

Coronavirus Disease 2019 (COVID-19) Preparedness Checklist

Congregate care facilities can take steps to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19). Each agency will need to adapt this checklist to meet its needs and circumstances based on differences among facilities (e.g., client characteristics, Agency size, scope of services, etc.). 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 and local health departments, emergency management agencies/authorities should be incorporated into the Agency's COVID-19 plan. Comprehensive COVID-19 planning can also help facilities plan for other emergency situations.

This checklist identifies key areas that congregate care facilities should consider in their COVID-19 planning. This tool can help 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 and local resources to ensure that the Agency's plan complements other community and state 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.

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

Preparing for COVID-19: In Long-term care facilities: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html#facilities-should-do

1. Structure for planning and decision making						
 COVID-19 has been incorporated into emergency management planning for each agency. 	Completed	In Progress	Not Started			
 A multidisciplinary planning committee or team* has been created to specifically address COVID-19 preparedness planning. 						
List committee's or team's name: Click or tap here to enter text.						
*An existing emergency or disaster preparedness team may be assigned this responsibility.						

cor	ıt.	Completed	In Progress	Not Started
•	People assigned responsibility for coordinating preparedness planning, hereafter referred to as the COVID-19 response coordinator.			
	ert name(s), title(s), and contact information: ck or tap here to enter text.			
•	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.) Executive Director Medical Director Nursing Personnel Staff training and orientation Clinical Personnel Food Services			
•	Risk Management/Quality Improvement Human Resources Personnel Agency/Maintenance Staff Representative Other member(s) as appropriate (e.g., community representatives, department heads, youth and family representatives, direct care staff, IT personnel, union representatives)			
•	The agency's COVID-19 response coordinator has contacted Nexus Home Office (through the Special Task Force); local or state planning groups to obtain information on coordinating the Agency's plan with other COVID-19 plans.			
Ins	ert groups and contact information:			
	Click or tap here to enter text.			

2. Development of a written COVID-19 plan.					
	Completed	In Progress	Not Started		
 A copy of the COVID-19 preparedness plan is available at the agency and accessible to staff. 					
 Relevant sections of federal, state, regional, or local plans for COVID-19 or pandemic influenza are reviewed for incorporation into the Agency's plan. 					
The agency plan includes the Elements listed in #3 below.					
The plan identifies the person(s) authorized to implement the plan and theorganizational structure that will be used.					
NOTES section:					

Click or tap here to enter text.

3. Elements of a COVID-19 plan.			
General:	Completed	. In	Not Starte
 A plan is in place for protecting youth, staff, and visitors from respiratory infections, including COVID-19, that addresses the elements that follow. 		Progress	
 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. Click or tap here to enter text.			
 The agency has a process for inter-agency transfers that includes notifying others about a youth's suspected or confirmed diagnosis (e.g., presence of respiratory symptoms or known COVID-19) prior to transfer. 			
 The agency has a system to monitor for, and internally review, development of COVID-19 among youth and staff in the agency. Information from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting, etc). 			
 The agency has infection control policies (ICP) that outline the recommended Transmission-Based Precautions that should be used when caring for youth. For recommended Transmission-Based Precautions for youth 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 agency periodically reviews specific IPC guidance for healthcare facilities caring for youth with suspected or confirmed COVID-19 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). 			
Agency 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:			
Click or tap here to enter text.			
State health department contact:			
Click or tap here to enter text.			

cont.	Completed		Not Starte
 A person has been assigned responsibility for communications with public health authorities during a COVID-19 outbreak. 		Progress	
Insert name and contact information:			
Click or tap here to enter text.			
 A person has been assigned responsibility for communications with staff, youth, and their families regarding the status and impact of COVID-19 in the Agency. (Having one voice that speaks for the agency during an outbreak will help ensure the delivery of timely and accurate information.) 			
Contact information for family members or guardians of youth 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 Agency (e.g., consultants, providers, delivery people, etc.) about the status of COVID-19 in the Agency. 			
Supplies and resources:			
The agency provides supplies necessary to adhere to recommended IPC practices including:			
 Alcohol-based hand sanitizer for hand hygiene is available for everyone to access including common areas (e.g., dining area, in therapy, gym). 			
 Program Areas are well stocked with soap and paper towels for hand washing. 			
 Signs noting quarantine and/or isolation area are available to post outside of youth's rooms and/or isolation area indicating appropriate PC precautions and required personal protective equipment (PPE). 			
 Agency provides tissues and facemasks for coughing people near entrances and icommon areas with receptacles for disposal. 			
 Necessary PPE is available immediately outside of the resident room and in other areas where youth care is provided. 			

cont.		Completed	In Drograda	Not Starte
•	Agency should have supplies of facemasks, gowns, gloves, and eye protection (i.e., face shield or goggles).		Progress	
•	Trash disposal bins should be positioned near the exit inside of a youth's room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another youth in the same room.			
•	Agency ensures staff have access to disinfectants to allow for frequent cleaning of high-touch surfaces and shared youth or communal items.			
•	The agency has a process to monitor supply levels.			
•	The agency has a contingency plan that includes engaging their health department and/vendors when they experience (or anticipate experiencing) supply shortages.			
ldei	ntification and Management of III Residents:			
•	The agency has a process to identify and manage youth with symptoms dCOVID -19 (e.g., cough, fever, shortness of breath) upon admission and daily during their stay in the agency.			
•	The agency has criteria and a protocol for initiating quarantine for youth in their care.			
•	The agency has criteria and a protocol for: limiting symptomatic and exposed youth to their room, halting group activities and communal dining, and closing units or the entire agency to new admissions.			
•	The agency has criteria and a process for cohorting residents with symptoms dinfection, including dedicating staff to work only on affected units.			
<u>ر</u> د د د د د د د د د د د د د د د د د د د	nsiderations about Visitors:			
•	The agency has plans and material developed to post signs at the entrances instructing visitors not to visit if they have fever or symptoms of a respiratory infection.			
•	The agency has criteria and protocol for when visitors will be limited or restricted from the agency.			

cont. •	Should visitor restrictions be implemented, the agency has a process to allow for remote communication between the youth and families/contacts (e.g., via zoom or phone) and has policies addressing when visitor restrictions will be lifted.	Completed	In Progress	Not Starte
Ager	nore information about managing visitor access and movement in the ncy see: https://www.cdc.gov/coronavirus/2019-ncov/infection-ol/control-recommendations.html			
Hun	nan Resources: The agency has sick leave policies that are non-punitive, flexible, and			
·	consistent with policies that allow ill staff to stay home.		Ш	Ш
•	The agency instructs staff to regularly monitor themselves for fever and symptoms of respiratory infection, as a part of routine practice.			
•	The agency has a process to actively screen staff for fever and symptoms when theyreport to work.			
•	The agency has a process to identify and manage staff with fever and symptoms drespiratory infection.			
•	The agency has a plan for monitoring and assigning work restrictions for ill andexposed staff.			
•	The agency has a COVID-19 education and training plan. Plans and material developed for education and job-specific training of staff which includes information on recommended infection control measures to prevent the spread of COVID-19, including: Signs and symptoms of COVID-19 How to monitor youth for signs and symptoms How to keep youth, visitors, and staff safe by using correct infection control practices including proper hand hygiene and use of PPE. Training should include return demonstrations to document competency. Staying home when ill Sick leave policies and recommended actions for unprotected Exposures			
•	The agency has an Emergency Action Plan in the event of an outbreak creating a staffing crisis.			

cont.	Completed		Not Starte
Surge Capacity:		Progress	
Staffing			
 An Emergency Action Plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on youth's health status, functional limitations, disabilities, and essential agency operations. 			
 A person has been assigned responsibility for conducting a daily assessment distaffing status and needs during a COVID-19 outbreak. 			
Insert name, title, and contact information:			
Click or tap here to enter text.			
 Legal counsel, state health department and licensing contacts have been consulted to determine the applicability of declaring agency "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. 			
Youth and Family Education and Training:			
 The agency has a plan to provide education and training to youth and family members to help them understand the implications of, and basic prevention and control measures for, COVID-19. 			
 A person has been designated with responsibility for coordinating education andtraining on COVID-19 (e.g., identifies and facilitates access to available programs, maintains a record of personnel attendance). 			
Insert name, title, and contact information:			
Click or tap here to enter text.			
 Language and reading-level appropriate materials have been identified to supplement and support education and training programs youth and family members and a plan is in place for obtaining these materials. 			

www.cdc.gov/COVID19