COVID-19 Long-Term Care and Congregate Living Facility Checklist

Managing COVID-19 in a long-term care or congregate living facility benefits from a prompt and coordinated team approach.

Steps to control and prevent COVID-19 transmission in your facility can be initiated and completed by facility administration, nursing or caregiving staff, and environmental services or cleaning staff. These steps should be initiated with a resident or staff at your facility with suspected or confirmed COVID-19. Symptoms concerning for COVID-19 include: Fever or symptoms of a respiratory illness such as cough and shortness of breath, but also include unusual symptoms such as fatigue, chills, myalgias, headache, sore throat, new loss of taste or smell, vomiting, nausea, or diarrhea. In addition to these symptoms, elderly patients may present with weakness, confusion, dizziness, or a subtle change from their baseline.

The recommended actions below are organized by priority and facility staff. Activities that benefit from two groups working together (e.g. Administration and Nursing/Caregiving) are included in each group’s recommended activities.

Contra Costa Public Health will be monitoring and following your facility to aid in control and prevention of COVID-19 transmission, and is also available for technical assistance and testing.

**Key**
- □! Start and complete this activity first
- □ Complete this activity after all ! actions are completed

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Facility Administration

Key
□ ! Start and complete this activity first
□ Complete this activity after all ! actions are completed

Communication with Appropriate Entities

□ ! Immediately report confirmed cases in staff or residents to your licensing body and other appropriate regulatory bodies.

□ ! Immediately report confirmed and suspect residents and staff to Contra Costa Public Health Department at 925-313-6740.

□ ! Immediately report confirmed and suspect cases in staff or residents to the medical director, if applicable, facility infection control lead or designee, if applicable, and staff.

Restrict Visitation, New Admissions, and if appropriate follow up with symptomatic staff

□ ! Do not admit new patients/resident to your facility until further notice. Admission of new patients to the facility may be considered. These will need to be discussed with Contra Costa Public Health Department. If there is a positive result in a resident or staff member your facility will be monitored by public health for at least one incubation period (14 days) due to the exposure in the facility.

□ ! Post signage at the front entrance restricting visitors and non-essential staff. Ensure symptom checks and temperature checks of all staff entering the facility.

□ ! Send home any symptomatic Staff and refer them for testing. Staff may not come back to work until testing is done, results reviewed by public health, and further guidance has been reviewed with public health.

Ensure the facility has adequate supplies of Personal Protective Equipment (PPE)

□ ! Assess current facility inventory of PPE
  □ Facemasks
  □ Respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested healthcare personnel)
  □ Gowns
  □ Gloves
  □ Eye protection (i.e., face shield or goggles)
☐ Make necessary PPE available in areas where patient/resident care is provided. Put a trash can near the exit inside the patient/resident room to make it easy for staff to discard PPE prior to exiting the room, or before providing care for another resident in the same room.

☐ Develop plan for where staff will Don and Doff PPE. Have signs with directions on Don/Doffing posted outside of rooms, having a buddy whenever possible to ensure correct technique.

☐ Develop “buddy” system for staff when they need assistance while in room, or need supplies brought to them (may need to consider increasing staff to have extra hands/“runners”)

**Enforce and Revise Facility Policies for Staff**

☐ ! Reinforce sick leave policies. Remind all staff not to report to work when ill.

☐ ! Restrict staff movement between areas of the facility with and without ill residents.

☐ Reinforce adherence to infection prevention and control measures, including hand hygiene and selection and use of personal protective equipment (PPE). Have staff demonstrate competency with putting on and removing PPE.

☐ Implement universal use of facemasks for all staff and any visitors while in the facility.

☐ If an ambulance or other transport is called to the facility, notify them that the facility is currently experiencing an outbreak of COVID-19 prior to their arrival so they may don appropriate PPE prior to patient/resident contact. All patients/residents should be considered potentially exposed to COVID-19 during an outbreak and transport staff should wear appropriate PPE even if the resident has not tested positive yet.

☐ Do not transfer patients/residents to other wards or facilities unless medically indicated. If transfer is medically indicated, inform the receiving facility verbally and in writing, if appropriate, that the resident is coming from a facility that is experiencing a COVID-19 outbreak.

**Enforce and Revise Facility Policies for Patients/Residents**

☐ ! Restrict all patients/residents to their rooms with the door closed to the extent possible.

☐ ! All group activities should be cancelled.

☐ ! Communal dining should be cancelled unless assistance is required as part of the Resident care plan. Residents requiring assistance with feeding should maintain a 6 foot distance from other residents.

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during supervised meals and staff should perform hand hygiene when moving from one resident to another.

☐ Use private rooms for patients/residents who test positive for COVID-19 or have symptoms of COVID-19 whenever possible. If private rooms are not available, consider other placement options, such as grouping (cohorting) sick patients/residents together and ensuring at least 6 feet of separation and a physical barrier (e.g., curtain) between residents. Staff should be assigned to care for only positive patients/residents OR only negative patients/residents and not move between these two groups as much as possible.

☐ If patients/residents must leave their room, patients/residents should wear a facemask or use tissues to cover coughs and sneezes, perform hand hygiene (wash hands with soap and water or use an alcohol-based hand rub), limit their movement within the facility, and perform social distancing (stay at least 6 feet from others).

Visitor Policies

☐ ! Restrict all visitation except for certain compassionate care situations, such as end of life situations.

☐ ! Restrict all volunteers and non-essential personnel, (e.g., barbers, podiatry, etc) from entering the facility until further notice.

☐ All visitors that must enter the facility (e.g. compassionate care) should sign-in, including: name of visitor, resident that was visited, date of visit and time. Visitors should be limited to 2 persons, and must wear appropriate PPE (e.g. gloves, gown and facemask unless times of PPE shortages, then prioritize a facemask).

Return to Work Criteria

☐ Staff with confirmed or suspected COVID-19 may return to work after 10 days have passed since symptom onset, and, at least 72 hours have passed since fever resolves without the use of fever-reducing medication and respiratory symptoms are improving, whichever period is longer. Staff should continue to wear a mask at all times while in the facility until all symptoms have completely resolved, or for at least 14 days after illness has started.

Note: Per current health officer order, all staff and visitors must wear a mask while in the facility.

Communicate with Residents and Family

☐ Inform patients/residents, family members, and visitors of confirmed or suspect case.

☐ Educate patients/residents and their families, including information about COVID-19 and actions the facility is taking to protect them and their loved ones, including visitor restrictions and how they can protect themselves.

5/21/2020
Facility Nursing/Care Giving

Key

□ ! Start and complete this activity first
□ Complete this activity after all ! actions are completed

Isolation Precautions and Practice Social Distancing

□ ! When there are cases of COVID-19 in your facility, staff should follow standard, contact and droplet precautions with the addition of eye protection for the care of all residents, regardless of symptoms whenever possible. This means using a disposable or washable gown, gloves, a facemask and eye protection while caring for patients.

Note: In times of shortages of Personal Protective Equipment (PPE), the following would be permitted:

• Gowns only used during aerosol generating procedures; care activities where splashes and sprays are anticipated; during high-contact resident care activities such as help with bathing or toileting. The same gown may not be used for more than one resident.

• Extend the use of respirators, facemasks, and eye protection. The same respirator, facemask, and eye protection may be used during the care of more than one resident with the same COVID status (ie) facemask and eye protection can only be used with positive patients or negative patients. The respirator or facemask should be discarded when: damp, damaged or hard to breathe through, if used during aerosol-generating procedure, if contaminated with blood or other body fluids.

• Eye protection must be replaced (can be reused after cleaning and disinfection) when damaged or hard to see through, if used during aerosol generating procedure, if contaminated with blood or other body fluid.

• Gloves must be removed and disposed of after each patient, and proper hand hygiene must be performed.

□ ! Implement universal use of facemasks for all healthcare personnel and staff while in the facility when an outbreak within the facility has been identified.

Note: Per current health officer order, all staff and visitors must wear a mask while in the facility.

□ Restrict staff movement between areas of the facility with and without ill patients/residents.

□ If an ambulance or other transport is called to the facility, notify them that the facility is currently experiencing an outbreak of COVID-19 prior to their arrival so they may don appropriate PPE prior to patient/resident contact. All patients/residents should be considered potentially exposed to COVID-19 during an outbreak and transport staff should wear appropriate PPE even if the resident has not tested positive yet.

□ Restrict all patients/residents to their rooms with the door closed to the extent possible.

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Use private rooms for patients/residents who test positive for COVID-19 or have symptoms of COVID-19 whenever possible. If private rooms are not available, consider other placement options, such as grouping (cohorting) sick patients/residents together and ensuring at least 6 feet of separation and a physical barrier (e.g., curtain) between residents. Staff should be assigned to care for only positive patients/residents OR only negative patients/residents and not move between these two groups as much as possible.

If patients/residents must leave their room, patients/residents should wear a facemask or use tissues to cover coughs and sneezes, perform hand hygiene (wash hands with soap and water or use an alcohol-based hand rub), limit their movement within the facility, and perform social distancing (stay at least 6 feet from others).

Monitor Staff and residents for symptoms of COVID-19

Active monitoring of all patients/residents should occur at least twice daily, and includes close clinical monitoring of residents who are positive for COVID-19. Elderly patients and those with underlying medical conditions can have atypical or unusual symptoms. The symptoms to watch out for are: fever, chills, cough, shortness of breath, sore throat, runny nose, weakness or fatigue, headache, muscle pain, dizziness, or a change in mental status (confusion).

Send updated line listings of residents and staff who have symptoms and/or have a positive test for COVID-19 to your Contra Costa Public Health Department contact no later than 10:00 a.m. daily.

All staff and visits should be screened for fever, respiratory illness (cough, shortness of breath, sore throat, fatigue or unusual weakness, body aches), headaches, nausea, vomiting, diarrhea and/or recent exposures to sick individuals prior to entering the facility.

- Public Health can provide a template daily employee temperature log for your use.
- Any staff member with a positive screen using criteria above, should immediately put on a facemask and sent home. They should be excluded from work until cleared by public health.

Staff with confirmed or suspected COVID-19 may return to work after 10 days have passed since symptom onset, and, at least 72 hours have passed since fever resolves without the use of fever-reducing medication and respiratory symptoms are improving, whichever period is longer. Staff should continue to wear a mask at all times while in the facility until all symptoms have completely resolved, or for at least 14 days after illness has started. Note: Per current health officer order, all staff and visitors must wear a mask while in the facility.

Reinforce adherence to infection prevention and control measures, including hand hygiene and selection and use of PPE. Have staff demonstrate competency with putting on and removing PPE. Use “buddy” system for staff whenever possible to ensure correct technique and for when they need assistance while in room, or need supplies brought to them.

5/21/2020
Facility Environmental Services

Key
☐ ! Start and complete this activity first
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Environmental Cleaning

☐ ! Increase cleaning frequency of hard non-porous, high touch surfaces.

☐ Use an EPA-registered, hospital-grade disinfectant for routine cleaning and to frequently clean high-touch surfaces and shared patient/resident care equipment. Refer to the EPA website for a complete list of approved disinfectants with an emerging viral pathogen claim: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2.

☐ Make sure environmental services staff members are:
  ☐ Following label instructions on use of cleaners and disinfectants.
  ☐ Following cleaning and disinfection policies and procedures (e.g. clean dirty surfaces, then disinfect; change gloves and perform hand hygiene between rooms and between resident areas within the same room).

☐ Ensure that all non-dedicated, non-disposable resident care equipment is cleaned and disinfected after each use (e.g. pulse ox, blood pressure cuffs, patient lifts) prior to use on additional residents.

Hand Hygiene & Personal Protective Equipment (PPE)

☐ ! Ensure adequate hand hygiene supplies:
  ☐ Put alcohol-based hand sanitizer with 60–95% alcohol in every patient/resident room (ideally both inside and outside of the room) and other patient/resident care and common areas (nurses station, front entrance, etc)
  ☐ Make sure that sinks are well-stocked with soap and paper towels for handwashing.

☐ Ensure adequate supplies for respiratory hygiene and cough etiquette
  ☐ Make tissues and facemasks available for all staff and patients/residents who must be outside of their rooms.
  ☐ Consider designating staff to steward those supplies and encourage appropriate use by patients/residents, visitors and staff.

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