

Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings



Nursing homes and other long-term care facilities can take steps to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19). Each facility will need to adapt this checklist to meet its needs and circumstances based on differences among facilities (e.g., patient/resident characteristics, facility size, scope of services, hospital affiliation). This checklist should be used as one tool in developing a comprehensive COVID-19 response plan. Additional information can be found at www.cdc.gov/COVID-19. Information from state, local, tribal, and territorial health departments, emergency management agencies/authorities, and trade organizations should be incorporated into the facility's COVID-19 plan. Comprehensive COVID-19 planning can also help facilities plan for other emergency situations.

This checklist identifies key areas that long-term care facilities should consider in their COVID-19 planning. Long-term care facilities can use this tool to self-assess the strengths and weaknesses of current preparedness efforts. Additional information is provided via links to websites throughout this document. However, it will be necessary to actively obtain information from state, local, tribal, and territorial resources to ensure that the facility's plan complements other community and regional planning efforts. This checklist does not describe mandatory requirements or standards; rather, it highlights important areas to review to prepare for the possibility of residents with COVID-19.

A preparedness checklist for hospitals, including long-term acute care hospitals is available.

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hospital-preparedness-checklist.pdf>

Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

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>

1. Structure for planning and decision making

	Completed	In Progress	Not Started
<ul style="list-style-type: none"> COVID-19 has been incorporated into emergency management planning for the facility. A multidisciplinary planning committee or team* has been created to specifically address COVID-19 preparedness planning. <p>List committee's or team's name:</p> <p><i>*An existing emergency or disaster preparedness team may be assigned this responsibility.</i></p> <p style="text-align: center;">continue on next page</p>			

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<p>cont.</p> <ul style="list-style-type: none"> People assigned responsibility for coordinating preparedness planning, hereafter referred to as the COVID-19 response coordinator. <p>Insert name(s), title(s), and contact information:</p> <ul style="list-style-type: none"> Members of the planning committee include the following: (Develop a list of committee members with the name, title, and contact information for each personnel category checked below and attach to this checklist.) <ul style="list-style-type: none"> Facility administration Medical director Director of Nursing Infection control Occupational health Staff training and orientation Engineering/maintenance services Environmental (housekeeping) services Dietary (food) services Pharmacy services Occupational/rehabilitation/physical therapy services Transportation services Purchasing agent Facility staff representative Other member(s) as appropriate (e.g., clergy, community representatives, department heads, resident and family representatives, risk managers, quality improvement, direct care staff including consultant services, union representatives) The facility's COVID-19 response coordinator has contacted local or regional planning groups to obtain information on coordinating the facility's plan with other COVID-19 plans. <p>Insert groups and contact information:</p>			

2. Development of a written COVID-19 plan.

	Completed	In Progress	Not Started
<ul style="list-style-type: none"> A copy of the COVID-19 preparedness plan is available at the facility and accessible by staff. Relevant sections of federal, state, regional, or local plans for COVID-19 or pandemic influenza are reviewed for incorporation into the facility's plan. The facility plan includes the Elements listed in #3 below. The plan identifies the person(s) authorized to implement the plan and the organizational structure that will be used. 			

3. Elements of a COVID-19 plan.

General:

- A plan is in place for protecting residents, healthcare personnel, and visitors from respiratory infections, including COVID-19, that addresses the elements that follow.
- A person has been assigned responsibility for monitoring public health advisories (federal and state) and updating the COVID-19 response coordinator and members of the COVID-19 planning committee when COVID-19 is in the geographic area. For more information, see <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

Insert name, title, and contact information of person responsible.

- The facility has a process for inter-facility transfers that includes notifying transport personnel and receiving facilities about a resident’s suspected or confirmed diagnosis (e.g., presence of respiratory symptoms or known COVID-19) prior to transfer.
- The facility has a system to monitor for, and internally review, development of COVID-19 among residents and healthcare personnel (HCP) in the facility. Information from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting), see CDC guidance on respiratory surveillance: <https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>.
- The facility has infection control policies that outline the recommended Transmission-Based Precautions that should be used when caring for residents with respiratory infection. (In general, for undiagnosed respiratory infection, Standard, Contact, and Droplet Precautions with eye protection are recommended unless the suspected diagnosis requires Airborne Precautions; see: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>.) For recommended Transmission-Based Precautions for residents with suspected or confirmed COVID-19, the policies refer to CDC guidance; see: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.
- The facility periodically reviews specific IPC guidance for healthcare facilities caring for residents with suspected or confirmed COVID-19 (available here: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>) and additional long-term care guidance (available here: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>).

Facility Communications:

- Key public health points of contact during a COVID-19 outbreak have been identified. (Insert name, title, and contact information for each.)

Local health department contact:

State health department contact:

State long-term care professional/trade association:

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<p>cont.</p> <ul style="list-style-type: none"> A person has been assigned responsibility for communications with public health authorities during a COVID-19 outbreak. <p>Insert name and contact information:</p> <ul style="list-style-type: none"> Key preparedness (e.g., Healthcare coalition) points of contact during a COVID-19 outbreak have been identified. <p>Insert name, title, and contact information for each:</p> <ul style="list-style-type: none"> A person has been assigned responsibility for communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility. (Having one voice that speaks for the facility during an outbreak will help ensure the delivery of timely and accurate information.) Contact information for family members or guardians of facility residents is up to date. Communication plans include how signs, phone trees, and other methods of communication will be used to inform staff, family members, visitors, and other persons coming into the facility (e.g., consultants, sales and delivery people) about the status of COVID-19 in the facility. A list has been created of other healthcare entities and their points of contact (e.g., other long-term care and residential facilities, local hospitals and hospital emergency medical services, relevant community organizations—including those involved with disaster preparedness) with whom it will be necessary to maintain communication during an outbreak. Attach a copy of contact list. A facility representative(s) has been involved in the discussion of local plans for inter-facility communication during an outbreak. <p>Supplies and resources:</p> <p>The facility provides supplies necessary to adhere to recommended IPC practices including:</p> <ul style="list-style-type: none"> Alcohol-based hand sanitizer for hand hygiene is available in every resident room (locally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym). Sinks are well-stocked with soap and paper towels for hand washing. Signs are posted immediately outside of resident rooms indicating appropriate IPC precautions and required personal protective equipment (PPE). Facility provides tissues and facemasks for coughing people near entrances and in common areas with no-touch receptacles for disposal. Necessary PPE is available immediately outside of the resident room and in other areas where resident care is provided. <p style="text-align: right;">continue on next page</p>			

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<p>cont.</p> <ul style="list-style-type: none"> ■ Facilities should have supplies of facemasks, respirators (if available <i>and</i> the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP), gowns, gloves, and eye protection (i.e., face shield or goggles). ■ Trash disposal bins should be positioned near the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room. ■ Facility ensures HCP have access to EPA-registered hospital-grade disinfectants to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. <ul style="list-style-type: none"> ▪ <i>Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions.</i> ■ The facility has a process to monitor supply levels. ■ The facility has a contingency plan, that includes engaging their health department and healthcare coalition when they experience (or anticipate experiencing) supply shortages. Contact information for healthcare coalitions is available here: https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx <p>Identification and Management of Ill Residents:</p> <ul style="list-style-type: none"> ■ The facility has a process to identify and manage residents with symptoms of respiratory infection (e.g., cough, fever, sore throat) upon admission and daily during their stay in the facility, which include implementation of appropriate Transmission-Based Precautions. ■ The facility has criteria and a protocol for initiating active surveillance for respiratory infection among residents and healthcare personnel. CDC has resources for performing respiratory surveillance in long-term care facilities during an outbreak, see: https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf ■ Plans developed on how to immediately notify the health department for clusters of respiratory infections, severe respiratory infections, or suspected COVID-19. ■ The facility has criteria and a protocol for: limiting symptomatic and exposed residents to their room, halting group activities and communal dining, and closing units or the entire facility to new admissions. ■ The facility has criteria and a process for cohorting residents with symptoms of respiratory infection, including dedicating HCP to work only on affected units. <p>Considerations about Visitors:</p> <ul style="list-style-type: none"> ■ The facility has plans and material developed to post signs at the entrances to the facility instructing visitors not to visit if they have fever or symptoms of a respiratory infection. ■ The facility has criteria and protocol for when visitors will be limited or restricted from the facility. <p style="text-align: right;">continue on next page</p>			

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<p>cont.</p> <ul style="list-style-type: none"> Should visitor restrictions be implemented, the facility has a process to allow for remote communication between the resident and visitor (e.g., video-call applications on cell phones or tablets) and has policies addressing when visitor restrictions will be lifted (e.g., end of life situation). <p>For more information about managing visitor access and movement in the facility see: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html</p> <p>Occupational Health:</p> <ul style="list-style-type: none"> The facility has sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill healthcare personnel (HCP) to stay home. The facility instructs HCP (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection, as a part of routine practice. The facility has a process to actively screen HCP for fever and symptoms when they report to work. The facility has a process to identify and manage HCP with fever and symptoms of respiratory infection. The facility has a plan for monitoring and assigning work restrictions for ill and exposed HCP. (See: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html) The facility has a respiratory protection plan that includes medical evaluation, training, and fit testing of employees. <p>Education and Training:</p> <ul style="list-style-type: none"> The facility has plans to provide education and training to HCP, residents, and family members of residents to help them understand the implications of, and basic prevention and control measures for, COVID-19. Consultant HCP should be included in education and training activities. A person has been designated with responsibility for coordinating education and training on COVID-19 (e.g., identifies and facilitates access to available programs, maintains a record of personnel attendance). <p>Insert name, title, and contact information:</p> <ul style="list-style-type: none"> Language and reading-level appropriate materials have been identified to supplement and support education and training programs to HCP, residents, and family members of residents (e.g., available through state and federal public health agencies such and through professional organizations), and a plan is in place for obtaining these materials. <p style="text-align: right;">continue on next page</p>			

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<p>cont.</p> <ul style="list-style-type: none"> ■ Plans and material developed for education and job-specific training of HCP which includes information on recommended infection control measures to prevent the spread of COVID-19, including: <ul style="list-style-type: none"> ▪ Signs and symptoms of respiratory illness, including COVID-19. ▪ How to monitor residents for signs and symptoms of respiratory illness. ▪ How to keep residents, visitors, and HCP safe by using correct infection control practices including proper hand hygiene and selection and use of PPE. Training should include return demonstrations to document competency. ▪ Staying home when ill. ▪ HCP sick leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact). ■ See: "Strategies to prevent the spread of COVID-19 in long-term care facilities," available at: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html ■ The facility has a plan for expediting the credentialing and training of non-facility HCP brought in from other locations to provide resident care when the facility reaches a staffing crisis. ■ Informational materials (e.g., brochures, posters) on COVID-19 and relevant policies (e.g., suspension of visitation, where to obtain facility or family member information) have been developed or identified for residents and their families. These materials are language and reading-level appropriate, and a plan is in place to disseminate these materials in advance of the actual pandemic. <p>Surge Capacity:</p> <p><i>Staffing</i></p> <ul style="list-style-type: none"> ■ A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations. ■ A person has been assigned responsibility for conducting a daily assessment of staffing status and needs during a COVID-19 outbreak. <p>Insert name, title, and contact information:</p> <ul style="list-style-type: none"> ■ Legal counsel and state health department contacts have been consulted to determine the applicability of declaring a facility "staffing crisis" and appropriate emergency staffing alternatives, consistent with state law. ■ The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis. <p style="text-align: right;">continue on next page</p>			

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<p>Consumables and durable medical equipment and supplies</p> <ul style="list-style-type: none"> ▪ Estimates have been made of the quantities of essential resident care materials and equipment (e.g., intravenous pumps and ventilators, pharmaceuticals) and personal protective equipment (e.g., masks, respirators, gowns, gloves, and hand hygiene products), that would be needed during an eight-week outbreak. ▪ Estimates have been shared with local, regional, and tribal planning groups to better plan stockpiling agreements. ▪ A plan has been developed to address likely supply shortages (e.g., personal protective equipment), including strategies for using normal and alternative channels for procuring needed resources. ▪ A strategy has been developed for how priorities would be made in the event there is a need to allocate limited resident care equipment, pharmaceuticals, and other resources. ▪ A process is in place to track and report available quantities of consumable medical supplies including PPE. <p>Postmortem care:</p> <ul style="list-style-type: none"> ▪ A contingency plan has been developed for managing an increased need for postmortem care and disposition of deceased residents. ▪ An area in the facility that could be used as a temporary morgue has been identified. ▪ Local plans for expanding morgue capacity have been discussed with local and regional planning contacts. 			

