# LTCF Preparedness Assessment for COVID-19: Abbreviated

*We recommend the following assessment be completed before cases of COVID-19 are identified in your facility if possible. If cases are then identified, this information will be helpful to you and your team and will assist public health with providing support.*

|  |  |  |
| --- | --- | --- |
| **Which of the following situations apply to the facility? (Select all that apply)**  □ No cases of COVID-19 currently reported in their community  □ Cases reported in their community  □ Sustained transmission reported in their community  □ Cases identified in their facility (either among HCP or residents)  **How many days supply does the facility have of the following PPE and alcohol-based hand sanitizer (ABHS)?**  Facemasks:  N-95 or higher-level respirators:  Isolation gowns:  Eye protection:  Gloves:  ABHS:  **Please describe any plans for cohorting ill residents and/or staff in the event of COVID-19 cases in the facility?** | | |
| **Visitor restrictions** | | |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| Facility restricts all visitation except certain compassionate care situations, such as end of life situations.  Decisions about visitation during an end of life situation are made on a case by case basis:   * Potential visitors are screened prior to entry for fever or respiratory symptoms. Those with symptoms are not permitted to enter the facility. * Visitors that are permitted inside, must wear a facemask while in the building and restrict their visit to the resident’s room or other location designated by the facility. They are also reminded to frequently perform hand hygiene. |  |  |
| Facility has sent a communication (e.g., letter, email) to families advising them that no visitors will be allowed in the facility except for certain compassionate care situations, such as end of life situations, and that alternative methods for visitation (e.g., video conferencing) will be facilitated by the facility. |  |  |
| Facility has provided alternative methods for visitation (e.g., video conferencing) for residents. |  |  |
| Facility has posted signs at entrances to the facility advising that no visitors may enter the facility. |  |  |
| **Education, monitoring, and screening of healthcare personnel (HCP)** | | |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| Facility has provided education and refresher training to HCP (including consultant personnel) about the following:   * COVID-19 (e.g., symptoms, how it is transmitted) * Sick leave policies and importance of not reporting or remaining at work when ill * Adherence to recommended IPC practices, including:   + Hand hygiene,   + Selection and use including donning and doffing PPE,   + Cleaning and disinfecting environmental surfaces and resident care equipment * Any changes to usual policies/procedures in response to PPE or staffing shortages |  |  |
| Facility keeps a list of symptomatic HCP. |  |  |
| Facility screens all HCP (including consultant personnel) at the beginning of their shift for fever and respiratory symptoms (actively takes their temperature and documents absence of shortness of breath, new or change in cough, and sore throat).   * If they are ill, they are instructed to put on a facemask and return home. |  |  |
| Non-essential personnel including volunteers and non-essential consultant personnel (e.g., barbers) are restricted from entering the building. |  |  |
| **Education, monitoring, and screening of residents** | | |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| Facility has provided education to residents about the following:   * COVID-19 (e.g., symptoms, how it is transmitted) * Importance of immediately informing HCP if they feel feverish or ill * Actions they can take to protect themselves (e.g., hand hygiene, covering their cough, maintaining social distancing) * Actions the facility is taking to keep them safe (e.g., visitor restrictions, changes in PPE, canceling group activities and communal dining) |  |  |
| Facility assesses residents for fever and symptoms of respiratory infection upon admission and at least daily throughout their stay in the facility.   * Residents with suspected respiratory infection are immediately placed in appropriate Transmission-Based Precautions.   Long-term care residents with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include: new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is circulating in the community. |  |  |
| **Availability of PPE and Other Supplies** | | |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| Facility has assessed current supply of PPE and other critical materials (e.g., alcohol-based hand rub, EPA-registered disinfectants, tissues). |  |  |
| If PPE shortages are identified or anticipated, facility has engaged their healthcare coalition for assistance.  <https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx> |  |  |
| Facility has a policy for implementing conventional, contingency and crisis standards of care for PPE according to CDC guidelines. (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html>). |  |  |
| Hand hygiene supplies are available in all resident care areas.   * Alcohol-based hand sanitizer\* with 60-95% alcohol is available in every resident room and other resident care and common areas. * Sinks are stocked with soap and paper towels.   \*If there are shortages of ABHS, hand hygiene using soap and water is still expected. |  |  |
| EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.  \*See EPA List N: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2> |  |  |
| **Communication** | | |
| **Elements to be assessed** | **Assessment** | **Notes/Areas for Improvement** |
| Facility communicates information about known or suspected COVID-19 patients to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities. |  |  |
| Facility notifies the health department about any of the following:   * COVID-19 is suspected or confirmed in a resident or healthcare provider * A resident has severe respiratory infection * A cluster (e.g., ≥ 3 residents or HCP with new-onset respiratory symptoms over 72 hours) of residents or HCP with symptoms of respiratory infection is identified. |  |  |