required to Protect the Health Care Workforce <u>Activity 2:</u> Train and Exercise to Promote Responders' Safety and Health <u>Activity 3:</u> Develop Health Care Worker Resilience *Objective 7: Coordinate Health Care Delivery System Recovery* <u>Activity 2:</u> Assess Health Care Delivery System Recovery after an

Emergency

HCPR Capability 4: Medical Surge
Objective 2: Respond to a Medical Surge
    Activity 3: Develop an Alternate Care System
    Activity 11: Manage Mass Fatalities

Threat or Hazard

Emerging Infectious Disease (EID) – Global Pandemic

Scenario

The COVID-19 Pandemic was a global outbreak of a novel Coronavirus, SARS-CoV-2, originating from Wuhan, China in late December 2019. The virus made its way into the United States via a human vector in late January / early February 2020. The SARS-CoV-2 virus was easily transmitted between humans through droplets from coughing, sneezing and even exhaling. Additionally, it was believed that approximately 30% of the population became asymptomatic carriers and spreaders of the virus. This made detecting illness extremely difficult and without widespread testing capability at the onset, almost impossible to prevent the spread of the disease into our most vulnerable populations in long-term care facilities.

Sponsor

Connecticut Long Term Care Mutual Aid Plan (LTC-MAP)
Funded by: Connecticut Department of Public Health

Participating Organizations

Participating Agencies and Organizations
All LTC-MAP members
Connecticut Department of Public Health – Facilities Licensing & Investigations Section (FLIS)
Connecticut Department of Public Health – Office of Public Health Preparedness (OPHP)
Connecticut Department of Public Health – Epidemiology and Emergency Infections
Local Fire Departments, EMS and Emergency Management Officials
Regional Emergency Support Functions #8 (ESF#8s) – Health & Medical
RPA, a Jensen Hughes Company

Points of Contact

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ANALYSIS OF CORE CAPABILITIES

The following section provides an overview of the performance related to each core capability, objective, corresponding activity, strengths and areas for improvement.

HCPR Capability 1, Objective 2, Activity 1: Assess Hazard Vulnerabilities and Risks
What was your overall risk rating of "Infectious Disease Outbreak", "Emerging Infectious Disease (EID)" or "Pandemic" on your 2019 Annual Hazard Vulnerability Analysis (HVA)? Was it in your "Top 5" Events for your 2019 HVA?
Did you have a written plan for an "Infectious Disease Outbreak", "Emerging Infectious Disease (EID)" or "Pandemic" as part of your facility Emergency Operations Plan (EOP)? If yes, did you reference the plan during your COVID-19 response?
What preparedness efforts (writing/reviewing the plan, staff training, purchasing/stockpiling supplies, etc.) did you do in 2019 for an "Infectious Disease Outbreak", "Emerging Infectious Disease (EID)" or "Pandemic"?
Have you conducted an exercise (table-top, functional or full-scale) related to "Infectious Disease Outbreak", "Emerging Infectious Disease (EID)" or "Pandemic" in the last five years? If yes, please describe.

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 2, Objective 2, Activity 3: Utilize Communications Systems and Platforms
Who conducted the daily online emergency reporting and how many people within the facility know how to conduct online emergency reporting should the primary person not be available?
Was the daily reporting to www.mutualaidplan.org easy or difficult to complete? Did you reference the Quick Guide for completing Emergency Reporting? Did you refer to the LTC-MAP website documents section on a regular basis for updated guidance documents, blast faxes, Webex recordings, etc.?
What other entities or portals did you report to during the COVID-19 Pandemic?   Did you find the questions were redundant?
Did you participate in the CT DPH Weekly Conference Calls? Were they helpful in disseminating timely information to your facility related to the ongoing COVID-19 Pandemic? Please provide any other feedback regarding the weekly calls.

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 2, Objective 3, Activity 1: Identify and Coordinate Resource Needs during an Emergency
Did you experience shortages of Personal Protective Equipment (PPE) during the incident? If so, what PPE was in short supply and most difficult to obtain?
Did you reference and follow the CDC Guidance for the extended use of PPE? If so, what methods did you use?
Describe your par level / stockpile of PPE prior to the COVID-19 Pandemic?
Have you or will you change your par levels / stockpile of PPE because of COVID-19?
Were your vendors able to support your PPE needs? How long did your vendors take to resume normal delivery?
Were your PPE needs supported by your local emergency management agency and/or health department?
Did you receive PPE weekly from the State distribution? Describe the process.

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 2, Objective 3, Activity 2: Coordinate Incident Action Planning During an Emergency

Did your staff demonstrate effective response and recovery coordination by using the Nursing Home Incident Command Center (NHICS) structure and tools?

What NHICS positions did you activate during the COVID-19 response? Did you assign a Medical / Technical Specialist position (e.g. Infection Control, etc.)?

Did you develop an Incident Action Plan (IAP) for your facility response to COVID-19?

What were your primary objectives in your IAP? How often did you update your IAP (e.g. daily, weekly, every 2 weeks)?

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 2, Objective 3, Activity 3: Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency

Describe your ongoing communications with the following entities (What was communicated, how was it communicated and when was it communicated / how often?):

Clinical Staff:

Non-Clinical Staff:

Residents:

Families:

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 2, Objective 3, Activity 4: Communicate with the Public during an Emergency
Did you interact with the media during your response to COVID-19? If yes, please describe:
Did you prepare (or corporate) a press release on behalf of your facility / operator for the media?
Did you conduct or participate in a press conference during the COVID-19 response? If so, did you feel prepared to effectively interact with the media?

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 3, Objective 1: Identify Essential Functions for Health Care Delivery

Briefly describe how you maintained, altered or adjusted the following mission critical services / vendors and systems during your response to COVID-19:

- Laboratory:

- Radiology:

- Pharmacy:

- Supply chain management (leasing, purchasing, and delivery of critical equipment and supplies such as medical devices, blood products, personal protective equipment (PPE), and pharmaceuticals):

- Facility infrastructure (e.g. temporary walls, structure, physical plant):

- Medical gases (oxygen):

- Air handling systems (heating, ventilation, and air conditioning [HVAC], includes negative pressure ventilation):

- Telecommunications and internet services (bandwidth capability):

- Information technology (e.g., software and hardware for EHRs and patient billing):

- Central Supply / Materials Management:

- Transportation services:

- Nutrition and dietary services:

- Security (PPE stockpile, visitor / vendor restrictions):

- Laundry:

- Human Resources:

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 3, Objective 2, Activity 4: Plan for Health Care Organization Sheltering-in-Place
What date did you commence with visitor/vendor restrictions and screening of all persons entering the facility?
Describe your process (staff involved, signage, entry points, supplies/equipment utilized, documentation, etc.) for screening all persons entering the facility?

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 3, Objective 5, Activity 1: Distribute Resources to Protect the Health Care Workforce
Describe your daily process for PPE distribution to staff?
How did you secure your PPE resources / stockpile?

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 3, Objective 5, Activity 2: Train and Exercise to Promote Responders' Safety & Health
Were your staff competent in donning and doffing PPE prior to the COVID-19 Pandemic? If not, where did you obtain the course material to conduct the training during the response? Who conducted staff training during the response?
Were your staff fit-tested for N95 masks prior to the COVID-19 Pandemic? If not, how did you accomplish fit testing for your staff during the Pandemic?
Do you have an established Respiratory Protection Program for your facility?

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 3, Objective 5, Activity 3: Develop Health Care Worker Resilience
Did you experience staffing shortages during the COVID-19 response? If yes, what was the cause (if known)?
What strategies did you use to mitigate staffing shortages? • Altered staff schedules (e.g. 12-hour shifts)? • Tracked staff who were out sick / identified return to work date? • Followed the CDC Return to Work Guidance? • Established a staff incentive program / shift bonus? • Supplemented staffing with agency staff? Were they able to support you? At what expense? Detail the orientation program that was used to onboard the agency staff. • Supplemented staffing with Medical Reserve Corps volunteers?

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 3, Objective 7, Activity 2: Assess Health Care Delivery System Recovery
Visitation – What types of visitation did you begin allowing and when did you initiate them? Describe your process. • Window visits –   • Outdoor / patio visits –
Activities / Group Events – When did you begin allowing group activities, communal dining, etc.? Describe your process.
Salon / Hair Dressers – When did you open the Salon / Hair Dresser at your facility? Describe your process.

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 4, Objective 2, Activity 3: Develop an Alternate Care System (Resident Cohorting)

Describe how you maintained three distinct resident areas in your facility during the Pandemic, (COVID Positive Unit, COVID Observation Unit, COVID Negative Unit)?

- COVID Positive Unit –

- COVID Observation Unit –

- COVID Negative Unit –

Admissions / Re-admissions – What was your policy and practice regarding new resident admissions and returning residents from the hospital?

Point Prevalence Survey (PPS) Testing – How many rounds of PPS Testing of your residents did you perform? How did the results of each PPS Test impact your cohorting strategy of your residents?

Strengths:	Areas for Improvement:

Other Comments:

HCPR Capability 4, Objective 2, Activity 11: Manage Mass Fatalities
Did you experience any resident deaths due to COVID-19? If yes, how many?
Did you experience any staff deaths related to COVID-19? If yes, how many?
Did you experience difficulties managing resident deaths with the local funeral homes / directors? If yes, please explain.

Strengths:	Areas for Improvement:

Other Comments:

General Comments / Observations

EXECUTIVE SUMMARY / IMPROVEMENT PLAN

Major Strengths

Instructions to participant: *Summarize at least 3-5 items identified as major strengths in your planning, procedures and response.*

The major strengths identified are as follows:
E.g. Our mass notification system worked well for communicating with staff and family.

Primary Areas for Improvement

Instructions to participant: *Prioritize the top 3-5 issues identified as primary areas for improvement in your planning, procedures and response, and develop an action plan for improvement:*

Primary Areas for Improvement identified	Action Plan for Improvement:	Responsible	Projected Completion Date"
EXAMPLE: We determined that we don't have air conditioning in 100% of our building while on Generator.	*1. Develop options to add air conditioning to our alternate power source.* *2. Develop contingency plans.*	*Director of Maintenance*	*8/1/19*