COVID-19 (Infectious Disease Control) Risk Mitigation Checklist
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✓ Institute/initiate a COVID-19 Team at the agency
  ➢ Meet at least 1 time per week (ramp up or down as needed)
  ➢ Invite local health official to attend (whether you think they will come or not)
  ➢ Identify, assess, and control operational, strategic, financial and reputational risk
  ➢ Synthesize information including review of any newly published CDC, state, and local guidelines
  ➢ Engage in practical scenario planning to identify strengths and gaps

✓ Prioritize people — your workforce is your greatest asset and you exist to improve the well-being of children and families; mental health and wellness support will contribute to individual and collective resiliency

✓ Utilize Acknowledgement of Risk forms (i.e. the agency has taken what has been recommended as the appropriate actions to mitigate the risk of COVID-19 exposure and spread at the agency – list all actions taken – but there will remain risk of exposure due to the nature of the services offered at the agency)
  ➢ Staff acknowledgement of risk
  ➢ Client acknowledgement of risk
  ➢ Family acknowledgement of risk
  ➢ Placing Agency acknowledgement of risk

✓ Attempt to create a shared risk pool with placing agencies

✓ Develop written policies and embed within agency protocols relevant CDC guidance, including:
  ➢ COVID-19 Guidance for Shared or Congregate Housing (Link)
  ➢ Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities (Link)
  ➢ Considerations for Community-Based Organizations (Link)
  ➢ Operating schools during COVID-19: CDC's Considerations (Link)
  ➢ Information for Pediatric Healthcare Providers (Link)
  ➢ Return-to-Work Criteria for Healthcare Personnel (Link)

✓ Obtain comprehensive information from clients or employees diagnosed with COVID-19, including:
  “The case patient’s socio-demographic characteristics, history of SARS-CoV-2 (the virus that causes COVID-19) testing and results, date of symptom onset, if applicable, date of specimen collection for COVID-19 testing, source of illness, list of close contacts and their locating information, duration of exposure, the case patient’s activity history during the contact elicitation window (when the patient was infectious and not under isolation), exposure locations (including events and gatherings with unknown contacts).”

✓ Build in redundancy to sustain business continuity (e.g. back up medical, nursing services, and direct care staff; multiple ways to communicate with stakeholders; essential supply chain)

✓ Evaluate lessons learned, and develop a prospective plan for the next event that will occur ensuring you have a process in place regarding when and how to activate, respond, communicate, and document/debrief the plan