



Infection Control Success at St. Joseph's Center

COVID-19 Pandemic Response

What Happened

From 2020 to 2023, St. Joseph's Center experienced multiple COVID-19 outbreaks that impacted operations across its intermediate care facilities (ICFs), community homes, and other services. The pandemic led to partial closures, modified operations, and full shutdowns at various points.

Despite these challenges, the Center maintained continuity of care through proactive planning, coalition partnerships, and adaptive infection control strategies.

What We Had in Place Beforehand

- A comprehensive Emergency Preparedness Manual with hazard-specific policies, including infection control.
- Active membership of the Northeast Healthcare Coalition with pre-existing MOUs for mutual aid.
- A three-day supply of food, bottled water, and PPE stockpiles informed by H1N1 lessons.
- Infection control protocols and trained staff ready to implement donning/doffing procedures
- Safety Committee and subcommittees focused on emergency planning and response.

“The single most important useful thing we had was our relationships with other agencies and vendors through our involvement with the healthcare coalition.”

“Our administration’s goal was to take care of the people that were taking care of the people we serve.”

How We Responded

• **Early Monitoring & Planning:**

- Safety Committee formed a COVID Response Team to monitor trends and guidance from CDC, DOH, and WHO.
- PPE orders placed early; community support helped fill gaps with cloth masks.
- Staff trained in N95 fit testing; CLIA certification obtained for in-house testing.

• **Testing & Vaccination:**

- MOUs with Geisinger Labs and CVS enabled rapid testing and vaccination clinics.
- Regular testing schedules established for unvaccinated and exposed staff.
- CMS vaccination mandates met for all ICF staff.

• **Staffing & Zoning:**

- Red and green zones were established to prevent cross-contamination.
- Alternate staffing schedules implemented; hazard pay and COVID leave policies introduced.
- Remote work options expanded to reduce exposure.

• **Communication & Coordination:**

- Internal updates were issued regularly; families kept informed via Zoom and FaceTime.
- Coalition partnerships leveraged for training, PPE support, and mutual aid.
- Participation in DHS, DOH, and CDC calls ensured up-to-date response strategies.

• **Technology & Telehealth:**

- Telemedicine was adopted to reduce out-of-building appointments.
- Virtual meetings replaced in-person gatherings and visitation to limit exposure.

• **Community Support & Fatigue Management:**

- Staff supported with incentives and flexible attendance policies.
- COVID fatigue was addressed through retraining and reinforcement of safety protocols.

Key Continuity Options & Solution Ideas

Preparedness

- **Most useful resource:** Coalition relationships and MOUs for mutual aid and information sharing.
- **What was missing:** Uniform PPE styles and sizes; early supply chain disruptions.
- **Staff readiness:** Strong infection control foundation and proactive safety committee.

Response

- **Keeping people safe:** Entrance/access point temperature and symptom screening, Isolation zones, PPE training, and in-house testing enabled rapid containment.
- **Backup systems/workarounds:** Remote work, telehealth, and resource sourcing from local partners, community-made masks.
- **Surprises:** PPE supply inconsistencies; COVID fatigue during prolonged response.

Communication

- **Methods used:** Internal updates, virtual meetings, family outreach via video apps.
- **External coordination:** Coalition calls, vendor relationships, and agency briefings.
- **Best methods:** Proactive communication and consistent updates across all levels.

Coordination

- **Outside partners:** Geisinger Labs, CVS, Northeast Healthcare Coalition.
- **Requests for help:** PPE, rapid tests, training support shared across agencies.

Recovery

- **Return to normal:** CDC-guided reopening, updated contact tracing and testing protocols.
- **Catch-up steps:** Reinforcement of infection control, staff retraining, and policy updates.
- **New tools/training:** Fit testing, CLIA certification, and telehealth integration.

Lessons Learned

- Leverage coalition partnerships for mutual aid and rapid response.
- Entrance/access point temperature and symptom screening.
- Maintain rolling PPE inventory and calculate burn rates to anticipate shortages.
- Establish red/green zone staffing protocols to prevent cross-contamination.
- Use telehealth and remote work to reduce exposure and maintain continuity.
- Provide hazard pay and flexible leave policies to support frontline staff.
- Reinforce infection control protocols to combat COVID fatigue.
- Invest in internal testing capabilities and fit testing training.

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A Continuity & Safety Mindset

"The fact that we had a chance to plan our response before we experienced active cases allowed us to be better prepared..."

"Several of our staff were trained to do N95 fit testing, so all staff had a pre-identified mask size and style."

"We had previously established a staffing cycle to staff those isolated areas, our red zones, and to prevent cross-contamination."