**Table of Contents**

Introduction .................................................................................................................................................. 3
Deciding If Drop Teams is an Intervention you Want to Deploy .................................................. 3
Potential Drop Team Participants Dependent on Facility Need ............................................. 3
Determine what type and which Post-Acute Care (PAC) sites need this support. 4
Drop Team Triggers ........................................................................................................................................ 4
Method and Process for Triggering Drop Team deployment ............................................... 4
Key Components of a Drop Team ............................................................................................................. 4
Education .................................................................................................................................................. 4
Personal Protective Equipment ............................................................................................................... 5
PPE Support Guidelines from TH Supply Chain ............................................................................. 5
Staffing ................................................................................................................................................... 5
Testing ..................................................................................................................................................... 6
Test Support Guidelines from TH Supply Chain ............................................................................... 6
Drop Team Wind Down Strategy ............................................................................................................ 7
Drop Team Resource Links ..................................................................................................................... 8
Introduction

What's Changed: Fixed broken links.

The COVID-19 pandemic has impacted older adult populations, especially those living in congregate living environments, by increasing their risk of mortality. Other concerns in facilities include:

- Staff exposure to infection causing physical and mental health impacts
- The rapid spread throughout the building creating strains in supplies and staffing
- The possibility for evacuation of residents to local hospitals creating capacity constraints

The goal is to leverage strong relationships with facilities in the hospital 911 catchment area in order to determine areas of concern and then provide support to facilities with an actual outbreak or concern for one. The focus of this document is to provide structure around a model of intervention called a Drop Team.

Drop Teams, a concept originally developed in the state of Washington, (Article Here) provide a pro-active approach that supports care in place at congregate living facilities – and in particular Skilled Nursing Facilities (SNFs) -- and reduces unnecessary transfers to emergency department (ED)/inpatient hospital facilities. Drop Teams offer proactive education and urgent/emergent support in the event of a COVID-19 outbreak. This intervention can be deployed in the current state, as a supplement to HM surge planning and in resuming operations. The Drop Team's purpose is to launch immediate education, support for PPE, staffing and testing with the goal of stabilization.

Deciding If Drop Teams is an Intervention you Want to Deploy

Review the following questions to determine if employing a Drop Team might be an effective strategy for your ministry:

- Is your ministry admitting a high number of COVID-19+ or persons under investigation (PUI) from congregate settings (SNF, assisted/independent living, group home or memory care center)?
- Is your Emergency Department congested with COVID-19 + or PUI admissions?
- Are you having difficulty discharging patients to/from congregate care settings?

Potential Drop Team Participants Dependent on Facility Need

- Health Ministry designated Drop Team Leader: (Acute Case Management Leader, Post-Acute Care (PAC) Leaders from the Local Response Team)
- Physicians/Clinicians to conduct testing
- DOH and Emergency Management leaders to assist with staffing, personal protective equipment (PPE)
- Home Care Leader/Hospital Nurse Educator to 1) facilitate PPE education, 2) dedicate nurses to personal care/assisted living facilities to monitor symptomatic patients
- Drop Team would engage facility DON and Medical Director
Determine what type and which Post-Acute Care (PAC) sites need this support
Congregate care facility types, definitions, services and regulations vary from state to state. These are some of the general facility types to consider when conducting an assessment of the hospital's 911 catchment area.

- Nursing and Rehabilitation Facilities
- Assisted Living Facilities/Home for the Aged
- Personal Care Homes
- Memory Care Units
- Board/Care Homes/Residential Care Facilities
- Lifecare Communities/CCRCs
- Adult Disability Residential Communities

Drop Team Triggers
Drop Teams should be implemented when facility reports critical upcoming staffing and PPE depletion and an outbreak occurs. An outbreak is defined by one COVID-19 positive resident or employee due to the rapid spread of the disease. Another indicator to consider launching the Drop Team includes a circumstance of one facility transferring non-urgent or multiple patients to the emergency department.

Consider that facilities with strong corporate structures may need only partial assistance, while others may need additional support of the drop team.

Method and Process for Triggering Drop Team deployment
Knowing which facilities need assistance and when is critical. Leverage existing relationships with facility administration and then establishing communication on a frequent basis is critical to success. If relationships are not established, outreach is required to develop a trusting relationship and provide support with best practices.

- Share health ministry's desire to support facility to control spread and control surge at the hospital. This is also an opportunity to create relationships with facility leaders and hospital leaders, especially those in the Emergency Department to enhance communication when the need to transfer patients arises.
- Hospital to arrange daily assessment of staffing, PPE, admission status, and bed availability with all facilities in 911 catchment area. This can be via phone call or technology.
- Weekly meetings with Medical Directors and Administrators to provide hospital status, best practices and identify where support is needed. Re-evaluate continued need for meetings and frequency.

Key Components of a Drop Team

Education

Drop Teams are inclusive of a multi-disciplinary team who are involved in virtual pro-active education and planning with skilled nursing facilities (SNFs), assisted/independent living centers, group homes and memory care centers. Education and training can include cohorting residents and staff, antechamber development and testing protocols, employee donning and doffing, hand washing, PPE conservation, etc. Education should be geared to the unique needs of the facility. A comprehensive
resource, titled *COVID-19 Resource Guide*, for use with Drop Teams will be available soon on the Pulse page.

**Personal Protective Equipment**

In addition to education (content and links in separate education guidebook), the Drop Team should support the facility in assessing PPE supply and demand as well as utilization and conservation practices to reduce entry into rooms of COVID-19 positive or suspected residents.

- **PPE Supply and Demand:** Direct the facility to the CDC Personal Protective Equipment (PPE) Burn Rate Calculator ([CDC Link to Calculator](https)): The app estimates how many days a PPE supply will last given current inventory levels and PPE burn rate. The app is available for iOS and Android devices.
- **Conservation and appropriate utilization of supplies**
  - PPE Guidebook
  - PPE and Cohorting
- **Maximize use of telemedicine**
- **De-prescribing low priority medications (ex. herbal supplements, statins, duplicative meds) to decrease time in room; collaborate with pharmacy**
- **Access all sources for acquiring supplies through county, state and regional entities, as well as FEMA**

**PPE Support Guidelines from TH Supply Chain**

- If Trinity Health owned facility - Contact National Health Ministry (NHM) Supply Chain Management for all PPE needs
  - Support implementing inventory tracking - determine par levels and usage
    - Face Shields, Goggles, Gloves, Gowns, Masks (surgical, N95) Hand Sanitizer, Wipes, thermometer(s), etc. (Disposable and Re-Usable Gowns)
- For non-Trinity Facilities, the focus is to begin by demonstrating available distribution channels if facility lacks knowledge of their options. When efforts to support their acquisition of supplies has been depleted, then as a last resort, contact the ministry supply chain representative.
  - Determine usage needed for all PPE Supplies and assist facility with the following options
    - Distributors (should be on an allocation list)
    - Manufacturers directly
    - Group Purchasing Organization
    - Retail Market
    - Non-traditional market for alternative products
    - Contact state and federal stockpile for supply
    - If facility is a nursing home, [PPE available from FEMA](https)
    - Contact Supply Chain Management at local hospital for PPE needs

**Staffing**

The Drop team can coach the facility with mitigating staffing shortages. Staffing shortages will likely occur due to staff exposures, illness, anxiety and concern for their well-being or need to care for family members at home. Below are some strategies the facility could consider:

- Align with current [return to work guidelines](https) for recovered staff
- Pause elective time away from work
If needed, coach the facility in determining minimum staffing requirements for safe care
Suggest facility try to mitigate social factors which reduce time away (transportation, housing, stress-management)
Coach the facility to communicate with local healthcare coalitions, federal, state, and local public health partners (e.g., public health emergency preparedness and response staff)
Coach the facility to consider alternative staffing streams:
- Staffing agencies
- Home Care agencies
- Companion services
- Nursing students
- Retired or furloughed staff
When all strategies have been exhausted, identify alternate care sites (refer to landscape assessment and work with local healthcare coalitions, federal, state, and local public health partners)

Testing
Universal testing of residents and staff is one strategy to help identify infection prevention practices and control in skilled nursing facilities. The Drop Team can assist the facility with universal testing in the event of an outbreak. See [link].

Facility should consider key principles when using testing in facilities ([CDC Link]).
- Testing should not supersede existing infection prevention and control interventions. It should be used in addition to.
- Testing should be used when results will lead to specific infection prevention actions such as cohort strategies or determining burden across units.
- If testing availability is limited, prioritization of symptomatic residents should be considered

Although supplies of tests are increasing, it may still be difficult for the facility to arrange for testing. Assessing a facility's ability to conduct mass testing would include the following elements:

1) Type of specimen
2) Availability of supplies for collection
3) Personnel to collect specimen
4) Laboratory to analyze specimen
5) Test type: (Polymerase chain reaction (PCR) or antibody testing

Test Support Guidelines from TH Supply Chain
- If Trinity Health owned facility - Contact local Trinity Health hospital lab (if available) for testing needs
  - If there is no local Trinity Health Hospital, direct facility to their contracted lab that normally does routine labs for your facility.
- If non-Trinity Health facility
  - Direct facility to contact State or local Health Department or Emergency Preparedness – Region
  - Many State and local health departments have contracted with private labs for testing
  - Contact local hospital to inquire if testing can be achieved
• If local/contracted lab sources for testing are not available for assistance
  o Contact non-contracted labs or suppliers (i.e. Warde/Quest Labs)
  o Establish relationship with lab (now) if no contracted labs available

Education on proper collection of specimens is the most important step in the laboratory diagnosis of infectious diseases (CDC Link). A specimen that is not collected correctly may lead to false negative test results. Identifying who will collect the specimen is a critical step. Consider if facility can do testing themselves. If not, explore other entities who can assist with collection. This includes the health ministry drop team, local fire or EMS, or contract with an independent lab who will deploy a collection team.

**Drop Team Wind Down Strategy**
As access to PPE and testing supplies stabilize and staff return to work from quarantine and these facilities susceptible to COVID-19 outbreak have the resources and education they need to properly care for their residents in place, the role of the drop team appropriately diminishes. Consider formalizing what things need to be in place for the facility to be prepared to handle an outbreak on their own.
  • Confirmed stability with staffing, PPE, and testing resources
  • Confidence with staff education
  • Confirmed communication channels to Drop Team should status change
Drop Team Resource Links

1. COVID-19 CDC Information
   - How It Spreads
   - Prevention
   - Treatment
   - Symptoms
   - What To Do If You Are Sick

2. Infection Control, Prevention & Treatment
   - QSO-20-14-NH Infection Control and Prevention of COVID-19 in Nursing Homes (5/14/20)
   - Skilled Nursing Facility Additional CMS Infection Prevention and Control Guidance (4/5/20)
     - Skilled Nursing Facility Additional CMS Infection Prevention and Control (4/5/20)
   - CMS Guidance for Infection Control and Prevention of COVID-19 in Long-Term Care Facilities (4/5/20)
   - Infection Prevention and Control (IPC) Overview for COVID-19 in Health Care Settings (7/22/20)
   - COVID-19 Patients and Inhaled Respiratory Meds (5/22/20)
   - COVID Treatment Guidance (8/28/20)

3. Personal Protective Equipment
   - COVID-19 PPE Guide Booklet (8/13/20)
   - Alert - Continuing Need for PPE Conservation (8/6/20)
   - Donning and Doffing PPE with Cohorting (4/1/20)
   - Use of Expired N95s (6/25/20)

4. Isolation/Cohorting
   - Cohort Unit Guidance for PUI and Confirmed COVID-19
   - Donning and Doffing PPE with Cohorting (4/1/20)
5. Testing
   - How to Collect a Nasopharyngeal (NP) Swab (4/1/20)

6. Advance Care Planning
   - Advance Care Planning Educational Materials and Resources (4/12/20)

7. Miscellaneous
   - Independent & Assisted Living: Admissions and Returns to the Community (5/6/20)
   - CDC Guidance for Retirement Communities and Independent Living (3/27/20)