# Playbook for Timely Response Protocol for COVID-19 Outbreak in Long Term Care Facilities

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## Playbook for Joint Timely Response Protocol for COVID-19 Outbreak in Long Term Care Facilities

## Purpose:

The purpose of this plan is to establish the coordination and response efforts of the Department of Human Services (DHS), Aging and People with Disabilities (APD) and Oregon Health Authority (OHA) when three (3) or more cases of COVID-19 are associated with a long-term care facility. This coordinated response will help to prevent and slow the spread of COVID-19 and, when it is possible, ensure that these facilities can continue to operate while protecting the public's health. This coordinated agreement allows for proactive strategies to prevent further spread within in a facility.

## Agency Roles & Definitions

Local Public Health Authority (LPHA): Responsible for investigating reportable diseases and disease outbreaks and controlling the spread of disease under ORS 433.006.

Oregon Health Authority (OHA): Responsible for establishing rules and investigative guidelines related to the control of disease. OHA works in collaboration with LPHAs and can help sister agencies and facilities related to infection control and disease outbreak management. Can also assist LPHA's with investigation and contact tracing.

- Acute and Communicable Disease Prevention (ACDP) & Urgent Epidemiology Response Team (UERT) Epidemiologists: UERT epidemiologists serve as OHA representatives for an outbreak identified in a facility. They collaborate with the LPHA to monitor case numbers; manage database documentation; coordinate LPHA requests for specialized outbreak expertise from Senior Health Advisors or the Healthcare-Associated Infections Team; and assume a leadership role in outbreak response if LPHA capacity is limited. They also track outbreak status daily and update the COVID-19 Response and Recovery Unit (CRRU). They are also responsible for approving testing at the Oregon State Public Health Laboratory (OSPHL) and provide infection control consultations.
- COVID-19 Response and Recovery Unit (CRRU): A shared service between OHA and the DHS and staffed by both agencies that provides resources,

coordination and support to state and local agencies in responding to an outbreak, in order to prevent and slow the spread of an outbreak.
    - Regional Coalition Support Group (RCSG): Consists of staff from the OHA that work to identify at-risk facilities, establish situational awareness, support medical surge, and coordinate and support response actions through existing regional coalitions.
    - Inter-agency Support Team (IAST): multi-jurisdictional team with staff from OHA, DHS, and other necessary agency regulatory staff who can create an action plan and implement the plan when needed to stabilize a facility.
- Aging and People with Disabilities' (APD) Safety, Oversight and Quality Unit (SOQ): the licensing authority for Oregon long-term care facilities. Provides regulatory oversight and technical assistance to, and enforces regulatory compliance of, long-term care facilities.
    - Long-term care facility means an establishment that is licensed, certified or endorsed by the Department of Human Services that provides care to individuals over 65 years old or adults with a physical disability in a congregate setting.

## Response Processes

The following section outlines the process by which SOQ and LPHA will respond to a long-term care facility that is confirmed to have three (3) or more COVID-19 positive cases, and the process for escalation to CRRU. This plan will provide proactive support to limit further spread of COVID-19 at the facility and to ensure the facility is able to continue providing care and services to the vulnerable residents. Each agency's response process is outlined below, including the process through which additional resources need to be requested. The identification of three COVID-19 positive cases associated with a facility will primarily come from the facility's mandate to report to LPHA and SOQ. However, there may be circumstances where other agencies or entities are aware of a situation prior to LPHA and SOQ.

## Oregon Health Authority Acute and Communicable Disease (ACDP) Urgent Epidemiology Response Team (UERT) Response Protocol

When an LPHA identifies three (3) positive COVID-19 cases associated with a facility, OHA's COVID-19 investigation guidelines require a LPHA to input that information immediately into the state's reportable disease database (ORPHEUS) and to notify OHA UERT. Once OHA UERT is aware of a case associated with a facility, it will immediately share with the regulatory State Agency (here APD SOQ) and RCSG a summary of the situation including: case volume, infectious period dates, any facility prevention measures in place, issues of concern associated with the facility, and any other pertinent information.[1]

OHA UERT will report directly to the RCSG by email to: Community.LifeLine@dhsoha.state.or.us

## DHS, APD's Safety, Oversight and Quality Unit (SOQ)

SOQ will issue an executive order (EO) outlining the conditions the facility must adhere to, which include but might not be limited to:

- Restrict any new admission of residents,
- Restrict all facility visitation,
- Restrict all congregate activities and events,
- Provide infection control training for all staff,
- Cohort and isolate residents, as appropriate, and
- Report as changes occur to SOQ regarding the ability to contain the outbreak.

SOQ will record the following information in the Geographic Information Systems (GIS) Covid-19 Tracker database:

- The name of the facility,
- The name of the residents with a positive test for COVID-19,
- The number of staff with a positive test for COVID-19, and
- The Executive Order number and date of issue.

[1] OHA's investigative guidelines will also require the LPHA to do the following:

- Notify the agency/facility, preferably the Human Resources (HR) Department, that there is a COVID positive result associated with the agency/facility and provide information regarding immediate measures the agency/facility can take to limit the spread of the disease, the playbook and toolkit information. If there is more than one confirmed or suspect case associated with the agency/facility, that information will be shared with the agency/facility as well.

SOQ will have surveyor staff onsite conducting their initial review either same day or within 24 hours of outbreak notification. SOQ will conduct on-site visits at least once a week and will partner with LPHA to complete a site visit to the facility to determine and document the following:

- Does the facility have enough personal protective equipment (PPE),
- Are facility staff using appropriate infection control protocols,
- Are residents and staff with a positive test result isolated from other residents and staff, and
- Any other observable risks.

## COVID-19 Response and Response Unit (CRRU)

### Regional Coalition Support Group (RCSG) Response Protocol

During a coordinated response, if an agency identifies that additional support or resources are needed to assist in preventing or slowing the spread of the disease, including supporting employees at the facility, the RCSG will be contacted by the UERT or SOQ. Contact is initiated by emailing Community.LifeLine@dhsoha.state.or.us. If agreed between UERT and RCGS that additional support is needed, the RCGS will complete a Mission Analysis that includes an assessment of the risk of instability based on:

- Number of COVID-19 positive cases.
- Continued exposure and increase in COVID-19 positive cases.
- Continued risk of the facility's inability to meet the needs of the residents.
- Continued risk of community and cross-community exposure.
- Contact tracing ability and response.
- Testing resources.
- Continued concern and lack of precautionary measures being effectively established and implemented.
- Facility's response and willingness to coordinate safety efforts with LPHA, SOQ and RCSG.
- Gaps requiring technical assistance.

The RCSG will verify information with the OHA ACDP epidemiologist assigned to the outbreak, along with identifying gaps and providing technical assistance as identified. The RCSG will produce a daily Mission Analysis based on data and intelligence gathered and share with SOQ and LPHA as needed and agreed upon during the pre-tactics meeting. Mission Analysis will be completed as new

information is made available to the RCSG via the Community.LifeLine@dhsoha.state.or.us

The RCSG supervisor will provide a status update to the CRRU Director.

## Inter-agency Support Team (IAST) Response Protocol

The CRRU may determine the need for additional support to either an LPHA or facility during an outbreak. The decision may be based on information provided by APD, SOQ, UERT and LPHA's and which may reference a facility's capacity to control and contain an outbreak. On-going outbreak investigations are extremely sensitive and should be considered confidential.

In these instances, an IAST may be organized. The CRRU may identify and delegate a Lead for the IAST, but not in all cases. Depending on the size and complexity of an outbreak, the IAST may respond to multiple outbreaks or more than one IAST may be activated.

The IAST Lead relies on analysis completed by RCSG and SOQ which may highlight a facility's capacity to stabilize with the support of the LPHA and ACDP.

- The IAST Lead coordinates and convenes a meeting with relevant partners to outline a plan of action
    - The initial agenda and meeting invite is completed by IAST Lead
    - The meeting should include a list of actions and responsible parties that will carry out those actions
    - The cadence for follow-up meetings may be proposed by the IAST Lead. For example: 4-hour, 8-hour, 24-hour intervals
    - If additional resources or support are identified, the IAST may agree to include additional partners on follow-up meetings
    - Meeting notes, which may include plans of action, will be sent out to the IAST participants. Subject matter may include but is not limited to:
        - IAST attendee/participant list
        - Context of outbreak

- Testing information + planning
- Staffing information + planning
- Communications
- Potential strategies for mitigation and support
- A timeline of key events

An IAST may continue its support and coordination functions until the team decides that it is no longer needed and a facility has stabilized. However, the stabilization of a facility does not mean that the outbreak has been closed.

Strategies will be discussed between CRRU, IAST and APD. Potential strategies to be implemented by APD, SOQ and CRRU:

## Strategy 1: Strengthening response capability in existing facility

- Staffing of the facility:
  - Review and assess if staff work consistently as cohorts for their shift. Advise if up-staffing to allow for cohort workforces would effectively mitigate the risk.
  - Identify union or other workplace considerations which could impact staffing strategies.
  - Identify potential contractors who can aide in providing necessary staff need, timeline and duration strategy to be implemented.
  - Creating a "wing" for specific residents may be an option for containment, in conjunction to utilizing dedicated staff.
- Identify supply needs
  - Ensure mutual aid and regular supply chain requests have been exhausted.
  - In conjunction with the county and contingent on availability of product, PPE may be provided for first 48 hours of operations. This may need to be requested through OpsCenter for additional PPE.

## Strategy 2: Establish and transfer residents to Emergency Health Care Center

- Assess options for transfer to COVID Recovery Center (Emergency Health Care Center).

NOTE: Facility assessment & safety of workforce are the priority before moving any residents. This includes assessment of cleaning protocols, infection control protocols, safety plan, verification of and continued monitoring for commitment to prevention of abuse & neglect and ensuring resident capacity allows for social distancing adherence.

- Emergency Health Care Center (EHCC) transfers should be limited to individuals needing long-term care (ADL assistance, med management, nursing tasks, etc.) that do not require respirators or other hospital level of care.
- Work with facility to make sure that families and advocates are informed prior to the resident being transferred.
- Use patient tracking form to ensure movement from and back.

## Strategy 3: Transfer of residents to a separate facility or facilities

- Emergency Medical Services (EMS) contracting is in place through OHA and may be used for transport of residents between facilities
- Identify appropriate level of care for resident and assess if transfer of sick or well is most sensible
- Hospital transfer should be reserved for those requiring hospital-level acute care only
    - Criteria for hospital transfer should be mutually agreed upon between OHA and the EMS Chief Medical Officer.
    - Review whether the resident's wishes are congruent with hospital level of care (e.g., according to their advance directives or POLST-Portable Orders for Life Sustaining Treatment)
    - If multiple resident transfers are expected, contact the Regional Resource Hospital (or closest hospital) to ensure they have situational awareness.
    - If hospital transfer is warranted ensure that pertinent medical information is sent with the resident to the hospital, including any assessment that indicated need for hospital level of care.
    - Work with the facility to decide if resident(s) will be returned to the facility upon discharge.
- Utilize Regional Response Teams in place as the community discharge unit. This unit will work together with hospital, facility, Coordinated Care

Organization (CCO), EMS and county to create a community discharge plan together.
- Work with facility to make sure that families and advocates are informed prior to the resident being transferred.

Strategy 4: In cases where the facility may need additional support, sending in an ambulance support or equivalent team to do assessment and evacuation

- Work with facility, county, DHS and OHA to get approval to send a team in for assessment and possible evacuation.
- Utilize the Oregon Ambulance through OHA Incident Management Team (IMT).
- Develop mission for the ambulance support or equivalent team.
- Developing list of needs for the facility (i.e., lab test kits, PPE).

Appendix contacts:

OHA ACDP UERT:

After hours and weekend, the facility should contact the Duty Officer:

State of Oregon
Public Health Duty Officer
Voice/text: 971-246-1789
PHP.DUTY-OFFICER@state.or.us

Oregon Emergency Response System
800-452-0311

Regional Coalition Support Group:
Community.LifeLine@dhsoha.state.or.us

APD and SOQ Coordination:

If an entity needs assistance around an APD LTC facility the following is the list of individuals for Pre-IFST engagement:

- M-F from 7am to 5pm
  - SOQ Administrator (all LTC settings): Jack Honey, 971-338-8866, Jack.Honey@dhsoha.state.or.us
  - Nursing Facilities (NF, SNF): Sarah Odell, 503-269-7423, SARAH.D.ODELL@dhsoha.state.or.us
  - Community Based Care (ALF, RCF, Memory Care): Lance Pugh, 541-990-8338, Lance.PUGH@dhsoha.state.or.us
  - Adult Foster Home (AFH): Lynette Caldwell, 971-599-9456, LYNETTE.CALDWELL@dhsoha.state.or.us
  - EHCC Prior Authorizations or local APD/AAA office connection (which office and who to contact if needing Case Management or Diversion and Transition support): Marsha Ellis, 503-945-6415, MARSHA.M.ELLIS@dhsoha.state.or.us
- M-F after 5:00 and Weekends:
  - For SOQ you may call the managers specifically or call the after-hours number: 503-586-9396.
  - For local offices, below are the numbers for individuals to include for local APD/AAA office coordination:

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| Central office | Angela Munkers | Angela.p.munkers@state.or.us | 503-428-6691 | Salem, Central Office |
| Central office | Teena Essery | cristina.h.essery@state.or.us | 503-569-6048 | Salem, Central Office |
| D1-D16 | Jessica Soltesz | Jessica.M.SOLTESZ@state.or.us | 503-330-2975 | St. Helens<br>Tigard, Beaverton, Hillsboro |
| D6 | Tom Maloney | Tom.J.MALONEY@dhsoha.state.or.us | C:541-680-8954 | Roseburg |
| D7 | Christy Shipman | CHRISTY.R.SHIPMAN@dhsoha.state.or.us | 541-217-9542 | Coos Bay, Brookings, Gold Beach |
| D8 | Kathie Young | Kathie.A.YOUNG@state.or.us | 541-324-7513 | Grants Pass, Medford |
| D9 | David Brehaut | David.BREHAUT@state.or.us | 541-310-7154 | The Dalles |
| D10 | Frank King<br><br>*Angela Munkers | FRANK.P.KING@state.or.us<br><br>Call me first - Frank is back up on the ground | 541-604-6704<br><br>503-428-6691 | Bend, La Pine, Madras, Prineville, Redmond |
| D11 | Gloria Pena | Gloria.PENA@state.or.us | 541-281-2522 | Lakeview, Klamath Falls |
| D12 | David Brehaut | David.BREHAUT@state.or.us | 541-310-7154 | Hermiston, Pendleton |
| D13/D14 | Kimberly Norton | KIMBERLY.K.NORTON@state.or.us | 541-263-1791 | Enterprise, Baker City, LaGrande<br>Burns, Ontario, John Day |
| D15 | Jillian Johnson | JILLIAN.R.JOHNSON@state.or.us | 503-729-5724 | Canby, Estacada, Oregon City, Milwaukie |
| AAA: | | | | |
| Lane | Brooke Emery | BEmery@lcog.org | C: 541-514-5030 | Lane |
| NWSDS | Terese Rummell | terese.rummell@nwsds.org | 503-949-2946 | Marion, Polk, Tillamook, Clatsop, Yamhill |
| NWSDS | Charlene Gibb | charlene.gibb@nwsds.org | 503.304.3401 | Marion, Polk, Tillamook, Clatsop, Yamhill |
| MULT Co | Jody Michaelson | jody.l.michaelson@multco.us | 503-568-2606 | Multnomah |
| MULT Co | Irma Jimenez | irma.jimenez@multco.us | 503-913-3412 | Multnomah |
| Cascades West COG | Randi Moore | rmoore@ocwcog.org | 541-990-5422 | Linn, Benton, Lincoln |