



# **Knox/East Tennessee Healthcare Coalition 2021 Event: Omicron Covid 19 Wave Real Event Response Community Exercise**

---

After-Action Report/Improvement Plan  
4/30/2022

## Table of Contents

<b>Event Overview</b> .....	<b>1</b>
<b>Executive Summary</b> .....	<b>3</b>
<b>Analysis of Objective Performance</b> .....	<b>5</b>
Table 1:.....	5
Summary of Healthcare Preparedness Performance.....	5
<b>Objectives/Strengths/Areas for Improvement</b> .....	<b>7</b>
<b>Appendix A: Improvement Plan</b> .....	<b>12</b>
<b>Appendix B: Acronyms</b> .....	<b>15</b>
<b>Appendix C: Event Participants Detailed</b> .....	<b>16</b>
<b>Appendix D: Supporting Document</b> .....	<b>22</b>

## EVENT OVERVIEW

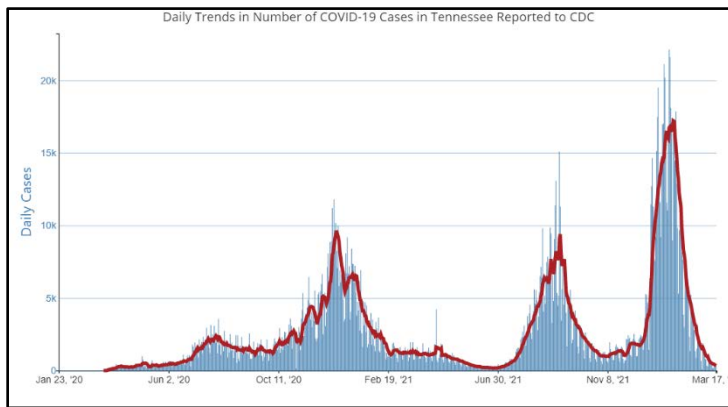
<b>Exercise Name</b>	2022 Omicron Covid 19 Wave, Real Event Response
<b>Exercise Dates</b>	January 1, 2022 – March 31, 2022
<b>Scope</b>	This full scale progressive real event occurred throughout Tennessee affecting all CMS 17 healthcare facilities.
<b>Mission Area(s)</b>	Prevention, Protection, Mitigation, Response, and Recovery
<b>Objectives</b>	<ul style="list-style-type: none"><li>• Evaluate the region’s ability to integrate with community resources to identify and respond to an emerging infectious disease outbreak.</li><li>• Assess internal and external communications systems utilized during the event, to include surveillance, resource monitoring, and management of infectious disease patients.</li><li>• Evaluate resource needs and methods for obtaining additional support.</li><li>• Evaluate policies, procedures, and other measures used to respond to an infectious disease outbreak.</li></ul>
<b>Threat or Hazard</b>	Emerging Infectious Disease Outbreak, Resource Shortages
<b>Event Overview</b>	<p>In late December 2021, the Omicron wave of the COVID 19 virus began to affect Tennessee. The wave progressed with a rapid rise in the number of daily cases and peaked toward the end of January and beginning of February. While this variant of the COVID 19 virus was less virulent, it proved to be more contagious than previous waves and produced the largest number of cases per day of COVID 19 thus far. (See Graph 1: Daily Trends for COVID 19 Cases in Tennessee, 2020 - 2022)</p> <p>Over the last two years healthcare facilities across Tennessee have faced challenges associated with a serious community wide</p>

	<p>infectious disease surge. Administrators and providers have taken measures to address surges by working with various emergency management partners and other community resources. Additionally, the ongoing pandemic surge has provided the opportunity to adjust policies and implement lessons learned to improve response.</p>				
<b>Participating Organizations</b>	<p>Knox/East TN Healthcare Coalition, Healthcare Coalition Members, Public Health, Emergency Management Agencies (EMA) Long Term Care/Assisted Living Facilities, Home Health/Hospice Agencies, Ancillary/Outpatient Clinics, Dialysis Clinics</p>				
<b>Point of Contacts</b>	<table><tr><td data-bbox="459 724 917 804">Wanda Roberts, Regional Hospital Coordinator, East Region</td><td data-bbox="966 724 1404 804">John Brinkley, Regional Hospital Coordinator, Knox County</td></tr><tr><td data-bbox="459 821 755 861"><a href="mailto:Etrhc.health@tn.gov">Etrhc.health@tn.gov</a></td><td data-bbox="966 821 1412 861">John.brinkley@knoxcounty.org</td></tr></table>	Wanda Roberts, Regional Hospital Coordinator, East Region	John Brinkley, Regional Hospital Coordinator, Knox County	<a href="mailto:Etrhc.health@tn.gov">Etrhc.health@tn.gov</a>	John.brinkley@knoxcounty.org
Wanda Roberts, Regional Hospital Coordinator, East Region	John Brinkley, Regional Hospital Coordinator, Knox County				
<a href="mailto:Etrhc.health@tn.gov">Etrhc.health@tn.gov</a>	John.brinkley@knoxcounty.org				

## EXECUTIVE SUMMARY

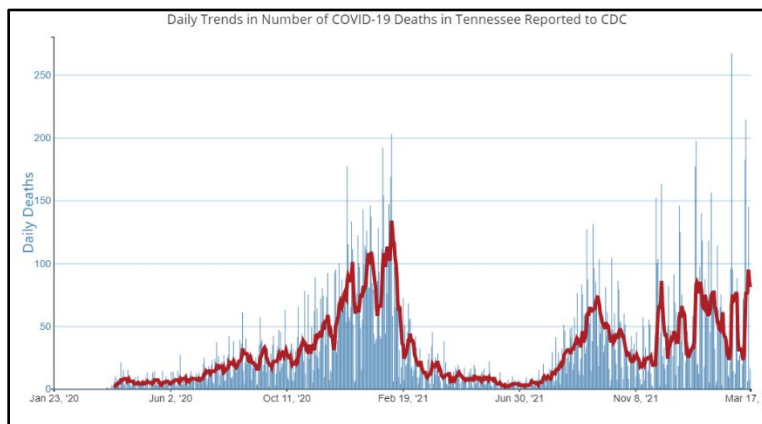
Over the last two years, waves of infection have affected all parts of the United States. In December 2021, a new variant, the “Omicron” wave of the COVID-19 virus began to affect Tennessee. This quickly created a new surge of cases and hospitalizations, in turn stressing facilities across the region that were already fatigued from previous waves

**Graph 1: Daily Trends for COVID 19 cases in Tennessee, 2020 - 2022**



Coordination continued among the many healthcare community partners, long term care/assisted living facilities, dialysis clinics, ancillary/outpatient clinics, and home health/hospice agencies. It proved to be challenging for facilities to keep up with evolving CDC guidance.

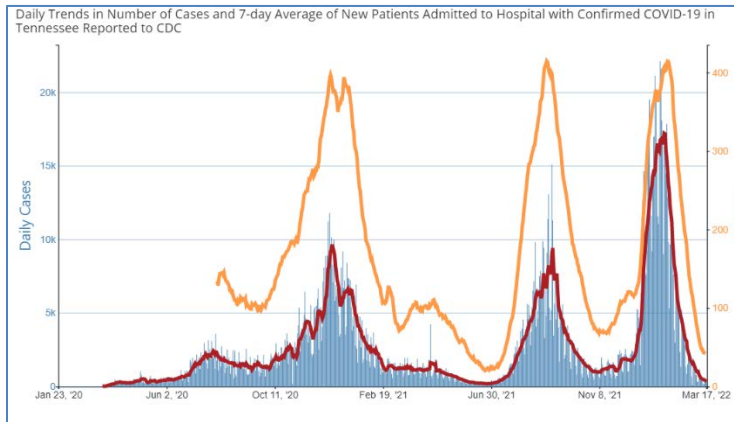
**Graph 2: Daily Trends for COVID 19 Deaths in Tennessee, 2020 - 2022**



Even though there were many more cases statewide, in a shorter period of time than with previous COVID-19 waves, the Omicron wave did not produce significantly more hospitalizations and deaths statewide. The availability of

additional treatments and vaccines for COVID-19, along with proven precautions taken by healthcare facilities were likely factors in reducing the relative morbidity and mortality of the Omicron wave. However, the continued stress on facilities in staffing shortages and sickness left an impactful struggle for facilities to maintain services.

**Graph 3: Omicron Covid Hospitalizations compared to other Waves (Yellow Line)**



Continued supply chain disruption, adequate staffing, social distancing regulations for visitation, communications, patient transportation, implementation of new policies, and testing presented both challenges and opportunities for improvement during the Omicron wave.



*Some facilities utilized a separate screening/triage area*

## ANALYSIS OF OBJECTIVE PERFORMANCE

**Table 1:  
Summary of Healthcare Preparedness Performance**

Objective	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
Evaluate the coalition’s ability to integrate with community resources to identify and respond to an emerging infectious disease outbreak.		S		
Assess internal and external communications systems utilized during the event, to include surveillance, resource monitoring, and management of infectious disease patients.		S		
Evaluate resource needs and methods for obtaining additional support.		S		
Evaluate policies, procedures, and other measures used to respond to an infectious disease outbreak.		S		

Objective	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
<p><b>Ratings Definitions:</b></p> <ul style="list-style-type: none"> <li>• Performed without Challenges (P): The targets and critical tasks associated with the healthcare preparedness capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Performed with Some Challenges (S): The targets and critical tasks associated with the healthcare preparedness capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.</li> <li>• Performed with Major Challenges (M): The targets and critical tasks associated with the healthcare preparedness capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.</li> <li>• Unable to be Performed (U): The targets and critical tasks associated with the healthcare preparedness capability were not performed in a manner that achieved the objective(s).</li> </ul>				



## OBJECTIVES/STRENGTHS/AREAS FOR IMPROVEMENT

### Event Objective 1:

Evaluate the use of internal organizational plans to identify and respond to an emerging infectious disease outbreak.

Strengths	<p>Regional and facility plans/MOUs (updated from the previous COVID wave) were utilized to combat the infectious disease outbreak.</p> <p>The Knox/East TN Healthcare Coalition coordinated with local, regional, and state partners to assist facilities with supplies</p> <p>The Knox/East Tennessee Healthcare Coalition was able assist with needs when facilities faced supply shortages or had a cluster of cases.</p> <p>CMS 17 facilities had multiple items in stock due to prior surge events and were able to utilize these when unable to obtain from regular vendors.</p>
Areas for Improvement	<p>During the peak of the Omicron surge, some supplies were very limited at the regional, vendor, and state level – such as phlebotomy supplies (blood tubes), syringes, N95 masks, COVID-19 testing supplies, etc.</p> <p>Transportation for COVID-19 patients and securing adequate care became an issue for some facilities.</p>

### Event Objective 2:

Assess internal and external communications systems utilized during the event, to include surveillance, resource monitoring, and management of infectious disease patients.

<p>Strengths</p>	<p>Pertinent information was quickly disseminated to coalition partners through the coalition website, or mass emails.</p> <p>Many facilities within the region worked with their IT departments to enable alternate workstations for staff when applicable. They also established video conferencing applications for use during staff meetings, family visitations, and outside consultations to maintain the highest quality of care while abiding by infection control guidelines.</p>
<p>Areas for Improvement</p>	<p>Facilities still met challenges when it came to verifying new information regarding the Omicron surge. Differentiating between accurate and misinformation about the evolving surge event was ongoing.</p> <p>Step up/down facilities did not always share patient information in entirety, including patient infection rates and testing results, making it difficult to place patients into appropriate care facilities.</p> <p>While video/telecommunications were improved across regional facilities, a lack of training on specific applications at times posed an issue.</p>

**Event Objective 3:**

Evaluate resource needs and methods for obtaining additional support (include equipment and medical supplies).

<p>Strengths</p>	<p>Local, Regional and State partners coordinated efforts to ensure facilities had adequate supplies for residents/staff when possible. This was achieved by providing facilities with vendor contact information and/or placing requests at the state level on the facilities' behalf. There continues to be a well-founded partnership between facilities and the Knox/East TN</p>
------------------	--

	<p>Healthcare Coalition that improves coordination with local, regional, and state partners for supplies or vendor information This was achieved by providing facilities with vendor contact information and/or placing requests at the state level on the facilities' behalf.</p> <p>Facilities had multiple items in stock due to prior surge events which served as a buffer when regular vendors were unable to meet demand.</p> <p>Throughout the region, healthcare workers were cross trained to track and procure backordered items from suppliers, relieving some stress from frontline staff. This enabled frontline workers to focus on patient care.</p> <p>Facilities across the region reported a weekly 'COVID Count' for PPE supplies. This improved the corporate office's distribution/allocation of resources to all healthcare facilities.</p> <p>Facilities had multiple items in stock due to prior surge events which served as a buffer when regular vendors were unable to meet demand.</p>
<p>Areas for Improvement</p>	<p>Throughout the Knox/East region, supply shortages were still prevalent. These shortages resulted in local vendor/facility stress. Vendors had to limit quantities ordered by a single facility so supplies could be distributed across the region.</p>

**Event Objective 4:**

Evaluate policies, procedures, and other measures used to respond to an infectious disease outbreak.

Strengths

Regional and facility plans/MOUs (updated from the previous COVID wave) were utilized/adapted to combat the infectious disease outbreak.

Across the Knox/East Region, facilities created designated screening areas where all staff members underwent a wellness check before each shift. Multiple facilities in the region also limited outside visitation and only employees were admitted once screened. This helped to reduce the introduction of COVID-19 into facilities.

Facilities employed techniques learned in prior surges for alternate visitation, including "video chat" with use of mobile large screen TVs, and/or safe space visitation booths for residents. These techniques helped to preserve patient morale while upholding infection control practices.

Guidance protocols were quickly implemented such as hand washing, masks, and other infection control measures.

Facilities developed readiness checkoff sheets for infection control and reporting for QAPI with logs.  
*Reference Appendix B: Supporting Document for example.*

Infectious disease policies were reviewed and updated to accommodate current CDC guidelines.

Isolation carts that were previously purchased by the Knox/East TN Healthcare Coalition were utilized within facilities.

	<p>Facilities dedicated specific staff as part of a "COVID Unit" during surges to eliminate high rates of transmission.</p> <p>To promote the COVID-19 vaccine for staff, facilities provided additional incentives if vaccinated.</p> <p>Facilities across the Knox/East region reemployed retired clinical staff on an as needed basis to provide COVID-19 vaccinations. This reduced the strain on understaffed facilities and improved vaccination rates.</p>
Areas for Improvement	<p>There were inconsistencies in testing results when comparing rapid testing kits against store bought/home testing kits. This caused a problem for facilities when developing infection control procedures and guidelines, as well as strained resources and staffing.</p>

## APPENDIX A: IMPROVEMENT PLAN

Issue/Area for Improvement	Corrective Action	Start Date	Completion Date
<p>Step up/down facilities did not always share patient information in entirety, including patient infection rates and testing results, making it difficult to place patients into appropriate care facilities.</p> <p>Transportation for COVID-19 patients and securing adequate care became an issue for some facilities.</p>	<p>Working with hospitals and the Healthcare Coalition, facilities should identify measures, to avert any missed data. They can then use this information to find appropriate placement with a higher echelon of care. It may prove beneficial to identify a specific team within the facility, if feasible, to render patient information to admitting facilities.</p>	<p>3/31/2022</p>	<p>12/31/2022</p>
<p>Facilities still met challenges when it came to verifying new information that was disseminated to the region. Information came from inconsistent sources and</p>	<p>Facilities should gather information regarding the event from conference calls/emails sent officially from the State of Tennessee, The Knox County Health Department, the CDC, or other trusted sources.</p>	<p>3/31/2022</p>	<p>12/31/2022</p>

<p>differentiating between accurate and misinformation about the evolving surge event was ongoing.</p>			
<p>While video/telecommunications were improved across regional facilities, a lack of education on specific applications posed an issue when meetings/updates were scheduled via video conferencing platforms.</p>	<p>Facilities should ensure training is provided, and updated as new staff are hired, for any telecommunications/video system that may be used.</p>	<p>Ongoing</p>	<p>Ongoing</p>
<p>Throughout the Knox/East region, supply shortages were still prevalent. These shortages resulted in local vendor/facility stress. Vendors had to limit quantities ordered by a single facility so supplies could be distributed across the region.</p> <p>During the peak of the Omicron surge, some supplies were very limited at the regional, vendor, and state level – such as phlebotomy supplies (blood</p>	<p>Since supply shortages were identified on a national level, to prepare for a future surge events the Knox/East region will proactively maintain a cache of supplies critical to maintain the health care needs of the region. This will reduce the impact of a future national supply shortage during which these supplies are difficult or impossible to obtain. Additionally, LTC facilities will be provided with a PPE cache supply kit with essential items. This kit will be rotated by the facility but can be used in times of crisis or shortage.</p>	<p>Ongoing</p>	<p>Ongoing</p>

<p>tubes), syringes, N95 masks, COVID-19 testing supplies, etc.</p>			
<p>There were inconsistencies in testing results when comparing rapid testing kits against store bought/home testing kits. This caused a problem for facilities when developing infection control procedures and guidelines, as well as strained resources and staffing.</p>	<p>Critical testing supplies should be purchased from trusted sources, when possible. Understandably, during a worldwide, on-going pandemic, supply choices may be limited. Facilities should educate their patients/families regarding the possibility for differing testing results from differing testing kits.</p>	<p>3/31/2022</p>	<p>12/31/2022</p>



## APPENDIX B: ACRONYMS

Acronym	Term
AAR	After Action Report
CDC	Centers for Disease Control
CMS	Centers for Medicare and Medicaid Services
EMA	Emergency Management Agency
EMS	Emergency Medical Services
HAI	Healthcare Associated Infections
HCC	Health Care Coalition
HRTS	Healthcare Resource Tracking System
HSEEP	Homeland Security Exercise and Evaluation Program
HVA	Hazard Vulnerability Assessment
IP	Improvement Plan
IT	Information Technology
KET	Knoxville/East Tennessee
KETHC	Knoxville/East Tennessee Healthcare Coalition
LTC	Long Term Care
MOU	Memorandum of Understanding
PPE	Personal Protective Equipment
QAPI	Quality Assurance Performance Improvement
RHC	Regional Hospital Coordinator
RMCC	Regional Medical Communication Center
TDH	Tennessee Department of Health
WHO	World Health Organization

## APPENDIX C: EVENT PARTICIPANTS DETAILED

Adoration Home Health	10451 Hickory Pathway Ste 102	Knoxville	TN
Amedisys - Oak Ridge	575 Oak Ridge Turnpike Suite 130	Oak Ridge	TN
Amedisys Home Health – Harriman	1855 Tanner Way Suite 230	Harriman	TN
Amedisys Home Health - Harrogate	170 Beech St. Suite 3	Harrogate	TN
Amedisys Home Health - Jefferson City	1713 N Hwy 92	Jefferson City	TN
Amedisys Home Health - LaFollette	2435 Jacksboro Pike, Suite 4	LaFollette	TN
Amedisys Home Health - Maryville	504 W Broadway Ave	Maryville	TN
Amedisys Home Health - Morristown	1423 West Morris Blvd Suite B	Morristown	TN
Amedisys Home Health - Newport	611 W. Broadway	Newport	TN
Amedisys Home Health - Sevierville	1229 Fox Meadows Blvd. Ste 1	Sevierville	TN
Amedisys Home Health - Tazewell	1006 Old Knoxville RD	Tazewell	TN
Amedisys Home Health-Knoxville	1420 Dutch Valley Rd	Knoxville	TN
Amedisys Hospice - Knoxville	1420 Dutch Valley Rd	Knoxville	TN
Amedisys Hospice - Morristown	1423 West Morris Blvd	Morristown	TN
Amedisys Hospice - Sweetwater	665 New Hwy 68, Ste B	Sweetwater	TN
Avenir Memory Care - Knoxville	901 Concord Road	Knoxville	TN

Blount Memorial Transitional Care Center	2320 East Lamar Alexander Parkway	Maryville	TN
Caris Healthcare - Knoxville	10651 Coward Mill Rd	Knoxville	TN
Children's West Surgery Center	1020 Children's Way	Knoxville	TN
Chota Community Health Services	4798 New Highway 68	Madisonville	TN
Clinch River Home Healthcare	111 Executive Park Dr.	Clinton	TN
Community Health of East Tennessee	130 Independence Lane	LaFollette	TN
Covenant Homecare and Hospice	3001 Lake Brook Blvd., Suite 101	Knoxville	TN
Cumberland Village Center	136 Davis Ln.	LaFollette	TN
Davita Appalachian Dialysis	503 Elm Street	New Tazewell	TN
Davita Campbell Station Dialysis	111 South Campbell Station Drive	Knoxville	TN
Davita Clinch River Dialysis	702 N Main Street	Clinton	TN
Davita Knoxville Dialysis	2909 East Magnolia Ave	Knoxville	TN
Davita Morristown Dialysis	120 Pearce Drive	Morristown	TN
Dialysis Clinic Inc - Caryville	173 Patty Hill Drive	Caryville	TN
Dialysis Clinic Inc - Holston River	5811 E. Gov John Sevier Hwy	Knoxville	TN
Dialysis Clinic Inc - Kingsport	2008 Brookside Dr	Kingsport	TN
Dialysis Clinic Inc - Knoxville	3734 Martin Mill Pike	Knoxville	TN
Dialysis Clinic Inc - Maryville	1851 Crest RD	Maryville	TN

Dialysis Clinic Inc - Sevierville	765 Sunrise Cr	Sevierville	TN
Dominion Senior Living - Sevierville	1102 Medical Park Court	Sevierville	TN
East TN Children's Home Health	11227 West Point Dr	Farragut	TN
Etowah Dialysis	109 Grady rd	Etowah	TN
Eye Surgery Center of Knoxville	7739 Dannaher Dr	Powell	TN
Fort Sanders West Outpatient Services	210 Fort Sanders West Blvd.	Knoxville	TN
Fresenius Kidney Care - Caryville	148 Lake Lane	Caryville	TN
Fresenius Kidney Care - Cedar Bluff	431 Park 40 North Blvd.	Knoxville	TN
Fresenius Kidney Care - East Knoxville	2519 E. Magnolia Ave	Knoxville	TN
Fresenius Kidney Care - LaFollette	305 River Drive	LaFollette	TN
Fresenius Kidney Care - Loudon	200 Interchange Park Dr	Lenoir City	TN
Fresenius Kidney Care - Morristown	420 W Morris blvd	Morristown	TN
Fresenius Kidney Care - New Market	1030 West Hwy 11E	New Market	TN
Fresenius Kidney Care - Newport	119 Hedrick Drive	Newport	TN
Fresenius Kidney Care - North Knoxville	440 Walker Blvd.	Knoxville	TN
Fresenius Kidney Care - Oak Ridge	650 Briarcliff Ave	Oak Ridge	TN
Fresenius Kidney Care - Powell	732 E. Emory Rd	Knoxville	TN
Fresenius Kidney Care - Roane County	1662 Roane State Highway	Harriman	TN

Fresenius Kidney Care - Sevierville	1210 Fox Meadows Blvd	Sevierville	TN
Fresenius Kidney Care - Skyway	783 New Hwy 68	Sweetwater	TN
Fresenius Kidney Care - Smoky Mountain	1740 Western Ave	Knoxville	TN
Fresenius Kidney Care - TN River Area	921 Clingan Ridge Dr	Cleveland	TN
Fresenius Kidney Care - West	11305 Station West Dr	Knoxville	TN
Fresenius Kidney Care- Fort Sanders	1740 Western Ave	Knoxville	TN
Fresenius Kidney Care Home Dialysis - Knox	1826 Ailor Avenue	Knoxville	TN
Hillcrest Healthcare Corporate	5325 Beverly Park Circle	Knoxville	TN
Holston Health and Rehabilitation	3916 Boyds Bridge Pike	Knoxville	TN
Island Home Park Health and Rehab	1758 Hillwood Drive	Knoxville	TN
Jefferson County Nursing Home	914 Industrial Park Road	Dandridge	TN
Knoxville Orthopedic Surgery Center	256 Ft Sanders West Blvd	Knoxville	TN
Madisonville Health and Rehab	465 Isbill rd.	Madisonville	TN
NHC Healthcare - Athens	1011 West Madison Avenue	Athens	TN
NHC Healthcare - Bristol	245 North Street	Bristol	TN
NHC Healthcare - Farragut	120 Cavette Hill Lane	Knoxville	TN
NHC Healthcare - Fort Sanders	2120 Highland Ave.	Knoxville	TN
NHC Healthcare - Knoxville	809 E EMERALD AVE	Knoxville	TN

NHC Healthcare - Oak Ridge	300 Laboratory rd	Oak Ridge	TN
NHC Homecare - Knoxville	9000 Executive Park drive suite A-205	Knoxville	TN
Oneida Nursing and Rehab Center	18805 Alberta Ave	Oneida	TN
Open Arms Care Corporation	7325 Oak Ridge Highway	Knoxville	TN
Pain Consultants of East TN Surgery Center	1128 E. Weisgarber Rd Suite 110	Knoxville	TN
Parkwest Surgery Center	9430 Parkwest Blvd	Knoxville	TN
Physicians Surgery Center of Knoxville	1819 CLINCH AVENUE	Knoxville	TN
Ridgeview Behavioral Health	240 W Tyrone Rd	Oak Ridge	TN
Sevierville Health and Rehab	415 Catlett Road	Sevierville	TN
Shannondale Healthcare Center	7424 Middlebrook Pk.	Knoxville	TN
Smoky Mountain Home Health and Hospice	222 Heritage Blvd	Newport	TN
Summit View of Rocky Top	204 Industrial Park Rd.	Rocky Top	TN
Tennessee Valley Eye Center	160 Capital Drive Suite 2	Knoxville	TN
Tennova Healthcare Hospice – Knoxville	1225 E. Weisgarber Road	Knoxville	TN
The Eye Surgery Center of East TN	1124 E. Weisgarber Rd. Ste 110	Knoxville	TN
The Eye Surgery Center-Lenoir City	5491 Creekwood Park Blvd., Suite B	Lenoir City	TN
UT Homecare Hospice	4435 Valley View Drive, Suite 104	Knoxville	TN
UT Primary Care Heartland	309 N. Broad Street	New Tazewell	TN

West Hills Health and Rehab	6801 Middlebrook Pike	Knoxville	TN
Westmoreland Health and Rehab	5837 Lyons View Pike	Knoxville	TN
Willow Ridge Center	215 Richardson Way	Maynardville	TN

## APPENDIX D: SUPPORTING DOCUMENT

**COVID Unit Preparedness Checklist**

Date: \_\_\_\_\_

YES	NO	
		COVID Isolation Unit signage in place
		Rooms clean and free of clutter
		Gloves, briefs, wipes, soap, hand sanitizers, toilet paper, paper towels, isolation gowns, hair nets, shoe covers, red and yellow contamination bags all stocked
		Key for restocking toilet paper and paper towels in place
		Food products are checked for expiration
		Refrigerator temperature log in place
		Staff sign in sheet in place
		Lap tops for charting available
		Communication devices charged and in place
		Clean cooler and ice scooper
		Coffee maker with coffee and filters
		Large Styrofoam cup, lids, and straws
		Clean linen cart stocked
		N95 masks of all sizes available in mask area
		Individual blood pressure cuffs and stethoscopes
		Lab caddy is stocked and in place
		As needed transfer devices in place and charged (gait belt, hoyer, sit to stand)
		Resident/Patient charts are in place in the clean room
		Resident/Patient medications have been placed in COVID med cart
		Wound care orders have been checked and needed wound care supplies are placed