

# Facility Checklist for COVID-19

Written By: Shelley Bhola RN-BC, BSN, MSN, PHN, Regional Nurse Specialist/Infection Prevention Specialist

## Key goals for the U.S. healthcare system in response to the COVID-19 outbreak are to:

- Reduce morbidity and mortality
- Minimize disease transmission
- Protect healthcare employees
- Preserve healthcare system functioning

Long-term care facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19. In addition, the following checklist will be initiated.

## Identify Plan and Resources

### Identify public health and professional resources.

Local Health Department: \_\_\_\_\_ State Health Department: \_\_\_\_\_

State Long-Term Care Professional/Trade Association: \_\_\_\_\_

### Identify contacts at local hospitals in preparation for the potential need to hospitalize residents or receive discharged residents from the hospital.

If a resident is referred to a hospital, coordinate transport with local hospital, local health department, and medical transport service/emergency medical service to ensure that the resident can be safely transported and received by the facility.

Hospital: \_\_\_\_\_

EMS: \_\_\_\_\_

### Identify contacts for local, regional, or state emergency-preparedness groups, especially bioterrorism/communicable disease coordinators.

City: \_\_\_\_\_

County: \_\_\_\_\_

Other: \_\_\_\_\_

### Perform surveillance to detect respiratory infections, including COVID-19.

- Assign one person to monitor public health updates from local and state public health departments.
- Implement protocol for monitoring of influenza-like illness among residents and associates.
- Keep line listing on each unit and monitor 24/7.
- Assess all residents/staff with respiratory symptoms for:
  - Travel to area with COVID-19 in 14 days prior to onset of illness
  - Have family or visitors who have traveled to an area with COVID-19
  - Any diagnostic testing
- Symptoms of COVID-19 are:
  - Cough
  - Fever
  - Shortness of Breath

### Immediately contact your local health department if a resident meets exposure and symptom criteria.

- Your local health department will help assess the situation and provide guidance for further actions.
- Specimens for COVID-19 will only be collected in the community if directed by the local health department.

## Protecting Visitors and Associates

### Educate all staff, residents, and family members of residents about COVID-19.

- Educate on potential harm from respiratory illnesses to nursing home residents as well as basic prevention and control measures for respiratory infections such as influenza and COVID-19.
- Include the following topics in education:
  - Hand hygiene
  - Respiratory hygiene and cough etiquette, including sneezing/coughing into tissue or elbow, placing used tissues in a waste receptacle, and washing hands immediately after using tissues
  - Use of personal protective equipment (PPE recommended when caring for those suspected or confirmed of having COVID-19, including gown, gloves, mask (or N95 respirator), and eye protection that covers the front and sides of the face.
  - Screening visitors for illness
  - Limiting visitors during outbreaks

### Review, implement, and reinforce an infection control plan for preventing communicable disease among residents, visitors, and facility staff. The plan should include:

- A policy for when direct care staff should use standard, droplet, and contact precautions for residents with symptoms of respiratory infection
- A plan for implementing respiratory hygiene throughout the community
- A plan for cohorting symptomatic residents or groups using one or more of the following strategies:
  - Confining symptomatic residents and exposed roommates to their rooms
  - Placing symptomatic residents together in one area of the community
  - Closing units where symptomatic and asymptomatic residents reside
  - Cohorting staff on either affected or non-affected units to prevent transmission between units
  - Canceling events in the community where many people come together
  - Cleaning and disinfecting high-touch surfaces with EPA-registered disinfectant with label claim of effectiveness against human coronavirus or merging viral pathogens

## Implementing Restrictions

### Develop criteria and protocols for closing units or the entire community to new admissions when COVID-19 has been identified in the community.

- Inform discharge planners within your healthcare network that your community is closed to new admissions.
- If a section of the community will be closed but other units will remain open to new admissions, develop communications protocol to inform new residents of COVID-19 in the community.

### If visitors are allowed to enter the room of a resident with confirmed or suspected COVID-19, the facility will:

- Enact a policy defining what PPE should be used by visitors
- Before visitors enter the resident's room, associates will provide instructions to visitors on hand hygiene, limiting surfaces touched, and appropriate use of PPE
- Maintain a record of all visitors who enter and exit the room
- Ensure visitors limit their movement within the community, avoiding the cafeteria and other common areas

### Develop criteria and protocols for enforcing visitor limitations.

- If COVID-19 is identified in the surrounding community, determine a method to screen visitors for respiratory illness symptoms.
- Consider screening visitors for recent travel to high-risk areas with COVID-19 transmission.
- Post signs at the entry, the reception area, and throughout the community to help visitors, staff, and volunteers self identify relevant symptoms and travel history.
- Educate visitors and family members not to visit the community if they are experiencing respiratory symptoms.

## Associate Health and Contingency Planning

### Implement an occupational health plan with a non-punitive sick leave policy to address the needs of symptomatic staff, including:

- Staff, other caregivers, and volunteers should not report to the community if they are symptomatic with fever or respiratory symptoms and must report any such symptoms to human resources
- How to handle personnel who develop symptoms while at work
- Staff who do develop COVID-19 require two negative tests before isolation can be discontinued (this guidance may change as the situation evolves)
- How to accommodate personnel who need to care for ill family members
- Educate staff to self-assess and report symptoms of respiratory illness before reporting for work
- Identify staff who may be at higher risk for severe COVID-19 disease and attempt to assign them to unaffected units

### Develop contingency staffing and resident placement plans.

- Identify minimum staffing needs and prioritize critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations.
- Contact your local healthcare coalition for guidance on altered standards of care in case residents need acute care and hospital beds are not available.
- Strategize how your community can help increase hospital bed capacity in the community.
- Establish memoranda of agreement with local hospitals for admission to the long-term care community of non-influenza residents to facilitate utilization of acute care resources for more seriously ill patients.

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## resources

### **CDC - Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF)**

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

### **CDC – Hand hygiene**

<https://www.cdc.gov/handhygiene/providers/index.html>

### **CDC – Respiratory Hygiene**

<https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>

### **CDC – Personal Protective Equipment (PPE)**

<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

### **CDC – Posters for Education and Visitors**

<https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>