



**TEXAS**  
Health and Human  
Services

# **Special Issues in SNFs/NFs during the COVID-19 Pandemic**

---

**Alice Bonner, IHI Senior Advisor for Aging and  
Kerr Fairley, Administrator**

**Amanda Sigler, RN, ICP, CP, DON  
Colonial Pines Healthcare, San Augustine, Texas**

**July 17<sup>th</sup>, 2020**

# Aim and Objectives



TEXAS  
Health and Human  
Services

- Our **aim** is to provide knowledge and approaches to supporting older adults, their care partners, nursing home team members and other stakeholders during COVID-19
- Objectives include: 1) learners will be able to list at least two principles of how to obtain and properly put on and take off (don/doff) PPE; 2) learners will discuss two or more ways to communicate with care partners during limited visitation with COVID-19

# Topics for Today



TEXAS  
Health and Human  
Services

- PPE (personal protective equipment)
- Policies and procedures regarding resident well-being, environment
- Our Mental Health – managing stress
- Communication with teams, stakeholders and community
- Peer support networks

# PPE



TEXAS  
Health and Human  
Services

- Some parts of Texas and other areas in the U.S. struggle to obtain adequate and appropriate PPE
- Who is in the supply chain for your SNF/NF?
  - Do you know how to escalate urgent requests? To whom and when?
  - Do you have a PPE burn rate calculator or similar tool, and have you received training on how to use it?
  - What happens on off-shifts, weekends, nights?
  - Do you have telephone numbers/emails to reach support persons/departments?

# PPE



TEXAS  
Health and Human  
Services

- What may prevent/limit proper use of PPE and other infection prevention or control measures?
  - Inadequate or absent training and/or supervision
  - Lack of time (challenges with workflow)
  - Lack of adequate staff
  - Team members thinking that it is not a priority

# PPE



TEXAS  
Health and Human  
Services

- If a new staff person comes into the SNF/NF, how would you determine whether or not they knew how to don/doff PPE appropriately?
- Is there a video/set of videos or other training materials available to you and your team?
  - Are they easily accessible?
  - Are you given time to watch them and practice donning/doffing PPE?



# Short CDC Videos Available on YouTube or CDC website ([www.cdc.gov](http://www.cdc.gov))



TEXAS  
Health and Human  
Services

- Donning PPE

<https://www.youtube.com/watch?v=of73FN086E8>

- Doffing PPE

<https://www.youtube.com/watch?v=PQxOc13DxvQ>

- Donning and Doffing PPE (LSU/CDC)

<https://www.youtube.com/watch?v=1xy00pLT9M4&vl=en-US>

# PPE Fundamental Principles



TEXAS  
Health and Human  
Services

- Check for availability of all needed PPE and other supplies for resident's care
- Check that waste receptacle is available in appropriate places
- Arrange with co-workers that you are entering room in case you require their assistance ('buddy' system)



# PPE Fundamental Principles

---

Putting on (donning) PPE  
Order is important.

1. *Hand hygiene First*
2. Gown or similar covering
3. Mask or respirator: fit and type of mask is important
4. Eye protection comes after the mask
5. Gloves are last – cover gown at wrists



**TEXAS**  
Health and Human  
Services

# PPE Fundamental Principles

---

Taking off (doffing) PPE

Order is important. Avoid contamination

1. Remove gloves first. Outside may be contaminated
2. Remove and roll gown. Outside may be contaminated
3. Hand hygiene – sanitizer and/or soap and water for 20 seconds
4. May exit resident's room
5. Remove face shield or goggles
6. Remove respirator or mask
7. Perform hand hygiene



**TEXAS**  
Health and Human  
Services

# CDC Resources

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>



TEXAS  
Health and Human  
Services

A screenshot of a web browser displaying the CDC website page for 'Using Personal Protective Equipment (PPE)'. The browser's address bar shows the URL 'cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html'. The page header includes the CDC logo and the text 'Centers for Disease Control and Prevention'. A search bar is visible with 'Coronavirus' entered. The main content area is titled 'Using Personal Protective Equipment (PPE)' and is categorized under 'HEALTHCARE WORKERS'. A red arrow points to the 'Infection Control' link in the left-hand navigation menu. A light blue callout box contains an update: 'Updated on June 9, 2020 to add a statement about the importance of the selected respirator and eye protection not interfering with the correct fit or function of the other, and remove a second hand hygiene step from step 6 in How to Put On (Don) PPE Gear.' Below this, the section 'Who Needs PPE' lists two bullet points: 'Patients with confirmed or possible SARS-CoV-2 infection should wear a facemask when being evaluated medically' and 'Healthcare personnel should adhere to Standard and Transmission-based Precautions when caring for patients with SARS-CoV-2 infection. Recommended PPE is described in the Infection Control Guidance'.



# CDC Resources

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>



TEXAS  
Health and Human  
Services

← → ↻ cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

Apps ★ Bookmarks iCloud Treadmill Pace Co... 7 Low-Back-Frien... Partners Healthca... Microsoft Office H... Compose Mail - al...

- Nursing Homes & Long-Term Care Facilities
- Pharmacies
- Postmortem Guidance
- Optimize PPE Supply
- Potential Exposure at Work
- First Responder Guidance
- Healthcare Facility Tools
- Pandemic Planning Scenarios
- Guidance for U.S. Facilities
- Operational Considerations for Non-US Settings
- Training for Healthcare Professionals
- FAQs
- Guidance Documents
- Communication Resources

## How to Put On (Don) PPE Gear

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

1. **Identify and gather the proper PPE to don.** Ensure choice of gown size is correct (based on training).
2. **Perform hand hygiene using hand sanitizer.**
3. **Put on isolation gown.** Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel.
4. **Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available).** If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.\*
  - **Respirator:** Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
  - **Facemask:** Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. **Put on face shield or goggles.** When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. **Put on gloves.** Gloves should cover the cuff (wrist) of gown.
7. **Healthcare personnel may now enter patient room.**

## How to Take Off (Doff) PPE Gear

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.

1. **Remove gloves.** Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using

# CDC Resources

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>



TEXAS  
Health and Human  
Services

← cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

Apps | marks | iCloud | Treadmill Pace Co... | 7 Low-Back-Frien... | Partners Healthca... | Microsoft Office H... | Compose Mail - al...

**Spanish Communication Resources**

- [Spanish Communication Resources](#)
- [Social Media Toolkit](#)
- [Infection Control](#)
- [FAQ on Infection Control](#)

\* Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.

### Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

**Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:**

- Review and understand the extent of a patient's care activities from the start until the end of the encounter.
- Determine the appropriate PPE to use based on the patient's care activities.

**Remember:**

- PPE used for direct contact with patients (e.g., examinations, care & cleaning).
- PPE used for direct contact with the patient's care activities (e.g., examinations, care & cleaning).
- PPE used for direct contact with the patient's care activities (e.g., examinations, care & cleaning).

**How to Put On and Take Off PPE - Fact Sheet 8.5 x 11** [PDF - 1 page]

- [Spanish](#) [2 pages]
- [Ukrainian](#) [2 pages]
- [Tagalog](#) [2 pages]

### Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19

**Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:**

- Review and understand the extent of a patient's care activities from the start until the end of the encounter.
- Determine the appropriate PPE to use based on the patient's care activities.

**Remember:**

- PPE used for direct contact with patients (e.g., examinations, care & cleaning).
- PPE used for direct contact with the patient's care activities (e.g., examinations, care & cleaning).
- PPE used for direct contact with the patient's care activities (e.g., examinations, care & cleaning).

**How to Put On and Take Off PPE - Poster 11x17** [PDF - 1 page]

### COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

**Preferred PPE - for BSI or higher respiratory**

**Acceptable Alternative PPE - for Contact**

**PPE Illustrations** [PDF - 1 page]

### Facemask Do's and Don'ts for Healthcare Personnel

**When putting on a facemask:**

- Clean your hands and put on your facemask so it fully covers your mouth and nose.

### Respirator On / Respirator Off

**When you put on a disposable respirator:**

- Position your respirator correctly and check the seal to protect your air from COVID-19.

# PPE



TEXAS  
Health and Human  
Services

- When you return to your work area, ask about how your organization obtains PPE
- Locate training materials or speak with your Director of Education about PPE training, use and supervision
- Know where the training materials are, when and how to access them



# Other Infection Prevention and Control Practices



TEXAS  
Health and Human  
Services

The screenshot shows a web browser displaying the CDC page "Preparing for COVID-19 in Nursing Homes". The page is dated June 25, 2020. A red arrow points to the "Nursing Homes & Long-Term Care Facilities" link in the left-hand navigation menu. The main content area includes a "Summary of Changes to the Guidance:" section with four bullet points, and a "Background" section with a paragraph of text. A "On This Page" sidebar on the right lists "Background", "Core Practices", and "Additional Strategies".

Healthcare Workers

## Preparing for COVID-19 in Nursing Homes

Updated June 25, 2020

Print

**Summary of Changes to the Guidance:**

- Tiered recommendations to address nursing homes in different phases of COVID-19 response
- Added a recommendation to assign an individual to manage the facility's infection control program
- Added guidance about new requirements for nursing homes to report to the National Healthcare Safety Network (NHSN)
- Added a recommendation to create a plan for testing residents and healthcare personnel for SARS-CoV-2

**On This Page**

- Background
- Core Practices
- Additional Strategies

**Background**

Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19 and other pathogens, including multidrug-resistant organisms (e.g., Carbapenemase-producing organisms, *Candida auris*). As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP).

**Facilities should assign at least one individual with training in IPC to provide on-site management of their COVID-19 prevention and response activities because of the breadth of activities for which an IPC program is responsible, including**

# Other Infection Prevention and Control Practices



TEXAS  
Health and Human  
Services

cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

Apps Bookmarks iCloud Treadmill Pace Co... 7 Low-Back-Frien... Partners Healthca... Microsoft Office Hi... Compose Mail - a...

**CDC** Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People™

Search Coronavirus [A-Z Index](#)  
[Advanced Search](#)

## Coronavirus Disease 2019 (COVID-19)

Your Health Community, Work & School **Healthcare Workers & Labs** Health Depts Cases & Data More

**Healthcare Workers**

- Testing Overview
- Clinical Care
- Infection Control**
- Infection Control Guidance
- Using PPE
- Hand Hygiene
- Alternate Care Sites
- Assisted Living Facilities
- Blood & Plasma Facilities
- Dental Settings

### HEALTHCARE WORKERS

## Responding to Coronavirus (COVID-19) in Nursing Homes

Considerations for the Public Health Response to COVID-19 in Nursing Homes

Updated April 30, 2020 [Print Page](#)

### Background

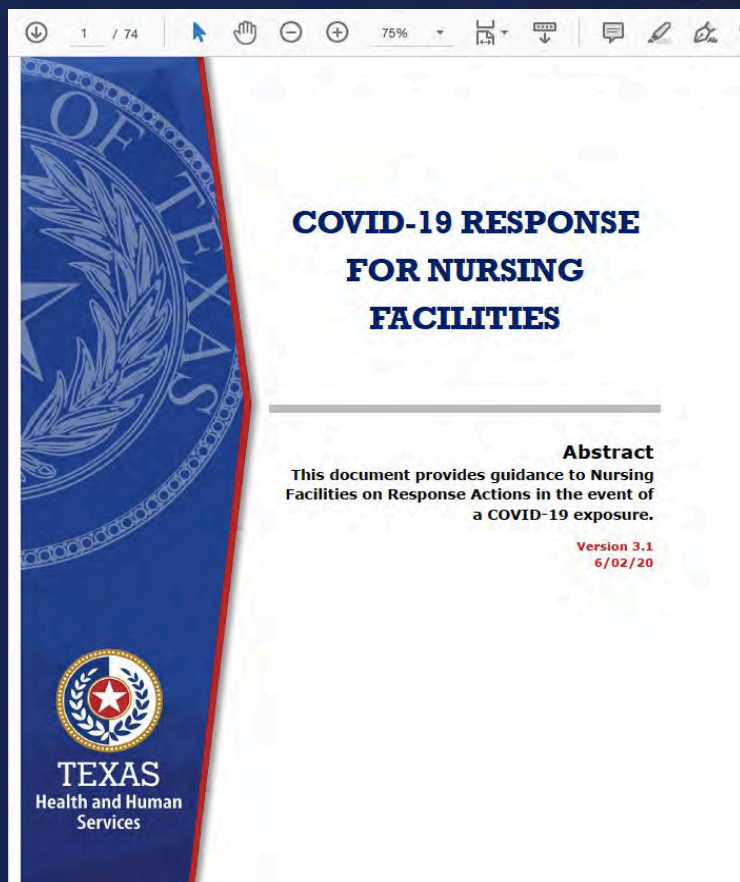
This guidance is intended to assist nursing homes and public health authorities with response and cohorting decisions in nursing homes. This guidance supplements but does not replace recommendations included in the [Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes](#).

All facilities should adhere to current CDC [infection prevention and control recommendations](#), including universal source control measures; visitor restrictions; screening of residents and HCP; and [promptly notifying the health department](#) [164 KB, 3 pages] about any of the following:

# Texas HHS Resource



TEXAS  
Health and Human  
Services



Keep this  
handy!





# Our Mental Health

- This is an unfamiliar virus
  - Uncertainty is the 'new normal'
- High rates of sickness and death
  - May cause trauma to care partners, family members and/or nursing home teams
- Trauma-induced care and support of both residents and staff is needed
- High rates of worry, depression, anxiety, insomnia, stress

# How has your work and your life changed during COVID-19?



TEXAS  
Health and Human  
Services

- Please chat in your responses!
- We hear many stories from across the U.S. on weekday National Nursing Home Huddles
- What are the best or better practices that you have implemented?
- What are the primary things that keep you up at night?

# CAUSES OF OUR STRESS



Sarah Sjostrom, MSN, RN, ACNP-BC  
Associate Chief Nursing Officer  
Hebrew Rehabilitation Center



# How Does this Happen during COVID-19?

Loss of Safety/Insecurity	<ul style="list-style-type: none"><li>•PPE Shortages</li><li>•Fear of Transmission or getting sick</li></ul>
Loss of Control/Unpredictable Events	<ul style="list-style-type: none"><li>•Continued spread of virus despite safety measures</li></ul>
Uncertainty/Change	<ul style="list-style-type: none"><li>•Changes to Policies and Procedures</li><li>•Need to make changes with little information (closing of units, moving residents)</li></ul>
Loss of Life/Loved Ones	<ul style="list-style-type: none"><li>•Loss of residents with whom special bonds were formed over long periods of time</li><li>•Personal Losses</li></ul>
Lack of Emotional Support	<ul style="list-style-type: none"><li>•Quarantine/Social Distancing/Healthcare workers separated from family</li><li>•Public criticism of healthcare facilities</li><li>•Stigma of having COVID positive cases</li></ul>
Overwork/Exhaustion/Lack of Self-Care	<ul style="list-style-type: none"><li>•Protracted Use of PPE</li><li>•Healthcare workers "service before self" mentality</li></ul>

Sarah Sjostrom, MSN, RN, ACNP-BC  
Associate Chief Nursing Officer  
Hebrew Rehabilitation Center

# WHAT CAN WE DO?

## Promote Sense of Safety

- Communicate Policies and Procedures
- Acknowledge Change
- Communicate Resources and Support Plans
- Reliable Sources of Information/Limit Media/News

## Promote Sense of Self/Collective Efficacy

- Real Time Education
- Use of Training Tools
- Identify Points of Control
- Define/Practice Roles
- Daily/Q shift Problem Solving Strategies

## Promote Sense of Calm

- Normalize Reactions
- Be Present
- Practice Mindfulness
- Moments of Pause/Meditation

## Promote Sense of Connectedness

- Inspire/Celebrate Teams
- Form "Battle Buddy" relationships
- Support Groups
- Stockpile Compassion for self and others

## Promote Sense of Hope

- Send Thank You's
- Share Recovery Stories
- Future Focus "This Too Shall Pass"

# Communicating with Care Partners and Community



TEXAS  
Health and Human  
Services

- Set up regular conference or Zoom calls (phone in and computer links)
  - Frequency
  - Who will run them – a care partner? Social worker? Administrator?
- Arrange scheduled visits via computer or other user-friendly system
- Figure out workflow so that every person gets a (timely) call back

# Communicating with Care Partners and Community



TEXAS  
Health and Human  
Services

- Some states have implemented a *Nursing Home Resource Line* for care partners, family members, stakeholders, the public
  - Seven days a week, 9 AM – 5 PM
  - Follow up with HHS, DPH or behavioral health as needed
- In addition to individual nursing homes having call-in times, regions or states could have calls for care partners/families from multiple SNF/NFs (peer network)

# Communicating with Care Partners and Community



TEXAS  
Health and Human  
Services

- Consider write ups with status updates in newsletters, local media (newspapers), social media, radio, cable TV, city or town websites
- Consider how the state is reporting on number of cases, number of hospitalizations, number of deaths, where testing has been done
- See reference slides with feedback from organizations in Alzheimer's Association Project ECHO



**TEXAS**  
Health and Human  
Services

# Are you prepared enough?

---

Covid-19 The unknown

Amanda Sigler, RN, ICP, CDP, DON  
Kerr Fairley, Administrator  
Colonial Pines Healthcare  
San Augustine, Texas



# COVID Preparation

---

1. Quarantine (watching for it, keeping people in separate areas) vs Isolation (its here, keep it contained)
2. Our Story
  - Were we prepared?
  - I prepped and prepared my staff since March
  - "P is for Positive, not Panic."
  - It hit so fast and so hard, doing temp checks on everyone every day, every shift, everyone wearing masks and social distancing...
  - We were doing everything right, but COVID still came into our nursing home.



**TEXAS**  
Health and Human  
Services

# Continue prepping: Staff

---

- Moved staff to 12hr shifts to cover the ones out. Now have to cover the new extra positions as there was no COVID hall the week before, you weren't down 15 employees the week before. (My staffed pulled together and we are getting it done)
- We made each hall a one way. Everything comes in one zipper door and it goes out the exit door on that hallway. Clean comes in, dirty goes out. Each hall is self contained. We need runners to restock, ice, linens, snacks for snack carts, supplies, pass out pharmacy deliveries, screen in staff after hours. (no one should leave their hall). We utilized restorative aide, ADON, staffing coordinator, medical records. All hands on deck.
- These changes/interventions are not near ALL that we have done. Just an overall summary



**TEXAS**  
Health and Human  
Services

# Still prepping thru the storm

- 4 residents in hospital with COVID 19 as they can decline so fast.
- We have seen three different types
  1. Respiratory (didn't hit all the COPD residents)
  2. GI (smells worse than C-diff if you can imagine that). So increased monitoring, increased Gatorade, Zofran, Oxygen, and Tylenol orders prn. Oxygen concentrators set up outside each door. Still prepping thru the storm.
  3. Asymptomatic
- DADS met us at the door on June 11<sup>th</sup>, hadn't even had time to notify everyone yet. County Health calls daily. You know you need to up your supply orders, fix your staffing crisis; corporate conf calls, Seca visits, quality monitors calling, infection control phone 1hr surveys with follow-ups for all.
- Still trying to oversee your staff and residents with rules and recommendations changing weekly if not daily. Don't stress - you can do this, its not even the eye of the storm yet.



**TEXAS**  
Health and Human  
Services

# Grief x 10

---

1. June 14<sup>th</sup> – in hospital
2. June 18<sup>th</sup> – in hospital
3. July 2<sup>nd</sup> – in house & one in hospital
4. July 4<sup>th</sup> – in hospital
5. July 5<sup>th</sup> – in house & one in hospital
6. July 6<sup>th</sup> – in hospital
7. July 7<sup>th</sup> – code in house
8. July 8<sup>th</sup> - in hospital



TEXAS  
Health and Human  
Services

# Support

---

- We lost 10 residents (our family) - 8 in a six-day period.
- Resident support: Carousel Counseling & Lonestar Psychiatric Services via telemedicine
- Staff support
- Family communication/calls
- Staff communication



TEXAS  
Health and Human  
Services



# End of life support

---

- Family calls daily: updates scheduled at the end of shift (reduces interruptions during assessments/med pass)
- Encourage window visits, Skype, Facebook calls
- The decline can be too fast for end of life visits
- Another important factor is MD updates
  - In the eye of the storm, you would assume that the doctors know. But daily updates or small changes need to be communicated with them also.



**TEXAS**  
Health and Human  
Services



# Current status:

---

1. Originally tested 79 employees and 68 residents
2. Overall total 56 cases
  - a. 40 residents
  - b. 16 staff (all recovered and most returned to work)
3. Overall resident status
  - a. 1 went home
  - b. 10 expired
  - c. 17 recoveries
  - d. 12 still active



**TEXAS**  
Health and Human  
Services

# Lessons learned

---

- Extra AED pads; three sets may not be enough
- Extra staff to be around for the running, screening, hand holding, dignity, and patience
- Extra staff for the room changes and a storage area for the residents' boxes, as you don't want to move 3 or 4 times (quarantine, isolation, then back to original room if available)
- Extra dumpster to decrease amount of walking around building from end exits
- Extra communication with staff, families/care partners, and residents.
- Be extra supportive, as everyone and every detail is different and change is hard for most people.



**TEXAS**  
Health and Human  
Services

# Prevention

---

1. The best way to prevent the spread is to KEEP IT OUT.
2. Someone who was not sick, no temp, no other symptoms, NOT SICK, with a mask on, walked into my building and here we are.
3. **Principles of Prevention and Infection Control in the Community**
  - a. Wear a mask
  - b. Wear gloves or full PPE if indicated
  - c. Keep social distance (6 feet or more)
  - d. Avoid places with more than 10 people gathering (avoid crowds)



**TEXAS**  
Health and Human  
Services

# Summary



TEXAS  
Health and Human  
Services

- This too shall pass – focus on the present and the future
- Let's continue to create strong peer networks
- Thank you for your work at the point of care every day!!



TEXAS  
Health and Human  
Services

# Questions?

---

**Thank you**

[abonner@ihi.org](mailto:abonner@ihi.org)

[don@cpsnf.com](mailto:don@cpsnf.com)

[administrator@cpsnf.com](mailto:administrator@cpsnf.com)





TEXAS  
Health and Human  
Services

# References & Resources

---

# Enroll for Weekday Huddles!



TEXAS  
Health and Human  
Services

- [Here](#) is the link where you can register for the [IHI COVID-19 Rapid Response Network for Nursing Homes](#) and then receive access to our [materials page](#) up to 24 hours later.
  - If you have any trouble with the links, it sometimes helps to clear your cache and to use Google chrome. IHI's customer experience team can also help; give them a call at 617-301-4800 during ET business hours if you need anything.

# Best Practices on communication from assisted living residences in Alzheimer's Association Project ECHO

---



TEXAS  
Health and Human  
Services

- Use baby monitors to hear one another during window visits
- Tent visits (if permitted)
- Use white boards to communicate with care partners; staff take photos and share with care partners
- Laminate photos of care partners or families for residents
- Try Zoom meetings as Town Halls for care partners
- Post photos of activities on Facebook or other media



TEXAS  
Health and Human  
Services

# Best Practices on communication from assisted living residences in Alzheimer's Association Project ECHO

---

- Ask care partners to send a batch of letters so resident can open one each day
- Take pictures of tent or window visits to remind resident of the visits
- When using video platforms, turn off the video of the resident or cover it with a post-it (seeing their own image can be confusing)

# References on Stress and Mental Health

- Benzo RP, Kirsch JL, Nelson C. Compassion, Mindfulness, and the Happiness of Healthcare Workers. *Explore (NY)*. 2017;13(3):201-206. doi: 10.1016/j.explore.2017.02.001.
- Centers for Disease Control and Prevention. Exposure to stress: Occupational hazards in hospitals. <https://www.cdc.gov/niosh/docs/2008-136/pdfs/2008-136.pdf>.
- Hobfoll, S. E., Watson, P. J., Bell, C. C., Bryant, R. A., Brymer, M. J., Friedman, M. J., et al. (2007). Five essential elements of immediate and mid-term mass trauma intervention: Empirical evidence. *Psychiatry*, 70(4), 283-315.
- Lai, J. et al. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Netw Open* 2020 Mar 23(3):3203976.doi 10.1001/jamanetworkopen.2020.3976.
- Morganstein, J.C. Inpatient notes: Preparing for Battle: How hospitalists can manage the stress of Covid 19. *Ann Intern Med*. 2020 April <http://doi.org/10.7326/M20-1897>.



# CDC Resources and Links



TEXAS  
Health and Human  
Services

Preparing for COVID-19 in Nursing Homes

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Responding to Coronavirus (COVID-19) in Nursing Homes

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html>

Using Personal Protective Equipment (PPE)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

# HHS Resources and Links



TEXAS  
Health and Human  
Services

Link to most recent Texas HHS guidance:

- [Nursing Facility COVID-19 Response Plan Guidance \(PDF\)](#)

Link to Texas HHS website with multiple useful materials:

- <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/nursing-facilities-nf>