Licensed Long-Term Care, Residential and Group Home Facilities

Prevention and Response Plan
for COVID-19 and other Respiratory Illnesses

Facility Information

Facility name:	Facility license number:
Type of facility:	
Name and title of person completing this facility isolation plan:	
Facility address:	Facility county:
Date of plan completion:	

Visitor and non-essential staff

Signage utilized restricting visitors and non-essential staff from entering the building (describe and/or share a copy of the documents.)
Methods used to determine which staff and contracted services (e.g. home health providers, hospice providers, barber, dental, durable medical equipment providers) are considered essential and non-essential.
List services and/or categories of personnel currently restricted from visiting your facility.
Describe and/or share any tools utilized to screen visitors who enter the building, including all elements used to assess prior to granting access.
List the PPE required for visitors and/or contract service employees prior to facility entry.
Describe or include examples of the education and direction that is given to each visitor and/or external personnel when entering your building related to the prevention of COVID-19 (e.g. hand hygiene, PPE required) while in your facility.
Describe the method of delivery for this education/direction (e.g verbal, written, persons providing the instruction)

Monitoring of employee illness

Describe the current process of employee screening prior to entry into the facility.

Include the following:
- Frequency of monitoring

- Signs and symptoms included in the employee monitoring (may include the form utilized in lieu of listing individual symptoms)

- Describe criteria for employee exclusion and steps that will be taken if employees are positively identified.

Describe current return to work policy for employee illness including COVID-19.

Describe the process for when employees will be tested for COVID-19 and other respiratory illness and where they will obtain the testing (e.g. Occ. Health, private physician).

Describe the current process utilized for employees to return to work following illness.

Describe processes utilized to identify employees who work at multiple health care facilities.

Staffing Shortages

Please describe your current plan for mitigating any staffing shortages due to employee illness or fear of COVID-19 that impacts your current workforce.

Staffing plans should be created utilizing the guidance at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

Monitoring Resident Illness

Describe the current process used to screen residents for respiratory illness including COVID-19.

Include the following at minimum:
- Frequency of monitoring:

- Signs and symptoms monitored (may include the monitoring/surveillance/screening form utilized by the facility in lieu of listing individual symptoms).

- Describe criteria for limiting staff from providing direct care.

Based on the monitoring/surveillance/screening described above, please indicate the following:
- What criteria will be utilized to determine when and how the residents primary physician will be/is notified of a suspected, presumptive, or positive screen.

- What is your current plan for COVID-19 testing of residents.

- What is your current plan for testing residents who expire in your facility during a COVID-19 outbreak.

- When and how public health will be/is notified of a positive screen.

- When and how the family/responsible party will be/is notified of a positive screen.

- When and how the family/responsible party will be/is notified of a positive COVID-19 case in the facility.

Social Distancing

Describe the current process in place used to limit the contact between residents while in the facility or in the facility's outdoor area(s).

Include the following at minimum:
- What activities are residents participating in outside of their rooms.

- What organized activities are permitted for residents within their rooms, with staff and/or other residents.

- What process and/or protocols are being utilized to ensure that residents who require assistance with eating and drinking are receiving adequate assistance.

- Describe any meals that are provided outside of the resident room, including the number of residents in close proximity and strategies utilized to prevent contact between residents.

Disease Containment

PPE for staff

Describe the PPE (e.g. cloth face covering, surgical mask, N-95 respirator, gown, gloves, eye protection) that is required for the following staff activities, please indicate if it differs between types of employees (e.g., housekeeping, dietary, direct caregivers).

- Entry into the facility

- Routine care of residents

- Care of residents with one or more signs and/or symptoms related to COVID-19 as identified during the previously described process.

- Routine care of residents who test positive for COVID-19.

- Staff assisting residents with cough production, suction of secretions, administration of nebulized medications, nasopharyngeal specimen collection and other aerosol generating procedures, regardless of COVID-19 signs or symptoms.

Resident Movement and Care Outside the facility

Resident movement outside room within the facility:
- Describe processes and/or interventions utilized by staff when residents leave their room to receive care outside of their room or other times when they leave their rooms (e.g. showers in communal bathrooms, therapy services in rehab gym, going outside to smoke).

- Describe processes and/or interventions utilized by staff for residents with cognitive deficits who wander throughout the facility)

Resident movement outside of room and outside of the facility:

- Describe the instructions/processes and/or interventions utilized to protect residents when receiving care outside of the facility (e.g., dialysis, radiation therapy, medical office visits).

Describe any instruction and any interventions that have been/are recommended to residents to utilize within their rooms to prevent COVID-19 and other infections.

Isolation Precautions

Type of precautions (please indicate the type of precautions utilized in your facility for the following):

- Routine care of residents

- Care of residents identified during the screening process used to identify residents with respiratory illness including COVID-19.

- Routine care of residents who test positive for COVID-19.

- Routine care of residents who test positive for influenza or other types of respiratory illness.

- Any special precautions utilized while staff assist residents with cough production, suctioning of secretions, administration of nebulized medications, nasopharyngeal specimen collection and other aerosol generating procedures, regardless of signs and symptoms of COVID-19.

Length of isolation precautions (please describe the method utilized to determine the duration of precautions used for the following types of care):

- Care of residents with one or more signs and/or symptoms of respiratory illness.

- Routine care of residents who test positive for COVID-19.

- Routine care for residents who test positive for Influenza and other respiratory illnesses.

Movement of ill residents:

- Describe your current policy or method used to determine how/when residents might be moved because they developed symptoms of respiratory illness or diagnosed with COVID-19, or because a roommate develops symptoms or tests positive for COVID-19.

- Describe any units, floors, hallways etc. that you have identified for COVID-19 positive residents, residents that have been exposed but are asymptomatic, residents that have symptoms and test negative and any other criteria/standards that you may utilize to move residents within your facility.

- Describe any plans or arrangements that you may have developed to move residents who test positive for COVID-19 outside of your facility.

Staff cohort (group or assign)

- Describe your current plan used to cohort (group or assign) staff to prepare for COVID-19 and other illnesses in your building.

Supplies

Inventory

Describe the method currently being utilized to determine the number and type of PPE necessary to care for residents with COVID-19 and/or other respiratory pathogens.

Describe the amounts and types of PPE in your inventory:

- Number of gowns

- Number of gloves

- Number of surgical masks

- Number of goggles or other eye protection

- Number of N-95 or higher protection respirators

- Number of alcohol-based hand rub

- Number of facial tissues and/or cloth face masks for resident source control

- Describe the method that is currently being utilized to determine the current burn rate or use of PPE and other essential supplies within your facility?

- What is/are your facility's contingency plans for use of other types of PPE as a replacement or in lieu of recommended PPE.

- What is your plan to maintain/obtain the necessary PPE if your facility experiences interruptions in the supply chain?

Laboratory testing supplies

Describe any policies and/or planning that you have completed to arrange for COVID-19 testing.

If applicable, describe any policies and/or planning that you have completed related to which lab you will send specimens for COVID-19 testing, your current supply of testing materials and plans to replenish supplies utilized for testing.

Education

Describe the educational methods and content utilized to educate facility-based staff and contracted essential personnel on the following topics:

- Reinforce sick leave policies

- Reminding staff not to report to work when ill

- Newly-developed and revised policies and procedures within the facility.

- Standard infection prevention and control measures including hand hygiene and selection and use of personal protective equipment (PPE).

- The importance of practicing social distancing when in break rooms and common areas.

- The importance of enhanced cleaning and disinfection of environmental surfaces and shared equipment

Please describe the ways and frequency that you or other assigned facility staff evaluate the competency and perform direct observation of staff for the following at minimum:

- Putting on and removing PPE

- Adherence of PPE use by observing resident care activities.

- Hand Hygiene observation and how results will be reported back to staff.

- Environmental disinfection and cleaning performed by environmental services staff members.

- Cleaning and disinfection of shared resident equipment.

Environmental Cleaning and Disinfection

Describe what environmental disinfectant is currently being utilized in your facility for routine surface cleaning and disinfection?

Indicate whether or not the disinfectant is found on the EPA list of products effective against COVID-19.
(https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)

Indicate the surface contact time required to disinfect environmental surfaces utilizing this product.

Describe the policy and procedures for enhanced disinfection and cleaning currently being utilized in response to COVID-19.

Describe the current process of disinfecting items that are shared between residents, please include the product utilized and the frequency of cleaning/disinfection (e.g. resident lifts, blood pressure cuffs, stethoscopes, touch thermometers).

Resident Admission/Discharge/Transfers and Room Reassignments

Describe your current policy related to admitting new or returning residents (e.g. returning from hospital or other health care setting) to your community as it pertains to COVID-19 (e.g. enhanced monitoring, isolation, private room).

Describe your current policy related to discharging residents to a higher level of care or other residential facility as it pertains to COVID-19 (e.g. communication methods, identified facilities, identified transport agencies).

The following documents may be helpful in developing an isolation plan:

- COVID-19 Preparation and Rapid Response: Checklist for Long-Term Care Facilities (LTCFs): https://drive.google.com/file/d/1ej-1kbX20euOGJHkcgO5zJb1TTD1Lf87/view

- Long Term Care Cohorting Recommendations Residents With Respiratory Illness & COVID-19 Infections: https://drive.google.com/file/d/1TXqZmMJepg4GHkiyaJqU-PgKpAnrJsqh/view

- Preparing for COVID-19: Long-term Care Facilities, Nursing Homes: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

- CDPHE COVID-19 website: https://covid19.colorado.gov/