

SNF /Long Term Care Ebola Response Planning

Facility Name: _____ Person Completing this Form: _____

Should we be concerned that an Ebola outbreak could affect a SNF or long term care facility or agency?

WHY? Or WHY NOT?

HOW could it affect your facility or agency?

Screening

Will SNF/LTC need to screen patients? Now or at some point during an outbreak? YES NO

Do any of your staff work at healthcare facilities where they could come in contact with suspect cases? YES NO

Will you possibly need to screen staff? YES NO

- Phone?
- In person?

What form will you use?

Where will they be screened?

What will happen if staff gets a positive screening?

Who will you contact?

Do you need to be prepared to provide PPE for your staff to wear? YES NO

Where will you put the suspect staff person or patient? How will they use the bathroom?

Where will staff take off their PPE if they've been in contact with a suspect patient?

Will your facility need to close if there is a suspect patient that is transferred to the hospital for isolation?

- YES Why? _____ When would you reopen? _____
- No Why? _____

How will you clean the room of the suspect patient after they have been transported?

- Would you like to exercise screening and PPE procedures during the November 20th exercise? YES
NO OR
- Status reporting for surge of patients discharged from the hospital?