All Los Angeles County healthcare facilities need to be prepared for patients with suspected or confirmed COVID-19. The general strategies CDC recommends to prevent the spread of COVID-19 are the same strategies long-term care facilities (LTCF) use every day to detect and prevent the spread of other respiratory viruses, like influenza.

Facilities should ensure their staff is trained, equipped and capable of practices needed to:

• prevent the spread of respiratory viruses including COVID-19 within the facility.

• promptly identify and isolate patients with possible COVID-19 and inform the correct facility staff and public health authorities.

• care for a limited number of patients with known or suspected COVID-19 as part of routine operations.

• potentially care for a larger number of patients in the context of an escalating outbreak.

• monitor and manage any healthcare personnel that might be exposed to COVID-19.

• communicate effectively within the facility and plan for appropriate external communication related to COVID-19.

The following checklist does not describe mandatory requirements or standards, rather it highlights some important areas for LTCFs to review in preparation for potential COVID-19 once a person under investigation (PUI) is identified.

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observer(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time of On-site Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bed Capacity: \_\_\_\_\_\_\_\_\_\_\_ Current Census: \_\_\_\_\_\_\_\_\_\_

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| **Elements to be Assessed** |
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| Getting Ready* Post signs at facility entrances and exits instructing people to visit the building only for medically necessary visits.
* Restrict all visitation except for certain compassionate care situations, such as end of life situations (Refer to the [CMS Guidance for Infection Control and Prevention of Coronavirus Disease 2019(COVID-19) in Nursing Homes (REVISED)](https://www.cms.gov/medicare/quality-safety-oversight-general-information/coronavirus).
* If visitors are permitted, monitor them for fever and respiratory symptoms; limit the duration of visitation and the location of visits – in resident rooms.
* Restrict all volunteers (For exceptions, review the above CMS Guidance) and non-essential healthcare personnel (e.g. barbers).
* Consider discontinuation of community group events, dining, and field trips
	+ Serve meals in resident rooms, if possible, or stagger dining times to decrease the size of the groups. If smaller group activities are necessary, keep the same group together to decrease the risk of exposure.
* Keep residents and employees informed about COVID-19 updates.
* Educate staff not to come to work if they have fever, cough or shortness of breath.
* Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.
* Make contingency plans for increased absenteeism caused by employee illness or illness in employees’ family members that would require them to stay home, including extending hours, cross-training current employees, or hiring temporary employees.
* Assess all patients daily and upon admission for symptoms of fever, cough, sore throat and shortness of breath.
* Facility has a specific plan for managing patients with suspected or confirmed COVID-19 (i.e. plan for cohorting staff and residents if needed).
* Facility has a surge plan for emerging infectious diseases, particularly suspected or confirmed COVID-19 patients.
* Facility has a process that occurs if a confirmed case is identified to include immediate notification of facility leadership, Infection Preventionist, Medical Director, Housekeeping Supervisor
* Facility has a family and resident notification process if a confirmed case is identified.
* Facility has designated a quarantine area including designated restrooms for suspected or confirmed residents in the building.
* Facility has the ability to identify residents who could be discharged to home in event of COVID-19 introduction to the building
* Determine the capacity to accept new ventilated resident admissions and maintain communication with local hospital
* Facility regularly monitors Los Angeles Department of Public Health [COVID-19 website](http://www.publichealth.lacounty.gov/media/Coronavirus/) for the most up to date local guidance and resources
* Facility has identified a mechanism to obtain SARS CoV-2 testing at their facility; LabCorp, Quest, PacWest or other commercial laboratory
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| Decreasing the risk of Covid-19 spread in your facility**Infection prevention and control policies and training for healthcare personnel (HCP):** * Facility provides education and job-specific training to HCP regarding COVID-19, including:
* Signs and symptoms and modes of transmission of infection
* Correct infection control practices and personal protective equipment (PPE) use.
* HCP sick leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact)
* How and to whom COVID-19 cases should be reported
* Designate staff who will be responsible for caring for suspected or known COVID-19 patients.

 Ensure they are trained on the infection prevention and control recommendations for  COVID-19 and proper use of PPE.**Hand Hygiene (HH)** * HH supplies, such as soap and water or alcohol-based hand sanitizer, are readily accessible inpatient care areas, including areas where HCP remove PPE.
* Facility has a process for auditing adherence to recommended HH practices by HCP.
* Sink is well-stocked with soap and paper towels for handwashing.

**Personal Protective Equipment** **Transmission-Based Precautions: Use Standard, Contact, Droplet plus Eye Protection for suspect/confirmed COVID-19 cases. Note:** Facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. Available respirators should be prioritized for procedures that are likely to generate respiratory aerosols which would post the highest risk of exposure to HCP.* PPE and other infection prevention and control supplies (e.g., facemasks, gowns, gloves, goggles, hand hygiene supplies) that would be used for both HCP protection and source control for infected patients (e.g., facemask on the patient) are located in the facility and sufficient supply is available. **Note:** If there is a shortage of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact resident care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. For more information on infection control recommendations, visit <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.
* Facility has signage on the appropriate use of donning and doffing PPE.

Facility has a process for auditing adherence to recommended PPE use by HCP.* Wear the recommended PPE for patient care (link:

 <http://publichealth.lacounty.gov/acd/docs/CoVPPEPoster.pdf>).* + - Post [signs](https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564058318) on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE.
		- Facility has an interfacility transfer form available upon the resident’s transfer to the hospital.
		- Establish policies for the extended use of PPE if needed.

**Respiratory Hygiene/Cough Etiquette:*** + - **Post signs at entrances with instructions for individuals with symptoms of respiratory infection to:**
	+ cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions. Make sure tissues are available.

 **Environmental cleaning:*** Facility has a plan to ensure proper cleaning and disinfection of environmental surfaces (including high touch surfaces such as light switches, bed rails, bedside tables, etc.) and equipment in the patient room.
* All HCP with cleaning responsibilities understand the contact time for the cleaning and disinfection products used in the facility.
* Facility has a process to ensure shared or non-dedicated equipment is cleaned and disinfected after use according to the manufacturer’s recommendations. If using rental equipment, sanitize equipment prior to use (i.e. Bariatric beds, mattresses, etc.)
* Facility uses an EPA-registered hospital-grade disinfectant with EPA-approved emerging viral pathogens claims on hard non-porous surfaces.
* 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 the label’s instructions.
* Facility has a protocol to terminally clean rooms after a patient is discharged from the facility.

**Process for rapidly identifying and isolating persons with suspected COVID-19.*** Facilities should develop a plan for how they will monitor for symptoms and evaluate ill HCP.
* Facilities should develop a plan for how they will monitor for residents for fever or respiratory symptoms. **Note:** Patients with known or suspected COVID-19 should be placed in a single-person room with the door closed. AIIRs should be reserved for patients undergoing aerosol-generating procedures.
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| Caring for a SUSPECT or confirmed covid-19 patient* Facility has a process that occurs after a suspect case is identified to include immediate notification of facility leadership, Infection Preventionist, Medical Director, and Housekeeping Supervisor.

**If a Single respiratory case is identified, facilities are advised to do the following:*** Initiate standard, contact, and droplet precautions plus eye protection
* Encourage testing for routine respiratory pathogens if available at your facility
	+ Test for Influenza and/or other respiratory pathogens to establish an alternative diagnosis
	+ If coronavirus testing is available, consider sending tests to commercial laboratories
* Review current status of all residents to determine if more than one patient is symptomatic of fever or has respiratory symptoms and initiate contact and droplet precautions for all.
* Emphasize environmental cleaning, particularly in the unit where the patient was affected
	+ If you have not already done so, ensure that you are using and approved cleaning agent.

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>* Initiate temperature and symptom checks every 12 hours on all residents, if this has not already been started.
* Consider discharge of any patients that can be cared for in the home setting
* Identify all healthcare workers that have been in contact with that patient in the prior 14 days
	+ Prepare to request expedited testing for these HCW
* Limit the number of staff members interacting with the symptomatic patient and try to keep the same individuals caring for the patient as much as possible.

**If a highly suspected case is identified or multiple respiratory cases within 72 hours, facilities are advised to do the following:** * Initiate standard, contact, and droplet precautions plus eye protection for all suspect residents with fever and/or respiratory symptoms.
* If possible, care for the suspect resident should be provided in a single-person room with the door closed and the resident should have a dedicated restroom.
* Notify Public Health immediately at (213) 240-7941 during business hours or (213) 974-1234 (after hours). For specimen collection at your facility, refer to the guidance in the LAC DPH provider checklist: <http://publichealth.lacounty.gov/acd/docs/nCoVChecklist.pdf>.
* Designate an area in your facility for the placement of suspect residents and cohort staff caring for suspect cases to minimize transmission.
* Increase environmental cleaning throughout the facility to 3 times a day (if possible) with emphasis on high touch surfaces particularly in the unit where the resident was located.
* Discontinue all group activities and communal dining.
* For any transfers out of the building, notify EMS and the receiving facility of possible exposures.
* Consider discharge of any residents that can be cared for in the home setting.
* Identify all healthcare workers (HCWs) and visitors that have been in contact with the suspect resident in the past 14 days regarding the potential exposure to self-monitor for fever or signs/symptoms of cough, sore throat, and shortness of breath twice a day for 14 days.
* Prepare to request expedited testing for symptomatic HCWs.

**If a confirmed case is identified, facilities are advised to do the following (Presume there is widespread distribution of COVID-19 in the facility):** * Initiate standard, contact, and droplet precautions plus eye protection for all suspect or confirmed residents with fever and/or respiratory symptoms.
* If possible, care for the suspect resident should be provided in a single-person room with the door closed and the resident should have a dedicated restroom.
* Notify Public Health immediately at (213) 240-7941 during business hours or (213) 974-1234 (after hours). For specimen collection at your facility, refer to the guidance in the LAC DPH provider checklist: <http://publichealth.lacounty.gov/acd/docs/nCoVChecklist.pdf>. Outbreaks are reportable to the California Department of Public Health Licensing & Certification local office–County of Los Angeles Health Facilities Inspection Division: <http://publichealth.lacounty.gov/hfd/howto.htm>.
* Post a notification letter at the entrance of the facility and community areas.
* Notify all healthcare workers (HCWs) that have been in contact with that resident in the past 14 days regarding the potential exposure to self-monitor for fever or signs/symptoms of cough, sore throat, and shortness of breath twice a day for 14 days. Identify staff who can monitor sick staff with daily “check-ins” using telephone calls, emails, and texts.
* Implement a line listing of all HCWs, residents, and visitors.
* Prepare to request expedited testing for symptomatic HCWs.
* Staff should notify all other employers of the type and nature of their exposure.
* Increase environmental cleaning throughout the facility to 3 times a day (if possible) with emphasis on high touch surfaces particularly in the unit where the resident was located.
* Cancel and reschedule upcoming non-essential outpatient appointments for all residents.
* For residents receiving dialysis outside of the facility, notify their dialysis center and request that they be dialyzed in “isolation.”
* Consider substituting nebulizers for inhalers.

**For confirmed HCW cases:*** Determine which days and shifts the HCW was working at the facility.
* Determine when the HCW was first symptomatic and when they were tested
* Implement a line listing for notify all HCWs, residents, and visitors who were in contact with HCW within 14 days.
* Notify all HCWs, residents, and visitors who were in contact with HCW within 14 days prior to symptom onset regarding the potential exposure and to self-monitor for fever >100.4° F (38°C) or signs/symptoms of cough, sore throat, and shortness of breath twice a day for 14 days.
* Prepare to request expedited testing for symptomatic HCWs.
* Exposed HCWs should be contacted daily for fever >100.4° F (38°C) and respiratory symptoms. Notify LAC DPH immediately if any report fever or symptoms.
* For HCW exclusion recommendations, please see below and visit: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
* For return to work recommendations, visit the LAC DPH coronavirus website and

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>* Designate an area in your facility for the placement of suspect or confirmed residents and cohort staff to minimize transmission.
* If you have not already done so, ensure that you are using an approved cleaning agent: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
* Discontinue all group activities and communal dining.

Serve meals in resident rooms, if possible or stagger dining times to decrease the size of the groups. If smaller group activities are necessary, keep the same group together to decrease the risk of exposure.* For any transfers out of the building, notify EMS and the receiving facility of possible exposures.
* Consider discharge of any patients that can be cared for in the home setting.
* Close the facility to new/returning admissions for 14 days (**Note:** This may be dependent on whether or not hospitals are not over capacity). Consult with LAC DPH staff for guidance for re-opening to new/returning admissions.
* Cancel and reschedule upcoming non-essential outpatient appointments for all residents.
* For residents receiving dialysis outside of the facility, notify their dialysis center and request that they be dialyzed in “isolation.”
* Consider substituting nebulizers for inhalers.
* Facility has a process for discontinuing isolation for confirmed cases.

**If discontinuing isolation for suspect cases, facilities are advised to do the following:**Once the negative test results are received, discontinue isolation unless an alternative diagnosis requires transmission based precautions.**If discontinuing isolation for confirmed cases, facilities are advised to do the following:**1. Patients may be removed from isolation as determined by CDC with either:
	1. Two negative tests taken at least 24 hours apart – done through a commercial lab
	2. Or at least 14 days after symptom onset AND 72 hours afebrile (100.4 or >2 degrees above baseline temperature)
2. If no testing available, duration of symptoms may be a guide to help with discontinuation of isolation
	1. You may discontinue precautions 14 days after disease onset AND 72 hours afebrile (100.4 or >2 degrees above baseline temperature)
	2. In periods of extreme surge, the LACDPH may recommend to discontinue precautions 7 days after disease onset and 72 hours afebrile

**Accepting confirmed or suspected patients:**  **Provided Hospitals are not in overload**1. If tests are available, follow current test requirements to clear isolation rules
2. If testing is not available, accept after 14 days after disease onset AND 72 hours afebrile (100.4 or >2 degrees above baseline temperature).
	1. If no COVID-19 cases in your building, consider continuing contact droplet precautions after admission
	2. If you have COVID-19 cases, admit patients to quarantine units

 **Hospitals are in overload**1. Patients should be preferentially be sent to facilities that have already established a quarantine process for COVID-19 cases
2. Patients should be transferred as late in the hospital stay as possible and afebrile if possible
3. Patients should stay in contact droplet isolation with eye protection, preferably in a quarantine area within the SNF.
4. Discontinuation of isolation as described above
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