Position Statement in the Age of COVID-19
Real Time Information to Support Policy Decisions
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COVID-19 Aging Services Recovery Plans for Transitioning to Normalized Operations

The decision to relax enhanced infection control and outbreak-response control measures put into place in response to COVID-19 and other outbreaks or pandemics is a care-critical one that each organization and provider must make case by case based on a wide range of factors. These factors include federal and state laws, rules, and regulations; agency guidelines that have been enacted; evidence-based information about COVID-19 and the coronavirus as it becomes available; and data on the infection rate in each provider’s state and local region.

Outbreak response, including enhanced SARS-CoV-2-related infection control measures introduced in aging services facilities in response to the COVID-19 pandemic, has included public visitation restrictions, workforce screening practices, universal masking, isolation and quarantining practices, cohorting of COVID-19 and non-COVID-19-positive residents on designated units, social distancing measures within the organization, modified care routines, required use of personal protective equipment (PPE), and enhanced environmental services, such as housekeeping and laundry. A premature decision to relax measures, or a delay or failure to reinstitute them in response to resurgence of infections, can lead to unintended consequences, potentially increasing the likelihood for outbreak-related harm and other serious adverse events.

Statement of Position

ECRI recommends that aging services provider organizations develop organization-wide, integrated recovery plans to help guide decision-making, timelines, and actions to move toward normalization of operations.

— The plans should include daily monitoring of key indicators so that enhanced infection control measures, such as those listed above, can be reinstituted immediately with any signs of infection resurgence or as other needs arise warranting such action.

ECRI recommends the following areas of focus in designing and implementing recovery plans to help transition to normal operations in care and service delivery:

— Establish a multidisciplinary and enterprise-wide outbreak task force to guide ongoing outbreak response and recovery planning efforts.
  • Include on the task force administration, clinical, and support service representatives.
  • Conduct regularly scheduled meetings, set in place rules about attendance and participation, and develop a means to meet ad hoc between meetings as specific needs arise.

— Conduct a systems-approach gap analysis of the organization’s emergency preparedness and response plan as it relates to pandemic- and outbreak-related hazards.
  • Modify the organization’s policies, guidelines, communication plans, and training for these outbreak-and pandemic-type hazards based on identified performance improvement opportunities, as well as evidence-based guidelines from trustworthy agencies and organizations.

— Include appropriate monitoring and feedback channels with early key indicators so that recovery plans can be halted and outbreak response, including evidence-based enhanced infection control practices, can be reinstituted immediately if infection rates resurge.
Examples of key indicators include infection rates within your resident population; infection rates within your workforce; increases in the positive virus test rates within your organization; and infection rates in your surrounding community, such as rates in other local organizations and in the nearby counties, regions, and state.

Remember that the means by which rates are calculated determines the effectiveness of the measure. The fewer tests that are performed in relation to the total population, the less reliable the infection and positive test rates will be as indicators.

Include daily monitoring of all environments so that the execution of recovery plans can be appropriately adjusted in response to pandemic- or public-health-specific factors or changes in virus- and illness-specific epidemiology, signs, and symptoms.

Avoid discontinuing outbreak response and control measures all at once. Develop phased recovery plans that prioritize and sequence the steps for relaxing outbreak-response control measures, leaving those measures in place that help to monitor for infection rate resurgence.

Continue with the use of indicated PPE and PPE practices based on the care delivered in various settings and units, as well as the potential risk for exposure as it relates to outbreak response.

Maintain an emphasis on care-critical practices and fundamental clinical standards for care under all circumstances. These include the following:

- Handwashing
- Identifying and reporting changes in condition
- Use of medically indicated PPE
- Social distancing
- Disinfecting procedures through the duration of recovery plan implementation and afterwards

Maintain all internal and external notification processes with all stakeholders—residents, staff, family, and others.

This includes mandatory reporting of positive virus test results as required by local, state, and federal agencies.

Continue to monitor for virus-related changes in condition that indicate the possible presence of an active infection within the resident, visitor, and workforce populations.

Maintain evidence-based and agency-required guidelines for follow-up treatment, testing, isolation, quarantining, and exclusion from work to help control the transmission of the virus while persons may be contagious and infect others.

The potential for harm and adverse events can increase greatly, especially when staffing and scheduling are diminished as resident care workloads increase.

Include supply chain management policies and guidelines in the recovery plan to help the organization transition back from nontraditional to traditional suppliers of PPE, which also assists in leveling associated outbreak-response costs.

Work with suppliers to help determine and establish, wherever possible, appropriate stockpiles and inventory par levels of PPE and other care-critical supplies to more effectively navigate care surges resulting from future waves of COVID-19 or other pandemics or outbreaks.

Continually modify and conduct staff training and education for pandemic and outbreak response.

The outbreak has highlighted the need for training for aging services providers on PPE practices, including when, what, and how to use PPE to ensure that staff are safe. For example, training should include fit testing for N95 masks.

Maintain ongoing communication with residents, families, staff, and state and local agencies throughout recovery plan implementation, making every effort to keep all stakeholders updated and informed of the organization’s plans, as well as the need to modify or reverse implementation.

Policy Statement

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