



## June 2020 Newsletter

There is a light at the end of the tunnel, the number of COVID cases are going down! I had a question the other day from a facility if the pandemic could be used in place of an exercise. Absolutely!! Take credit for all of your hard work.

**COVID-19 After Action Report (AAR):** CMS requires 2 emergency preparedness exercises a year to prepare for a real emergency but this year a real emergency, COVID-19, happened. Get credit for all of the hard work you have done and will continue to do by completing the attached is the CMS After Action Report that can be filled out to showcase all you have done and what to improve upon. The capabilities that most of you can address are:

1. Planning
2. Communication (*NHSN, DPH, Local Health, Families, some media*)
6. Epidemiological Investigation Surveillance & Investigation (*surveillance, testing*)
16. Critical Resource Logistics & Distribution (*PPE*)
18. Responder Safety and Health (*PPE, testing*)
26. Isolation and Quarantine

**Partners:** think of all of the partners you worked with during this time: CT DPH, CT National Guard, Local Health Dept/ District, your local EMS, Hospital (if you sent cases), resident families (communication).

**Section 2:** has to do with exercise design. As this was a real event you might want to consider putting a timeline here of your activities- when planning started, first cases etc.

**Strengths:** give yourself credit for all you did. I think a big strength for all of you is that your staff showed up and worked in spite of the threat to their health. Other possible strengths: developed great working relationships with your partners; improved plans; demonstrated flexibility with all of the changes.

I am curious if other infections such as MRSA, C Diff, GI decreased due to improved infection prevention (improved hand hygiene etc)? If so, that demonstrates how important good hand hygiene etc is and going forward you are going to ensure that staff continue these practices. That could be part of your improvement plan to continuously work on infection prevention with competencies, education and monitoring.

You have done so much good work and have learned so much please be sure to write what you did in your emergency plans.



inspected 98.6% of LTC facilities inspected since COVID started.



Nursing Home Reopening Recommendations for State and Local Officials

<https://www.cms.gov/files/document/qso-20-30-nh.pdf>



Long-Term Care (LTC) Respiratory Surveillance Line List

<https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>



came out with recommendations that fabric masks have at least three layers: an inner layer of an absorbent material such as cotton; a middle layer that acts like a filter or barrier, such as non-woven material polypropylene; and an outer layer of a non-absorbent material, such as polyester or polyester blend. Silk, stretchy or porous material should be avoided.

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